Moray Integration Joint Board

Thursday, 30 August 2018

Inkwell Main, Elgin Youth Café

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **Inkwell Main, Elgin Youth Café**, **Francis Place, Elgin, IV30 1LQ** on **Thursday, 30 August 2018** at **09:30.** to consider the business noted below.

AGENDA

- Information, which if disclosed to the public, would reveal that the Authority proposes, for the purposes of consultation, make an order or direction under any enactment which might allow an individual or organisation to defeat the purpose of the notice or order;

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Councillor Shona Morrison (Chair)	Moray Council
Ms Christine Lester (Vice-Chair)	Non-Executive Board Member, NHS Grampian
Dame Anne Begg	Non-Executive Board Member, NHS Grampian
Councillor Tim Eagle	Moray Council
Councillor Louise Laing	Moray Council
Mrs Susan Webb	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
Mr Sean Coady	Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Mr Tony Donaghey	UNISON, Moray Council
Ms Pamela Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
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: Caroline Howie
Clerk Telephone: 01343 563302
Clerk Email: caroline.howie@moray.gov.uk

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

THURSDAY 28 JUNE 2018

ALEXANDER GRAHAM BELL CENTRE,
MORAY COLLEGE, ELGIN

PRESENT

VOTING MEMBERS

Councillor Shona Morrison (Chair)	Moray Council
Ms Christine Lester (Vice-Chair)	Non-Exec Board Member, NHS Grampian
Mr J Passmore, substituting for Dame Anne Begg	Non-Exec Board Member, NHS Grampian
Councillor Tim Eagle	Moray Council
Councillor Louise Laing	Moray Council
Mrs Susan Webb via Video Link	Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer
Mr Ivan Augustus	Carer Representative
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 Tony Donaghey	UNISON, Moray Council
Ms Pam Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Ms Jane Mackie	Head of Adult Health and Social Care, Health and Social Care Moray
Mrs Susan Maclaren	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Secondary Care Advisor, Moray Integration Joint Board
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Mrs Val Thatcher	PPF Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services

APOLOGIES

Dame Anne Begg	Non-Exec Board Member, NHS Grampian
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative

ALSO PRESENT

Councillor Theresa Coull	Moray Council
Councillor Sonya Warren	Moray Council

IN ATTENDANCE

Ms Margaret Forrest	Legal Services Manager (Litigation and Licensing), Moray Council
Mr Jeanette Netherwood	Corporate Manager, Moray Integration Joint Board

1.	**DECLARATION OF MEMBERS' INTERESTS**
	There were no declarations of Members' interests in respect of any item on the agenda.
2.	**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD DATED 26 APRIL 2018**
	The minute of the meeting of the Moray Integration Joint Board dated 26 April 2018 was submitted for approval. It was agreed that item 15 'Funding of Shopmobility Moray' and item 16 'Funding of Moray Handyperson Services' should both be amended to reflect information should be sought on how funding is obtained as well as how it is spent; as discussed at the meeting of 26 April 2018. With this change the minute was agreed.
3.	**ACTION LOG OF THE MORAY INTEGRATION JOINT BOARD DATED 26 APRIL 2018**
	The Action Log of the Moray Integration Joint Board dated 26 April 2018 was discussed and it was noted that all actions other than the following had been completed: i) item 2 – Action Log dated 26 April 2018, item 5 – Annual Performance Report 2017/18 – not yet completed, to be submitted to the next Audit and Risk Committee and thereafter to the Board for approval; and ii) item 8 – Funding of Shopmobility Moray and item 9 – Funding of Moray Handyperson Services to both be amended to reflect information should be sought on how funding is obtained as well as how it is spent; as discussed at the meeting of 26 April 2018.
4.	**CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD**
	A report by the Chief Officer (CO) provided the Board with an update on key priorities and projects. During discussion of Children's Services the CO advised this was the last meeting that Ms Maclaren would be attending as she was leaving her role with the Council. She advised the role of Chief Social Work Officer would be taken on by Ms Jane Mackie and the role of Head of Integrated Children's Services by Ms Kathy Henwood. She further advised work was ongoing in respect of adult services and integrating teams and the Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services had been tasked with reviewing the

	operational management arrangements and circulating an updated organisational chart to Members once final. Thereafter the Board agreed to note: i) the report from the Chief Officer; and ii) an updated organisational chart would be circulated once completed. Dr Metcalfe entered the meeting during discussion of this item. Mrs Webb joined the meeting via a video link during discussion of this item.
5.	**REVIEW OF STANDING ORDERS AND SCHEME OF ADMINISTRATION AND MEMBERSHIP OF COMMITTEES**
	A report by the Legal Services Manager (Litigation & Licensing), Moray Council, asked the Board to review the Standing Orders that govern proceedings at meetings 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 and to consider its Committee membership. Also, in light of changes in Board membership, to ask the Board to consider Committee membership. Discussion took place on the membership of Committees and Groups listed within appendix 1 of the report. It was agreed the Strategic Planning and Commissioning Group as noted at page 19 of appendix 1 of the report would require additional senior people to attend. Membership is to be reviewed and a further report it to be brought to the Board for approval. Discussion took place on the requirement for scrutiny of performance reports and to this end it was agreed the Audit and Risk Committee would be the most suitable place for this. It was therefore agreed to change the name of the Committee to the Audit, Performance and Risk Committee (APR). Due to changes in the nominated members from Moray Council and Councillor Morrison taking over as Chair of the Board there is a requirement to change the Council membership of the Board's Committees. It was agreed Councillors Eagle and Laing would sit on the Audit, Performance and Risk Committee and Councillor Eagle would also sit on the Clinical and Care Governance Committee. Discussion took place on the Clinical and Care Governance Committee and that it only requires 1 voting member for the meeting to be quorate however it was recognised that with only 6 voting members on the Board there was limited availability for membership of the Committees. Thereafter the Board agreed to: i) task the Chief Officer with reviewing the membership of the Strategic Planning and Commissioning Group, with a further report being provided to the Board for agreement;

	ii) task the Legal Services Manager (Litigation & Licensing) with amending the Standing Orders at paragraph 14.4 as per the tracked changes on page 8 of appendix 1 to the report; iii) change the name of the Audit and Risk Committee to the Audit, Performance and Risk Committee; iv) appoint Councillors Eagle and Laing to the Audit, Performance and Risk Committee; and v) appoint Councillor Eagle to the Clinical and Care Governance Committee.
6.	**REVENUE BUDGET 2018/19**
	A report by the Chief Financial Officer informed the Board of the updated position in relation to the revenue budget for the 2018/19 financial year. Discussion took place on funding received from the Scottish Government, however it was noted that most of the funding had already been spent. It was also noted that as some services are protected and cannot be cut it can put a strain on other areas. In further discussion it was noted that service managers need to be made aware it is unacceptable not to balance their budgets. The Chief Officer advised that the Budget Managers were fully aware of their responsibilities however there were challenges in coming to decisions about how best to tackle the short fall in funding. A process is underway to review all services. The process aims to identify the necessary detail that is required for good decision making and prioritisation. The Chief Officer did highlight that this is a manual task and as such fairly challenging in terms of capacity and time for teams who are also trying to run the operational business day to day, however gave assurance that this process was underway. The Chief Officer also advised on early discussions with NHS Grampian regarding a one system, one budget approach to Moray, allowing cross system planning that may give more opportunity for reshaping the whole budget in line with the Integration Joint Board (IJB) Strategic ambitions. The discussions are at an early stage. The Chief Officer confirmed that NHS Grampian Exec Team have approved additional capacity to Health and Social Care Moray to support service redesign and change. Glasgow School of Art and the Digital Health Institute have partnered with the partnership and are keen to support this process. A paper setting out the intention will be presented to the next IJB in line with the changes to the Strategic Planning and Commissioning Group. Thereafter the Board agreed to: i) note the progress since the budget report of 29 March 2018 in addressing the funding shortfall of £4.596m; ii) approve the increased level of efficiency savings being proposed; iii) approve the use of remaining reserves of £0.847m to support the

	funding of the 2018/19 revenue budget; iv) note the revised budget position which displays a funding shortfall of £3.293m, detailed at appendix 1 of the report; v) note the high level of financial risk inherent in the 2018/19 revenue budget in achieving financial balance and delivery of delegated services that exists; vi) note additional funding streams, recently communicated from Scottish Government to Integration Joint Board Chief Financial Officers and the parameters surrounding these funds; vii) approve revised Directions for issue as set out in appendices 2 and 3 of the report respectively to NHS Grampian and Moray Council to allow services to continue without disruption; and viii) note a report on the governance and process for redesign of services will be presented to the next meeting. Mrs Maclaren left the meeting during discussion of this item.
7.	**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE DATED 2 FEBRUARY 2018**
	The minute of the meeting of the Moray Integration Joint Board dated 2 February 2018 was submitted and noted. Mr Donaghey and Mrs Webb left the meeting at this juncture.
8.	**CHILD PROTECTION COMMITTEE ANNUAL REPORT 2017**
	A report by the Chief Social Work Officer advised the Board of the Moray Child Protection Committee Annual Report 2017. Following discussion the Board agreed to note the report.
9.	**QUARTER 4 (JANUARY – MARCH 2018) PERFORMANCE REPORT**
	A report by the Chief Officer presented the Board with a performance update at Quarter 4, 2017/18, including: • National core suite indicators and comparison to 32 national Health & Social Care Partnership performance (appendix 1 of the report); • Local indicators linked to strategic priorities for Quarter 4 (Jan-Mar 18) (appendix 2 of the report); and • Highlight report on data presented on the National and Local indicators (appendix 3 of the report). Dr Metcalfe was of the opinion the chart on page 11 of the report would have benefitted from the inclusion of figures from Moray. Following discussion the Board agreed to note the: i) change in the red/amber/green (RAG) assessment criteria in 4.1 of the report; and ii) progress in the development of the new Local Indicators (appendix 4 of the report).

10.	**UNAUDITED ANNUAL ACCOUNTS**
	A report by the Chief Financial Officer presented the Board with the unaudited Annual Accounts of the Moray Integration Joint Board for the year ended 31 March 2018. Following discussion the Board agreed to note the: i) unaudited Annual Accounts prior to their submission to the external auditor, noting that all figures remain subject to audit; ii) Annual Governance Statement contained within the unaudited Annual Accounts; and iii) accounting policies applied in the production of the unaudited Annual Accounts, pages 34 to 42 of the accounts, attached as appendix 1 of the report.
11.	**EQUALITIES MAINSTREAMING PROGRESS REPORT 2016-2018**
	A report by the Chief Officer sought approval of the revised Moray Integration Joint Board Equality (MIJB) Mainstreaming Progress Report 2016-2018 and informed the Board of planned work in relation to equalities mainstreaming and outcomes during 2018/19 . Following discussion the Board agreed to: i) approve the revised MIJB Equality Mainstreaming Progress Report 2016-2018 (appendix 1 of the report); ii) approve the revision of existing Equality Outcomes to be undertaken in tandem with the review of the Strategic Plan; and iii) instruct the Chief Officer to submit for approval to the MIJB a revised set of equality outcomes prior to 31 March 2019.
12.	**DRAFT PRIMARY CARE IMPROVEMENT PLAN FOR MORAY**
	A report by the Head of Primary Care, Specialist Health Improvement Services and NHS Community Children's Services presented the draft Primary Care Improvement Plan (PCIP) for Moray and requested the Board note the content, actions and financial commitment that demonstrate how the new General Medical Services (GMS) contract will be implemented between April 2018 and March 2021. During discussion it was advised the PCIP would be discussed at the Local Medical Council (LMC) on 11 July. Further discussion took place on whether it was necessary for the draft PCIP to be returned to the Board once it has been agreed by the LCM. It was noted the draft PCIP was required to be submitted to the Scottish Government by 31 July 2018. It was agreed that following submission to the Scottish Government the Board should review and approve the final PCIP. Thereafter the Board agreed to note the: i) content as set out in the draft PCIP, attached at appendix 1 of the report; and ii) final PCIP will be put on the agenda for the Board on 30 August following submission to the Scottish Government and final revision.

13.	**REVENUE BUDGET OUTTURN FOR 2017/18**
	A report by the Chief Financial Officer informed the Board of the financial outturn for 2017/18 for the IJB Core budgets and the impact this outturn will have on the 2018/19 budget. Discussion took place on the issues and challenges being faced in respect of the budget. The Legal Services Manager (Litigation and Licensing) was of the opinion that identified deficits should be translated into Directions to instruct partners on how pressures should be handled. Thereafter the Board agreed to note the: i) unaudited revenue outturn position for the financial year 2017/18; and ii) impact of 2017/18 outturn on the 2018/19 revenue budget.
14.	**TRIBUTE**
	The meeting, in noting this was the last meeting of the Board prior to the Chief Social Work Officer leaving the Council, joined the Chair in paying tribute to Mrs Maclaren for her contributions to the Board and wished her well for the future.
15.	**ITEMS FOR THE ATTENTION OF THE PUBLIC – DISCUSSION**
	Under reference to paragraph 10 of the minute of the Moray Integration Joint Board dated 26 October 2017 the Board agreed that the following items be brought to the attention of the public: i) Strategic Plan reference group workshop; ii) Budget Outturn; and iii) Primary Care Improvement Plan for Moray.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 28 JUNE 2018

ACTION LOG

ITEM 4

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Minute of Meeting of the Moray Integration Joint Board dated 26 April 2018	Items 15 and 16 to be amended to 'how funding is obtained and spent'.	July 2018	Clerk
2.	Action Log Dated 26 April 2018	Item 2 – Action Log dated 26 April 2018, item 5 not yet completed, to be submitted to the next Audit, Performance and Risk Committee and thereafter to the Board for approval. Items 8 and 9 to be amended to 'how funding is obtained and spent'.	July 2018 July 2018	Pam Gowans Clerk
3.	Chief Officer's Report to the Moray Integration Joint Board dated 28 June 2018	Organisational chart re management structure to be circulated once final.	Sept 2018	Sean Coady
4.	Review of Standing Orders and Scheme of Administration and Membership of Committees	Update as agreed, see Minute of meeting for details. Report on membership of the Strategic Planning and Commissioning Group to be provided once reviewed.	July 2018 Sept 2018	Margaret Forrest Pam Gowans

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
5.	Equalities Mainstreaming Progress Report 2016-2018	Submit for approval to IJB a revised set of equality outcomes prior to 31 March 2019.	March 2019	Pam Gowans
6.	Draft Primary Care Improvement Plan for Moray	Further report to be submitted to the August Board.	August 2018	Sean Coady
7.	Items for the Attention of the Public	Strategic Plan reference group workshop. Budget Outturn. Primary Care Improvement Plan for Moray.	July 2018	Fiona McPherson

CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD
30 AUGUST 2018

Local Management Arrangements for Dr Gray's

As a result of a review of the management arrangements for Dr Gray's, it has been agreed that the Chief Officer for Moray as part of her operational duties within NHS Grampian will take on the senior leadership and operational oversight of Dr Gray's. This decision has been made to support the approach of one system one budget. The development of a joined up planning approach for the population of Moray is underway to ensure that we maximise the joint resources and plan together effectively. The ongoing performance, professional lines of accountability and quality assurance process will remain as they are and the responsibility of NHS Grampian, with Dr Gray's reporting in through existing NHS Grampian processes. The local management team will report into the Chief Officer and will work closely alongside the leadership and management team of Health and Social Care Moray. Dr Gray's has not been delegated to the Moray IJB.

The initial focus relates to the Maternity and Paediatric Services and the CO is linked in now with all key leads and professionals seeking to resolve the current situation of women and families having to travel to Aberdeen to give birth in circumstances traditionally dealt with in Dr Gray's. A draft action plan is currently sitting with the Scottish Government and feedback is anticipated in the near future.

For more information contact pamela.gowans@moray.gov.uk

Self-Management Awards

Health and Social Care Moray (HSCM) have been advised by the Health and Social Care Alliance Scotland (the Alliance) that they have been short listed for the Self-Management Awards 2018 Partnership of the Year. The award relates to the Moray Health and Wellbeing Over 60's Day Time Disco events. This is extremely exciting for the team who facilitated these hugely popular events. The events have supported the opportunity to improve people's understanding of lifestyle activities to keep well as well as address social isolation and the need to make connections, but most of all have some fun. The awards ceremony will take place on the 3rd of October 2018 and HSCM have been allocated 5 places. Voting online will take place until the 21st September 2018.

For further information contact ann.griffin2@nhs.net

Hanover Housing Spynie Development

On 9th July 2018, building work started on a new Hanover (Scotland) Housing Association Ltd extra care housing development at Spynie, Elgin.

Commissioned by Health & Social Care Moray, the Spynie development site is divided into a main three storey building, currently designated for extra care, and in the grounds two cottages and a further six two storey blocks.

Working in partnership with Health & Social Care Moray, Hanover Housing colleagues have designed the building primarily to support older people. However, the design of the building could also offer supported accommodation for people with a learning disability and a range of other health or social care needs.

The start of building work on this 44 unit new build follows the completion of the highly acclaimed Varis Court (Forres) and Linkwood View (Elgin) developments by Hanover (Scotland) Housing Association Ltd.

The Spynie development is scheduled for completion on 16th September 2019 with the expectation that tenants will move in shortly thereafter.

For further information contact robin.paterson@moray.gov.uk

Moray Childrens Services Inspection

The Inspectors will return to Moray in November and December 2018 to complete the follow-up inspection of services locally. A report will follow in due course through the Clinical and Care Governance Committee and subsequently to the Moray Integration Joint Board.

Self Directed Support Inspection (SDS)

The inspection in adult services is underway for SDS locally and a report will follow on conclusion of that inspection.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 30 AUGUST 2018**

SUBJECT: **SCOTTISH LIVING WAGE**

BY: **HEAD OF SERVICE – STRATEGY & COMMISSIONING**

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) of the implications of the increase to the Scottish Living Wage (SLW) and the requirement for the SLW to be extended to sleepover hours over the course of 2018/19.

1.2 To make the Board aware that there will also be a budgetary impact from the increase from £8.51 to £8.77 (pending review) in Scottish Local Government Living Wage for Council employees. A report is being prepared for the Corporate Management Team and arrangements are being made to implement this change with effect from the 1 September 2018.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board;

i) note the uplift of 3.4% which has been applied for 2018/19 in relation to social care providers including Shared Lives carers and Direct Payments; and

ii) approve the uplift to the SLW sleepover nights rate and draw-down the associated funding from 1 September 2018 to ensure consistency with the Local Government application and in line with the Scottish Government requirement to implement within the 2018/19 financial year

3. BACKGROUND

3.1 The Scottish Living Wage commitment made by Scottish Government and Local Government as part of the 2016/17 settlement was made to ensure that from 1 October 2016 the SLW rate of £8.25 per hour was paid to care workers providing direct care and support to adults in Care Homes, Care at Home, and Housing Support. This covers all purchased services, including specialist

support services such as those for people with physical disabilities, learning disabilities, mental health difficulties and substance misuse issues.

3.2 The Scottish Government provided additional funding to assist in implementing this commitment for 2016/17 with an effective date of 1 October 2016.

3.3 In order to implement this commitment fairly across contracted social care providers in Moray, the finance team produced a template to be completed for all providers ensuring consistency of approach. This template required that social care providers made available their staffing and salary information to enable a calculation of cost in meeting the SLW commitment to be produced.

3.4 As part of the 2017/18 settlement, Scottish Government funding was received allowing for payment of the ongoing commitment to the SLW, increasing the hourly rate from £8.25 to £8.45 from 1 May 2017.

3.5 As part of the 2018/19 settlement the SLW commitment made by Scottish Government increased the SLW from £8.45 to £8.75 per hour from 1 May 2018.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Agreement has been reached between Convention of Scottish Local Authorities (COSLA), the Scottish Government and Scottish Care Home Providers for revised fee rates for nursing and residential care. The total revised fee rates are £ 689.73 per week for nursing care and £593.89 for residential care, an increase of 3.39%. The fee increase is dependent on acceptance by contracted providers of a contract variation committing them to paying all care workers the SLW.

4.2 An uplift of 3.4% for Social Care Providers including Shared Lives Carers and Direct Payments, in line with the National Care Home rate for 2018/19, has been applied to enable contracted providers to pay the SLW increase.

4.3 In October 2017 the Cabinet Secretary for Health and Sport announced that the SLW commitment was to be extended to sleepover hours and be implemented over the course of 2018/19. Funding has been provided to support the delivery of this commitment. Timescales for implementation have been left to local discretion It is proposed to uplift the sleeping night rate for contracted social care providers to the SLW from 1 September 2018 to provide consistency with the Local Government application. The Scottish Government commitment to introduce during the 2018/19 financial year will also be met using this approach.

4.4 Guidance issued in July 2018 by COSLA, in a Scottish Joint Council Circular which relates to Moray Council staff, states that with effect from 1 September 2018 payments for sleepover duty will change. The sleepover allowance and related call out payments will be withdrawn and sleepover shifts will be paid at an hourly rate equivalent to the Scottish Local Government Living Wage, currently £8.51, pending review, to £8.77.

5. SUMMARY OF IMPLICATIONS

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

This proposal fits with Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019. In particular, it addresses:

- Make the best use of resources and the national health and wellbeing outcome in respect of ensuring people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the support, care and treatment they provide.

(b) Policy and Legal

Scottish Government commitment to Fair working Practices and the expectation that:

- public bodies to promote fair work practices in all relevant procurement processes
- suppliers delivering public contracts to adopt and demonstrate appropriate fair work practices, for all workers engaged on delivering public contracts

(c) Financial implications

As set out in within the report:

The provision of a 3.4% uplift to social care providers has a financial value that has been built into the MIJB budget setting process as an identified pressure to be addressed. In relation to the Scottish Government commitment of extending the SLW to sleepovers with the 2018/19 financial year, consideration has been given to a range of factors in order to make recommendation of an implementation date of 1 September 2018. Should this recommendation be accepted then the full cost of the uplift will be £235k noting that funding has been provided in the Scottish Government settlement and Moray has received its share of this funding.

The cost implications of the increase to Local Government employees in respect of the SLW for sleepovers will be made available once the conditions are fully established. Funding to meet this commitment has not yet been communicated to Local Authorities.

(d) Risk Implications and Mitigation

The implementation of the SLW for social care providers is a Scottish Government requirement. Failure to implement the SLW would therefore have political consequences for MIJB.

Failure to implement the SLW may impact on the ability of contracted social care providers to recruit and retain their workforce.

(e) Staffing Implications

For the purposes of this report the SLW funding is for contracted social care providers therefore there are no staffing implications for Health & Social Care Moray staff.

(f) Property

There are none arising from this report.

(g) Equalities/Socio Economic Impact

If SLW funding is not agreed, an impact assessment of this decision may be required to assess the negative impacts of any reduced service capacity or other consequences arising from employers being unable to pay their staff the SLW.

(h) Consultations

Consultation on this report has taken place with:-
Chief Financial Officer to MIJB, Tracey Abdy,
Senior HR Adviser, Katrina McGillivray,
Equal Opportunities Officer, Don Toonen,
Care at Home Manager, Jacqui Short,
Commissioning & Performance Manager, Roddy Huggan
Accountant, Caroline Cameron and
Caroline Howie, Committee Services Officer, Moray Council

who are in agreement with the content of this report as regards their respective responsibilities.

6. CONCLUSION

6.1 This report presents the implications of the commitment to the Scottish Living Wage increase for 2018/19 and requests additional funding to be drawn down to assist in the implementation of this increase for existing contract holders.

Author of Report: Alan Weaver, Senior Commissioning Officer
Background Papers:
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 30 AUGUST 2018**

SUBJECT: **MORAY PRIMARY CARE IMPROVEMENT PLAN**

BY: **HEAD OF PRIMARY CARE, SPECIALIST HEALTH IMPROVEMENT SERVICES AND NHS COMMUNITY CHILDREN'S SERVICES**

1. REASON FOR REPORT

1.1 To present the Moray Primary Care Improvement Plan (PCIP) and note the content, actions and financial commitment that demonstrates how the new General Medical Services contract will be implemented between April 2018 and March 2021.

2. RECOMMENDATION

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

i) the revised final version of the Moray PCIP which was submitted to the Scottish Government on 31 July 2018; and

ii) that an updated direction will be issued to Grampian Health Board to reflect the requirement to deliver Primary Care Services in line with the Moray PCIP.

3. BACKGROUND

3.1 There is a requirement for the MIJB to produce a PCIP in response to the new General Medical Services (GMS) contract, which was implemented in April 2018.

3.2 A report to the MIJB on 28 June 2018 (Para 12 of the draft Minute refers) presented the draft Moray PCIP. The MIJB requested that the final version be presented to its August meeting, whilst noting this would be submitted to the Scottish Government by 31 July 2018.

3.3 The Moray PCIP outlines how services will be introduced until March 2021, to establish an effective multi-disciplinary team model that will be aligned to general practices.

3.4 Following the MIJB meeting on 28 June 2018, the draft PCIP was presented to the Local Medical Committee (LMC) on 11 July 2018 who approved the PCIPs for Moray, Aberdeen City and Aberdeenshire. The PCIP was then submitted to Scottish Government on 31 July 2018.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The final version of the Moray PCIP includes a refined Implementation Plan to ensure the Plan can be turned into actions in order to accomplish the strategic objectives detailed within.

4.2 The Moray PCIP Group continues to meet regularly with representation from Primary Care Leads, Management, Finance, Contracts, Practice Management, GP/Clinical Leads and Public Involvement.

4.3 Implementation Groups have been established to design and implement the required changes to meet the priorities set out in the Memorandum of Understanding (MoU). These will be overseen by the Moray PCIP group.

5. SUMMARY OF IMPLICATIONS

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

The Moray PCIP will assist the MIJB to deliver the following objectives from its Strategic Commissioning Plan 2016-2019 to ensure:

- More people will live well in their communities – the population will be responsible for their own health and wellbeing – the community will respond to individual outcomes
- Carers can continue their caring role whilst maintaining their own health and wellbeing
- Relationships will be transformed to be honest, fair and equal
- Investment in a seamless workforce to ensure that skills, competencies and confidence match the needs to enable people to maintain their wellbeing
- Technology enabled care considered at every intervention

The development and delivery of sustainable Primary Care and Community Health and Care Services supports the ambitions of the National Health and Social Care Delivery Plan.

(b) Policy and Legal

The fundamental aim of the 2018 GMS contract is to provide improved services to patients by providing stability and sustainability to General Practice. It also supports the wider policy aim of delivering care and support close to home where possible.

(c) Financial implications

The funding available was announced by the Scottish Government on 23 May 2018. The Scottish Government has set aside £45.8m nationally to support this work in 2018/19. The overall figure for Moray is £788k, which incorporates the Primary Care Fund. (In 2017/18 MIJB were allocated £416k from the Primary Care Fund which has been used to test out new approaches in the delivery of primary care, including Link Workers, Wellbeing Practitioners, Out of Hours service and pharmacy input). Given this amount includes funding for services already in place, the actual amount available is significantly less as the MIJB will need to commit this funding to meet development across the six priority areas and to include Pharmacy First and Vaccination Transformation Programme costs which are yet to be confirmed.

An assessment of the improvements identified for each of the priority areas for 2018/19 will be made against the available funding and any gaps will be identified and reported to the MIJB.

(d) Risk implications and Mitigation

The development of the Moray PCIP should be balanced in the context of the existing challenges in the sustainability of GP practices and other challenges identified within the Moray PCIP at **APPENDIX 1**.

These issues will be identified and managed by an associated Risk Register being developed which will also underpin the MIJB's Strategic Risk Register.

(e) Staffing implications

The new GMS Contract 2018 supports the development of new roles within multi-disciplinary teams aligned to GP Practices. The Contract also plans the transition of the GP role into an Expert Medical Generalist. These changes require local and national workforce planning and development.

The National Health and Social Care Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland was published in April 2018. This Plan sets out recommendations and the next steps that will improve primary care workforce planning in Scotland. These complement the recommendations in parts one and two and, taken together, will form the basis of the integrated workforce plan in 2018. The recommendations set out how the expansion and up-skilling of the primary care workforce will be enabled, the national facilitators to support this, and how this will complement local workforce planning.

An assessment of the current Primary Care workforce will be required to inform the workforce plan as part of the PCIP. Areas of development already underway include a review of recruitment with the aim of making Moray an attractive place to work in and early recruitment to key posts.

(f) Property

A detailed review of GP premises will be undertaken, under direction of the Scottish Government, in order to identify the current condition and use, future suitability for use and any changes required to create positive environments for patients and staff

(g) Equalities/Socio Economic Impact

The contents of this report do not require an Equalities Impact Assessment because the PCIP puts in place actions to deliver the nationally agreed GMS Contract.

(h) Consultations

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

- Legal Services Manager (Licensing & Litigation), Moray Council
- Caroline Howie, Committee Services Officer, Moray Council
- Chief Financial Officer, MIJB
- Chief Officer, MIJB

6. CONCLUSION

6.1 This report provides an overview of the work in progress and planned improvements in developing the Moray PCIP. The Moray PCIP was submitted, following agreement by the LMC, to the Scottish Government on 31 July 2018.

Author of Report: Catherine Quinn, Support Manager
Background Papers: Held with author
Ref: ijb\board meetings\Aug 18

Health and Social Care Moray

Primary Care Improvement Plan for Moray

2018 - 2021

Contents

Introduction

Demand on primary care services is rising given the profile of our ageing population, increasing levels of frailty and the strategic goal of shifting care from hospital to home or homely settings. Reforming the way health and social care services are delivered is necessary and we can expect to see services change over the next few years.

With the progression of the new General Medical Services (GMS), contract, we will see the old model of general practice transition into a new model of care, where the GP will become the Expert Medical Generalist. We envisage the GP actively leading multi-disciplinary teams to ensure they are fully informed about all active cases.

This new model requires a change in culture; we all need to think and work differently around the way we deliver services. This requires a real shift from reactive to preventative care, improving collaboration with services and their communities; making the best use of resources, including digital technology.

The new GMS contract, is to be implemented over a 3 year transition period, and is part of a wider primary care transformation that will change the way GP services are delivered. The benefits of the proposals in the new contract for the GP profession are:

- ***Improved experience of being a GP*** - a refocusing of the GP role as Expert Medical Generalist - GPs will become 'less involved' with routine tasks to allow them to take on more complex work, deal with undifferentiated presentations and fulfil a leadership role.

- ***Manageable Workload*** – additional Primary Care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care.

- ***Improvement in recruitment and retention*** - the Scottish Government will aim to increase the number of GPs in Scotland by at least 800 over the next decade. The Scottish Government announced £7.5 million in 2018-19 to recruit and retain GPs, particularly in rural areas. Support will be available for all rural and remote practices, including 'golden hello' payments of £10,000 to GPs taking up their first post in a rural practice and relocation packages of up to £5,000.

- ***Reducing risk and improving infrastructure*** - including management/ownership of premises, shared responsibility as data controller for information sharing, responsibilities for new staff.

- ***Secure income*** - phase 1 of Pay and Expenses, including new workload formula and increased investment in general practice.

Health and Social Care Moray (HSCM) are committed to working with all stakeholders to ensure active participation and collaboration in developing effective primary care multi-disciplinary working.

A Local context

The population in Moray is growing. We have a responsibility to redesign our services to meet the changing needs of our communities. Over the next 10 years, the size of our population will increase, including a **34.2%** rise in those over 65 years of age by 2026, as well as the number of people with complex long-term conditions. Most long-term conditions have a strong association with age and as result there is a significant projected increase in prevalence over the next 10 years.

People are living longer and therefore we can see a parallel in the number of people living with a range of long term conditions. These range from the most common conditions like cancer, chronic heart disease and stroke, to a variety of other chronic physical or mental health conditions including dementia, depression, diabetes and asthma.

GP Practices

The GP caseload will vary day-to-day, practice to practice. GPs will see a variety of presentations each day. For example, it is estimated musculoskeletal (MSK) problems account for as many as one in four of presentations to GPs, and a similar proportion present with mental health problems.

The 2017/18 bi-annual patient survey indicates that in Moray, **95%** of respondents rated the care provided by their GP as positive. It is also evident however, that there has been a decrease in satisfaction levels (based on previous years), in terms of access to the GP with 18% respondents reporting a negative experience in the arrangements for getting to see a doctor in the GP practice (in comparison to the Scottish average of 15%).

The level of GP provision in Moray has remained fairly constant over recent years although this perhaps masks quite significant challenges we have faced in sustaining the GP workforce.

KEY HIGHLIGHTS

1. ***GP practices will need to be supported to respond to a growth in long-term conditions associated with older age.***

2. ***There are some diagnostic categories such as MSK that would benefit from a wider primary care team being in place to support patients.***

3. ***Integrated health and social care teams attached/aligned to practices will be critical in delivering anticipatory care and self-management approaches.***

4. We need to build community capacity so that the primary care team have access to a range of support options for patients who present with long-term conditions.

Primary Care within a wider Health and Social Care System

For the improvements set out in this plan to work effectively, primary care must be firmly seated within the wider health and social care system. There is emerging evidence internationally that a well-resourced primary care system often sits at the heart of well-performing healthcare systems. For example, in New Zealand, the District Health Board for Canterbury has been engaged on a mission to deliver an integrated system of care. It is a system that has good-quality general practice that is keeping patients who do not need to be in hospital out of it; is treating them swiftly once there; and discharging them safely to good community support. Its success lies in part because primary care understands its role in the wider healthcare system and is an efficient means of supporting people in their local communities. The primary care system is highly connected to other sectors and is as capable of linking with community institutions like schools and libraries as it is formal healthcare services.

In Moray, we are seeking to deliver a similarly situated whole-system primary care approach which is connected to communities and the third and independent sectors, who all have a role to play in ensuring that the people who rely on primary care have strong and sustainable community support as well.

B Aims and priorities

Our vision is that by 2021 and beyond, the people of Moray will be living longer, healthier lives in a supportive and self-managing community. We will have a well-resourced and sustainable primary care system delivered by a network of GP practices, which sit at the heart of our local health and social care system.

Multi-disciplinary teams will be connected to our GP practices, which will collectively focus on anticipating care needs, support self-management and the co-ordinated operational delivery of care. We will offer a wider range of primary care services, developing the advanced nursing workforce and professionals such as pharmacists and physiotherapists to provide a range of clinical services from initial assessment to completion of treatment.

GPs themselves, as Expert Medical Generalists, will oversee the delivery of integrated care in community settings and providing clinical direction to the work of local teams. In this role, the GP will focus on undifferentiated presentations and the most complex care so that our local system achieves the greatest benefit from their skills.

Person-centred care will be provided to the highest standards of quality and safety, and we will personalise support arrangements, to maximise the individual's ability to exercise choice and control over the lives they lead. We will build on peer-led support groups and support patients who do not need services but who would nonetheless benefit from additional support to manage their health and well-being.

We will prioritise support for people to stay at home or in community settings for as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible. We will work with unpaid carers as equal partners, and include them in all planning and care management decisions.

Primary care services will be planned and delivered as locally as possible. This means the day-to-day services that people rely on to support their personal independence will be organised and coordinated within localities.

Realistic Medicine

Realistic Medicine puts the person receiving health and care at the centre of decision-making and creates a personalised approach to their care. It aims to reduce harm and variation, while managing risks and innovating to improve. These concepts will be essential to a well-functioning and sustainable primary care for the future and they connect to 7 broad questions, which will drive quality improvement within primary care in Moray:-

- *How can we further reduce the burden and harm that patients experience from over-investigation and overtreatment?*
- *How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients?*
- *How can we ensure value for public money and prevent waste?*
- *How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?*
- *How can we work to improve further the therapeutic relationship?*
- *How can we better identify and manage clinical risk?*
- *How can all healthcare professionals release their creativity and become innovators improving outcomes for people they provide care for?*

The 2018 General Medical Services Contract

The 2018 GMS contract in Scotland was implemented on 1 April 2018 and represented a significant change in how general practice operates and its relationship with HSCM and the professionals working within our communities. Unlike the majority of healthcare professionals who work in the NHS, GPs are not normally employed by Health Boards but are independent practitioners who are compensated through a nationally agreed contract. At the beginning of 2018, the Scottish Government agreed a new GMS contract, with the Scottish General Practices Committee of the British Medical Association, the professional body which represents GPs.

The new contract is intended to help people access the right person, at the right place, at the right time, in line with the Scottish Government Primary Care Vision and Outcomes. In particular, this will be achieved through:-

- Maintaining and improving access
- Introducing a wider range of health and social care professionals to support the GP
- Enabling more time with the GP for patients when it is really needed
- Providing more information and support for patients

We will extend the range of services that can be provided within a primary care setting. The new GMS contract aims to support the development of the Expert Medical Generalist and senior clinical decision maker role for GPs, with a shift over time of workload and responsibilities to enable this. A key enabler for this is investment in a wider multi-disciplinary team in support of general practice. The vision is to increase focus on patients having access to a multi-disciplinary team rather than the GP functioning as a conduit to all other services. The GP will focus on undifferentiated presentations, complex care in the community, and whole system quality improvement and clinical leadership – which is where the skills of the GP matter most. This means:-

- GPs will be part of, and provide clinical leadership to, an extended team of primary care professionals
- GPs will be more involved in influencing the wider system to improve local population health in their communities, having a clear role in quality planning, quality improvement and quality assurance
- GPs will have contractual provision for regular protected time for learning and development.

Memorandum of Understanding (MoU)

A Memorandum of Understanding supporting the new contract was established and can be viewed at http://www.gov.scot/Resource/0052/00527517.pdf. It sets out agreed principles of service redesign, ring-fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities.

The MOU states the Primary Care Improvement Plan (PCIP) is to:-

- *be developed collaboratively with HSCPs, GPs, NHS Boards and the stakeholders detailed above*
- *detail and plan the implementation of services and functions listed as key priorities below with reference to agreed milestones over a 3 year time period;*
- *give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas and in particular to include intended timescales for the transfer of existing contractual responsibility for service delivery from GPs.*
- *provide detail on available resources and spending plans (including workforce and infrastructure);*
- *outline how the MDT will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract.*

Moray's approach to developing the PCIP

The PCIP outlines how our primary care services will change over the next three years, and will include clear milestones for the redistribution of GP workload and the development of effective primary care multi-disciplinary working.

The PCIP will be developed in the context of wider transformation and redesign of services across Moray. Most of the existing programmes and tests of change in primary care are described in the Moray General Practice Strategic Plan 2016-2019 and these will be subsumed into the PCIP.

The Strategy was developed in consultation with GP practices and incorporated established work between general practice and partners and described planned actions. It was developed to address many of the key pressures affecting general practice which are the same pressures the new contract seeks to resolve. Consequently, the strategic programme forms the foundation for the Moray PCIP. The key actions from the strategy reflect both practical support as well as implementing new ways of working.

The GP contract and associated MoU describes the areas where support must be provided to practices and on occasion in which year this should happen. There is flexibility available locally to agree the level and timing of support within the three-year timeframe of the PCIP. Largely, this will be down to availability of funding and workforce for the new roles and the time required testing models and establishing new teams and services.

HSCM intend to support practices to improve prescribing indicator performance, active participation in quality improvement and demonstrable progress in the changes in practice teams expected from the contract (maintaining and improving access, provision of key information on practice websites, enhanced role of the practice manager and practice teams).

C Engagement process

The requirement for engagement in the development of the plans is clearly set out in the MoU:

HSCPs should establish local arrangements to provide them with advice and professional views on the development and delivery of the Primary Care Improvement Plan. Arrangements will be determined locally and will take account of the requirement to engage stakeholders. The HSCP Primary Care Improvement Plan should be agreed with the local GP subcommittee of the Area Medical Committee

HSCM is leading a timetable of meetings and events during the development of the PCIP to inform the final plan.

There have been 3 events held in Moray to date: a GP event, a Primary Care Services staffing event and a public event. Key feedback included:

- the need for a whole-system approach
- digital enhancement in Moray
- continuous engagement with all stakeholders

Staff Partnership involvement has taken place and will continue to do so throughout the development of the plan.

Appendix 1

Engagement Events

"Very useful event allowed sharing of ideas and collaborative working – exactly the principles we want to bring forward."

"Digital technologies/IT is going to be extremely important in facilitating the data sharing and collaborative working that is required going forward."

"There is a real requirement for multidisciplinary teams collaborating on a bigger scale. Professionals out with the practice should be able to have access to patients' data."

"The improvements within the PCIP need to be promoted more to increase patient participation."
"Children and young people with additional/complex needs/LAC need to be improved within the community."

"Lots of potential in the system to get it right for patients. Development of a "one system" approach in Moray."

D HSCM delivery of MOU commitments

The initial implementation requirements are set out in the MoU for the first three years (April 2018 – March 2021).

The Moray Integration Joint Board (MIJB) is responsible for the strategic planning of health and social care services for the Moray population including primary care services.

Changes to services will only take place when it is safe to do so and when resources have been identified. These services are; as outlined in the MoU as 6 priority areas are:

- Vaccination Transformation Programme
- Pharmacotherapy services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional Professional roles
- Health and Wellbeing Workers

Vaccination Transformation Programme (VTP)

The VTP was announced in March 2017 to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing role of those, principally GPs, historically tasked with delivering vaccinations.

There is an existing Grampian-wide co-ordinated approach for the VTP. In **Year 1** the current workload on practices will be identified and options developed, in line with recommendations from NHS Grampian's Immunisation Transformation Group.

Development of initial vaccination programmes under a new model will include:

- Travel vaccinations
- Pregnant women
- High risk neonatal BCG

Flu immunisations will transfer from practices in **Year 3**. The process, cost and provision of adequate resource must be developed by HSCM to ensure safe transfer of workload. Vaccination under direction of oversight group.

Pharmacotherapy Services

The new contract includes an agreement that every GP practice will receive pharmacy and prescribing support. There is an established programme of investment in Practice Support Pharmacists across Grampian. In Moray, all practices receive some support from either a pharmacist or a pharmacy technician. HSCM will continue the programme to increase the pharmacotherapy service to practice teams using the experience gained from the current service.

By April 2021, all practices will benefit from HSCM pharmacotherapy service delivering the core elements in level one and some will also continue to benefit from a service which already provides additional elements in level 2 and level 3 (as outlined in the MoU).

HSCM see two distinct roles in practice teams that the pharmacotherapy service provides: prescribing support and pharmacy support.

Prescribing support is a well-established service that practices will be familiar with. It provides practices with advice on safer prescribing or formulary adherence. It is about safe, high quality, cost efficient prescribing in Moray. This service will continue to support practices during implementation of the Plan with pharmacy queries, medicines shortages, review the use of ‘specials’ and ‘off-licence’ requests, safety reviews and recalls.

The pharmacy support is the dedicated support that practices receive from HSCM and has been used for activities such as medicine reconciliation, polypharmacy reviews and pharmacist-led chronic disease clinics. It is difficult at this time to determine what level of support HSCM will be able to provide practices but the ambition of HSCM in this plan is that practices will receive up to an average of 5 pharmacist sessions per 10,000 patients, and two pharmacy technician session per 10,000 patients by the end of year 2. Where practices already receive support then this would be included in this total.

The rate of introduction of pharmacotherapy team services will be dependant upon successful recruitment to new posts, and subsequent training to upskill successful applicants.

A number of Moray practices have self-invested in pharmacy time and this resource will not be included in the pharmacotherapy teams without discussion between HSCM and the practices.

The development of the pharmacotherapy service in Moray will not be detrimental to existing pharmacy services provided to practices in Moray. A number of practices already receive services from HSCM pharmacists listed above in level 2 and 3 services and this level of support will not be reduced during or after the introduction of level 1 pharmacotherapy service.

The established pharmacotherapy service in Moray has allowed testing how this service can support and augment the General Practice workload and improve patient experience and

outcomes. This has identified the following roles and ways of working which will make up the priorities for this service:-

- The pharmacist and pharmacy technician will be visible in the practice team to enable development of professional confidence and trust, but remote working practice will be explored and developed for appropriate services.

- All medicines reconciliations from hospital discharge will be completed by the pharmacist or pharmacist technician and by the end of year two, more medicine reconciliations for all practices will be completed by the pharmacotherapy team

- Pharmacy Technicians will increasingly take on prescribing support, formulary adherence and prescribing improvement projects

- Practice Admin teams will be trained to complete 'non clinical medication reviews' following development of a training programme. Training will begin in **year 2** with full implementation by the end of **year 3.**

Community Treatment and Care Services

Community Treatment and Care services include many non-GP services that patients may need, including (but not limited to):

- management of minor injuries and dressings
- phlebotomy
- ear syringing
- suture removal
- chronic disease monitoring and related data collection

By April 2021, these services will be commissioned by HSCM and will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the PCIP. It is expected that many of these services will be provided in GP practices for patient convenience and the benefits of having these services carried out with close support of the practice team.

Work is required in 2018 between the practices and HSCM to develop options for these services. This will require information from practices on current workloads to understand demand for these services. The scoping out of phlebotomy will be priorities in **year 1**.

The Health and Social Care Delivery Plan (2016) states that District nurses, along with General Practice nurses and mental health nurses, play a pivotal role within our integrated community teams. The contract states that community treatment and care services should be prioritised for use by primary care. They should also be available for secondary care referrals if they would otherwise have been workload for GPs (i.e. if such use means they are directly lifting workload from GPs). It is essential that the new funding in direct support of General Practice is only used

to relieve workload from General Practice. Work from secondary care sources should be funded from other streams.

NHS Grampian are currently undertaking a review of their Elective Care work. One of the outcomes of this project has been to scope out Community Diagnostic and Treatment Centres, dovetailing with the theme of Community Treatment and Care Services. A workshop will be held at the end of August 2018 to consider the impact of priorities established for Moray communities.

Urgent Care (advanced practitioners)

There will be work to redesign services focussed on urgent and unscheduled care to allow GPs to focus on their expert medical generalist role. The Scottish Government and SGPC have agreed that the provision of advanced practitioner resource should be developed as first response for home visits.

We will continue to develop our nursing workforce in line with the Advanced Clinical Academy. Scoping work with the nursing services across our communities to understand current service models and staffing numbers/skill mix is required.

Our redesign work will be in line with national policy for urgent care services as set out in the report, 'Pulling Together: transforming urgent care for the people of Scotland, 2016', which recognised the difficulty in sustaining GP involvement in out of hours services. The service will continue to test new ways of working to ensure a safe, high quality, effective and efficient out of hours service is delivered to our communities.

We recognise that changes to in hours and out of hours urgent primary care will require extensive engagement and communication with our communities to support them to access the right care, first time.

Additional Professional Services

The introduction of multi-disciplinary working is complex and the scale of change required across professions is a unique opportunity to progress a longer-term strategy of transformational change to deliver the vision for Primary Care. The teams within General Practice will also link closely with the wider locality teams.

The ambition of the MDT is to deliver care to the patient in a seamless way, reducing the number of visits and number of professionals working with a person and their family, as well as reducing the amount of times a person needs to repeat the same story to a range of professionals.

There is agreement that during the initial investment and recruitment, additional resource should be directed to the areas in most need, resource will be allocated using the local population data

and intelligence from GP Practices, along with clusters, to ensure resource is fairly spread to the areas of need.

As the GP Clinical Pharmacist and MSK Physio roles have been tested, and the services models defined on evidenced based outcomes for patients and GP workload, there is agreement that these two services should be invested in within **Year 1** of the programme.

Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services and community mental health services.

We are committed to working with teams to develop their skills and support development opportunities to grow and invest in our workforce during this transition towards more community based care models. In order to deliver the extended teams in the community, an increased level of training and development is required to attract, retain and support staff.

Musculoskeletal Advanced Physiotherapist Practitioner

The majority of a GP's MSK caseload can be seen safely and effectively by a physiotherapist without a GP referral. Highly Specialised Physiotherapists are already well suited to work collaboratively with primary care multi-disciplinary teams and support the GP role as senior clinical leader. Under the new contract, HSCM will develop a model to embed a MSK service in practice teams.

General Practice Mental Health Services

Community Mental Health professionals, based in General Practice will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.

The aim for HSCM is to develop a mental health service in practices and will do so at a slower pace than other support (pharmacotherapy, MSK, Wellbeing). By **year 3** all practices will have mental health practitioners within the multi-disciplinary team.

Link Workers

A Link Worker is a non-clinical practitioner based in or aligned to a GP practice who works directly with patients to help them navigate and engage with services.

It has now been a year, since 6 Mental Health GP Link Workers were recruited across Moray to signpost to a range of alternative community and non-medical resources, services and opportunities that can contribute to people's mental health and wellbeing. Contract monitoring of these commissioned services show that people are being supported with issues such as self-

help, signposting to mental health information and services and issues relating to employment, benefits, housing, debt, advocacy support, legal advice or parenting. The GP Link Workers are based in GP surgeries and provide direct support to the primary care team by taking referrals for people with mental health distress and providing a holistic assessment, early intervention and signposting and ongoing support and recovery focus to address any ongoing health and socio economic aspects that impact on good mental health.

E Existing Transformational Activity

Digital Transformation - HSCM is working in partnership with the Glasgow School of Art regarding future design of services. A Digital Transformation Group has been established and we are currently piloting the Attend Anywhere software in one of our GP practices. We will continue to see further roll out of this and other developments in **year 1**. We know digital transformation is not about technology but about change. As the meaning of digital transformation suggests, we will transform our legacy system to more of a digital business for primary care service delivery. This is not about 'replacing the GP or primary care professional' but to improve care for the individual.

Out of Hours - In Moray, we have tested enhanced out of hours provision, running from 4pm – 12 midnight (Sunday – Thursday) and 4pm – 2am (Friday and Saturday) offering a more responsive service, reducing the volume of referrals to GP practices during 'normal' working hours. The project will continue to be evaluated and reported back through the Operational Management Team.

Redirection – the redirection pilot was introduced to reduce the workload of the Emergency Department and Primary Care Out of Hours (GMED) GPs and ANPs at the Emergency Care Centre in Aberdeen Royal Infirmary. An experienced clinician (GP or ANP) conducts the initial reception of patients presenting to Emergency Department (ED) and redirects patients to the most appropriate service for the time of day.

Community based elderly medicine model – in the past 18 months, there have been major shifts in the provision of elderly medicine in Moray. We have commissioned a community based model with hospital in-reach which has led to the appointment of an additional Consultant in 2017. We will further enhance this model with the appointment of 2 ANPs in elderly medicine who will have roles both in Dr Gray's Hospital and in the community assisting the development of practice/locality attached MDTs. Dr Gray's itself has seen the creation of a 10 bedded Acute Care for the Elderly Unit (ACE). This identifies frail elderly admitted via ED/Acute Medical Assessment Unit (AMAU) who would benefit from augmented bespoke care to keep hospital stays minimum.

We will continue to work alongside our Acute colleagues to implement a whole system approach and collaborate where any change could be perceived as having an impact on acute services.

Mental Health Wellness Centre - Penumbra have successfully opened the Mental Health and Wellness Centre in Elgin. The service acts as a single access point for a range of adult services designed to promote positive mental health and support people to recover from mental ill health, concentrating on prevention, early intervention and education whilst also supporting people to access a range of advice and information in other areas, such as finances, benefits, housing, healthcare, and employment and educational services. Penumbra have developed programmes and held events in communities across Moray and have plans for 2018/19 roll out the Mental Health and Wellness Centre model and activities to Keith, Forres and Buckie.

Mental Health and Wellbeing Practitioners – Children and Young People - we have created 2 Primary Care Psychologist posts to support children and young people and develop the universal workforce in Tier 1 presentations such as:

- Adjustment difficulties following bereavement and loss
- Low mood
- Anxiety
- Self-harming behaviours
- Behaviour problems that have not responded to interventions in primary care
- Relationship difficulties with family or peers where these difficulties are having a significant impact on an individual's functioning.

In **year 2,** we will develop the service further to support the needs of children and young people at Tier 2 presentation across the whole of Moray.

F Additional Content

We have long established links with all our primary care contractors.

Optometry - the Community Eyecare Services Review required Integration Authorities to consider the full eyecare needs of their communities when planning and commissioning services. Work is now underway in taking forward the recommendations, particularly around revising the General Ophthalmic Services Regulations. We will continue to work with optometrists and NHS Grampian's Optometric Advisor in considering how eyecare services can be delivered more effectively in Moray, as work to implement further recommendations around clinical and quality improvement will continue in 2018/19.

The Moray PCIP will allow for linked developments and priorities and reflect on our collaborative working with Optometry over the next 3 years. Optometry already operates an unscheduled care ethic where a patient is found a 'home'. However there is no contract, local or national for this and finding a home for out of hours can often be challenging. The Moray PCIP will consider how we collaborate more fully for these patients and organise a local OOH Optometrist/s.

As Ophthalmology demand continues to grow and referral times get longer, more shared care in the community could evolve. Access to patient notes continues to act as a barrier for this initiative and so collaborating with General Practice may be a solution by using cluster Optometrists in Health Board practices. A National Ophthalmology Electronic Patient Record (EPR) business case is being created by the Scottish Government as a 'once for Scotland Ophthalmology EPR' which could open up access to community based optometrists to input and access notes. The new web front-end system replacing VPN tokens by end 2018 in Optometry practices could mean access through an EPR icon on the internet to Ophthalmology notes, so that shared care would become more possible. The three year Moray PCIP aims to take advantage of these changes to coordinate more collaboration with Optometry and Pharmacy.

Dentistry - On 24 January 2018, the Scottish Government published the Oral Health Improvement Plan (OHIP). The OHIP sets the direction of travel for oral health improvement and NHS dentistry for the next generation, and has a strong focus on preventing oral health disease, meeting the needs of the ageing population and reducing oral health inequalities. Developing models within our PCIP will reflect the delivery of commitments within the OHIP.

Care homes in Moray are linked to a Public Dental Service (PDS) clinician to support routine or urgent care services for residents.

Mental Health – Good Mental Health for all in Moray 2017-2027 has an impact across all service areas and is recognised as a key commissioning strategy within HSCM. The concept of recovery includes connectedness, hope & optimism, identity, empowerment & meaning, none of which can be achieved through the support of statutory services alone. Community Link

Workers will have a large part to play in enabling the commissioning of services which deliver outcomes for individuals requiring this support.

Other linked local priorities – the implementation of the PCIP will make the role of the GP as an Expert Medical Generalist more attractive, helping to reduce recruitment and retention challenges which currently impact on practice sustainability.

Assumptions

- GPs and our wider primary care teams will collaborate fully in the development of the new services.
- The key stakeholders will participate in relevant meetings and workshops and will input to consultation and provide information when required.
- Adequate funding will be available to implement the identified actions required to deliver fully functioning and sustainable primary care services in Moray.

Dependencies

- There is a significant interdependency with the work to be undertaken by all implementation groups - clinical and management colleagues must ensure close working and clarity around the roles and responsibilities of all stakeholders.
- There is a dependency on the availability of suitable premises by which to deliver a new model of care. We must ensure close collaboration with the Premises Group to ensure the infrastructure going forward can support additional staff and their requirements to deliver the future models of care.
- There is a dependency on appropriate IT in order to deliver transformation in Moray. The work streams outlined in our PCIP will provide detailed requirements in order to address this dependency.
- There is a dependency with the wider healthcare system - the proposed changes will fit with the priorities of providing more care closer to home and in the community and modernising care.
- The funding being available to undertake the various redesign plans. There is a dependency with the wider social care system. One example of this is the development of the link worker role.

Constraints

- Recruitment of workforce to carry out work and associated actions for PCIP within Moray.
- Planning and implementation is likely to be constrained by the ability to recruit staff at appropriate levels and within adequate timescales to carry out the roles as described within GMS 2018 contract.
- A constraint will be the availability of suitable premises from which to deliver the newly redesigned services. This represents an increased dependency with the Premises Group.
- Key actions to be put in place to proactively respond to GP Sustainability
- Availability of required stakeholders and service staff to engage and participate in the programme may be restricted by operational requirements and competing priorities.

Risks

Our PCIP will enable our Implementation Groups to identify and manage risks associated with delivery and address actions required to mitigate the risks identified using a risk assessment methodology. A Risk Register will be developed encompassing identified risks across the implementation groups with oversight and management by the Operational Management Team.

G Inequalities

Whilst we recognise that the key determinants of health inequality lie outside general practice services and health care generally, there remain opportunities to strengthen the role of general practice and primary care in mitigating inequality.

Current lifestyles contribute a serious threat to health, affecting use of health care, particularly amongst disadvantaged group; there is therefore a need to focus on:

- Early Intervention/ Primary prevention activities which can stop people becoming ill and reduces the need to use clinical service, maximising the opportunity to make lifestyle changes as easy as possible.
- The shift to more self-care/self-management of long term conditions and to maintain health and wellbeing and maximise multi-agency cross-system working. Implementation of existing programme such as, Making every Opportunity Count (MEOC) which is an inequalities sensitive 'light touch' brief intervention which is designed to enable all practitioners to be confident and competent to engage with individuals routinely and consistently, as appropriate on issues affecting their health and wellbeing. The intervention facilitates connection with non-clinical issues of life circumstance or lifestyle which can best addressed by the person, with relevant support, in the community. It is designed to 'reach' people and is a key approach to tackling health inequalities; acting as a trigger to assist and nudge people to think about how to look after themselves 'self-care'
- Delivery of secondary prevention priorities (systematically and at scale) that address inequalities in health (screening programmes; Alcohol Brief Interventions, Smoking Cessation Support and weight management programmes.)
- Maximising the health improvement resource (staff teams) to reach those more vulnerable within communities and delivering services differently utilising the outreach mobile information bus.

The MIJB, like other Integration Authorities is also subject to the new Fairer Scotland Duty which came into force from April 2018. The duty aims to ensure that public bodies take every opportunity to reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. We will therefore consider how we can meet our obligations under the duty as we further develop our PCIP.

There is no doubt that our services are facing unprecedented financial and operational challenges. A key factor of success for Moray's PCIP will be to reduce variation in service, including access, quality and outcomes of care, relative to particular social determinants of health. The PCIP aims to modernise our primary care services to address these challenges head on.

H Enablers

The PCIP will consider the impact of the new GMS contract on the infrastructure, including premises, enabling factors and workforce.

House of Care

The House of Care programme is a collaboration between the ALLIANCE, six partnership areas across Scotland (Lothian/Thistle Foundation, Greater Glasgow & Clyde, Tayside, Lanarkshire, Ayrshire & Arran, and Grampian), the Scottish Government, and Year of Care Partnerships.

It helps people be more involved in decisions about their care and identify what matters most to them. It also identifies and aligns self-management resources within communities in support of their goals.

In Moray, we are developing this model and local evaluation suggests it improves public and practitioner satisfaction, develops meaningful person-centred quality improvements, and enhances system transformation.

Important information is gathered about individual support needs. This information can be aggregated at locality level to inform the provision of self-management support (more than medicine) in local communities and help realise enhanced public health.

We would expect to see a Whole System Leadership programme in time, with the aim of improving their leadership skills and learning how to build relationships, influence and negotiate with key colleagues across Health and Social Care.

Workforce

The National Health and Social Care Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland was published in April 2018. This Plan sets out recommendations and the next steps that will improve primary care workforce planning in Scotland. These complement the recommendations in parts one and two and, taken together, will form the basis of the integrated workforce plan in 2018.

The challenges for the GP workforce nationally are reflected in Moray. Moray, like other parts of rural Scotland, faces ongoing challenges around the sustainability of GP practices. We have seen some practices come together over time to create greater resilience – small and single-handed practices are very much dependent on the life plans of the resident GPs and many of our GPs are only a few years away from retirement age. So we recognise that further work will need to be done. An assessment of the current Primary Care workforce in Moray will take place and will inform the workforce plan which will form part of the PCIP. Areas of development

already underway include a review of recruitment with the aim of making Moray an attractive place to work in and early recruitment to key posts.

Our workforce framework being developed around our aims and priorities will need to support the release of workload from general practice and building capacity across all professional roles. We will plan our approach to maximise the competencies of our professionals, ensuring the sustainability of the workforce whilst ensuring they can respond to local need.

The availability of additional suitably skilled and trained staff to recruit is a significant risk factor in implementing the PCIP in Moray. We recognise that all areas in Scotland will also be seeking to expand their multi-disciplinary workforce to support Primary Care services at the same time, and therefore the ability to recruit staff will be a major concern.

Premises

The National Code of Practice for GP Premises sets out how the Scottish government will support a shift, over 25 years, to a new model for GP premises in which GPs will no longer be expected to provide their own premises. The measures outlined in the Code represent a significant transfer in risk of owning premises away from individual GPs to the Scottish Government. Therefore, premises and location of the workforce are an important component on the 3 year PCIP for Moray.

In Moray, there are existing pressures identified with some of our estate with feedback received from GPs regarding the future sustainability of their premises. We will continue to work with all our stakeholders in the planning of the NHS Grampian Primary Care Premises Plan to ensure primary care needs are met.

A detailed review of current Primary Care premises will be undertaken, once further direction is received from Scottish Government, in order to identify the current condition and use, future suitability for use and any changes required to create positive environments for patients and staff (investment, vacation etc.).

An understanding of other suitable community based premises is also required in order make best use of facilities, for example to establish locality/ cluster treatment hubs and resource centres. Opportunities to use the premises of partner organisations should be considered.

As outlined previously in this plan, we will continue to plan and build services locally, close to people's homes, utilising digital technologies to enhance our model of service delivery.

Appendix 1

I Implementation

The Moray Primary Care Group (MPG) continues the collaborative approach that has been reflected in the Moray General Practice Strategic Plan 2016-2019.

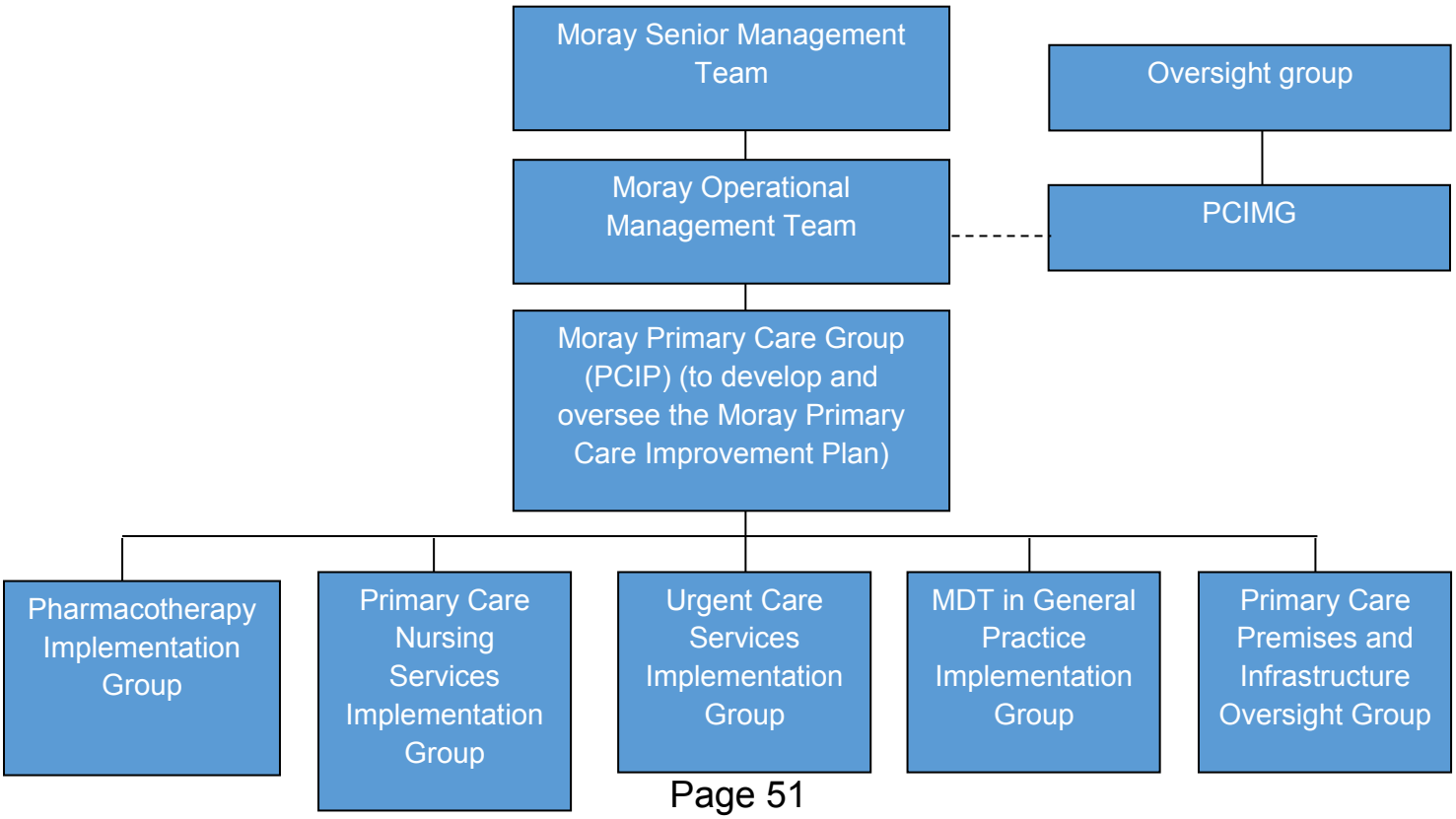
The MPCG will establish Workstream Implementation Groups to design and implement the required changes to meet the priorities set out in the MoU.

These include:

- Pharmacotherapy Service
- Primary Care Nursing Services (will include two sub groups for the delivery of vaccinations and Community Treatment and Care services)
- Urgent Care
- Practice Based Multi-disciplinary Team (includes Community Link Workers)

It is evident that a significant amount work is required in 2018/19 to scope the priority areas outlined in the MoU, to review current roles, processes and workload to determine future actions and timescales. Timescales of this scoping work will vary across areas, but will allow the Workstream Implementation Groups to be in a better position to develop clear project plans with implementation milestones.

Regular review processes will be implemented to ensure resources, risks and deliverables are identified and tracked. Our reporting framework is below:



IMPLEMENTATION PLAN

PRIORITY: Pharmacotherapy ***Pharmacotherapy service to the patients of every practice by 2021***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Establish a sustainable pharmacotherapy service by 2021	Establish a project structure and governance arrangements.	✓	
	Pharmacotherapy Implementation Group to focus on meeting this objective in order that existing service provision and improvements continue and transition can be managed safely and effectively.	✓	
	Further delivery of level one core elements of service outlined in the contract across all practices.	✓	
	All medicines reconciliations from hospital discharge will be completed by the pharmacist or pharmacist technician and by the end of year two, more medicine reconciliations for all practices will be completed by the pharmacotherapy team		✓
	Pharmacy Technicians will increasingly take on prescribing support, formulary adherence and prescribing improvement projects.		✓
	Practice Admin teams will be trained to complete 'non clinical medication reviews' following development of a training programme. Training will begin in year 2 with full implementation by the end of year 3.		✓
	Test the staffing level assumptions and produce standard service processes	✓	

	and procedures. Fill existing vacancy with Community Pharmacy Team. Create a refreshed structure to reflect eventual model of pharmacotherapy services.	 ✓	 ✓
PRIORITY: Primary Care Nursing Services **Vaccination Transformation Programme*: all services to be HSCM run by 2021*** **Community Treatment and Care Services: *a service in every area by 2021, starting with phlebotomy***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Vaccination Programme	Establish a project structure and governance arrangements. Primary Care Nursing Services Implementation Group to focus on meeting this objective in order that existing service provision and improvements continue and transition can be managed safely and effectively. Assessment of Community Care and Treatment Centres to deliver vaccination programmes through MDTs. Development of initial vaccination programmes under a new model will include travel vaccinations, pregnant women and high risk neonatal BCG. Phased delivery of vaccination programmes by MDTs in line with NHS Grampian's Immunisation Transformation Group including:	✓ ✓ ✓ ✓ ✓	 ✓

Pre-school programme *School based programme* *Travel vaccinations* *Influenza programme* *At risk groups (eg shingles, pneumococcal)* ***Community Treatment & Care Services*** *Phlebotomy* *Management of minor injuries and dressings* *Ear syringing* *Suture removal* *Chronic disease monitoring* *Elective care* *Self-management*	Pre-school vaccinations – scope and cost Moray model. School vaccinations. Travel vaccinations – scope current services and develop criteria for assessment of minimum requirements for safe and effective delivery of potential options. Influenza programmes – scope planned programme approach to delivery nurse development roles. Design proposed workforce models to share with services. The development of a new model for phlebotomy services will be scoped as a priority in year 1. Scoping exercise to understand the current workforce and requirements. Scope options for the roll out of other community care and treatment services. This will require information from practices on current workloads to understand demand for these services. Outputs from scoping exercise to develop an implementation plan. Link with NHS Grampian's Elective Care Project and develop a business case for implementation.	✓ ✓ ✓ ✓	✓ ✓

	Further development and evaluation of House of Care model.	✓	
PRIORITY: Urgent care service ***A sustainable advanced practitioner service for urgent unscheduled care as part of the practice, based on local needs and local service design.***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Advanced practitioner resource to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model.	Link to MDT Implementation group to establish standardised pathways for AP resource to assess and treat urgent or unscheduled care presentations.	✓	
	Develop policy on joint data controller.	✓	
	Review IT infrastructure to maximise redirection pathways.	✓	
Reduce GP delivered home visits (including care homes)	Scope model with paramedics and ANPs		✓
	Scope home visit activity, demography, ANP involvement and practice protocols, learning from good practice.	✓	
	Link to MDT Implementation group to enable continuing development of community nursing and engagement of ANP for care home visits.	✓	
	Develop signposting pathways linked to clinical decision making in line with MDT development.		✓
Advanced Care Academy	Take forward the learning from the Advanced Nurse Academy which was taken forward as part of the Future Proofing of the Multi-Professional Workforce for Primary Care through the Primary Care Transformation Fund.	✓	

Out of Hours	Continue further development of the out of hours pilot in Moray which provides cover during 'normal' working hours of the GP practice.	✓	
Redirection	Evaluation of the Redirection pilot in ARI with outcomes studied for future provision.	✓	
Mental Health	Develop mental health pathways for PC MDT and CMHT		✓
	Implement new ways of integrated working and test of change models.		
Build capacity and resilience in local community to avoid individuals seeking urgent care services.	Maximise digitally enabled support to reduce GP attendance (continued rollout of Attend Anywhere).	✓	
PRIORITY: Additional professional roles ***In most areas, the addition of new members of the MDT such as physiotherapists or mental health staff (i.e. CPNs, OTs) acting as first point of contact***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
MSK Physio	Physiotherapists: work collaboratively with primary care multi-disciplinary teams and develop a model to embed a MSK service in practice teams.	✓	
Mental Health	Mental Health: pilot test of change models with Mental Health professionals (i.e. CPN) aligned/attached to GP practices.		✓
Primary care mental health workers	Primary Care Mental Health Workers for children and young people: develop the universal workforce for children and young people with Tier 1 presentations.	✓	
	In year 2, develop the Primary Care Mental Health Workers to work with		✓

	children and young people with Tier 2 presentations.		
PRIORITY: Link workers ***Non-clinical staff, supporting patients who need it, starting with those in deprived areas.***			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Link Workers	Implementation Group to evaluation current model.	✓	

J Funding profile

Change Funds & Primary Care Transformational Fund

Since 2016/17, the Scottish Government has made available a sum of money within the Primary Care Fund to test out new approaches in the delivery of primary care. We have developed the usage of this resource and in 2017/18 MIJB were allocated **£416k** for this purpose including Link Workers, Wellbeing Practitioners, Out of Hours service and pharmacy input.

The Scottish Government has set aside £45.8m nationally to support this work in 2018/19 which incorporates the Primary care Fund and increases this funding to **£788k** in Moray. The MIJB will utilise this funding to meet development across the six priority areas and to include Pharmacy First and Vaccination Transformation Programme. The Scottish Government have indicated that for planning purposes only a further increase can be assumed as expectation overall fund will increase to £55m in 2019/20 and £110m in 2020/21.

Primary Care Investment			
	2018/19	**2019/20**	**2020/21**
Moray IJB allocation	788	TBC	TBC

Shifting Our Resources

One of the strategic priorities of the MIJB is to shift resources from building-based services like hospitals to community based settings, where people are supported in their own homes. While the detailed work will be taken forward within the context of the aims set out in this plan, we would expect to see the amount we invest in primary and community care grow over time.

The consequence of this shift will not just be our budgetary provision changing over time but also how we deploy our staff.

We will continue to work with our staff teams to support the transition towards community based care, including consideration of any training and support arrangements that have to be put in place.

Priority for investment in **year 1** will be in areas where there is a clear model or tested approach where early impact can be expected.

In order to deliver against this wider objective, we will also take forward key workforce policies designed to attract, retain and support people to deliver high quality health and social care.

K Evaluation and outcomes

The change process will need to be driven through leadership across our primary care system, supported by healthcare management.

Reporting and Performance Management Arrangements

All implementation groups will report to the Moray PCIP Group.

Reporting templates will be developed to enable the work streams to report on progress (highlight report) and for groups to provide feedback. The MPCG will report to the Operational Management Team using a Performance RAG report. We will review the PCIP at monthly intervals at MPCG meetings, with reporting on progress through our framework described on page 27.

One of the key elements of the primary care agenda nationally is to gather better data about primary care performance and to ensure that is used to improve services. We are therefore committed to building on national developments to ensure that our system and our changes are appropriately captured and measured over time, working alongside our HIS and LIST colleagues.

Key success indicators over the life of the plan will be agreed and we are currently developing our performance management framework and systems to collect data around local tests of change. A key challenge will be to ensure that the all data can be collected electronically which is not currently possible and limits what can be collected and can affect quality. Key indicators to be developed will include:

- *Workload shift for GPs*
- *Recruitment and retention of GPs*
- *Effective integration of additional healthcare professionals within the practice team*
- *Patients have access to the right professional at the right time*
- *Link workers*
- *MSK Physiotherapy*
- *Urgent care*
- *Improving Health and Inequalities*

Delivering the Change

Our success will also be dependent on creating the conditions for professionals to use their experience and judgement to maximum effect in improving outcomes for service users. This will be focused on improving the coordination of care across different professional roles; the

effectiveness of communication within and across disciplines; and the empowerment of professionals to make effective evidence-based decisions.

We will ensure we have assurance at every stage that each priority activity is sustainable, we have listened to our communities in the development stages and we have a clear measurement framework in place to measure our success. At every stage, we want to be adaptable to change and able to articulate easily how well we are doing in delivery of primary care services.

The actions we are proposing are intended to move us towards that operational environment, where multi-disciplinary teams are the norm and where interventions are built around the needs of the individual.

It is extremely important that we understand the impact of our transformation process and our services on the outcomes that people experience. We will therefore put arrangements in place to measure this impact over time.

National Health and Social Care Standards

The National Health and Social Care Standards describe what people using a range of services in Scotland should expect. The principles of these will be reflected throughout our PCIP.

Communicating Change

It is hugely important that as we change our services and support arrangements over the next few years, we communicate effectively with members of staff, stakeholders and communities. To that extent, we are committed to:-

- Providing regular updates, newsletters and media articles that can be disseminated to inform people about our work.
- Hosting regular meetings with stakeholders to allow for feedback about the changes we're introducing, including engagement with trades unions and other staff representatives.
- Active collaboration with local communities in the development of our services.
- Update reports to the MIJB to ensure it is kept up-to-date with our work.
- Contributing to Locality Planning Groups and to public engagement sessions about programmes of change.

Outcomes

Our vision is that by 2021 and beyond, the people of Moray will be living longer, healthier lives in a supportive and self-managing community. We will have a well-resourced and sustainable

primary care system delivered by a network of GP practices, which sit at the heart of our local health and social care system.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 30 AUGUST 2018**

SUBJECT: **REVENUE BUDGET MONITORING QUARTER 1 FOR 2018/2019**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) on the current Revenue Budget reporting position as at 30 June 2018 for the MIJB budget.

2. RECOMMENDATIONS

2.1 It is recommended that the Moray Integration Joint Board:

i) note the financial position of the Board as at 30 June 2018 is showing an overspend of £1,032,044;

ii) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council and NHS Grampian for the period 1 April to 30 June 2018 as shown in APPENDIX 3;

iii) approve for issue, the revised Directions arising from the updated budget position shown in APPENDICES 4 & 5.

3. BACKGROUND

3.1 The financial position for the MIJB services at 30 June 2018 is shown at **APPENDIX 1**. The figures reflect the position in that the MIJB core services are currently over spent by £1,032,044**.** This is summarised in the table below.

	Annual Budget £	Budget to Date £	Expenditure to Date £	Variance to date £
MIJB Core Service	111,024,411	27,669,459	28,701,503	(1,032,044)
MIJB Strategic Funds	7,526,035	205,614	317,798	(112,184)
Total MIJB Expenditure	**118,550,446**	**27,875,073**	**29,019,301**	**(1,144,228)**

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

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2018/19

4.1 Community Hospitals & services

4.1.1 There are continuing overspends within community hospitals and services for the four localities Elgin, Buckie, Forres, Keith/Speyside totalling £54,565 to 30 June.

4.1.2 Over spends continue to be realised for these services. The main overspend relates to community hospitals in Buckie (£43,000) and community admin (£29,000) relating to Glassgreen Centre and the Joint Store which are being reduced in part by under spends in Forres community hospital (£17,000). Within community hospitals the task of maintaining staffing cover is considerably challenging due to vacancies and long term sickness absence and staff are being encouraged to work extra hours where available to reduce the pressure from nurse bank costs and maintaining patient safety. Non-financial objectives, including meeting waiting times, patient safety and delayed discharge targets still require to be maintained and will be considered as part of longer term plans for patient provision throughout community hospitals.

4.2 Learning Disabilities

4.2.1 The Learning Disability service is overspent by £89,270. The overspend is primarily due to the purchase of care for people with complex needs (£116,000), including high cost care packages, start up (one off) costs for Individual service fund (ISF) packages. Other overspends include £22,000 for day services, £6,000 less income received than expected and other minor overspend variances of £6,377. This is being reduced by an underspend of £37,107 relating to staffing vacancies in Allied Health Professionals, Other Psychology staff and £24,000 relating to Housing support.

4.2.2 There is a review underway of the Learning Disability accommodation, to look at alternative models of care as the current model is unsustainable in the future, this programme will be on going for the next 3 years. Single management arrangements have been put in place in Moray for the integrated services across health and social care and the joint budgets and review of the service will take place to consider the opportunities and challenges associated with this budget going forward. This is subject to a separate report to the Board.

4.3 Mental Health

4.3.1 Mental Health services are overspent by £173,595. This arises from pressure in the medical staffing budget mainly due to locum agency costs (£117,000) covering maternity, long term sickness and substantive vacancies. Other overspends arise from unfunded posts (funding ended) and unfunded upgrading of posts. There are ongoing pressures in ward establishment with most of the staff on top of their salary scale. The overspends on these budgets continue to be monitored and plans to mitigate against overspends going forward are in place including redesigning Administrative services and holding vacancies. All workforce policies are being applied and posts are being redesigned efficiently in response to vacancies.

4.4 Care Services provided in-house

4.4.1 Care services provided in-house are underspent by £35,411. There are numerous variances within this budget heading, the most significant are primarily due to the Care at Home staff, which are underspent by £148,000 partly due to the implementation of the change management plan and recruitment. There is an overspend of £47,000 for Woodview relating to extra staff costs due to additional support required for new clients; £50,000 relating to prior year savings target that has not yet been achieved; £9,000 for transition clients for which funding will be received from Moray Council provision and £6,659 other minor overspends.

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

4.5.1 This budget is overspent by £227,655. This primarily relates to expenditure relating to Hanover for the new sheltered housing complexes at Forres and Elgin. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer and for the new models of care piloted by Hanover. Additionally, there has been late receipt of invoices that have fallen into this financial year. Management action is being taken in relation to voids and the necessity to reduce costs through earlier identification. This will be closely monitored throughout the year.

4.6 Care Services provided by External Contractors

4.6.1 This budget is overspent by £226,902. This is primarily due to savings targets, £140,000 relates to prior year savings for Older People contracts and £23,000 for 2018/19 savings target that have not yet been achieved. A further overspend relates to the historical Moray Training budget of £65,000. This budget is currently being looked at to transfer back to Moray Council. The service managers and Commissioning team are currently working with the providers in order to put these savings in place.

4.7 Other Community Services

4.7.1 This combined budget is overspent by £38,757. This is due to overspends in dental services following application of efficiencies and delay in associated process of premises reconfiguration (£15,381), allied health professionals mainly related to staff costs for Podiatry and Dietetics (£18,083), specialist nurses (£2,614) and pharmacy service staff costs (£13,843), which is being offset in part by an underspend in public health of £11,163 mainly related to non-pay administrative costs.

4.8 Primary Care Prescribing

4.8.1 The primary care prescribing budget is reporting an over spend of £294,472 to 30 June. The average unit cost per item prescribed varied throughout 2017/18 and overall was substantially increased and averaged £11.54 over the year compared to overall £11.28 in 2016/17. In April 2018 the actual volume was slightly lower than expected -0.07% and although the average item price also fell the impact of prior price increase and efficiency applied meant the position to month 3 is a continuing overspend.

4.9 Hosted Services

4.9.1 This budget is overspent by £41,072. This is mainly due to GMED (£29,000) and Police Forensic Medical Examiner service (£18,000) where there are continuing overspends offset by other underspends (£5,928) including the Prison service. The service managers are currently reviewing the GMED service and have presented options to reduce the overspend in this service; these options will need to be agreed with all 3 IJB's in Grampian.

4.10 Improvement Grants

4.10.1 This budget is underspent by £102,005, this is due to the Improvement grants and the timing of works as the budget is fully committed for 2018/19. The underspend of £38,243 relates to the Housing Revenue Account (HRA) element of the service for which the budget is ring fenced and the MIJB cannot utilise this underspend.

5. STRATEGIC FUNDS

5.1 Strategic Funds are additional Scottish Government monies that can be received via NHS Grampian or Moray Council for specific outcomes and include:

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

5.2 By the end of the financial year, the Strategic Funds will reduce as the commitments and provisions materialise and the core budgets will increase correspondingly. When the budget for 2018/19 was set there was a shortfall to be addressed of £4,596k. On 28 June 2018 a revised Revenue Budget 2018/19 report was presented to this Board (paragraph 6 of the draft Minute refers). The 2017/18 out-turn position resulted in remaining reserves of £847k to be utilised as part of the 2018/19 budget and further efficiencies had been identified reducing the budget shortfall to £3,293k. There have been minor budget amendments since this point resulting in a revised budget shortfall position of £3,065.Given that reserves are now fully allocated, for the remaining shortfall; services now require to consider options for bringing the budget into line and to develop a recovery plan.

6. CHANGES TO STAFFING ARRANGEMENTS

6.1 At the meeting of the Board on 25 January 2018, the Financial Regulations were approved (para 6 of the minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.

6.2 Changes to staffing arrangements dealt with under delegated powers through appropriate Council and NHS Grampian procedures for the period 1 Jan to 31 March 2018, is detailed in **APPENDIX 3**.

7. PROGRESS IN IMPLEMENTING APPROVED SAVINGS

7.1 The indicative unbalanced revenue budget for 2018/19 was accepted as a working document at the meeting of this Board on 29 March 2018 (paragraph 8 of the Minute refers). As part of the budget setting process, savings were identified of £1,060k and these have been implemented during quarter 1. In the budget report approved at the meeting of this Board on 28 June 2018 (paragraph 8 of the Minute refers) further savings were identified of £456k, £31k has been implemented in quarter 1 and the balance of £425k will be implemented during quarter 2. Progress against implementing all the approved savings will be reported as part of quarter 2 budget monitoring covering the period to 30 September 2018.

8. UPDATED BUDGET POSITION

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

	£'s
Approved Funding 29.3.18	**112,268,000**
Balance of IJB reserves c/fwd to 18/19	846,726
Budget adjustment M1-M3	
Plasma M1to M3	27,000
Public Health Earmarked 18/19	68,000
Alcohol & Drugs 18/19	610,000
Mental Health/OOH/Pharmacy	224,000
Primary Care Improvement Fund	459,000
Dental Oral Health/Childsmile 18/19	146,000
Forres Running costs M1 to M3	64,000
Dental NES SLA review	(30,000)
Hosted Services adjustment	25,000
Immunisations 18/19	108,000
Primary Care Extended Hours /Palliative Care service	240,000
Other Adjustments net	4,178
Unallocated high cost patient funding	146,201
HRA Improvement grants	57,500
Care Home Fee funding	222,000
Revised Funding to Quarter 2	**115,485,605**

8.2 In accordance with the updated budget position, revised Directions have been included at **APPENDICES 4** and **5** for approval by the Board to be issued to NHS Grampian and Moray Council.

9. SUMMARY OF IMPLICATIONS

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

This report is consistent with the objectives set out in the Strategic Plan 2016 -19 and includes 2018/19 budget information for delegated services.

(b) Policy and Legal

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

(c) Financial implications

The financial details are set out in sections 3-8 of this report and in **APPENDIX 1**. For the period to 30 June 2018, an overspend is reported to the Board of £1,032,044.

The staffing changes detailed in **APPENDIX 3** have already been incorporated in the figures reported.

The movement in the 2018/19 budget as detailed in paragraph 8.1 have already been incorporated in the figures reported.

(d) Risk Implications and Mitigations

The most significant risk arising from this report is the control and management of expenditure to provide the Health and Social Care services required for the Moray Area, within budget.

There is also a risk that the disaggregated NHS Grampian budget figures will not have adequate remedial actions in time to prevent overspends. This in turn will increase the reliance on additional monies provided by Scottish Government for specific purposes being utilised to balance these budgets

The current overspend is not unexpected but gives cause for concern going forward. The reserves of £846,726 have been utilised to reduce the budget shortfall for the 2018/19 budget. Further savings and recovery plans will be required to be identified in order for the MIJB to be able to balance the budget for 2018/19 and cover the budget pressures from 2018/19 onwards.

(e) Staffing Implications

There are no direct implications in this report but **APPENDIX 3** summarises staffing decisions that have been implemented through delegated authority within the Council and NHS Grampian.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

There are no equality implications in this report

(h) Consultations

The Chief Officer, the Senior Management Team and the Finance Officers from the Community Health Partnership and Moray Council have been consulted and their comments have been incorporated in this report.

10. CONCLUSION

10.1 The MIJB Budget to 30 June 2018 has an over spend of £1,032,044. Senior managers will continue to monitor the financial position closely and to develop recovery plans.

10.2 The finance position to 30 June 2018 includes the changes to staffing under delegated authority, as detailed in APPENDIX 3.

10.3 The financial position to 30 June 2018 reflects the updated budget position and revised Directions have been prepared accordingly, as detailed in APPENDICES 4 and 5.

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

MORAY INTEGRATION JOINT BOARD

ITEM 8

JOINT FINANCE REPORT APRIL 2018 - JUNE 2018

Appendix 1

		Para Ref	Annual Net Budget 2018-19	Budget (Net) To Date	Actual To Date	Variance	Variance %
	Community Hospitals	**4.1**	5,143,088	1,297,607	1,352,173	(54,565)	(1)
	Community Nursing		3,417,703	884,132	894,992	(10,860)	(0)
	Learning Disabilities	**4.2**	6,317,609	1,253,066	1,342,335	(89,270)	(1)
	Mental Health	**4.3**	7,034,696	1,733,494	1,907,090	(173,595)	(2)
	Addictions		962,344	95,312	117,026	(21,713)	(2)
	Adult Protection & Health Improvement		147,967	33,974	33,677	297	0
	Care Services provided in-house	**4.4**	14,288,134	3,371,644	3,336,233	35,411	0
	Older People & PSD Services	**4.5**	16,411,495	3,631,347	3,859,002	(227,655)	(1)
	Intermediate Care & OT		1,445,829	400,584	386,986	13,598	1
	Care Services provided by External C	**4.6**	10,070,181	3,391,525	3,618,427	(226,902)	(2)
	Other Community Services	**4.7**	6,913,385	1,735,217	1,773,974	(38,757)	(1)
	Admin & Management		1,523,069	551,153	541,938	9,215	1
	Primary Care Prescribing	**4.8**	16,748,946	4,225,922	4,520,394	(294,472)	(2)
	Primary Care Services		15,198,158	3,758,866	3,770,730	(11,865)	(0)
	Hosted Services	**4.9**	3,751,040	934,990	976,062	(41,072)	(1)
	Out of Area		669,268	159,251	161,094	(1,843)	(0)
	Improvement Grants	**4.10**	981,500	211,375	109,370	102,005	10
	Total Moray IJB Core		111,024,411	27,669,459	28,701,503	(1,032,043)	(1)
	Strategic Funds						
	ICF/DD funding		**1,412,383**	**330,674**	**272,774**	**57,900**	4
	Other non-recurring in the ledger		**589,589**	**24,877**	**45,024**	**(20,147)**	(3)
	Provisions		**5,524,063**	**(149,937)**	**0**	**(149,937)**	**-3**
	Total Strategic Funds	**5.1**	**7,526,035**	**205,614**	**317,798**	**(112,184)**	**-1**
	Total Moray IJB (incl. strategic funds)		**118,550,446**	**27,875,073**	**29,019,300**	**(1,144,227)**	**(1)**

Funded By:	
NHS Grampian	74,773,178
Moray Council	38,679,701
SG funding for Social Care	1,186,000
Balance of reserves	846,726
	115,485,605
Budget shortfall to be addressed	**3,064,841**
	118,550,446

Description of MIJB Core Services

1. Community Hospitals related to the five community hospitals, Community medical services and Community services in Moray.

2. Community Nursing related to Community Nursing services throughout Moray.

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

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

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

6. Adult Protection and Health Improvement

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

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

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

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

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

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

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

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

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

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

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

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

Other definitions:

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

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

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

HEALTH & SOCIAL CARE MORAY

APPENDIX 3

DELEGATED AUTHORITY REPORTS – PERIOD APRIL 2018 – JUNE 2018

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Extend Clerical Asst Commissioning	Extend temp contract of post until 31.03.19	0.5 fte Grade 3 Clerical Asst	Temp	1 year	April 18	Reduction in hrs of G9 Commissioning Officer post
Direct Payments Co-Ordinator	Create perm post for DP reviews	1 x fte Grade 5 DP Co-ordinator	Perm	N/A	June 18	Virement from external purchasing
Woodview staff recruitment for client	Recruit staff for transfer of client from long term NHS care to community	8 x fte Grade 4 Support Workers, 1 x fte Key Worker	Perm	N/A	June 18	NHS funding
CAH & ILS	Establish the ILS Manager previously temp as perm.	1 x fte Grade 11 Team Manager	Perm	N/A	June 18	Integrated Care Fund designated as perm funding
Change Mgt – Community Support	Implement CMP, creating new positions and deleting posts not required	2 x fte Grade 5 Asst Co-Ordinators, 1 x fte Grade 3 Clerical Asst, 1 x fte Grade 9 Asst Manager, Delete 2.5 x fte Grade 8 Care Orgs,	Perm	N/A	June 18	Funding from the deletion and creation of post balanced bar £24k which has been vired from CSW
Primary Care Improvement Plan	New posts from Strategic Funds for pharmacy staff in Primary Care as part of Primary Care Improvement Plan 2018/19,	1 x Band 8A 15h/wk, 2.2 x Band 7 82.5 hr/wk, 1xBand 5 37.5/wk.	Perm	N/A	June 18	Scottish Government funding allocation for Primary Care.

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

Services will be provided in line with the Board's Strategic Plan, the Moray Primary Care Improvement Plan, and the following:

Prescribing - a robust approach will be applied in pursuing medicines efficiencies including:

a. maximising the use of generic medicines and removing patient choice for the branded product where not clinically indicated
b. challenging the use of medicines of no, or limited, clinical benefit and stopping prescribing.

Services:	All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget (Revised Annual Budget to end of 2018/19 financial year):-	£63.5 million, of which £4million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing. An additional £10.5 million is set aside for large hospital services.

This direction is effective from 30 August 2018.

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Services:	All services listed in Annex 2, Part 2 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget (Revised Annual Budget to end of 2018/19 financial year):-	£52.5 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations.

This direction is effective from 30 August 2018.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 AUGUST 2018

SUBJECT: MERIT AWARDS

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To inform the Board of the format and schedule for the annual awards ceremony, celebrating the dedication and efforts of staff working within Health and Social Care Moray.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board consider and approve the:

i) criteria for selection; and

ii) timing and format of the event.

3. BACKGROUND

3.1 The Board approved the establishment of an annual awards ceremony at their meeting on 26 October 2017 (para 10 of the minute refers).

3.2 The original intention was for the event to take place in August 2018 however due to changes in staffing it has not be possible to progress in this timeframe.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The proposals for the event and the criteria for nomination are set out in **APPENDIX 1**.

4.2 The proposals for the criteria and process have been out for consultation with the Workforce Forum, Senior Management team and Operational Management team and comments incorporated in this report. Managers are in agreement with the proposed format and timing of the event.

4.3 The proposed timescale for the event has been moved to March 2019 to prevent potential confusion with the Moray Council STAR awards process which will run from September to December 2018.

5. SUMMARY OF IMPLICATIONS

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

This proposal aligns with the Moray Integration Scheme values and the strategic aims contained within the Moray Integration Joint Board (MIJB) Strategic Plan 2016-2019.

(b) Policy and Legal

None directly associated with this report

(c) Financial implications

There will be costs associated with the refreshments and awards however related costs are thought to be minimal as funding options such as the Endowment Fund are being explored.

(d) Risk Implications and Mitigation

Colleagues in Aberdeen City have provided information in relation to their successful delivery of an award event and lessons learnt will be incorporated in the planning of this event to mitigate risks.

(e) Staffing Implications

The recognition awards align with the Organisational Development Plan and the recognition and formal demonstration of appreciation of staff efforts would be intended to have a positive impact on morale.

(f) Property

None directly associated with this report

(g) Equalities/Socio Economic Impact

None direction associated with this report

(h) Consultations

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

Legal Services Manager (Litigation and Licencing)
Chief Financial Officer, IJB
Caroline Howie, Committee Services Officer

6. CONCLUSION

6.1 This report recommends the MIJB approve the criteria, process and timeframe for implementation of the annual awards ceremony for formal recognition of efforts and achievements of staff working within Health and Social Care Moray.

Author of Report:	Jeanette Netherwood, Corporate Manager
Background Papers:	with author
Ref:	ijb/reports/20180830 Merit Award

Health and Social Care 'MERIT Awards'

These awards will be open to everyone to nominate

Nomination Categories

Award categories	Explanation	Reasons
Mentor of the Year	This award recognises an **individual** who is a positive role model and draws on their experience to guide and support others to work towards achieving their potential.	• They value the importance of nurturing talent and supporting development, and always recognise the potential in others. • They create a culture of support, encouragement and achievement within their team which enables and encourages colleagues to develop. • They inspire others with their 'can do' attitude.
Empowerment Champion(s)	This award recognises an **individual or team**	• They demonstrate exceptional power in helping and developing people and communities and support self-management in communities to improve people's health and wellbeing. • They motivate and support people to lead more active, healthier and fulfilling lives.
Rising Star	This award recognises an **individual** who has worked in the wider Health and Social Care Partnership and has gone beyond expectations.	• They have shown outstanding commitment, enthusiasm and determination that makes a valuable contribution within their team or service. • They never miss an opportunity to learn from those around them and have a real commitment to support development of their role within their team. • They have excelled in their role and are an asset to their team or service. • They use their creative thinking and dedication for the benefit of service users, patients, carers and/or staff

Award categories	Explanation	Reasons
Innovation	This award recognises an **individual or team** whose innovation or ideas for improvement have resulted in a positive change.	• They have implemented innovative ideas and improvements which have enhanced service user, patient and carer experience and outcomes. • They have implemented innovative ideas and improvements which have improved the quality of their service. • They have implemented innovative ideas and improvements which are making best use of resources.
Team Moray	This award recognises a **team** that has embraced the opportunities provided by integration.	• They see our health and social care system as a whole and demonstrate leadership by building relationships across communities, organisations and sectors. • They have developed high quality, effective relationships by working across boundaries and engaging with colleagues in a wide range of external stakeholder organisations. • They utilise the skills of every member of the team to achieve shared goals. • They value the importance of sharing best practice and new ways of working with others outside their organisation.

A) Process for nomination

Nominations will be open from 7th January 2019 and closing date will be 8th February 2019.

Forms will be made available via electronic form on Health & Social Care Moray website (paper copies can be made available)

Completed forms should be sent to cmtadmin@moray.gov.uk

B) Shortlisting process

Stage 1 (tbc week of February 11th)

Initial review to allocate to category (if not already done) and prepare for selection

Stage 2 (Selection Panel - tbc week of 18th February)

IJB Chair, IJB Vice Chair, Chief Officer, Chair of Workforce Forum

Up to 3 finalists selected in each category

- Letter to those nominated and invitation to the Celebration event
- Letter to those on the short list advising them of the next stage and invitation to the Celebration event.

Stage 3 (choose winner in each category)

Selection Panel (blind vote – tbc week of 25th February)

Confirm winner for each category – to be announced on the day.

C) Celebration Event (date tbc March 2019)

All services to be invited to show case any areas of work that they are proud of which will be set out in café style arrangement.

Features on shortlisted nominations

Proposal for timings

start 12:15 (light lunch provided))

opportunity to go round the showcases

voting for people's choice winner

13:00 Key note speaker

Announce shortlisted nominations

Further time for Showcases / voting for people's choice

14:00 announcement of category winners and presentation of awards

Announcement of people's choice

Close 15:00

Additional information:-

1. Staff that have been nominated for awards will need to be allowed time to attend the presentation.
2. Endowment fund to be applied for to cover catering / awards

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 30 AUGUST 2018**

SUBJECT: **MORAY INTEGRATION JOINT BOARD MEETING DATES 2019/20**

BY: **PAM GOWANS, CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To propose the schedule of meetings of the Moray Integration Joint Board (MIJB), the Audit, Performance & Risk Committee and the Clinical & Care Governance Committee for 2019/20.

2. RECOMMENDATION

2.1 It is recommended that the MIJB endorses the schedule of meetings for the MIJB, the Audit, Performance & Risk Committee and the Clinical & Care Governance Committee for 2019/20.

3. BACKGROUND

3.1 A timetable of meetings for the MIJB for 2018/19 was agreed at its meeting held on 31 August 2017 (para 9 of the Minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 To ensure key dates for formal business are accounted for when setting meeting dates to avoid the creation of Special meetings to conduct formal business during development sessions.

4.2 A timetable of MIJB meetings for 2019/20 including Audit, Performance & Risk Committee and Clinical & Care Governance Committee is attached at **APPENDIX 1**.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019
The scheduling of appropriate meetings facilitates good governance arrangements and supports the delivery of the Strategic Plans.

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

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

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

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

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

(g) Equalities/Socio Economic Impact
There are no equality issues directly arising from this report.

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

- Legal Services Manager (Litigation & Licensing)
- Chief Financial Officer
- Caroline Howie, Committee Services Officer

6. CONCLUSION

6.1 The MIJB is asked to endorse the timetable of meetings, as attached at APPENDIX 1.

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

INTEGRATION JOINT BOARD

Appendix 1

MEETINGS TIMETABLE 2019/20

DATE	TIME	MEETING TYPE	Venue
25 April 2019	9:00 to 12 Noon	Development Session	TBC
30 May 2019	9:30 to 12 Noon	Clinical & Care Governance Committee	TBC
27 June 2019	9:00 to 12 noon	Board Meeting	TBC
25 July 2019	9:00 to 12 Noon	Development Session	TBC
25 July 2019	13:00 to 14:30	Audit, Performance and Risk Committee	TBC
29 August 2019	9:00 to 12 noon	Board Meeting	TBC
29 August 2019	13:00 to 15:30	Clinical & Care Governance Committee	TBC
19 September 2019	9:00 to 12 Noon	Development Session	TBC
19 September 2019	13:00 to 14:30	Audit, Performance and Risk Committee	TBC
3 October 2019	9:00 to 12 Noon	Board Meeting	TBC
29 November 2019	9:00 to 12 Noon	Development Session	TBC
29 November 2019	13:00 to 15:30	Clinical & Care Governance Committee	TBC
30 January 2020	9:00 to 12 Noon	Board Meeting	TBC
30 January 2020	13:00 to 14:30	Audit, Performance and Risk Committee	TBC
27 February 2020	9:00 to 12 Noon	Development Session	TBC
27 February 2020	13:00 to 15:30	Clinical & Care Governance Committee	TBC
26 March 2020	9:00 to 12 Noon	Board Meeting	TBC
26 March 2020	13:00 to 14:30	Audit, Performance and Risk Committee	TBC

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 30 AUGUST 2018**

SUBJECT: **UPDATE ON THE LEARNING DISABILITY TRANSFORMATION PROJECT**

BY: **HEAD OF SERVICE, STRATEGY AND COMMISSIONING**

1. REASON FOR REPORT

1.1 To inform the Board of the progress made in implementing the Learning Disability Transformation Project Plan and the benefits that have been realised to-date.

2. RECOMMENDATION

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

i) the progress made to-date in implementing the Learning Disability Transformation Project Plan;

ii) the financial and non-financial benefits that have been realised to-date; and

iii) that further up-dates to the MIJB will be provided as the project continues to progress.

3. BACKGROUND

3.1 Board members will recall that on 31 August 2017 a report was submitted outlining an ambitious transformational change project in relation to Integrated Learning Disability Services in Moray. (paragraph 11 of the minute refers).

3.2 One of the key points made in the report was that the current way that Health & Social Care Moray delivers integrated community learning disability services is not financially sustainable in the long-term.

3.3 Consequently in the spring of 2017, based on emerging best practice in England & Wales Learning Disability Services undertook to implement a project plan that would result in a new model of commissioning and delivering health and social care services for people with a learning disability in Moray.

3.4 This new model would aim to lead to delivering better personal outcomes for people who receive support and, at the same time, achieve best value for money.

3.5 The underpinning rationale for this approach is the Progression Model. The Progression Model is a person-centred developmental approach that seeks to support each adult with a learning disability to achieve their aspirations for independence. It is a relational change from traditional care management approaches by focussing on the individuals' hopes and choices, using these as the basis to co-develop care and support plans that enable each person to reach their potential.

3.6 The Progression Model is based on the premise that efficiencies will result from focusing on the outcomes that are most important to people and ensuring that support services are aligned to these outcomes.

3.7 At the inception of the project, it was understood that to achieve this transformational change required changes to be made in relation to:-

- The way in which assessments are carried out;
- Support plans are prepared;
- Risks are managed;
- Reviews are undertaken; and
- Services are provided.

3.8 The project plan therefore took a systems wide approach that encompasses the Integrated Learning Disability Team, Commissioning and In-house (Health and Social Care Moray) Support. The inter-relationship between the different functions involved in the delivery of integrated learning disability services and the progression model is illustrated in **Appendix 1**.

3.9 The project plan successfully led to the following project plan activities being completed. This includes the development of new care support and treatment plans, a stronger emphasis on commissioning services & accommodation that supports independent living, outcomes based approach to contract monitoring outcomes based supervision & coaching for staff and the adoption of Open Space events as an innovative different way of meaningfully engaging with people who have a learning disability.

3.10 While a number of important activities such as the development of a Care Fund Calculator to assist with the more efficient commissioning of services, and an online contract monitoring tool are still being pursued, the new progression focused operating model went live on 10 October 2017.

3.11 Consequently, the purpose of this report is to up-date the Board on the financial and non-financial benefits secured to-date from this transformational change project.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 In being able to measure if the above benefits have been secured from the implementation of this project, a Balanced Scorecard approach has been adopted.

4.2 For this Learning Disability Transformation Project, this means viewing the impact of this initiative from 4 inter-related perspectives. These perspectives are:-

- The Personal Outcomes achieved for the Customer (service user);
- The Financial Impact of the initiative;
- Internal Processes; and
- Workforce Learning

4.3 This approach is based on the premise that any initiative that strives for continuous improvement will need to achieve positive results in relation to each of the 4 perspectives.

4.4 At each of the monthly project board meetings, a balance scorecard up-date is presented. While the process of collating some of the above data is in the process of being refined and the workforce learning events are not scheduled to be undertaken until the autumn of this year, at this relatively early stage in implementing the new operating model the project can demonstrate the following benefits.

4.5. The Personal Outcomes Achieved for the Customer (Service User)

4.5.1 In relation to this perspective, since June 2017 until June 2018, 32 people with learning disabilities have had a change in their living circumstances, either moving from residential accommodation to supported living, family care to support living or returned from out of area placements and into supported living. An outcome focussed, individual budget approach has been used to ensure that the care that has been commissioned, is designed to meet the person's aspirations and potential.

4.5.2 For example, in one Moray village, Health & Social Care Moray had previously commissioned a residential unit for seven people and a supported living unit for six people, on a "block funded" basis. However, more recently only nine people in total were accommodated in these two properties. This meant that the council were providing funding for thirteen places, though it was only possible for nine people to be accommodated in the two houses. Through assessment, it was clear that whilst people really enjoyed living in this village, they would not have chosen to live with the people they were living with. This was evident from what they were telling the Integrated Learning Disability Team and also from how they expressed themselves through their behaviour.

4.5.3 The commissioned partners were also keen to change their model of care. An approach to a social housing provider lead the Integrated Learning Disability Team, with support from Commissioning colleagues, to secure nomination rights to tenancies for four new build one bedroom flats, the first social housing to be built in this village for a generation. An initial assessment identified four of the nine people who would benefit by continuing to live in the village and within their own tenancy. Their choices and aspirations were identified through conversations with the individuals, their family, guardians, support staff and advocacy.

4.5.4 Furthermore both buildings were not fit for purpose and did not provide a high quality living environment in terms of accessibility and fire safety risks.

4.6 The Financial Impact

4.6.1 For the purposes of determining the financial impact of this project, based on a snapshot in time (as service users requirements are constantly changing). People with a learning disability who receive a service can be further segmented into 4 groups. These groups are indicated in the table below:-

	Customer Group	Number of Service Users	Projected Annual Surplus/(Deficit) (2018/19)
1.	Residential Care/ supported accommodation to living in different accommodation with support	20	**£488,366**
2.	Lived with Family to living in own tenancy with support	9	(£163,393)
3.	Lived in a non-family setting (usually out of area) to living in own tenancy with support	3	(£491,930)
4.	People who become 18 and live at home and are new to adult services	13	(£132,059)
	Total	**45**	**(£299,016)**

4.6.2 Line one indicates that the work underway to move from the extensive use of "block funded" contracts for care and support to one of individual budgets for people to live in their own tenancies is delivering a significant financial impact. An individual budget approach is entirely supported by the Social Care (Self-directed Support) (Scotland) Act 2013. As detailed in para 4.5.2 above, in order to calculate the projected annual surplus/deficit using an individual service model an element of void costs have been included due to the reduced number of individuals occupying the block funded contracts.

4.6.3 Line two focusses on the group of people who have previously lived with their families, and have been very well supported by them and accessing day activities with support. Due to changes in circumstances, often because of carer health, the person needs to move from their family home, and the level of support they then require is significantly more than the previously required. In terms of budget, this is essentially unfunded growth for new service requirements. Taking a progression approach, it is anticipated that these costs will decrease in the longer term.

4.6.4 Line three focusses on people who are returning to Moray from out of area placements. These are often placements that are made as education placement requests that are then extended into young adulthood. Because they are usually residential facilities, people will often require significant additional support initially.

4.6.5 Line four focuses on young people who come into the adult learning disabilities service age 18. Moray Council have made budget provision of £200k per annum to allow for young people who transition into adult services at the age of 18, this is drawn into the budget on a case by case basis. Although there are 13 service users known in this area, only costs for 7 of the service users are currently known and included in the above. The transition costs will increase through the year.

4.7 Internal Processes

4.7.1 For this reporting period, 85 of the new care support and treatment plans have been completed by the Integrated Learning Disability Team, of which 46 have been identified as having significant potential to benefit from a progression focused approach. A further 3 specialist assessments have also been completed by Day Services.

4.8 Workforce Learning

4.8.1 While staff supervision is ongoing and staff insights across the Integrated Learning Disability, Commissioning and Day Service Teams is regularly secured through training workshops and team meetings, a workforce review meeting is also scheduled to be held in the Autumn of 2018. Through group discussion, staff will be invited to identify strengths and areas for improvement in relation to the implementation of the new progression focused operating model. This approach is consistent with good project management practice.

4.8.2 In addition to the above, a staff survey was circulated to members of the Integrated Learning Disability Team. The survey focused on the efficiency of the team meetings and provides a useful benchmark for continuous improvement. In particular, since the first survey was circulated in November 2017, staff have reported that meetings have become an integral way of efficiently processing referrals and discussing risk in a multi-disciplinary setting.

5. SUMMARY OF IMPLICATIONS

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

The Learning Disability Transformation Project is consist with the vision statement and with the 5 strategic priorities identified in the Strategic Commissioning Plan 2016-2019.

(b) Policy and Legal

There are no legal implications arising from this report.

The development and implementation of the new progression operating model will mean that policy and procedures will be revised accordingly.

(c) Financial implications

This report identifies financial benefits emerging from the transformational change programme, particularly for moving from older “block funded” contracts to individual budgets. However it also highlights where there are additional financial pressures. Typically people who have been very well supported by their families in their family home require significantly more support when they move into their own homes (creating a budget pressure). An additional financial pressure is also incurred when people return to Moray as young adults to their own tenancies with support. The figures in para 4.6 above are based on a snapshot of service user requirements, in order to produce an indicative financial surplus/deficit for the purpose of this report.

(d) Risk Implications and Mitigation

As part of the project management approach, a risk & issues log is reviewed at each meeting of the Learning Disability Transformation Project Board. The ability to demonstrate the non-financial and financial benefits derived from this project has been identified as a risk from the inception of this initiative.

(e) Staffing Implications

The focus of the Learning Disability Transformation Project is on cultural change. There are therefore no staffing implications directly arising from this report.

(f) Property

There are no property issues arising from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required for this report.

(h) Consultations

This report has been circulated to Joyce Lorimer (Service Manager and Project Sponsor), Roddy Huggan (Commissioning Manager and Commissioning Workstream Manager, John Campbell (Provider Manager and In-house Support Workstream Manager), Jane Mackie (Joint Operational Manager & Programme Sponsor) and Bruce Woodward (Senior Performance Officer), Tracey Abdy (Chief Financial Officer) and Deborah O'Shea (Principal Accountant), who are in agreement with the content where it relates to their area of responsibility.

6. CONCLUSION

6.1.1 The Board will note that the Learning Disability Transformation Project has been a significant project for Health & Social Care Moray since the project plan was initiated in the spring of 2017.

6.1.2 Since the new progression based operating model was launched in October 2017, the Learning Disability Transformation Project Board has identified an improvement in the personal outcomes for many people with a learning disability supported by this new way of operating.

6.1.3 The Balanced Scorecard Approach outlined in this report also focuses on internal processes and workforce learning. These elements further demonstrate the strength of the progression model and its implementation in Moray.

6.1.4 The IJB is therefore asked to note the achievements to date of this transformation project. There is an opportunity to further develop and refine the progression based operating model in Moray.

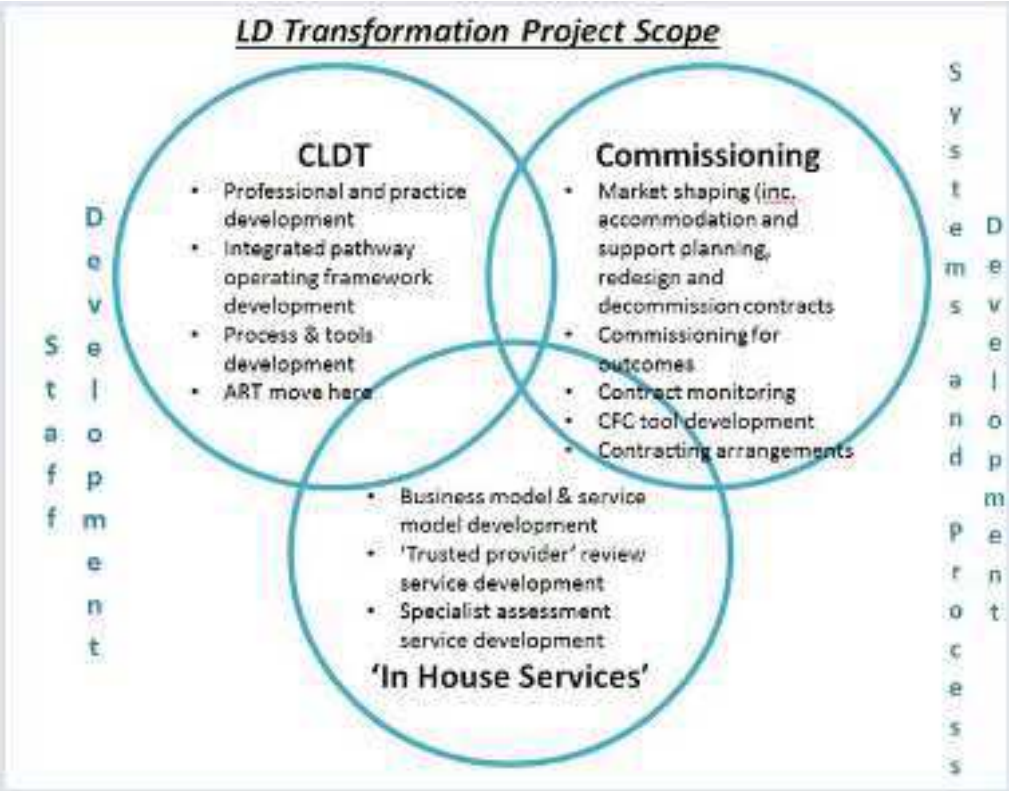
6.1.5 It is proposed that further project up-dates will be provided to this Board on the benefits that have been realised.

Authors of Report: Joyce Lorimer, Integrated Services Service Manager & Robin Paterson, Senior Project Officer

Background Papers: Available from the authors of this report

Ref:

Appendix 1:The Moray Model for Delivering Progression



REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 30 AUGUST 2018**

SUBJECT: **FINANCIAL OUTLOOK**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To provide the Board with an overview and early indication of the scale of financial challenge facing the Moray Integration Joint Board (MIJB) over the 5 year period 2018/19 – 2022/23.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

i) note that the delegated services are reporting an overspend of £1.032m on core services for the first 3 months of the financial year;

ii) acknowledge the initial financial outlook over the next 5 years; and

iii) support the development of an underpinning financial strategy aligned to the Strategic Plan 2019 – 2022.

3. BACKGROUND

3.1 Since the MIJB became operational on 1 April 2016, it has been faced with one year financial settlements from the funding Partners. The 2016/17 first year budget for the MIJB included historical cost efficiencies that had in the past, failed to be met and no additional funding for service developments or transformational change. The settlement for the 2017/18 financial year became increasingly difficult due to a flat cash allocation from NHS Grampian and a budget reduction of £1.3m in the Moray Council allocation. To further burden this position, no additional funding was received for pay awards, inflationary increases, growth or budget pressures.

3.2 On 29 March 2018 at a meeting of this Board, an indicative budget was accepted to allow services to continue to be delivered. At this point the budget displayed a shortfall of £4.596m (paragraph 8 of the minute refers). A

revised revenue budget position was presented to the MIJB on 28 June 2018 presenting a reduced budget shortfall position of £3.293m due to a proposed increase in efficiency savings and use of remaining reserves (paragraph 6 of the draft minute refers). This report noted the high level of financial risk inherent in the 2018/19 revenue budget in achieving financial balance and delivery of delegated services.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 CURRENT FINANCIAL POSITION

4.1.1 The 2018/19 Revenue Budget Monitoring for quarter 1 is presented to this Board today on the financial position at the end of the first 3 months showing an overspend of £1.032M on core services.

	Annual Budget £	Budget to Date £	Expenditure to Date £	Variance to date £
MIJB Core Service	111,024,411	27,669,459	28,701,503	(1,032,044)
MIJB Strategic Funds	7,526,035	205,614	317,798	(112,184)
Total MIJB Expenditure	**118,550,446**	**27,875,073**	**29,019,301**	**(1,144,228)**

Whilst this is very early in the year, assurance cannot be given that a break-even position will be achievable in the delivery of delegated services. It will be key to observe the first forecast out-turn position, which will be presented at the 6 month point and reported to this Board on 29 November 2018.

4.1.2 The MIJB Integration Scheme sets out the process for addressing a forecast overspend position. In the first instance, the Chief Officer and Chief Financial Officer should agree corrective action with the MIJB. This is already being explored through sessions being held with the senior and operational management teams. If the overspending cannot be resolved through this mechanism then a recovery plan must be agreed between the Chief Officer and Chief Financial Officer of the MIJB and the Director of Finance, NHS Grampian and the Section 95 Officer, Moray Council. If the recovery plan is unsuccessful then the application of reserves is required. It should be reiterated at this point that the MIJB has utilised its reserves in full by including the balance as part of the 2018/19 funding position.

4.1.3 It has already been recognised by this Board that major redesign of services, together with revised approach and involvement of all partners and stakeholders is required in order to pursue a balanced budget position. It has also been acknowledged that change of this scale requires time, planning and appropriate consultation and communication. Demand-led pressures continue to impact adversely on the financial position, however, work continues to identify further opportunities to reduce the level of anticipated overspend.

4.2 FINANCIAL OUTLOOK

4.2.1 The MIJB faces challenges of increasing demand for services and a climate of constrained financial resources. In this context, the development and implementation of a strategic approach to financial planning over the next 3–5

years is essential to support the sustainability of health and social care delivery in Moray. It is vital that close observation of the financial outlook and emerging pressures is made as the development of the Strategic Plan 2019 – 22 is progressed.

4.2.2 The MIJB has to consider its revenue budget in the context of one year financial settlements being announced by central government and in a period of continuing real terms reductions in funding. Local Authorities in particular have faced challenging decisions as a result of reduced real term funding. Whilst funding for NHS Boards continues to be challenging, the NHS in Scotland is currently receiving relative protection in comparison with the rest of the public sector.

4.2.3 The high level of uncertainty surrounding future funding increases financial risk, making it essential to set out some key planning assumptions which should be reviewed regularly and updated as information becomes available. Set out below is the anticipated medium case funding scenario. The assumptions made are that health board funding will provide an uplift of 2% on recurring core funding and that local authority funding will decrease by 2% each year until 2020/21 where thereafter it will remain static. Since 2016/17 funding for Social Care has also been provided from Scottish Government and routed through the health arm of the budget and is now embedded within recurring core health funding. In 2018/19 Scottish Government introduced a further £66m across Scotland to support investment in Social Care in recognition of a range of pressures being faced which was routed through the Local Authority arm of the budget. Due to the uncertainty of the future of this funding it has been highlighted separately in the table below. The table demonstrates the potential future funding levels using 2018/19 as the base year where the funding is known:

	2018/19 £000 (Base Agreed)	**2019/20 £000**	**2020/21 £000**	**2021/22 £000**	**2022/23 £000**
NHS Grampian	72,828	73,979	75,154	76,352	77,574
Moray Council	38,254	37,489	36,739	36,739	36,739
SG Social Care	1,186	1,186	1,186	1,186	1,186
Use of Remaining Reserves	847	0	0	0	0
TOTAL	**113,115**	**112,654**	**113,079**	**114,277**	**115,499**

4.2.4 Planning assumptions have been made to illustrate the expenditure profile over the same period. This will continue to be refined but provides an indication of the challenge facing the MIJB. As the Strategic Plan is developed and priorities established, cognisance will be required surrounding the review and direction of funding, ensuring alignment with our commissioning plans. Based on existing service provision, the table below sets out the projected increases in costs over the next 5 years and compares this to projected income, demonstrating the growth in baseline pressure.

	2018/19 £000	**2019/20 £000**	**2020/21 £000**	**2021/22 £000**	**2022/23 £000**

Opening Cost Base	113,534	116,408	119,546	121,963	124,458
Cost Pressures	4,390	3,138	2,417	2,495	2,576
Savings Identified (recurring)	(1,516)	In progress	In progress	In progress	In progress
Total Projected Costs	**116,408**	**119,546**	**121,963**	**124,458**	**127,034**
Projected Income	**113,115**	**112,654**	**113,079**	**114,277**	**115,499**
Projected Shortfall (£K)	**3,293**	**6,892**	**8,884**	**10,181**	**11,535**
Projected Shortfall (%)	**2.9%**	**6.1%**	**7.9%**	**8.9%**	**10%**

4.2.5 The above table reflects analysis based on the following assumptions:

- Pay Award (health)
- Contractual Uplifts and National Care home Contract
- Prescribing Pressures
- Demographic Growth
- Government Policy and Legislation, including Carers Act and Free Personal Care
- Locum Costs
- High Cost Complex Care

4.2.6 Work continues to identify further savings proposals to provide some mitigation of the pressures identified. Regular progress updates will be presented to the MIJB. In addition, there are a number of scenarios that could potentially reduce the projected future shortfall including:

- Changes to the planning assumptions made – e.g. contractual inflation or pay awards beyond 2020/21;
- Identification of additional funding through better than anticipated Central Government settlements being passed through to the MIJB;
- Progress with redesign initiatives
- Identification of opportunities to manage demand or cost reduction;

Equally, there are a number of factors that could see the cost pressure and subsequent funding gap increase, for example insufficient funding to support national strategies and legislative impact.

4.2.7 Whilst there is a high degree of uncertainty in the estimates highlighted within this financial outlook, it is clear that the MIJB faces significant financial challenge for the foreseeable future leading to an increased level of risk surrounding the delivery of the Strategic Plan and reliance cannot be placed on funding partners to provide the level of funding required.

4.3 FINANCIAL STRATEGY

4.3.1 The current Strategic Plan for the MIJB will be replaced from 1 April 2019 covering a further 3 year period. The Strategic Planning Group are already progressing with the Plan and workshops are being held at planned intervals to ensure the appropriate stakeholder engagement is embedded into the process. With the Strategic Plan in mind, it is essential to consider the financial context as the priorities over the next 3 years are developed. The financial outlook as presented in this report will help to inform the strategic planning process. The MIJB is required to develop a 3 to 5 year financial strategy to support the strategic plan and the Board is asked to support the development of this aligned approach.

5. SUMMARY OF IMPLICATIONS

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

Ensuring an adequate revenue budget for the MIJB is key to the successful delivery of health and social care services in Moray and in accordance with the Strategic Plan. Financial planning in these times of extended financial uncertainty will support positive outcomes.

(b) Policy and Legal

The MIJB has a duty to set a revenue budget each year and in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). Financial planning is a key element to this process.

(c) Financial implications

Considered throughout the body of this report

(d) Risk Implications and Mitigation

The key risk to the MIJB is to deliver fully on the Strategic Plan in the context of the prevailing financial position. Scenario planning against future financial predictions will support the mitigation of this risk within what remains an extremely challenging financial climate.

(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.

(h) Consultations

Consultations have taken place with the Senior Management Team , the Head of Financial Services and Legal Services Manager (Litigation and Licencing) (both Moray Council) and the Deputy Director of Finance, NHS Grampian. Any comments received have been considered in writing this report.

6. CONCLUSION

6.1 This report sets out the potential financial outlook being faced by the MIJB over the next 5 years and is intended to support the Strategic Planning responsibilities of the MIJB.

6.2 The development of a medium term financial strategy, aligned to the MIJB Strategic Plan and subject to regular review will support this process.

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

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

AUDIT AND RISK COMMITTEE

THURSDAY 29 MARCH 2018

ALEXANDER GRAHAM BELL CENTRE, MORAY COLLEGE

PRESENT

VOTING MEMBERS

Councillor Claire Feaver (Chair)	Moray Council
Dame Anne Begg	Non-Exec Board Member, NHS Grampian
Mr Jonathan Passmore substitute for Professor Croft	Non-Exec Board Member, NHS Grampian

NON-VOTING MEMBERS

Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Ms Elidh Brown as substitute for Mr Villani	tsiMoray

IN ATTENDANCE

Ms Tracey Abdy	Chief Financial Officer
Ms Maggie Bruce	Senior Audit Manager, Audit Scotland
Ms Pam Gowans	Chief Officer
Mr Atholl Scott	Chief Internal Auditor
Mrs Caroline Howie	Committee Services Officer, Moray Council as Clerk to the Committee

APOLOGIES

Professor Amanda Croft	Executive Board Member, NHS Grampian
Councillor Shona Morrison	Moray Council
Mr Fabio Villani	tsiMoray

1.	**DECLARATION OF MEMBERS' INTERESTS**
	There were no declarations of Members' interests in respect of any item on the agenda.

2.	**MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD AUDIT AND RISK COMMITTEE DATED 14 DECEMBER 2017**
	The minute of the meeting of the Moray Integration Joint Board dated 14 December 2017 was submitted for approval. Under reference to attendance it was noted that Professor Croft's name was wrongly listed under non-voting members. The Clerk undertook to amend the minute and move Professor Croft's name to the list of voting members. With this change the minute was approved.
3.	**ACTION LOG DATED 14 DECEMBER 2017**
	The Action Log of the Moray Integration Joint Board dated 14 December 2017 was discussed and it was noted that all actions listed had been completed.
4.	**INTERNAL AUDIT UPDATE**
	A report by the Chief Internal Auditor informed the Committee of progress being made towards completion of the agreed audit plan. The Chief Internal Auditor advised the scope of audits covers value for money and not how the money is spent. He was of the opinion this could be changed in the future if required. Discussion took place around what checks are in place to ensure those contracted to provide services pay their staff the living wage. The Chief Officer advised it is not possible to audit contractors however most contractors currently pay the living wage. Thereafter the Committee agreed to note: i) the internal audit work progressed during the final quarter of the year; ii) the planned approach for completion of the remaining projects in the plan; and iii) that additional internal audit resource has been secured effective March 2018 to support delivery of future audit plans.
5.	**EXTERNAL AUDIT PLAN FOR THE YEAR ENDING 2017/18**
	A report by the Chief Financial Offer informed the Committee of the contents of the External Auditor's Annual Plan for 2017/18. Dame Anne sought clarification on why the audit fee had increased by almost a third on what had been charged in the previous year. In response the Senior Audit Manager, Audit Scotland, advised the amount of work involved had been an unknown quantity when the previous fee had been set. Through discussion it had been agreed this had been set too low, hence the increase.

	Following discussion the Committee agreed to note the contents of the External Auditor's Annual Plan for 2017/18.
6.	**DRAFT ANNUAL GOVERNANCE STATEMENT 2017/18**
	A report by the Chief Financial Officer provided Committee with an opportunity to consider and comment on the draft Annual Governance Statement for the Moray Integration Joint Board (MIJB). Discussion took place on the content and layout of the Statement. The Senior Audit Manager, Audit Scotland, stated the layout and pictorial information made for easy reading. Discussion took place on the role Members of the Board need to share for governance. Thereafter the Committee agreed: i) to note that the Chief Financial Officer will liaise with NHS Grampian and Moray Council to ensure relevant assurances are in place, prior to finalising the Annual Governance Statement for inclusion into the draft Annual Accounts to be submitted to the Integration Joint Board for approval and sign off; and ii) in principle on the Annual Governance Statement and delegate authority to the Chief Financial Officer to complete this statement in a timely manner for submission to the Integration Joint Board by obtaining the required level of assurances from Moray Council and NHS Grampian.
7.	**STRATEGIC RISK REGISTER – MARCH 2018**
	A report by the Chief Officer provided an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated as at March 2018. Discussion took place on the risks within the register. It was advised that risk to reputation was in respect of closing services and communication around this. The Chief Officer advised that there would be occasions when the speed of change, or confidentiality around change, did not always allow for prior communication. Thereafter, following further discussion the Committee agreed to note the updated Strategic Risk Register as at March 2018.

ITEMS FOR THE ATTENTION OF THE PUBLIC