



Moray Integration Joint Board

Thursday, 27 June 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, 27 June 2024 at 14:00** to consider the business noted below.

AGENDA

1. **Welcome and Apologies**
2. **Declaration of Member's Interests**
3. **Minute of meeting of 30 May 2024** 5 - 12
4. **Action Log of 30 May 2024** 13 - 14
5. **Minutes - for noting**
- 5a. **Minute of meeting Clinical and Care Governance Committee of 28 March 2024** 15 - 20
6. **Chief Officer Report** 21 - 26
7. **Unaudited Annual Accounts 2023-24** 27 - 98
8. **Carefirst Replacement** 99 - 132
9. **Putting People First - NHS Grampians New Approach to Listening to and Involving People** 133 - 144
10. **Progress Report on Morays Unpaid Carers Strategy** 145 - 154
11. **Analogue to Digital Telecare Transition (A2DT) Update** 155 - 162

**Item(s) which the Committee may wish to consider
with the Press and Public excluded**

**13. Options for Ward 4 Inpatient Unit for Patients with
Mental Illness [Para 6.2.1]**

- 9. Information on terms proposed or to be proposed by or to the Authority;

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Councillor Tracy Colyer (Chair)

Mr Dennis Robertson (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 John Mundell (Ex-Officio)

Mr Ivan Augustus (Non-Voting Member)
Mrs Sheila Brumby (Non-Voting Member)
Mr Sean Coady (Non-Voting Member)
Ms Jane Ewen (Non-Voting Member)
Ms Deirdre McIntyre (Non-Voting Member)
Ms Janette Topp (Non-Voting Member)
Professor Duff Bruce (Non-Voting Member)
Ms Sonya Duncan (Non-Voting Member)
Dr Robert Lockhart (Non-Voting Member)
Mr Jim Lyon (Non-Voting Member)
Ms Deborah O'Shea (Non-Voting Member)
Ms Elizabeth Robinson (Non-Voting Member)
Dr Malcolm Simmons (Non-Voting Member)
Mr Kevin Todd (Non-Voting Member)

Clerk Name:	Caroline O'Connor
Clerk Telephone:	07779 999296
Clerk Email:	committee.services@moray.gov.uk



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 30 May 2024

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

PRESENT

Mr Ivan Augustus, Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Mrs Sheila Brumby, Mr Sean Coady, Councillor Tracy Colyer, Ms Sonya Duncan, Ms Jane Ewen, Councillor Scott Lawrence, Dr Robert Lockhart, Ms Deirdre McIntyre, Mr Derick Murray, Ms Deborah O'Shea, Mr Sandy Riddell, Mr Dennis Robertson, Dr Malcolm Simmons, Ms Tracy Stephen, Mr Kevin Todd, Ms Janette Topp, Councillor Ben Williams

APOLOGIES

Professor Duff Bruce, Mr Roddy Burns, Mr Adam Coldwells, Ms Elizabeth Robinson

IN ATTENDANCE

Interim Chief Executive, Moray Council; Head of Governance, Strategy and Performance; Clinical Lead, Home First; Interim Integrated Service Manager, Mental Health and Drug and Alcohol Service; Moray Alcohol and Drug Partnership Co-ordinator; Marie Burnell, Integrated Service Manager; Provider Services Manager; Lead for Mental Health and Learning Disability Inpatient, Specialist Services and Child and Adolescent Mental Health Services; Business Change Manager (TEC); Social Work Service Manager; Programme Manager for Rural Centre of Excellence, Digital Health Care and Innovation Centre (DHI) Scotland and Caroline O'Connor, Committee Services Officer.

1. Chair

The meeting was chaired by Councillor Tracy Colyer.

2. Pre-Election Period

The Chair reminded the Board the meeting was taking place during the pre-election period and, with regards to discussion relating to the budget, asked that members observe discretion with regards to discussion of any new new policies or actions

which may be seen to be politically motivated at a time when it was important that the Board remains politically impartial.

3. Declaration of Member's Interests

Councillor Williams stated for transparency a member of his family was employed by an organisation involved the Moray Growth Deal referred to in Items 5, 7 and 11 on the agenda, however this not relate to the aspects included in the reports and would therefore remain in the meeting.

Mr Riddell stated for transparency that he was Chair of the Mental Welfare Commission Scotland.

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

4. Order of Business

The Chair sought agreement from the Board that Item 15 the confidential paper would be taken after Item 2 on the agenda and the webcast would restart at 11am. This was unanimously agreed.

5. Financial Recovery Plan 2024-25 - Confidential

The meeting had before it a joint report by the Chief Officer and the Chief Financial Officer providing the Board with a financial recovery action plan that addresses the 2024/25 budget gap between income and forecast expenditure.

In response to concerns raised by Members of the Board regarding the risks associated with Saving Reference Number 19 in Appendix 1, the Deputy Chief Officer agreed to bring back a report setting out details on how risks will be mitigated, model options and clear timescales to the June meeting of the Board.

During discussion the Head of Governance, Strategy and Performance reminded the Board of the pre-election guidance, noting the Board had to continue with business as usual which required to be balanced against political risk.

Following lengthy consideration the Board unanimously agreed to:-

- i. note the expected financial position at the end of the current financial year and the implications for 2024/25; and
- ii. note the recovery action plan and the intent to progress the savings highlighted at Appendix 1, with full details included in Appendix 2, for implementation, and commence the staff and public engagement consultations necessary.

6. Thanks

The Board, in noting that Ms Tracy Stephen was moving on from her post as Chief Social Work Officer and Head of Service following her appointment to Director of Children's Services at St Helens Council, joined the Chair in paying tribute to Ms Stephen for her hard work and contribution to the Board and wished her well for the future.

The Board, in noting Mr Simon Bokor-Ingram had resigned as Chief Officer due to health reasons, joined the Chair in paying tribute to Mr Bokor-Ingram for his

leadership and dedicated service and substantial contribution to the Board and wished him well for the future.

7. Minute of meeting of 28 March 2024

The minute of the meeting of 28 March 2024 was submitted and approved.

8. Action Log of 28 March 2024

The Action Log of the meeting of 28 March 2024 was discussed and updated accordingly.

9. 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. Strategic planning needs to maintain a focus on transformational change to deliver services to our community within the resources we have available. 2024/25 is 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.

The Chief Officer updated the Board in relation to paragraph 3.10 and confirmed, following the meeting of the Asset Management Group, there was no funding allocation available for this year for anti-ligature work in Ward 4 at Dr Gray's Hospital. He confirmed a report will be prepared for the meeting of the Board in June setting out the options in terms of mitigating the risks.

In response to the update from the Chief Officer advising the report referred to in paragraph 3.20 had not yet been received from the Cabinet Secretary for Health and Social Care, Councillor Lawrence asked what plans are in place to meet with the SOS group once the report is published. The Chair confirmed once the report is published an online meeting will be arranged with relevant officers and voting members of the Board. The Chief Officer further offered assurance that the SOS group are part of the ongoing locality process.

Following consideration the Board unanimously agreed:-

- i. to note the content of the report; and
- ii. that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority.

10. Revenue Budget Outturn for 2023-24

The meeting had before it a report by the Chief Financial Officer informing the Board of the unaudited financial outturn for 2023/24 for the core budgets and the impact this outturn will have on the 2024/25 budget.

Following consideration the Board unanimously agreed to:-

- i. note the unaudited revenue outturn position for the financial year 2023/24;

- ii. note the impact of the 2023/24 outturn on the 2024/25 revenue budget; and
- iii. approve for issue, the Directions shown in Appendix 4 to NHS Grampian and Moray Council.

11. Revenue Budget and Recovery Plan 2024-25

The meeting had before it a report by the Chief Financial Officer outlining the budget allocations to the Board and considering the revenue budget for 2024/25, the estimated funding gap and the charges.

Mr Riddell requested that the discussions which had taken place between the relevant officers in NHS Grampian and Moray Council relating to the preparation of the budget become business as usual going forward to avoid unintended consequences and ensure more structured planning for future years. In response the Chair confirmed ongoing discussions were being held on a more frequent basis and additional meetings of the Board would be held if required. Mr Robertson further advised work is ongoing on a structure to ensure the Chief Financial Officers across the partnership are working together and suggested continuation of the pre budget development session format adopted in the preparation of the 2024/25 recovery to ensure appropriate scrutiny.

Following consideration the Board unanimously agreed to:-

- i. note the funding allocations proposed by NHS Grampian and Moray Council, detailed at 4.6;
- ii. note the anticipated budget pressures detailed in 4.10;
- iii. approve the 2024/25 proposed savings plan at 4.23 and detailed in Appendix 2;
- iv. formally approve the Revenue Budget for 2024/25 as detailed in Appendix 1, following consideration on risks highlighted in 4.30; and
- v. approve Directions for issue as set out at Appendix 3 to NHS Grampian and Moray Council.

12. Strategic Risk Register Report

The meeting had before it a report by the Chief Officer providing the Board with an overview of the strategic financial risks, along with a summary of actions which are in place to mitigate those risks, updated May 2024.

Following consideration the Board unanimously agreed to note the updated Financial Strategic Risk Register included in Appendix 1.

13. Annual Report of the Chief Social Work Officer 2023-24

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 on the work undertaken on the Council's behalf during the period 1 April 2023 to 31 March 2024 inclusive.

In response to a question from Mr Augustus as to there being no reference in the policy and legal section of the report to the Carers Act, the Chief Social Work Officer advised the team focus has been on improvements required following the inspection

however the team are aware and as issues arise, the policy development will be altered to reflect that.

Mr Murray stated the report was helpful in providing a summary on the range of activities however did not reference the outcomes. In response the Chief Social Work Officer provided assurance the team are focussed on outcomes and more detail on outcomes will be reported through future performance reports and the next Chief Social Work Officer report.

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

14. Moray Alcohol and Drug Partnership Scottish Government Annual Reporting Survey Report

The meeting had before it a report by the Moray Drug and Alcohol Partnership (MADP) Coordinator informing the Board of the results of the MADP annual reporting survey 2023/24 and requesting approval to submit the survey.

Following consideration the Board agreed to:-

- i. note the completed annual reporting survey and agrees submission to the Scottish Government as required; and
- ii. note the progress of the Moray Drug and Alcohol Partnership in delivering the services to Moray as documented in Appendix 1.

15. Analogue to Digital Telecare Transition

The meeting had before it a report by the Deputy Chief Officer/Head of Service seeking approval from the Board to proceed with the proposed approach for replacing current analogue community alarm/telecare devices in the community, in preparation for the UK-wide switchover from analogue to digital.

The Business Change Manager (TEC) advised there had been significant change since the report had been prepared in that Open Reach have announced that the deadline for the changeover from analogue to digital phone lines has been extended to 31 January 2027. Whilst the extended deadline is welcomed, it has a substantial impact on the plans set out in the report.

Following the update from the Business Change Manager (TEC), the Chief Officer moved amended recommendations to reflect the extended deadline and to allow for more detailed plans to be scoped out. He moved recommendation (i) be amended to reflect the new deadline, recommendation (ii) be replaced with "a revised report be prepared for the Board meeting in June setting out the revised case, taking into account the financial position" and recommendations (iii), (iv) and (v) be removed.

There being no one otherwise minded the Board unanimously agreed to:-

- i. note the requirement to fully transition devices from analogue to digital by 31 January 2027; and
- ii. a revised report be prepared for the Board meeting in June setting out the revised case, taking into account the financial position.

16. Recruitment and Selection Process for an Interim and Subsequent Permanent Chief Officer Report

The meeting had before it a report by the Interim Chief Executive, Moray Council and Interim Chief Executive, NHS Grampian recommending the proposed approach to recruiting a replacement for the outgoing Chief Officer of the Moray Integration Joint Board (MIJB), and including a number of recommendations for approval by the Board relating to the interim appointment for the role, the recruitment selection process and the constitution of an appointment panel for the final selection panel interview.

Following consideration the Board unanimously agreed to:-

- i. delegate authority to the the Interim Chief Executives of Moray Council and NHS Grampian to make an appointment of an Interim Chief Officer in consultation with the Chair and Vice Chair of MIJB for a period until the new Chief Officer takes up post (approximately 6 months), to allow the recruitment process of the permanent post to proceed;
- ii. note the indicative timeline for the recruitment and selection process for the permanent position;
- iii. establish a temporary Committee of the MIJB, to be called an Appointment panel for the permanent appointment, constituting the Chair and Vice Chair of the MIJB and Chairs of the Audit, Performance and Risk and Clinical and Care Governance Committees, with the Interim Chief Executives of Moray Council and NHS Grampian as principal advisors to the Panel, to interview candidates and make a recommendation to MIJB in terms of recommendation;
- iv. agrees that the appointment of the Chief Officer shall be determined by the MIJB on the recommendation of the Appointment Panel; and
- v. instruct the Interim Chief Executives of Moray Council and NHS Grampian to report to the MIJB on any interim appointment.

17. Membership of Board and Committees Report

The meeting had before it a report by the Corporate Manager informing 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.

Following consideration the Board unanimously agreed to note:-

- i. the Chair and Vice Chair rotated position on 1 April 2024;
- ii. the appointment of a new Chair to the APR Committee from 1 April 2024;
- iii. the temporary update to the CCG Committee membership whilst awaiting the update of National Health Service (NHS) voting membership;
- iv. the vacancy of NHS voting member;
- v. the appointment of Sheila Brumby as the Service User Stakeholder;
- vi. the appointment of Janette Topp as the Third Sector Stakeholder; and

vii. the updated membership of Board and Committees attached at Appendix 1.

18. General Adult Mental Health Secondary Care Pathway Review Report

The meeting had before it a report by the Lead for Mental Health and Learning Disability (MHL) Inpatient, Specialist Services and Child and Adolescent Mental Health Services (CAMHS) providing an update to the Board on the review of the General Adult Mental Health Secondary Care Pathway and an overview of the findings and recommendations. The report was also shared with the other two Integration Joint Boards within Grampian, Aberdeen City Health and Social Care Partnership (ACHSCP) and Aberdeenshire Health and Social Care Partnership (AHSCP).

Following consideration the Board unanimously agreed to:-

- i. note the update of the General Adult Mental Health Secondary Care Pathway Review, provided in the Summary Report (Appendix 1) with supporting appendices (Appendix 2); and
- ii. note the findings and recommendations of the General Adult Mental Health Secondary Care Pathway review as outlined in Section 4 of the report.



MEETING OF MORAY INTEGRATION JOINT BOARD

Thursday 30 May 2024

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 27 JUNE 2024
1.	Carefirst Replacement	Following scoping exercise being undertaken, paper to be prepared for MIJB detailing costs of team recruitment, replacement system and how it is proposed to fund it.	27 Jun 24	JN	Report on today's agenda
3.	Mental Health Pathway Mapping	Detailed report to be prepared for June Board meeting providing clarity on all issues raised by the Board and author to attend June Board meeting. Paper to also reflect process set out in General Adult Mental Health Secondary Care Pathway Review report to Board on 30/05 and should outline clear deliverables and set out coherent approach across NHS Grampian.	27 Jun 24	KK	Report deferred to September 2024
4.	Care at Home In Moray	More detail/context to be added relating to graphs in future reports, clarity to be provided re planned care hours being double the number of hours available in the budget and further data on the reasons for employees leaving to be distributed to the Board.	TBC	JC	Complete

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 27 JUNE 2024
5.	Ward 4 Redesign of Service	Report to be prepared for June 2024 meeting setting out details on how risks will be mitigated, model options and clear timescales.	27 Jun 24	SC/KK	Report on today's agenda
6.	Analogue to Digital Telecare Transition	Revised report to be prepared for the Board in June setting out the revised case, taking into account the financial position.	27 Jun 24	LB	Report on today's agenda



MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 28 March 2024

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

PRESENT

Mr Ivan Augustus, Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Mr Sean Coady, Dr Robert Lockhart, Mr Derick Murray, Ms Deborah O'Shea, Mr Sandy Riddell, Ms Fiona Robertson, Ms Tracy Stephen, Mr Kevin Todd
Councillor Shona Morrison (for Councillor Scott Lawrence)

APOLOGIES

Professor Duff Bruce, Councillor Scott Lawrence, Ms Elizabeth Robinson, Dr Malcolm Simmons

IN ATTENDANCE

Lead Pharmacist, Health and Social Care Moray; Service Manager, Provider Services; Acting Consultant Practitioner/Adult Support and Protection Lead, Social Work; Integrated Service Manager (Interim), Community Learning Disability Service and Caroline O'Connor, Committee Services Officer.

1. Chair

The meeting was chaired by Mr Derick Murray.

2. Declaration of Member's Interests

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

3. Minute of meeting of 30 November 2023

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

4. Action Log - 30 November 2023

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

5. Financial Strategic Risk Register - March 2024

The meeting had before it a report by the Chief Officer providing an overview of the increase to the strategic financial risks, along with a summary of actions which are in place to mitigate those risks, updated March 2024.

The Chair moved to add the word "financial" to recommendation (ii).

Following consideration and there being no one otherwise minded, the Committee unanimously agreed to:-

- i) note the updated Financial Strategic Risk Register included in Appendix 1; and
- ii) endorse the draft format of the new Financial Strategic Risk Register.

6. Primary Care Prescribing Budget for 2024-25

The meeting had before it a report by the Lead Pharmacist, Health and Social Care Moray informing the Committee of the predicted prescribing budget resource requirements for 2024-25, alongside key drivers of growth and mitigations regarding costs.

In response to a query from Mr Riddell regarding whether the recommendation was for this Committee to accept a budget bid in terms of what the budget resource should be, the Chief Officer confirmed it should be for this Committee to make recommendations to the Moray Integration Joint Board and suggested the wording of recommendation (i) be amended to include "and work ongoing around quality, safety and efficiency". This was moved by the Chair.

Following consideration and there being no one otherwise minded, the Committee unanimously agreed to note:-

- i) the recommendations made in the paper regarding volume, costs, risks and the net predicted need for a budget source of £23,799m, as part of the overall Health and Social Care Partnership budget setting process for 2024-25 and work ongoing around quality, safety and efficiency;
- ii) the estimated budget requirements; and
- iii) mitigations regarding cost efficiencies.

7. Complaints Report for Quarter 3 2023-24

The meeting had before it a report by the Clinical and Care Governance Group Co-Chairs informing the Committee of complaints reported and closed during Quarter 3 (1 October 2023 - 31 December 2023).

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

8. Joint Inspection of Services for Children and Young People at Risk of Harm in Moray

The meeting had before it a report by the Chief Social Work Officer / Head of Service providing the Committee with an overview of the findings from the joint inspection of Children's Services by the Care Inspectorate report that was published on 23 January 2024, as at Appendix 1.

In presenting the report the Chief Social Work Officer / Head of Service advised progress on the improvement plan would be reported to Committee.

Following consideration the Committee unanimously agreed to note:-

- i) the overview of the findings from the joint inspection of Children's Services by the Care Inspectorate; and
- ii) the Children's Services partnership have developed an improvement plan in respect of the findings.

9. Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspection of Dr Grays Hospital NHS Grampian October 2023

The meeting had before it a report by the Chief Nurse, Moray informing the Committee of the Unannounced Safe Delivery of Care Inspection by Healthcare Improvement Scotland (HIS) on 9-11 October 2023.

Following consideration the Committee unanimously agreed to note the outcome of the inspection of Dr Gray's Hospital and NHS Grampian by Healthcare Improvement Scotland (HIS) and learning from this inspection has been shared and implemented across Health and Social Care Moray.

10. Residential Child Care Service (CALA) Inspection Report

The meeting had before it a report by the Service Manager, Provider Services updating the Committee on the outcome of the recent inspection of the Care Home Service by the Care Inspectorate.

The Committee joined the Chair in thanking all staff involved for their hard work which had resulted in such a positive inspection report.

Following consideration the Committee unanimously agreed to note the outcome of the inspection of the Care Home (Children and Young People) Service by the Care Inspectorate.

11. Care at Home Inspection Report

The meeting had before it a report by the Service Manager, Provider Services updating the Committee on the outcome of the recent inspection of the Care at Home Services by the Care Inspectorate.

The Committee joined the Chair in thanking all staff involved for their hard work which had resulted in such a positive inspection report.

Following consideration the Committee unanimously agreed to note the outcome of the inspection of the Care at Home Services by the Care Inspectorate.

12. Health and Social Care Moray (HSCM) Clinical and Care Governance Group Escalation Report

The meeting had before it a report by the Chief Nurse, Moray informing the Committee of progress and exceptions report to the Clinical and Care Governance Group since the last report to Committee in November 2023.

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

13. Adult Support and Protection Multi Agency Improvement Plan

The meeting had before it a report by the Consultant Practitioner, Adult Support and Protection Lead Officer updating Committee on progress against the Adult Support and Protection Multi-Agency Improvement Plan, since the last update provided in July 2023.

Following consideration the Committee unanimously 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; and
- iv) that further updates will be provided to the next Committee meeting.

14. Learning Disability Service Dynamic Support Register

The meeting had before it a report by the Integrated Service Manager (Interim), Community Learning Disability Service informing Committee of the requirements of the Scottish Government directive relating to the Coming Home Report, and of the actions and progress made by the Learning Disability Service in response to the directive. Assurance is also given that planning and development continues which will address future anticipated needs associated to the directive.

Following consideration the Committee unanimously agreed to:-

- i) note the requirements of the Scottish Government in relation to the Coming Home Report and Dynamic Support Register and the actions taken by the Learning Disability Service to respond to the Scottish Government Directive as set out in paragraphs 4.1-4.6; and
- ii) continue to support the housing projects that are to be utilised by adults with a Learning Disability which is integral to meeting the requirements of the register and which was previously agreed at the Moray Integration Joint Board (MIJB) on 30 March 2023 (para 12 of the minute refers).

15. Pressures on General Practice

The meeting had before it a report by the Clinical Lead for Primary Care in Moray informing the Committee of the ongoing pressures affecting General Practices in Moray and posing a threat to their sustainability.

Following consideration the Committee unanimously agreed to:-

- i) note the pressures affecting Moray Practices; and
- ii) support the operational delivery of the NHS Grampian General Practice Vision project.

16. Items for Escalation to MIJB

Mr Murray suggested adding reference to the four inspection reports which had been generally very well received. In response the Chief Officer agreed to reference these in his next report to the MIJB.

Mr Riddell asked that the significant budget risks in terms of capacity and resource relating to the prompt action required by management to progress the savings be flagged up to the Board as decisions to delay other work/services may be required.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024

SUBJECT: CHIEF OFFICER REPORT

BY: INTERIM 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.
- 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 is 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 Board:

- 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

- 3.1 Efforts continue to reduce those whose discharge from hospital is delayed. Attendance at the regional Unscheduled Care event highlighted additional areas to focus on with regards to early identification of frailty and access to social care assessment. Review of Multidisciplinary Teams (MDTs) across Moray is ongoing, with a particular focus on the identification of delays and missed opportunities for early discharge. Opportunities for close working with Mental Health and Old Age Psychiatry with regards to patients experiencing significant cognitive decline are planned along with closer work with Care Homes.

Vaccination Programme

- 3.2 The COVID-19 spring 2024 Programme commenced on 2 April 2024 and will run until 30 June 2024. The team in Moray have been working hard to offer all citizens who are eligible. As of 9 June 2024, 8,382 (64%) of total eligible citizens (13,090) residing in Moray have been vaccinated.

The current % uptake is detailed in table below:

Cohort	Moray	NHS Grampian	Scotland
Older Adult Care Homes	82.2	82.5	78.4
Over 75 year olds	70.6	70.4	67.9
18 – 74 WIS*	36.0	33.9	28.9
6mth - 17 WIS*	Delivery ongoing		

*WIS – Weakened Immune System

- 3.3 The vaccination team in Moray planned and began delivery of the shingles programme from January 2024. This programme is now a two-dose vaccination programme and is offered to citizens aged 65 and 70 years only and those aged 50 years and over with a severely weakened immune system. During 2023-4 4,788 citizens are eligible in Moray.

The current % uptake of dose one is detailed below:

Cohort	Moray	NHS Grampian	Scotland
70 year olds	74.7	72.8	61.5
65 year olds	71.5	68.2	55.7
Ove 50 year old SWIS*	58.5	56.7	50.7

*Severely weakened Immune System

- 3.4 During 2023, the Joint Committee on Vaccination and Immunisation (JCVI) advised that a Respiratory Syncytial Virus (RSV) immunisation programme is cost effective and should be developed to protect infants and older adults. The vaccination team in Moray have been planning delivery of the older adult programme and this will commence in clinics in August 2024. The number of eligible citizens in Moray is in the region of 5,800 citizens.
- 3.5 The Fiona Elcock Vaccination Centre (FEVC) closed at the end of May 2024 and the team have now relocated the delivery of the vaccination programme to the new Moray Vaccination Centre on Southfield Drive, Elgin.
- 3.6 As at 31 March 2024, a total of 26,056 individuals in Moray were eligible for the pneumococcal vaccination. 18,608 (71.4%) have received the pneumococcal vaccination. The delivery of this programme will continue until September 2024 and will then recommence in January 2025.

- 3.7 Planning for the delivery of the autumn winter COVID-19 and flu programme remains on-going and final JCVI advice is anticipated. It is anticipated the programme will commence in September with childhood cohorts.

Ward 4

- 3.8 In May 2024 the NHS Grampian Asset Management Group confirmed that NHS Grampian would not be in a position to allocate funding to carry out the ligature reduction work within the current financial year. A separate paper is on today's agenda in relation to Ward 4.

Aberlour Medical Centre Update

- 3.9 Health & Social Care Moray (HSCM) has taken over the running of Aberlour Medical Practice to ensure continued access to primary care services for the community.
- 3.10 The contract for Aberlour Health Centre has now been advertised as part of the NHS Grampian tendering process. This has been progressed as a Note of Interest Request to all Grampian practices which has now closed. The next stage is to request interested parties to submit a detailed business case outlining how they would intend to deliver services to the Aberlour population.
- 3.11 A panel will be set up to review these business cases. It is anticipated this process will take a minimum of 3-6 months to bring to conclusion. In the meantime, HSCM continue to run the Health Centre with a team making improvements and managing the day to day running of the practice.

Lossiemouth Locality update

- 3.12 The Cabinet Secretary for Health and Social Care commissioned a review to seek learning from the process of engagement and consultation carried out by the Moray HSCP in relation to the closure of the Burghead and Hopeman Branch Surgeries. HSCM is not yet in receipt of the final report.

Management capacity

- 3.13 In the last Chief Officer report the MIJB were informed that the recruitment process for the Chief Nurse post had commenced. That post has been successfully recruited to, and the post holder, Helen Chisholm, commenced on the 3 June 2024.
- 3.14 Interim arrangements are currently being secured for the Interim Chief Officer post. The Interim CSWO/Head of Service has been filled by Jim Lyon with the permanent post being recruited to in due course.
- 3.15 A number of internal moves are being enacted to provide capacity for the budget challenge. A programme office approach is being taken to support and monitor the achievement of savings.

External Inspections of our services

- 3.16 The inspection for Children at Risk of Harm had many elements assessed, with Inspectors using a six-point scale to provide a formal evaluation of just one quality indicator, 2.1 impact on children and young people. This indicator focuses solely on the experience and feelings of children and young people at risk of harm. It relates to the differences services are making to their lives and future life chances. It includes measuring the impact of services aimed at

optimising the wellbeing of children and young people against the wellbeing indicators. This indicator was rated as Adequate.

- 3.17 Following on from this inspection, there is now a draft multi-agency children's services self-evaluation and continuous improvement document which is being circulated for comment before being finalised and introduced along with quarterly self-evaluation activity plans.
- 3.18 In Children & Families and Justice Social Work there was a follow up inspection of Fostering, Adoption and Adult Placements in July 2023. This identified significant developments in the service and resulted in an improved grading of Good. There was also a nationwide thematic inspection in relation to children's disability services which included Moray.
- 3.19 In May 2024 there was an inspection of the Moray Supported Lodgings project. At this stage the draft report from the Care Inspectorate is awaited. Once this has been received a report will be presented to the MIJB providing an update on the outcome of the inspections and next steps.
- 3.20 Notice of intent has been given by the Care Inspectorate that a review of social work governance and assurance will be undertaken across Scotland. The review is being carried out under Section 53 of the Public Services Reform (Scotland) Act 2010. The work will commence in July 2024 and will conclude in December 2024. The review will consider the extent to which social work leaders can meaningfully influence decision making and have a strategic oversight of significant areas of risk relating to key areas of legislative responsibility. This will span all areas of social work, including adults, children and justice social work. Further correspondence is expected on 15 July 2024.

GMED

- 3.21 The GMED service is embarking on a period of service re-design. Simultaneously, the Minor Injury Units (MIU's) in the Aberdeenshire IJB area are due for overnight closure from the end of June/beginning of July. Recommendations have been suggested for an initial 3-month period – both to test the impact on staff and patients but also to afford the programme board the opportunity to consider longer term solutions for the strategic development of the GMED service.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 To support the acceleration of the MIJB ambitions set out in the Strategic Plan the Delivery plan is currently being refreshed to support next steps
- 4.2 The challenge of finance persists and there remains the need to address the underlying deficit in core services. The development of a Programme Management Office is in progress to support HSCM's financial savings.

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 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 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.

(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.

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: Sean Coady, Interim Chief Officer, Moray Portfolio



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024

SUBJECT: UNAUDITED ANNUAL ACCOUNTS

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To inform the Board of the unaudited Annual Accounts of the Moray Integration Joint Board (MIJB) for the year ended 31 March 2024.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

- i) consider and approve the unaudited Annual Accounts to be submitted to the external auditor, noting that all figures remain subject to audit, in Appendix 1;**
- ii) note the Annual Governance Statement contained within the unaudited Annual Accounts;**
- iii) note the accounting policies applied in the production of the unaudited Annual Accounts, pages 46 to 47 of the accounts; and**
- iv) approve the updated Local Code of Corporate Governance which supports the Annual Governance Statement, in Appendix 2.**

3. BACKGROUND

3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 requires that an integration joint board is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973.

3.2 The Local Authority Accounts (Scotland) Regulations 2014 (2014 Regulations), places a statutory obligation on the MIJB to submit draft Annual Accounts for the year ended 31 March 2024 to its external auditors by 30 June 2024 and the audited annual accounts are required to be approved by the MIJB and published by 30 September each year.

3.3 A copy of the unaudited accounts is attached at **Appendix 1**.

- 3.4 The MIJB has a statutory duty to conduct a review at least once in each financial year of the effectiveness of its system and to include a statement reporting the review within its Statement of Accounts. The MIJB does this through its Annual Governance Statement which is published as part of its Annual Accounts
- 3.5 The MIJB has established arrangements and continues to develop its governance framework which includes the system of internal control. This system is intended to manage risk and support the achievement of the MIJB's policies, aims and objectives. Reliance is placed on the NHS Grampian and Moray Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives; to the extent that these are complementary to those of the MIJB

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the Code) which is underpinned by the International Financial Reporting Standards (IFRS).
- 4.2 Grant Thornton, under the Local Authority Accounts (Scotland) Regulations 2014 is required to complete their audit by 30 September 2024. The audited accounts and the External Auditor's report will be submitted to the MIJB at its meeting of 27 September 2024 prior to publication.
- 4.3 The Comprehensive Income and Expenditure Statement shows a deficit of £2.697m on the provision of services for the year. As at 31 March 2024, the Balance Sheet showed total Reserves of £1.983m. This decrease is primarily due to use of reserves during the year. Note 7 within the unaudited accounts breaks down the Reserves between what is General Reserve and available for utilisation and supporting the budget and what is earmarked for specific purposes.
- 4.4 The unaudited accounts are given at **Appendix 1** and consist of the following:

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

Remuneration Report – details the pay and pension benefits accrued by the MIJB senior officers during 2023/24.

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

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

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

- 4.5 As at 31 March 2024 there were significant variances between budget and actual on several services. These are evident in the summary on the major variances included within the Management Commentary on pages 15 to 16. More details were included in the separate report, Revenue Budget Outturn for 2023/24, reported to MIJB on 30 May 2024 (para 10 of minute refers) .
- 4.6 In April 2016 an updated CIPFA/SOLACE ‘Delivering Good Governance in Local Government: Framework’ was published. The framework, whilst written in a local authority context, is applicable to integration authorities particularly as legislation recognises an IJB as a local government body under part VII of the Local Government (Scotland) Act 1973
- 4.7 The Framework defines the principles that should underpin the governance arrangements and provides a structured approach. On 24 June 2021, the MIJB approved an updated Local Code of Corporate Governance based on the Framework and adopting the principles by which to evaluate performance (para 8 of minute refers). The principles as set out in the CIPFA/SOLACE Framework are:
- a. Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law,
 - b. Ensuring openness and comprehensive stakeholder engagement,
 - c. Defining outcomes in terms of sustainable economic, social and environmental benefits,
 - d. Determining the interventions necessary to optimise the achievement of intended outcomes,
 - e. Developing the entity’s capacity, including the capability of its leadership and the individuals within it,
 - f. Managing risk and performance through robust internal control and strong public financial management; and
 - g. Implementing good practices in transparency, reporting and audit to deliver effective accountability
- 4.8 The term ‘Local Code’ refers to the governance structure in place and is a statement of the policies and procedures by which functions are directed and controlled and how engagement with service users, the local community and other stakeholders is carried out. The collective policies and procedures of the MIJB constitute a Local Code of Corporate Governance
- 4.9 The MIJB can achieve good governance by demonstrating that its governance structures comply with the principles as set out in the Framework. Regular review is carried out to assess the MIJB’s performance against the principles, identify areas for development and inform the Annual Governance Statement. **Appendix 2** displays the sources utilised in assessing MIJB’s compliance against each governance principle. With regard to the partnership model of operation, reliance is also placed on the systems and procedures of Moray Council and NHS Grampian and so for completeness, assurance sources are listed for these organisations

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. The MIJB's accounts are prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 which is underpinned by IFRS.

(c) Financial implications

The unaudited Annual Accounts provide all required information about the MIJB in relation to its financial position at 31 March 2024. The overriding principle in relation to annual accounts preparation is to provide a true and fair view.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The unaudited Annual Accounts will be subjected to audit by external auditors, Grant Thornton, which will provide assurance that the Accounts for 2023/24 give a true and fair view of the financial position and expenditure and income of the MIJB for the year ended 31 March 2024.

Effective governance is essential in providing the framework for the MIJB to conduct its business. The annual review of governance arrangements aims to ensure that internal controls, risk management and associated governance arrangements are being constantly developed with the aim of providing reasonable assurance on the framework as a whole. Regular review and application of a Local Code of Corporate Governance supports this process

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

There are no direct climate change and biodiversity implications.

(i) Directions

None arising directly from this report.

(j) Consultations

In preparation of the unaudited Annual Accounts, consultations have taken place between finance staff of both Moray Council and NHS

Grampian. The Interim Chief Officer and other key senior officers have been consulted for comment where appropriate

6. CONCLUSION

- 6.1 The Annual Accounts, subject to audit, show an overspend on the provision of services of £2.697m for MIJB for the year ending 31 March 2024. At the beginning of the year the MIJB, held in its reserves £4.683m. The closing balance on the reserves as at 31 March 2024 is £1.986m, consisting wholly of reserves earmarked for specific purposes as detailed in the unaudited annual accounts 2023/24.**

Author of Report: Deborah O'Shea, Chief Financial Officer

Background Papers: with author

Ref:

Moray Integration Joint Board



UNAUDITED ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

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



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



accountancy.support@moray.gov.uk

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MORAY INTEGRATION JOINT BOARD MEMBERS 2023/24

Voting Members

Dennis Robertson (Chair)	The Grampian Health Board
Tracy Colyer (Vice-Chair)	Moray Council
Sandy Riddell	The Grampian Health Board
Derick Murray	The Grampian Health Board
Professor Siladitya Bhattacharya	The Grampian Health Board (Left 28/9/2023)
Cllr. Peter Bloomfield	Moray Council
Cllr. Scott Lawrence	Moray Council
Cllr. John Divers	Moray Council (Left 28/9/2023)
Cllr Ben Williams	Moray Council (Joined 29/9/2023)

Non-Voting Members

Simon Bokor-Ingram	Chief Officer Professional
Tracy Stephen	Chief Social Work Officer
Jane Ewen	Lead Nurse
Professor Duff Bruce	Non Primary Medical Service Lead
Dr Robert Lockhart	GP Lead
Dr Malcolm Simmons	GP Lead
Graham Hilditch	Third Sector Stakeholder (Left 23/1/2024)
Val Thatcher	Public Partnership Forum Representative (Left 17/10/2023)
Ivan Augustus	Carer Representative
Stuart Falconer	Grampian Health Board Staff Partnership (left 30/11/2023)
Kevin Todd	Moray Council Staff Representative (joined 3/4/2023)
Elizabeth Robinson	Public Health Representative
Deirdre McIntyre	Grampian Health Board Staff Partnership (joined 01/12/2023)

MORAY INTEGRATION JOINT BOARD MEMBERS 2023/24 Continued

Co-opted Members

Sean Coady	Head of Service and IJB Hosted Services
Deborah O'Shea	Interim Chief Finance Officer
Professor Caroline Hiscox	The Grampian Health Board (Left 31/12/2023)
Adam Coldwells	The Grampian Health Board (joined 1/1/2024)
Roddy Burns	Moray Council
Sonya Duncan	Interim Corporate Manager

MANAGEMENT COMMENTARY

The Role and Remit of the Moray Integration Joint Board

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

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

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

MANAGEMENT COMMENTARY (continued)

Key Purpose and Strategy

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

WE ARE PARTNERS IN CARE

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

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

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

STRATEGIC PLAN KEY THEMES

BUILDING RESILIENCE – Taking greater responsibility for our health and wellbeing

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

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

3

MANAGEMENT COMMENTARY (continued)

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

A business as usual approach has been undertaken in the wake of the COVID 19 pandemic but initiatives to transform services in response to high levels of demand continue. The Moray Strategic Plan was refreshed in 2023 and along with the associated delivery plan highlights key priorities for transformation.

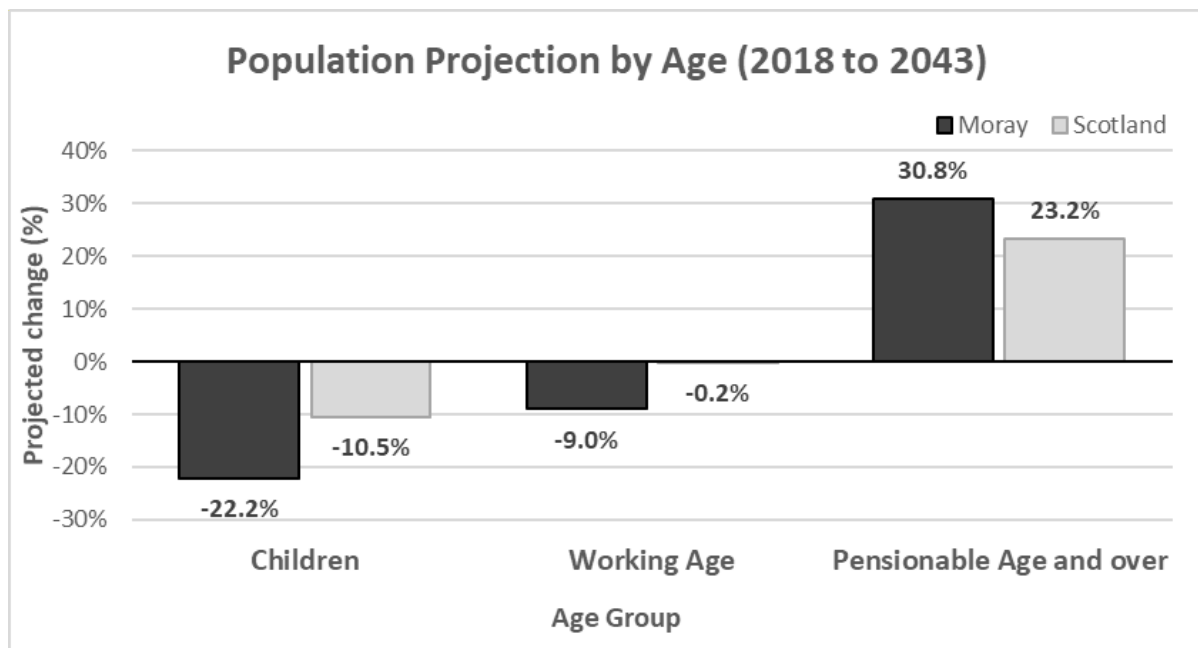
Population

Moray is a largely rural area covering a land mass of 2,238 sq. km. It has a long coastline on the Moray Firth with harbours, fishing villages and world-class beaches. The area’s projected population for 2024 is 95,732. The main centre of population is Elgin, which is home to more than one quarter of the people living in Moray. Other towns of population between 5,000 and 10,000 are Forres, Buckie, Lossiemouth and Keith. Moray’s population has grown significantly in recent years from 87,160 in 1997. The population growth in Moray is slowing and it is projected that against the 2018 baseline¹ Moray will be one of the 14 councils in Scotland who will have had a population decline by 2030. This trend is forecast to continue.

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

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

MANAGEMENT COMMENTARY (continued)



Performance Reporting

Performance is reported quarterly to the Audit, Performance and Risk Committee of the MIJB. In addition to the quarterly reporting, there is a requirement under the Public Sector (Joint Working) (Scotland) Act 2014 for the MIJB to produce and publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the delegated functions for which they are responsible. The Annual Performance Report is due to be published by 30 September this year and will be published on the Health & Social Care Moray website, once approved by the MIJB.

One of the major aims of integration and a key measurable target for MIJB is to reduce the number of Moray residents that are ready to be sent home from hospital but have been delayed in this process. This is referred to as a 'delayed discharge'. Delayed discharge can occur due to several reasons but quite often involves the onward provision of social care which can be complex in nature. The table below notes performance over a five year period showing the number of delayed discharge bed days occupied varying significantly and with minimal seasonal pattern up to March 2024.

Delayed discharges reduced during COVID and in particular during the lock down periods, as people stayed in their own homes as per advice at the time and there was more availability of family members to support care needs. Notably, delayed discharges began to rise in Moray and across the country in March 2022 and work commenced across the three partnerships in Grampian to address the issue. Results in this activity can be seen from March 23 onwards. However, winter 2023 saw delayed discharges increasing, in Moray and across the country.

MANAGEMENT COMMENTARY (continued)

One of the successful actions taken in March 2023 to reduce the increasing delayed discharges was to implement a daily whole system Portfolio meeting. This multi-disciplinary meeting increases system pressure awareness and supports patient flow. Senior decision makers are present at the meeting to ensure any escalations are managed quickly and appropriately. It is an opportunity for system wide overview for both Moray and Grampian and allows participants to deploy available resources to the agreed priority areas. This has resulted in improved communication, better outcomes for patients and improved flow.

Nationally there has been a focus on Planned Date of Discharge, a system that has changed “medically fit” to “clinically fit”. This ensures that all services have been given the chance to carry out appropriate assessments and are in agreement that a person’s discharge is delayed.

The Hospital Discharge Team (Social Work Team) continue to work with all services to ensure that delayed discharges are appropriate on a daily basis and any issues or concerns are escalated to the daily Portfolio meeting.

The Number of Bed Days Occupied by Delayed Discharges 18+ at Census Datet			
Jun 23	Sept 23	Dec 23	Mar 24
732	845	1162	1501
Jun 22	Sept 22	Dec 22	Mar 23
1,207	1,197	1,063	751
Jun 21	Sept 21	Dec 21	Mar 22
592	784	1,142	1,294
Jun 20	Sept 20	Dec 20	Mar 21
242	803	672	496
Jun 19	Sept 19	Dec 19	Mar 20
768	751	971	1,208

In relation to Emergency occupied bed days, there continues to be a focus on ensuring people are getting home quickly and can maintain their independence. This had resulted in a long-term downward trend in the rate of emergency occupied bed days for over 65’s per 1,000 population from March 2020 to March 2021. However, since Mar 21 there has been a consistent quarter on quarter increase to March 2023, which since then is starting to decrease quarter on quarter to March 2024.

With an ageing population the number of people delayed at any one time could increase unless action is taken. Additional surge beds have been in place across the Moray bed base, both in Dr Grays Hospital and our community hospital bed base. Presentations to hospital are from an older population with more acuity and complexity. Overall Grampian performs very well on a comparable basis to the rest of Scotland on delayed discharges, with performance in the lowest quartile on numbers, with Moray contributing to that performance. During 2024 to date Moray has improved its own position which reflects the significant focus this is receiving.

MANAGEMENT COMMENTARY (continued)

The importance of integration across the system is key to making progress, and over the year teams have enhanced communication and decision making as a Moray system. There has been further re4design of pathways and dedicated resource assigned to supporting critical decision making in social care. This has all supported the steady progress that is evident from the national comparisons of Moray's performance.

Rate of Emergency Occupied Bed Days for over 65's per 1000 Population			
Jun 23	Sept 23	Dec 23	Mar 24
2,699	2,628	2,598	2,509
Jun 22	Sept 22	Dec 22	Mar 23
2,320	2,469	2,547	2,749
Jun 21	Sept 21	Dec 21	Mar 22
1,859	1,934	2,045	2,140
Jun 20	Sept 20	Dec 20	Mar 21
2,087	2,040	1,840	1,780
Jun 19	Sept 19	Dec 19	Mar 20
2,117	2,097	2,112	2,173

Moray Integration Joint Board (MIJB)

The MIJB has scrutinised and directed the delivery of services in line with the Integration Scheme and Strategic Plan while recognising that the cost base has to change as the level of available budget in real terms is reducing. Both funding partners (Moray Council and NHS Grampian) have significant savings to achieve, and against this backdrop the MIJB directed a series of workshops during the year to support officers in their work. The focus has continued to be on achieving the highest quality and safety possible within a diminished budget, while being most efficient, and achieving the best outcomes for our residents. The Strategic Plan aspires to increasing spend on preventative work, "upstream" to tackle issues earlier, and a key challenge going forwards will be to continue that at a time when budgets are under so much pressure.

MANAGEMENT COMMENTARY (continued)

Performance

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

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

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

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

MANAGEMENT COMMENTARY (continued)

Strategy and Plans

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

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

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

Staff Wellbeing

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

Menopause Monday – healthpoint led on the delivery of Monthly Monday drop ins for Dr Grays Hospital staff offering a range of resources and information on peri menopause, symptoms and treatment. 17 staff members have attended the sessions with positive feedback. The sessions have also generated an interest in other health and wellbeing topics.

Cedarwood Day Service contacted the team to request a health and wellbeing information session for staff with a focus on women's health. Resources were displayed alongside information signposting and healthpoint offered free mini lifestyle checks. 35 staff members attended the session with 2 going on to access further healthpoint support around weight management.

MANAGEMENT COMMENTARY (continued)

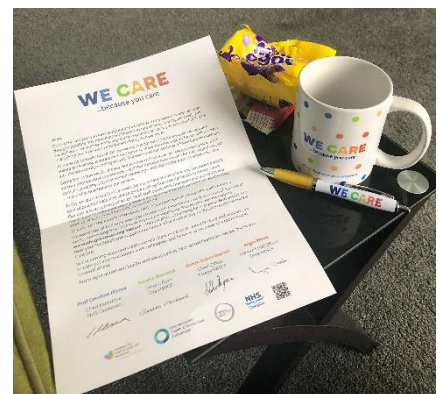
Promoting Health and Wellbeing

The Health Improvement Team deliver a broad range of health promotion initiatives in each locality across Moray aiming to reduce health inequalities and promote early intervention and prevention work. Activity is also supported by the use of the Mobile Information Bus allowing the team to deliver a service across Moray

NHS Grampian healthpoint service offers free information, support and advice on a range of health and wellbeing concerns including smoking cessation and weight management. The service 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. Healthpoint also offers an outreach service, in both clinical and non-clinical settings, within each locality in Moray providing an accessible health and wellbeing support service.

The team also attended events alongside partners, such as the MacMoray Festival, Moray Pride, DWP Job Fairs, Keith Show, Mum's Groups and community lunches, offering health and wellbeing advice and guidance in a range of settings.

The healthpoint team engaged with over 4000 people who were interested in health and wellbeing. These include health walks; confidence 2 cook; baby steps and grow well choices.



Service Delivery/Business as Usual

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

MANAGEMENT COMMENTARY (continued)

A range of initiatives are being introduced and tested as part of the wider portfolio Urgent and Unscheduled Care Improvement Plan that focuses on avoiding unnecessary hospital admissions and improving patient flow through the system. In parallel, in specialties where waiting times for elective surgery are long, e.g. Orthopaedics, General Surgery and Ophthalmology, alongside the small volume of cases we are providing locally, we are also offering Moray residents the opportunity to have their surgery provided in other regional and national centres where staffed theatre and bed capacity is available. The National Treatment Centre in Inverness has already started hip and knee replacement surgery for Grampian residents.

Vaccination Programme

The autumn / winter vaccination programme for Covid and Flu commenced in September 2023 and ran until the end of March 2024.

Covid-19 vaccination uptake for Moray was 60% which was above the Scottish average of 56.6% with the flu vaccination uptake over the same period across Moray being 58.3%, again above the Scottish average of 53.7%.



The priorities for Spring 2024 include the commencement of the Covid-19 spring booster programme which will commence on 2 April 2024 for eligible cohorts.

The shingles vaccination programme commenced in January 2024 which now requires 2 doses, with the 2nd dose offer commencing in March. The uptake of the shingles vaccine for priority groups as of 7 March detailed 65 year olds (68.3%) 70 year olds (72%) 50 year olds and those who are immunosuppressed (52.85%). Those between 71-79 years who have not been offered shingles vaccine previously have now been offered this but has to date had a lower uptake of 13.19%.

The pneumococcal program was brought forward to February 2024 commencing with those who are immunocompromised. Pre School and childhood immunisation schedule is continuing and now delivered within the vaccination centre. There has been additional planning within the vaccination service to support requests for the MMR vaccination given the recent concerns related to measles.

MANAGEMENT COMMENTARY (continued)

Volunteers

Health and Social Care Moray have now recruited over 200 volunteers supporting us across our NHS and Social Care services. Our volunteers support us in our hospitals, at home, and in the community. Our volunteers improve our patients journey and experience with us and support our staff through undertaking day to day non clinical tasks.

Frailty Pathway: Focus on Frailty

As part of a national initiative, Moray joined the Frailty Governance structure is now well established locally within Moray and is working well – progress is shared from both sub groups to the overarching strategic group. The continued vision for the Focus on Frailty work in Moray is to develop a broad frailty pathway which includes a community based frailty ‘triggers’ assessment and resultant actions (utilising an adaptation of the Making Every Opportunity Count (MEOC) tool), a primary care assessment and resultant interventions; and a secondary care frailty assessment and resultant intervention. Through research and development led by the Digital Health Institute develop and test 'Person Held Data Store'. We are currently testing with a sample group of 10 Unpaid Carers

General Practice Visioning Programme

Health and Social Care Moray along with the other two partnerships in Grampian have taken forward a programme to deliver a vision with associated strategic objectives for General Practice in Grampian, supported by the Scottish Government and NHS Grampian. The vision and objectives were approved by the three Integration Joint Boards in March 2024. The programme is now in the delivery phase, and will manage this collectively for the three partnerships through the Grampian General Practice Vision Programme Board. Updates will be reported to the 3 IJB's.

MANAGEMENT COMMENTARY (continued)

Longer Term Changes to Strategies and Plans

Home First

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. Additional resource was allocated with two Band 6 Nurse Practitioners joining the Hospital Without Walls Team and an addition of a Career Start GP working one day a week working with the Geriatric team at DGH and Home First Team-

To maximise opportunities to support patient flow, a Moray wide Strategic Multidisciplinary Team meets to prioritise the available resource. A strategy group and operational group reviewing the challenges of Care at Home provision have both met with action plans developed.



Carers Strategy

Following the development and publication of the Moray Carers Strategy 2023-2026, the high-level actions set out in the strategy have been developed into the implementation plan to deliver on the three priorities which unpaid carers identified.

Recognition for Carers - We want carers to be able to say, 'I can identify as a carer. I am able to access the information and advice I need as a carer and I know and understand my rights'.

Valuing Carers - We want carers to be able to say, 'I am listened to and valued as an equal and expert partner by people working in health and social care. I am involved in the planning and delivery of services and support for myself and for the person/s I am caring for'.

Supporting Carers - Involving Carers as Equal, Expert and Valued, we want carers to be able to say, 'I am able to manage my caring role and reduce any negative impact on my health and wellbeing. I can access the support and services which are right for me. I am able to take a break from my caring role when I need to. I am not disadvantaged because I am a carer. I am able to achieve my own goals and maintain my education and/or employment'.

MANAGEMENT COMMENTARY (continued)

The implementation plan is a live document with new actions added as they are identified and indicators in place to support performance reporting. Project plans sit under the overarching implementation plan.

A carers voice group has been established to monitor the difference the strategy is making to unpaid carers in Moray.

Financial Review and Performance

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives, is asked to consider the financial position at a given point and any management action deemed as necessary to ensure delivery of services within the designated financial framework. From the first quarter in the financial year, the Board was presented with financial information that included a forecast position to the end of the year. In November 2023 the Board received a financial report which forecast an expected overspend to the end of the financial year of £3.02m. This forecast remained consistent throughout the remainder of the year and in December 2023, MIJB were forecasting an overspend to the end of the year of £3.02m, the MIJB actually outturned at £3.02m overspent. Both partners in line with the Integration Scheme, put in additional funding to cover this overspend, so with the use of ear marked reserves totalling £2.697m, leaves a balance of £1.986m in ear marked reserves to be carried forward into 2024/25. In March 2023, the MIJB agreed a savings plan of £4.141m. At the end of the financial year, this had been achieved in part.

Given the uncertainties associated with funding and the emerging overspend position at the early stage of the financial year, it was necessary to update the Board regularly on the emerging financial position. This was done formally through MIJB meetings and informally through development sessions.

MANAGEMENT COMMENTARY (continued)

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend £000's	Note
Community Hospitals & Services	7,605	7,942	(337)	
Community Nursing	5,544	5,701	(157)	
Learning Disabilities	15,748	18,366	(2,618)	1
Mental Health	11,047	11,506	(459)	
Addictions	1,849	1,726	123	
Adult Protection & Health Improvement	197	213	(16)	
Care Services Provided In-House	24,611	23,044	1,567	2
Older People Services & Physical & Sensory Disability	22,357	25,191	(2,834)	3
Intermediate Care & OT	1,640	1,881	(241)	
Care Services Provided by External Contractors	1,833	1,808	25	
Other Community Services	9,739	10,012	(273)	
Administration & Management	2,559	2,828	(269)	
Other Operational Services	1,221	1,300	(79)	
Primary Care Prescribing	18,651	21,339	(2,688)	4
Primary Care Services	19,776	19,939	(163)	
Hosted Services	5,359	5,936	(577)	
Out of Area Placements	720	1,777	(1,057)	5
Improvement Grants	940	949	(9)	
Childrens & Justice Services	19,762	19,762	-	
Total Core Services	171,158	181,220	(10,062)	
Strategic Funds & Other Resources	18,946	6,898	12,048	
TOTALS (before set aside)	190,104	188,118	1,986	
Set Aside	14,665	14,665	-	
TOTAL	204,769	202,783	1,986	

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

MANAGEMENT COMMENTARY (continued)

Significant variances against the budget were notably:

Note 1 Learning Disabilities – The Learning Disability (LD) service was overspent by £2.618m at the end of 2023/24. The overspend is essentially due to the purchase of care for people with complex needs which resulted in an overspend of £2,727,867, client transport of £13,589. This is offset by more income received than expected of £109,728 (partly due to deferred payments); an underspend in clinical Speech and Language services, physiotherapy and psychology services of £10,544 and other minor underspends totalling £3,671. This budget has been under pressure for a number of years due to demographic pressures, transitions from Children’s services and people living longer and getting frailer whilst staying at home. The biggest overspends was for domiciliary care and day services this enables people to stay living at home or in a homely setting for as long as possible.

Note 2 Care Services Provided In-House – This budget was underspent by £1.567m at the end of the year. The most significant variances relate to the Care at Home services for all client groups which are underspent predominantly due to vacancies and issues with recruitment and retention. This is reduced by overspends in internal day care services mainly due to transport costs and energy costs, software licences, uniforms and staff transport costs.

Note 3 Older People Services and Physical & Sensory Disability - This budget was overspent by £2.834m at the end of the year. The final position includes an overspend for domiciliary care in the area teams, which incorporates the Hanover complexes for very sheltered housing in Forres and Elgin and for permanent care due to more clients receiving nursing care than residential care and agency staff to provide care and support at Loxa Court. The ageing population requiring more complex care and local demographics also contributes to this overspend as well as the correlation between the recruitment and retention of the internal home care service provision.

Note 4 Primary Care Prescribing - This budget was overspent by £2.688m. The overall continuing high price has been attributed in part to the impact of short supply causing an increase in costs being sustained. This is spread across a range of products. The actual volume of items to January has been lowering compared to prior year and was estimated to continue at this level to March 2024. The position has been adjusted to include an overall 4.00% volume increase for the year to March 2024. This overall volume increase is less than previously anticipated. Medicines management practices continue to be applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspectives.

Note 5 Out of Area Placements – This budget was overspent by £1.057m at the end of the year. This relates to an increase in patients requiring high cost individual specialised placements.

MANAGEMENT COMMENTARY (continued)

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page 43. At 31 March 2024 there were ear marked reserves of £1.986m available to the MIJB, compared to £6.683m at 31 March 2023. These remaining reserves of £1.986m are for various purposes as described below:

Earmarked Reserves	Amount £000's
Primary Care Improvement Plan & Action 15	33
GP Premises	229
Community Living Change Fund	319
National Drugs MAT	268
OOH Winter Pressure funding	172
Moray Cervical screening	35
Moray hospital at home	5
Moray Psychological	315
MHO Funding	138
Adult protection funding for CA	18
Adult Disability payment	45
National Trauma Training services	62
Moray ADP	22
Moray School Nurse	28
Moray Winter Fund HCSW & MDT	226
LD Annual Health Checks	69
Community Planning partnership	2
Total Earmarked	1,986
General Reserves	0
TOTAL Earmarked & General	1,986

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

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

MANAGEMENT COMMENTARY (continued)

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

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

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

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

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

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

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

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

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

Adult protection funding for care at home – balance of funding to build capacity in care at home community based services.

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

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

Moray ADP – funding to support the delivery of services to reduce harms and deaths associated with alcohol and drugs.

Moray School nurse – funding to support NHS Grampian to retain school nurse posts.

MANAGEMENT COMMENTARY (continued)

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

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

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

Community Planning Partnership – funding towards community planning partnership.

All reserves are expected to be utilised for their intended purpose during 2024/25.

Set Aside – Excluded from the financial performance table above on page 15 but included within the Comprehensive Income & Expenditure Account is £14.665m for Set Aside services. Set Aside is an amount representing resource consumption for large hospital services that are managed on a day to day basis by the NHS Grampian. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector.

Set Aside services include:

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

The budget allocated to Moray is designed to represent the consumption of these services by the Moray population.

The figures for 2023/24 have been derived by uplifting 2019/20 figures by baseline funding uplift in 2020/21 (3.00%), 2021/22 (3.36%) ,2022/23 (6.70%), and 2023/24 (5.35%):

	2023/24	2022/23	2021/22	2020/21	2019/20
Budget	14.665m	13.92m	13.04m	12.62m	12.252m

MANAGEMENT COMMENTARY (continued)

Risks, Uncertainties and Future Developments

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

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

VERY HIGH

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

Mitigating Actions –

Budgets are delegated and managed by Service Managers with Head of Service oversight.

Vacancy controls are managed via the Resource Management Group.

The interim arrangement for Chief Financial Officer will cease on 31 March 2024 with the appointment being permanent from 1 April 2024.

Chief Financial Officer (CFO) and Senior Management Team (SMT) are working to continuously identify additional savings.

A reviewed Financial Framework was presented to MIJB on 30 March 2023, and a further update will be presented in March 2024.

Financial information is reported regularly to MIJB, Senior Management Team and Operational Management Team.

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

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

Additional Mitigations planned:

Regular financial workshops with Service Leads to identify further savings

Financial development session with MIJB members

Reporting from Resource Management Group to SMT for oversight of agreed spend

Financial workshops with OMT looking at savings options

(This section is in a slightly different format due to the transition to a new format for the Strategic Risk Register).

MANAGEMENT COMMENTARY (continued)

HIGH

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

Mitigating Actions - System re-design and transformation.

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

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

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

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

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

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

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

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

NHSG have introduced system wide daily huddles to manage the flow and allocation of resources which require attendance from Dr Grays and HSCM. The format and regularity of these are under review.

HSCM continues to monitor the local situation regarding impacts on staffing and is engaged with NHSG emergency planning arrangements and Council Response and Recovery management team to be ready to escalate response if required. Work was undertaken within NHSG, Aberdeenshire HSCP and Aberdeen City HSCP to look

MANAGEMENT COMMENTARY (continued)

HIGH (continued)

at Surge flows and establish a mechanism that will provide easy identification of “hot spots” across the whole system in Grampian, to facilitate a collaborative approach to addressing the issues through the use of a common Operational Pressure Escalation approach. This work could underpin surge responses in winter and at other times of pressure and having a standard approach across Grampian could aid communication and understanding.

NHSG and the three Health and Social Care Partnerships completed a considerable amount of planning for potential Industrial Action from staff groups. This has allowed for testing of a range of communications and plans to be tested and will continue to develop.

A System Networking Over Winter (SNOW) Event took place 28 September, the event was attended by health and social care partners across Grampian and also some Local Resilience Partner Agencies. A tabletop exercise event was carried out to exercise how the partners might work together.

Risk 7 - Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level.

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

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

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

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

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

MANAGEMENT COMMENTARY (continued)

HIGH (continued)

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

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

Development Aims for 2024/25

Home First

The development of our Homefirst programme continues to be a priority for ongoing improvements in Moray. Delayed discharges will continue to be a focus of improvement work in relation to admission avoidance, hospital Emergency Department and front door activity, hospital pathways and discharge home. The Frailty programme and the partnership working with the Digital Health Institute brings additional opportunities to Moray.

Mental Health and Wellbeing

The Scottish Government Mental Health and Wellbeing Strategy and the Good Mental Health for All in Moray strategy 2016-2026 propose a comprehensive approach to mental health and wellbeing, integrating health and social care models. In partnership across Grampian further development will be taken forward to develop our service model and opportunities for improvements within the adult mental health pathway. Recognising the importance of the transitions process for children moving into adult services, further work is planned to ensure a seamless pathway between services.

Childrens Services

The improvement journey will require to evidence continued progress in light of the financial challenges to find new and creative ways to offer support to families and individuals. Early recognition when people need help and to prevent crises situations developing will be a priority. The recent outcome of the external inspection of Children at Risk of Harm gives us a good foundation for continuing that improvement journey, and meeting the actions we developed post that inspection will see further progress towards protecting children in Moray and giving them the best opportunities to thrive in our communities

MANAGEMENT COMMENTARY (continued)

In addition, we will seek to:

- Focus on prevention to create a more proactive system and develop sustainable models of care rooted in communities. This will be taken forward by listening and involving our local people with support of the Putting People First programme.
- Provide leadership and participation in the GP Visioning programme for Grampian
- Further develop our governance and assurance processes, particularly to demonstrate quality, safety, outcomes and best value.
- Continue to develop how we care for our staff well-being, with staff our most valuable asset.

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Tracy Colyer

Chair of Moray IJB

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Sean Coady

Interim Chief Officer

.....

Deborah O'Shea

Chief Financial Officer

STATEMENT OF RESPONSIBILITIES

Responsibilities of the MIJB

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

Signed on behalf of the Moray Integration Joint Board

Tracy Colyer

Chair of Moray IJB

STATEMENT OF RESPONSIBILITIES (continued)

Responsibilities of the Chief Financial Officer

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

In preparing the Annual Accounts the Chief Financial Officer has:

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Moray Integration Joint Board as at 31 March 2024 and the transactions for the year then ended

Deborah O'Shea FCCA

Chief Financial Officer

REMUNERATION REPORT

Introduction

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

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

Moray Integration Joint Board

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

MIJB Chair and Vice-Chair

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

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

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

Taxable Expenses 2022/23	Name	Position Held	Nomination By	Taxable Expenses 2023/24
£				£
-	Dennis Robertson	Vice-Chair 29/04/21 – 01/10/22 Chair 1/10/22 to 31/03/24	Grampian Health Board	-
-	Cllr Tracy Colyer	Chair 15/05/22 – 01/10/22 Vice-Chair 01/10/22 – 31/03/24	Moray Council	-

REMUNERATION REPORT (continued)

Officers of the MIJB

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

Chief Officer

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

Other Officers

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

Total 2022/23	Senior Employees	Salary, Fees & Allowances	Total 2023/24
£		£	£
111,100	Simon Bokor-Ingram Chief Officer	122,460	122,460
80,207	Deborah O'Shea Interim Chief Financial Officer	83,476	83,476

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

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

NOTE: no bonuses, expenses allowances, compensation for loss of office or any taxable benefits were made in 2023/24

REMUNERATION REPORT (continued)

	In Year Pension Contributions		Accrued Pension Benefits		
	Year to 31/03/23	Year to 31/03/24		As at 31/03/2024	Difference from 31/03/2023
	£	£		£ 000's	£ 000's
Simon Bokor-Ingram, Chief Officer	23,220	24,346	Pension	46	(1)
			Lump Sum	123	35
Deborah O'Shea Interim Chief Financial Officer	11,716	7,179	Pension	28	3
			Lump Sum	21	2

Disclosure by Pay bands

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

Number of Employees in Band 2022/23	Remuneration Band	Number of Employees in Band 2023/24
1	£80,000 - £84,999	1
1	£110,000 - £114,999	-
-	£120,000 - £124,999	1

REMUNERATION REPORT (continued)

Exit Packages

There were no exit packages agreed by the MIJB during 2023/24 financial year, or in the preceding year.

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Tracy Colyer

Chair of Moray IJB

.....

Sean Coady

Interim Chief Officer

ANNUAL GOVERNANCE STATEMENT

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

Scope of Responsibility

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

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

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

The Governance Framework

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

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

ANNUAL GOVERNANCE STATEMENT (continued)

Key Governance Arrangements

All of the scheduled Audit Performance and Risk and Clinical Care Governance Committee meetings were held as timetabled during 2023/24.

Health and Social Care Moray (HSCM) established an emergency response group that has been operational since the end of March 2020, this has now transformed into a Daily Response meeting. Representation on the response groups of the Partner organisations is provided by HSCM staff, ensuring the necessary links and flow of information to ensure a co-ordinated response on a pan Grampian basis and locally within Moray.

There continues to be governance standards and collaborative working across the whole system, both across the NHS Portfolios and Grampian wide system. The use of a Grampian Operation Performance Escalation System (GOPES) was established to enable senior leaders to have oversight of where pressures were located in the system and to direct responses accordingly. This development has also strengthened the identification of key metric thresholds to inform the levels for escalation.

Evaluation of the Effectiveness of Governance

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

Assessment of Effectiveness

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

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement

Assessment of Effectiveness

- Provision is made within MIJB's Standing Orders for public and press access to meetings and reports. During the 2023/24 year the meetings continued to be hybrid meetings, as the need to broadcast live Board meetings continued. A specific website has been developed for Health and Social Care Moray and is continuously monitored for improvement. Agendas, reports and minutes for all committees can be accessed via Moray Council website, in addition to all the linked strategies of the MIJB.
- Both the voting and non-voting membership arrangements of the MIJB are in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. There are eight voting members, four are elected members appointed by Moray Council and four are non-executive members of the NHS Grampian Board. The non-voting membership comprises six professional members and five stakeholder members representing: staff, third sector bodies carrying out activities in relation to health and social care, service users and unpaid carers, and six additional non-voting members which include the Chief Executives of Moray Council and NHS Grampian in an Ex-officio capacity. The broad membership of the MIJB ensures valued input and engagement from a wide range of stakeholders.
- The Community Empowerment (Scotland) Act 2015 places a statutory duty on MIJB and its Community Planning Partners to engage with communities on the planning and delivery of services and securing local outcomes. The MIJB has an approved Communications and Engagement Strategy which recognises and promotes the active and meaningful engagement with all stakeholders.

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

Assessment of Effectiveness

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

ANNUAL GOVERNANCE STATEMENT (continued)

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

Assessment of Effectiveness

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

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

Assessment of Effectiveness

- The Senior Management teams Service Managers, Officers and IJB Members attended a Development session in February to discuss the challenging financial situation. Officers presented some ideas for service transformation, including how they delivered the strategic aims of MIJB but also how they might help achieve the savings required for the forthcoming financial year.
- The MIJB has met with Officers regularly for development sessions to increase the opportunity for shared learning and constructive challenge.

ANNUAL GOVERNANCE STATEMENT (continued)

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

Assessment of Effectiveness

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

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

Assessment of Effectiveness

- MIJB business is conducted through an approved cycle of Board meetings. During the year, recordings of Board meetings were made available to the public. Agendas, reports and minutes are available for the public to inspect. There is a standard reporting format in place to ensure consistency of approach and consideration by Members to provide transparency in decision making.
- The MIJB publishes both Annual Accounts and an Annual Performance Report following Board approval.
- The Chief Internal Auditor reports directly to the Audit, Performance and Risk committee with the right of access to the Chief Officer, Interim Chief Financial Officer and Chair of the Audit, Performance and Risk committee on any matter. The Chief Internal Auditor has continued to report to Committee during 2023/24.

ANNUAL GOVERNANCE STATEMENT (continued)

Review of Adequacy and Effectiveness

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

Internal Audit Opinion

Moray Council's Internal Audit Section delivers the Internal Audit Service for the Moray Integration Joint Board (MIJB), and the Council's Audit and Risk Manager holds the Chief Internal Auditor appointment to the MIJB until the 31st of March 2026. The Council's Internal Audit Section has adopted the Public Sector Internal Audit Standards (PSIAS), which require the Chief Internal Auditor to deliver an annual internal audit opinion and report, which has also been used to inform this governance statement.

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

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

The Annual Audit Plan for 2023/24 agreed to the following audits to be undertaken:

- **Commissioning Services** - Review the arrangements for the commissioning of social care services for children to ensure these are designed and delivered to meet the specified needs and demonstrate best value.
- **Disabled Parking System** - Review the system for administering the disabled parking permits, also known as Blue Badges.
- **Moray Integrated Community Equipment Store** - A review of the Occupational Therapy Store, now known as the Moray Integrated Community Equipment Store, to ensure appropriate accounting systems are followed.

ANNUAL GOVERNANCE STATEMENT (continued)

All audits have been undertaken and reported to the MIJB Audit, Performance and Risk Committee. A review of the commissioning for children's care services found that within the scope of the audit, it was well-managed. The audits of the Disabled Parking System and the Moray Integrated Community Equipment Store noted significant findings where improvements are required to current operating arrangements. In addition to the planned audits, reviews of Moray Council's financial and administrative systems were reported to the MIJB Audit, Performance and Risk Committee.

Internal Audit has also undertaken follow-up reviews to evidence the implementation of recommendations from the audits undertaken of Self-Directed Support, Client Monies, and Social Care & CareFirst System Information Governance. The demands on the Service are appreciated. However, it was found that recommendations had not been implemented within the agreed timescales. Implementation of recommendations is a key element in determining the adequacy and effectiveness of governance and internal control systems. If recommendations are not implemented in a timely manner, then weaknesses in control and governance frameworks will remain in place. It is pleasing to note that the Service has provided update reports to the MIJB Audit, Performance and Risk Committee detailing progress in implementing audit recommendations, including the review undertaken by an external auditor of the Adult Social Care Commissioning Service. This commitment to implementing audit recommendations is expected to continue in 2024/25.

The Chief Internal Auditor, after consideration of the results regarding the work carried out by Internal Audit, taken together with other sources of assurance, with specific reference to the external assessment into how the Commissioning Service manages adult social care contracts; only limited assurance can be provided that the Moray Integration Joint Board has adequate systems of governance and internal control for the year ended the 31st of March 2024.

Prior Year Governance Issues

The Annual Governance Statement for 2022/23 highlighted a number of areas for development in looking to secure continuous improvement. An assessment of progress is provided below:

ANNUAL GOVERNANCE STATEMENT (continued)

Area for Improvement Identified in 2022/23	Action Undertaken / Progress Made in 2023/24
Assurance and reporting for Children's Social Work and Justice services.	Move to IJB saw a shadow year with reporting to both IJB and Moray Council. The service has strengthened the work under taken by the policy and procedure team and the service has developed a data dashboard.
Performance reporting at management level and IJB APR Committee	Performance reporting continues to IJB APR Committee. Children & Justice service are also included in this reporting schedule. A new collaborative approach is being taken forward to work with Aberdeen City to develop the performance reporting.
Development of Strategic Risk Register for the IJB	The Financial Strategic risk register was developed and presented to IJB for approval in January 2024. Subsequent updates have been presented to the IJB in conjunction with the ongoing financial recovery work. The remaining registers are being developed and will be presented to IJB in June 2024.
IJB Category 1 responder status and Care for People Plan	A Care for People Operational Framework was presented to IJB in January 2024. Several training and development sessions have taken place during 2024 to provide additional support to managers. A short life working group is in the process of being set up to continue to ensure a whole partnership approach.
Delivery against the strategic objectives in IJB Strategic Plan	Across the three strategic themes progress on several programmes has evidenced the commitment to the Strategic Plan, including the work to support Unpaid Carers; the Home First and Frailty work' and the efficiency agenda that builds in resilience as we deliver better value.

ANNUAL GOVERNANCE STATEMENT (continued)

Area for Improvement Identified in 2022/23	Action Undertaken / Progress Made in 2023/24
Compliance with audit recommendations and completion of outstanding actions	Improvement on progress has been evidenced, however, this area of improvement requires further development and will be included for developments in 2024/25

Further Developments

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

Areas of focus for 2024/25	
1.	GP visioning programme to deliver resilience and sustainability
2.	Financial sustainability with best value and outcomes
3.	Assurance and reporting for Children's Social Work and Justice Services
4.	Improvement in compliance with audit recommendations

ANNUAL GOVERNANCE STATEMENT (continued)

Key Governance challenges going forward will involve:

- Providing capacity to meet statutory obligations whilst managing expectations and rising demand for services and the wider societal economic challenges now presented that also potentially drive demand;
- As a Board, difficult decisions will be required in balancing how we meet the needs of our community whilst operating within the available resource envelope;
- Continue to address our work force challenges in respect of recruitment and retention and where persistent vacancies will necessitate the need for redesign;
- Continuing to work closely with NHS Grampian, Moray Council and Moray Community Planning Partnership to build on existing relationships and establishing collaborative leadership, and to maximise the opportunities from an expanded health and social care remit with the Portfolio approach, including Dr Grays hospital, and how the IJB contributes to the wider community planning agenda in Moray and the North East;
- Continue to implement the recommendations of internal and external audit, including learning from national reviews.
- Continue work with teams to provide assurance to MIJB as we develop the governance structures for Children's Social Work and Criminal Justice Services that support decision making on how best to tackle poverty and inequalities.

ANNUAL GOVERNANCE STATEMENT (continued)

Statement

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

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

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Tracy Colyer
Chair of Moray IJB

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Sean Coady
Interim Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year ended 31 March 2024 according to generally accepted accounting practices.

2022/23		2023/24
Net Expenditure		Net Expenditure
£ 000		£ 000
5,990	Community Hospitals	7,942
5,163	Community Nursing	5,702
12,626	Learning Disabilities	18,366
10,295	Mental Health	11,506
1,588	Addictions	1,726
167	Adult Protection & Health Improvement	213
18,486	Care Services Provided In-House	23,044
23,441	Older People & Physical & Sensory Disability Services	25,191
1,768	Intermediate Care and Occupational Therapy	1,881
8,084	Care Services Provided by External Providers	1,808
9,208	Other Community Services	10,012
2,425	Administration & Management	2,828
1,286	Other Operational services	1,299
19,283	Primary Care Prescribing	21,339
19,058	Primary Care Services	19,939
5,018	Hosted Services	5,936
1,232	Out of Area Placements	1,777
888	Improvement Grants	949
-	Children & Justice Services	19,762
8,858	Strategic Funds & Other Resources	6,898
13,917	Set Aside	14,665
168,781	Cost of Services	202,783
(156,443)	Taxation and Non-Specific Grant Income (note 5)	(200,086)
12,338	(Surplus) or Deficit on provision of Services	2,697
12,338	Total Comprehensive Income and Expenditure	2,697

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

MOVEMENT IN RESERVES STATEMENT

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

Movement of Reserves During 2023/24	General Fund Balance £000
Opening Balance at 1 April 2023	(4,683)
Total Comprehensive Income and Expenditure	2,697
<hr/>	
(Increase) or Decrease in 2023/24	2,697
<hr/>	
Closing Balance at 31 March 2024	(1,986)
<hr/>	
Movement of Reserves During 2022/23	General Fund Balance £000
Opening Balance at 1 April 2022	(17,021)
Total Comprehensive Income and Expenditure	12,338
<hr/>	
(Increase) or Decrease in 2022/23	12,338
<hr/>	
Closing Balance at 31 March 2023	(4,683)
<hr/>	

BALANCE SHEET

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

31 March 2023 £000		Notes	31 March 2024 £000
4,683	Short Term Debtors Current Assets	6	1,986
-	Short Term Creditors Current Liabilities		-
-	Provisions Long Term Liabilities		-
<u>4,683</u>	Net Assets		<u>1,986</u>
4,683	Usable Reserve General Fund	7	1,986
<u>4,683</u>	Total Reserves		<u>1,986</u>

The unaudited annual accounts were issued on 30 June 2024.

The Annual Accounts present a true and fair view of the financial position of the MIJB as at 31 March 2024 and its income and expenditure for the year then ended.

Deborah O'Shea FCCA

Chief Financial Officer

NOTES TO THE FINANCIAL STATEMENTS

Note 1 Significant Accounting Policies

General Principles

The Financial Statements summarise the Moray Integration Joint Board's (MIJB) transactions for the 2023/24 financial year and its position at the year-end of 31 March 2024.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 1 Significant Accounting Policies (continued)

Employee Benefits

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

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

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

Reserves

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

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

Indemnity Insurance

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

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

Note 2 Critical Judgements and Estimation Uncertainty

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 3 Events after the Reporting Period

The unaudited accounts were issued by Deborah O'Shea, Chief Financial Officer on 29 June 2024. Events taking place after this date are not reflected in the financial statements or notes.

Note 4 Expenditure and Income Analysis by Nature

2022/23		2023/24
£000		£000
71,899	Services commissioned from Moray Council	95,504
96,852	Services commissioned from The Grampian Health Board	107,247
30	Auditor Fee: External Audit Work	32
168,781	Total Expenditure	202,783
(156,443)	Partners Funding Contributions and Non-Specific Grant Income	(200,086)
12,338	(Surplus) or Deficit on the Provision of Services	2,697

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 5 Taxation and Non-Specific Grant Income

2022/23		2023/24
£000		£000
59,517	Funding Contribution from Moray Council	84,615
96,926	Funding Contribution from The Grampian Health Board	115,471
156,443	Taxation and Non-specific Grant Income	200,086

The funding contribution from The Grampian Health Board shown above includes £14.665m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by The Grampian Health Board who retains responsibility for managing the costs of providing the services. The MIJB however has responsibility for the consumption of, and level of demand placed on, these resources. The funding contribution from Moray Council has increased in 2023/24 due to the integration of Children's Social Work and Justice Services.

Note 6 Debtors

31 March 2023		31 March 2024
£000		£000
2,846	The Grampian Health Board	1,723
1,837	Moray Council	263
4,683	Debtors	1,986

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 7 Usable Reserve: General Fund

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

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

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

	Earmarked Reserves				
	General Reserves	PCIP & Action 15	Covid 19	Other Earmarked	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2022	1,257	2,331	9,016	4,417	17,021
Transfers (out)/in 2022/23	(1,257)	(1,394)	(9,016)	(671)	(12,338)
Balance at 31 March 2023	-	937	-	3,746	4,683
Transfer out 2023/24	-	(904)	-	(1,793)	(2,697)
Transfers in 2023/24	-	-	-	-	-
Balance at 31 March 2024	-	33	-	1,953	1,986

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

Covid 19 – are funds received by Scottish Government during 2021/22 being held in an earmarked reserve to support the MIJB through the pandemic and remobilisation. The balance of which was repaid back to Scottish Government in 2022/23.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 8 Agency Income and Expenditure

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

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

2022/23		2023/24
£000		£000
10,139	Expenditure on Agency Services	10,615
(10,139)	Reimbursement for Agency Services	(10,615)
-	Net Agency Expenditure excluded from the CIES	-

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions

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

Transactions with the Grampian Health Board

2022/23		2023/24
£000		£000
(96,926)	Funding Contributions received from the NHS Board	(115,471)
96,695	Expenditure on Services Provided by the NHS Board	107,064
157	Key Management Personnel: Non-Voting Board Members	183
(74)	Net Transactions with The Grampian Health Board	(8,224)

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

Balances with the Grampian Health Board

31 March		31 March
2023		2024
£000		£000
2,846	Debtor balances: Amounts due from The Grampian Health Board	1,723
2,846	Net Balance due from The Grampian Health Board	1,723

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions (continued)

Transactions with Moray Council

2022/23		2023/24
£000		£000
(59,517)	Funding Contributions received from the Council	(84,615)
71,852	Expenditure on Services Provided by the Council	95,455
77	Key Management Personnel: Non-Voting Board Members	81
12,412	Net Transactions with Moray Council	10,921

Balances with Moray Council

31 March		31 March
2023		2024
£000		£000
1,837	Debtor balances: Amounts due from Moray Council	263
1,837	Net Balance due from Moray Council	263

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 10 VAT

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

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

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

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

There are no accounting standards issued but not yet adopted that impact on the 2023/24 financial statements.





LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES		
Principle A Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Code of Conduct	Codes of Conduct	Codes of Conduct
Financial Regulations (Nov 2023)	Financial Regulations & Authorisation policy	Standing Financial Instructions
Standards Officer Appointment (April 2024)	Scheme of Administration	Schedule of Reserved Decisions
Standing Orders (May 2022)	Standing Orders	Operational Scheme of Delegation
Register of Interests	Human Resources Policies	Standing Orders
Scheme of Administration (June 2018)	Scheme of Delegation	Human Resources Policies (and Once for Scotland policies around Employee Conduct)
Integration Scheme (Mar 2023)	Register of Interests	Staff Governance Committee
Updated IJB Report Format (Sept 2022)	Integrity Group	Register of Interests
Information Commissioners Officer Registration	Employee Induction Process	Feedback Service
Duty of Candour Arrangements	Computer Use Policy	Staff Surveys
Whistleblowing Standards	Duty of Candour Arrangements	Employee Induction Process
Members handbook (2020)	Monitoring Officer Annual Report	SLT Compliance Sub Group
Care for People Plan	Staff Engagement Programme	Duty of Candour Arrangements
	E-Learning module on GDPR	Policy for the Prevention, Detection and Investigation of Suspected Fraud, Theft or Corruption
	Whistleblowing policy	Whistleblowing Policy



LOCAL CODE OF CORPORATE GOVERNANCE

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



LOCAL CODE OF CORPORATE GOVERNANCE

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



LOCAL CODE OF CORPORATE GOVERNANCE

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



LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES

Principle E

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

SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Workforce Planning and Organisational Development	Workforce Planning	Employee Induction Processes
Workforce Forum	Elected Member Induction / Development	Board Member Induction
MIJB Voting Member Briefings	Employee Development Team	Staff Partnership Representation
MIJB Development Sessions	Moray Management Methods	Leadership Schemes
Board Member Induction	Employee Induction Processes	Staff Governance Committee
System Leadership Programme	Employee Review and Development Programme	“ We Care” programme
Strategic Transformation Plan 2023-25	Staff Leadership Forum	NHSG 3 Year Delivery Plan 2023-26
	Best Value Action Plan developed	



LOCAL CODE OF CORPORATE GOVERNANCE

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



LOCAL CODE OF CORPORATE GOVERNANCE

Risk Policy (Sept 2020)		
Clinical Risk Management Group		
Financial Recovery Plan		
Reserves Policy 2024		
Internal Auditor Reappointment 2024		



LOCAL CODE OF CORPORATE GOVERNANCE

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



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024

SUBJECT: CAREFIRST REPLACEMENT

BY: INTERIM HEAD OF SERVICE & CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

1.1 To inform the Board of the progress of the replacement Social Work and social care case management system and the outline business case.

2. RECOMMENDATION

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

- i) notes the project mandate (Appendix 1) and the enabling work required at 4.9;**
- ii) notes the governance arrangements and proposal to use existing resources as set out in Appendix 3; and**
- iii) approves the project to progress to Outline Business Case to be reported back to the Board in September 2024 for consideration of funding requirements.**

3. BACKGROUND

3.1 CareFirst 5 was implemented in 1998 and upgraded to CareFirst 6 in 2010. The last upgrade took place in 2017. A report was submitted to Moray Council Audit and Scrutiny Committee on 23 November 2022 (para 7 of the minute refers), and MIJB Audit, Performance and Risk Committee on 24 November 2022 (para 7 of the minute refers), 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 .

3.2 A report was submitted to this Board on 25 January 2024 (para 12 of minute refers) where approval was given to initiate the process to begin scoping a replacement system and subsequently the current contract was extended for a further year to 31 March 2025.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 One of the MIJB strategic missions is to “Improve the efficiency of health and social care services to ensure we spend public money on services that get good outcomes for people”.
- 4.2 “Setting the Bar” report was commissioned by Social Work Scotland in May 2022 to establish an evidence-based indicative caseload limit for social work staff in Scotland. It highlighted challenges relating to recruitment and retention, significant reduction in administrative support and “a combination of unprecedented financial pressures and the cost of implementing several new pieces of legislation simultaneously” so these interconnected factors have left social work staff with increasingly unmanageable caseloads of individuals presenting with higher levels of risk. Of respondents 78% (1,238 of 1,588) highlighted high administrative workload as the greatest source of dissatisfaction.
- 4.3 Workshops were held in September 2022 with Adult Social work practitioners to consider the national and local landscape in relation to policy, legislation, activities and research, which have, or will be influencing Social Work practice into the future. These included National Care Service; Adult Support and Protection revised codes of practice; Setting the Bar Report; SDS Standards; SSSC Codes of Practice revision; Adult Support and Protection Inspection in Moray; Three Conversations – Partners for Change and the change of the Chief Social Worker in Moray. These sessions outlined strengths and opportunities for improvement and many of the barriers were related to processes, paperwork, the inconsistent use of and limitations and restrictions on recording of information caused by the existing CareFirst system.
- 4.4 A survey was conducted in March 2024 of 443 current CareFirst users with 167 (37%) responses from across all teams and roles in Health and Social Care Moray (HSCM). Engagement sessions with users were undertaken in early May and the output from both these identified key requirements:-
- a. Need for a single system with all records kept in one location
 - b. Requirement for a chronological summary
 - c. Ability to produce performance reports
- 4.5 Risks outlined in the report to the Board in January are incorporated in the project mandate at **Appendix 1**. It is important to stress that as our current provider has created a new cloud-based product, experience dictates that they will, in the next 3-5 years, discontinue support for the existing system and push customers towards their new product. It is expected that from the award of a tender, the new system takes 18 months to 2 years to migrate to the new product because of the size, complexity and involvement of extremely sensitive and critical data types.
- 4.6 The technology of the platform is over 20 years old and the software was written years ago, there are no upgrades so no potential for development. This system no longer supports efficient and effective working hence the urgency to now progress to implement a replacement.

4.7 These factors, along with the audit recommendations and the risks outlined are strong drivers for the need for securing a single management information system for social work and social care services. It is essential to ensure the most up to date information is securely held for our vulnerable people who receive a service. There is a requirement to have oversight and understanding of their circumstances, situation, networks and needs and accurately record assessments, reviews, agreed outcomes and indicative budgets to ensure that there has been options provided for the right type of support at the right time in the right place. With streamlined processes and a modern system supporting developing technologies, time efficiencies would be demonstrated, staff morale would increase and improvements in data sources would underpin information for the Strategic Planning and Commissioning group, supporting strategic decision making.

Project Objectives

4.8 The key aim of the project would be to implement a new information management system, as a **single source of truth** (phrase is used in data management to signify the practice of aggregating data from many systems within an organisation to a single location) for all Social Work and Social Care services in HSCM. The system will need to be more than just a case load system, easy to use, providing required functionality and trend information that is not readily available at present. It will also need to be able to support integration across other health and social care systems, and to enable adoption of developments such as the Digital Health and Care Innovation Centre (DHI) Personal Record store.

4.9 Using the output from the workshops and engagement sessions core enablers for a successful and timely implementation of a management information system were identified as:-

- a. **Process mapping** of core processes to standardise and streamline and identify potential efficiencies
- b. Identifying specific reporting requirements that will **embed the quality assurance and performance** framework.
- c. **Data cleansing** to reduce the volume to be migrated.

Scope and Specification

4.10 The information management information system will cover all social work and social care services across Adult, Children and Justice Services. A project mandate (**Appendix 1**) was prepared outlining the scope and complexity of the project and includes a full list of teams currently using the system.

4.11 To ensure optimum efficiency and streamlined working across services it will be necessary to ensure the system can interface with Moray Council Financial Management System and Equipment Loan Management system. It will be essential that the system has a robust reporting solution or has an appropriate interface to reporting software. In addition, there will be the need to have functionality to interface with future developments, such as the project being led by DHI for a Personal Record, and the potential for possible future interfaces with Education or Health systems to support a fully integrated Health and Social Care system.

4.12 In order to ensure that the specification of requirements is as robust as possible more formal scoping will be progressed by:-

- a. Survey all Scottish Local Authorities and Health and Social Care Partnerships to ascertain which system they use, their experience of implementation and migration, functionality provided, support and user experience ratings. We would seek to gain lessons learnt from any change of system they have undertaken in recent years.
- b. Extract information from the user feedback already received and consolidate through a user group.
- c. Speak with colleagues in HSCM and Council regarding learning from recent implementation of other systems
- d. have initial conversations with potential suppliers to ascertain areas requiring specific consideration, supported by the procurement team.

Work has commenced in some areas and the output will be included in the outline business case which will be presented to the Board in September 2024.

Project Timeline

4.13 An initial project schedule is outlined in **Appendix 2** showing the initial and detailed scoping phases through to outline business case. Approval is sought to proceed with the detailed specification, option appraisals for procurement and funding and completion of the outline business case, which will be reported to MIJB in September 2024. Should the project be given approval to progress to tender at that point, it is anticipated it will take 18 months to two years to fully implement, once the contract has been awarded. The indicative timescales provided for implementation, migration, training and go live will be clarified once it is determined the project can progress to tender, and revisited again, once it is known which provider and which system type has been successful.

Resources

4.14 A dedicated project manager will be required to co-ordinate delivery of the component parts of this complex programme to a successful implementation. Senior management team have determined that staff resource will be reallocated internally at this stage to progress to Outline Business Case (OBC). **Appendix 3** outlines the governance arrangements and the requirement for staff resource from across many teams and specialist advisors from Moray Council. While ICT resource will be provided to support the specification and options appraisal work for inclusion in the OBC, there is likely to be a requirement for additional ICT resource for subsequent stages of the project.

Governance

4.15 The Moray Council ICT gateway board met on Tuesday 28 May 2024 and considered the project mandate for a new case management system. They were wholly supportive of the proposal to replace the system because of the risks of operating a legacy system, however they would need further information regarding funding and resource requirements and requested to see the OBC when completed. ICT resource will be provided to support specification and option appraisals for inclusion in the OBC.

4.16 The Moray Council Asset Management Working Group considered the project mandate on 12 June 2024 and understood the need for a new system but required further detailed information on options and funding requirements, so

requested OBC to inform decisions. They also advised that HSCM would require to reprioritise requirements for procurement support due to capacity constraints.

- 4.17 The proposed governance arrangements to progress to OBC are outlined in **Appendix 3**. The level of oversight and support outlined will be required due to complexity and scale of the project.

Procurement route

- 4.18 There are three options for procurement; a direct award to a preferred supplier, use of suppliers on the Scotland Excel framework to conduct a tender process or conducting an open market tender. There are 5 suppliers on the Scotland Excel framework, which would be sufficient to demonstrate best value if this framework was used. A direct award would not provide robust evidence of best value approach and an open market tender would take longer and be more complex. Support from the Council procurement team will be required to progress options for the OBC, however the team resources are already stretched with the workload they currently have so there will need to be some reprioritisation of existing HSCM procurement support requests to release capacity.

Sources of Funding

- 4.19 The annual support and maintenance cost for 2024/25 is £104k and future costs with the existing provider will increase each year in October, in line with the retail price index.
- 4.20 The choice of delivery mechanism will impact on the funding options. If the system is hosted on site or through a third party, the implementation costs will be able to be capitalised. If a Software as a Service (cloud) option is selected, none of the costs can be capitalised because at the end of the project there will not be any tangible asset.
- 4.21 There are many different factors determining the costs of the system relating to hardware (if necessary) licensing, consultancy, support, maintenance and training and it will not be possible to provide accurate information until progress has been made through the procurement process. Indicative figures are shown in the project mandate but these require further development for the OBC.
- 4.22 Within HSCM there is a separate system for staff scheduling. If this functionality could be incorporated into a new information management system it would result in a further £88k being available to offset costs. This will be considered as part of the specification and options appraisal.

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”

Providing staff with effective tools to provide the right support and the right time in the right place is essential for meeting people’s outcomes, the fundamental aim of the strategic plan.

(b) Policy and Legal

There are no legal implications arising from this report.

(c) Financial implications

The only budget currently allocated is the current revenue costs for support and as yet no additional provision has been made in MIJB or Council budgets. Moray Council Asset Management Group who make recommendations to Council on the capital budget have advised they require sight of an OBC with options appraisal.

It is intended to utilise existing staff resource to be project officer. The assistant procurement manager has advised that there will need to be re-prioritisation of requests from HSCM to keep within procurement capacity.

If the next phase of work is approved to proceed it will inform the requirement for budget and resources required going forward and will be brought back to this Board for consideration.

(d) Risk Implications and Mitigation

To continue with the existing system is a significant risk to service delivery.

- Continuing to operate on a legacy system presents potential likely risks of non-compliance with changes to legislation and regulation and provides no opportunity to develop working practices to reflect improvements and good practice.
- There is an increased risk of issues with data security as the system is not updated with protection against new cyber threats.
- There are risks to efficient and effective working practices e.g. the system does not support uploading of documents, requiring records to be held in alternative storage solutions which impacts negatively on time to search for information. Without the system, service users would have to resort to use of paper based records.
- The reporting solution of the existing system does not support provision of robust performance information on which to base decisions.

There is a risk to the MIJB budget in that no funding is currently identified so costs will have to be incorporated, therefore requiring potential additional savings to be identified.

If the project is not resourced sufficiently there is a risk that it will not deliver the anticipated efficiencies and will not improve staff morale. The proposed governance arrangements through identified resource requirements would enable assurance and oversight of delivery of the project.

(e) Staffing Implications

A project manager will be required for this large, complexed project. It is proposed a senior project officer be appointed from an internal secondment in HSCM.

There will also be significant input required from project team members and from other staff across services who will be involved in process mapping exercises to streamline ways of working before introduction of a new system. It is anticipated that additional ICT resource will be required. The proposed governance arrangements are outlined in **Appendix 3**.

(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

Interim Chief Officer; Chief Financial Officer; Service Managers; Information Systems Officer, HSCM, Chief Financial Officer (Moray Council), Head of Human Resources, ICT & Organisational Development; Senior Auditor, Information Governance Manager, Data Protection Officer and Caroline O'Connor, Committee Services Officer, Moray Council.

6. CONCLUSION

6.1 This report provides an update on progress with scoping and outline business case regarding the requirements for a replacement information and case management system for Social Work and Social Care services in HSCM.

Author of Report: Jeanette Netherwood

Background Papers: [CareFirst Replacement, Moray Integration Joint Board 25 January 2024](#)

[Internal Audit Section – Completed Projects Report, 24 November 2022](#)

[Internal Audit Section Completed Projects Report – Appendix 1](#)

[Internal Audit Section Completed Projects Report – Appendix 2](#)

Ref: [Setting the Bar](#) Social Work Scotland, May 2022

Please Note: Once Sections 1 and 2 are complete please forward to ProgManOffice@moray.gov.uk			
Section 1: To be completed by officer (please complete all fields)			
PROJECT NAME	New Case Management System for Social Work and Social Care (Replacement for Care First)		
PROJECT SPONSOR / SRO	Head of Service/ Chief Social Work officer		
COMPLETED BY	Jeanette Netherwood	DATE	07/05/2024
DEPARTMENT	Health & Social Care Moray		
SERVICE	Adult Service, Children and Families and Justice Services		
SECTION	All		
Problem / Opportunity for change	<p>Describe the background to the potential change, idea and/or problem:</p> <p>CareFirst is a large and complex caseload management system currently used by internal Social Work and Social Care Services across Adult, Children and Families and Justice services. The system supports the social workers in dealing with some of the most vulnerable service users across Moray and therefore hosts extremely sensitive and critical data. CareFirst does not support uploading of any documents, resulting in information having to be stored in more than one location.</p> <p>This system is now a legacy system, provided by OLM, which is out of contract and is no longer supported by the provider. The system originally implemented in 1997, with the latest upgrade in 2017, still meets the needs it was originally designed for but does not allow for growth or development.</p> <p>It is more of a platform than just one single installation of software, with a core project plus various specific modules such as system admin, criminal justice, caresafe, careplace, carepay, carecost, care assess and carecharge. The technology platform is over 20 years old and software is limited to how it was written years ago with limited use on some windows-based technologies.</p> <p>Internal audit highlighted the limitations of the existing system and requirement for a single case management system in their report in 2022.</p> <p>As technology has moved on many suppliers are changing how they deliver their products and are moving toward Software as a Service (SaaS) and cloud-based solutions. This would facilitate potential for more collaborative working with partners subject to appropriate data sharing agreements.</p> <p>Staff comments</p> <p>Consultation workshops with social workers held in September 2022 and recent engagement sessions with representatives from across all teams and professions using CareFirst, have highlighted the need for a more modern system that has the capability of developing to meet future requirements. Currently system navigation is complex, it is not user friendly or intuitive and</p>		

	<p>time lost locating required information across a myriad of different screens, on servers or in physical locations.</p> <p>Provision of a proper chronology and a persons' network along with the ability to collate documentation, photographs and other records will assist in decision making about how people can be supported most effectively. Having sufficient characters on a form to record necessary information is a simple but essential requirement.</p> <p>Other Requirements</p> <p>Whilst the main focus is on replacement of the case management system it would be essential to consider the potential for integration of the following systems in an overall replacement solution. Staffplan is a separate system currently used for scheduling of rotas and time recording by internal care at home, Community Support Service and Barlink staff. This system was originally intended to interface with payroll and this functionality would be desirable in a new solution. The contract will expire 25 February 2025. There is an additional system called "Birdie" that interfaces with Staffplan, required following the cyber-attack on Advanced (providers of Staff Plan) in 2022.</p> <p>To enable HSCM services to continue to evolve and meet future service requirements utilising digital technology it is essential that the core case management system is a modern solution, supporting integration with other systems and efficient and effective working practices.</p>
	<p>What are the project drivers?</p> <p>(e.g. Legislation / Council Priority / Service Development / Efficiency / Maintenance)</p> <p>These are some of the drivers for implementation of a new case management system.</p> <p>Legislation</p> <ul style="list-style-type: none"> • The system is not being updated for any changes in legislation. <ul style="list-style-type: none"> ○ A recent example is the system cannot process payments involving VAT, a requirement coming to the fore with the changes initiated by Care homes. This now requires manual intervention is time-consuming. • Due to the nature of the work involved there are many different legislative requirements for social work and social care and workarounds have to be put in place to accommodate changes in legislation. <p>Information Governance and Data Protection</p> <ul style="list-style-type: none"> • Documents and information for individuals and families are stored in a variety of locations (system, server and paper files) which is not good practice. It can take staff considerable time to find related documents and information for business as usual as well as FOI and SARS. Holding records in this way contributes to inadvertent data breaches, the risk of which would be removed holding the records in one system that was easily searchable. <p>Cyber Security</p> <ul style="list-style-type: none"> • Current system is a legacy system that is not fit for purpose. It is not being developed by the provider and whilst security updates are performed the old software could potentially place at greater risk of successful cyber attack

Efficient and cost-effective service delivery by reducing time taken to perform simple tasks, increasing integration and removing duplication

- System requires duplication of keying in, inadequate search function so searches take considerable time, document stored in multiple places which takes time to search through and it allows inconsistent input to records. Removing these issues will reduce time taken to undertake simple tasks.
- There is a separate server holding the majority of children and families information and there are various workarounds (access databases) in place, supporting basic business functions. If information were held in one store there would be no requirement for the additional server and maintenance.
- Interfaces – there are several opportunities for interfaces e.g. with FMS, ELMs, Payroll that would reduce double keying and duplication of effort and reduce errors.

Service Development

- Implementation of a new system will provide a focus for the drive to review processes, streamlining them and making more efficient, whilst incorporating quality assurance framework which would improve reporting on effectiveness.
- Providing the ability to expand opportunities for digital solutions plus creating new opportunities e.g. DHI Personal record.

Maintenance

- As the system is a legacy system there is minimal support from the provider.
- Council ICT provide support for two databases to assist with processing payments which should not be required for the new system.

Provide basic details of the current situation and metrics: volumes, numbers, times, FTE etc:

443 current users of CareFirst across the services involved in provision of service to a variety of citizens of Moray (elderly, learning disabilities, mental health).

The system is supported day-to-day by CareFirst Support Team comprising: -

1 x Grade 8

1 x Grade 6

1 x Grade 6 (18hrs)

1 x Grade 3 (25hrs)

ICT are also involved in supporting interfaces between CareFirst and Payments systems including maintenance of two access databases.

<p>Proposal for change</p>	<p>Describe what needs to be done, or the potential options, at a high level:</p> <p>Do nothing and continue as is not considered by HSCM Senior Management as a viable option, due to the information governance issues, the lack of support, the system causes inefficient working practices and it will not facilitate development of service delivery.</p> <p>Service Improvement</p> <p>To implement a new system HSCM will require to review core processes to streamline them and agree standard approaches across teams and services. This requirement is being driven through the review of finances and budgets to ensure savings and equity for individuals who receive care and support. It will build on the work of the 3 Conversations collaborative work.</p> <p>Work is to commence to review processes and procedures for core functions such as assessments, reviews and recording outcomes. Eligibility criteria will be also reviewed and a quality assurance framework will be implemented.</p> <p>These elements will need to be progressed in the short term so the outcomes can inform the new way of working on a new system and identify where efficiencies can be made.</p> <p>Procurement of New system</p> <p>There are different options for procurement of a new system. Going out to the UK market may provide best value options however would be time consuming to check and unless a firm has a produce in Scotland may incur issued with differing legislative requirements.</p> <p>Use of Scotland Excel framework would speed up the process as the providers are already on an approved framework and four of the companies are already in use various Councils or HSCP in Scotland.</p> <p>Type of system</p> <p>Whether to host the system, have it hosted by the supplier or have the software as a service (cloud based) is a major factor for consideration and will form a crucial element of the procurement process.</p> <p>The choices impact on requirement for ICT staff resource for implementation, initial hardware costs and time to implement.</p> <p>Funding</p> <p>If a cloud-based solution is selected then the costs will all be considered as revenue because there is nothing owned at the end of the contract. If hosted locally or third party, then implementation costs may be capitalised.</p> <p>Interfaces</p> <p>To ensure optimum efficiency and streamlined working for a new system it is considered necessary to also have interfaces with the following:-</p> <ul style="list-style-type: none"> • Financial Management system – for authorisation of invoices for payment. (This includes replacement of the internally developed residential care payments interface). • ELMs – Equipment Loan Management system. • Reporting solution – ideally the reporting solution will be integral to the new system but if not, the system would need to link with reporting software.
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- DHI – **Personal Record** – under development and will require to interface with the system chosen. (DHI have said they would be willing to work with ICT on any requirement specification to enable interfacing between the Council’s case management system and the Personal Data Store).

Describe and evaluate the different options considered for the proposal and give reasons why the preferred option was chosen including:

- **The “Do nothing” option is your baseline to cost against**
- **The criteria used to decide the best value option should be clearly stated**

1) Do nothing – continue with the existing legacy system that cannot be upgraded, is not being developed by the supplier, does not allow documents to be uploaded and does not interface with other systems in use.

The supplier, OLM, provided indicative figures for continued provision of existing functionality in the table below.

Year 1	Year 2	Year 3	Year 4	Year 5
£104,532.33	£104,532.33 + Oct set RPI	Year 2 cost + Oct set RPI	Year 3 cost + Oct set RPI	Year 4 cost + Oct set RPI

Risks – as this supplier has created a new cloud-based product experience dictates that they will in the next 3-5 years discontinue support for the existing and push customers towards the new product. It is expected that on award of a tender, the new system takes 18 months to 2 years to migrate the product as its large, complex and involves extremely sensitive and critical data types.

The technology of the platform is over 20 years old and the software was written years ago, there are no upgrades so no potential for development. We are running out of time and this system no longer supports efficient and effective working.

2) New contract for existing provision – this would entail creating a specification for what is already in use. It might take less time overall but would require tender process and all the ICT stages but will not enable exploration of the opportunities for developing and wider integration of systems for improved efficiency and effectiveness so limiting future developments.

3) Upgrade to Eclipse with existing provider OLM – the new software package supplier by OLM is a completely different product to CareFirst and migration will involve all of the steps of moving to a new provider. Whilst there may be time saved as the provider would be familiar with the structure of the data and there are already working relationships in place, these are not sufficiently significant. Therefore, it is not considered best value to proceed with this option as it does not allow assurance of best value.

	<p>4) Competitive Tender for new system – engage with stakeholders and colleagues in procurement and ICT to scope what is required from the wider systems currently in use, to increase efficiency and effectiveness whilst seeking, where possible, to reduce annual costs.</p> <p>Initial investigations have highlighted providers on the Scotland Excel Framework with clients in local authorities and health and social care partnerships. Liquid Logic, OLM-Northgate, Access Group (Servelec) and Advanced Health Care Ltd.</p> <p>An estimated cost of the existing provider options (locally hosted, supplier hosted or cloud based) are shown below but there are variations between licensing pricing schedules across the different suppliers and significant differences between hosting and cloud-based options that will need careful discussion and review.</p> <p>This option requires significant budget and resource to proceed but it likely to provide the greatest benefits and support financial savings in future through facilitation of budget and performance monitoring and gathering of data to inform strategic commissioning requirements.</p> <p>Due to the complexity of procurement options and the impact on funding options this element will require support from Procurement and ICT.</p>
	<p>Summarise the expected outcomes if the project proceeds e.g. savings, efficiencies.</p> <ul style="list-style-type: none"> • Efficient modern digital systems enabling Social Workers to spend more time with people and families. • User friendly system, removing the administrative burden of the present system • Improved support and maintenance. • Process automation and simplification. • Enable development and be fit for the future • Improved management information to enable more effective management of the Social Care process and removal of duplication. <p>With the process reviews and implementation of a modern system it is anticipated there will be efficiencies in staff time which could release posts. Until work progresses it is difficult to ascertain where the time will be saved and this area will develop during the process reviews and will inform the business case.</p>
	<p>What are the risks of not doing it?</p> <p>There are several risks of not proceeding to implement a new system for case management for social care and social work :-</p> <ul style="list-style-type: none"> • Failure to meet information governance standards and compliance with GDPR • Continued use of a legacy system means legislative changes are not updated (resulting in inefficient workarounds), there is minimal support and no development. • Inability for managers and teams to easily have oversight of workloads and progress in achieving outcomes for individuals resulting in difficulties with prioritisation.

	<ul style="list-style-type: none"> • Inability for team managers to have oversight of their teams’ performance to identify trends or to support an improvement mindset. • Inability to extract data to inform use of existing contracts to identify future trends and requirements for strategic commissioning purposes resulting in missed opportunities to negotiate competitive prices and a need to spot purchase at higher prices to meeting individual outcomes. • Inability to report on SDS options and comparisons of indicative budgets and actual spend. • Failure to provide staff with the necessary tools to do their jobs effectively. • Failure to meet specified audit recommendations • Inability to take forward opportunities presented through the Growth Deal with the work being undertaken by DHI around personal data stores. • Inability to develop and use new technologies such as mobile solutions for working in the field and real time updates. • Continued (potentially worsening) issues relating to recruitment and retention of social work staff related to the frustrations with the current system. • Increasing time required to search for information for inspections with the risk of missing essential information because of the lack of suitable search tools and the information being stored in a variety of places.
	<p>Describe and detail any key dates that should be considered:</p> <p>Existing term for access to the system will complete by end of March 2025</p> <p>Staffplan system contract expires February 2025</p> <p>Procurement process, if proceeding with existing providers on Scotland Excel framework, would commence July 2024 and complete February 2025.</p> <p>The existing agreement on Scotland Excel for case management system providers expires 31/3/25.</p>

Section 2: To be completed by HoS / Management Team (please complete all fields)	
<u>PROJECT CATEGORY</u>	Intermediate
Strategic Fit	<p>How does this prepare the Council for future demands or requirements?</p> <p>Providing a modern case management system as a single source of truth will improve information governance, data protection and records management of data relating to those who are vulnerable in our community. Through process review and implementing workflows greater efficiency will be achieved and performance management will be facilitated.</p> <p>A new system will increase potential for collaborative working across teams and partners and will future proof to enable developments in digital care to be adopted.</p>

	<p>How does the proposal align with the Moray 10 Year Plan - Local Outcomes Improvements Plan?</p> <p>The LOIP identifies improving the wellbeing of our population as a key theme “People are healthier and experience fewer harms as a result of making well information decisions about their health and wellbeing.”</p> <p>Our social work and social care services provide support to many children, families and older people many of whom are extremely vulnerable. They need the right tools to do their jobs well and the current case management system is not serving that purpose any longer.</p> <p>How does the proposal align with the Corporate Plan?</p> <p>Council Priority “Our People” – “Provide opportunities for people to be the best they can be throughout their lives with a strong and sustained focus on those individuals and groups in our society who experience the most disadvantage and discrimination.”</p> <p>Council Priority “Improvement and Modernisation: transformation to achieve” – this will be a transformational project for the recording and monitoring of people’s outcomes and needs that will bring efficiencies and capacity to deliver services to more people, to meet increasing demands.</p> <p>This project is a key enabler for the delivery of social work and social care services as the case management system holds the information required for decisions relating to delivery and commissioning of services for the Home First and Partner in Care strategic themes.</p>
<p>Corporate Capacity & Do-ability?</p>	<p>What is the internal/external authority and stakeholder support for the project?</p> <p>The Health and Social Care senior management and operational management team are supportive of this project.</p> <p>ICT services are supportive of a move to a more modern system as there are old access databases in place supporting payment processing which are at end of life.</p> <p>Describe the high-level governance, commitment and support for the proposal?</p> <p>ICT Gateway approval regarding appropriateness of the proposal and initial ICT advice and Asset Management Group approval for allocation of Council staff resource and recommendation for funding</p> <p>Moray Integration Joint Board approval will be required for approval in principle for proceeding with project and funding allocation. This will be a budget pressure and if the MIJB are not able to fund this they will require to seek approval from partners (NHSG and Council) to seek additional budget.</p> <p>Is the proposal realistic? Y/N</p> <ul style="list-style-type: none"> • Please explain:

	<p>This is a complex proposal and is a programme comprising specific projects.</p> <p>Given the financial constraints it will be challenging to deliver and to gain approval to proceed, however the service needs, the changes in current product sustainability and the increasing risks mean that time has really run out for any alternative.</p>
	<p>Is the proposal dependent upon other organisations or council projects? Y/N</p> <p>There is no dependency on other projects, but HSCM is dependent on the specialist knowledge of ICT, Procurement and Information Governance to deliver this project.</p>
	<p>Does the Service have the skills and resources available to take this forward? Y/N</p> <ul style="list-style-type: none"> • No, HSCM does not possess all the skills and resources required to take this forward, deliver and implement. <p>The gaps in skills relate principally to ICT and procurement and information governance.</p> <p>Estimate of Resources required would be:-</p> <p>HSCM</p> <ul style="list-style-type: none"> • Project officer (Grade 9 internal secondment) – System specification, procurement, migration and implementation <p>incorporated in substantive roles</p> <ul style="list-style-type: none"> • Programme lead • Theme lead – process improvement, quality assurance framework implementation • Theme lead – communication and engagement • Theme lead – procedure review and training • System support (including data cleansing) and training • Project admin support • Service champions during development, procurement, testing and implementation phases <p>There will be additional requirements for support from across all services areas to support testing, identify process improvements, efficiencies and to assist with implementation.</p> <p>Council</p> <ul style="list-style-type: none"> • Senior ICT officer - advice for specification, involved in procurement process and tender award, advice for data mapping and migration, system support. Potential requirement for hardware configuration and support if option for a hosted system is selected. • Process Improvement – Senior ICT Officer – estimate 14 days • Procurement – support of procurement officer for tender process from July 2024 to February 2025 • Information Governance – support and guidance for data sharing agreements, records management and data cleansing throughout the project. •

	<p>Does the proposal require specialist input (External support / HR / ICT / Property / Training)? Yes</p> <ul style="list-style-type: none"> • If Yes please list: <p>Council:-</p> <ul style="list-style-type: none"> • ICT applications and network • Information Governance and Records management • Procurement • Process mapping and re-design • Project management advice <p>Other:-</p> <ul style="list-style-type: none"> • External support as necessary from system supplier and where necessary other suppliers for interfaces.
<p>Impact of the Project</p>	<p>List the services which would be affected:</p> <p>The impact for HSCM would be high as the current case management system is used across most services.</p> <p>The introduction of a new solution will ensure compliance with information governance and have the potential to expand the solution to areas that do not currently use the existing system as well as the potential to use mobile technology in communities. Improving records management will facilitate sharing of information appropriately and effectively and ultimately eradicating the need for additional server storage.</p> <p>Adult Services:-</p> <ul style="list-style-type: none"> • Access, East and West Social Work teams • Adult Support and Protection • Public Protection • Mental Health • Learning disabilities • Occupational Therapy • Care Finance team • Care at home, START, Community Support Service (CSS) • Self-Directed Support • Shared Lives • Community Engagement & Volunteering • System support • Performance • Equipment Store • Commissioning <p>Children and Families Services:-</p> <ul style="list-style-type: none"> • Access, East and West Social Work teams • Placement services • Throughcare and aftercare • Child Protection <p>Justice Services:-</p> <p>Adult, Children and Out of Hours</p> <p>Moray Council</p>

	<ul style="list-style-type: none"> • ICT - applications, Support , Network • Payments
	<p>Outline the scale of impact on resources (Minor or major disruption)?</p> <p>There will be significant resources within HSCM to undertake the review work to streamline processes and standardise approach across adult services.</p> <p>During the discovery phase the impact on resources would mostly be in HSCM, Procurement and ICT team.</p> <p>The work would be split into three main areas:</p> <ol style="list-style-type: none"> 1. Discovery phase to research the marketplace and identify service improvements. 2. Procurement 3. Implementation of new case management system. <p>The implementation phase would need to be split into two stages:</p> <ol style="list-style-type: none"> 1. Transition existing services on to the new platform (in a phase manner to enable appropriate training and support is available from existing resource) seeking improvements where possible to: <ol style="list-style-type: none"> a. Expand integration to backend systems b. Remove double keying, c. Expand automation. 2. Identify opportunities for further service efficiencies as teams migrate with the potential for mobile solutions for people in the field.
	<p>Does it significantly change the way the organisation operates? Y/N - Y</p> <ul style="list-style-type: none"> • If Yes please list: <p>Underpinning reclaiming the social work model, which the goal to reduce bureaucracy, have systems and technology in place that free up social workers to do social work. A system that facilitates this, is simple to use and reduces the time social workers are tied up in administration is crucial to the success of the model.</p> <p>Ensuring the social care system in place has the persons needs at its centre is crucial and a new system that supports timely and appropriate sharing of data for an individual, their family and circumstances will enable staff to do their job well.</p> <p>One source of information for individuals and families will improve oversight of the whole system and will facilitate improved care, improved quality, and reduced wastage and duplication.</p> <p>Improved access to performance data and reporting will enable monitoring of outcomes for individuals and throughput of teams, both of which will inform future requirements for service delivery and strategic commissioning.</p> <p>The challenges experienced by staff on a daily basis to undertake the simplest tasks is wasteful of time and demoralising.</p> <p>A new case management system will transform operational delivery of social work and social care systems and improve efficiency across all services.</p>

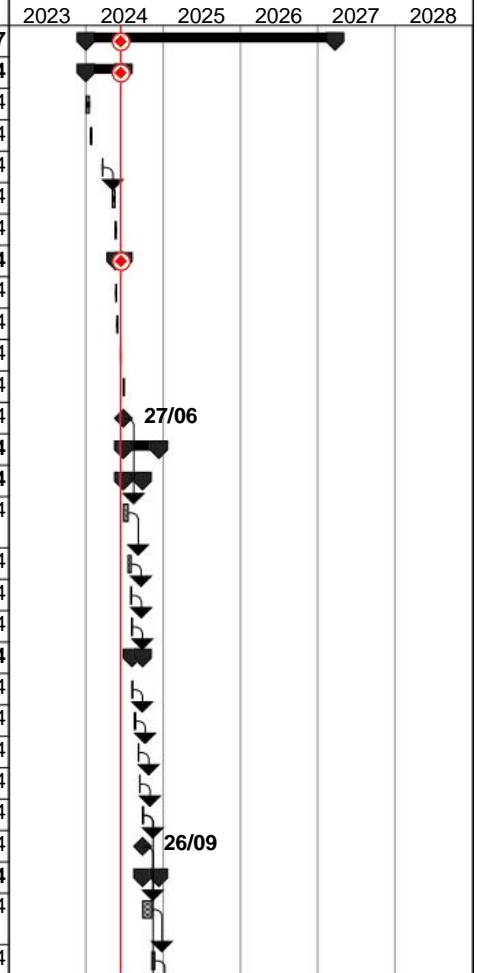
	<p>What is the preferred timetable?</p> <p>Due to the complexity of any potential solution, the identified requirement by the service for the need to standardise processes, the integrations that exists to back-end systems and the amount of data cleansing required it is expected that the timetable for full implementation would be around 18 months to 2 years.</p> <p>To be able to fully understand the potential solutions then considerable preparatory work will be required to research the marketplace and to identify potential solutions.</p> <p>If the necessary approvals can be achieved, then project initiation would commence October 2024</p> <p>Describe the Benefits (cash and non-cash):</p> <ul style="list-style-type: none"> • Non - cashable <ul style="list-style-type: none"> ○ Increased integration to back-end systems reducing the need for double keying. ○ Improved staff experience ○ Increased automation ○ Future proof for new legislation or service developments e.g. DHI individual record ○ Improved management of service user records to streamline retention policies and compliance with GDPR. • Cashable <ul style="list-style-type: none"> ○ Increased efficiencies ○ Catalyst for change ○ Reduced duplication and time wastage ○ Improved budget monitoring and performance monitoring 																																																	
<p>Funding</p>	<p>Document the expected investment required (if known):</p> <p>There are currently 443 registered users of CareFirst so indicative prices are shown for 500 users. (This aspect will require review during discussions with potential providers as some licences are for concurrent users and others are named users which makes a difference in number of licences required.)</p> <p>HSCM is being charged £104k for year to 31 March 2025 for CareFirst. This has increased from £94k the previous year. There is no contract in place.</p> <p>Table 1 below shows indicative figures from the Scotland Excel if hosted on site. Costs change significantly depending on type of provision (Locally hosted, hosted by third party or Software as a Supplier (cloud)) and there are impacts on options for funding.</p> <table border="1" data-bbox="411 1597 1465 2054"> <thead> <tr> <th>Hosted locally</th> <th>Current Year 1 £000k</th> <th>Year 2 2025/26 £000k</th> <th>Year 3 2026/27 £000k</th> <th>Year 4 2027/28 £000k</th> <th>Year 5 2028/29 £000k</th> <th>5 year Total £000k</th> </tr> </thead> <tbody> <tr> <td>Capital</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Licences</td> <td></td> <td>£144</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Service Installation</td> <td></td> <td>£178</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hardware</td> <td>£70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Consultancy / Training</td> <td></td> <td>£50</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Capital total</td> <td>£70</td> <td>£372</td> <td>£0</td> <td>£0</td> <td>£0</td> <td>£442</td> </tr> </tbody> </table>	Hosted locally	Current Year 1 £000k	Year 2 2025/26 £000k	Year 3 2026/27 £000k	Year 4 2027/28 £000k	Year 5 2028/29 £000k	5 year Total £000k	Capital							Licences		£144					Service Installation		£178					Hardware	£70						Consultancy / Training		£50					Capital total	£70	£372	£0	£0	£0	£442
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	Revenue						
	Support and Helpdesk		£216	£216	£216	£216	£864
	Project Staff costs (Grade 9)	£60	£75				£135
	Existing system	£106	£114				£220
	Efficiencies in staffing				(£100)	(£100)	(£200)
	Revenue Total	£166	£405	£216	£116	£116	£1,019
	<p>The figures for hardware and consultancy are indicative values and requires discussion with the potential suppliers and Council ICT officers to determine exact requirements.</p> <p>The efficiencies in staffing relate to funds for existing difficult to fill vacancies which could be released as processes become more streamlined. These figures will be updated following the process mapping exercises.</p> <p>These overall figures are indicative as there requires to be further discussion with ICT, procurement and potential providers to determine the most appropriate method provision of service i.e. hosted on site, hosted by third party via the supplier or hosted on a cloud. (Note If cloud based option is taken forward then none of the costs can be capitalised as there is no asset at the end of the contract.)</p>						
<p>Is funding required/available to carry out the project? No</p> <ul style="list-style-type: none"> • Budget of £109k is available for ongoing system support • There is no capital budget provided for procuring a new system, implementation and migration costs nor any additional revenue budget currently assigned. 							
Additional Information	<p><u>Equality – has an assessment been undertaken as per council policy?</u> Y/N</p> <p>No - There will be no change in the way that we currently deal with people we provide a service to. New opportunities may become available but existing methods of communication and engagement will remain. Any new solution will capture the necessary information required to help deliver a service.</p>						
	<p><u>Climate change – has an assessment been undertaken as per council policy?</u> Y/N</p> <p>No</p> <ul style="list-style-type: none"> • By improving processes, increase integration and reducing duplication then there is potential for a positive impact in climate change. • To identify if the impact is positive then we will need to understand the climate impact on the current CareFirst system. • The climate impact will be included and evaluated as part of the tender process. <p>Efforts will be undertaken to understand the impact any process improvement including reduction in paper based processes, increased integration and automation has on energy efficiency.</p>						

	Provide any other relevant information:	
HoS / Management Team Approval	Approved	
Approved By/Date	HSCM Senior Management Team	Date of meeting/decision: 15/5/24
Comments	Any relevant comments from the approving authority should be documented here.	

Section 3: To be completed by Gateway Review Board (please complete all fields)		
Gateway Approval	Approved - Proceed to Business Case	
Approved By/Date	Group or Officer Name ICT Gateway	Date of meeting/decision: 28/05/24
Comments	<i>Any relevant comments from the approving authority should be documented here.</i> Discussed timescales and resourcing issues.	
Next Steps including timescale	Business case to come back when finalised.	

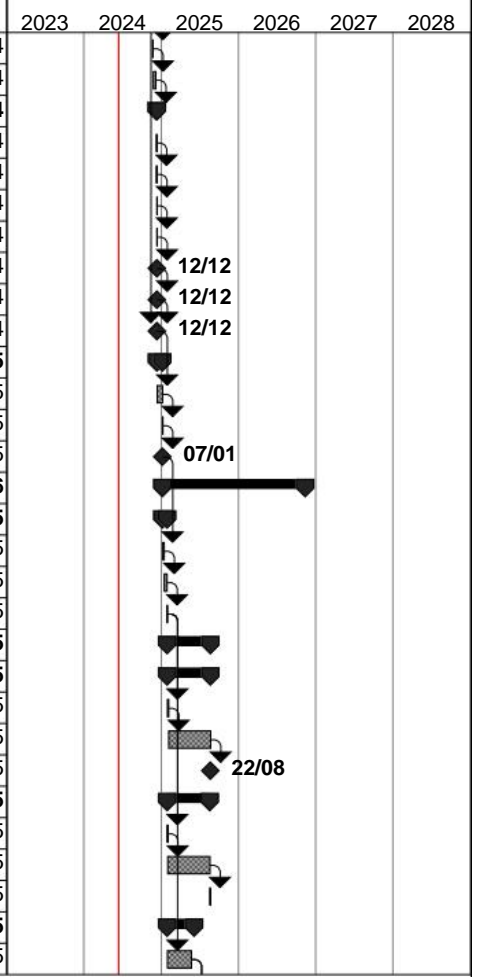
ID	RAG (Prev)	RAG (Cur)	% Complete	Task Name	Duration	Start	Finish	2023	2024	2025	2026	2027	2028
1	●	●	2%	CareFirst Replacement	823 days?	Wed 03/01/24	Wed 24/03/27						
2	●	●	96%	Concept	125 days?	Wed 03/01/24	Thu 27/06/24						
3	●	●	100%	Develop Project Mandate	10 days	Wed 03/01/24	Tue 16/01/24						
4	●	●	100%	Approval to proceed to scope - IJB Meeting	1 day	Thu 25/01/24	Thu 25/01/24						
5	●	●	100%	3MB to SMT for resource allocation	1 day?	Wed 20/03/24	Wed 20/03/24						
6	●	●	100%	Survey and Initial engagement with teams	9 days	Mon 06/05/24	Fri 17/05/24						
7	●	●	100%	Complete Project Mandate template	3 days?	Mon 20/05/24	Wed 22/05/24						
8	●	●	75%	Approval	27 days?	Wed 22/05/24	Thu 27/06/24						
9	●	●	100%	SMT approved in principle	1 day?	Wed 22/05/24	Wed 22/05/24						
10	●	●	100%	Submit to ICT gateway for approval	1 day?	Tue 28/05/24	Tue 28/05/24						
11	●	●	100%	Submit to AMWG for approval to proceed	1 day?	Wed 12/06/24	Wed 12/06/24						
12	●	●	0%	Report to IJB - approve detailed scoping work	1 day?	Thu 27/06/24	Thu 27/06/24						
13	●	●	0%	Concept Complete	0 days	Thu 27/06/24	Thu 27/06/24						
14	●	●	0%	Definition	120 days?	Fri 28/06/24	Thu 12/12/24						
15	●	●	0%	Develop Outline Business Case	65 days?	Fri 28/06/24	Thu 26/09/24						
16	●	●	0%	Scoping exercise (Define goals, deadlines, project deliverables, boundaries, resources)	15 days	Fri 28/06/24	Thu 18/07/24						
17	●	●	0%	Consultation	10 days	Fri 19/07/24	Thu 01/08/24						
18	●	●	0%	Define Resources	1 day?	Fri 02/08/24	Fri 02/08/24						
19	●	●	0%	Draft Report	2 days	Mon 05/08/24	Tue 06/08/24						
20	●	●	0%	Approval	37 days	Wed 07/08/24	Thu 26/09/24						
21	●	●	0%	HSCM SMT approval	1 day	Wed 07/08/24	Wed 07/08/24						
22	●	●	0%	ICT Gateway	1 day	Tue 20/08/24	Tue 20/08/24						
23	●	●	0%	AMWG	1 day	Fri 06/09/24	Fri 06/09/24						
24	●	●	0%	SMT/CMT	1 day	Thu 12/09/24	Thu 12/09/24						
25	●	●	0%	Outline Business case approval - IJB Meeting	1 day	Thu 26/09/24	Thu 26/09/24						
26	●	●	0%	Develop Outline Business Case completed	0 days	Thu 26/09/24	Thu 26/09/24						
27	●	●	0%	Develop Business Case	55 days?	Fri 27/09/24	Thu 12/12/24						
28	●	●	0%	Scoping exercise (Define goals, deadlines, project deliverables, boundaries, resources)	30 days	Fri 27/09/24	Thu 07/11/24						
29	●	●	0%	Consultation	10 days	Fri 08/11/24	Thu 21/11/24						



Project: CareFirst Replacement Projec
Date: Thu 13/06/24

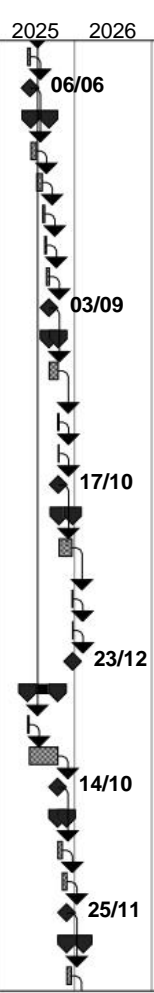
Task		Project Summary		Manual Summary Rollup	
Milestone		Group By Summary		Manual Summary	
Summary		Inactive Task		Start-only	
Rolled Up Task		Inactive Task		Finish-only	
Rolled Up Milestone		Inactive Milestone		Baseline	
Rolled Up Progress		Inactive Summary		Progress	
Split		Manual Task		Deadline	
External Tasks		Duration-only			

ID	RAG (Prev)	RAG (Cur)	% Complete	Task Name	Duration	Start	Finish	2023	2024	2025	2026	2027	2028
30	●	●	0%	Define Resources	1 day?	Fri 22/11/24	Fri 22/11/24						
31	●	●	0%	Draft Report	10 days	Mon 25/11/24	Fri 06/12/24						
32	●	●	0%	Approval	4 days	Mon 09/12/24	Thu 12/12/24						
33	●	●	0%	HSCM SMT approval	1 day	Mon 09/12/24	Mon 09/12/24						
34	●	●	0%	ICT Gateway	1 day	Tue 10/12/24	Tue 10/12/24						
35	●	●	0%	AMWG	1 day	Wed 11/12/24	Wed 11/12/24						
36	●	●	0%	SMT/CMT	1 day	Thu 12/12/24	Thu 12/12/24						
37	●	●	0%	SMT approval	0 days	Thu 12/12/24	Thu 12/12/24						
38	●	●	0%	Business case approval - IJB Meeting	0 days	Thu 12/12/24	Thu 12/12/24						
39	●	●	0%	Definition Complete	0 days	Thu 12/12/24	Thu 12/12/24						
40	●	●	0%	Initiation & Planning	11 days?	Fri 13/12/24	Tue 07/01/25						
41	●	●	0%	Develop PID	10 days	Fri 13/12/24	Mon 06/01/25						
42	●	●	0%	PID approval	1 day?	Tue 07/01/25	Tue 07/01/25						
43	●	●	0%	Initiation & Planning complete	0 days	Tue 07/01/25	Tue 07/01/25						
44	●	●	0%	Delivery	474 days?	Wed 08/01/25	Fri 13/11/26						
45	●	●	0%	Project Mobilisation	16 days?	Wed 08/01/25	Wed 29/01/25						
46	●	●	0%	Project governance	5 days	Wed 08/01/25	Tue 14/01/25						
47	●	●	0%	Identify project team	10 days	Wed 15/01/25	Tue 28/01/25						
48	●	●	0%	Kick off meeting	1 day?	Wed 29/01/25	Wed 29/01/25						
49	●	●	0%	Project Strategy	145 days?	Thu 30/01/25	Fri 22/08/25						
50	●	●	0%	Communication Strategy	145 days	Thu 30/01/25	Fri 22/08/25						
51	●	●	0%	Develop communication plan	5 days	Thu 30/01/25	Wed 05/02/25						
52	●	●	0%	Comms	140 days	Thu 06/02/25	Fri 22/08/25						
53	●	●	0%	Comms complete	0 days	Fri 22/08/25	Fri 22/08/25						
54	●	●	0%	Quality Strategy	142 days?	Thu 30/01/25	Tue 19/08/25						
55	●	●	0%	Develop Quality Plan	1 day?	Thu 30/01/25	Thu 30/01/25						
56	●	●	0%	Quality monitoring	140 days	Fri 31/01/25	Mon 18/08/25						
57	●	●	0%	Quality complete	1 day?	Tue 19/08/25	Tue 19/08/25						
58	●	●	0%	Specification of requirements	90 days	Thu 30/01/25	Fri 06/06/25						
59	●	●	0%	Develop specification	80 days	Thu 30/01/25	Fri 23/05/25						



Project: CareFirst Replacement Projec Date: Thu 13/06/24	Task		Project Summary		Manual Summary Rollup	
	Milestone		Group By Summary		Manual Summary	
	Summary		Inactive Task		Start-only	
	Rolled Up Task		Inactive Task		Finish-only	
	Rolled Up Milestone		Inactive Milestone		Baseline	
	Rolled Up Progress		Inactive Summary		Progress	
	Split		Manual Task		Deadline	
	External Tasks		Duration-only			

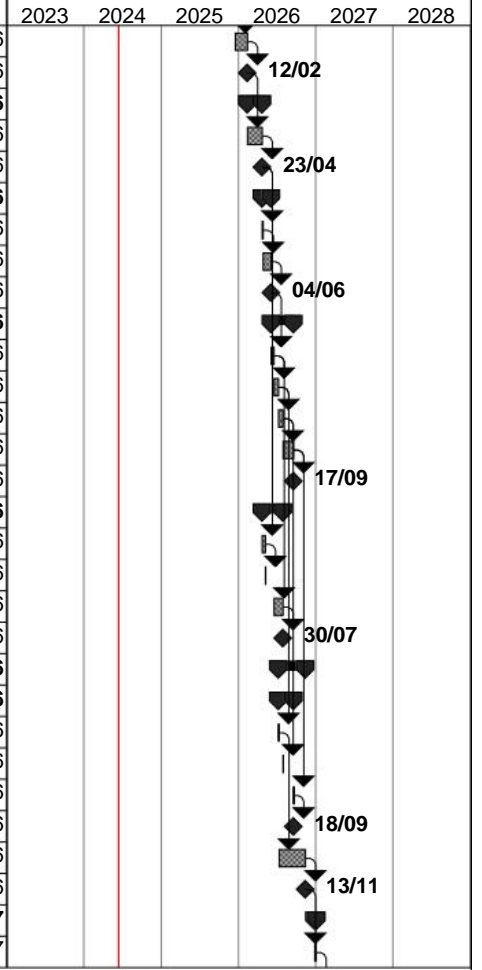
ID	RAG (Prev)	RAG (Cur)	% Complete	Task Name	Duration	Start	Finish	2023	2024	2025	2026	2027	2028
60	●	●	0%	Confirm specification	10 days	Mon 26/05/25	Fri 06/06/25						
61	●	●	0%	Specification signed off	0 days	Fri 06/06/25	Fri 06/06/25						
62	●	●	0%	Procurement process	63 days	Mon 09/06/25	Wed 03/09/25						
63	●	●	0%	PQQ (The Moray Council)	20 days	Mon 09/06/25	Fri 04/07/25						
64	●	●	0%	Tender Action	20 days	Mon 07/07/25	Fri 01/08/25						
65	●	●	0%	Tender Assessment	8 days	Mon 04/08/25	Wed 13/08/25						
66	●	●	0%	Tender Acceptance	5 days	Thu 14/08/25	Wed 20/08/25						
67	●	●	0%	Tender Standstill	10 days	Thu 21/08/25	Wed 03/09/25						
68	●	●	0%	Procurement complete	0 days	Wed 03/09/25	Wed 03/09/25						
69	●	●	0%	Installation - TBC	32 days?	Thu 04/09/25	Fri 17/10/25						
70	●	●	0%	Dependent on type of system requirement i.e. cloud/server based)	30 days	Thu 04/09/25	Wed 15/10/25						
71	●	●	0%	Test site	1 day?	Thu 16/10/25	Thu 16/10/25						
72	●	●	0%	Live site	1 day?	Fri 17/10/25	Fri 17/10/25						
73	●	●	0%	Installation Complete	0 days	Fri 17/10/25	Fri 17/10/25						
74	●	●	0%	Configuration - TBC	47 days?	Mon 20/10/25	Tue 23/12/25						
75	●	●	0%	Dependent on type of system requirement i.e. cloud/server based)	45 days	Mon 20/10/25	Fri 19/12/25						
76	●	●	0%	Test site	1 day?	Mon 22/12/25	Mon 22/12/25						
77	●	●	0%	Live site	1 day?	Tue 23/12/25	Tue 23/12/25						
78	●	●	0%	Configuration completed	0 days	Tue 23/12/25	Tue 23/12/25						
79	●	●	0%	Data Cleansing	102 days	Mon 26/05/25	Tue 14/10/25						
80	●	●	0%	Data analysis	5 days	Mon 26/05/25	Fri 30/05/25						
81	●	●	0%	Data cleansing	97 days	Mon 02/06/25	Tue 14/10/25						
82	●	●	0%	Data Cleansing signed off	0 days	Tue 14/10/25	Tue 14/10/25						
83	●	●	0%	Migration	30 days	Wed 15/10/25	Tue 25/11/25						
84	●	●	0%	Test site	15 days	Wed 15/10/25	Tue 04/11/25						
85	●	●	0%	Live site	15 days	Wed 05/11/25	Tue 25/11/25						
86	●	●	0%	Migration completed	0 days	Tue 25/11/25	Tue 25/11/25						
87	●	●	0%	User Acceptance Testing (in depth)	50 days	Wed 26/11/25	Thu 12/02/26						
88	●	●	0%	Develop test plan	15 days	Wed 26/11/25	Tue 16/12/25						



Project: CareFirst Replacement Projec
Date: Thu 13/06/24

Task		Project Summary		Manual Summary Rollup	
Milestone		Group By Summary		Manual Summary	
Summary		Inactive Task		Start-only	
Rolled Up Task		Inactive Task		Finish-only	
Rolled Up Milestone		Inactive Milestone		Baseline	
Rolled Up Progress		Inactive Summary		Progress	
Split		Manual Task		Deadline	
External Tasks		Duration-only			

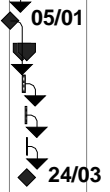
ID	RAG (Prev)	RAG (Cur)	% Complete	Task Name	Duration	Start	Finish	2023	2024	2025	2026	2027	2028
89	●	●	0%	Testing	35 days	Wed 17/12/25	Thu 12/02/26						
90	●	●	0%	UAT sign off	0 days	Thu 12/02/26	Thu 12/02/26						
91	●	●	0%	Integration of test and live systems	50 days	Fri 13/02/26	Thu 23/04/26						
92	●	●	0%	tbc	50 days	Fri 13/02/26	Thu 23/04/26						
93	●	●	0%	Integration of test and live systems completed	0 days	Thu 23/04/26	Thu 23/04/26						
94	●	●	0%	Final Testing and Security Checks	30 days	Fri 24/04/26	Thu 04/06/26						
95	●	●	0%	Develop Test plan	2 days	Fri 24/04/26	Mon 27/04/26						
96	●	●	0%	Testing carried out	28 days	Tue 28/04/26	Thu 04/06/26						
97	●	●	0%	Testing signed off	0 days	Thu 04/06/26	Thu 04/06/26						
98	●	●	0%	Training	75 days?	Fri 05/06/26	Thu 17/09/26						
99	●	●	0%	Develop Training plan	10 days?	Fri 05/06/26	Thu 18/06/26						
100	●	●	0%	Phase 1 - Training carried out	15 days	Fri 19/06/26	Thu 09/07/26						
101	●	●	0%	Phase 2 - Training carried out	15 days	Fri 10/07/26	Thu 30/07/26						
102	●	●	0%	Phase 3 - Training carried out	35 days	Fri 31/07/26	Thu 17/09/26						
103	●	●	0%	Training signed off	0 days	Thu 17/09/26	Thu 17/09/26						
104	●	●	0%	Change management	70 days	Fri 24/04/26	Thu 30/07/26						
105	●	●	0%	Develop change management plan	10 days	Fri 24/04/26	Thu 07/05/26						
106	●	●	0%	Change management approval	1 day	Fri 08/05/26	Fri 08/05/26						
107	●	●	0%	Implement change management plan	30 days	Fri 19/06/26	Thu 30/07/26						
108	●	●	0%	Change management signed off	0 days	Thu 30/07/26	Thu 30/07/26						
109	●	●	0%	Implementation and Go live	91 days	Fri 10/07/26	Fri 13/11/26						
110	●	●	0%	Implementation	51 days	Fri 10/07/26	Fri 18/09/26						
111	●	●	0%	Phase 1	1 day	Fri 10/07/26	Fri 10/07/26						
112	●	●	0%	Phase 2	1 day	Fri 31/07/26	Fri 31/07/26						
113	●	●	0%	Phase 3	1 day	Fri 18/09/26	Fri 18/09/26						
114	●	●	0%	Go Live	0 days	Fri 18/09/26	Fri 18/09/26						
115	●	●	0%	Enhanced support	90 days	Mon 13/07/26	Fri 13/11/26						
116	●	●	0%	Implementation sign off	0 days	Fri 13/11/26	Fri 13/11/26						
117	●	●	0%	Project Closure	7 days?	Mon 28/12/26	Tue 05/01/27						
118	●	●	0%	End of Project Report Prepared	5 days	Mon 28/12/26	Fri 01/01/27						



Project: CareFirst Replacement Projec
Date: Thu 13/06/24

Task		Project Summary		Manual Summary Rollup	
Milestone		Group By Summary		Manual Summary	
Summary		Inactive Task		Start-only	
Rolled Up Task		Inactive Task		Finish-only	
Rolled Up Milestone		Inactive Milestone		Baseline	
Rolled Up Progress		Inactive Summary		Progress	
Split		Manual Task		Deadline	
External Tasks		Duration-only			

ID	RAG (Prev)	RAG (Cur)	% Complete	Task Name	Duration	Start	Finish	2023	2024	2025	2026	2027	2028
119	●	●	0%	Project Board Approval	1 day?	Mon 04/01/27	Mon 04/01/27						
120	●	●	0%	Council Committee Approval	1 day?	Tue 05/01/27	Tue 05/01/27						
121	●	●	0%	End of Project Report signed off	0 days	Tue 05/01/27	Tue 05/01/27						
122	●	●	0%	Post Project Review (dates tbc at project closure)	16 days?	Wed 03/03/27	Wed 24/03/27						
123	●	●	0%	Carry out review	10 days	Wed 03/03/27	Tue 16/03/27						
124	●	●	0%	Benefits Review Report produced	5 days	Wed 17/03/27	Tue 23/03/27						
125	●	●	0%	Benefits Realisation Board (CMT)	1 day?	Wed 24/03/27	Wed 24/03/27						
126	●	●	0%	Post project review completed	0 days	Wed 24/03/27	Wed 24/03/27						



Project: CareFirst Replacement Projec
Date: Thu 13/06/24

Task		Project Summary		Manual Summary Rollup	
Milestone		Group By Summary		Manual Summary	
Summary		Inactive Task		Start-only	
Rolled Up Task		Inactive Task		Finish-only	
Rolled Up Milestone		Inactive Milestone		Baseline	
Rolled Up Progress		Inactive Summary		Progress	
Split		Manual Task		Deadline	
External Tasks		Duration-only			

Resourcing and Governance Requirements to progress Outline Business Case

1.1 Resource Requirements

Estimate of Resources required would be:-

HSCM

- Project officer (internal secondment) – System specification, procurement, migration and implementation

incorporated in substantive roles:-

- Senior Responsible Officer
- Programme lead
- lead – process improvement, embed quality assurance framework
- lead – communication and engagement
- System support (including data cleansing) and training
- Project admin support
- Service champions during development, procurement, testing and implementation phases

There will be additional requirements for support from across all services areas to support testing, identify process improvements, efficiencies and to assist with implementation.

Council

- Senior ICT officer - advice for specification, involved in procurement process and tender award, advice for data mapping and migration, system support. Potential requirement for hardware configuration and support if option for a hosted system is selected.
- Process Improvement – Senior ICT Officer – estimate 14 days
- Procurement – support of procurement officer for advice & support for options appraisals (July to Sept 2024) and if approval to proceed the tender process to February 2025.
- Information Governance – support and guidance for data sharing agreements, records management and data cleansing throughout the project.

New system provider

- External support as necessary from system supplier and where necessary other suppliers for interfaces.

1.2 Project Management Arrangements

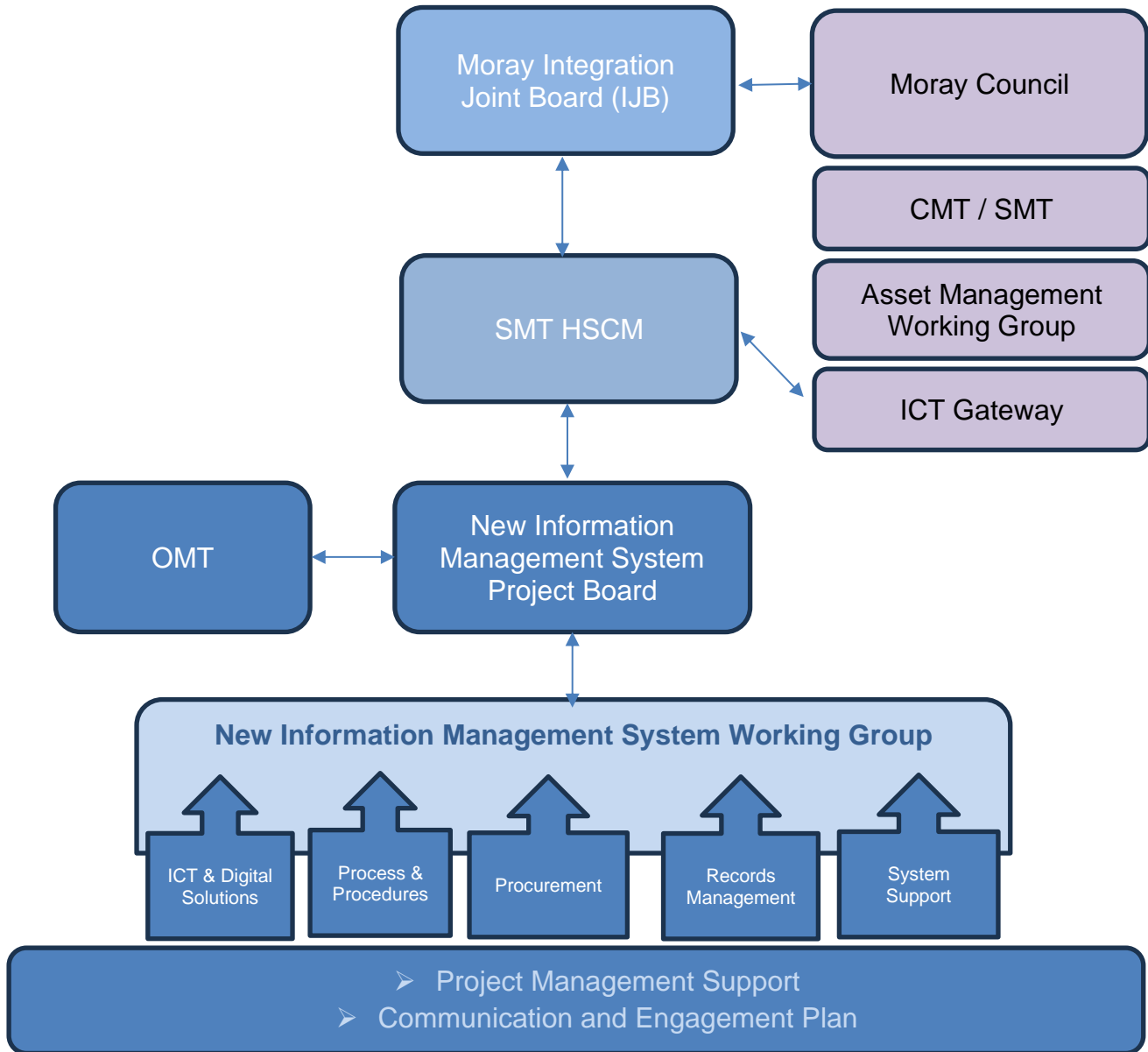
The project will be managed in accordance with HSCM and Moray Council procedures. A project manager will be appointed by Health and Social Care Moray from existing resources to progress the project to the business case.

A high-level outline project plan is in place and a more detailed plan is developed to Outline Business Case approval.

The timescales for procurement, project implementation and phasing of adoption by services will be determined once it is confirmed funding has been identified and option appraisals have informed decisions on type of system to be procured.

1.3 Project Reporting Structure

New Information Management System Project Governance



Group	Purpose	Representing
Moray Integration Joint Board	Approve strategic objectives, scope, and principles of project	
Project Senior Responsible Officer	To lead project for HSCM Member of Senior Management Team	SMT
New Information Management System Board	<ol style="list-style-type: none"> 1. Managing the delivery of a new Information Management System for HSCM 2. Own the project plan 3. Represent the future users and providers of the project – agree and establish the quality standards 4. Maintain strategic alignment of project with IJB strategy 5. Resolve conflict 6. Manage: Risks/Assumptions/Dependencies/ Issues / Changes 7. Sign off – new ways of working 8. Benefit realisation 9. Quality assurance 10. Compliance with TMC “Gateway Policy” 	<p>SMT rep</p> <p>Children’s Services Service Man rep</p> <p>Adult Social Work Service Man rep</p> <p>Locality Man rep</p> <p>Justice Services Service Man</p> <p>Corporate Manager</p> <p>Information Governance rep</p> <p>Internal Audit Rep</p> <p>Project Administrator</p>
New Case Management System Working Group	<ol style="list-style-type: none"> 1. Develop and manage the project plan 2. Day to day management of the project 3. Ensure delivery of a new system that meets the identified objectives 4. Monitor Progress 5. Manage RADIC 6. Manage Service and Project Resources 7. Report to Project Board 8. Map Benefits 	<p>Core:</p> <p>Project manager</p> <p>ICT & Digital lead</p> <p>System Support</p> <p>Team Man Reps (C&F, Adult, Justice)</p> <p>Process & Procedure lead</p> <p>Communication and Engagement lead</p> <p>Project Administrator</p> <p>Advisors:</p> <p>Procurement officer</p> <p>Accountancy</p>

		HR & OD officer Information Governance lead
Service Design and specification	Representatives of services, and types of service, to help design the principles, standards and approach for implementation. To sign off agreed service specifications prior to procurement process.	Appropriate representation of teams and roles to ensure full coverage.

1.4 Arrangements for Risk Management

Risks to the overall project will be reported to and owned by the Project Board.

A project risk register has been established.

Risks to the relevant work streams will be identified, recorded and reported to the work stream lead who will provide updates and identify mitigations where applicable to the working group (or project manager if urgent) and these will be escalated to the Project Board as necessary.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024

SUBJECT: PUTTING PEOPLE FIRST – NHS GRAMPIAN’S NEW APPROACH TO LISTENING TO AND INVOLVING PEOPLE

BY: STRATEGIC DEVELOPMENT MANAGER, NHS GRAMPIAN

1. REASON FOR REPORT

1.1 To update the Board of the new NHS Grampian’s Putting People First framework and to consider opportunities to collaborate around listening to and involving the public in improving services and creating more preventative and sustainable models of care.

2. RECOMMENDATION

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

- i) note NHS Grampian’s Putting People First framework, ambition, guiding principles and priorities for the foundation years, and**
- ii) consider opportunities for collaboration around the new approach including the proof of concept areas.**

3. BACKGROUND

3.1 NHS Grampian’s Plan for the Future articulates an ambition to change the relationship with the public so NHS Grampian can create a more preventative system and develop sustainable models of care rooted in communities. A focused piece of work has therefore been undertaken to help refresh its approach to how NHS Grampian wants to involve and listen to people in line with evidence on effective community engagement.

3.2 The following activities were carried out to inform the new approach:

- Evidence base review
- Sounding board of system experts established
- Mapping of staff and public engagement within NHS Grampian
- Appreciative Inquiry approach taken to listen to and involve diverse people in shaping the approach

- 3.3 Putting People First Framework outlines the new approach, guiding principles and recommendations for the foundation years. This is going to the NHS Grampian for support in June 2024.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Putting People First framework gives the direction of travel and ambition for NHS Grampian, but it is recognised that in order to succeed, this will need to be developed further with local HSCPs and Community Planning Partnerships. This paper is an opportunity to have early sight of this work and to consider how Moray IJB and HSCP can collaborate around this agenda, recognising the good work already happening locally in Moray.

The Putting People First Ambition and Principles

- 4.2 Our new ambition, Putting People First is for NHS Grampian to lead the way in how, as an organisation, we welcome, involve, and invite all colleagues and citizens to contribute to improving services and to improving the health of people locally.
- 4.3 This requires us to nurture relationships, valuing the expertise of people seeking care as much as those providing it. NHS Grampian will grow conditions for participation which starts with what is strong not what is wrong, and engage with the talent and expertise which exists within staff teams, the wider community and the third sector.
- 4.4 NHS Grampian will see more opportunities for people to feedback and help shape existing services, and see more opportunities for communities (communities of place or communities of shared identity) to connect with health to shape more preventative approaches.
- 4.5 The Putting People First guiding principles are:
- 1. We Put People First**
We strengthen the voice and expertise of lived experience within existing services and support local staff to act on what they hear.
 - 2. Collaboration always**
We are clear on the unique role and expertise offered by NHS Grampian and collaborate within wider the local system.
 - 3. We value each other equally**
We equally value the expertise of people seeking care, the third sector alongside the expertise provided by clinicians and celebrate our diversity, using flexible inclusive approaches to support diverse involvement.
 - 4. We care about our purpose and learn together**
We focus on learning and developing together and we elevate the value of human stories to rebalance a target focused NHS culture.

A three horizons approach to change – starting with setting the foundations

4.6 Mindful of the culture change required and the financial pressures facing NHS Grampian, the three horizons model provides a framework where over the next 2 years, the focus is on setting the foundations, carrying out proof of concept work, building evidence, learning as a whole system and spreading the approach over the medium to longer term.



4.7 In collaboration with key stakeholders, the priority areas for NHS Grampian for the next two foundation years are:

1. Increasing peoples' skills and confidence in listening to and involving others

To develop staff and to improve patient experience, NHS Grampian will develop good practice toolkits on effective engagement, developing effective materials to support courageous conversations and deliver these in a range of ways which are accessible to diverse people (staff and community members).

2. Developing Community Appointment Day and other community led health approaches

In order to innovate new models of care through developing equal partnerships with communities, NHS Grampian will test Community Appointment Day (CAD) approaches which brings clinicians into community settings¹. Community Appointment Days are not just about hosting services closer to home - they enable wellbeing by taking a strengths-based and community powered approach to identify non-medical issues that might be causing or exacerbating medical conditions and have services available there who can support the fundamental basic needs people have in addition to providing specialist medical input in the same environment. Evidence has shown that not only do these provide what people need to enable wellbeing, but they have also reduced waiting

¹ [Joint venture: how an NHS physio waiting list was shrunk in just two days - New Local](#)

lists by one third and improved patient and clinician satisfaction as evidenced here: [Joint venture: how an NHS physio waiting list was shrunk in just two days - New Local](#)

3. Increasing the feedback NHS Grampian receive from the public and acting on what we hear at all levels of the organisation

We will increase the contribution from our public involvement network (PIN) and from volunteers and we will have more public involvement/lived experience informing service improvements and transformation activity. We will test Rapid Cycle Feedback Loops in some service areas, supporting teams to be able to receive feedback and act on what they hear and provide opportunity to escalate as appropriate for action and wider learning.

4. Making listening to and involving people a visible priority and growing a movement of collaborators and sharing learning across the system

We will also develop a learning network where the insights and themes gathered from the Putting People First activities can be considered at a wider organisational level to inform more systemic strategic decision making based on what really matters to people.

By the third horizon, this will lead to a situation where in Grampian:

- ✓ Everyone can contribute to improving services and be involved in improving the health of the population
- ✓ All care pathways having third sector and community involvement
- ✓ More people are able to self-manage and take an active role in their health and wellbeing
- ✓ We have a highly motivated workforce who have the autonomy to innovate to improve outcomes
- ✓ We have reduced inequalities in health outcomes and improvements in the overall health of the 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”

The Putting People First approach is fully aligned with Partners in Care 2022-2032 vision to come together as equal and valued partners in care and with the intent to deliver more care and support in homely community settings. In addition, Putting People First is strongly aligned to Moray’s Wellbeing Pledge.

(b) Policy and Legal

There is growing recognition that our treatment-led, hospital-dominated model of healthcare is not fit to effectively deal with the health challenges of our ageing population and changing burden of disease. There is a fundamental requirement that healthcare shifts more towards

preventative approaches which prevent the development of conditions and enable individuals to manage long term health conditions effectively.

The Plan for the Future NHS Grampian's 2022-2028 strategy takes forward that ambition to create a system which delivers both changes to the population's health through 'enabling wellness' whilst still being able to provide timely and high-quality services which 'respond to illness'.

As outlined in Plan for the Future, communication and engagement includes a wide range of activities from every day interactions through to helping transform the system as follows:

1. Make every opportunity count to support people to stay well and recover faster.
2. Ensure our colleagues, patients, carers and public are kept informed and feel valued.
3. Establish a culture of co-production to ensure a range of voices, including seldom heard voices, are heard in the choice and design of services.
4. Supporting change through building relationships.
5. Enhance the Grampian health system as the place to work.
6. Making a difference (evaluation).

As well as the need to engage differently to achieve sustainable change, the organisation also has statutory duties to engage and involve people. The Putting People First approach will support best practice and encourage cross system collaboration and learning to ensure that NHS Grampian is ensuring adherence the following areas:

Legislation

- NHS Reform (Scotland) Act 2004
- Public Bodies (Joint Working) (Scotland) Act 2014 (section 36)
- Equality Act 2010
- Fairer Scotland Duty 2018
- Community Empowerment (Scotland) Act 2015
- Human Rights Act 1998
- Children and Young People (Scotland) Act 2014

Guidance

- Staff Governance Standards
- Planning with People (2023)
- Right First Time (2021)
- Integration Planning Principles (2015)
- National Standards for Community Engagement (2016)
- The Gunning principles (1985)
- PANEL principles (2015) (Participation, Accountability, Non-discrimination and equality, Empowerment and Legality)

To achieve this ambition and to meet statutory requirements, it is recognised that effective engagement cannot belong solely to the remit of a specialist engagement team but requires commitment and action at all levels within the organisation and across the wider system to change culture and develop the whole workforce to create equal partnerships with the public, empowering frontline teams to be key drivers of change.

(c) Financial implications

None arising from this report.

(d) Risk Implications and Mitigation

Quality/ Patient Care

Positive impact –

Rapid cycle feedback loops will be tested to support teams to focus on what really matters to patient/service users and to provide teams the skills to take action on feedback.

Community Appointment Days will be developed in collaboration with teams and people with lived experience to create more effective models of care.

Communities of practice/learning loops will be developed to ensure there is the opportunity to learn and evolve across the system.

Negative impact – these proof of concept areas of work as described above will not be delivered across all areas due to resource constraints and will require increased resource allocation in Horizon 2 to ensure equitable spread across the organisation.

(e) Staffing Implications

Positive impact – improved access to training, tools and advice to help teams better engage with the public will be developed.

New models of care will be tested to better meet local need. Platforms for sharing and learning about how to listen and involve people effectively will be developed to support teams.

Negative impact – capacity in teams to prioritise this learning may be a challenge. Some colleagues may find this new way of working a large cultural shift.

Senior leadership support will be needed to make this agenda a priority. Starting with a small number of test of change areas, the work will be evaluated to demonstrate impact on outcomes and learning and this will be shared across the system.

(f) Property

Nothing arising from this report.

(g) Equalities/Socio Economic Impact

An EQIA checklist has been completed. No potential negative impact has been identified, therefore a full EQIA or FSDIA has not been carried out.

(h) Climate Change and Biodiversity Impacts

Nothing arising from this report

(i) Directions

None arising directly from this report.

(j) Consultations

The engagement process followed by NHS Grampian in developing the Putting People First framework was diverse and inclusive and has modelled best practice for listening to and involving people, in line with the new Putting People First approach and guiding principles.

6. CONCLUSION

6.1 This provides an update to the Board of the new NHS Grampian's Putting People First framework and to consider opportunities to collaborate around listening to and involving the public in improving services and creating more preventative and sustainable models of care.

6.2 It is clear from an NHS Grampian perspective, that a whole system approach is needed to better involve the public in how we do things and the board are asked to consider what opportunities there might be to collaborate and to use this new approach as an enabler for positive change.

Author of Report: Luan Grugeon Strategic Development Manager (Colleague and Citizen Engagement), NHS Grampian

Background Papers: **Appendix 1** Summary document – Putting People First
Ref:



Putting People First – An approach to how NHS Grampian listens to and involves people

Summary

Situation

As reflected across the whole of Scotland, NHS Grampian is experiencing more demand for health and care services than the current system can cope with.

Across Scotland, people are spending more of their life in ill health and the number of people dying early is increasing. The gap in healthy life expectancy between the poorest and the wealthiest is growing.

NHS Grampian's Plan for the Future aims to change the relationship with the public so we can create a more preventative system and develop sustainable models of care rooted in communities.

Background

To help achieve this aim, work has been ongoing to help shape a new approach and to make recommendations for action.

The following activities were carried out to inform the new approach:

- ✓ Evidence-based review.
- ✓ Sounding board of system experts established.
- ✓ Mapping of staff and public engagement within NHS Grampian.
- ✓ Listening to and involving a diverse range of people to help shape the approach.

Assessment

The work undertaken identified that:

- There is strong support across the system for having a shared approach to how we listen to and involve people.
- The evidence base review highlights the link between listening and engaging well to quality and safety of care provided, staff satisfaction, patient satisfaction as well as financial performance.
- Engaging with people in communities which focuses on building trust and ongoing dialogue can help create a more preventative system. This is most effective when there is targeted engagement with communities, involving trusted third sector, local services and focussing on what really matters to people.
- There are many pockets of good practice around listening to and involving people, but there is not an infrastructure which supports cross-system learning to spread good practice and to identify areas which require collective action.
- Much of the current listening and communicating with the public is episodic, based on specific projects and does not support relational working between people and communities.
- Many staff will need support to develop skills, confidence and capacity to play their part and we have highly skilled teams within corporate services who can provide support.

Response

Our new ambition, *Putting People First* is for NHS Grampian to lead the way in how we welcome, involve, and invite all colleagues and citizens to contribute to enhance services and to improve the health of people locally. This requires us to nurture relationships, valuing the expertise of people seeking care as much as those providing it. We will grow conditions for participation which starts with what is strong - not what is wrong, and engages with the talent and expertise which exists within staff teams, the wider community and the third sector. We will see more opportunities for people to feedback and help shape existing services and to connect with health to shape more tailored preventative approaches.

The *Putting People First* guiding principles are:

1. We Put People First

We strengthen the voice and expertise of lived experience within existing services and support local staff to act on what they hear.

2. Collaboration always

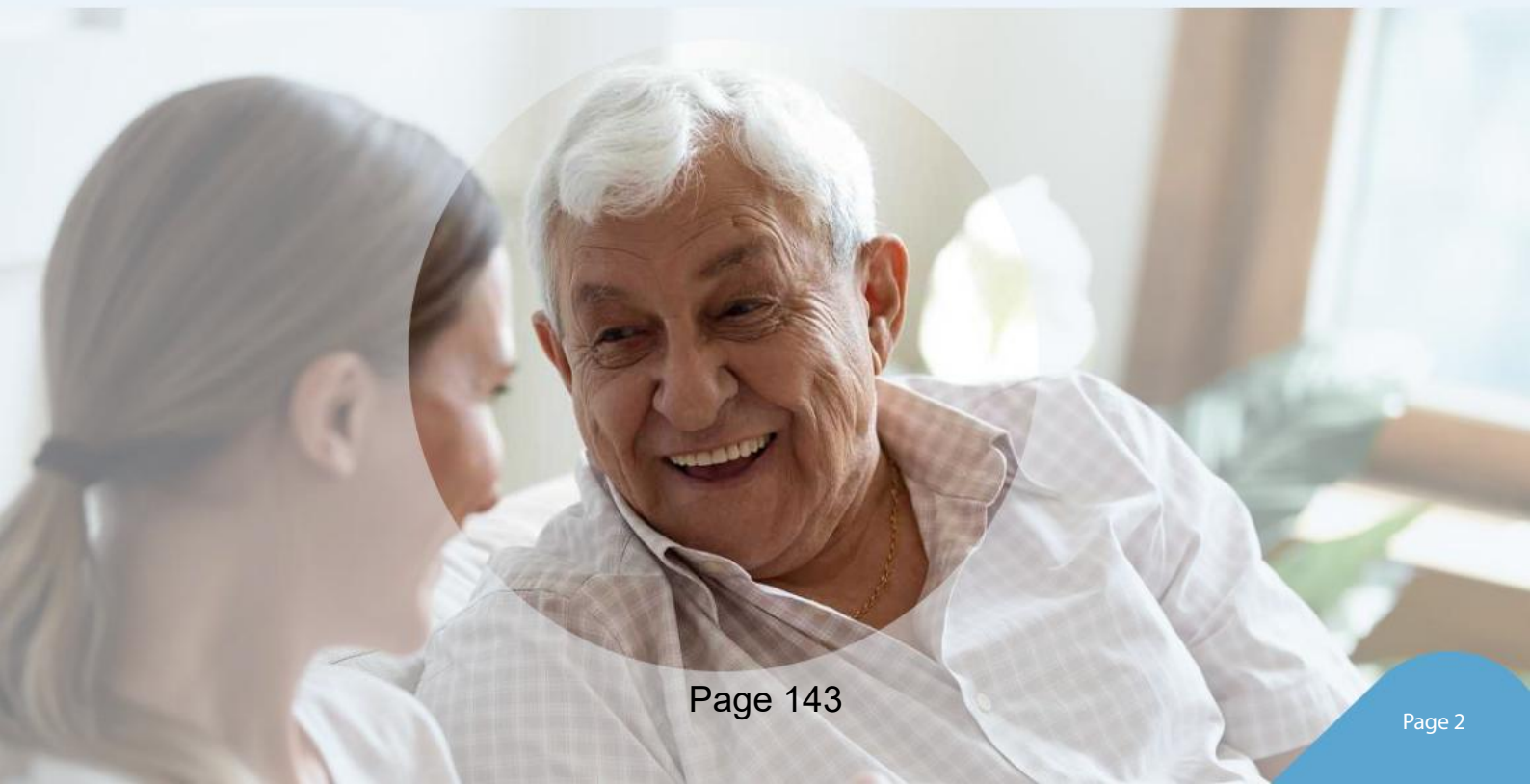
We are clear on the unique role and expertise offered by NHS Grampian and collaborate within wider the local system.

3. We value each other equally

We equally value the expertise of people seeking care, the third sector alongside the expertise provided by clinicians and celebrate our diversity, using flexible inclusive approaches to support diverse involvement.

4. We care about our purpose and learn together

We focus on learning and developing together and we elevate the value of human stories to rebalance a target-focused NHS culture.



Over time, this will lead to a situation where:

- ✓ Everyone can contribute to improving services and be involved in improving the health of the population.
- ✓ All care pathways having third sector and community involvement.
- ✓ More people are able to self-manage and take an active role in their health and wellbeing.
- ✓ We have a highly motivated workforce who have the autonomy to innovate to improve outcomes.
- ✓ We have reduced inequalities in health outcomes and improvements in the overall health of the population.

A long term commitment starts with building the foundations

This will be a significant change for the organisation to change culture, develop skills and confidence, build relationships and create an infrastructure, at a time of unprecedented financial challenges and system pressures. A three horizons approach will be taken focusing on building the foundations for this new approach over the new 1-2 years.

Following the principles, we will focus on the building the foundations, collaborating within existing resources and working in collaboration with the wider system across 4 key thematic areas in the next 2 years:

- Increasing people's skills and confidence in listening to and involving people.
- Design and implement community led health approaches - for example; Community Appointment Days.
- Increasing the feedback we receive from the public and acting on what we hear.
- Making listening to and involving people a visible priority and growing a movement of collaborators.

Oversight and governance

Progress will be overseen by a newly established *Putting People First* Oversight Group and will report regularly to the Population Health Committee.



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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024

SUBJECT: PROGRESS REPORT ON MORAY UNPAID CARERS STRATEGY

BY: LEAD OFFICER FOR UNPAID CARERS

1. REASON FOR REPORT

1.1 To update the Board of the progress in delivering on the objectives within the local carer strategy. Preparation and review of the strategy is a requirement of the Carers (Scotland) Act 2016

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board:

- i) note the progress made in meeting the objectives within the strategy; and**
- ii) instruct the Lead Officer for Unpaid Carers to report back to the Board on an annual basis, and to Clinical and Care Governance Committee quarterly, as a minimum, to monitor the progress of the actions within the strategy.**

3. BACKGROUND

- 3.1 Unpaid carers provide vital support to the people they care for and are fundamental to Moray's health and care system. It is estimated that around 16,200 people in Moray are likely to be providing some form of care to a partner, family member, friend or neighbour who could not manage without their support.
- 3.2 [Carers Scotland](#) has already highlighted the "devastating" impact the health and social care crisis is having on the health and wellbeing of Scotland's 800,000 carers, with a report published on National Carers Rights Day showing 36% of unpaid carers surveyed reporting they have had thoughts relating to self-harm or suicide. More than half of carers reported that their physical health suffered as a result of their caring role, with 41% reporting putting off health care treatment due to their caring responsibility.

- 3.3 The Carers Leave Act 2023 which came into force on 6 April 2024 means that workers who have unpaid caring responsibilities are now entitled to take up to five days unpaid leave, further highlighting the importance of support for those who are trying to juggle work and their caring responsibility.
- 3.4 The local strategy, launched on 1 April 2023, supports the national vision of Valuing, Recognising and Supporting Carers. The key strategic outcomes for Scotland include:
- Carers are recognised and their contribution is understood and valued by society.
 - Carer's voices are heard, and their views and experiences are taken into account in decisions which affect them.
- 3.5 The three strategic priorities for Health and Social Care Moray's (HSCM) Carer Strategy are:
- **Recognition for Carers**
 - We want carers to be able to say, 'I can identify as a carer. I am able to access the information and advice I need as a carer and I know and understand my rights'.
 - **Valuing Carers**
We want carers to be able to say, 'I am listened to and valued as an equal and expert partner by people working in health and social care. I am involved in the planning and delivery of services and support for myself and for the person/s I am caring for'.
 - **Supporting Carers**
We want carers to be able to say, 'I am able to manage my caring role and reduce any negative impact on my health and wellbeing. I can access the support and services which are right for me. I am able to take a break from my caring role when I need to. I am not disadvantaged because I am a carer. I am able to achieve my own goals and maintain my education and/or employment'.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 A HSCM Carers Strategy Group has been established to monitor on a regular basis the progress in the Carers Strategy Implementation Plan, with the first meeting taking place on 2 May 2024. Terms of reference were drafted with clear aims and objectives of the group and a quorum agreed.
- 4.2 This report confirms that the contract has gone to tender and awarded to Quarriers to deliver information, support, and advice and to offer both Adult Carer Support Plans and Young Carer Statements. The contract has been awarded from 1 January 2024 for a three-year period. The carers team have been working alongside the Carers Support Service and Commission to ensure that the key outcomes are delivered in line with strategy.
- 4.3 To aid easier identification of carers on our recording systems, and to support efficiencies when completing the national Carers Census, a unique role identifier has been created on CareFirst.
- 4.4 As reported to the Clinical Care Governance Committee on 31 August 2023 (para 8 of minute refers), work is continuing regarding the identification of a transparent, personalised indicative budget when unpaid carers meet eligibility

for a Self-Directed Support (SDS) budget. The work was one of three partnership areas Social Work Scotland were leading on, testing out the draft self-evaluation framework for improvement. This is about to embark on phase 2 of the testing. This work further aligns itself to the national SDS Framework of Standards, through the lens of Standard 12; Access to Budgets and Flexibility of Spend. Through the initial evaluation we are able to conclude that despite unpaid carers being supported through the delivery of SDS, both in relation to the unpaid carers and the cared for, there are complexities in how this is recorded, and is all too often recorded under support for the cared for, including access to short breaks and respite. This poses challenges when trying to clearly identify and report on the level of support provided where the primary focus is the delivery of support for the unpaid carer.

- 4.5 Moray is continuing to support unpaid carers through the work undertaken by the Day Opportunities team (**Appendix 1** highlights the work of the team through a report developed by Health Improvement Scotland and previously shared with the Board). The SDS Enablers within the team focus on building relationships, and taking a strength based, asset-based approach, acknowledging the need for place-based support in people's own communities. At the MIJB Development session on 27 April 2023, a PowerPoint Presentation showed that 53.2% of the people they supported had the primary purpose of supporting unpaid carers to maintain their caring role. Through ensuring that the support delivered focussed on meeting the needs of the unpaid carer, but also providing a meaningful outcome for the cared for person, short breaks and respite can be a positive experience for both individuals. The work of the team supports Strategic Outcome Three, Supporting Carers.
- 4.6 The Day Opportunities Team have identified one of the SDS Enablers to take on a role of Carers Champion who will be allocated the referrals for those individuals where there is significant carer stress and the need for unpaid carer support to be input. The identified worker has significant experience of supporting unpaid carers and is equipped to provide information and guidance relating to further supports available in Moray for unpaid carers. The post holder will work closely with the Social Worker for Unpaid Carers to enable all options of support being explored to support unpaid carers to continue in their caring role. The role will further support the key strategic aligned to the Carers Strategy.
- 4.7 The Carers Team are embarking on a collaborative project alongside Elgin Health Centre to support the early identification and recording of unpaid carers, to ensure unpaid carers can access the support they require in a timely manner. Research undertaken by the Health Foundation shows that GP records identify many more carers compared to local authority records, and very few appear in both. Data held by GP's and local authorities identified at most between 11% and 26% of unpaid carers compared to the Census, with GP sources identifying up to fifteen times more carers than local authority sources and with less than 7% identified in both sources. Key points from the research state that there is a requirement for better data and identification and to appropriately prioritise carer support, reflecting the value of their work. Local data shows that approximately 13% of unpaid carers are known to the Carers Centre, supporting the evidence from the research. The collaborative work between the Carers Team and Elgin Health Centre will primarily focus on awareness raising for practice staff to support the identification of unpaid

carers, and to improve data collection through the promotion of Equal Partners in Care (EPiC's) unpaid carer training on the digital NHS Education Scotland platform, TURAS, and Scottish Social Services Council (SSSC) badges.

- 4.8 EPiC is a joint project between NHS Education for Scotland (NES) and the SSSC to implement workforce education and learning elements in line with the National Carers Strategy. EPiC's core principles are based on six key outcomes, include ensuring carers are identified. This also aligns with our local Strategic Outcome 1, Recognition for Carers.
- 4.9 This will be further supported through the creation of a GP Practice Unpaid Carer Pathway, the promotion of annual health checks and encouraging unpaid carers to share contingency planning with their GP should they be admitted to hospital. The project will initially focus on adult carers, with a vision to expand this to young carers as the project progresses.
- 4.10 The theme for National Carers Week this year was Putting Carers on the Map and was held week beginning 10th June. HSCM prepared FaceBook posts for HSCM to publish each day during the week to support the identification of unpaid cares, to raise awareness of unpaid carers and to also support in raising the profile of unpaid carers. The final day of Carers Week saw the last post share information in relation to the collaborative work being undertaken between Elgin Health Centre and HSCM. Information in relation to unpaid carers was also shared with Social Work Teams.

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"

Carers who are supported to carry out their role in a way that supports their own health and wellbeing and their educational and economic potential, are key to achieving the ambitions of the Moray IJB Strategy Plan, the Corporate Plan and LOIP. The strategy will support HSCM to demonstrate impact on Outcome 6 of the National Health and Wellbeing Outcomes.

Involving unpaid carers, the person they care for, and workers from health and social care services work together as partners they increase the chances of better outcomes for all involved, this aligns with Realistic Medicine, putting people at the centre of decision about care and support, alongside the key priorities highlighted through the work of EPiC.

(b) Policy and Legal

Having a local carer strategy in place meets the legal obligation on the Moray IJB as prescribed in the Carers (Scotland) Act 2016. It also supports carers right to:

- Access a local information and advice service.
- Be included in the hospital discharge of the person they are caring for.
- Request and Adult Carer Support Plan (if over the age of 18) or a Young Carer Statement (if under aged 18 or younger)

- Access Support if they have eligible needs.
- Be consulted on services for them and the person they are caring for.

(c) Financial implications

Annual Carer Act funding is in place to support delivery of the strategy. The actions outlined within the Strategy and Action Plan, including the commissioning of the local information and advice service, require to be delivered within the existing resource envelope and through additional, applied for, funding streams where available.

(d) Risk Implications and Mitigation

The provisions of the Act are considered to contribute to overall risk management across the responsibilities of the health and social care partnership. Demand for support is likely to increase significantly as more people are identified as carers. A local eligibility criteria is in place to determine whether a carer should receive formal support.

(e) Staffing Implications

The strategy will be delivered by the workforce in partnership with unpaid carers, the public, third and independent sectors, and the wider community.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

Carers are more likely to experience inequality of outcome and more likely to be in poor health than people who do not undertaken a caring role. The strategy aims to enhance equality of opportunity for all carers.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

No Direction required.

(j) Consultations

Consultations have taken place with the Carer Representative on the Board, Assistant SDS & Carers Officer, Provider Service Manager, Dr Robert Lockhart, Carers Strategy Implementation Group, Operational Management Team (OMT).

6. CONCLUSION

6.1 The contribution of unpaid carers of all ages to the health and social care system in Moray must be acknowledged, celebrated, and supported.

6.2 For the MIJB to note the progress being made to date in line with the Carers Strategy, and the acknowledgment of the need to ensure unpaid carers are recognised, valued and supported.

Author of Report: Michelle Fleming, Self-Directed Support & Unpaid Carers Team
Manager (SDS & Carers Lead Officer)

Background Papers:

Ref:

Self-Directed Support Enablers – Supporting improved delivery of an outcome focused service for unpaid carers and those they care for

Moray Health and Social Care Partnership (HSCP)

April 2023

Moray HSCP developed a local service for carers and cared for people, ensuring a flexible, person-centred approach, utilising Self-Directed Support (SDS) care enabler staff to facilitate good outcome focussed conversations with families and unpaid carers.

This impact story looks at how the Day Opportunities team planned and implemented this innovative approach to care and short breaks that focussed on commissioning differently to achieve good outcomes for the carer and cared for person.



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Using the SDS standards as a benchmark for good practice, harnessing the power of our communities, and recognising the importance of place-based supports, helps to deliver positive outcomes for the individual and their carers. Supporting individuals to re-engage in their own community is central to our ethos

Background

COVID-19 significantly impacted on carers' and cared for people's needs and opportunities to access building-based day services, with an understanding that services would require a new approach to care and short break opportunities for unpaid carers. The Moray HSCP Adult Social Care Leadership Team recognised this need and decided to design and implement a new approach to delivering care and short breaks with this work being led by the small Day Opportunities team.

The team aimed to utilise SDS option 2 to ensure carers and those they care for had choice and control and were able to access care and breaks that met their needs. To ensure this was successful the team ran a test of change that involved creating and adding two SDS Enabler roles to their workforce. Through having better conversations with individuals and creating positive relationships, SDS enablers, together with carers, were able to explore what a good life looks like for them.

Approach

The Day Opportunities Team worked with Senior Managers, Carer Centre staff, social workers, carers and those they care for to co-design their approach.

- **Commissioning differently:** Working together to undertake a market gap analysis and build understanding about what community assets can offer beyond the formal commissioning route
- **Capacity and flexibility:** Creating capacity in the workforce through the newly established SDS Enablers roles, allowing social work staff to move away from case/care management and increase time building relationships
- **Options appraisal:** Engaging with carers and cared for people about the impact of closing services, remaining as is, or testing a new approach based on SDS standards and findings from the [Feeley report](#)
- **Good conversations:** Supporting community connections ensuring people do not become too reliant on formal paid support.

Impact

Between January 2022 and June 2022, using the redistribution of funding, two SDS Enablers supported over 100 carers and cared for people access the right support . The programme has been successful, with five SDS Enablers now employed within the team.

Impact for carers and those they care for

- Carers and cared for people, can exercise **choice and control** when planning care and short breaks that work for them,
- Carers and cared for people's health and wellbeing outcomes have been met in **creative ways** that are unique to those involved,
- **Person-centred** conversations have resulted in carers and cared for people understanding and accessing an increased range of short break and care options, for example, **befriending services**,
- Carers are able to have **meaningful breaks/respice** because they know the person they care for is well supported as a result of good conversations with the whole family/support network.

Impact for staff

- Enables **relationship-based practice**, allowing staff to truly deliver a person-centred approach to support planning,
- Staff report **greater job satisfaction** as they have the time to engage with the individual and the carer,
- Staff have **greater access to resources** through creative thinking and exploring community assets, reducing the need for staff to add individuals to lengthy waiting lists.



Key enablers

- **Partnership and co-production with leadership teams**

Joint working across social work team managers, locality managers, finance and senior management to co-produce and implement a test of change. Support from the Moray Integrated Joint Board (MIJB) was paramount to the programmes success.

- **Person centred outcomes focussed approach**

Change of focus from service-based outcomes to outcomes that aim to put the individuals needs at its heart.

- **Creating the conditions to succeed**

An environment where the team felt trusted to test and implement new approaches.

- **Ring-fenced funding**

The reinvestment of disinvested funds enabled the new approach to be tested and implemented. Listening to those with lived experience and diverted funds to where they needed to be.

- **Policy and Guidance**

The new SDS standards talk about transparency when managing expectations. Embracing this and understanding there will be difficult conversations given the extreme pressures on social care resources in Scotland.

- **Assets based approach**

Through the recruitment of SDS Enablers, getting to know someone is at the heart of what they do, and connecting them to their communities and groups to meet their interests is paramount

Opportunities for improvement

Recognising the continued demand for traditional respite

- Alternative approaches to short breaks needs to be seen alongside traditional respite as there is still demand for this

Tackling inequalities

- Opportunity to improve engagement with carers in the most vulnerable groups e.g. those caring for people with addictions, gypsy/traveller communities, and those that don't have English as a first language

Early Identification

- Having conversations with families earlier and providing access to care options (including short breaks) before they reach crisis point.

Further information

Find out more about Moray HSCP's approach to supporting unpaid carers please contact the team at dayopportunities@moray.gov.uk

The Unpaid Carers Improvement Programme is part of Healthcare Improvement Scotland's Improvement Hub (ihub). Visit our webpages to read more about our improvement work, including further impact stories, on our [webpages](#).



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024

SUBJECT: ANALOGUE TO DIGITAL TELECARE TRANSITION (A2DT) UPDATE

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

1.1 To update the Board of a change in strategy for the Telecare transition in Moray, following the announcement by Openreach to extend the deadline for analogue to digital phone line migration from December 2025 to January 2027.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board:

- i) note the current situation in relation to the procurement of a digital alarm receiving centre;**
- ii) approve the revised strategy for the replacement of analogue devices, which includes the opportunity to collaborate with Digital Health and Care Institute (DHI) to look at more innovative solutions; and**
- iii) approve the revised financial expectations, which have now been attributed over three financial years (having regard to the caveat in paragraphs 4.5 and 4.17).**

3. BACKGROUND

3.1 A paper was presented to the MIJB on 30 May 2024 (para 15 of minute refers), outlining the broad strategy and outline costings for the transition of analogue to digital Telecare in Moray. However, that report was rendered out-of-date following the announcement by Openreach in mid-May about the extension of the switchover deadline.

3.2 The report author provided a verbal update instead and the recommendations were changed and agreed as –

- i) note the requirement to fully transition devices from analogue to digital by 31 January 2027; and
- ii) a revised report be prepared for the Board meeting in June setting out the revised case, taking into account the financial position.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Although the deadline for transition from analogue to digital has been extended, the recommendation from the Digital Office of the Scottish Government and the Telecare Services Association (TSA), is that planning continues at the same pace.

Digital Alarm Receiving Centre (ARC)

4.2 A quote from Aberdeen City Council (ACC) for the continued provision of alarm receiving services, via a digital platform has now been received. It shows a significant increase from £40k to £105k in the first year, £100k per annum thereafter. Discussions are ongoing and further details regarding specification and proposed contractual arrangements are being sought to ensure due diligence and best value is assured.

4.3 The acquisition of a digital ARC, or alternative, similar solution, is of paramount importance to the success of the transition project as it will allow for robust end-to-end digital penetration testing of devices and inform best value procurement decisions.

4.4 It is likely that investment to secure a suitable digital ARC will be required in financial year 2024/25, the worst-case scenario at present being an additional investment of around £65k in this financial year, if we continue with ACC providing this service.

4.5 At the time of writing, ACC is working to confirm the costs and provide HSCM with a breakdown of the costs and details of the contractual arrangements. It should therefore be noted that the quote provided may be subject to change.

Device replacement

4.6 At present, there is an urgent requirement to replace 171 analogue devices in the community, for digital counterparts. This is due to –

- BT's recent confirmation (following an agreed data-sharing agreement) that some households have already been migrated to a digital 'phone line, but that they still have analogue alarms, which may fail to work as expected. (105 devices).
- Old and very old devices in the community that have reached end-of-life in terms of functionality (66 devices).

4.7 The cost of replacing these devices is estimated to be £37k. In calculating the cost, account has been taken of existing peripherals along with the base unit (fall detectors, bed sensors, smoke sensors etc.), to decide which digital base unit will be required as a replacement.

4.8 The cost of these urgent replacements will be borne from the existing annual budget for Community Alarm/Telecare equipment. This budget also has to bear the costs of providing equipment to people newly entering the service but

is closely monitored throughout the year and any pressures will be highlighted by the budget manager.

- 4.9 The small extension for the switchover deadline now affords us some extra time to consider more innovative and predictive technology-enabled care as alluded to at paragraph 4.7 of the [previous report](#) of 30 May 2024.
- 4.10 Research is currently being undertaken to find where more innovative technology, other than basic community alarm systems, is being tested/used in other local authority areas.
- 4.11 The Board will also be aware of the work currently being undertaken by DHI under the Moray Growth Deal – in particular, living lab 4: Smart Housing and Communities. HSCM is linked into this work and this particular living lab, will provide useful insights for best use of innovative technology to provide the greatest savings across the whole system.
- 4.12 The following outlines the key pieces of work to be undertaken for this living lab, along with proposed timeframes –

LL4 Smart Housing/Smart Communities	DEFINE	Initiate	CALL	Development (inc simulation)	LL-RWE (inc evaluation)	ADOPTION (BAU potential)
Device Specification and Digital Platform Integration	Completed	Feb 2024 – June 2024	July 2024- Sep 2024	June 2024 – Feb 2025	Mar 2025 – Oct 2025	Nov 2025 – Mar 2026

Table 1 – Indicative R&D timeline

Table 1 shows the projected Research and Development (R&D) timeline to provide a fully evaluated and costed innovative alternative to standard Telecare solutions.

LL4 Smart Housing/Smart Communities	DEFINE	Initiate	CALL	Development (inc simulation)	LL-RWE (inc evaluation)	ADOPTION (BAU potential)
Exemplar Modular Smart home	Completed	Mar 2024- June 2024	July 2024- Sep 2024	Oct 2024 – Aug 2025	Sep 2025 – Feb 2026	Mar 2026 - May 2026
Population Management Platform	Completed	Mar 2024- June 2024	July 2024 – Sep 2024	Oct 2024 – June 2025 (Phase 1)	July 2025 – Feb 2026 (Phase 1)	Mar 2026 – May 2026

Table 2 – Indicative timelines – additional supporting assets

Table 2 shows indicative timelines for additional supporting assets to be determined through the living lab 4 project.

- 4.13 This workstream will provide insight into what sort of devices/sensors will provide best value outcomes on a spend-to-save basis, through rigorous testing and evaluation in a risk-free and co-design environment. There will be no financial impact on HSCM for the period of the living lab project as any test devices will be provided by DHI. Given the proposed timeframes, a business case can be developed for financial spend in financial years 2025/26 and 2026/27.
- 4.14 **Appendix 1** to this report provides an illustration of the key differences between the current standard telecare offering and an alternative, innovative

approach. The key advantages and opportunities are also outlined to provide further information.

Project Support

- 4.15 In 2022, HSCM was awarded funding of £58,272 from TEC Scotland, specifically to provide resources to support the project. It has since been agreed with TEC Scotland that this funding will be used to provide 0.83 FTE Telecare-specific technician and 0.69 FTE Project Support/Service Redesign, for one year. Work is currently ongoing with HR to evaluate these posts and they will be recruited to, either on a secondment or fixed-term contract basis, in due course.

Financial summary

- 4.16 The summary of indicative financial implications at this stage is outlined as follows –

	Year 2024/25	Year 2025/26	Year 2026/27
Digital ARC (maximum)	£65K	£63K	£63K
Replacement: (to be borne from existing annual budget)			
Devices*	£37K	£26.5K	£26.5K
SIM**	£10K	£35K	£96K
Project Support	No implications – to be borne from discrete, ring-fenced external funding.		
Indicative Totals:	£112K	£124.5K	£185.5K

Table 1 – Financial implications per financial year (indicative)

*Year 1 is for 171 devices urgently requiring replacement, per paragraph 4.6. The remaining replacements can be attributed over the following two financial years. The figures are based on standard community alarm replacements, rather than innovative devices.

**This is an estimate based on current provision of SIM based devices and projected growth.

- 4.17 It should be noted that where figures are provided above, they are indicative, until final decisions for example around the procurement of a digital ARC, are made. There are currently no clear records of SIM costs and the current provider only charges for SIMs two years following installation. If exploration of other devices/models of Telecare provision come to fruition, then SIM charges may be wholly eradicated.
- 4.18 Financial scrutiny undertaken recently as part of this project, found that 148 clients had not been charged for their service. Work has been undertaken to tighten up processes to ensure that the revenue expected from current charges for Telecare, is received and mechanisms are in place to ensure that similar scrutiny is now undertaken on a regular basis.

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 the A2DT Transition Project, align with those set out in the MIJB Strategic Plan and the Moray 10 Year Local Outcomes Improvement Plan.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

The current financial implications are set out in paragraph 4.14 of the report, which shows the intention to spread the cost of necessary replacement over 3 financial years. However, some information is not yet known so this is subject to change.

(d) Risk Implications and Mitigation

The costs for providing a digital Telecare service are likely to increase significantly. However, due diligence and scrutiny will continue to be applied to decisions to ensure best value for money.

The collaboration with DHI will provide the opportunity for complete service redesign to provide a more proactive/predictive technology-enabled care service model and provide greater benefits and savings across the whole HSCM system.

There is a requirement to replace 171 devices urgently, due to end-of-life analogue devices or where individuals have already been migrated to a digital ‘phone line, to reduce the risk of alarm call failure. These are currently being further prioritised to alleviate staffing pressures.

(e) Staffing Implications

There are current implications for staff at the Joint Equipment Store as 171 devices have been identified as needing replaced urgently, to avoid risk to clients. Additional staffing will be available, as outlined in 4.11 once human resources have approved grading and job descriptions and recruitment and selection is undertaken.

There will be limited implications at present for other staff, apart from general communications and targeted training/guidance. This may change as the project matures.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there will be no impact, because of the report, on people with protected characteristics. This will be closely monitored and considered at key stages of the project, particularly where processes and guidance are being reviewed/updated.

(h) Climate Change and Biodiversity Impacts

There will be a need to visit homes across Moray to install new devices. However, digital devices have improved capability to provide things such as software updates remotely, without the need for further visits for that specific purpose.

(i) Directions

No directions associated with this report.

(j) Consultations

Interim Chief Officer, Chief Financial Officer, Budget Manager – Community Alarm/Telecare equipment, Provider Service Manager and Caroline O'Connor, Committee Services Officer have been consulted and comments have been incorporated into this report.

6. CONCLUSION

6.1 This report provides a further update about the proposed approach for replacing those Telecare devices requiring most urgent intervention, in the shorter-term of the project.

6.2 It also outlines the proposal to collaborate with DHI to investigate the potential for a redesigned future-proofed and more proactive technology-enabled care service.

6.3 The extension of Openreach's deadline for switching off analogue phone lines provides the opportunity to consider alternative models without losing momentum to the project and ensuring that all clients have a digital service, in whatever format, by 31 January 2027.

Author of Report: Lorna Bernard, Project Manager, HSCM and Marie Simpson, Programme Manager, DHI.

Background Papers: [20240530 Analogue to Digital Telecare Transition Report](#)
[20240530 Analogue to Digital Telecare Transition - APPENDIX 1](#)

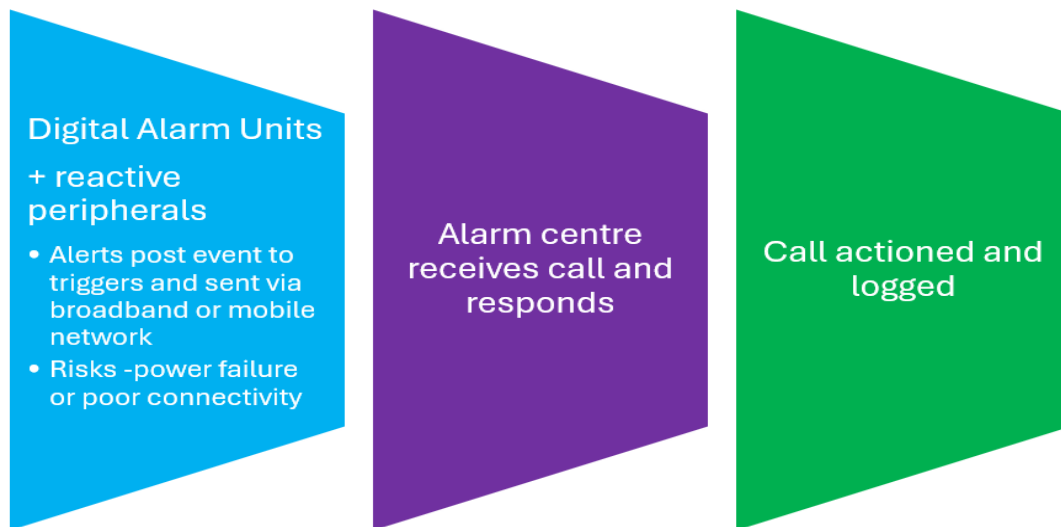
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A2DT UPDATE REPORT - 27 JUNE 2024

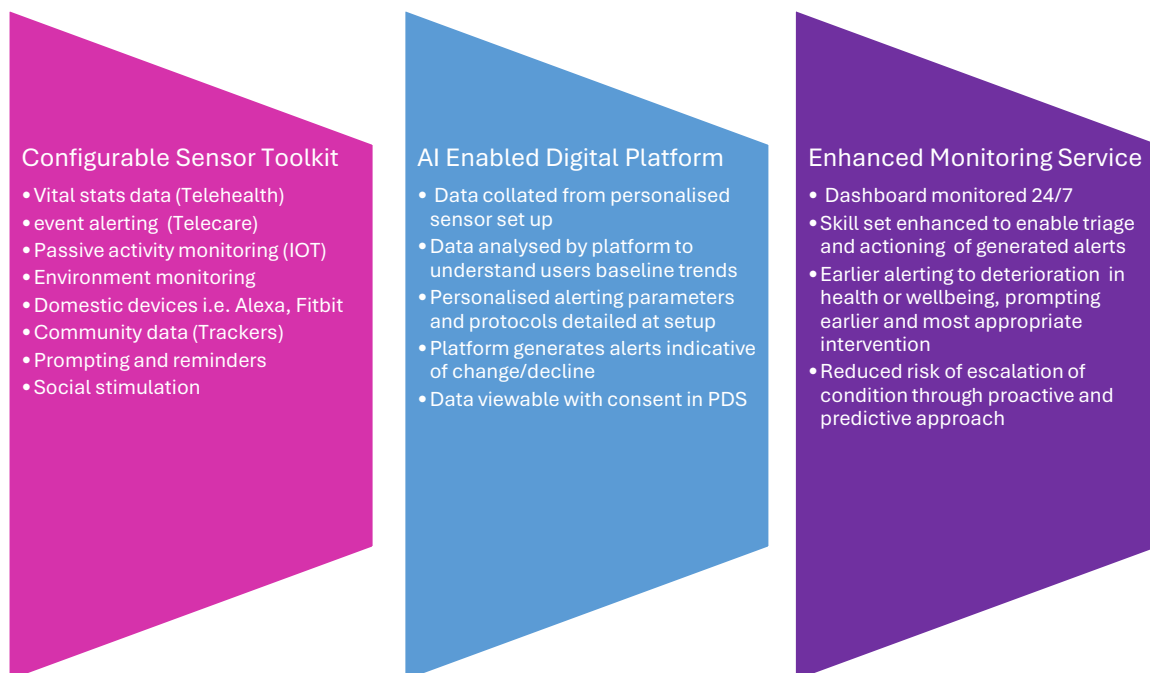
APPENDIX 1:

This provides further information around the advantages and opportunities of exploring alternative solutions in comparison to standard Telecare.

Current Telecare Process –



An Alternative Innovative Approach – Creating a truly Technology Enabled Care Service –



Advantages of an alternative approach -

- Moving to a broader bank of monitoring devices including IOT enabled sensors integrated into an AI digital platform will allow generation, collation and analysis of health, activity, environment and community data to generate insights in addition to standard event alerting.
- This level of citizen insight is currently unavailable and lends itself to a proactive, predicative and preventative model which is likely to reduce frequency and duration of hospital admissions, SAS calls and support hospital at home initiatives.
- This model can be expanded to generate mental health and wellbeing information, creating a more holistic view of the individual and broader use case applicability.
- Integration with a Personal Data Store (PDS) allows citizen consented access to data/dashboard to family and services supporting and responding, offering reassurance and remote monitoring.
- Enhanced activity monitoring/video call capability for medicine management, activity monitoring and prompting etc should lead to a reduction in scheduled care.
- Using IOT can utilise LoRoWan connectivity in addition to 5G or broadband which is ideal for data transfer and provides stable connectivity to poor signal areas/properties with LoRo infrastructure in place.
- Set up and running costs for IOT can be lower than traditional methods, and can function for longer periods during power loss.

Opportunity -

- The scope of the Rural Centre of Excellence (RCE) Smart Housing/Smart Communities living lab includes the research, development, real world testing and evaluation of a state-of-the-art sensor specification and platform integration asset for new build smart housing. This will have equal relevance to transformation of the existing telecare service.
- The innovation process used by DHI and the RCE de-risks service transformation through inclusive codesign, sandbox testing ahead of testing in live systems, with academic evaluation to support cost benefit analysis.
- The RCE will fund industry asset development and provide specialist innovation support in partnership with Health and Social Care to develop and test a solution that meets the needs of a rural community, but with potential for local. Regional or national scalability and adoption.
- The Dynamic Purchasing System (DPS) developed within the programme creates a direct procurement route of assets by services direct from the R&D phase into business as usual.
- The RCE will endeavour to lead the project and work at pace in partnership with H&SCM to deliver evaluated R&D assets to inform the A2D work within the required timeline for switchover.
- The RCE skills and workforce development workstream aims to continue to build on the 4 newly developed digital skill micro credential modules to include workforce training tools and innovation skills to compliment and support a new pathway and approach.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024

SUBJECT: MORAY INTEGRATION JOINT BOARD – DIRECTIONS POLICY

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To provide the Moray Integration Joint Board (MIJB) with a Directions policy which has been developed in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance issued by Scottish Government.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

- i) notes the content of this report, the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and the statutory guidance issued by the Scottish Government in relation to Directions; and**
- ii) approves the updated MIJB Directions Policy and Procedures as set out in Appendix 1.**

3. BACKGROUND

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) established the legal framework for integrating health and social care in Scotland. The Act required Integration Authorities to develop a Strategic Plan for the integrated functions and budgets delegated by the health board and local authority.

3.2 As a distinct and separate legal entity, the MIJB has full autonomy and capacity to act on its own behalf and can make decisions about its functions and responsibilities as it sees fit. It does this by directing NHS Grampian and Moray Council to act on its behalf.

3.3 In accordance with Sections 26-28 of the Act, MIJB has in place a mechanism to action its Strategic Plan which takes the form of binding Directions to one or both of the Partners.

- 3.4 Directions are the means by which the MIJB informs NHS Grampian and Moray Council of what is to be delivered using the integrated budget in order to achieve the strategic aims outlined in its Strategic Plan. A Direction must be issued in respect of every function that has been delegated to the MIJB. Directions are an obligatory legal mechanism.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 In February 2019, the Ministerial Strategic Group (MSG) for Health and Community Care published its report on the review of progress with integration. This contained proposals intended to increase the pace and effectiveness of integration. These proposals included the preparation and issue of statutory guidance to support improved practice in issuing and implementing Directions.
- 4.2 The Directions policy and procedure at **Appendix 1** has been reviewed to ensure compliance with the statutory guidance on Directions issued by the Scottish Government in January 2020. It seeks to enhance governance, transparency and accountability between the MIJB and its Partner organisations, NHS Grampian and Moray Council by setting out a clear framework for the setting and review of Directions and confirming adequate governance arrangements. Amendments are showing in red.
- 4.3 There has been no prescribed template for Directions provided by Scottish Government and so this is a matter for MIJB to consider what is appropriate and adequate. The final page of the Directions procedures at **Appendix 1** provides a standard template for outlining the requirements for each direction to be issued.

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 delivery of the Strategic Plan is dependent on timely issue of meaningful Directions in order for the Partner organisations to action appropriately.

(b) Policy and Legal

The MIJB is, in terms of Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, required to direct NHSG Grampian and Moray Council to deliver services to support the delivery of the Strategic Plan in so far as the functions that have been formally delegated.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

The delivery of the Strategic Plan is put at risk should appropriate Directions not be issued. The quality of the Directions are also a factor in ensuring implementation as intended. Close monitoring of Directions and scrutiny by Committee provides reasonable assurance that Directions are being carried out as intended.

- (e) **Staffing Implications**
None arising directly from this report
- (f) **Property**
None arising directly from this report
- (g) **Equalities/Socio Economic Impact**
None arising directly from this report.
- (h) **Climate Change and Biodiversity Impacts**
None arising directly from this report.
- (i) **Directions**
None arising directly from this report.
- (j) **Consultations**
The Chief Officer, Senior Management Team, Corporate Manager of the MIJB and Caroline O'Connor, Committee Services Officer have been consulted. Consultees are in agreement with the content of the report in as far as the scope of their responsibilities.

6. **CONCLUSION**

6.1 **The updated Directions Policy and Procedure are included at Appendix 1.**

Author of Report: Deborah O'Shea, Chief Financial Officer

Background Papers: with author

Ref:



Moray Integration Joint Board

Directions Policy

<u>Date Created</u>	<u>Date Implemented</u>	<u>Next Review Date</u>
<u>January 2022</u>	<u>July 2024</u>	<u>June 2026</u>

<u>Developed By</u> <u>Chief Financial Officer</u>	<u>Reviewed By</u> <u>Chief Officer</u>	<u>Approved By</u> <u>Moray IJB</u>
	<u>June 2024</u>	<u>June 2024</u>

Version	Review date	Approved by MIJB	Summary of Changes
1.1	January 2022	March 2022	Initial Document
1.2	June 2024	June 2024	Updates and process included

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4. DIRECTIONS..... 4

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6. REVIEW..... 5

~~Appendix A Directions Process Map~~

~~Appendix B Directions Template~~

1. Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan. Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium and long term using integrated budgets under their control. A mechanism is required to action the strategic commissioning plan. This mechanism takes the form of binding Directions from the Integration Authority to the Health Board (**NHS Grampian**), Local Authority (**Moray Council**) or both. ~~Directions are also a means by which a record is maintained of which body decided what and with what advice, which body is responsible for what in financial or decision making terms. A Direction must be given in respect of every function that has been delegated to the IJB. It must set out how the integrated function is to be exercised and identify the associated budget. The current statutory guidance can be found [here](#).~~

~~This procedure sets out the process for formulating, approving, issuing and reviewing directions for the Moray Integration Joint Board (MIJB) to NHS Grampian and Moray Council. A process map is attached at **Appendix A** of this document, outlining the drivers and actions required to be undertaken.~~

2. Policy Aims

The policy seeks to enhance governance, transparency and accountability between the IJB and its partner organisations, Moray Council and NHS Grampian, by clarifying responsibilities and relationships. The policy has been developed to ensure compliance with Scottish Government statutory guidance on directions.

3. Legislative/ Policy Framework

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegates to the integration authority.

The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements.

Revised statutory guidance on directions was finalised by the Scottish Government in January 2020, can be found [here](#). This statutory guidance informed the development of this policy, to ensure it meets key requirements to improve governance, transparency and accountability between partners.

4. Directions

Directions are the **legal** mechanism by which the MIJB delivers its Strategic Plan, **intended to clarify responsibility requirements between partners. Directions are the means by which the IJB directs Moray Council and NHS Grampian on what services are to be delivered using the integrated budget.**

When a Direction is presented to the MIJB, the report author must ensure that the content of the Direction includes details of the function to which it is the subject of, budget information which has been delegated to deliver it, the impact on workforce, any legal or risk implications, impact on MIJB outcomes, priorities or policy, and details of consultation where appropriate through the completion of an Equalities Impact Assessment.

Specific directions can be given to NHS Grampian, Moray Council or both depending on the services to be provided. However, directions should not be issued unnecessarily and should be proportionate.

~~—The final page of this policy (**Appendix B**) provides a standard format for outlining the requirements for each direction to be issued; all sections of this must be completed.~~

~~Following approval at the MIJB, a Direction will then be issued by the Chief Officer to the Chief Executive of NHS Grampian, the Chief Executive of Moray Council, or both. This will take the form of an email, together with the MIJB report and the Direction template. Directions should be issued as soon as practically possible following MIJB approval and within 7 days in any case. Each Direction will have a unique identifier and once issued will be entered onto the MIJB Register of Directions.~~

5. Implementation and Monitoring

This policy has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government statutory guidance January 2020.

The policy defines what a direction is and is underpinned by the directions procedure, which has been put into place to support the development of new or revised directions.

Directions are informed by a number of factors, including but not limited to:

- **Content of the IJB Strategic Plan;**
- **Specific service redesign or transformation programmes linked to an approved co-produced business case;**
- **Financial changes or developments (e.g additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan);**
- **A change in local circumstances;**

- A fundamental change to practice or operations.

NHS Grampian and Moray Council are responsible for complying with and implementing all Directions issued by the MIJB. As the issuing of Directions is a legally binding process any concerns/issues with this should be brought to the attention of the MIJB Chief Officer. In the event of non-compliance on an issued Direction, paragraph 18 of the Integration Scheme will be referred to in respect of the Dispute Resolution Mechanism.

A Direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions.

The Audit, Performance and Risk (APR) Committee will review all live Directions on a six monthly basis for assurance of delivery and compliance through an update report. Any resulting concerns should be escalated to the MIJB at the first available opportunity.

~~An annual summary report will be provided to the MIJB on all current Directions.~~

6. Review

This policy will be reviewed every two years by the MIJB, or earlier should the Scottish Government release further guidance that would impact on the policy.

APPENDIX 1



Moray Integration Joint Board

Directions Procedure

<u>Date Created</u>	<u>Date Implemented</u>	<u>Next Review Date</u>
<u>June 2024</u>	<u>July 2024</u>	<u>June 2026</u>

<u>Developed By</u> <u>Chief Financial Officer</u>	<u>Reviewed By</u> <u>Chief Officer</u>	<u>Approved By</u> <u>Moray IJB</u>
	<u>June 2024</u>	<u>June 2024</u>

Version	Review date	Approved by MIJB	Summary of Changes
1.1	June 2024	June 2024	Initial Document

1.2			
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Directions Procedure

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Implementation and monitoring of directions..... 4

Performance and Effectiveness Controls 4

Appendix A – Summary of Procedure..... 5

Appendix B - Directions Template..... 6.

1. Introduction

This procedure sets out the process for formulating, approving, issuing and reviewing directions for the Moray Integration Joint Board (MIJB) to issue to partner organisations Moray Council and NHS Grampian. A summary of the procedure is outlined at Appendix A.

2. Formulating Directions

Directions provide the mechanism for delivering the strategic plan, for conveying and enacting the decisions of the IJB, clarifying responsibilities between partners, and improving accountability.

The direction template (Appendix B) will be used to formulate each direction and will be clearly associated with an IJB decision, for example to approve a specific change or to transform a service.

Directions must identify the integrated health and social care function it relates to and include information on the financial resources that are available for carrying out this function and provide information on the delivery requirements.

The Senior Management Team (SMT) currently has responsibility for considering all draft decisions before submission to the IJB and overseeing the delivery of the strategic plan and therefore will play a key role in helping to shape directions.

As directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production, a direction should therefore not come as a surprise to either partner.

As directions will continue to evolve in response to service change/redesign and investment priorities, new or revised directions may be formulated at any point during the year and submitted to the IJB for approval

3. Approving and issuing directions

The IJB is responsible for approving all directions. They will mainly be issued at the start of the financial year. However, in order to provide flexibility and take account of strategic and financial developments and service changes, or a change in local circumstances, directions may be issued at any time, subject to formal approval by the IJB.

All reports to the IJB will identify the implications for directions and will make a clear recommendation regarding the issuing of directions, for example if a new direction is required, or an existing direction is to be varied or revoked.

The detail of the new or revised direction will be appended to the IJB report using the direction template (Appendix B), which provides a standard format for outlining the requirements for each direction to be issued, all sections must be completed and will be submitted to the IJB for approval.

Following approval at the MIJB, a Direction will then be issued by the Chief Officer to the Chief Executive of NHS Grampian, the Chief Executive of Moray Council, or both. This

will take the form of an email, together with the MIJB report and the Direction template. Directions should be issued as soon as practically possible following MIJB approval and within 7 days in any case. Each Direction will have a unique identifier and once issued will be entered onto the MIJB Register of Directions.

4. Implementation and monitoring of directions

NHS Grampian and Moray Council are responsible for complying with and implementing all Directions issued by the MIJB. As the issuing of Directions is a legally binding process any concerns/issues with this should be brought to the attention of the MIJB Chief Officer. In the event of non-compliance on an issued Direction, paragraph 18 of the Integration Scheme will be referred to in respect of the Dispute Resolution Mechanism.

A Direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions.

The Audit, Performance and Risk (APR) Committee will review all live Directions on a six monthly basis for assurance of delivery and compliance through an update report. Any resulting concerns should be escalated to the MIJB at the first available opportunity.

The responsibility for maintaining an overview of directions and ensuring that these reflect strategic needs and priorities sits with the Chief Financial Officer and Chief Officer

5. Performance and Effectiveness Controls

The performance and effectiveness controls will inform the review of directions set by the IJB. The following controls will inform the annual review:

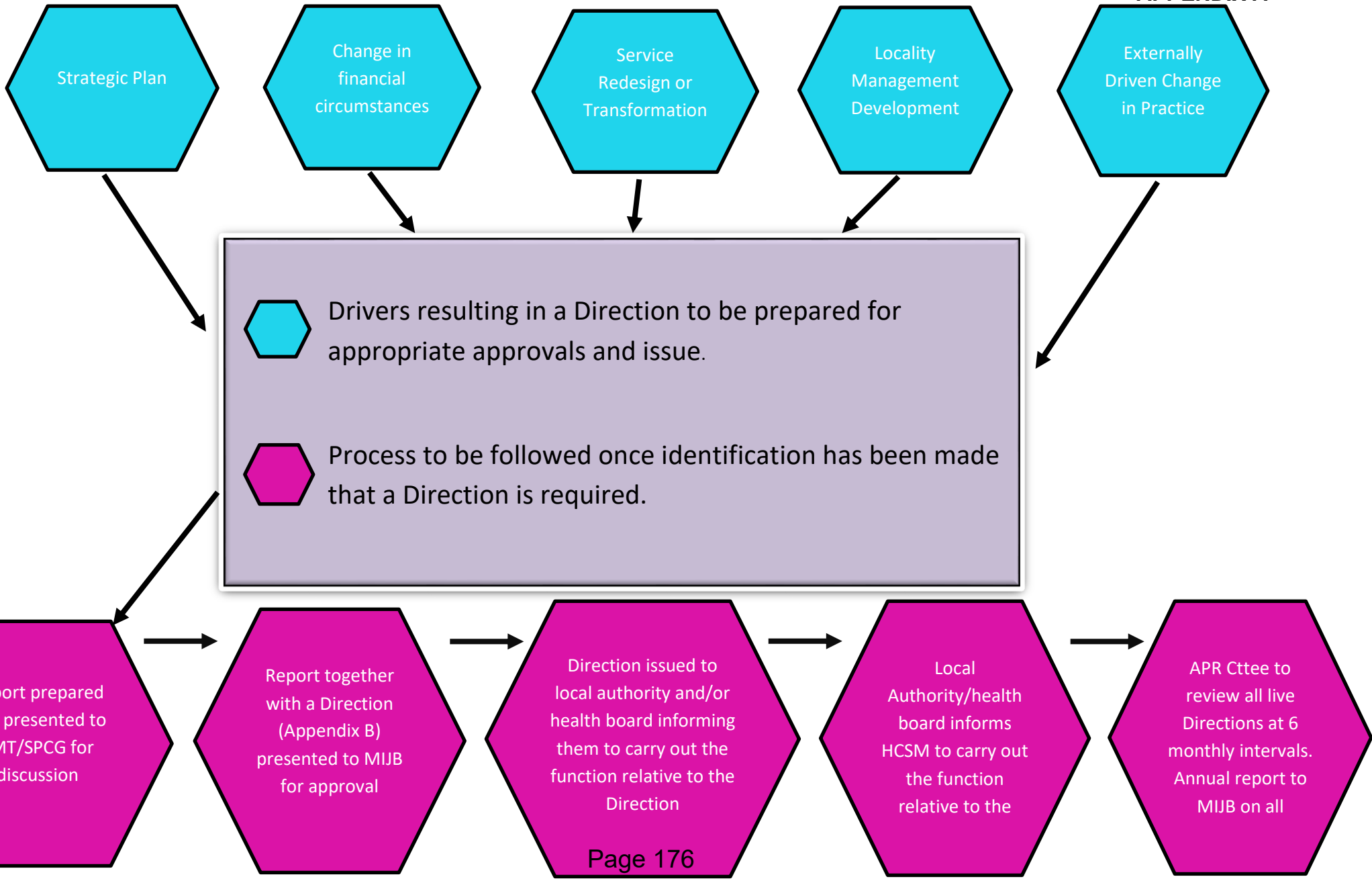
- A policy is in place to define the aims and purpose of directions
- The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 have been met
- The directions have been clearly stated
- The directions issued comply with the Scottish Government's Statutory Guidance
- The procedure ensures directions clearly align to the Strategic Plan
- The procedure ensures directions are communicated with Moray Council and NHS Grampian, including setting expectations for their completion.
- A procedure is in place to ensure directions are subsequently revised during the year in response to developments and there is a process in place to revoke/supersede previous versions.
- There is a robust process in place for annual reporting and monitoring arrangements, ensuring they are clear and implemented in practice.

Appendices

Appendix A – provides a summary of the process outlined in the direction procedure

Appendix B – provides the Template for formulating and issuing directions

APPENDIX A



Strategic Plan

Change in financial circumstances

Service Redesign or Transformation

Locality Management Development

Externally Driven Change in Practice



Drivers resulting in a Direction to be prepared for appropriate approvals and issue.



Process to be followed once identification has been made that a Direction is required.

Report prepared and presented to SMT/SPCG for discussion

Report together with a Direction (Appendix B) presented to MIJB for approval

Direction issued to local authority and/or health board informing them to carry out the function relative to the Direction

Local Authority/health board informs HCSM to carry out the function relative to the

APR Cttee to review all live Directions at 6 monthly intervals. Annual report to MIJB on all



**MORAY INTEGRATION JOINT BOARD
DIRECTION**

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

1.	Title of Direction and Reference Number	<i>To be provided by Corporate Manager/Support Manager</i>
2.	Date Direction issued by the Moray Integration Joint Board	<i>MIJB meeting date</i>
3.	Effective date of the Direction	<i>Confirmed by the MIJB</i>
4.	Direction to:	NHS Grampian / Moray Council or both
5.	Does the Direction supersede/update a previous Direction? If yes, include the reference number(s) of previous Direction	
6.	Functions covered by Direction	List all e.g. Learning Disabilities, Mental Health, Occupational Therapy etc
7.	Direction Narrative	Outline what you are asking NHS Grampian or Moray Council to deliver
8.	Budget Allocation by MIJB to deliver on the Direction	<i>Financial information must be provided and will the resource be allocated to NHSG, Moray Council or both to carry out the Direction. Where the direction relates to multiple functions the financial allocation for each function needs to be specified. The Direction should also outline any savings to be made.</i>
9.	Desired Outcomes	<i>Detail what the Direction is intended to achieve, include detail of which of the National Health and Wellbeing Outcomes these link to, the strategic aims of the Strategic Plan</i>

10.	Performance monitoring arrangements and review	<i>Directions will be reviewed by the Audit Performance & Risk Committee on a six monthly basis for assurance. Any concerns should be escalated at the first available opportunity to the MIJB. An annual report of all current Directions will be presented to the MIJB</i>