Moray Integration Joint Board

Thursday, 25 January 2024

Council Chambers

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board, Council Chambers**, **Council Office, High Street, Elgin, IV30 1BX** on **Thursday, 25 January 2024** at **09:30** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Dennis Robertson (Chair)

Councillor Tracy Colyer (Vice-Chair)
Mr Derick Murray (Voting Member)
Mr Sandy Riddell (Voting Member)
Councillor Peter Bloomfield (Voting Member)
Councillor Scott Lawrence (Voting Member)
Councillor Ben Williams (Voting Member)
Mr Adam Coldwells (Ex-Officio)
Mr Roddy Burns (Ex-Officio)

Mr Ivan Augustus (Non-Voting Member)
Mr Sean Coady (Non-Voting Member)
Ms Jane Ewen (Non-Voting Member)
Mr Graham Hilditch (Non-Voting Member)
Ms Deirdre McIntyre (Non-Voting Member)
Mr Simon Bokor-Ingram (Non-Voting Member)
Professor Duff Bruce (Non-Voting Member)
Ms Sonya Duncan (Non-Voting Member)
Dr Robert Lockhart (Non-Voting Member)
Ms Deborah O'Shea (Non-Voting Member)
Ms Elizabeth Robinson (Non-Voting Member)
Dr Malcolm Simmons (Non-Voting Member)
Ms Tracy Stephen (Non-Voting Member)
Mr Kevin Todd (Non-Voting Member)

Clerk Name:	Caroline O'Connor
Clerk Telephone:	07779 999296
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MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 30 November 2023

To be held remotely in various locations

PRESENT

Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Mr Sean Coady, Councillor Tracy Colyer, Ms Sonya Duncan, Ms Jane Ewen, Mr Graham Hilditch, Councillor Scott Lawrence, Dr Robert Lockhart, Mr Derick Murray, Ms Deborah O'Shea, Mr Sandy Riddell, Mr Dennis Robertson, Ms Elizabeth Robinson, Dr Malcolm Simmons, Ms Tracy Stephen, Councillor Ben Williams

APOLOGIES

Mr Ivan Augustus, Professor Duff Bruce, Mr Roddy Burns, Mr Stuart Falconer, Professor Caroline Hiscox, Dr Paul Southworth, Mr Kevin Todd

IN ATTENDANCE

Director of Planning and Performance, Digital Health and Care Innovation Centre (DHI) Scotland; Vaccination Planning Manager; Interim Integrated Service Manager, Mental Health and Substance Misuse Services; Deirdre McIntyre, Staff Representative, NHS Grampian; Democratic Services Manager and Caroline O'Connor, Committee Services Officer.

1. Chair

Due to technical difficulties, Mr Robertson asked Cllr Tracy Colyer as Vice Chair to chair the meeting.

2. Welcome and Apologies

The Board joined the Chair in welcoming Deirdre McIntyre, who was replacing Stuart Falconer as the NHS Staff Representative, to her first meeting of the Board.

3. Declaration of Member's Interests

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

Mr Riddell did however state that he was Chair of the Mental Welfare Commission Scotland. This was noted.

4. Minutes of meeting of 28 September 2023

The minute of the meeting of 28 September 2023 was submitted and approved.

5. Action Log of 28 September 2023

The Action Log of the meeting of 28 September 2023 was discussed and updated accordingly.

Mr Riddell welcomed the report on today's agenda relating to the Adult and Older Mental Health Workforce however noted that was just one part of mental health and asked that further reports be brought to the Board to address the wider aspects of mental health services within Moray.

6. Minutes of Special Meeting dated 26 October 2023

The minute of the Special Meeting of 26 October 2023 was submitted and approved.

7. Chief Officer Report

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

During the course of an update from the Director of Planning and Performance, DHI-Scotland on the Moray Growth Deal and Rural Centre of Excellence (RCE) for digital health care and innovation, she advised in relation to the Smarter Housing/Communities and Mental Wellbeing Living Labs (LL) shown as amber on the Appendix, DHI-Scotland were working with Moray Council and funders on a no cost 12 month extension to the programme until May 2026.

Following consideration the Board unanimously agreed:

i. to note the contents of the report; and

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

8. Grampian Vaccination and Immunisation Annual Report 2023

The meeting had before it a report by the Vaccination Planning Manager informing the Board on the development of the first Grampian Vaccination and Immunisation Annual Report 2023.

Having sought feedback in order to develop reports, the Vaccination Planning Manager agreed to add trend data and workforce planning elements to future annual reports.

Following consideration the Board unanimously agreed to acknowledge the findings of the Vaccination and Immunisation Annual Report 2023.

9. Revenue Budget Monitoring Quarter 2 2023-24

The meeting had before it a report by the Interim Chief Financial Officer updating the Board of the current Revenue Budget reporting position as at 30 September 2023 for the MIJB budget.

Following consideration the Board unanimously agreed to:-

i. note the financial position of the Board as at 30 September 2023 is showing an overall spend of £5,068,191 on core services;

ii. note the provisional forecast position for 2023/24 of an overspend of £10,615,345 on total budget for core services;

iii. note the progress against the approved savings plan in paragraph 6;

iv. note the budget pressures and emerging budget pressure as detailed in paragraph 7;

v. note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 July to 30 September 2023 as shown in Appendix 3;

vi. approve for issue the Directions arising from the updated budget position shown in Appendix 4; and

vii. note that a recovery and transformation plan will be brought to the MIJB in January 2024.

10. Vary Order of Business

The Chair sought agreement from the Board to vary the order of business set down on the agenda and take Item 10 "Moray Winter Surge Action Plan 2023-24" and Item 11 "Review of Financial Regulations" before Item 9 "Adult and Older Adult Mental health Medical Workforce" to allow time for the author to join the meeting to speak to the report. This was unanimously agreed.

11. Moray Winter Surge Action Plan 2023-24

The meeting had before it a report by the Chief Officer informing the Board of the Health and Social Care Moray Winter/Surge Action Plan for 2023/24.

Following consideration the Board agreed to:-

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

ii. note that the Moray Winter/Surge Action Plan 2023/24 has been submitted to NHS Grampian for inclusion in the Grampian Health and Social Care Winter (Surge) Plan.

12. Review of Financial Regulations

The meeting had before it a report by the Interim Chief Financial Officer seeking the approval of the Board to update the Financial Regulations in line with the proposed amendments contained within Appendix 1.

Following consideration the Board unanimously agreed:-

i. to approve the proposed changes to the MIJB Financial Regulations as set out in Appendix 1; and

ii. the reviews will be done annually.

13. Adult and Older Adult Mental Health Medical Workforce

The meeting had before it a report by the Interim Integrated Service Manager, Mental Health and Substance Misuse informing the Board of progress and expectations for the Adult and Older Adult Mental Health Medical team and seeking approval on a proposal to solve a long standing issue of vacancies in the team.

Following consideration the Board unanimously agreed to:-

i. note the content of the report; and

ii. approve that the funding is utilised differently and that the Board employ Speciality Doctors on the Certificate of Eligibility for Specialist Registration (CESR) program.

14. Care for People Plan - Moray Arrangements

The meeting had before it a report by the Corporate Manager providing assurance to the board that Health and Social Care Moray have developed an operational process to deliver the Care for People Strategy and that the development of this framework has been in conjunction with Moray Council as its strategic partner.

In response to concerns raised by members of the Board that the Care for People Plan was not attached to the report, the Corporate Manager advised it was an evolving document but acknowledged that the Board required to have oversight of the Plan in order to have assurance. As a result of the discussion the Chief Officer advised an updated report with the Plan as an Appendix would be brought forward to the next meeting of the Board in January 2024.

Following consideration the Board unanimously agreed to:

i. note that a Care for People Operational Framework has been developed in conjunction with its partners;

ii. note that continued improvement and implementation of the Care for People is now business as usual; and

iii. note that Health and Social Care Moray (HSCM) will exercise this framework at a Moray and Grampian level to provide additional support and assurance.

15. Annual Report of the Chief Social Work Officer 2022-23

The meeting had before it a report by the Chief Social Work Officer informing the Board of the annual report of the Chief Social Work Officer (CSWO) on the statutory work undertaken on the Council's behalf during the period 1 April 2022 to 31 March 2023.

In response to a question from Councillor Colyer about there being no reference to unpaid carers in the report, the Chief Social Work Officer confirmed she would ensure that data is added to future reports.

Mr Robertson suggested the report be brought to the Board earlier in the year and for an executive report to be added to the front page. The Chief Social Work Officer agreed to bring the report earlier to the Board and add an executive report to the front page.

Following consideration the Board unanimously agreed to note the contents of the report.

16. Moray Integration Joint Board Meetings 2024-25

The meeting had before it a report by the Corporate Manager asking the Board to consider future arrangements for holding meetings of the Moray Integration Joint Board, the Audit, Performance and Risk Committee and the Clinical and Care Governance Committee and to agree the meeting dates for 2024/25.

As Chair of Clinical and Care Governance Committee and in order to allow him to attend in person over the winter months, Mr Murray queried if the start time of the November 2024 and February 2025 meetings could be brought forward from 2pm to 1.30pm. The Clerk advised the dates had not yet been advertised and confirmed the start time could be amended.

Following consideration the Board unanimously agreed to endorse the schedule of meetings for the Moray Integration Joint Board (MIJB), the Audit, Performance and Risk (APR) Committee and the Clinical and Care Governance (CCG) Committee for 2024/25 with the amended start time of 1.30pm for the November 2024 and February 2025 Clinical and Care Governance Committee meetings.

17. Realignment of Services [Para 6.2.5]

The meeting had before it a report by the Head of Service / Chief Social Work Officer asking the Board to note the re-alignment of the Education and Social Training Team (Social Work Training Team) (with the exception of 1 full time equivalent (FTE) post which is aligned to Education) from Moray Council to Moray Integration Joint Board (MIJB).

Following consideration, and following the agreement of Moray Council on 27 September 2023, the Board unanimously agreed to:-

i. note the re-alignment of the Education and Social Care Training Team/Social Work Training Team (with the exception of 1 FTE post which is aligned to Education) from Moray Council to MIJB with effect from 1 February 2024, with the

management responsibility transferring to the Head of Service/Chief Social Work Officer; and

ii. note that implementation will be taken forward in accordance with Moray Council's agreed Change Management Policy and Procedures.

MEETING OF MORAY INTEGRATION JOINT BOARD

Thursday 30 November 2023

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	**UPDATE FOR 25 JANUARY 2024**
1.	Revenue Budget Monitoring Quarter 1 for 2023-24	Update on work being done to reduce prescribing costs to be prepared for CCG Cttee before coming to future MIJB meeting.	30 Nov 23	SC	Paper to be presented to next CCG Cttee in March 2024
2.	Action Log of 30 November 2023	Request for further reports to be brought to the Board addressing the wider aspects of mental health in Moray.	28 Mar 2024	SBI	Report scheduled for March MIJB meeting
3.	Care for People Plan – Moray Arrangements	Update report including Care for People Plan as an Appendix to be prepared for next Board meeting.	25 Jan 2024	SD	On today's agenda

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024

SUBJECT: CHIEF OFFICER REPORT

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To inform the Board of the Chief Officer activities that support the delivery against the Moray Integration Joint Board's (MIJB's) strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Key work for Moray Health and Social Care Partnership (HSCP) includes the continuation of a shift in the balance of care through implementing a Home First approach; remobilisation from the covid pandemic; supporting measures for the reduction of local covid transmission; and budget control.

1.2 Strategic planning needs to maintain a focus on transformational change to deliver services to our community within the resources we have available. 2024/25 will be a very challenging year for delivering within the budget, with our two funding partners, Moray Council and NHS Grampian, under considerable financial pressure as well.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

i) consider and note the content of the report; and

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

3. BACKGROUND

Home First and Hospital without Walls

3.1 Work continues to develop the Home First portfolio of projects with a focus on ensuring projects are sustainable, scalable and meet the strategic objectives of the MIJB. Work is being undertaken in a Portfolio approach, pulling on the strengths and assets at a whole system level. Efforts include a focus on reducing delayed discharges, which has been very challenging to achieve despite the significant work of the team. To maximise opportunities to support patient flow, a Moray wide Strategic Multidisciplinary Team meets to prioritise

resource. A strategy group and operational group reviewing the challenges of Care at Home provision have both met with action plans developed.

3.2 Our MIJB Strategy 'Partners in Care' delivery plan sets out our 3 priority areas, one of which is Home First.

3.3 The current Care at Home Contract with external providers ends in October 2024. We therefore need to take the opportunity to review the Care at Home Service and use any learning gained to inform the modernisation of service delivery.

3.4 The aim is to create a more efficient and sustainable service, which is able to meet the needs of an ageing population, at a time when recruitment is challenging. There are opportunities around better use of technology; creating more fulfilling roles for staff; and using a reablement approach.

3.5 To do this we will:

1. Consider national priorities and have clarity around local performance indicators.
2. Set the strategic direction of Care at Home across Moray (Partners in Care) to ensure that Care at Home is delivered as efficiently and effectively as possible, whilst at the same time ensuring that outcomes are met, and this will be achieved by reviewing Care at Home referral pathways and all that it encompasses.
3. Mapping of where Care at Home is delivered.
4. Identify areas of unmet need.
5. Deliver on the outcomes of the Delivery Plan.
6. Deliver on the Workforce Plan, with particular attention to recruitment and retention of staff.
7. Explore and focus on technological advances to support our Care at Home strategy and action planning.
8. Identify roles and responsibilities of external and internal provider services.
9. Develop a shared understanding of goals and values. Use of the NHS Culture Collaborative resources will support this work.

3.6 Key dates for the review are as follows:

Action Stage	**Date**
Draft Specification (incl. needs assessment, stakeholder involvement, options appraisal.)	10.05.24
Draft Specification signed off by Head of Service	25.05.24
Deadline Final Signed Off Specification	07.06.24

3.7 There is currently a draft Action Plan around all elements of the Care at Home Service, which will be reviewed early this year. A programme management approach will be undertaken to manage the necessary work-plan for the modernisation of the Care at Home Service.

3.8 It is imperative that we work both collaboratively and in partnership with all stakeholders, and to this end a Care at Home workshop will be held early this year, to include an extensive list of stakeholders.

3.9 Value improvement funds have supported the establishment of Realistic Medicine Community Healthpoint Advisor roles, which aim to improve awareness and promote support available for older people, their families and carers living with frailty and pre-frailty conditions. These programmes will contribute to key priorities within Home First, The Frailty Collaborative and performance monitoring.

3.10 Health and Social Care Moray (HSCM) is part of a national initiative to improve the frailty pathway, having bid successfully to be part of the Focus on Frailty programme being run by Healthcare Improvement Scotland ihub. The overall aim of the programme is to ensure people living with or at risk of frailty have improved experience of and access to person centred, co-ordinated health and social care. This will be realised by early identification and assessment of frailty; people living with frailty, carers and family members access person-centred health and social care services: and health and social care teams report improved integrated working.

Remobilisation and winter planning

3.11 To date the health and social care system has responded to significant surges in demand. A pan Grampian approach to manage surge and flow through the system ensures patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is significant pressure in some service areas which is receiving a particular focus to work through the backlog of referrals.

3.12 Demand for unscheduled hospital care has not discernibly diminished, and Dr Gray's Hospital is having to manage a very tight capacity position on a daily basis. Community hospital beds, and intermediate options are being fully utilised, with expedient discharge from Dr Gray's and Aberdeen Royal Infirmary as soon as beds are available. Demand for social care, and in particular care at home, has continued with hours of care that cannot be met. Primary care continues to operate with a high level of demand and acuity.

3.13 Planning has taken place locally and at a pan Grampian level for winter. A paper reporting on the partnership's planning was considered by MIJB at their meeting on 30 November 2023 (para 11 of minute refers). In the run up to the festive season there was a significant spike in hospital attendances and admissions in the time period of 4 December to 9 December that correlated to particularly cold weather. 151 people attended the Emergency Department during this time because of a fall that they reported being on ice or snow. This has then translated into an increase in demand for community services.

3.14 There was specific planning for the festive season over Christmas and New Year, and while there were particular pressures on both the hospital and community services, the system managed with the levels of demand. Lessons learned are being captured to build on the good work as a piece of continuous improvement.

Vaccination Programme

3.15 The Autumn Winter programme for Covid and Flu vaccinations commenced on 4 September 2023 and will run until 31 March 2024 with the majority of eligible cohorts offered vaccinations by 11 December 2023, including Health and Care staff. As of 31 October 2023, 606,933 Covid and Flu vaccinations

were delivered by NHS Grampian, which is above the Scottish average for both vaccinations. The Health and Care staff uptake for vaccinations is slightly below the Scottish average, with further focus on this group to continue to support the messaging to encourage uptake. There is ongoing review of the uptake by job family and location to support this messaging with a National Survey planned for early 2024 to understand why some Health and Care Staff have not taken up the offer of the vaccinations and any barriers to this.

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

3.16 A dedicated work stream is in place to manage the programme of works on the Dr Gray's Hospital site that involves completing the anti-ligature work on Ward 4, the Mental Health inpatient ward, alongside the planned installation of an MRI scanner on the hospital site. The Standard Business Case (SBC) with Addendum requested by the NHS Grampian Board in August 2022 detailing the enabling works plan, costs and timescales, as well as the Ligature Reduction schedule and cost, has been finalised and approved by the NHS Grampian NTC (National Treatment Centre) Programme Board and Asset Management Group. The SBC has been submitted to Scottish Government for consideration and dialogue continues with officials on the SBC and timing of funding. With the pressure on the NHS Scotland capital budget HSCM were advised that a decision would not be forthcoming until the end of December 2023. We still await a decision.

Primary Care Strategy

3.17 The 3 Chief Officers (Aberdeen City, Aberdeenshire and Moray) have commissioned work to develop a vision for general practice across Grampian. The fragility of primary care and GP Practices in particular is well understood, and MIJB have led local discussions on the challenges faced. In Grampian, the delivery of the 2018 General Medical Services (GMS) contract and the Memorandum of Understanding (MoU) has been challenging, due to a number of factors, including recruitment and retention, the application of multi-disciplinary teams across a rural geography resulting in teams being spread too thinly, and a region with diverse populations, communities and needs. Whilst the number of practices and General Practitioners (GPs) has reduced in number during the last ten years, the list size per GP has increased.

3.18 A structure is in place to take this work forward, with a timescale of completion by the end of the financial year. The vision for general practice will recognise the uniqueness of the three different local authority areas in Grampian, and bring together the commonalties of the challenges we collectively face, and how we deal with those challenges. The national primary care team are supportive of this work, and this creates an opportunity for the north-east region to influence the national GP contract and create a path specific to the north-east on how to meet the challenges. The aim is to develop a local vision with strategic objectives and an associated implementation plan to address the challenges, with a desired outcome of creating a more resilient and sustainable service.

3.19 The General Practice Vision programme has now concluded the three facilitated stakeholder events. Buchan + Associates were commissioned to plan and deliver workshop 2 & 3. These events were held on 8 and 22 November 2023, and attendance numbers at these events was 206 people and 215 people respectively. Stakeholder engagement targeting the younger

generation was undertaken in December 2023, which included focus groups in high schools across the area, and a stall at Aberdeen University to engage with students. There will also be engagement with Medical Students early 2024. Feedback from these groups will be supplemental to the information and feedback already gathered. A fourth workshop has been arranged for 17 January 2023, and this will be a smaller workshop, with attendance from the Programme Board, as well as other key stakeholders which will include representation from secondary care, patient stakeholder groups, and finance. Themes that have been identified and will be included in the vision include:

- Pathways
- Data
- Models of contract
- Premises
- Keeping the population well
- IT & Technology
- Multi-Disciplinary Team
- Mental health
- Education
- Continuity

3.20 The Vision and SMART objectives will be presented to the three IJB's on the following dates:
20 March 2024 – Aberdeenshire IJB
26 March 2024 – Aberdeen City IJB
28 March 2024 – Moray IJB

General Adult Mental Health Secondary Care Pathway Review

3.21 The Chief Officers for Aberdeen City, Aberdeenshire and Moray have commissioned a piece of work to map out the Adult General Mental Health (AMH) Pathways across Grampian to be able to consider options for any redesign. The aim of the work is to identify improvements within the pathways of adult general mental health which would lead to better patient and service outcomes, improve efficiency, and streamline governance. A new timeline has been proposed to support this project to allow for more opportunity early this year to consolidate information gathering and ensure accuracy of the information gathered so far. The timeline would lead to IJB meetings in May 2024.

3.22 We continue to consolidate process mapping and service information forms. This will inform an engagement piece with the steering group and other key stakeholders, to share more widely, the themes arising from the challenges/issues shared about the AMH secondary care pathway, and as an opportunity to gather ideas and awareness of ongoing projects that may be addressing some of these issues. Data gathering will continue against these themes. Engagement with Lived Experience continues through an online survey which is scheduled to conclude mid-January and will feed into the report.

Lossiemouth Locality update

3.23 Between October 2021 and January 2023 a period of community engagement and consultation took place on the future of health and social care provision within the Lossiemouth Locality Area. There has been a focus on the Hopeman and Burghead branch surgery premises. An update is provided on today's agenda.

Payment Verification

3.24 National Services Scotland (NSS) process contractor payments and during the pandemic their focus had been to maintain protective payments each month. The payment verification meetings have now recommenced for all groups. Once sufficient data is available a report will be presented to the Audit, Performance and Risk Committee.

Management capacity

3.25 There are a number of competing priorities; a system that is constantly under pressure; and an urgent requirement to decrease expenditure. In order to retain a balance between these priorities MIJB will need to be innovative about how to retain a management capacity that can satisfy all these demands. With the loss of a strategy and planning lead; a lead for performance; and an imminent retiral, the three Grampian HSCPs have discussed how to progress a "once for Grampian" approach where it is appropriate to do so. An agreement with Aberdeen City Partnership is rapidly being developed on how a more effective strategy, planning and performance function can be delivered for Moray, at less cost. A recruitment process has also been undertaken for a permanent Chief Finance Officer in partnership with NHS Grampian, and as a result of a competitive process the Interim Chief Finance Officer will become permanent from 1 April 2024, with a remit for MIJB and the Moray Portfolio.

Moray Growth Deal and the Rural Centre of Excellence (RCE) for digital health and care innovation

3.26 **Appendix 1** sets out the latest position on progress. The Moray Portfolio continues to work closely with RCE as part of the transformation programme for the Portfolio. These updates will continue to be a regular feature on the Chief Officers reports.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The opportunity remains to accelerate work of the MIJB ambitions as set out in the Strategic Plan. Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that also encompasses Dr Gray's Hospital and Children's Social Work and Justice Services.

4.2 The challenge of finance persists and there remains the need to address the underlying deficit in core services. Funding partners are also under severe financial pressures and are unlikely to have the ability to cover overspends going forwards.

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

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

Staff remain the organisation's greatest asset, and engagement with all sectors must continue to ensure full involvement, which will create the best solutions to the challenges faced. HSCM staff are facing continued pressures on a daily basis, and effort into ensuring staff well-being must continue.

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

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Climate Change and Biodiversity Impacts
Care closer to and at home, delivered by teams working on a locality basis, will reduce HSCM's reliance on centralised fixed assets and their associated use of utilities.

(i) Directions
There are no directions arising from this report.

(j) Consultations
The Moray Portfolio Senior Management Team, the Legal Services Manager and Caroline O'Connor, Committee Services Officer have been consulted in the drafting of this report.

6. CONCLUSION

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

6.2 The size of the financial challenge facing the MIJB, and also its two funding partners, means that redesign and transformation is not an option but a necessity. HSCM's approach will be to prioritise quality, safety and good outcomes in all service redesigns.

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

Digital Health & Care Innovation Centre

This paper is presented to the January 2024 Moray IJB to give an update on the progress of the Moray Growth Deal, Rural Centre of Excellence for Digital Health and Care Innovation

This £5 million UK Government funded programme of the Rural Centre of Excellence (RCE) Research and Development (R&D) programme as part of Moray Growth Deal, commenced in late 2021 with the ambition to create a unique ecosystem in the Moray region to foster economic development and create jobs through the creation of a physical Demonstration and Simulation environment (DSE) at UHI Moray, underpinned by a virtual R&D infrastructure, five living labs and a robust skills and workforce development programme. Working closely with the citizens, health and social care Moray, NHS Grampian and third sector organisations, the living labs methodology uses co-design approaches to validate and address key national and local strategic priorities in order to release clinical and care capacity and make services more accessible enabled by digital to meet targeted demand, and to improve the health and wellbeing outcomes for the citizens of Moray. http://www.moray.gov.uk/moray_standard/page_114144.html

The image below provides a visual representation of the R&D infrastructure, assets and Living Lab (LL) R&D themes and the skills programme being progressed within the RCE.

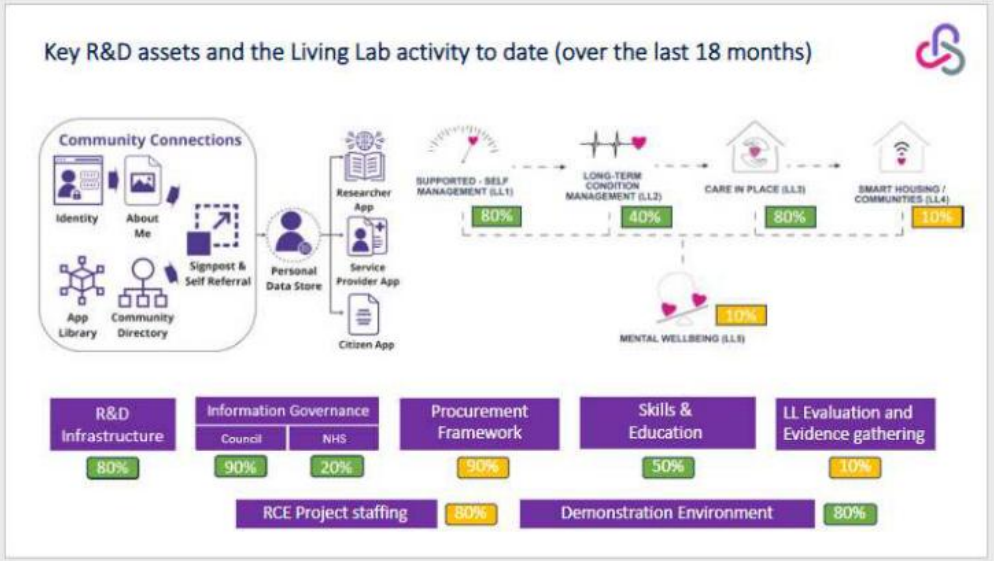


Image 1: Key R&D assets and the 5 Living Lab (LL) Themes

RCE Activity Update December 2023 -January 2024
Programme Update

DHI are awaiting confirmation this month from Scottish and UK governments of the approval of a change control request submitted in November 2023. If approved, this will allow the project to run until May 2026 with a new budget profile and will enable additional and more complex R&D assets to be developed along with maturation of those currently being progressed. As outlined below in figure 1, this will potentially see the development of a smart community tool with eventual AI capability to support both individual and population management through the collation, monitoring and analysis of holistic data held by the individual through a personal data store. By establishing participating citizen's normal health and functional baseline, it is envisaged that the analysis of ongoing consented data sharing will help to identify early indicators of change and trigger self-management signposting or intervention as appropriate to maintain health, wellbeing, and independence and reduce hospital admissions. The integration of data from health, care, third sector, housing and personal sources into a single analysed platform is an internationally unique approach and believed to have significant economic value for the Moray region through scalability potential.

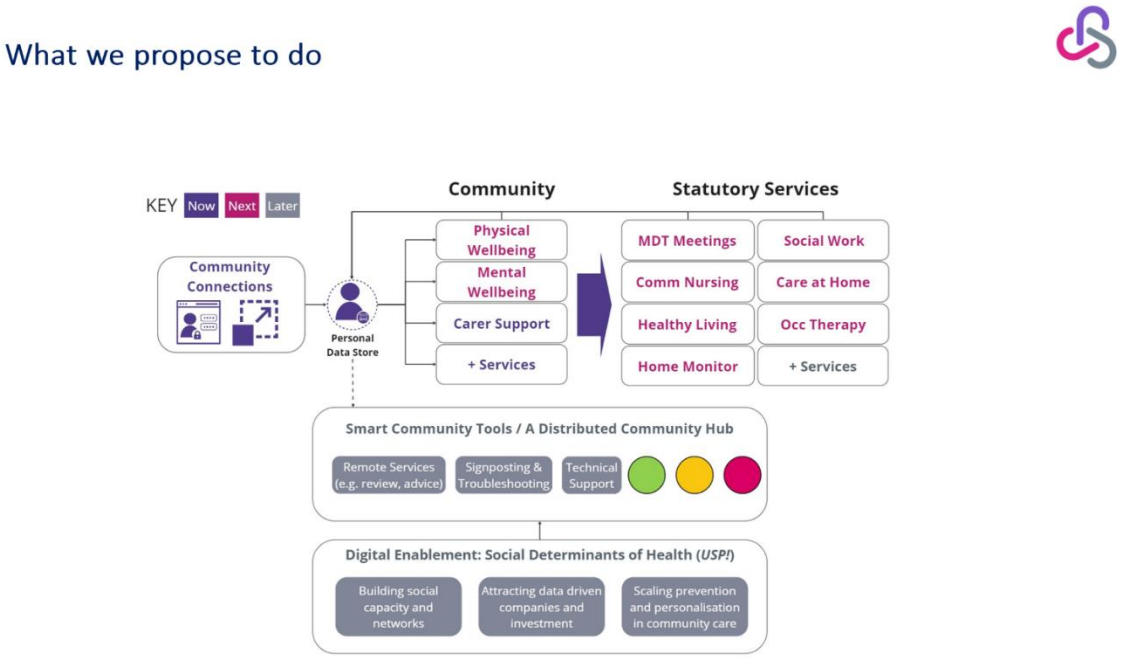


Figure 1: Proposed RCE asset integration model (subject to change control approval)

Living Lab Updates:

LL1 Supported Self- Management

Final iterations and user testing via the Dietetic service are being completed for the weight management platform. The team are awaiting approval of the Data Protection Impact Assessment (DPIA) submitted to NHS Grampian, as this is necessary to move to live testing, this may delay the project moving to the real-world evidence stage in February 2024. This has been raised as a project risk and mitigations are being explored. The delivery working group now meets regularly, and work continues to develop the evaluation framework.

LL2 Long Term Condition Management (NHS)

No bids were received following the first call on the Dynamic Purchasing System (DPS) which sought industry partners to develop a solution to tackle access deprivation with an initial clinical focus of Type 2 Diabetes. Feedback has been sought from those who have registered for this procurement lot and is being analysed to inform an options appraisal to identify how best to proceed.

LL2 Long Term Condition Management (Community)

Procurement documentation is being prepared for this pathway, which focuses on the development of digital tools to support the Community Occupational Therapy Service. A rapid pitch went live December and can be viewed here: Rapid Pitch Open Challenge - Occupational Therapy Digital Assessment & Triage to support community care | Digital Health & Care Innovation Centre (dhi-scotland.com) A call to industry via the DPS is planned for February 2024, with the focus on tools to support self-assessment and digital triage of referrals. The proposed future state can be seen in figure 2.

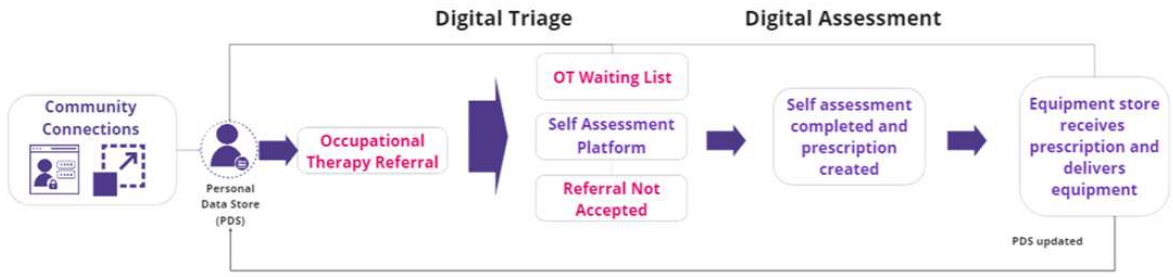


Figure 2: Proposed future state map

LL3 Care in Place

User testing has now been completed, with a final iteration of the Community Connections platform and personal data store assets in progress. This living lab will move to a phased real world evidence stage in February 2024 for a minimum of 6 months and will run in the Forres and Lossiemouth areas, supported by the west community care team and Quarriers. The evaluation framework continues to be developed.

LL4 Smart Housing
A roadmap and scope for this living lab will be confirmed subject to approval of the change control request. There will be two pathways developed in parallel:

1. Smart Housing Specification -

Define and initiate work is underway for this living lab, with work commenced on developing an asset for the DSE in Elgin to demonstrate the benefits of the proactive and preventive use of combined telehealth, digital telecare, activity monitoring, environmental monitoring and home consumer devices. This will include an evidence-based appraisal of devices on the market or at testing stage of development, to create a smart home specification for testing in a real-world environment monitored through the development of a functional prototype of the DSE simulation. Following evaluation, this will be used as the basis to develop a state-of-the-art specification for new build smart enabled properties and prototype for testing ahead of the deployment into Leanchoil Trust site properties by the MGD Housing Mix project team in 2027/28

2. Smart Communities -

This pathway will take forward the smart housing platform asset and integrate this into a holistic AI supported data platform to support individual and population management as outlined in figure 1. Procurement routes to establish a consortium to develop this complex asset are currently being explored

LL5 Mental Wellbeing
It is likely that the following two distinct pathways will be developed subject to the change control request approval:

1. Mental wellbeing (MWB) pathway to develop tools and social prescribing linked to the early Connected Communities platform and personal data store to support early intervention and self-management

2. Mental health (MH) pathway to develop digital tools to support an aspect of statutory clinical services to be confirmed. Data produced from this asset will be integrated into the model outlined in figure 1

Moray Frailty Work
The RCE team are contributing to the HIS led project though representation on both the strategic and community H&SC working groups, while enabling knowledge exchange from broader DHI frailty work. Alignment and utilisation of the RCE R&D activity and assets will compliment this workstream and allow for the inclusion of digital tools to enhance the citizen and clinical experience. Digital opportunities within the Realistic Medicine, MEOC tool, Primary Care, and early identification of frailty are currently being explored.

Skills

A successful and well attended SkillsFest event was hosted by the RCE on 23rd November 2023 at UHI Moray. With a packed agenda featuring keynote speakers and a series of workshops, this also included a soft launch of the recently developed micro credential courses for carers.

The academic call seeking a partner to undertake a review of workforce training tools and identify gaps has been awarded and contracts are being finalised. This will inform the scope of further skills development calls in 2024.

Communication and Engagement

A refreshed communication strategy and sector specific plans have been developed and a working group has been set up to progress the delivery plan. A key area of the strategy outlines the need for a partnership approach between DHI, H&SCM, NHSG and third sector to develop workforce and citizen readiness for adoption of digital assets.

A full schedule of events to build awareness of the demographic need for change, and opportunities to participate in codesign to shape future assets is being finalised for 2024.

Evaluation

A framework for the academic evaluation continues to be developed by UHI to capture the integrative and living lab specific outcomes across the whole programme. Qualitative data and evidence.

Sustainability

The sustainability of the RCE will be a key focus in 2024, supported by a working group with a range of bids underway to ensure further funding is leveraged into the RCE in preparation for the end of the UK Gov funding period for RCE. Preparation and discussion around service readiness and needs for asset adoption continues to be progressed with H&SCM and NHS Grampian.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024**

SUBJECT: **STRATEGIC REVIEW OF NEURO–REHABILITATION PATHWAY**

BY: **LEAD FOR ALLIED HEALTH PROFESSIONALS AND SPECIALIST REHABILITATION SERVICES AND TRANSFORMATION PROGRAMME MANAGER**

1. REASON FOR REPORT

1.1 To inform the Board of the findings and recommendations of a strategic review undertaken to identify the most effective delivery of Neurorehabilitation across Aberdeen City, Aberdeenshire, and Moray.

2. RECOMMENDATION

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

i) notes the findings of the strategic review of the neurorehabilitation pathway;

ii) agrees that Aberdeen City Integration Joint Board (IJB) as host IJB for this service implements the proposed changes to the neurorehabilitation pathway in collaboration with Health and Social Care Moray (HSCM) and in a phased manner as set out in section 5;

iii) agrees that an evaluation of Phase 1 will be shared with MIJB in September 2024 before Phase 2 commences; and

iv) notes the engagement to date with the Aberdeenshire and Moray Health and Social Care Partnerships (HSCPs) and support the continuation of the engagement to help ensure the redesign continues to meet the needs of all three Partnerships.

3. BACKGROUND

3.1 Aberdeen City Health and Social Care Partnership (ACHSCP) holds hosted responsibility for the delivery of Specialist Rehabilitation Services, including Neurorehabilitation services, for Grampian as part of the shared governance arrangements with Aberdeenshire and Moray HSCPs. Recommendations will be progressed through each partnerships IJB Governance process.

3.2 The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the responsibilities of the IJBs. A specific requirement is that IJBs have delegated responsibility for strategic planning. The ACHSCP host the delivery of the Rehabilitation Services, which includes Neurological Rehabilitation.

3.3 The Aberdeen City IJB committed to a wider strategic review of all rehabilitation services as part of its approval of the ACHSCP Strategic Plan 2022-2025. It is an identified project within the 'Keeping People Safe at Home' strategic aim. This aim specifically outlines the following strategic priorities relevant to this review:

- Maximise independence through rehabilitation.
- Reduce the impact of unscheduled care on the hospital.
- Expand the choice of housing options for people requiring care

3.4 During the COVID-19 pandemic, Operation Home First created an increased community facing ethos across all services with a focus on delivery and care provision in the community as opposed to traditional provision in a hospital setting. From a rehabilitation perspective this led to patients receiving support in a community setting and within their home environment. This led to greater connections with their community and a more personalised experience.

3.5 In March 2022, Aberdeen City IJB agreed to shorten the notice period on a contract with the operators of Craig Court, a transitional living rehabilitation setting that had been in operation since 2009. This decision was taken to enable the full scope of options to be considered as part of a wider review of the neurorehabilitation pathway. Following the change to the notice period, the provider chose to exit the contract.

3.6 The IJB agreed at its meeting in March 2022 to undertake a focused review of the neurorehabilitation pathway in advance of the wider review of rehabilitation services. This created a platform for exploring best practice and an opportunity to consider how best to invest the resource that supports the current neurorehabilitation pathway on a sustainable basis and in line with the principles of good rehabilitation and the IJB's strategic priorities. This included giving consideration to the function of a transitional living unit within the pathway and to explore how transitional living support could be provided in different ways to best meet the needs of patients and carers within Grampian.

3.7 The decision to prioritise the review of the neurorehabilitation pathway ahead of the wider strategic rehabilitation review, has also created an opportunity to take the learning from the process undertaken with neuro rehabilitation and outputs of this as a 'proof of concept' of the approach. Any learning from this will help inform both the wider strategic review work and any further specific pathway reviews to be undertaken.

3.8 A project team was formed to take this work forward. This review has allowed for a wide engagement with a range of stakeholders including patient, family and carer input as well as a wide range of staff, both within the pathway and partners such as HSCP colleagues to gather views regarding priorities for the model of service delivery for current and future patients.

3.9 This review has considered and incorporated relevant National best practice frameworks and relevant reports including:

- Scottish Government, Neurological care and support: Framework for Action 2020 -2025 (https://www.gov.scot/publications/neurological-care-support-scotland-framework-action-2020-2025/pages/4/) specifically, Commitment 9:
  "We will support Integration authorities and the NHS to improve services and support with a commitment to evaluate and test generic / neurology based multi-disciplinary team models and test innovative ways of delivering health and social care, including new roles and new arrangements for coordinating care and support for coordinating care and support for people with neurological conditions".

3.10 And 5 key objectives were identified and adopted locally by Project Team:

- Ensure people with neurological conditions are partners in their care and support.
- Improve the provision of co-ordinated health and social care and support for people with neurological conditions.
- Ensure high standards of effective, person centred and safe care and support.
- Ensure equitable and timely access to health and social care and support across Scotland.
- Build a sustainable neurological workforce for the future.

- Rehabilitation and Recovery: A once for Scotland person-centred approach to rehabilitation in a post-COVID era (https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/06/rehabilitation-recovery-once-scotland-person-centred-approach-rehabilitation-post-covid-era/documents/rehabilitation-recovery-once-scotland-person-centred-approach-rehabilitation-post-covid-era/rehabilitation-recovery-once-scotland-person-centred-approach-rehabilitation-post-covid-era/govscot%3Adocument/rehabilitation-recovery-once-scotland-person-centred-approach-rehabilitation-post-covid-era.pdf) which sets out the 6 key principles of good rehabilitation.

The Six Principles of Good Rehabilitation are:

1. Easy to access for every individual
2. Provided at the right time
3. Realistic and meaningful to the individual
4. Integrated
5. Innovative and ambitious
6. Delivered by a flexible and skilled workforce

- National Health & Wellbeing Outcomes Framework (https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

- The British Society of Rehabilitation Medicine's Standards (https://scottish.sharepoint.com/sites/GRAMStrategicReviewofRehabilitation/Shared%20Documents/GRAM%20Neuro-Rehabilitation%20Review/06.%20Commission%20&%20Business%20Case/bsprm.org.uk/publications/clinical-standards-documents)

- WHO 2030 rehabilitation vision describes rehabilitation as an investment with cost benefits for individuals and wider society that go beyond health system benefits too e.g., increased employability, decreases need for financial or care support requirements, contributes to wider healthy ageing, all of which are relevant for this patient group, particularly given the younger demographic and the life changing experiences they have had and the need to optimise their function and quality of life across their remaining lifespan.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Demographics – who is accessing Neurological rehabilitation now?

4.1 The scope of the review can be broadly defined as the Specialist Neurorehabilitation services provided for those conditions falling under the remit of neurosurgery and neurology including:

- Acquired brain injury
- Spinal injury
- Neurological disorders of movement or posture (for example cerebral palsy)
- Epilepsy
- Functional neurological disorders
- Prolonged disorders of consciousness
- Rehabilitation elements of ongoing care for patients with tracheostomies
- A range of progressive neurological conditions such as Parkinson's disease, Multiple Sclerosis, Huntington's, and Motor Neurone disease

4.2 For the progressive neurological conditions, these conditions are considered within scope only in the context of providing rehabilitation in the above outlined services. It is recognised that many of these conditions are involved in separate pathways for their long-term management and care, though patients may be in contact with the neurorehabilitation pathway at times, for example a patient with Parkinson's disease may be seen at the Horizon's clinic.

4.3 Stroke falls under the scope of the review only for the parts of the pathway where patients may be provided care in a setting such as a transitional living unit or outpatients centre such as Horizons Rehabilitation Centre. Horizons provides an assessment and therapeutic service for individuals aged 16-65 across Grampian with complex needs whose disability requires a multi-disciplinary approach. There is ongoing work developing the stroke pathway happening in parallel with this review, and the two processes will be closely monitored by programme management for interdependency and shared learning.

4.4 The patient profile of those accessing the Grampian Specialist Neurorehabilitation services is:

- 40% patients are from Aberdeen City;
- 40% Aberdeenshire;

- 10% Moray; and
- 10% originating from other local authority areas e.g. Island Boards.

4.5 The neurorehabilitation pathway has an age demographic that is younger than some other pathways with over 62% of the patient population under the age of 65.

4.6 The latest full year data shows that in 2022 the number of patients admitted to acute neurological settings in Aberdeen Royal Infirmary (ARI) was reported as 1514 and that 81 patients were admitted to the Neuro Rehabilitation Unit (NRU) at Woodend Hospital. While the majority of admissions to NRU are step-down from ARI, there are some direct admissions into NRU from the community.

4.7 Reviewing patient recovery destinations, the majority of patients from the acute setting at ARI return to a home environment. In the case of NRU less than 75% go directly home reflecting the complexity of the ongoing rehabilitation of care provision needs of this patient cohort. Many require ongoing care, and some require varying elements ongoing multidisciplinary team (MDT) support.

Stakeholders

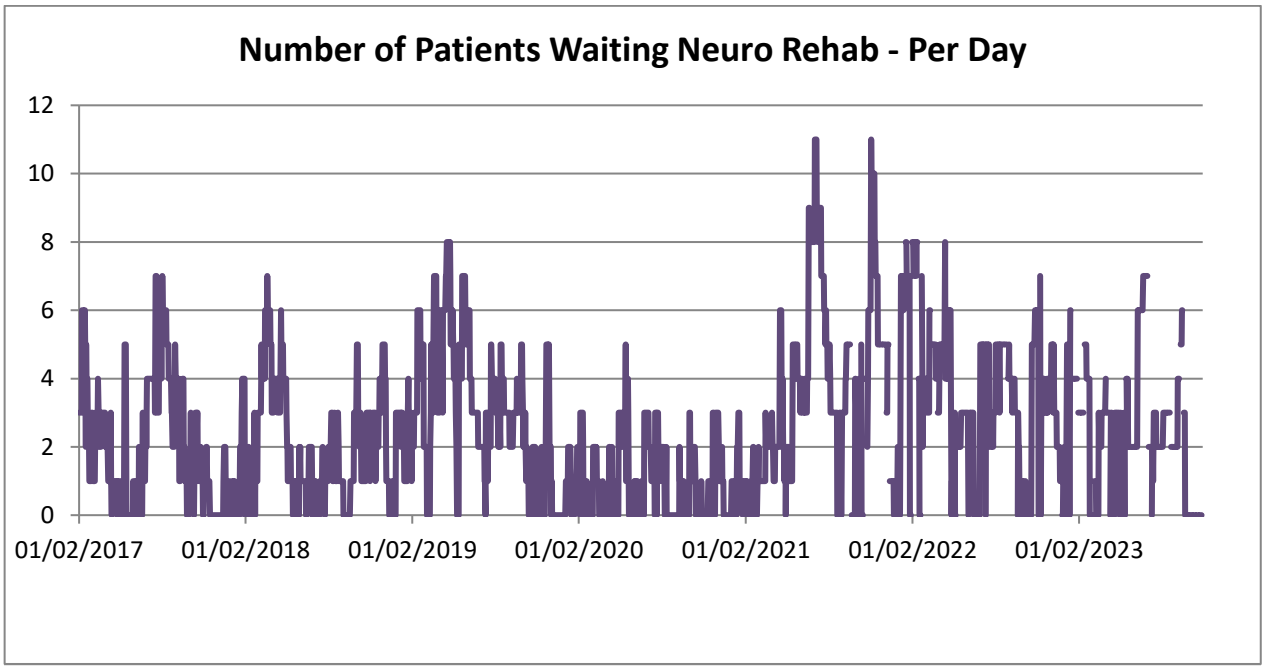
4.8 A Project Delivery Group was established with a membership of Operational and Specialist leads with significant lived experience of working within the neurorehabilitation pathway alongside third sector and Scottish Care colleagues. The patient's voice was represented through Friends of Neuro and links with Brain Injury Group (both being charities which have had long-held connections with the neuro rehabilitation pathway) and include representation from across Grampian. Qualitative feedback and input from patient workshops and consultations was also evaluated.

4.9 This group provided a structure to exploring and leading throughout the review from sense-checking experience and building on learning. This at times has been challenging in terms of gaining assurance that all plans are connecting in each Partnership area given different pattern of needs and staffing structures. We continue to offer Partnership specific meetings to consider and address these and engagement with the Aberdeenshire and Moray HSCPs will continue throughout the redesign.

<u>The functional parts of the pathway</u>

Wards 204/205

4.10 The two acute neuro wards in ARI form the initial stage in the pathway and patients requiring in-patient specialist rehabilitation will step down from these areas into NRU. The waits experienced by patients due to 100% occupancy in NRU (see run chart below):



4.11 This highlights the potential for appropriate patients to be linked in at an earlier stage with the multi-disciplinary team (MDT) HomeLink approach. The MDT HomeLink approach enables rehabilitation to commence at an earlier stage and potential for progression to a community setting for some patients, rather than NRU, ensuring the patient is reconnected with their network of support and wider community as soon as possible.

Neuro Rehabilitation Unit (NRU)

4.12 The Neuro Rehabilitation Unit is a 12 bedded unit on the Woodend Hospital site. The ward generally runs at 100% occupancy with 0% readmission rate. From the project team reviewing Functional Independence Measures (FIM) data, which is an internationally accepted outcome measure for rehabilitation, it can be seen that high-quality person-centred care is being delivered with a high level of patient satisfaction. Whilst the physical environment is dated, patient feedback focuses upon the goal focussed rehabilitation and their positive experience of this. It is anticipated that the longer-term location of this unit will be considered through NHSG Woodend/future Blueprint planning project that is due to get underway during 2024, where ACHSCP will be a key partner in engaging with this work.

4.13 When evaluating the effectiveness of the pathway to create positive outcomes for patients, alongside addressing the wait time for accessing NRU and potentially further reduce length of stay in NRU, a limiting factor identified within the current pathway was therapy capacity in NRU. Therefore, investment in this was explored and quantified to understand how these barriers to optimal achievement whilst minimising in-patient bed days could be addressed. Timely access to rehabilitation and the intensity that can be provided has an impact on patient outcomes and length of stay. An investment in additional therapists would allow more sessions to be available to individuals to focus on personal rehabilitation goals. This in turn would result in a reduction in average bed days and would increase the number of patients who could access NRU each year. In turn, this would reduce bed days waiting for transition through the neuro rehab pathway for patients within ARI stepping down into NRU. This supports flow, creating capacity within ARI having the patient in the “right care, right place”. By having timely access to the intensity of rehabilitation necessary, this

will also support earlier discharge from NRU to the next stage in the patient's journey. This provides value, not only to the patient but to the wider system. The investment in rehabilitation would seek to reduce the impact upon demand across Acute, Primary Care, and Social Care. This capacity is included in phase 1 of the proposed implementation.

Transitional Living – Craig Court/Home link approach

4.14 Craig Court opened in 2009 and was commissioned to provide sixteen beds in total. These comprised of six long term beds, with some residents placed as Continuing Care residents due to the complexity of needs; and 10 transitional living rehabilitation beds used as a step down from hospital or step up from the community to support patients across Grampian. Craig Court provided an intensive rehab setting out with a hospital/medically led setting. This setting was designed to bridge the period from in-patient rehab within the NRU to a homely setting for the most complex of rehab presentations. Patients from Craig Court transitioned into general rehabilitation services or home or a residential setting depending on complexity of ongoing care need.

4.15 Craig Court operated as a Transitional living unit and was a collaboration between a commissioned provider, providing care and nursing roles alongside an NHS team of staff consisting of Occupational Therapy, Physiotherapy, Neuropsychology, Dietetics and Speech and Language therapy and admin colleagues.

4.16 During the pandemic, the NHS team from Craig Court were deployed back into the main hospital settings as part of critical service protection measures. The team were deployed into areas of critical service staffing need and for a period therefore did not operate as part of the neuro rehabilitation pathway.

4.17 Following relaxation of pandemic staffing measures the Craig Court staff initially supported the NRU staffing cohort. This staffing model allowed a continuous focus on rehabilitation and allowed therapists to follow patients home to continue work on therapy goals. This change was welcomed by patients and carers. The focus of the team was initially 'badged' as Mobile Craig Court and progressed thereafter into a HomeLink concept. This model allows a multi-disciplinary team to support the patients' transition from ward to home ensuring a goal focused approach is adopted. It allows therapy to be adapted to the person's own living environment (e.g. own cooking facilities and home layout).

4.18 A short life working group was formed earlier this year with a representation from the Project Delivery Group to explore options for Transitional Living Arrangements specifically in the new model. Since late 2019, largely due to Covid-19 restrictions, and following its closure in 2022, the Craig Court Transitional living unit has not been in place for neuro patients.

4.19 The group explored options based upon recent service delivery experiences and considered a range of options for future models of delivery. They also reviewed what had been in place since the closure of Craig Court and the mitigations for this which have included rehabilitation in community and home-based settings. As a result, a critical shift in thinking occurred.

4.20 This shift was from an initial desire to replace the capacity for residential transitional living rehabilitation to an intent to explore further what an extended HomeLink capacity could deliver in supporting rehab at home.

4.21 It is suggested that this is a significant highlight from this work. The investment in time with a variety of stakeholders to iterate and develop the conversation regarding what is needed for the future. By holding the space of interim arrangements, the conversation opened perspectives to what is possible/appropriate. This has been incorporated into the proposed two-phase approach outlined below.

4.22 The HomeLink approach has enabled patients to continue with their goal setting and rehabilitation as they transitioned home from NRU. HomeLink commenced with the workforce who had been aligned to Craig Court testing out a different approach to how they could work to support patients as they transition from in-patients back to the community. This testing has highlighted the need to consider how this approach can provide support geographically and has highlighted the need to expand the workforce to be able to support the needs of patients going through this redesigned pathway across Grampian. This includes the need to recruit a neuropsychologist to enhance the MDT, and to develop a Clinical leadership role for the pathway to provide oversight and to support more integrated working across professions.

4.23 HomeLink has operated on a criteria basis ensuring that patients have goals in place and then provide support for up to 12 weeks before referring onto Horizons Out-patient rehabilitation centre and/or generalist community therapy teams. The team ensure a person-centred approach for each individual patient, with individual support plans that reflect their specific goals. These are many and varied ranging from accessing local community and activities of daily living.

4.24 The individual goal setting focus on independence and reconnection offers great benefits to the individual and their families and on a broader perspective to wider community by reducing dependencies on services.

Horizons Out-patient Rehabilitation Centre

4.25 The Horizons service provides a ‘one-stop shop’ out-patient approach (as opposed to the in-patient approach at ARI and NRU) by a multi-disciplinary team for adults across Grampian with a neurological condition and rehabilitation need, providing assessment, review and rehabilitation. This service was able to demonstrate significant waiting lists especially for physiotherapy and this correlated with one of the improvement ideas identified from the co-production process; the augmentation of this capacity to address waiting list pressures. This would enable a more prompt out-patient follow-up on discharge. In addition, the need to build a further community response resource was also quantified to enable out-patient staff to out-reach when appropriate to provide continuity for patients in applying rehabilitation processes at home which aligns with the Home First ethos. This additionality would enable a more seamless transition to home from in-patient/residential rehabilitation capacity as well as from out-patient to independent living

Approach to this review

4.26 The review has taken a co-design approach and has involved engagement with patients, carers and staff using lived experiences to inform pathway design. Engagement has taken many forms from 1:1 discussion, workshops, surveys and attending user groups in a bid to gain a wide sample and offer different means of participation.

4.27 The co-designed approach enabled a vision statement (**Appendix 1**) to be created and key themes for improvement to be captured.
From the series of engagements, 23 change ideas were generated which were then themed into 15 change action ideas (**Appendix 2**).

4.28 These were then further refined resulting in 4 locally agreed objectives:

- Enabled staff and patient in decision making;
- Equitable access to neuro rehabilitation care and support;
- Enabled and supported transition to independent living; and
- Patient pathway is seamless and timely.

4.29 Additionally, a number of cross cutting themes emerged that needed to be considered in each proposal including:

- upskilling of existing staff;
- increase in regional access to specialist care;
- more intensive and timely rehab;
- improved MDT and cross regional working;
- increased coordination and usage of communication tools; and
- enhanced working with third and independent sector.

5. PROPOSED MODEL - BLENDED MODEL INCORPORATING COMMUNITY AND TRANSITIONAL LIVING ARRANGEMENTS

5.1 Building on the improvement ideas generated and iterative consultation at the Programme Delivery Group (PDG) a proposal was developed, and based on current demand it was proposed that a total of 6 'beds' were required in the community. The PDG identified that a notional 3 virtual beds (person's home) and 3 community beds (i.e., physical beds based in a community setting) model could deliver a Transitional Living Arrangement as opposed to a Transitional Living Unit. The 'virtual' to physical bed ratio was difficult to determine as it is based on patient need, and the consensus of the PDG was to commence with this 3:3 ratio, reviewing and shaping within budget.

5.2 Options for the 3 physical beds that were considered included the potential for transforming a mothballed ward and existing staff space at Woodend Hospital into an interim option of a step down from rehab. This being co-located or adjacent to the Neurorehabilitation Unit was considered a benefit by the PDG. However, on conducting a feasibility study, initial costings indicate that capital costs of this would be prohibitive (circa £1 million), alongside ongoing discussions with NHSG regarding sustainability of their clinical sites. The location also presented an environment that contradicted our strategic vision around delivering services closer to home and broader home first principles and the intent of transitional living support in a community setting.

5.3 In addition, a block commissioned model had some initial market testing and this identified a significant likely contract cost which would be significantly more expensive than the Craig Court model, which would utilise a significant amount of the financial envelope identified. A block commissioned model is where a set number of beds is funded on an ongoing basis and can include community provision also. This has the benefit of ensuring a certain amount of capacity is always available when predicted needs are known.

5.4 Therefore, the preferred model proposed by the PDG, given these considerations and the positive experience of the testing of the HomeLink approach, is to augment existing capacity in the MDT workforce to enhance HomeLink delivery across Grampian. This would also see the creation of up to three commissioned rehabilitation beds within available resources with a criteria for delivering rehabilitation and transitional support in a homely setting. The proposed first phase will strengthen the workforce and through evaluation of the demand and patient needs during this period, this will inform the second phase of investment, reviewing the ratio of these virtual to physical beds to determine how the available funding can best be deployed to meet these needs. The location of any commissioned beds and how we will most effectively deploy the additional community based workforce will be determined following further consultation with all Grampian HSCP colleagues. Further to this, we will continue to explore market options with our contract's teams across Grampian.

A Phased Approach to Proposals

5.5 The proposals are reliant upon the successful recruitment of additional staff. Given recruitment of staff has previously been challenging, we want to ensure stability within the model and build in a review next year to review progress against Phase 1. That review will allow us to consider alternative modelling using commissioning (as detailed in **Appendix 2**) should it be required.

Phase 1

5.6 Implementing an increase in therapy capacity within:

- NRU in order to increase time-critical rehabilitation capacity to optimise rehab goal outcomes and minimise length of stay (therefore increasing flow through and improved outcomes for patient and staff in NRU) and thereby minimising costs associated with preventable demand.
- HomeLink capacity, enabling basing of posts to take account of geographical spread of patient group (e.g., exploring basing some capacity in northern aspects of NHS Grampian) in order to; increase rehabilitation capacity to optimise rehab goal outcomes and minimise length of stay (therefore increasing flow through and improved outcomes for patient and staff in the HomeLink capacity) and thereby minimising costs associated with preventable demand.
- Horizons Rehabilitation Centre Out-patient capacity in order to increase rehabilitation capacity to address historical waiting lists, improve access on discharge and enable out-reach of out-patient staff where this creates more seamless rehab experience for this patient cohort. Current data from June 23 highlighted 95 patients awaiting “routine” rehabilitation with longest wait of 66 weeks to access treatment. Data collated on a three-monthly basis has highlighted an upward trend on patient waiting times creating costs associated with preventable demand.
- The benefits across all three areas of increasing therapy capacity will be enhanced access and more intensive rehabilitation given in a timely manner, will improve outcomes for people and support earlier transition back into the community.
- The investment in additional staffing should support an enhanced flow from acute to rehab, this, whilst meeting patient outcomes minimises costs caused by preventable demand by having the patient in the right place, at the right time.
- Risk assessment is a key part of discharge planning, if the patient is unable to transfer directly home due to environmental or personal circumstance the

opportunity for step down to community rehab facilities or a spot purchase bed will be undertaken.

Phase 2

5.7 Based on current understanding it is proposed that phase 2 will be implemented from quarter 3 in 2024 following an evaluation of Phase 1.

5.8 Phase 2 would consider the commissioning of residential beds, if this is evidenced as required from phase 1, and/or the further investment in existing rehabilitation therapy teams to optimise service delivery, minimal length of stay and pathway flow.

5.9 Further key developments that have been scoped within the projected budget to enhance neuro rehabilitation as part of Phase 2 is the creation of two distinct roles to support learning, development and support via the creation of;

- Workforce Neuro Educator role, and;
- Information Hub coordination.

5.10 These roles will be considered in the planning of phase 2. Although the roles have been incorporated within the projected budget, a final decision on recruitment will be weighed against the number of beds that is required to be commissioned to support transitional living. This will require an ongoing review of patient needs within this cohort and exploring whether all step-down rehabilitation from the pathway can be delivered by a HomeLink team model. It is possible that these posts may need to be de-prioritised if not within financial envelope for phase 2.

5.11 Development of the job descriptions and key functions to maximise support to staff, patients and carers are part of the implementation plan (see **Appendix 2**).

Evaluation of impact of Redesign – Phase 1

5.12 The following metrics will be used to evaluate the impact of these proposals:

- Length of stay in NRU and Home Link;
- Goal setting and achievement data and/or Functional Independence Measure;
- Bed days awaiting the rehab pathway (both NRU and HomeLink capacity) NB – this is a balancing measure;
- Delayed discharges from Acute wards and NRU, providing a further balancing measure, to evaluate cross system impact of investment;
- Review complaints regarding waiting times for specialist rehab;
- Review the waiting list times for therapy for Home Link;
- Out-patient waiting times for Horizons service; and
- Patient and staff experience survey feedback.

5.13 This will be a comprehensive evaluation, working with colleagues from ACHSCP Strategy and Transformation, Health Intelligence and Public Health Scotland, to evaluate change in flow whilst implementing remodelling of service delivery. We note that the evaluation focus is not only focused upon patient outcomes, but will be able to review impact cross system including associated costs. It is proposed that the evaluation be provided to the meeting of the MIJB in September 2024.

6. SUMMARY OF IMPLICATIONS

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

Recommendations made from the Neuro Rehab Pathway concur with Theme 2 - Home First from Partners in Care 2022-2032, this mirrors the 6 Principles of Good Rehabilitation as highlighted in Section 3.8 above, focusing on providing care in a homely setting, reablement and recovery supported by the most appropriately skilled staff group.

(b) Policy and Legal

There are no direct legal implications arising from the recommendations of this report.

(c) Workforce and Financial

The workforce have been integrated within the co-production process throughout review. The intention is to continue this engagement throughout the phased implementation period.

Changes to the model will encourage a more community facing rehabilitation model which has received widespread positivity from staff and patients during engagement.

We are aware of recruitment challenges and mindful of the need to balance our needs for developing services alongside sustaining other services that may be impacted by staff moving into new roles.

There is a great opportunity for role development within the additional capacity roles created and developing new roles which enhance career development opportunities supporting ACHSCP workforce strategic plan objectives alongside Scottish Government policy objectives detailed in 3.8 (commitment 9) above, supporting both the recruitment and retention of our workforce.

The financial plan for phase 1 and phase 2 can be described in two parts; 1) the financial envelope and 2) the spend plan.

The financial envelope to enable the proposals for additionality detailed earlier in this paper comes from two sources;

a) cessation of the Craig Court contract; and
b) Horizons vacant non-clinical posts (Centre Manager and admin – currently vacant.)

This totals £1,242,000 recurring funding, which covers the implementation of the two phases. It is anticipated that the funding for phase 2 will be maintained within medium term financial framework due to be considered by the Integration Joint Board in March 2024.

The costs proposed for phase 1 total £554,000. These on costs consist of:

- £172,000 (3.22 wte) invested in therapy staffing in NRU (including a neuropsychologist);
- £115,000 (2.3wte) invested in HomeLink therapy staffing; and
- £267,000 (5.35wte) invested in Out-Patient Plus (Horizons) capacity.

Investing this as proposed would leave £688,000 for the remainder for investment in Phase 2.

In phase 2, the potential further areas for investments, informed by the evaluation are;

- further investment clinical posts in NRU;
- further investment in clinical posts in Horizons;
- new investment in non-clinical support posts; and
- commissioning 3 nursing/rehab beds (However, different models of providing this capacity, if needed, will be explored in phase 1) *any commissioning activity will be based upon evaluation of demand. The geographical location of any beds will be agreed in conjunction with all 3 partnerships based on demand data. The ratio of virtual to physical beds will be reviewed with spending based upon this blended model within budget e.g. may conclude 5:1 modelling is required.

Further change ideas produced by the PDG will be costed, evaluated and incorporated for inclusion into the implementation plan as appropriate.
The PDG has been regularly appraised of the unacceptability of any spend plan beyond the identified finance envelope. This group will monitor recruitment as an area of high risk alongside balancing patient need whilst having oversight of the recurring budget and ongoing staff cost commitments. Indeed, the evaluation of phase 1 and planning of phase 2 will include the requirement to seek to identify any opportunity for recurring cost reductions to contribute towards ACHSCP and hosted services financial recovery plans. Consideration will also be given to the impact of any investment against preventable demand and associated costs elsewhere in the system.

(d) Risk Implications and Mitigation

The delivery of the re-modelled hosted neurorehabilitation pathway has been consulted with Stakeholders and clinical leaders across the three Partnerships. As we move forward to the implementation phase further engagement with key stakeholders will continue.

The plan proposed for re-modelling will be met within the existing financial envelope. The phased nature of planned delivery will enable regular reviews re outcomes and implementation to ensure the redesign remains within the available budget. Due to this, the financial risk is deemed to be low.
We understand rehabilitation impacts on optimising recovery from medical and surgical interventions (so optimises costs in other parts of the pathway and avoids waste), reduces/manages complications associated with health conditions/long term conditions, reducing length of stay, and preventing re-admissions so cost avoidance, and beyond the more acute phase of rehab, in terms of keeping people well and independent for as long as possible and equipping people with self-management approaches.

Risk to Quality of service delivery/patient/staff experience are low given controls in place through which highlight that activity data, demand and patient experience with be monitored as key function of phase one.

Patient evaluation has been built into the HomeLink team to capture feedback for learning and review.

The re-modelling of pathway with additional staffing in existing services at Horizons and HomeLink should create an enhanced experience for patients and carers through more timely access. Considerations of impact upon carers has been addressed within IIA and greater connections with Commissioned Carer support organisations will provide further mitigation. Risk of adverse outcome to staff, patients and carers within this pathway following the re-modelling is low.

Communication and engagement with all three Partnerships, has ensured that recommendations to progress the review have gained understanding and support. This position creates a low risk for reputational damage. In terms of risk to hosted/commissioned services, risks have been minimised due to co-design approach whereby all Partnerships have been invited to participate and have been consulted with. With changes in the City HSCP project team and some of the key personnel in the other HSCPs, meetings are taking place to bring these key stakeholders up to date with progress and we recognise the need to continue to work collaboratively as we progress through the two phases of implementation to ensure best outcomes right across Grampian.

The plan to formally commission beds in Phase 2 to provide transitional living support will be based upon data and will be supported by the shared City and Aberdeenshire Council Contracts team. There are no commissioned contracts in place at present that are reliant upon any funding or support from Neuro–rehabilitation pathway.

(e) Property

There are no direct property implications arising from the recommendations of this report.

(f) Equalities/Socio Economic Impact

An Impact assessment has been completed (**Appendix 4**). Costs to implement the changes will be met through the existing financial envelope for neurorehabilitation through redesign of the existing pathway model for neurorehabilitation and transitional support. The budget for phase 2 spending will be maintained within the medium term finance framework.

Stakeholders including carers, patients and families have been consulted as part of co-design process and have inputted their needs for consideration.

The phasing of project delivery will ensure that oversight of recruitment activity is managed and balanced in terms of budget available for commissioning activity.

Although not in the scope of this review, one area of need identified through this process through engagement with colleagues working across other parts of the wider pathway has been around practice education capacity within the acute part of the neuro pathway for nursing and an approach will be made to Friends of Neuro to consider funding this.

(g) Climate Change and Biodiversity Impacts
There are no direct environmental implications arising from the recommendations of this report. Considerations have been re-use of existing workplaces and use of community facilities to support individual rehabilitation goals.

(h) Directions
There are no directions arising from the recommendations of this report.

(i) Consultations
Significant discussion across the engagement activity undertaken in planning this redesign was used to explore achieving an appropriate person-centred balance in supporting individuals in rural settings using digital technology such as Near me video calls and working with the local HSCP rehabilitation teams with enhanced knowledge and clinical oversight provided by virtual MDT with specialist team colleagues. This is designed to support both a Home First and sustainability strategic objectives of the IJB.

7. CONCLUSION

7.1 Aberdeen City Health and Social Care Partnership (ACHSCP) host Neuro rehabilitation for Grampian. This means that Aberdeen hold responsibility for the delivery of this service on behalf of NHS Grampian, Aberdeenshire Health and Care Partnership and Moray Health and Social care Partnership. A decision was made by Aberdeen City IJB in October 2023 to approve the implementation of a two phased approach to redesign.

7.2 A staged approach to implementation of the change ideas will ensure optimum use of the available resources.
In phase 1, to develop the community model and further understand the balance needed between this and the need for commissioned beds to support the transitional support needs for patients unable to be supported in their own home. Within phase 2, a review of the impact of investment and look to invest further in community rehabilitation. The decision and balance of commissioning a bed base in tandem with further community investment including new roles will be made within existing budget with ratio of spending based upon evaluation.

7.3 An update report on the evaluation will be taken back to the Aberdeen City IJB in September 2024, which will be shared across Aberdeenshire and Moray Partnerships thereafter.

7.4 ACHSCP continue to engage with a range of stakeholders i.e. patients, families, staff to implement changes, and continuing to work in partnership with Aberdeenshire and Moray HSCPs.

Author of Report: Tracey McMillian
Background Papers: Appendix 1: Vision Statement
Appendix 2: Improvement Ideas
Appendix 3: Implementation Plan
Appendix 4: EQIA
Ref:

Neurorehabilitation Vision Statement

There is a need to transform our service to ensure we continue to be person-centred in response to our changing patient needs, enhance staff satisfaction, and facilitate both a timely and outcomes-based transition through the pathway, with a "home first" approach to patient care.

Quality & Best Practice	A flexible workforce	A pathway approach	Outcomes/Goal-focussed	Homefirst	Effective governance	Experience-focussed;
We (strive to) deliver an (regionally-)equitable, seamless, safe and timely service where staff and patients are enabled in their decision-making, and patients are adequately supported and enabled in their transition to independent living or living as independently as possible.	We (will) take a 'one team' approach across the pathway, ensuring staff can respond most effectively and efficiently to patient needs, ensuring we can see patients at the right time and in the right place, rather than being confined to one physical place of work. [E.g., out-reach from out-patient capacity to support rehab need in the community.] This requires co-ordination to enable a fit for purpose MDT response in each element of the pathway.	Whilst our [rehabilitation] is delivered across several settings, including in-patient beds, transitional arrangements (non-hospital residential beds); out-patient and community settings and within patients own homes, our facilities will be used flexibly by the team in response to patients' needs.	A core focus of all parts of our pathway will be through goal-setting co-produced with patients, their families and our multi-disciplinary teams; and the focus on flow to progress through the elements of the pathway in a timely manner, in keeping with 'homefirst' principles.	Our approach is deeply embedded in cross-system working, with a focus on effective and efficient collaboration and coordination across the pathway and in particular with community-based rehabilitation services and 3rd sector organisations, to ensure our patients continue to be supported as they move through their rehabilitation journey, and to provide timely step-up care if required in the future. [For example, flexible use of facilities – e.g. community rehab team able to use out-patient facility at Horizons; or out-reach from OP staff to community settings.]	Our service is based on a robust model of service delivery, enabled through pragmatic and transparent governance and leadership that embeds continuous improvement to ensure our service's responsiveness to the changing needs of our patients, staff, and the wider health care system.	Our service is strong because we proactively train and evaluate the existing and required skill mix to provide the best service possible for our patients. A key feature of the redesigned pathway will be systematic measures to understand and continue to improve patient experience and outcomes; as well as staff experience.

Neurorehabilitation – Coproduced Improvement ideas

IMPROVEMENT IDEAS

- Neuro specific educator roles for staff and patient support
- Develop a continuous training, education and skills development framework
- Information hub & coordination
- Upskilling healthcare support workers and reablement and wellbeing practitioners.
- Improved pathway access to support for FND Patients and secondary pathologies
- Improved access and provision to PDOC Patients.
- Improved access to neuropsychological support.
- Increase regional access to specialist rehabilitation care and support
- Implementation of new Transitional Living support.
- Increased physiotherapy provision
- Review of vocational rehabilitation opportunities
- Enhanced volunteer support
- Focus on intensive and timely rehabilitation
- Increased community rehabilitation provision.
- Undertake a review of the skill matrix

Neuro rehabilitation Pathway - Implementation Plan - High Level

Action Item (List steps required to implement solutions)	Responsible (List person(s) responsible for action steps)	Due Date (Indicate when action items must be completed)
Commence Recruitment to agreed under Phase 1	***PDG***	***Oct 23***
Create an awareness of carers to all staff into the referal pathway, through sharing Quarriers literature	Programme Team	Sept 23
Link in with NHSG HR colleagues regarding our recruitment plan	Programme Team	Sept 23
Meeting with NHS Communications Team to plan advertising campaign for coordination of shared advertisement	Programme Team	Sept 23
Meeting with ACC/ACHSCP Communications Team to plan advertising campaign for coordination of shared advertisement	Programme Team	Sept 23
Hold face to face meetings for all Clinical Leads ensuring that up to date job descriptions are sent in advance in order to coordinate recruitment campaign	Programme Team	Oct 23
Develop the identity of HomeLink team by working with our Organisational Development colleagues by establishing clear team focus and goals	Programme Team	Oct 23
Creation of a leaflet for HomeLink - for review with PDG and wider stakeholders i.e. staff groups and patients	PDG	Oct 23
Re-establish and present baseline data to Public Health Scotland to form basis of evaluation	Programme Team	Oct 23
Link in NHSG Quality Improvement regarding development patient feedback methodology	Programme Team	Oct 23

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	Neurological Rehabilitation Review
Name of Officer completing Proportionality and Relevance Questionnaire	Rae Flett (Project Manager)
Date of Completion	08/09/23
What is the aim to be achieved by the policy or practice and is it legitimate?	To create a streamlined and responsive person-centred neurological rehabilitation service. Those accessing this Pathway would generally be considered as having a Disability as defined by the Equality Act 2010.
What are the means to be used to achieve the aim and are they appropriate and necessary?	The overall aim of this Review is to ensure that we have a service that will meet the person-centred neds of those who require neurological rehabilitation services. In order to determine what this should look like a Project Delivery Group was formed which included key stakeholders with relevant expertise of the needs of patients and individuals with lived experiences {former patients and their carers} to collate ideas of how to achieve this aim. This was carried out through holding workshops and using a co-design approach to ensure all voices are heard. A number of recommendations have been submitted to IJB to approve the remodelling of the Neuro Rehab Pathway, the change ideas were generated through engagement with a range of stakeholders, including patients and their families.
If the policy or practice has a neutral or positive impact, please describe it here.	**A number of positive impacts have been identified which should be realised by the reviewed service. These are outlined as follows;** **Protected Characteristics** **Disability –** This service will improve access for patients, receiving patient centred care for their rehabilitation creating the ability to reach more people across Grampian. Disabled people, their carers and families accessing Neurological Acute wards 204 / 205 at ARI, Neuro rehabilitation Unit at Woodend, HomeLink concept users and users of Horizon rehabilitation services will be positively impacted by an increase in MDT staffing to ensure a timely and intensive rehabilitation service can be offered. **Age –** This service is for adults (over 18) who require Neurological rehabilitation. Young people (under 18) are supported via RACH. The service will be available to all adults based on patient needs and will have a positive impact. **Race –** The service has considered how translation services will be accessed from community settings and will utilise the Language

	Line to ensure that there is no disadvantage to using a community-based model. **Sex –** The creation of the community-based model, which focuses on individual goals, ensures that there will be no gender bias within the delivery of the service. A neutral impact has been identified at this stage in relation to the other protected characteristics. **Marriage and Civil Partnership –** the service recognises the support from potential carers and so a neutral impact has been identified at this stage. **Gender Reassignment –** the service is patient centred and goals are individual. A neutral impact has been identified at this stage **Pregnancy and Maternity –** the services recognises links with other team and their involvement should they be required. A neutral impact has been identified at this stage. **Religion and belief –** the service is patient centred and goals are individual. A neutral impact has been identified at this stage **Sexual orientation -** the service is patient centred and goals are individual. A neutral impact has been identified at this stage **Fairer Scotland Duty** This service will be available to patients based on individual need. The proposed 'HomeLink' model will enable patients to receive support in their own home which minimises the financial impact and potential challenges experienced by those who have a low income and / or are experiencing material deprivation, and their Carers, from travelling to appointments for their treatment. There may be occasions due to a patients living environment where it is not appropriate for the Homelink concept to be implemented. Therefore, a commissioned bed may need to considered as an interim option. The recommendations give the flexibility for this to be pursued. The proposed model will collaborate with Aberdeenshire and Moray colleagues to determine the most appropriate means of ensuring the service is available to reach more people across Grampian. Whilst no negative impacts have been identified at this stage this will be monitored during the phased implementation. **Health Inequalities** No additional impacts have been identified in relation to Healthy inequalities. **Carers** Carers as part of discharge planning are consulted as per Carers (Scotland) Act 2016 legislation. This ensures that the individual needs of Carers are considered. Additionally, the pathway will ensure that staff have an awareness of their local commissioned Carer

	Support organisation and know where to signpost to. **<u>Human Rights</u>** There will be a positive impact in relation to 'Article 8 – The right to respect for private and family life, home and correspondence' – The proposed model will enable patients to return home to their own homes to receive their treatment enabling them to return to family life. It will also support a person-centred approach which has a further positive impact.
Is an Integrated Impact Assessment required for this policy or decision (Yes/No)	Yes – this will be reviewed in Phase 2
Rationale for Decision **NB: consider: -** • **How many people is the proposal likely to affect?** • **Have any obvious negative impacts been identified?** • **How significant are these impacts?** • **Do they relate to an area where there are known inequalities?** • **Why are a person's rights being restricted?** • **What is the problem being addressed and will the restriction lead to a reduction in the problem?** • **Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?** • **Are there existing safeguards that mitigate the restriction?**	Potential patient group, their carers and families within Neuro Acute wards 204 / 205 at ARI, Neuro rehabilitation Unit at Woodend, HomeLink concept users and users of Horizon rehabilitation services will be positively impacted by an increase in MDT staffing to ensure a more timely and intensive rehabilitation could be offered. No negative impacts identified Significant positive impact to those neuro patients requiring to move through the pathway to have rehab have been identified as outlined above. Carers will be positively impacted in that support is available and will be highlighted better through the pathway. No one's rights will be restricted by this. The focus of changes includes the improvement of person-centred care process which includes; working in collaboration with patients and their families to achieve the best outcomes for the patient.
Decision of Reviewer	Agreed
Name of Reviewer	Lynn Morrison
Date	13/09/23

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024

SUBJECT: MEMBERSHIP OF BOARD AND COMMITTEES

BY: CORPORATE MANAGER

1. REASON FOR REPORT

1.1 To inform the Board of changes to Membership of the Moray Integration Joint Board (MIJB), Audit, Performance and Risk (APR) Committee and Clinical and Care Governance (CCG) Committee.

2. RECOMMENDATION

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

i) the Chair and Vice-Chair are due to rotate on 1 April 2024;

ii) the requirement to appoint a new Chair of the APR Committee;

iii) the update regarding vacancies in National Health Service (NHS) voting membership and Service User Stakeholder position;

iv) the appointment of Deirdre McIntyre as the new NHS Staff Partnership representative; and

v) the updated membership of Board and committees attached at APPENDIX 1.

3. BACKGROUND

3.1 The Public Bodies Joint Working (Scotland) Act 2014 ("the Act") and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") make provisions about various matters including the membership of the MIJB. As a minimum this must comprise voting members nominated from the NHS Board and Council; co-opted non-voting members who are holders of key posts with the NHS and Council or the MIJB; and co-opted non-voting members who are representatives of groups who have an interest in the MIJB. There is flexibility to appoint additional non-voting members as the Board sees fit. The Moray Health and Social Care Integration Scheme ("Integration Scheme") outlines certain agreed provisions re membership (and includes the specific provisions taken from the Act and the Order).

3.2 At the meeting of the Board on 29 September 2022 (para 7 of the minute refers) the Board approved the rotation of Chair from a Council Member to a Health Board Member from 1 October 2022, for 18 months.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 As the current Chair of the Board, Mr Dennis Robertson will now take on the role of Vice-Chair with effect from 1 April 2024.

4.2 As the current Vice-Chair of the Board, Councillor Tracy Colyer will now take on the role of Chair with effect from 1 April 2024.

4.3 The Chair and Vice-Chair of the Board is allocated on a rotational basis every 18 months. The next rotation is due on 1 October 2025.

4.4 Due to the rotation of Chair/Vice-Chair of the Board there is a requirement to appoint a Health Board voting member as Chair of the APR Committee to take up post with effect from 1 April 2024. This cannot be the Chair or Vice-Chair of the Board.

4.5 The Chair of the APR Committee requires to be appointed from a member of the organisation which does not Chair the Board. As a Council Member is the incumbent Chair of the Board, the new Chair of APR Committee must be a Health Board voting member.

4.6 The current Health Board members of APR Committee are Sandy Riddell and Derick Murray, and either would be eligible for appointment of Chair of APR Committee.

4.7 Derick Murray is the current Chair of the Clinical and Care Governance Committee. This committee is required to be chaired by a NHSG voting member. No further action is required.

4.8 Following two resignations from the NHS Grampian Board a realignment of NHS Grampian members on Integration Joint Boards (IJBs) in Aberdeen City, Aberdeenshire and Moray took place to manage these vacancies in IJB membership until their replacements are appointed by Scottish Government. As of 17 October 2023, Professor Bhattacharya moved to Aberdeen City IJB. This means MIJB is currently reduced to 3 NHS voting members.

4.9 Ms Thatcher has resigned from her position as Service User Stakeholder. The recruitment process to fill the vacancy is underway.

4.10 Deirdre McIntyre replaces Stuart Falconer as the NHS Grampian Staff Representative Stakeholder Member from 1 December 2023.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022-2032"
Effective governance arrangements support the development and delivery of priorities and plans.

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

(c) Financial implications
There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation
There are no risk implications arising as a direct result of this report.

(e) Staffing Implications
There are no staffing implications arising as a direct result of this report.

(f) Property
There are no property implications arising as a direct result of this report.

(g) Equalities/Socio Economic Impact
An Equalities Impact Assessment is not required as the report is to inform the Board of changes required to membership of the Board and CCG Committee.

(h) Climate Change and Biodiversity Impacts
None arising from this report.

(i) Directions
None arising from this report.

(j) Consultations
Consultation on this report has taken place with Chief Officer – Health and Social Care Moray and Caroline O'Connor, Committee Services Officer, Moray Council, who are in agreement with the report.

6. CONCLUSION

6.1 This paper sets out the position in relation to the membership of MIJB.

Author of Report: Isla Whyte, Interim Support Manager
Background Papers: None
Ref:

Moray Integration Joint Board – as at 15 December 2023

Moray Integration Joint Board

4 Council voting members	Tracy Colyer (Vice-Chair) Ben Williams Peter Bloomfield Scott Lawrence
4 NHS Grampian voting members	Dennis Robertson (Chair) Derick Murray Sandy Riddell Vacancy
Third Sector Stakeholder	Graham Hilditch
NHS Grampian Staff Representative Stakeholder Member	Deirdre McIntyre
Carer Stakeholder	Ivan Augustus
Service User Stakeholder	Vacancy
Moray Council Staff Representative	Kevin Todd
Chief Officer Professional	Simon Bokor-Ingram
Chief Social Work Officer	Tracy Stephen
Lead Nurse	Jane Ewen
GP Lead	Dr Robert Lockhart Dr Malcolm Simmons
Non Primary Medical Services Lead	Prof Duff Bruce
Additional Member	Elizabeth Robinson

Audit, Performance and Risk Members

(note chair needs to be alternate partnership member to the Chair of MIJB)

2 Council voting members	Ben Williams Scott Lawrence (Chair)
2 Health Board voting members	Sandy Riddell Derick Murray
Third Sector Stakeholder	Graham Hilditch
NHS Grampian Staff Representative Stakeholder Member	Deirdre McIntyre

Clinical and Care Governance Members

2 Council voting member	Cllr Peter Bloomfield Cllr Scott Lawrence
2 Health Board voting member (Chair)	Derick Murray (Chair) Vacancy
Carer Stakeholder	Ivan Augustus
Service User Stakeholder	Vacancy
Third Sector Stakeholder	Graham Hilditch
Moray Council Staff Representative	Kevin Todd
Chief Officer Professional	Simon Bokor-Ingram
Chief Social Work Officer	Tracy Stephen
Lead Nurse	Jane Ewen

GP Lead	Dr Robert Lockhart and Dr Malcolm Simmons
Non Primary Medical Services Lead	Prof Duff Bruce
Additional Member	Elizabeth Robinson

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024**

SUBJECT: **LOCALITY PLANNING UPDATE**

BY: **INTERIM DEPUTY HEAD OF SERVICE**

1. REASON FOR REPORT

1.1 To inform the Board on the work done to date in relation to the Health and Social Care Moray Locality Planning model.

2. RECOMMENDATION

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

i) notes the progress made on locality plans since the previous report on 30 March 2023; and

ii) agrees that further progress reports be brought to the MIJB on a six monthly basis.

3. BACKGROUND

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 section 29(3)a requires Integration Authorities across Scotland to establish Health and Social Care localities within their areas. Moray is divided into four localities to support the local implementation of the MIJB Strategic Plan.

3.2 Locality planning provides a framework for how the MIJB intends to improve health and wellbeing within specific geographic areas. It is anticipated that locality planning will build upon the insights, experiences and resources within localities, support improvements in local networks, enable development of robust and productive professional relationships and improve the health and wellbeing outcomes. Most importantly, locality planning will support citizens and communities to support themselves.

3.3 Each locality plan incorporates a community led approach, empowering those living and working within a locality to play an active role in identifying the priorities for health and social care in each locality, and to shape the delivery of services for the future. Each plan is supported by locality profiles which provide demographic, public health and inequalities overviews for each geographic

area. These profiles are used to help facilitate decisions regarding service planning within the localities.

3.4 The four Moray localities and their respective locality managers are:

- Forres and Lossiemouth; Iain Macdonald
- Elgin; Lesley Attridge
- Speyside and Keith; Cheryl St Hilaire
- Buckie, Cullen and Fochabers; Laura Sutherland

3.5 A previous report was submitted to the Board on 30 March 2023 outlining progress in relation to the locality planning process (para 10 of minute refers).

3.6 The monitoring and further development of locality plans are now embedded within locality based discussion groups and at the Health and Social Care Moray, Operational Management Team (OMT) meetings.

3.7 Locality Managers use a strength and asset based approach to support the development of their respective locality plans. Trust based relationships are at the heart of developing locality networks; each locality plan aims to recognise citizens, health and social care practitioners and the varying communities' strengths and assets. Ultimately creating plans which matter to each community.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 All four localities have locality plans in place and these are included alongside this report as appendices 1 (Forres and Lossiemouth Locality), 2 (Elgin Locality), 3 (Keith and Speyside Locality) and 4 (Buckie, Cullen and Fochabers Locality).

4.2 The respective locality plans are being progressed at differing paces, however a shared approach based on four key themes is being used:

- Evidence driven – all four locality plans share the same format for their locality profiles and the same core health and social care data. Additional data is then sought to allow a deeper analysis into specific themes/topics. Data is updated on a regular basis.

- Community engagement and consultation – all four locality plans utilise community engagement and consultation information to inform the setting of priorities and the monitoring of action plans. Locality managers work closely with colleagues in Children's Service Planning and the Moray Council Communities team to share appropriate engagement and consultation responses to minimise duplication of effort, maximise resources, and coordinate priority setting.

- Practitioner engagement and consultation – all four locality plans utilise feedback from practitioners to inform priority setting and the monitoring of actions plans.

- National and regional drivers, and sharing of good practice – all four locality plans monitor national and regional good practice examples to support the development of locality priorities.

4.3 Each locality planning structure has three component parts:

- The Oversight group – a representative group of local community members and practitioners who oversee the development and monitoring of the locality plan.

- The Multi Disciplinary Team – this component focuses on the practice and quality of 'case specific' health and social care support to the residents living within the locality.

- The Network – this component focuses on how we share contact details and general information between the broad group of practitioners who provide health and social care support to the people living within the locality.

4.4 The Health and Social Care Moray Locality Planning model allows localised planning and the opportunity to facilitate 'tests of change' within one locality that, if appropriate, can be scaled up to other localities. Thus promoting a learning and development culture. There are also many opportunities to share learning, to and from, other Health and Social Care Partnerships within Grampian and those further afield, ensuring that we remain outward looking.

4.5 The potential continues to exist to further connect the locality work taking place within Children's Service Planning and within the locality work being led by the Moray Council Communities Team. Progress has been made and discussions are ongoing between senior managers leading on each model to ensure a joined up approach is taken wherever possible. With the current financial challenges facing all services there is an increased need to ensure best use of resources.

4.6 Members of the Senior Management team and Service Managers recently met with Scottish Government colleagues from the Getting it Right For Everyone (GIRFE) Team. This led to a bid being presented to the Scottish Government for Health and Social Care Moray to become a GIRFE Pathfinder Project. The bid was successful and Health and Social Care Moray were confirmed a Pathfinder Project on the 18 November 2023. Locality planning will be integral to achieving the values and principles set out within GIFRE.

4.7 Members of the Senior Management Team and Locality Managers recently met with Scottish Government colleagues to discuss the current National Localities Guidance (2015); opportunities for refreshing this guidance, and how locality planning may align, or otherwise, with National Care Service design. There was an opportunity to highlight the good work taking place across Moray; this was well received and was acknowledged at a national level.

4.8 Localities cannot operate in isolation and there are some excellent examples of how within Moray we can maintain a central overview whilst delegating decision making and responsibility to local managers and teams, and most importantly communities. This is perhaps best seen in how we have developed our multi disciplinary team meetings at both a central and local level to ensure the most vulnerable people are receiving the support they require.

Specific Locality Updates

4.9 Forres and Lossiemouth

- A locality oversight group is now well established in both the Forres and Lossiemouth areas; the groups have strong community and practitioner representation.

- The role of the Multi Disciplinary Team (MDT) has been reviewed through a 'How Good is our MDT' evaluation tool; with the aim of further strengthening MDT working within the locality.

- Improvements in data collection at a locality level continues to progress an evidence based approach to determine locality priorities and measure outcomes.

- The Social Prescribing model is now well embedded within the Forres Health and Care Centre and the Moray Coast Medical Practice building in Lossiemouth.

- Progress in relation to the Forres and Lossiemouth Locality priorities are outlined in **Appendix 1**. Mitigating Actions following the closure of the Burghead and Hopeman branch surgery premises have been added to the plan as appropriate.

- Plans are in place to engage with the Forres and Lossiemouth communities in relation to the current provision of health and social care services and how these services can be improved. GP practices will work alongside the Locality Manager to undertake this work on a themed topic basis.

- Digital Health Institute work in relation to the Living Lab 3 Care in Place is progressing well. Testing of the Personal Data Store with 10 Unpaid Carers with a view to increasing sample to 100 Unpaid carers in 2024.

- Both Forres and Lossiemouth areas intend to make a case for a scheduled M-Connect service within their respective areas as part of the next expansion of this service.

- All mitigating actions in relation to the closure of the Burghead and Hopeman branch surgeries have been implemented except the introduction of a mobile clinic. Priority has instead been put on the development of an enhanced community nursing team to support the most vulnerable people within their own homes.

- The Forres and Lossiemouth Locality Plan will be updated for the period 2024/25 with completed actions archived and new actions added as appropriate. This plan will be submitted to the MIJB as part of the next Locality Plan Update report due to be submitted to the IJB on

4.10 Elgin

- The Locality Oversight Group has met once and a further meeting is currently being planned, the vision for it to be well supported with community and practitioner representation. The role of the Multi Disciplinary Team is well established within both Elgin practices and is supported and attended by a range of professionals. Progress will include a review with the aim of further strengthening this function. There is currently and MDT survey being adapted to capture feedback on how the role of MDT's within the Elgin locality are working and what can be further improved on.

- A huge amount of work has been undertaken to develop current and longitudinal local data thus enabling an evidence based approach to determine locality priorities. The priorities for Elgin will be further developed through the Locality Oversight Group.

- A focused piece of work was carried out between GP practice and Arrows around alcohol related deaths based on population data of the practice in Elgin. The outcome of the work has resulted in pathways being developed to better support flow of people in and out of the Arrows service and linking back to the GP.

4.11 Keith and Speyside

- The Locality Oversight Group is established, and allows for a mix of community and practitioner representation dependant on particular actions and pieces of work being undertaken.

- The role of the Multi-Disciplinary Team continues to work well across our 4 practices and 2 Community Hospitals in the Keith and Speyside locality and is well supported, with the ability and flexibility to call on a range of other professionals as required around specific matters. To build on our multi-disciplinary approach we are exploring opportunities for joint training amongst the various practitioner groups, which includes an upcoming session with our Care at Home colleagues to encourage information and knowledge sharing and collaboration opportunities for the benefit of patients and service users.

- We continue to utilise available data to enable an evidence based approach to determine locality priorities, ensuring that a holistic approach is also taken into consideration; Working with and utilising feedback and data from other professionals and groups internally and externally.

- Following on from our first 'Let's talk Health, Communities and Wellbeing' in Keith last year, we have subsequently run an event in the Keith secondary school for pupils to support prevention and awareness through intergenerational opportunities in the Locality. We had hoped to host an event in Speyside this year which has now been postponed until 2024.

- The Fleming Hospital is currently being utilised as a Community Health Services hub and is offering a multitude of services to support the local communities closer to home including retinal screening, repertory clinics, podiatry, child immunisations, baby support classes and vaccinations to name but a few. As part of HSCM efficiency savings we are also looking at what staff training can be delivered at Fleming and that would prevent staff travelling to Aberdeen, with a couple of manual handling courses having been delivered in October successfully.

4.12 Buckie, Cullen and Fochabers

- Health and Social Care intelligence has been collated and evaluated, alongside locality profiles, existing plans i.e. Children Services Plan, Moray LOIP and Buckie Locality Plan 2019 - 29, which have identified cross-over themes and trends that have helped set potential priorities. The Locality Manager recognises that there has already been sufficient community engagement carried out and that any further engagement would unlikely result in new information at this time. In addition to this local engagement has recently been undertaken at the Winter Vaccination Clinics, which includes a self-complete health check accompanied by a signposting and service information sheet. The engagement addresses where and how the community access health and wellbeing information, what community services and groups are accessed and what services are missing. Preliminary results are positive with 82% of people who completed the self-check stating that they were more aware of services that support their Health and Wellbeing than before.

- As part of a Moray Wide collaboration, Teams in Buckie are fully represented at a daily system oversight multi-disciplinary team meeting which endeavours to ensure equitable, safe and qualitative distribution of available health and social care resources which supports Home First Principles.

- A locality oversight group is in the process of being established, however, the ambition is to keep this less structured and reduce the need for physical meetings. The Locality Manager sees their role as one who integrates into existing groups and will collect feedback as the locality plans are developed.

- A range of Health and Wellbeing initiatives are being delivered to support communities closer to home, which include:
    - Health Walks are supported within the community.
    - A healthpoint outreach service is available throughout the community. NHS Grampian healthpoint works proactively to tackle health issues relating to self-care offering free information and advice on a number of health concerns for professionals and members of the general public.
    - Working collaboratively with Moray Food Plus; Foodskills and Nourish sessions have been established within the Buckie ASG.
    - Implementation of the Social Prescribing model is in progress.

- A first draft of the Buckie, Cullen and Fochabers Locality Plan has been compiled and will be further informed once the community engagement at the Winter Vaccination Clinics has been completed and evaluated.

Performance and Evaluation

4.13 Both Moray Council and NHS Grampian Performance and Evaluation teams are active and valuable stakeholders in the development of the locality planning process. This has ensured they are kept up to date and available to provide guidance as the process progresses. They will remain involved to help ensure actions are appropriately monitored and any impact can be sufficiently evidenced.

4.14 Locality Planning Groups will be accountable to the MIJB, providing regular updates on the locality action plan implementation and performance.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2022 – 2032"
The aims of Locality Planning in Moray is to contribute to the delivery of the MIJB Strategic Plan as well as the NHS Grampian Plan for the Future and Moray Council Corporate Plan.

(b) Policy and Legal
None directly associated with this report.

(c) Financial implications
At present there are no direct financial implications to locality planning. It is hoped that opportunities to combine resources and work more effectively will lead to greater efficiencies. Deliberation will need to be given to how services are commissioned at a locality level and its impact on acquisition of services.

(d) Risk Implications and Mitigation
There are no specific risk implications to this report.

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

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

(g) Equalities/Socio Economic Impact
There are no changes to policy as a result of this report.

(h) Climate Change and Biodiversity Impacts
There are no changes to policy as a result of this report.

(i) Directions
None directly arising from this report.

(j) Consultations

Lesley Attridge, Locality Manager (Elgin), Health and Social Care Moray
Cheryl St Hilaire, Locality Manager (Keith & Speyside), Health and Social Care Moray
Laura Sutherland, Locality Manager (Buckie & Fochabers), Health and Social Care Moray
Simon Bokor-Ingram, Chief Officer, Health and Social Care Moray
Sean Coady, Head of Service, Health and Social Care Moray
Tracy Stephen, Chief Social Work Officer
Fiona Robertson, Chief Nurse, Health and Social Care Moray
Audrey Steele-Chalmers, AHP Professional/Sector Lead, Health and Social Care Moray
Robert Lockhart, Primary Care Clinical Lead, Health and Social Care Moray
Malcolm Simmons, Primary Care Clinical Lead, Health and Social Care Moray
Bob Sivewright, Finance Manager, NHS Grampian
Deborah O'Shea, Interim Chief Financial Officer, HSCM

6. CONCLUSION

6.1 Locality planning demonstrates how the MIJB's Strategic Plan is being implemented locally, and how localities will respond to local needs and issues.

6.2 A further report will be presented to the MIJB on 29 August 2024.

Author of Report: Iain Macdonald, Locality Manager (Forres & Lossiemouth)

Background Papers: Appendix 1 – Forres and Lossiemouth Locality Plan
Appendix 2 – Elgin Locality Plan
Appendix 3 – Keith and Speyside Locality Plan
Appendix 4 – Buckie Cullen and Fochabers Locality Plan

Ref:

FORRES AND LOSSIEMOUTH LOCALITY ACTION PLAN 2023/24

Local Priority 1				
To improve the mental health and wellbeing of the local population.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Seek more detailed information on causes of death rate 18 - 44yr olds.	Information accessed and shared with the Locality Oversight Group.	Increase in access to preventive mental health services. Increase in information available to local practitioners.	June - 2023	100%
Review bed occupancy days due to mental health and reasons for this.	Information accessed and shared with the Locality Oversight Group.		June - 2023	100%
Facilitate a focused session with key locality stakeholders to determine additional preventive approach's to support positive mental health and wellbeing.	Preventative approaches identified and information document developed and shared with practitioners.		Sept - 2023	20%

Local Priority 2				
To reduce the health impact of drugs and alcohol use within the local population.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Gather further information in relation to drug and alcohol related hospital admissions for Forres and Lossiemouth population.	Information accessed and shared with the Locality Oversight Group.	Reduction in the number of hospital admissions as a result of drug or alcohol use. Increase in information available to local practitioners.	June - 2023	100%
Review current services available locally and Grampian wide.	Services reviewed.		June - 2023	100%
Share updated information and services available with GPs and Health and Social Care Professionals.	Information document developed and shared with local practitioners.		June - 2023	20%

Local Priority 3				
Further develop and promote prevention and self-care approaches within the locality.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Falls - Review, refresh and promote frailty information.	Information accessed and shared with the Locality Oversight Group and local practitioners.	Reduction in the number of falls, particularly in those requiring hospital admission.	June – 2023	90%
Falls - Review the role of the Forres Neighbourhood Care Team and Community Response Team to encompass a falls response.	Roles of team reviewed and information shared with local practitioners.		July – 2023	100%
Social Prescribing - Complete current test of change taking place within Forres and scale up to include Lossiemouth.	Test of change completed and evaluated.	Increase in the number of individuals who are redirected towards a non-clinical based service/intervention.	April – 2023	100%
Social Prescribing - Develop a model of provision encompassing a range of services available within Forres and Lossiemouth.	Test of change mainstreamed into core provision.		Sept – 2023	100%
Identify gaps within current range of services available within Forres and Lossiemouth.	Gaps noted and actions identified to address these where possible.	Increase the range of provision available within the locality.	Sept – 2023	50%
Review preventative approaches to addressing the 5 most prevalent long term conditions: Asthma for under 65's and COPD, diabetes, heart disease, & cancer for over 65's.	Review of preventative approaches undertaken and information shared with the local practitioners.	Reduction in the requirement for hospital based admissions.	March – 2024	0%

Ensure an individual's finance is considered in all preventive conversations through the use of Making Every Opportunity Count (MEOC) tool.	Adoption of the MEOC tool by all services involved with Social Prescribing model.	Increase citizen's awareness of financial supports.	Jun – 2023	100%

Local Priority 4				
Improve Multi-Disciplinary Team working				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Review current models of Multi-Disciplinary Team working within Forres and Lossiemouth.	Review undertaken.	Improvement in Multi-Disciplinary Team working within Forres and Lossiemouth areas.	Jun – 2023	100%
Evaluate 'How Good Is Our MDT Working' within Forres and Lossiemouth.	Survey staff on effectiveness of current MDT working completed.		Sept – 2023	90%
As part of evaluation review feedback already received from patients and lessons learned.	Feedback reviewed and shared.		Sept – 2023	50%
Discuss and agree any improvements to current MDT model.	Information reviewed and actioned.		Sept – 2023	50%

Local Priority 5				
Increasing access to in-hours minor injuries assessment and treatment.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Promote discussion at a HSCM strategic level regards Forres Health and Care Centres potential contribution towards Minor Injury assessment and treatment.	FHCC promoted as part of the 'NHS24 111' model for Minor Injury provision.	Improve locality access to Minor Injury provision.	Jun – 2023	70%
Consider an altered model of Minor Injury provision utilising Forres Health and Care Centre for specific treatments.	Partial return of Minor Injury treatment to FHCC.		Jun – 2023	70%
Review Minor Injury work being undertaken within Moray Coast Medical Practice.	Review completed.		Sept – 2023	80%

Local Priority 6				
Establish models of engaging with the community and ensuring the communities voice is visible within locally planning and strategic planning processes				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Update contact information for Forres and Lossiemouth Locality Services and promote involvement.	Contact information updated.	Increase community representation within locality and Moray wide HSCM planning processes.	April – 2023	100%
Arrange a contact point at FHCC and MCMP where information can be shared and the views of the community gathered on an ongoing basis.	Patient/local resident feedback recorded periodically and themes shared with the Locality Oversight Group.		April – 2023	100%
Review public Information messaging within the locality.	Public Information messaging updated.		Jun – 2023	100%
Facilitate regular 'Pop Up' community events to gather feedback, and share service information on an ongoing basis.	Patient/ local resident feedback recorded periodically.		Oct – 2023	50%
Review the role of the Third Sector and Community Groups in the Forres and Lossiemouth Locality Planning model.	Increased involvement of Third Sector and Community Groups.		Jun – 2023	100%
Plan a community engagement event for Forres and Lossiemouth which promotes positive messaging, gathers views of public and other stakeholders, and contributes towards locality planning and HSCM Strategic Plan.	Event completed, evaluated and information shared with the oversight group. Information utilised to form next reiteration of the Forres and Lossiemouth Locality Plan.		Sept – 2023	10%

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

Local Priority 8				
Improve transport provision between Lossiemouth and coastal villages.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Increase publicity relating to the Dial a Bus service within the Lossiemouth and coastal areas.	Increased public awareness of the service.	Improve the transport provision between Lossiemouth and the coastal villages.	April – 2023	100%
Gather data to evidence or otherwise the need for an enhanced transport provision.	Use of Dial a Bus and the local Community Mini Bus recorded and shared.		April – 2023	90%
Facilitate further discussions with key transport providers and local community.	Meetings undertaken with key transport providers and actions noted.		April – 2023	90%
Support local community based transport initiatives.	Regular meetings, and sharing of information and resources with the local Community Mini Bus Committee.		March – 2024	90%
Promote active travel	Promotion of active travel undertaken through social media and webpages.		March – 2024	0%

Local Priority 9				
Support access to appropriate health and social care services.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Review public information regarding contacting local GP, and health and social care professionals.	Review of current information undertaken and shared with the Locality Oversight Group.	Increase in public satisfaction in accessing health and social care appointments. Improve access to health and social care services via the use of digital technology. Measure and evaluate the quality of service provision.	April - 2023	90%
Promote and inform the public in regards to the current models of practice.	Public promotion campaign completed.		April – 2023	50%
Establish a small group to focus specifically on access to digital technology within local communities.	Group stablished and plan in place.		April – 2023	100%
Support individuals within localities to access health care support through digital technology.	Individuals identified and support provided.		Sept – 2023	60%
Provide specific digital technology training to local residents who require support.	Training provided and evaluated.		Sept – 2023	80%
Research, and equip specific sites within the locality to house digital technology to access health and social care professionals.	Sites identified, funding sought and work undertaken. Usage evaluated and shared with the Locality Oversight Group.		March – 2024	80%
Develop measurements and systems to monitor the effectiveness of health and social care provision at a locality level	*Evidence base to measure performance and evaluate outcomes.*		*March 2025*	20%

Further develop an enhanced community nursing and care service to provide support to vulnerable people living at home and who are finding it difficult to travel to appointments	*Patients within the vulnerable groupings are triaged and receive support at home or the immediate community.*		*March 2024*	50%

Local Priority 10				
To increase support for unpaid carers and recruitment of paid carers				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
To identify support for unpaid carers within the locality and how they can access this.	Information collated and shared.	Increased support for unpaid carers.	Sept – 2023	50%
To work alongside the Digital Health Institute and Quarriers to develop a digital Person Held File prototype.	Digital Person Held File prototype is developed and tested.	Unpaid carers have access to all appropriate information regards the person they are caring for.	April – 2024	70%
To support recruitment of care at home workers within the locality	Increased care at home staffing numbers.	Increased care at home availability.	April – 2024	50%

ELGIN LOCALITY ACTION PLAN – UPDATE NOV 2023

Local Priority 1				
Establishing Elgin Oversight Group with Terms of Reference				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Communicate out draft locality plan to identified members of Oversight Group	Oversight group established and locality plan shared.	To become established within the Elgin Locality to drive forward the key priorities identified.	Feb 23	100%
Organise and confirm date of first Oversight Group meeting	Meeting scheduled.		Feb 23	100% 27/4/23

Local Priority 2
Establish models of engaging with the community and ensuring the communities voice is visible within locally planning and strategic planning processes – *To be further explored and discussed at the Oversight Group*

Local Priority 3
Mental health and wellbeing.- *To be further explored and discussed at the Oversight Group*

Local Priority 4				
Improve Multi Disciplinary Team working				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Document current models of provision within Elgin	Review undertaken and shared.	Improvement in MDT working within Elgin area.	April 23	100%
Evaluate 'How Good Is Our MDT Working' within Elgin	Survey staff on effectiveness of current MDT working completed.		June 23	50%
Discuss and agree any improvements to current models	Information reviewed and actioned.		June 23	20%

Local Priority 5				
Support access to appropriate health and social care services.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Review public information regarding contacting local GP, and health and social care professionals	Review of current information undertaken and shared with the Locality Oversight Group.	Increase in public satisfaction in accessing health and social care appointments/services. Improve access to health and social care services via the use of digital technology.	March 24	50%
Promote and inform public in regards to the current models of practice	Public promotion campaign completed.		March 24	50%

Support individuals within localities to access health care support through digital technology	Individuals identified and support provided.		March 2024	50%

Keith and Speyside Locality

ACTION PLAN – UPDATE NOV 2023

Local Priority 1				
Working with and understanding the needs and expectations of local communities				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Events - 'Let's talk health, wellbeing and communities' events. **Keith** **Keith Grammer School** **Speyside**	Turnout of services, groups and public and event feedback.	Networking and familiarization of services and groups working in area. Awareness raising and education of communities and services .Prevention through raising awareness. Holistic overview of communities needs and expectations to support Locality Planning and collaborative working Prevent duplication of effort and work across the locality and build on joint working opportunities and alignment of plans.	Aug 2022 July 2023 Sept 2024	100% 100% 10%
Surveys and Data – working collaboratively with the Communality Development Unit (CDU) and Health Improvement Team and others as appropriate to gain a holistic overview of the area, needs and expectations of the community.	Surveys completed and feedback collated Utilise data available to HSCM, alongside any additional data available via CDU, Health Improvement Team and others to build a holistic overview of the locality.			

Keith **Speyside**		Being able to utlise existing networks, services and groups to share and obtain information via to support awareness and prevention.	July – Sept 2022 Aug – Oct 2024	100% 10%
Networks and Communication - Working and talking with other services, third sector and community groups and utilising their community networks, patients and client groups for the sharing and gathering of information.	Collaborative working opportunities and ability to share and obtain information from a variety of client groups across the locality		Jan 2022 - ongoing	80%

Local Priority 2				
Prevention, Awareness, Self-Support and improved access to services and support				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Development of Oversight Group	Appropriate representation from across sectors and the community to support Locality Planning and Working	An established Oversight Group with core members and members with specific areas of interest and/or expertise, to plan, support and develop locality planning and work and drive forward key priorities identified.	April 23 - ongoing	100%
Locality Services Hub – Utilise the Fleming Hospital site to create a services hub. Housing a variety of	Multiple disciplines delivering services from the hub and preventing	Services delivered nearer to home for Speyside and the wider locality, supporting	March 2022 - ongoing	75%

teams and services	communities having to travel to Elgin. Specialist third sector services attracted into the locality	prevention and living well. Improved MDT working and opportunities.		
KELP (Keith and East Locality Project) – Determining what is required building wise to deliver GP and other services in the locality	Application to Scottish Government to fund	A custom built building to accommodate a GP practice and other services as determined as needed through various workshops, input and feedback from across services and the community.	Ongoing	

Local Priority 3				
Further development and growth of multi-disciplinary team working (MDT) to ensure that the right people are around the right matter at the right time				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Professionals Directory – an online directory with all health and social care professionals working in and across Keith and Speyside Locality. The directory also provides a communication channel for the distribution of news and updates.	People accessing the directory and utilising.	Multi-Disciplinary working opportunities, ensuring the right people are around the appropriate matters at the right time. Easier and more efficient access for professionals to contact other professionals, with direct contact details and referral processes.	**Sept 2022**	**100%**

		A communication channel to all professionals working in and across the locality.		
Services Hub – as detailed in priority 2				
Oversight Group – Development of	An Oversight Group with key partners from across the locality developed to support Locality Plans and working.	A main Oversight Group membership with other disciplines attending to support specific pieces of work and/or communities. Action plans in place for locality.	**Ongoing**	**100%**
Multi-Disciplinary Working and **Opportunities** - Document, evaluation and improvement of current models of multi-disciplinary team (MDT) working and meetings across Keith and Speyside	An overview collated of all current MDT working and meetings operating across Keith and Speyside including Community Hospitals Evaluation of what works well and what could work better, through discussion Identification of any potential gaps or duplications to MDT working, meetings and opportunities	Efficient and effective MDT working across Keith and Speyside. MDT meetings relevant and timely. Prevent duplication of work and improve relationships and understanding across teams. New opportunities to work collaboratively with other services, third sector and community groups.	March 2023 - ongoing	**100%**

	Discussions and agreement of any improvements, changes and additional MDT working or meetings that might be required.	Joined up working across locality boundaries to support efficiencies, effectiveness and improve outcomes as appropriate.		

APPENDIX 4

Buckie, Cullen and Fochabers

Locality Plan 2023 – 2026

Action Plan Update November 2023

BUCKIE, CULLEN AND FOCHABERS LOCALITY ACTION PLAN – UPDATE NOV 2023

Local Priority 1				
Establishing Buckie Locality Oversight Network with Terms of Reference				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Identify and Engage with key stakeholders to establish the Oversight Network	Oversight network established.	To have a shared responsibility to respond to identified priorities to improve outcomes for the Buckie, Cullen and Fochabers Communities.	March 2024	60%
Schedule a series of individual stakeholder engagement sessions	Stakeholder engagement.		March 2024	30%
Disseminate the draft Buckie Locality Plan to the Oversight Group	Locality Plan Shared.		March 2024	50%

Local Priority 2				
Establish models of engaging with the community and ensuring the communities' voice is visible within locally planning and strategic planning processes; building on and extending the reach of community engagement undertaken as part of the Local Outcome Improvement Plan (LOIP).				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Plan a community engagement event for the Buckie Locality which promotes positive messaging, gathers views of public and other stakeholders, and contributes towards locality planning and HSCM Strategic Plan	Event takes place and priorities identified.	To identify community priorities.	March 2024	40%

Local Priority 3				
To improve Health and Wellbeing (Mental and Physical Health) of all ages				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Identify gaps within current range of services available within communities	Gaps noted and actions identified to address these where possible.	Increase the range of provision available within the locality.	Sept – 2023	70%
Social Prescribing - Develop a model of provision encompassing a range of services available within communities	Model established in locality area.	Increase in the number of individuals who are redirected towards a non-clinical based service/intervention.	Sept – 2023	70%
Review preventative approaches to address the 5 most prevalent Long Term Conditions: Asthma, Arthritis, Coronary Heart Disease, Cancer and Diabetes	Review of preventative approaches undertaken and information shared with the local practitioners.	Reduction in the requirement for hospital based admissions.	March – 2024	70%
Maximise opportunities for all via preventive approaches/conversations through the use of Making Every Opportunity Count tools/training	Adoption of the MEOC tool by all services involved with Social Prescribing model.	Increase citizen's awareness of financial supports.	Jun – 2023	100%

Local Priority 4				
To improve Multi-Disciplinary Team (MDT) working.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Identify and review the MDT model within the Buckie Locality	Review undertaken.	Improvement in Multi Disciplinary Team working within Buckie Locality.	Jun – 2023	70%
Evaluate 'How Good Is Our MDT Working' within Buckie Locality	Survey staff on effectiveness of current MDT working completed.		March – 2024	50%
Implement improvements identified			March – 2024	30%

Local Priority 5				
Support access to appropriate Health and Social Care services.				
Action	**Measure of Success**	**Desired Outcome**	**Timeline**	**Progress %**
Review public information regarding contacting local GP, and Health and Social Care professionals.	Review of current information undertaken and shared Nationally, Moray wide and with the Locality Network Group.	Increase in public awareness / satisfaction.	March 2024	100%
Support individuals within localities to access health care support through digital technology.	Individuals identified and support provided.	Improve access to health and social care services via the use of digital technology.	March 2024	60%

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024**

SUBJECT: **LOSSIEMOUTH LOCALITY HEALTH AND SOCIAL CARE PROVISION UPDATE**

BY: **DEPUTY HEAD OF SERVICE (INTERIM)**

1. REASON FOR REPORT

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

2. RECOMMENDATION

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

i) notes the current position in relation to Hopeman and Burghead branch surgery buildings;

ii) notes the request from the Cabinet Secretary for NHS Recovery, Health and Social Care that an officer from another Health and Social Care Partnership (HSCP) meet with representatives from Health and Social Care Moray (HSCM) to discuss the engagement and consultation process undertaken regarding the Burghead and Hopeman branch surgery premises; and

iii) agrees the role of Glasgow School of Art in supporting General Practice visioning work within Moray.

3. BACKGROUND

3.1 On 14 July 2023, the Moray Coast Medical Practice formally notified the landlord of the Burghead branch surgery building that they were terminating the lease for the premises on 31 December 2023. The lease has now been terminated.

3.2 On 29 August 2023, the Moray Coast Medical Practice notified the Chief Officer of HSCM that they did not intend to reopen the Hopeman premises. The Moray Coast Medical Practice subsequently sold the premises to a private buyer in October 2023.

3.3 Mitigating actions following the closure of the branch surgery buildings remain in place and are now integrated into, and monitored through, the Forres and Lossiemouth Locality Planning Structure. The Lossiemouth Locality Planning Group (LLPG), which has community and practitioner representation, will have the role of amending and adapting said actions based on local intelligence, data and ongoing engagement. The governance of this will be through the Forres and Lossiemouth Locality Plan and will be reported to the MIJB on a 6 monthly basis as part of the Locality Planning reporting structure.

3.4 The LLPG intends to begin broader community engagement work in early 2024 which will help guide the LLPG and wider HSCP in future service design and delivery at a local and Moray wide level. This engagement work will be on a themed basis on topics such as transport, accessing health and social care services, and digital technology.

3.5 A further offer has been extended to representatives of the Save our Surgeries group to participate in the LLPG.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Cabinet Secretary for NHS Recovery, Health and Social Care is seeking assurance on the engagement and consultation process following being contacted by the Save our Surgeries group. They have designated an officer from another HSCP to undertake this role; the Head of Primary Care, Argyll and Bute will meet with the Save our Surgeries group and then with representatives of HSCM. The officer's remit is 'to seek assurance for the Scottish Government that consultation and engagement with communities during a process of service change has been carried out appropriately; with a view to making recommendations to the Scottish Government if he identifies any wider lessons from his visit and to Moray HSCP if there are improvements in their engagement they could make'.

4.2 A meeting was scheduled to take place between the nominated officer and the Save our Surgeries group on 15 January 2024.

4.3 A formal meeting between the nominated officer and representatives of HSCM was also scheduled for later on 15 January 2024. Prior to the meeting the officer was provided with a range of information relating to the community engagement and consultation process including links to all MIJB reports and supporting documentation. Learning gained through these discussions will be fed back to the MIJB on 28 March 2024, and will be incorporated into future engagement activity.

4.4 Discussions have taken place with The Glasgow School of Art (GSA) regarding what support they could provide towards helping facilitate the design of the future model of GP Practice Provision in Moray. Initial planning has identified a 3 Stage approach.

4.5 GSA will work with community and practitioner representatives to design a vision for a future model of GP Practice provision in Moray. This would involve working with a small group to create a draft vision, creatively share that more broadly, and refine. Key components would be; skill and resource requirements; supporting services and communities to transition; and policy

development. GSA would bring their skills, resources, and ingenuity to this process, which would be invaluable.

4.6 An offer will be made to representatives of the Save Our Surgery group, and the wider community, to participate in the General Practice visioning work described above, as well as reiterating the offer to be involved in the broader NHS Grampian Primary Care visioning work that is currently taking place.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2022-2032"
The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close to home with a particular emphasis on the needs of older people. This locality approach is also consistent with the ambitions of the Moray Council Corporate Plan and the Moray Community Planning Partnership LOIP.

(b) Policy and Legal
None directly associated with this report.

(c) Financial implications
Funding will be required to be sourced for the General Practice Visioning work. Discussion is ongoing with GSA in relation to this.

(d) Risk Implications and Mitigation
There are no specific risk implications to this report.

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

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

(g) Equalities/Socio Economic Impact
There are no changes to policy as a result of this report.

(h) Climate Change and Biodiversity Impacts
There are no changes to policy as a result of this report.

(i) Directions
None directly arising from this report.

(j) Consultations
Simon Bokor-Ingram, Chief Officer, HSCM
Sean Coady, Head of Service, HSCM
Robert Lockhart, Primary Care Clinical Lead, HSCM
Malcolm Simmons, Primary Care Clinical Lead, HSCM
Alison Frankland, Practice Manager, Moray Coast Medical Practice
Fiona McPherson, Communication and Engagement Officer
Bob Sivewright, Finance Manager, NHS Grampian
Deborah O'Shea, Interim Chief Financial Officer, HSCM

6. CONCLUSION

6.1 That the MIJB note the content of the report and agree that GSA should be commissioned to support this work.

Author of Report: Iain Macdonald, Locality Manager (Deputy Head of Service, Interim)
Background Papers: None
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024**

SUBJECT: **CAREFIRST REPLACEMENT**

BY: **CHIEF SOCIAL WORK OFFICER**

1. REASON FOR REPORT

1.1 To inform the Board of the requirement for a replacement Social Work services client based recording system.

2. RECOMMENDATION

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

i) note the requirement for a replacement Social Work services client based recording system; and

ii) agree the initiation of a process to begin scoping a replacement system.

3. BACKGROUND

3.1 A report submitted to Audit, Performance and Risk Committee on 24 November 2022 providing an update on Internal Audit Completed Projects which included reference to a review of the Carefirst System undertaken and asked the Committee to note the recommendation to replace Carefirst (para 7 of minute refers).

3.2 Carefirst 5 was implemented in 1998 and upgraded to Carefirst 6 in 2010. The last update took place in 2017.

3.3 There are around 450 users of Carefirst with the majority being frontline social workers and social care workers, the system supports the following functions;

- Adult & Childrens Social Work and Social Care Services
- Justice Services
- Finance
- Local Authority Occupational Therapy

3.4 The system currently supports around 10,000 live cases.

3.5 The current contract is due to expire on 31 March 2024 and a year long extension to this will be sought, to allow the full procurement process for a replacement system.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The current Carefirst System is now a legacy system and cannot be upgraded as the supplier has developed a new platform and product. It is possible that the current provider will stop offering support and no further developments of the system may be possible. It is outdated and does not align with other programmes in order to create required performance reporting.

4.2 The system is not cloud based which means users must be logged into the Council Network. This means that currently only users with a Moray Council log in and device can have access to Carefirst.

4.3 Carefirst does not allow documents to be uploaded meaning that documents are stored in various places including paper and electronic files. Collating information regarding cases can be very time consuming. A single system for all information would provide a more secure means of holding sensitive information and would allow for staff to access templates and completed documents in one secure place.

4.4 Reports for Statutory Returns, Freedom of Information and team performance are produced from a different system due to the restrictions of the Carefirst system. It currently is not possible to pull performance reports from the system. Replacing the system would allow for a more streamlined approach, saving Officer time.

4.5 As part of the scoping, consideration would be given as to how enhanced financial monitoring of social care spend can be incorporated into any new system.

4.6 There has been significant growth in Social Work and Social Care activity and related need to record information about individuals coming into contact with services. The system is time consuming for staff working with an outdated system. A more technologically advanced system would free up social work and social care time to allow more time to be spent with individuals and families coming into contact with services. It would also allow for smarter reporting, better governance and oversight with reports being able to be produced in real time.

4.7 Interfaces between Carefirst and other systems can be considered but would be costly and will require a lot of time to build, there is also a possibility that software will not support the process. There will also be a risk of increased human errors to information that requires to be accurate.

4.8 Initiating the process now would allow for the new system to be procured and work beginning for the transfer to a new system. It would take the minimum of a year to finalise the process.

4.9 A project manager would require to be appointed to lead this process with a dedicated multi-agency team and resources.

4.10 There are a variety of systems used across Scotland and Grampian. An opportunity to do some scoping would help inform the position for Moray and learn from other local authorities who have recently replaced their case management systems.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"
This scoping work would ensure that our systems are as simple and efficient as possible, and, is in line with the strategic context of the aforementioned documents.

(b) Policy and Legal
There are no legal implications arising from this report.

(c) Financial implications
There will be a cost to recruiting a team and replacing the system which will be brought back to committee when there scoping work has been initiated.

(d) Risk Implications and Mitigation
There are risks to remaining with the current system in that it is not subject to any new updates or developments, with the developer having created a new system. To continue with Carefirst would risk problems developing that cannot be resolved. Every single case open to social work is recorded on Carefirst and staff rely on this to be able to pull together information pertaining to individuals open to services. It is also where managers have oversight of the work being undertaken by staff.

Carefirst is not adequately supported by OLM, the system provider. The support currently in place from OLM is significantly limited and will eventually cease, as OLM have rolled out a new product. Further to this, Carefirst will not be updated. This means that any changes to legislation and regulation with associated reporting, will need manual data retrieval and report writing as OLM cannot create new reporting scripts.

We are mitigating these risks by starting a procurement process.

(e) Staffing Implications
Project manager and team to progress the procurement of a new system.

(f) Property
There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact
There are no equalities implications arising from this report.

(h) Climate Change and Biodiversity Impacts
There are no climate change implications arising from this report.

(i) Directions
There are no directions arising from this report.

(j) Consultations
Chief Officer; Interim Chief Financial Officer; IT; Service Managers; Information Systems Officer; Senior Auditor Corporate Services.

6. CONCLUSION

6.1 This report provides an update regarding the Carefirst Social Work services client based recording system and the intention to begin the procurement process for a replacement.

Author of Report: Tracy Stephen
Background Papers:
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024**

SUBJECT: **REAPPOINTMENT OF CHIEF INTERNAL AUDITOR**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To ask the Moray Integration Joint Board (MIJB) to consider the reappointment of the Chief Internal Auditor, whose current terms of appointment are due to expire on 31 March 2024.

2. RECOMMENDATION

2.1 It is recommended that the MIJB formally agrees to appoint Dafydd Lewis, Audit and Risk Manager, Moray Council, as the Chief Internal Auditor of the MIJB, for a further period of two years to 31 March 2026.

3. BACKGROUND

3.1 Section 12 of the Moray Health and Social Care Integration Scheme sets out the arrangements for establishing an adequate and proportionate internal audit service for review of the arrangements for risk management, governance and control of the delegated resources.

3.2 At the meeting on 31 March 2016 (para 7 of the minute refers), the MIJB agreed the key responsibilities of the Chief Internal Auditor role and to formally appoint the Moray Council's Internal Audit Manager as the MIJB Chief Internal Auditor for an initial period of 2 years.

3.3 The appointment has recognised that existing internal audit arrangements within the Council and NHS Grampian will be maintained. There is a requirement that the delivery of an internal audit service to the MIJB is in accordance with the Public Sector Internal Auditing Standards to ensure appropriate arrangements are in place for audit planning, reporting and providing an annual opinion on the overall adequacy and effectiveness of the MIJB risk management, control and governance processes. This opinion is based on the work the internal audit services of the Council and NHS Grampian has performed. However, this requires sufficient available auditing resources within both Organisations.

3.4 At the MIJB meeting on 27 January 2022, the MIJB agreed to formally appoint Dafydd Lewis, Audit and Risk Manager, Moray Council, as the Chief Internal Auditor for the MIJB, for a period of two years to 31 March 2024 (para 9 of the minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Chief Internal Auditor role is a statutory requirement and a further appointment is now required.

4.2 It is the responsibility of the MIJB to establish and maintain adequate and proportionate internal audit arrangements. These are considered to be best served by utilising Council internal audit staff to provide assurances on funding provided to the MIJB by the Council and seeking similar assurances from the internal auditors of NHS Grampian in regard to contributions to the MIJB by NHS Grampian. It is proposed that the current arrangements continue for a further 2 years to 31 March 2026 to further develop the Internal Audit provision to the MIJB.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"
Good governance arrangements will support the MIJB to fulfil stated objectives. The provision of an independent internal audit service is one aspect of good governance.

(b) Policy and Legal
The arrangements to appoint an Internal Audit Service for the MIJB are set out in section 12 of the Integration Scheme and have been referred to within this report.

The MIJB is subject to the accounts and audit provisions contained within Part VII of the Local Government (Scotland) Act 1973 and regulations made under this Act, as it is a body listed under section 106 of the Act. In particular, the Board, by virtue of regulation 7 of The Local Authority Accounts (Scotland) Regulations 2014, must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.

(c) Financial implications
The Financial Regulations of the MIJB state that the MIJB shall secure the provision of a continuous internal audit service to provide an independent and objective opinion on the control environment comprising risk management, governance and control of delegated resources. Moray Council's Audit and Risk Manager will undertake this additional responsibility to fulfil the responsibilities of the Chief Internal Auditor for the MIJB. These services are currently provided at no cost to the MIJB.

(d) Risk Implications and Mitigation
If an appointment is not made there will a breach of regulations and likely adverse comment from the MIJB's external auditor.

(e) Staffing Implications
The MIJB Chief Internal Auditor is employed by Moray Council. If reappointed, they will continue to be employed by Moray Council. Duties for the MIJB will continue to fall within their remit. This arrangement will be subject to ongoing review through the APR Committee to ensure delivery of audit services for the MIJB remains sustainable.

(f) Property
None arising directly from this report.

(g) Equalities/Socio Economic Impact
An Equality Impact Assessment is not needed because the report is to consider a re-appointment.

(h) Climate Change and Biodiversity Impacts
None arising directly from this report.

(i) Directions
None arising directly from this report.

(j) Consultations
Consultations on this report 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:

- Chief Officer, MIJB
- Legal Services Manager, Moray Council
- Interim Chief Financial Officer, MIJB
- Corporate Manager, HSCM
- Audit and Risk Manager, Moray Council
- Caroline O'Connor, Committee Services Officer, Moray Council
- Senior HR Advisor, Moray Council

6. CONCLUSION

6.1 The period of appointment for the Chief Internal Auditor is due to expire and a further appointment is necessary to meet statutory requirements.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024**

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

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To ask the Board to consider the reappointment of its Standards Officer and one Depute, whose current terms of appointment are due to expire on 1 April 2024.

2. RECOMMENDATION

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

i) formally nominates for approval by the Standards Commission, Alasdair McEachan, Head of Governance, Strategy and Performance, Moray Council, as the Standards Officer of the MIJB, for a further period of two years until 1 April 2026;

ii) formally nominates for approval by the Standards Commission, Aileen Scott, Legal Services Manager, Moray Council, for a further period of two years until 1 April 2026;

iii) tasks the Chief Officer with writing to the Standards Commission with the relevant information; and

iv) notes that the arrangements will be reviewed prior to April 2026.

3. BACKGROUND

3.1 At its meeting on 31 March 2022, the Board agreed to nominate its current Standards Officer and Depute for the approval by the Standards Commission (para 10 of minute refers). Subsequent to this meeting, approval from the Standards Commission was obtained for the appointments.

3.2 Prior to January 2019 there was a legal representative at MIJB meetings and concerns had been raised that there would be a conflict of interest to continue to have the Standards Officer as a Member of the Board. Since January 2019

there has not been any legal representation at MIJB meetings due to a reduction in the size of the Moray Council legal team. For assurance, discussions are held with legal advisors where necessary and all reports are reviewed by the Standards Officer (or Depute) prior to circulation to members. The Standards Officers are "on standby" during meetings and should there be a need for legal clarification they would be available. No complaints over the conduct of Board members (in terms of the Code) have been received.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The two year appointment period for the Standards Officer and Depute is due to expire 1 April 2024. The Standards Officer post is a statutory requirement and further nominations are required.

4.2 Following discussion with the Standards Officer it is recommended that the existing arrangements continue and that the nominations identified in Section 2 be approved. There is recognition that further Induction training is required for MIJB members, and this will be scheduled for early 2024.

4.3 The Standards Commission has to approve the MIJB nominations. Following the Board's decision on this matter, the Chief Officer will write to the Standards Commission with the appropriate information, setting out the MIJB's agreement of the nominations.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"
Good governance arrangements will support the Board to fulfil its objectives. An appointment of a Standards Officer is one aspect of good governance.

(b) Policy and Legal
The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 (Scottish Statutory Instrument 2003/135) requires the Board to appoint a Standards Officer. The Standards Commission has to approve the appointment of the Standards Officer. Any individual appointed requires to be suitably qualified and experienced. The role of the Standards Officer is to promote awareness of the Code of Conduct for IJB members and to act as a point of contact for both Standards Commissioners.

(c) Financial implications
None arising directly from this report.

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

(e) Staffing Implications
The nominated Standards Officer and Depute are employed by the Moray Council. Once reappointed, they will continue to be employed by the Council. Duties for the Board will continue to be added to what are already full remits. This arrangement will need to be reviewed to determine whether it will be a reasonable long term proposition.

(f) Property
None arising from this report.

(g) Equalities/Socio Economic Impact
An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed.

(h) Climate Change and Biodiversity Impacts
None arising directly from this report.

(i) Directions
None arising directly from this report.

(j) Consultations
Consultation on this report has taken place with the Chief Officer; Interim Chief Financial Officer; Head of Governance, Strategy and Performance; Legal Services Manager and Caroline O'Connor, Committee Services Officer, all Moray Council; who are in agreement with the contents of this report as regards their respective responsibilities.

6. CONCLUSION

6.1 The previous appointments of Standards Officer and Depute are due to expire and further appointments are necessary to meet statutory requirements. This report sets out the proposal for the next two years.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024**

SUBJECT: **CARE FOR PEOPLE PLAN – MORAY ARRANGEMENTS**

BY: **CORPORATE MANAGER**

1. REASON FOR REPORT

1.1 To provide assurance to the Board that Health and Social Care Moray (HSCM) have developed an operational framework to deliver the Care for People Strategy.

2. RECOMMENDATION

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

i) note that a Care for People Operational Framework has been developed in conjunction with its partners, as set out in the operational document (Appendix A); and

ii) note that continued improvement and implementation of the Care for People is now business as usual.

3. BACKGROUND

3.1 The inclusion of Integration Joint Boards (IJBs) as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the 2004 Act); the requirements and the arrangements in place and plans to ensure that the IJB meets its requirements under the Act.

3.2 Responsibility of the Chief Officer, as its Accountable Officer, to carry out all necessary arrangements to discharge the duties on behalf of the IJB under the 2004 Act.

3.3 This legislation requires MIJB to meet specific statutory requirements. The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and "Preparing for Scotland" Guidance. Taken together the law and guidance provides a consistent and resilient approach to emergency planning, response and recovery, which has been used to develop good practice.

3.4 The Act placed these duties on IJBs as Category 1 Responders. It defines an emergency as:

- An event or situation which threatens serious damage to human welfare;
- An event or situation which threatens serious damage to the environment;
- War, or terrorism, which threatens serious damage to the security of the UK.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 To provide MIJB with oversight of the operational document (**APPENDIX A**) that has been developed to support HSCM to activate, set-up, operate, manage and de-activate the Care for People (CfP) teams should they be deemed necessary in response to a significant or disruptive incident affecting the population of Moray area.

4.2 This framework was tested in the recent Storm Babet response to some degree and its effectiveness will be reviewed during the upcoming debrief.

4.3 Learning from the exercises on 13 November 2023 and 5 December 2023 will be incorporated into the ongoing development of the framework.

5. SUMMARY OF IMPLICATIONS

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

The aims of this document link with the themes of the MIJB Strategic Plan; Partners in Care, Home First and Building Resilience.
Ensuring that our systems are as simple and efficient as possible, working with partners, to keep people safe from harm during an emergency response as required by legislation.

(b) Policy and Legal

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the UK. Part 1 of the Act established a clearly defined set of roles and responsibilities for specified organisations involved in emergency preparedness and response, known as Category 1 responders. Moray Integration Joint Board is a Category 1 responder.

HSCM resilience and preparedness is the responsibility of the Chief Officer. The Corporate Manager is responsible for acting as the point of contact for Moray and for driving forward all matters relating to civil contingencies and resilience within HSCM.

(c) Financial implications

There are no financial implications directly associated with this report. Although during any emergency response will require financial resource from potentially both partners.

(d) Risk Implications and Mitigation

There is currently a High risk held on the HSCM Risk Register, detailing the lack of a Civil Contingencies Subject Matter Expert to drive this workstream.
This also increases the risk of MIJB not complying, posing legislative risks for the Moray IJB.

There is also a medium risk against the ability to deliver a Care for People Strategy. It is likely that this risk will be reconsidered following the exercise of this plan in Moray and Grampian.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required as there are no changes to policy arising from this report and therefore there will be no differential impact on people with protected characteristics.

(h) Climate Change and Biodiversity Impacts

None directly associated with this report.

(i) Directions

None directly associated with this report.

(j) Consultations

The following partners were also consulted in the writing of this report and views incorporated: Moray Council Emergency Planning Officer and Interim Support Manager, HSCM.

6. CONCLUSION

6.1 This report provides MIJB with assurance that HSCM has an operational framework for activating the Care for People Plan and it is exercised as required. This is MIJB's responsibility as a Category 1 Responder in terms of the Civil Contingencies Act 2004.

Author of Report:	Sonya Duncan, Corporate Manager, HSCM
Background Papers:	The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 Preparing Scotland, Care for people affected by emergencies

Care for People (CfP) Response Framework

Local Resilience Partnership (LRP) - CfP Strategic Objectives

- Save lives and minimise health harm.
- Protect the health, safety, and wellbeing of staff and public.
- Minimise impacts on normal services.

Purpose of the Care for People Team

The purpose of the Team is to provide a single point of reference for preparation and caring for people affected by emergencies within the affected area.

It will care for people before, during and after emergencies by establishing and sustaining formal partnerships to co-ordinate its joint activity. It will ensure that its members own and maintain their arrangements, and are fully prepared to respond to emergencies at all times care-for-people-affected-by-emergencies-november-2017.pdf (ready.scot)

The Team will:

- **advise and inform the decisions of the Resilience Partnership;**
- **implement the Resilience Partnership strategies by co-ordinating its members' activities;**
- **deliver services through its members' staff working at an operational level**
- **identify and provide support to people identified has potentially being vulnerable**

Abbreviations:

MERC – Moray Emergency Response Coordinator	SMOC – Senior Manager on Call
IMT – Incident Management Team	LRP – Local Resilience Partnership
CfP – Care for People	OOH – Out of Hours
PARD – Persons at Risk - same as Vulnerable Persons List	CWSO – Chief Social Work Officer HOS – Head of Service

Care for People – Chair Information Card	
Chair of the Care for People Group:	**Depute Chair:**
Chief Social Work Officer (CSWO) or Head of Service (HOS)	Senior Manager
Out of Hours: The Senior Manager on Call (SMoC) may choose to chair this group initially	

Notification Process

You will be notified of the need for CfP group via one of the following routes:

- Local Resilience Partnership (LRP) meeting
- Moray Council (MC) Incident Management Team (IMT)
- directly from the Moray Council Manager on Call (MERC).

Responsibilities of the Chair of the group

1. Call out the Moray CfP team
2. Set priorities for the team
3. Allocate Leads for various groups/workstreams
4. Allocate any additional work and note
5. Ensure accurate notes/action log are kept of all meetings
6. Provide advice and information, where required, to the LRP and IMT
7. Liaise with the Moray Emergency Response Co-ordinator (MERC), the Senior Manager on Call (SMoC) as appropriate

You will also be responsible for representing the Moray CfP response as part of the Grampian Care for People Group.

Ensure the group works in a multi-agency approach to ensure those affected by the emergency are supported as appropriate

The incident may result in a Public or Fatal Accident Inquiry; therefore, it is essential that accurate records are kept, including times of events, discussions and decisions made and actions taken. Just as important may be the decisions/actions not made!

Setting up a meeting
1. When deciding who to call-in/involve in response to an incident, follow the principle of 'cautious over-response' in the initial stages. 2. Schedule a Moray CfP meeting for approx. 30 mins after LRP/IMT meeting (whichever is first, this will depend on the type and location of incident) 3. As soon as notification of an 'issue' is received call the CfP groups first meeting using the Moray Control Room email - better to stand it down if not required. Use the METHANE form to help capture the valuable information (Appendix 2) 4. Check all On Call Managers for Moray are included in the invite. 5. HSCM Control Room has a distribution list and draft email pinned to the top of the inbox to alert staff (you many need to add people to this after the first meeting). *6.* Any papers sent from the LRP, or wider distribution will be sent to the Control Room email (all SMOCs have access to this email – this does not affect the notification process). *This ensures one central point for information. (This will ensure if there is a need to hand over during an incident that all papers from external agencies are kept in one place, also central for the debrief that will follow).* 7. Appoint admin. Support (this will need to be decided for each event – there is no dedicated resource – there is no out of hours support available).
▪ The full scale and impacts of an incident may not be known for some time: it is easier to stand-down resources if not needed than to try to manage an incident without essential elements of response that may be required. ▪ Remember that you may need to sustain a response over a prolonged period: ensure you arrange staffing to allow for continuity of response over multiple shifts. Recommended shift maximum is 8 hours. ▪ Moray Council will facilitate Rest Centres or Information Hubs as part of this process **It is not recommended to consider scaling back a response until the details are known and the impacts and consequences have been assessed.**
Reminders:
➢ Remember to keep a Personal log (Appendix 1) ➢ Remember to keep a Decision log of any decisions you make – including decisions **not** to act on something! (Appendix 3) ➢ Remember, do I have what I need if I have to defend a decision later! ➢ Record who/where/why/what! ➢ Remember to communicate with your colleagues/teams! Remember to use full date and times (24-hour format).

General Questions to consider:

- Do I need to contact anyone within DGH/other parts of the system?
- Are there any other partners I need to notify / who could help?
- Remember to delegate – your job is to Chair the group – not to do everything!
- Have we agreed who will share which information where?

Have you considered the following teams:

GMED
Pharmacy
Primary Care
Mental Health Services
Dr Gray's
Partners e.g. Moray Council/Aberdeenshire/Aberdeen City/NHSG/Police etc.
OOH teams e.g. nursing/social work

General Information:

Information governance: a pragmatic, sensible and balanced approach to data protection and sharing should be taken. It is more likely than not, that it will be in the interests of the individual that their personal data is shared. The starting point is to consider the harm that may be caused if information is not shared. When deciding to share information, or not, the reasons must be recorded. If the decision is to share information, then a record must be kept of the information shared and with whom it was shared.

Meetings Information Card

Grampian Local Resilience Partnership (GLRP) sometimes referred to as LRP

- MERC will be the principal point of contact for the LRP during the incident.
- The **SMoC** or **deputy** should attend for HSCM as a Category 1 responder (it is our duty to also attend).

***Depending on the scale of the incident there would be a requirement for representation at Partner response meetings and LRP groups - this may be delegated as necessary*.**

Grampian CfP

- If an incident is declared by the LRP, Grampian CfP may be a subgroup of the LRP to support a coordinated response.

- SMOC/HOS/CSWO will lead (or deputise) the Moray CfP response and chair HSCM CfP meetings – to be decided on the day.

- HSCM will have **primary** responsibility for chairing the delivery of the CfP requirements with MC in partnership.

- HSCM will identify people who are potentially vulnerable and consider how best to support them if necessary, using the PARD (**Appendix 6)**

During an incident/response the Grampian CfP group will agree a chair from one of the three HSCP's. There may be a request from Moray to chair the Grampian group. This group is likely to be stood up from the LRP if it is felt there is a need to co-ordinate to/from the local CfP groups and between other partners e.g. COTAG/SSEN/SGN. It is not the intention to replicate the local CfP groups.

Incident Management Team (IMT)

- You will be expected to take
  - details clients who have been contacted/
  - if any require help
  - if you need assistance to the IMT.

The MERC will want assurance/status of the CfP group (spreadsheet in SMoC grab bag on teams' channel)

- If the Incident is at local response level and not LRP level, then a MC/HSCM IMT would be called. The IMT chair will be the MERC. CfP chair and SMOC would be group members (it may be the same person initially).
- If the SMoC wishes to call an IMT they should contact the MERC who will convene and chair the IMT. **An IMT will only be called for an incident that cannot be handled as business as usual**

The IMT will be the Strategic group with CfP group working at an operational delivery level feeding back into the IMT. Be careful not to give the same person too many roles!

How to establish an Initial Incident Management Team (IMT) meeting	
In hours	**Out of hours**
HOS or SMoC Authorises activation of HSCM bronze control room (CR) but may deputise Chair role**.**	SMoC will contact all out of hours managers and provide an initial briefing of situation - Details on Rotawatch
Provide initial briefing of incident (details on APPENDIX 2) for distribution to OMT and set up Teams meeting for initial management team meeting.	There are no out of hours arrangement for advisor / admin support – someone will need to be identified for this function
In hours - identify a manager and admin support/loggist etc	

Information Card – Communications	
If scale of incident requires it: - Contact Council MERC to advise of situation and determine scale of response required and location of control. If declared as a Major incident a single Control area will be established for MC and HSCM – (potentially Council Annex Building) *If the incident is a power outage this may need to move to any area that can operate, e.g. annexe building – others to be identified..*	
In Hours:	**Out of hours**
For any emergency/disruptive incidents where an IMT/CFP group is stood up, corporate comms must be notified. Email: gram.moraycontrolcentre@nhs.scot	For IMT/CfP contact Moray Council pr@moray.gov.uk (Fri 1600-Mon 0800. Any other out of hours liaise with MERC).
Liaise with MC/NHSG at pr@moray.gov.uk and gram.commscentre@nhs.scot	If **Health related** contact on call NHSG duty press officer out of hours via switchboard 0345 456 6000
	Health and Social Care Moray does not have out of hours comms team.

PERSONAL LOG					
Name		Designation:			
Role in Response:		Date:		Time:	
Event:					

Time	Narrative
Signature	

M/ETHANE Form (APPENDIX 2)

Time	Date
Organisation	
Name of Caller	Tel No

M	Major incident	Has a Major Incident been declared? **YES/NO** *(If no, then complete ETHANE message)*	

E	Exact Location	What is the exact location or geographical area of incident	
T	Type of Incident	What kind of incident is it?	
H	Hazards	What hazards or potential hazards can be identified?	
A	Access	What are the best routes for access and egress?	
N	Number of casualties	How many casualties are there and what condition are they in?	
E	Emergency Services	Which and how many emergency responder assets/personnel are required or are already on-scene?	

Restricted once complete

Signature

DECISION LOG

GUIDE (APPENDIX 3)

This template is for use either in place of or as an addition to the existing DECISION LOGBOOK.

The template is primarily for use during virtual circumstances so that an accurate record is kept of all decisions made and to ensure clear governance.

The Decision Loggist should follow these steps:

1.	During the meeting or conversation, record decisions made as per the template below.
2.	On conclusion of the meeting or conversation, and when the Decision Loggist is satisfied that the Decision Log has been completed accurately, the Decision Log should be sent to the Decision Maker by email (email template below). This should be done on the same day as the meeting/conversation occurred and as soon as possible afterwards.
3.	On receipt of the Decision Log from the Decision Loggist, the Decision Maker should check that the Log is a true record of decisions made during the meeting or conversation.
4.	When the Decision Maker is satisfied that the Decision Log is accurate and complete, then he/she should sign it virtually in the appropriate field of the form as acknowledgement and return it by email reply to the Decision Loggist.
5.	On receipt of the returned and approved Decision Log, the Decision Loggist will file it as 'FINAL,' to protect it, and file it appropriately in the folder which should be set up in the files of that MS 'Team.' It can also be filed in the relevant network filing systems relating to the Decision Maker or Group to which it relates.
6.	Email exchanges in relation to the Decision Logs should be filed appropriately as defined by that the Decision Maker or Group/Sector, including within network filing systems and MS Teams.
7.	The Decision Maker and Decision Loggist should ensure they each keep a copy of the Decision Log and all the email dialogue.

DECISION LOG (APPENDIX 4)

TITLE					
LOG	**START DATE**		**INCIDENT**	**START DATE**	
	END DATE			**END DATE**	
	START TIME			**START TIME**	
	END TIME			**END TIME**	

DECISION MAKER	
SERVICE/GROUP	
RECORDED BY (Loggist)	
DATE	
TIME	

INCIDENT

PROBLEM	
OPTIONS	

OUTCOME/ ACTIONS	
RATIONALE	
DECISION MAKER APPROVAL	I confirm that this is a true record of decisions I made during the meeting /conversation specified.

NAME	
DATE OF APPROVAL	
TIME OF APPROVAL	
DATE RETURNED TO DECISION LOGGIST	
DATE RECEIVED AND FILED BY DECISION LOGGIST	

REMEMBER TO PROTECT DOCUMENT AS 'FINAL' ONCE DECISION MAKER HAS SIGNED THE DOCUMENT

APPENDIX A

Care for People - Incident Management Team

Agenda

	Date: Time:	Lead
1.0	Welcome and Introduction, including apologies	Chair
2.0	Matters requiring urgent attention – update from LRP/IMT	All
3.0	Review Decision Log	All
4.0	Current situation/Partner Updates (3MB by exception only) a) LRP b) MERC/Council c) HSCM d) NHSG e) Other partners	All
5.0	Identify current and future risks from updates: -	
5.1	Options after discussion: -	
5.2	Agreed Outcome / Actions: -	
6.0	Staff Welfare	All
7.0	**RESPONSE (& RECOVERY) STRATEGY**	
7.1	Agree Priorities (include Rationale)	Chair
7.2	Allocate Tasks (By whom/By when/Allocate resources)	Chair
8	**Communications** *Who has been informed of the situation and what have they been told?*	
8.1	Identify Liaison officer requirements (for attendance at partner meetings)	Chair
8.2	Summarise Actions and Update Action Tracker/Decision Log	Chair
8.3	Items requiring escalation to LRP	Chair
9.0	AOCB	All
10.0	Agree Future Meeting Schedule	Chair

At end of meeting Chair to review decision log and sign

Data protection and sharing guidance for emergency planners and responders - GOV.UK (www.gov.uk)

PERSONS AT RISK DATABASE (PARD) INFORMATION – DRAFT (Appendix 6)

What is PARD?

Scottish Government refer to PARD as a database of people who may be at risk during an emergency. **However, no actual database exists.** Within HSCM we utilise the data on the Care First system that identifies service users who may fall into this category, Aberdeenshire and City use similar systems.
The purpose of this data is to provide managers with information on people who may be vulnerable during or in the immediate aftermath of an emergency, individuals who may be less able to help themselves in an emergency.

Agreed Vulnerabilities in Grampian (adapted from information provided by Scottish Government's "ten vulnerabilities")

Physically Impaired
□ Unable to walk unaided
□ Requires walking aid and supported evacuation
□ Manual or powered wheelchair
□ Bed bound
□ House bound

Visually Impaired
□ Significant sight impairment with a reliance of technology to support daily Communication

Hearing Impaired
□ Significant hearing impairment with a reliance of technology to support daily communication
□ Lip reader
□ BSL first language

Long Term Conditions
□ Impaired motor skills/neurological conditions
□ Cognitive impairment
□ Mental Health Condition resulting in impairment
□ Learning disability
□ Dementia

Reliance on Powered Machinery
□ Those who rely on electrical equipment for health and social care needs
□ OT equipment (hoist, air mattress, bed, riser-recliner chair)
□ Oxygen
□ Feeding tube
□ Dialysis
□ End of life care

What is the process for the Vulnerable People List

- Care at Home will contact all clients and record any issues on the Staff Plan system (see Appendix 7)
- Identify which managers will be responsible for attending
  - Care for People Group meetings or
  - IMT for feedback/updates.

Dependant on the incident additional people may become vulnerable by their direct involvement in the incident – we have a duty to gather their information and include them too.

How to access the PARD data:

HSCM currently extracts a list from Care First every Friday that is held on SharePoint on the MC system for information governance purposes. The relevant care teams have access to their data on the Care First system (see **appendix 7**)

Information Governance rules mean that the information cannot be shared until an incident is declared.

In the event that access to the system is lost, there is a printed paper copy kept within a secure area of the annexe building that all members of the team know how to access.

Work In Progress:

Agreed to implement the use of the Risk Matrix presented at OMT, plan to be put in place to arrange for the necessary work to commence.

AK will look at improving the format of the spreadsheet stored on SharePoint to accommodate columns for recording who contact was made with and whether they require assistance e.g. 12hrs/24hrs etc.

Further work is ongoing to identify whether data from the SPAARA system (identifying those most at risk of readmission to a care facility) can be of benefit to this process (Grampian group)

SD working with tech services and med. Physics to identify which home equipment would be suitable for use with portable batteries in the event of a power failure – Shire and City also involved in this work.

In the event of a power outage SSEN will provide updates at 10am and 2pm.

Children and Young People

Responders should be trained to recognise and respond to the needs of children affected by emergencies, whether or not they work with children normally

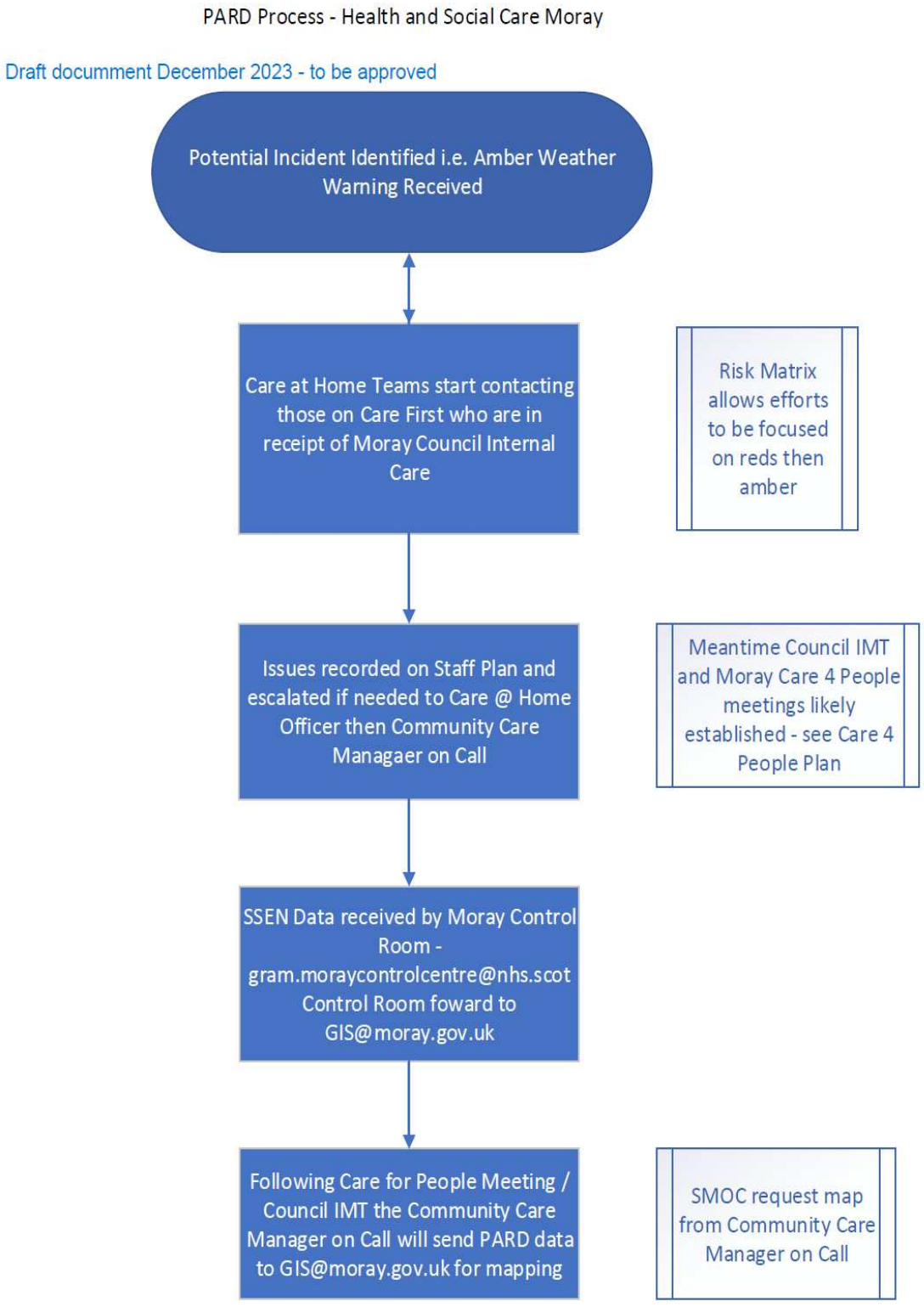
(Note: LVZ advised that C+F pull their lists every two weeks and keep paper copies – this is specialised and should remain with Children's Services)

Displaced Persons

Agreed by Chief Officers at NHSG Civil Contingencies meeting 5/12/23 that Displaced Persons/Asylum Seekers will be looked after as part of the Care for People arrangements

PARD PROCESS – DRAFT DOCUMENT

APPENDIX 7



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024

SUBJECT: RESERVES POLICY - REVIEW

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To seek approval from the Board on its Reserves Policy.

2. RECOMMENDATION

2.1 It is recommended that the Board:

i) approves the Reserves Policy as detailed at Appendix 1; and

ii) agrees that the next review will be no later than March 2025.

3. BACKGROUND

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers Integration Authorities to hold reserves which should be accounted for in their financial accounts.

3.2 The Moray Integration Joint Board (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.

3.3 The MIJB has previously considered the purpose and use of reserves and approved its initial Reserves Policy at a meeting of the Board on 31 March 2016 (para 12 of the minute refers) with updates being prepared for consideration and approval on 25 January 2018 (para 7 of the minute refers), 31 January 2019 (para 8 of the minute refers), 30 January 2020 (para 11 of the minute refers), 27 January 2022 (para 14 of the minute refers) and 26 January 2023 (para 14 of the minute refers). A further review was due no later than March 2024, so the paper and policy at **Appendix 1** is to be considered within the agreed timeframes.

3.4 Reserves are required to be considered and managed to provide security against unexpected cost pressures and financial stability.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The MIJB Reserves Policy has been reviewed and it remains extant with no requirement for any amendments at this current time and is presented as **Appendix 1** to this report.

4.2 The Reserves Policy outlines the importance of holding reserves for the long term financial stability of the MIJB to manage pressures from year to year. The MIJB Integration Scheme highlights the process to be followed in circumstances where it is anticipating an overspend position in that uncommitted reserves would firstly be used to address any overspend. With the Scheme in mind, by the end of the 2023/24 financial year the MIJB is not expected to hold any remaining uncommitted general reserves.

4.3 The funding clawbacks by the Scottish Government in the 2022/23 financial year resulted in a significant decrease in the earmarked reserve for the MIJB of £4.7 million from £17 million in 2021/22. During 2023/24, funding has continued to be drawn-down from these reserves as appropriate.

4.4 In reviewing the Reserves Policy it is necessary to consider both the scale of the MIJB responsibilities and the financial climate it is operating within. The Reserves Policy approved by this Board on 31 January 2019 agreed 2% as being the prudent level of general reserve to be held (Para 8 of the minute refers). As the end of the 2023/24 financial year approaches, there is a forecast overspend position from which it is evident that 2% will not be achievable in the short-term. With this in mind, the review of the Reserves Policy has resulted in the percentage of general reserves to be unspecified and that over the medium term, the MIJB should be seeking to 'hold a prudent level of general reserves'.

4.5 It will be necessary to ensure that the Reserves Policy is kept under review with the expectation that in future years, an appropriate level of reserves can be maintained.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan 'Moray Partners in Care 2022 – 2032'
The Integration Scheme sets out the requirement for the MIJB to determine the treatment for underspends and the necessity to detail this within an agreed policy. The Reserves Policy makes appropriate reference to the MIJB Strategic Plan.

(b) Policy and Legal
The Public Bodies (Joint Working) (Scotland) Act empowers the MIJB to hold reserves and in doing so requires a strategy to support the process.

(c) Financial implications
None arising directly from this report.

(d) Risk Implications and Mitigation
The establishment and maintenance of a Reserves Policy, promotes sound financial management practice and supports good governance.

(e) Staffing Implications
None arising directly from this report.

(f) Property
None arising directly from this report.

(g) Equalities/Socio Economic Impact
None arising directly from this report as there has been no change to policy.

(h) Climate Change and Biodiversity Impacts
None arising directly from this report.

(i) Directions
There are no directions arising from this report.

(j) Consultations
The Chief Officer has been consulted and comments have been incorporated within this report.

6. CONCLUSION

6.1 The Reserves Policy continues to be reviewed in line with published guidance and good governance principles.

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

MORAY INTEGRATION JOINT BOARD

RESERVES POLICY

Date Created	Date Implemented	Next Review Date
February 2016	1 April 2016	March 2025

Developed By Chief Financial Officer	Reviewed By Chief Officer January 2024	Approved By MIJB January 2023

VERSION5.1

CONTENTS

1. Background

1.1 In July 2014, CIPFA through the Local Authority Accounting Panel (LAAP) issued guidance in the form of LAAP bulletin 99 - *Local Authority Reserves and Balances* in order to assist local authorities (and similar organisations) in developing a framework for reserves. The purpose of the bulletin is to provide guidance to local authority chief finance officers on the establishment and maintenance of local authority reserves and balances in the context of a framework, purpose and key issues to consider when determining the appropriate level of reserves.

1.2 The Moray Integration Joint Board (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). The MIJB is able to hold reserves which should be accounted for in the financial accounts of the Board.

1.3 The purpose of this Reserves Policy is to:

- Outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- identify the principles to be employed by the MIJB in assessing the adequacy of the its reserves;
- indicate how frequently the adequacy of the MIJB's balances and reserves will be reviewed and;
- Set out arrangements relating to the creation, amendment and the use of reserves and balances.

1.4 In common with local authorities, the MIJB can hold reserves within a usable category.

2. Statutory / Regulatory Framework for Reserves

<u>Usable Reserves</u>

2.1 Local Government bodies - which includes the MIJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve -	Powers
General Fund -	Local Government (Scotland) Act 1973

2.2 For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- The timescale for review to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held for three main purposes:

- to create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- to create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- to create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprise of the following elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the MIJB cannot have a separate earmarked reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:

- future use of funds for a specific purpose, as agreed by the MIJB; or

- commitments made under the authority of the Chief Officer, which cannot be accrued at specific times (e.g. year-end) due to not being in receipt of the service or goods;

- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and

- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the MIJB.

4. Role of the Chief Financial Officer

4.1 The Chief Financial Officer is responsible for advising on the target level of reserves that the MIJB would aim to hold, known as the prudential target figure. The MIJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the MIJB over the medium term and the MIJB's overall approach to risk management.

5.2 In determining the prudential target, the Chief Financial Officer should consider the MIJB's Strategic Plan, the medium term financial strategy and the wider financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and continued development of the Strategic Plan.

5.3 In light of the size and scale of the MIJB's responsibilities, over the medium term it is proposed to hold a prudent level of general reserves. This value of reserves must be reviewed annually as part of the MIJB's Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.

6.2 The level and utilisation of reserves will be formally approved by the MIJB based on the advice of the Chief Financial Officer. To enable the MIJB to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Financial Officer should state:

- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
- the adequacy of general reserves in light of the MIJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
- If the reserves held are under the prudential target, that the MIJB should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

MINUTE OF MEETING OF THE AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 31 August 2023

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

PRESENT

Mr Simon Bokor-Ingram, Councillor John Divers, Mr Graham Hilditch, Councillor Scott Lawrence, Mr Derick Murray, Ms Deborah O'Shea, Mr Sandy Riddell

APOLOGIES

Mr Sean Coady, Ms Sonya Duncan, Mr Stuart Falconer

IN ATTENDANCE

Also in attendance at the above meeting were the Head of Service/Chief Social Work Officer, Provider Services Manager, Chief Internal Auditor, Michelle Fleming, Self Directed Support and Unpaid Carers Officer, Angela Pieri, External Auditor and the Democratic Services Manager.

1. Chair

The meeting was chaired by Councillor Scott Lawrence.

2. Declaration of Member's Interests

Mr Riddell declared an interest as he is Chair of the Mental Welfare Commission. The Committee noted that there were no other declarations of member's interests.

3. Minute of Special Meeting on 29 June 2023

The minute of the special meeting of the Audit, Performance and Risk Committee on 29 June were submitted and approved.

4. Minute of meeting of 29 June 2023

The minute of the meeting of the Audit, Performance and Risk Committee on 29 June were submitted and approved.

5. Action Log of Meeting of 29 June 2023

The action log of the meeting of 29 June 2023 was discussed and updated.

6. Quarter 1 Performance Report

A report by the Interim Strategy and Planning Lead updated the Committee on performance as at Quarter 1 (April to June 2023).

Mr Riddell continued to raise concern about the huge pressure on the mental health service both on staff and patients and sought assurances on what is being done to improve the situation. He further added that the performance information on mental health services needs to be improved.

He further raised concerns about staff wellbeing and that self management is how both organisations are working to improve wellbeing. He added that there is probably lots of work being carried out to help support the staff wellbeing but he felt it would be helpful for the Committee to get an update on what is going on.

Following consideration the Committee agreed to note:

i)	the performance of local indicators for Quarter 1 (April to June 2023) as presented in the Performance Report at Appendix 1; and
ii)	the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in Appendix 1.

7. Internal Audit Section Update

A report by the Chief Internal Auditor asked Committee to consider the contents of the report; seek clarification on any points noted.

Following consideration the Committee agreed to note the audit update.

8. Strategic Risk Register

A report by the Chief Officer provided an overview for the Committee on the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated August 2023.

Following consideration the Committee agreed to:

i)	note the updated Strategic Risk Register included in Appendix 1; and
ii)	note the Strategic Risk Register will be further refined to align with the transformation, redesign and delivery plans as they evolve.

9. Update on Improvement Plan for Adult Social Care Commissioning

A report by the Head of Service/Chief Social Work Officer updated the Committee on progress regarding the improvement plan for Adult Social Care Commissioning in line with the external review conducted by KPMG, finalised in February 2023, since the last Committee meeting on 29 June 2023.

Following consideration the Committee agreed to note:

i)	the actions within the report; and
ii)	that further updates will be provided at the next Committee meeting, along with an updated Improvement plan.

10. Internal Audit Section Completed Projects

A report by the Chief Internal Auditor provided an update on audit work completed since the last meeting of the Committee.

Following consideration the Committee agreed to note the audit update.

11. Self-Directed Support Option 1 Audit Update

A report by the Service Manager, Provider Services informed the Committee in relation to the progress of the current work being undertaken to achieve the recommendations outlined in the most recent internal audit report regarding Self-Directed Support (SDS) Option 1.

Following consideration the Committee agreed to note the current progress relating to the Self Directed Support Option 1 audit report.

12. Self-Directed Support Option 2 and 3 Audit Update

A report by the Service Manager, Provider Services informed the Committee in relation to the progress of the current work being undertaken to achieve the recommendations outlined in the most recent internal audit report relating to SDS Option 2 and 3 delivery.

Following consideration the Committee agreed to note the current progress relating to the Self Directed Support (SDS) Option 2 and 3 audit report.

13. Client Monies Audit Update

A report by the Head of Service/Chief Social Work Officer informed the Committee of progress against recommendations outlined in the November 2022 Client Monies Internal Audit report.

Following consideration the Committee agreed to note the current progress relating to Client Monies Internal Audit Report.

14. Items for Escalation to MIJB

The Committee noted that there were no items for escalation to the Moray Integration Joint Board.

In response to Mr Riddell's concern about the mental health services, the Chief Officer suggested holding a Development Session on the topic prior to bringing a report to the IJB.

Mr Riddell confirmed that the Development Session would be really helpful to understand the pressures however it was important that the issues, what is being done etc is all minuted to ensure governance.

The Chief Officer confirmed that the Development Session would explore all areas before a fuller report to the Board.

MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 31 August 2023

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

PRESENT

Mr Ivan Augustus, Professor Siladitya Bhattacharya, Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Mr Graham Hilditch, Councillor Scott Lawrence, Dr Robert Lockhart, Mr Derick Murray, Ms Deborah O'Shea, Ms Fiona Robertson, Dr Malcolm Simmons, Ms Tracy Stephen, Mr Kevin Todd

APOLOGIES

Professor Duff Bruce, Mr Sean Coady, Ms Elizabeth Robinson, Mrs Val Thatcher

IN ATTENDANCE

Bridget Coutts, Lead Nurse, GMED, Shelley Taylor, Service Manager Children and Families, Vicky Low, Interim Public Protection Lead Officer, Rosemary Reeve, Interim Primary Care Development Manager, Michelle Fleming, Self Directed Support and Unpaid Carers Officer, Fiona Robertson, Chief Nurse - Moray, Laura Stevenson, Dental Clinical Lead and the Democratic Services Manager.

1. Chair

The meeting was chaired by Mr Derick Murray.

2. Declaration of Member's Interests

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

3. Action Log - 25 May 2023

The Action Log of the meeting of 25 May 2023 was discussed and updated.

4. Minutes of meeting of 25 May 2023

The minute of the meeting of 25 May 2023 was submitted and approved, subject to an amendment at para 6 where it should read a report back to the Clinical Care and Governance Committee and not Audit Performance and Risk.

5. Strategic Risk Register

A report by the Chief Officer provided an overview of the Clinical and Care Governance Committee of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated in August 2023.

Mr Augustus, Carers Representative queried whether Unpaid Carers should be included as a risk at a strategic level as a breakdown in care provided by unpaid carers would result in care having to be provided from another source.

In response, the Chief Officer agreed that the risk could be woven into the Risk Register.

Following further consideration the Committee agreed to note:

i) the updated Strategic Risk Register included at Appendix 1; and

ii) the Strategic Risk Register will be further refined to align with the transformation, redesign and delivery plans as they evolve.

6. Quarter 1 Complaints Report

A report by the Clinical and Care Governance Group Co-Chairs informed the Committee of complaints reported and closed during Quarter 1 (1 April 2023 - 30 June 2023).

Mr Augustus, Carers Representative sought clarification on how easy it is for the public to complain as he has had people come to him not knowing where to go to complain.

In response the Head of Service confirmed that a lot of work has been done within Children and Families and Justice Social Work to improve and highlight how members of the public can complain and this is something that could be rolled out over Adult Services.

Following consideration, the Committee agreed to note the totals, lessons learned, response times and actions taken for complaints completed within the last quarter.

7. Clinical and Care Governance Group Escalation Report

A report by the Chief Nurse, Moray informed the Committee of progress and exceptions reported to the Clinical and Care Governance Group since the last report to Committee in May 2023. The Chief Nurse, Moray updated the Committee to note that 30 new graduate nurses will be starting employment in Moray, most will be working in Dr Gray's Hospital in Elgin but a number will be working in the community.

Councillor Lawrence sought an update on the funding carried forward to be used to provide suitable accommodation for the Moray Integrated Drugs and Alcohol Service and sought clarification on whether there was a requirement to return the funding if not spent.

In response, the Chief Officer confirmed that options for premises are being looked at but there are difficulties in finding the suitable premises. He further stated that there is a risk that the money will need to be returned if it is not spent, however given that tackling drugs and alcohol issues is a priority for the Scottish Government it is hoped there would be some leeway with the funding.

Following consideration the Committee agreed to note the contents of the report.

8. Progress Update in Relation to Unpaid Carers Strategy 2023-27

A report by the Self Directed Support and Unpaid Carer Officer informed the Committee of progress of the current work being undertaken inline with the Moray Carers Strategy 2023-26 Implementation Plan.

Mr Augustus, Carers Representative and Dr Simmons sought agreement for the Improvement Plan to be presented to the Committee on a regular basis.

The Chair agreed that the frequency of reporting should be discussed by the Chief Officer, Self Directed Support Officer and Mr Augustus following the meeting.

Following consideration the Committee agreed to note:

i) the current progress relating to the Carers Strategy Implementation Plan; and

ii) the impact on unpaid carers in Moray.

9. Adult Support and Protection Multi Agency Improvement Plan

A report by the Interim Public Protection Lead Officer updated the Committee on progress against the Adult Support and Protection Multi-agency Improvement Plan, since the last update provided in may 2023.

Following consideration the Committee agreed to note:

i) the multi-agency Improvement Plan and progress to date;

ii) the systems in place to monitor and progress actions within the plan;

iii) Phase 2 of Adult Support and Protection Activity intention; and

iv) that further updates will be provided to the next Committee meeting.

10. Out of Hours Nursing Service

A report by the Chief Nurse, Moray informed the Committee of the current and emerging situation regarding the Out of Hours Rapid Response Nursing Service currently hosted by Aberdeenshire and delivered by Marie Curie across Moray and Aberdeenshire.

Following consideration the Committee agreed to note:

i) that notice has been given by Marie Curie in relation to the cessation of the Rapid Response Out of Hours Nursing Service aspect of the current contract as of 30 September 2023;

ii) the requirement for NHS Grampian to deliver an Out of Hours Nursing Service across Aberdeenshire and Moray in a two phased approach with the first priority being to ensure that there is continuity of service provision beyond the notice period of 30 September 2023 for a 6 month period to allow a full review of the service delivery model;

iii) Phase 1 - it is proposed that NHS Grampian deliver the joint Moray and Aberdeenshire Model as an "in-house" service with the addition of a nursing triage support aligned with the GMED service to support right care, right time and the right person approach thereby improving the current Out of Hours Nursing Service; and

iv) Phase 2 - it is proposed that NHS Grampian, during Phase 1, review the full service delivery model and consider a standalone Moray Out Of Hours Nursing Care Service based on population need, geographical spread and how this will align with a full 24 hour Nursing Care Service.

11. NHS Dental Provision in Moray

A report by the Dental Clinical Lead informed the Committee about the current status of NHS dental provision in Moray.

Following consideration the Committee agreed to note the current challenges facing NHS dentistry in Moray and nationally.

12. Moray Daytime Unscheduled Care Service

A report by the Head of Service informed the Committee regarding progress made in relation to Moray Daytime Unscheduled Care Service 10 week test of change (January - March 2023).

Following consideration the Committee agreed to note:

i) the evaluation made in relation to the test of change; and

ii) that the findings will be considered in the winter planning for 2023/24 and incorporated in the General Practice (GP) Vision Project, looking at GP services in their entirety.

13. Primary Care Minor Surgery

A report by the Primary Care Development Manager informed the Committee of the current position regarding the Moray Primary Care Minor Surgery Service.

Following consideration the Committee agreed to note the current position of the Primary Care Minor Surgery Service.

14. The Children's Services Plan

A report by the Service Manager, Children and Families asked the Committee to note the strategic intent of the Children's Services Plan 2023-26, following delegation of Children and Families and Justice Social Work Services to the Moray Integration Joint Board (MIJB) on 16 March 2023.

Following consideration the Committee agreed to note:

i) the Children's Services Plan 2023-26 at Appendix 1; and

ii) that an Annual Progress Report will be presented to Committee for noting.

15. Health and Social Care Moray Annual Complaints Report 2022-23

A report by the Chief Nurse, Moray provided the Committee with the Draft Health and Social Care Moray (HSCM) Annual Complaints Report for 2022/23.

Following consideration the Committee agreed to:

i) note the contents of the annual report; and

ii) request the annual report be submitted to Moray Integration Joint Board in September for approval prior to publication.

16. Duty of Candour Annual Report 2022-23

A report by the Chief Nurse, Moray updated the Committee on the Draft Duty of Candour Annual Report for the year 2022/23.

Following consideration the Committee agreed to note the content of the report.

17. Items for Escalation to MIJB

The Committee noted that there were no items for escalation to the Moray Integration Joint Board.