Moray Integration Joint Board

Thursday, 28 September 2023

Council Chambers

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board, Council Chambers**, **Council Office, High Street, Elgin, IV30 1BX** on **Thursday, 28 September 2023** at **09:30** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Dennis Robertson (Chair)

Councillor Tracy Colyer (Vice-Chair)
Professor Siladitya Bhattacharya (Voting Member)
Mr Derick Murray (Voting Member)
Mr Sandy Riddell (Voting Member)
Councillor Peter Bloomfield (Voting Member)
Councillor John Divers (Voting Member)
Councillor Scott Lawrence (Voting Member)
Professor Caroline Hiscox (Ex-Officio)
Mr Roddy Burns (Ex-Officio)

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

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

Thursday, 29 June 2023

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

PRESENT

Professor Siladitya Bhattacharya, Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Councillor Tracy Colyer, Councillor John Divers, Ms Sonya Duncan, Ms Jane Ewen, Councillor Scott Lawrence, Dr Robert Lockhart, Mr Derick Murray, Ms Deborah O'Shea, Mr Sandy Riddell, Ms Elizabeth Robinson, Dr Malcolm Simmons, Ms Tracy Stephen, Mr Kevin Todd

APOLOGIES

Mr Ivan Augustus, Professor Duff Bruce, Mr Roddy Burns, Mr Sean Coady, Mr Stuart Falconer, Mr Graham Hilditch, Professor Caroline Hiscox, Mr Dennis Robertson, Dr Paul Southworth, Mrs Val Thatcher

IN ATTENDANCE

Also in attendance at the above meeting were Iain MacDonald, Locality Manager, Practice Manager, Moray Coast Medical Centre, Marie Simpson, DHI Project Manager, Interim Planning and Strategy Lead and Democratic Services Manager.

1.   Declaration of Member's Interests

Mr Sandy Riddell declared an interest in Item 14 - Older Adult Psychiatry Update as Chair of the Mental Welfare Commission Scotland. The Board noted that there were no other declarations of member's interests.

2.   Minutes of meeting of 25 May 2023

The minute of the meeting of 25 May 2023 was submitted and approved.

3.   Action Log of 25 May 2023

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

4.   Chief Officer Report

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

Mr Riddell sought a more definitive update on the Ward 4 Anti-Ligature Work and Installation of MRI scanner at Dr Gray's Hospital as the information in the report had been the same for the last couple of Chief Officer Reports.

In response, the Chief Officer confirmed that the Project Manager will provide an update for the next meeting of the Board.

Following consideration the Board agreed:

i)   note the content of the report;

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

iii)   to delegate authority to the Chief Officer and the Standards Officer to enter into the joint agreement arrangements with the North East Alliance, to work with Public Health Scotland for the benefit of Moray residents on behalf of the Moray Health and Social Care Partnership.

5.   Revenue Budget Outturn 2022-23

A report by the Interim Chief Financial Officer informed the Moray Integration Joint Board (MIJB) of the financial outturn for 2022/23 for the core budgets and the impact this outturn will have on the 2023/24 budget.

Following consideration the Board agreed to:

i)   note the unaudited revenue outturn position for the financial year 2022/23;

ii)   note the impact of the 2022/23 outturn on the 2023/24 revenue budget;

iii)   approve the repayment to NHS Grampian of £1,178,000 of the unused earmarked Covid reserves, as detailed in para 8.3; and

iv)   approve the issue, the Directions in Appendix 4 to NHS Grampian and Moray Council.

6.   Unaudited Annual Accounts

A report by the Interim Chief Financial Officer informed the Board of the Unaudited Annual Accounts of the Moray Integration Joint Board (MIJB) for the year ended 31 March 2023.

Councillor Lawrence as Chair of the Audit, Performance and Risk Committee confirmed that the Committee had met and agreed the Unaudited Accounts as presented.

Following consideration the Board agreed to note:

i)   the unaudited Annual Accounts prior to their submission to the external auditor, noting that all figures remain subject to audit;

ii) the Annual Governance Statement contained within the unaudited Annual Accounts; and

iii) the accounting policies applied in the production of the unaudited Annual Accounts, pages 46 to 47 of the accounts.

7.   Local Code of Corporate Governance Update

A report by the Interim Chief Financial Officer provided the Board with an opportunity to comment on the updated sources of assurance for informing the governance principles as set out in the Chartered Institute of Public Finance (CIPFA) /Society of Local Authority Chief Executives (SOLACE) 'Delivering Good Governance in Local Government Framework document. Also for information the self assessment of good practice as set out in the CIPFA "Audit Committee Member in Local Authority" 2022.

The Interim Chief Financial Officer advised the Board that following the submission of the report to the Audit, Performance and Risk Committee earlier, it had been picked up that the Audit, Performance and Risk Committee had been omitted from Appendix 1 - Principle F table and this would be amended in due course.

Following consideration the Board agreed to:

i)   note the content of this report;

ii) note the sources of assurance utilised in reviewing and assessing the effectiveness of the MIJB's governance arrangements;

iii) approve the updated Local Code of Corporate Governance which supports the Annual Governance Statement, in Appendix 1; and

iv) approve the self assessment of good practice in Appendix 2.

8.   Lossie Locality Health and Wellbeing Services Progress Update

A report by the Locality Manager informed the Board on the progress made in relation to the development of health and care services within the Lossiemouth Locality, in partnership with the local community and practitioners.

Councillor Colyer informed the Board, Officers and members of the community in attendance and watching online that she declared an interest in Item 5 of the agenda at the meeting of Moray Council held on 28 June 2023 in regards to the Notice of Motion pertaining to the Save Our Surgeries (SOS) Notice of Motion. She further added that as Vice chair and a voting member and in accordance with legal advice and para 2.5 of Standard Commission for Scotland's advice note for members of

Health and Social Care Integration Joint Boards, she felt precluded from debating the Notice of Motion and removed herself from the meeting, as did the 3 other voting members and 2 substitute members.

She went on to express disappointment at a post on the SOS Facebook page which stated that the whole Council had backed the Notice of Motion as this was not the case, as there was no vote and it was agreement of the remaining Council members that the Council Leader would write to the Chair and Vice Chair and she confirmed that a letter had been received.

As Vice Chair of the Board she stated that as an IJB the Board not only deal with the challenges in from of it at any particular point in time, but also need to look at the future and vision and how time and resources are balanced across all parts of the business and communities as equitably as possible.

As a Board there is a duty to understand the impacts of the decisions made and the Board need to explore more about the potential impacts on individuals with the 2 branch surgeries not having operated for over 3 years.

Councillor Bloomfield asked whether the Chair could write to Moray Coast Medical Practice asking them to meet with the SOS Group.

In response, the Practice Manager confirmed that an email had been send to arrange a meeting and it is anticipated that this meeting will take place in the next couple of weeks.

The Chair sought clarification on whether it was still Moray Coast Medical Practice's preference to deliver its services from one building in Lossiemouth and not re-open the branch surgeries in Burghead and Hopeman as indicated in the report to the Board on 26 January 2023.

In response, the Practice Manager confirmed that this was still the case.

The Chair asked Dr Lockhart on whether the Maryhill Medical Practice had re-considered their decision not to take on and staff the branch surgeries in Burghead and Hopeman and whether as a practising GP did he think that operating without a multi-disciplinary team was offering the best level of care to patients.

Dr Lockhart confirmed that the decision had not been re-considered and Maryhill Medical Practice would not take on the branch surgeries. He further added that in his opinion having a practice without a multi disciplinary team was note offering patients the best level of care.

The Chief Officer sought clarification from the Practice Manager on the number of complaints the practice had received regarding the closure of the branch surgeries and the transport provided.

In response, the Practice Manager had confirmed there had been complaints about closing the surgeries but no complaints about the transport provision.

Mr MacDonald further added that there had been extensive promotion about the M-Connect service within the area which is now available to be booked an hour in advance either by telephoning or on the M-Connect App. 3 busses now operate in the area and run between 9.30am and 2.30pm. He further added that when a patient calls the surgery, there is a prompt in the initial recorded message to alert the call

handler if the patient may have a transport issue getting to the surgery. The call handler will then facilitate the caller to arrange transport. Appointments are then prioritised between 10am and 2pm to co-ordinate with the M-Connect service. A contract for a taxi service is also in place but as yet, no-one has used the service.

He further added that from the start of 2023 to the end of June, 28 people have used the M-Connect service to attend medical appointments and also concession cards can be used on the service.

He expressed concern that anecdotally he has heard that some residents e are struggling to use the service and urged the community to come forward with specific examples to allow the specific issues to be looked and allow officers to look at improving the service further. Further meetings are scheduled with the Public Transport Unit within Moray Council to look at developing the service in the future.

Councillor Lawrence was pleased to hear that a meeting between the Moray Coast Medical Practice and the SOS Group is being arranged but asked whether there is any more community engagement scheduled.

In response Mr Macdonald confirmed that as part of the Locality Planning Group, there are members from each Community Council represented, which include some members of the SOS group. An offer has been made to increase the community membership to 3 from 2. He further added that an offer has gone out to community groups that representatives from the practice would be happy to go out and discuss various topics, including transport, digital technology and patient appointments.

Councillor Bloomfield asked whether the school holidays meant that the time constraints could be removed and the operating hours of the M-Connect service could be extended.

Mr Macdonald agreed to discuss the option with the Public Transport Unit at the Council.

Following lengthy discussion and consideration about the GP practices in the whole of Moray, the Board agreed to note:

i) the progress made in relation to the development of health and social care provision across the Lossiemouth Locality; in partnership with the local community and practitioners;

ii) the progress made in relation to the use of existing and emerging technology within the locality, using the opportunity afforded by the Digital Health Innovation strand of the Moray Growth Deal; and

iii) the update regarding a sustainable transport solution, that will meet the needs of residents attending medical appointments.

9.   Moray Growth Deal

A report by the Interim Strategy and Planning Lead informed the Board of the progress from the Moray Growth Deal investment on Health and Social Care (HSCM) Transformation in Moray.

During consideration a number of members of the Board expressed concern about the terminology used in the report and said it would be difficult for staff and service users to understand what the benefits of the project were and indeed what the project entailed.

They further added that it was essential that there was clear evidence on what the £5million was spent on, and that there was clear evidence and outcomes on what the project was going to deliver.

Following lengthy consideration the Board agreed to note the content of the report.

10. Strategic Transformation Plan

A report by the Interim Strategy and Planning Lead informed the Board on the developments of the Strategic Delivery Plan 2023-2025.

Following consideration the Board agreed to approve the MIJB Strategic Priorities and the plan for developing and Joint Strategic Needs Assessment.

11. Moray Daytime Unscheduled Care Service

A report by the Head of Service informed the Board of progress made in relation to a Moray Daytime Unscheduled Care Service 10 week test of change, which took place during January 2023 – March 2023.

Mr Murray noted that the evaluation report on the project would be completed a the end of June and sought clarification on whether there would be a further report to the Board.

In response, the Chief Officer confirmed that a report will be brought to the next meeting of the Clinical and Care Governance Committee and if any changes are required to the Service, a following up report would be presented to the Board.

Following consideration the Board agreed to note the findings of the test of change and the recommendations regarding a sustainable model solution, that will potentially meet the needs of patients requiring unscheduled medical treatment within daytime hours.

12. Childrens Services Self Directed Support Budget Overspend

A report by the Head of Service and Chief Social Work Officer informed the Board of the overspend to the Children's Services Self Directed Support budget in 2022/23.

The Chair moved to defer the report to the next meeting of the Board, to allow for more information to be provided as it was felt that some of the information needs elaborated on to allow a fuller picture of the issues.

This was unanimously agreed by the Board.

13. Older Adult Psychiatry Update

A report by the Head of Service and Chief Social Work Officer provided an update to the Board with regards to the Older Adult Consultant Psychiatrist post which has remained vacant for a number of years.

Mr Riddell expressed concern about the issues within this small team and that they are no further forward despite the issues being ongoing for 3-4 years. This was also echoed by Dr Lockhart.

The Head of Service/Chief Social Worker confirmed that the new Service Manager is taking up post on 1 August and time needs to be given to allow her to make changes to the service within Moray.

Following consideration the Board agreed to note the update related to older adult psychiatry/mental health services.

14. Moray Annual Performance Report 2022-23

A report by the Chief Officer presented the Board with the draft Annual Performance Report 2022/23.

Following consideration the Board agreed to:

i) note the draft Annual Performance Report 2022/23 at Appendix 1; and

ii) approve the publication of the Annual Performance Report 2022/23 by 31 July 2023.

MEETING OF MORAY INTEGRATION JOINT BOARD

Thursday 29 May 2023

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	**UPDATE FOR 28 SEPTEMBER 2023**
1.	Chief Officer Report	Update report on the Ward 4 Anti-Ligature Work and Installation of MRI scanner for the next meeting	28 Sep 23	AP	
2.	Moray Daytime Unscheduled Care Service	Follow up report to be presented to the next meeting of the Board.	28 Sep 23	SBI	
3.	Children's Services SDS Budget Overspend	Updated report to be presented to the next meeting of the Board.	28 Sep 23	TS	

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: CHIEF OFFICER REPORT

BY: CHIEF OFFICER

1.   REASON FOR REPORT

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

1.2   Strategic planning needs to maintain a focus on transformational change to deliver services to our community within the resources we have available. The MIJB has agreed a refreshed Strategic Plan, and the delivery plan is being presented in a separate paper at today's MIJB meeting for approval.

2.   RECOMMENDATION

2.1   **It is recommended that the MIJB:**

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

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

3.   BACKGROUND

Home First and Hospital without Walls

3.1   Work continues to develop the Home First portfolio of projects with a focus on ensuring projects are sustainable, scalable and meet the strategic objectives of the MIJB. Work is being undertaken in a Portfolio approach, pulling on the strengths and assets at a whole system level. Efforts include a focus on reducing delayed discharges, which has been very challenging to achieve despite the significant efforts of the team.

3.2   Hospital at Home continues to be developed and there will be opportunities to bid for further resources. The Unscheduled Care team of Scottish

Government have put out a call for bids to expand Hospital at Home, and we have made a submission, seeking funding to improve what we can offer for Hospital at Home. For Hospital at Home collaborative funding has been secured to enhance data gathering. This will help inform and support future programme development. Value improvement funds have supported the establishment of Realistic Medicine Community Healthpoint Advisor roles, which aim to improve awareness and promote support available for older people, their families and carers living with frailty and pre-frailty conditions. These programmes will contribute to key priorities within Home First, The Frailty Collaborative and performance monitoring.

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

3.4   We are engaging with Scottish Government officers for GIRFE (Getting It Right For Everyone) and a local team will join a national discussion to look at how Moray can benefit from this work.

Remobilisation and winter planning

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

3.6   Whilst the service is seeing pressure easing in some areas as staff absence rates decrease, for some services, other pressures remain. Demand for unscheduled hospital care has not discernibly diminished, and Dr Gray's Hospital is having to manage a very tight capacity position on a daily basis. Community hospital beds, and intermediate options are being fully utilised, with expedient discharge from Dr Gray's and Aberdeen Royal Infirmary as soon as beds are available. Demand for social care, and in particular care at home, has continued with hours of care that cannot be met. Primary care continues to operate with a high level of demand and acuity.

3.7   The pressure on the bed base from predominantly unscheduled presentations creates a challenge, within a fixed bed base, to carry out a level of planned operations, and a plan is being developed to return to pre-covid levels of elective activity at Dr Gray's Hospital. Recognising that every part of the system is connected, and the potential for patients on waiting lists to develop worsening or more complex medical problems, patients are likely to need additional and more frequent support from general practice, adding further to the pressure they are experiencing.

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

3.9 Planning is now taking place at a Grampian level for winter 23/24, and the Moray Portfolio will develop a response and hold a local event as a Portfolio which is then fed into Grampian wide planning, with participation at a north-east event to look at planning across the region. Representatives from our Moray SMT have engaged with the national winter summit event and will incorporate learning into our local plan,

Covid Vaccination Programme

3.10 The autumn programme for covid and flu vaccinations has commenced, which includes offering vaccinations to health and care staff. Take up rates by staff will be monitored, and encouragement given to get vaccinated. We will accelerate the vaccination programme within the capacity we have to target the most vulnerable.

Asylum and Humanitarian Protection Schemes

3.11 The pressures associated with the various schemes have become particularly acute in recent months across Scotland, especially in relation to the Super Sponsorship Scheme for Ukrainians, the roll out of full dispersal model for Asylums, and the National Transfer Scheme for Unaccompanied Asylum-Seeking Children.

3.12 Moray will continue to support the resettlement and refugee schemes including the Asylum Dispersal Model and the Afghan Relocation and Assistance Policy (ARAP) Scheme when required. The Refugee Resettlement Team will continue to coordinate and facilitate all partners to be active contributors. Moray is hosting in the region of 50 people seeking asylum at a hotel in Elgin, as of May 2023. The hotel facility is managed through a contract from the Home Office with the private sector. The Refugee Resettlement Team is very active in supporting any health and care needs, and working with partner organisations to maximise the overall well-being of individuals.

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

3.13 A dedicated work stream is in place to manage the programme of works on the Dr Gray's Hospital site that involves completing the anti-ligature work on Ward 4, the Mental Health inpatient ward, alongside the planned installation of an MRI scanner on the hospital site. A separate paper is on the MIJB agenda to update on the work.

Primary Care Strategy

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

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

3.16 Members of the Moray senior management team recently met with our MSP, National Education Scotland and Aberdeen University to discuss the particular challenges for GP recruitment in Moray, and this will be fed into the vision work and subsequent local action plan.

3.17 At the MIJB meeting on 25 May 2023, the Board requested that the Chair write to the Cabinet Secretary for NHS Recovery, Health and Social Care, on the subject of GP sustainability in Moray. A response to that letter has been received, and is attached at **Appendix 1** to this report.

Budget Control

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

3.19 Ongoing work will be required, led by the Chief Officer, with the Senior Management Team and wider System Leadership Group, to align the budget to available resources during 2023/24.

Payment Verification

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

NHS Grampian Delivery Plan

3.21   NHS Grampian has a contract with the Scottish Government to have a Chief Executive Team/Board 'owned' Delivery Plan. This sets out how NHS Grampian Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), colleagues, citizens, communities, and partners (including the third sector) will make progress against the vision and strategic priorities as set out in the Plan for the Future 2022-28, along with responding to key priorities set out by the Scottish Government. The Chief Officers report at the last MIJB meeting set out the intention for the Plan to be presented at the next MIJB meeting, and the Plan is the subject of a separate report on today's agenda.

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

3.22   **Appendix 2** sets out the latest position on progress. The Moray Portfolio continues to work closely with RCE as part of the transformation programme for the Portfolio. These updates will now be a regular feature on the Chief Officers reports.

Woodview 2 update on progress

3.23   Grampian Housing received bids that were over 100% above cost for the original contract, and it was not financially viable to proceed. Grampian housing have since relooked at the original contract and specification for the building work. This will now go out as a 'design and build' contract. Grampian Housing will issue the tender in early September via Scotland Excel. We should have more detail by the closing date for this.

3.24   Further updates for Woodview 2 will be reported into the Moray Infrastructure Board from here on. It will be escalated via that group should the contract not be secured following the closing and evaluation date.

Mental Health Service update on Older Age Psychiatry staffing

3.25   For a number of years there has been difficulty in recruiting to one of the two Consultant posts within the Older Adult Mental Health team. This is due to a national shortage of suitably qualified staff, numerous rounds of advertising have proven to be unsuccessful. Due to the inability to recruit to the substantive consultant vacancy the service have had to continue to use high cost agency locums to support the existing service model.

3.26   The integrated mental health management team based at Pluscarden Clinic have been working with the existing staffing resource to explore options to mitigate the challenges in light of the financial risk of continued locum consultant costs. The Interim Integrated Service Manager commenced in post on 1 August 2023 and has held discussions with the team around service redesign in order to progress to a more sustainable service model. Alternative

options are being worked up to deliver essential care and support to the Older Adult population. A separate paper will be presented to the next MIJB meeting to report progress on this matter.

Updating Governance

3.27   As we continue to evolve our governance, work is underway to refresh the original governance processes approved by the MIJB in 2019. The updated Terms of Reference for the HSCM Clinical and Care Governance Group are currently out for comment to the wider leadership in HSCM. This comes at a time when the health system in Grampian is considering the governance frameworks around many of its workstreams as the Portfolios develop. An update will be presented to the Clinical and Care Governance Committee in November, detailing the refreshed framework across the Moray Portfolio and also those alignments that are required with NHS Grampian and Moray Council.

Staff Wellbeing - Culture Collaborative and Whistleblowing

3.28   HSCM are piloting the use of the Culture Collaborative resource pack created by NHS Grampian. Some of the resources within the pack were utilised at a recent SMT Development Session. NHS Grampian and members of SMT will be available to discuss these resources at two roadshows taking place in Moray in September and October. The intent of the culture collaborative resource pack is to 'increase involvement of colleagues across NHS Grampian and Health and Social Care Partnerships in developing a values-based culture that supports our strategic intent. A further piece of work will be to link in the Whistleblowing policies of NHS Grampian and Moray Council, to ensure we have a culture that supports staff to feel safe in speaking up if they have concerns. In 2022/23 there were no concerns raised under Whistleblowing for HSCM, either through Council or NHS routes.

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

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

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

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

5. **SUMMARY OF IMPLICATIONS**

   (a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"
   Working with our partners to support people so they can cope with, and where possible, overcome the health and wellbeing challenges they may face.

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

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

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

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

   (e) Staffing Implications
   Staff remain the organisation's greatest asset, and we must continue to engage with all sectors to ensure full involvement, which will create the best solutions to the challenges we face. Our staff are facing continued pressures on a daily basis, and we must continue to put effort into ensuring staff well-being.

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

   (f) Property
   There are no issues arising directly from this report.

   (g) Equalities/Socio Economic Impact
   Any proposed permanent change to service delivery will need to be impact assessed to ensure that we are not disadvantaging any section of our community.

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

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

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

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

6. CONCLUSION

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

6.2 **The strategic partnership agreement presents an exciting opportunity, not only to continue working at scale and with a common purpose across the North East but to work alongside PHS in a much more integrated way.**

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

Cabinet Secretary for NHS Recovery Health and Social Care
Rùnaire a' Chaibineit airson Ath-shlànachadh NHS, Slàinte agus Cùram Sòisealta
Michael Matheson MSP/BPA

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Tracy Colyer
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Our Reference: 202300363844
Your Reference: -

13 July 2023

Dear Councillor Colyer,

Thank you for your letter of 13 June on behalf of the Moray Integration Joint Board, regarding GP sustainability in Moray.

I appreciate your concerns regarding the provision of primary care services in Moray. General practice is at the heart of the NHS. Every year in Scotland, GPs and other clinical staff carry out over 23 million appointments, and the vast majority of these cases are dealt with from start to finish in the local Practice. This vital work is very much valued and appreciated, especially over the past three years, when, on top of the regular pressures which GPs and their colleagues face, has been added additional pressure related to the Covid pandemic and its aftermath.

GP Recruitment
We are making good progress on our commitment to recruit 800 new GPs by 2027, with Scotland's GP headcount increasing by 291 from 4,918 to a record high 5,209 from 2017 to 2022.

GP headcount has risen every single year since 2016, alongside an increase in part-time working and a vast increase (since 2018) in multi-disciplinary team members working in practices. The decrease in GP WTE from the 2022 GP Workforce Survey demonstrates more GPs choosing to work part-time. This is for a range of reasons including to develop portfolio careers taking on important clinical lead roles within Health Boards, as well as to achieve work life balance.

The 2021-22 Programme for Government also committed us to expanding the number of medical school training places by at least 100 per year from 2021-22, and doubling the number of funded

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widening access places to 120 per year, so that more GPs are being trained at our Universities. The former Cabinet Secretary for Health and Social Care recently announced an increase of 35 GP Specialty training places for 2023, and this is likely to be followed by further increases in the coming years.

As well as training new GPs here in Scotland, the Scottish Government is investing £11 million over the next 5 years in new national and international recruitment campaigns, in order to encourage qualified GPs from other countries to come and work in Scotland. As well as both training and recruiting GPs, we have also recruited over 3,220 Multi-Disciplinary Team members to work in practices across Scotland. These Pharmacists, Advanced Nurse Practitioners, Mental Health Workers, MSK Physiotherapists and Community Link Workers help support patients, and can offer a range of specialist skills.

Remote and Rural General Practice

Scottish Government is committed to supporting and developing rural primary care, and is taking forward a range of initiatives to support recruitment and retention of workforce in rural General Practice. These include a Golden Hello scheme to attract new rural GPs, and ScotGEM, a graduate-entry medical degree with a rural focus. The Scottish Government is also supporting an innovative recruitment campaign called Rediscover The Joy (RTJ). RTJ aims to recruit experienced GPs to provide support for remote and rural practices. Scottish Government is working to develop a Remote and Rural workforce recruitment strategy by the end of 2024. This will support employers to ensure that the Health and Social Care needs of people who live in remote and rural communities are met.

We are also working closely with NHS Education for Scotland on scoping a national centre for excellence for remote and rural health and social care. If approved, the Centre will be delivered by NHS Education Scotland (NES), with initial focus on Primary Care in remote, rural and island communities, and will play a key role in maintaining a rural focus on Recruitment and Retention, Education and Training, Research and Evaluation, Leadership and Good Practice.

The Scottish Government has made significant progress implementing the 'Shaping the Future Together' Report's recommendations. Important achievements include restating our unequivocal commitment to maintaining the income and expenses guarantee under current contractual and funding arrangements, publishing the Digital Health and Care Strategy in October 2021, which has facilitated the development of the Digital Front Door, NHS Care App, and Near Me, which has enabled 1.8 million appointments since launch, and work to deliver on the commitment to increase the number of medical students by 500 throughout the lifetime of Parliament, through promoting the recruitment of medical, nursing, pharmacy and allied health professional students in remote and rural areas through schemes including ScotGEM, and a pharmacy remote and rural longitudinal clerkship.

Primary Care Multi-Disciplinary Teams

To support GP practices, we have recruited more than 3,220 healthcare professionals since 2018 and are committed to investing at least £170 million a year on delivery of primary care multi-disciplinary teams. We are making funding available on top of that to cover Agenda for Change uplifts for MDT staff. The average practice in Scotland now has access to over 3 WTE additional MDT professionals. In short, we remain committed to the GP contract and the delivery of extended MDTs, making it easier for patients to see the right person, at the right time, in GP practices and the community.

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Pay Uplifts to General Practice

The Scottish Government reflected the recommendation of the Doctors and Dentist Pay Review Body (DDRB) when we uplifted the value of the GP contract. That recommendation was for a 4.5% increase for GPs. We based our uplift on that, as well as a 5% increase for practice staff and 4.5% for non-staff practice expenses.

This is a separate process to the pay awards for NHS employed staff. While in previous years we have used the Agenda for Change settlement as a reference for GP practice staff, that settlement was not known until late in 2022 and is part of a different budget from primary care. The uplift for general practice is the most we were able to commit in a very challenging financial situation and does not reflect any lower value put on the work of general practice staff compared to other groups in different situations. The Scottish Government will consider an uplift for general practice in 2023/24 once we have received the DDRB's recommendation.

The Scottish Government makes an allocation to Health & Social Care Partnerships most years to fund premises improvements. We are considering how much to allocate this financial year, but I must advise the fund is generally to cover minor improvements and will not extend to significant sums. Health Boards can request larger capital sums from the Scottish Government for specific projects and we would consider any business case for a new premises presented to us by them.

Secondary Care Waiting Times

Regarding secondary care waiting times, we published the NHS Recovery Plan in August 2021, which sets out our plans for health and social care over the next 5 years. Backed by over £1 billion of funding, the plan will support an increase in inpatient, day case, and outpatient activity to address the backlogs of care, which will be supported by the implementation of sustainable improvements and new models of care. The first annual progress update was published on 4 October and can be viewed here: https://www.gov.scot/publications/nhs-recovery-plan-annual-progress-update/. This update detailed the progress being made against the actions to address the backlog in care and meet ongoing healthcare needs for people across Scotland.

In July 2022 we introduced a series of ambitious targets for NHS Scotland to address the backlog of long waiting patients. This gave Health Boards full flexibility to focus on treating people that are waiting too long for routine treatment, as well as continuing to treat the most clinically urgent patients. The latest Public Health Scotland statistical publication shows Boards are making good progress with this, with waits of over two years reduced in the majority of specialities for both new outpatients and inpatient/day-cases, and a reduction of 48.5% in new outpatients waits over 18 months since June 2022.

I hope this information is helpful, and thank you again for taking the time to bring these matters to my attention.

Yours sincerely,

MICHAEL MATHESON

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Digital Health & Care Innovation Centre

This paper is presented to the September 2023 Moray IJB to give an update on the progress of the Moray Growth Deal, Rural Centre of Excellence for Digital Health and Care Innovation

This £5 million UK Government funded programme of the Rural Centre of Excellence (RCE) Research and Development (R&D) programme as part of Moray Growth Deal, commenced in late 2021 with the ambition to create a unique ecosystem in the Moray region to foster economic development and create jobs through the creation of a physical Demonstration and Simulation environment (DSE) at UHI Moray, underpinned by a virtual R&D infrastructure, five living labs and a robust skills and workforce development programme.

Working closely with the citizens, health and social care Moray, NHS Grampian and third sector organisations, the living labs methodology uses co-design approaches to validate and address key national and local strategic priorities in order to release clinical and care capacity and make services more accessible enabled by digital to meet targeted demand, and to improve the health and wellbeing outcomes for the citizens of Moray. http://www.moray.gov.uk/moray_standard/page_114144.html

The image below provides a visual representation of the R&D infrastructure, assets and Living Lab (LL) R&D themes and the skills programme being progressed within the RCE. This section summarises the activity with the Appendix providing more detail as a fuller update for the IJB on progress made for each LL in the last two months and anticipated activity and milestones over the next period. Summary as follows;

1. Demonstration and Simulation environment now open for R&D workshops and showcase activities with stakeholder, this is housed at UHI Moray.
2. The virtual R&D infrastructure has been set up for industry and partners to simulate and test their innovation in a safe (not live) environment to de-risk innovation.
3. Three (LL1 – Self management, LL2 Care in Place and LL3 Long Term condition management) of the five Living Labs have progressed through the innovation process over the past 12 months, from early stages of co-designing and validating the need and current state, with all moving now to developing prototypes that will allow user testing in the Living Labs, encouraging user feedback and evaluation, the evidence gathering and evaluation of these LL is being impartially led by UHI.
4. The further two LL (LL4 – Smart Housing/Communities and LL5 – Mental health) are progressing through the early stages of scoping and codesign, with the team working with key partners (LL4 undertaken in partnership with the Housing Mix project, focussed on Leanchoil trust and potentially Hanover housing - TBD)

5. The skills work has undertaken stakeholder consultation over the last 12 months, resulting in the development of Micro credentials which is being led by UHI Moray and is now developing a skills knowledge exchange event in the Autumn 2023.
6. The sustainability of the RCE is being considered early, with a special working group set up and a range of bids underway to ensure further funding is leveraged into the RCE in preparation for the end of the UK Gov funding period for RCE (June 2025).
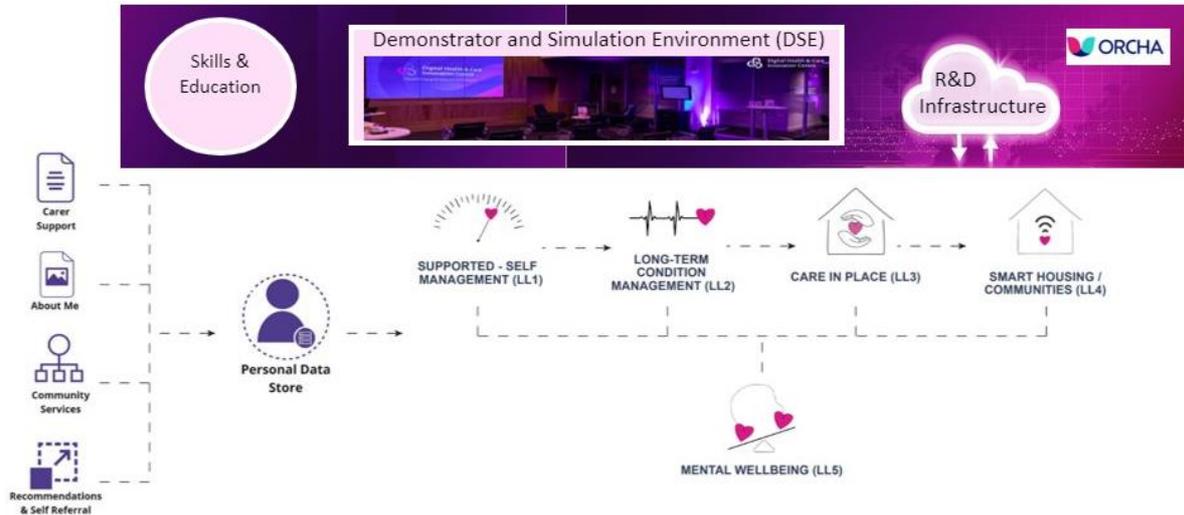

Image 1: Key R&D assets and the 5 Living Lab (LL) Themes

APPENDIX 1
Living Lab 1: Supported Self- Management

	DEFINE	CO-DESIGN	CALL TO INDUSTRY	SIMULATIONS	LIVING LABS	ADOPTION (BAU potential)
LL1 SUPPORTED SELF MANAGEMENT	July 2021 – May 2022	June 2022 – Sep 2022	N/A	Sep 2022 – Sep 2023	Oct 2023 – May 2024	June 2024 – Sep 2024

The digital weight management app supported by the Grampian Dietetic Service is in a period of user testing with both clinical staff and citizens. This will refine the apps that will be trialled within the service at the start of 2024. An evaluation plan is being developed by UHI, and patient cohorts identified for the live testing phase. Recruitment will be Grampian wide, reflecting the remit of the dietetics team, with an estimated 25% recruited from Moray. Information governance is being developed with NHS Grampian to include data sharing arrangements.

Next Milestone: Information governance documentation completed – Dec 2023

LL2 Long-Term Condition Management- NHS Pathway

	DEFINE	CO-DESIGN	CALL TO INDUSTRY	SIMULATIONS	LIVING LABS	ADOPTION (BAU potential)
LL2 LONG TERM CONDITIONS CO-MANAGEMENT	March 2023 – June 2023	July 2023 – Sep 2023	Oct 23	Nov 2023 – March 2024	April 2024 – Dec 2024	Jan 2025 – March 2025

The define and initiate stages have been approved by The RCE board and a call to industry is due to go live early October with an award completed in December, to allow development activities to commence in early 2024. The call will seek industry partners to propose innovative solutions to access deprivation and better population management for the type 2 diabetic population in Moray. This will be built integrate NHS and leisure centre services to create a more sustainable model. This will allow clinical resources to be directed to those with the greatest need, while bringing additional capacity and resources to the system to support and monitor lower need and stable patients. A foundational 'virtual diabetes clinic' will be developed between primary and secondary care over the autumn 2023. A technology supplier awareness event is being planned for the end of September to generate interest in the call.

As with LL1, evaluation and information governance planning are being progressed.

Next Milestone: Call Open - Oct 2023

LL2 Long-Term Condition Management- Community Pathway

Define and initiate stages are being progressed with the Community Occupational Therapy Service, with workshops in progress to map current and preferred future pathways.   Key area identified include:
- Enhanced self-help information related to equipment and adaptations to be added to early access platform developed in LL3, to reduce referral rate to the service
- Use of Personal Data Store to improve quality of referral information received to reduce triage time and enable better prioritisation of referrals for onward action, including potential access to self-prescribing platform.

Next Milestone: Define and initiate stages approved at RCE Board- October 2023

LL3 Care in Place

	DEFINE	CO-DESIGN	CALL TO INDUSTRY	SIMULATIONS	LIVING LABS	ADOPTION (BAU potential)
LL3 CARE IN PLACE	Oct 2021 – April 2022	May 2022 – Nov 2022	Dec 2022 – Jan 2023	Jan 2023 – Jan 2024	Feb 2024 – Aug 2024	Aug 2024 – Dec 2024

Functional prototypes for the early access platform and Personal Data Store are under development. This will equip informal carers and their cared for person with the ability to complete an 'about me', a self-help support and signposting website, and professional tools

to receive referrals and review and edit the 'about me'. This will now go through a period of user testing with health and care professionals and service users. This will inform final adjustments required prior to a real work trial in the Forres locality from February 2024. Information governance and evaluation needs are also being finalised.

Next Milestone: User testing complete - Dec 2023

Living Lab 4 Smart Housing/Smart Communities

	DEFINE	CO-DESIGN	CALL TO INDUSTRY	SIMULATIONS	LIVING LABS	ADOPTION (BAU potential)
LL4 SMART HOUSING/ COMMUNITIES	April 2023 – Oct 2023	Nov 2023 – Feb 2024	TBC	March 2024 – May 2024	June 2024 – Jan 2025	Feb 2025 – May 2025

Define and initiate work is underway for this living lab, with work commenced on developing an asset for the DSE in Elgin to demonstrate the benefits of the proactive and preventive use of combined telehealth and digital telecare/activity monitoring. Collective stakeholder feedback will be used to inform a call to industry to develop an innovative data integration, monitoring and alerting platform aimed at early intervention of decline, managing unscheduled care, supporting hospital at home and reducing length and frequency of hospital admissions and care packages.

An appraisal of smart community site options is also ongoing in partnership with the Housing Mix project

Next Milestone: Define and Initiate stages approved at RCE board – Nov 2023

Living Lab 5 Mental Wellbeing

	DEFINE	CO-DESIGN	CALL TO INDUSTRY	SIMULATIONS	LIVING LABS	ADOPTION (BAU potential)
LL5 MENTAL WELLBEING	Jan 2023– Aug 2023	Sep 2023 – Jan 2024	Jan 2024 – Feb 2024	Feb 2024 – May 2024	June 2024 – Jan 2025	Feb 2025 – May 2025

Engagement discussions are ongoing with statutory, and third sector services and demand validation workshops are planned for October 2023 to prioritise the scope for this living lab. It is likely that the following two distinct pathways will be developed, if capacity within H&SC and budget allow:
1. Mental wellbeing (MWB) pathway to develop tools and social prescribing linked to the early access platform and personal data store to support early intervention and self-management
2. Mental health (MH) pathway to develop digital tools to support an aspect of statutory clinical services to be confirmed

Next Milestone: Definition stage approved by RCE board – November 2023

Strategic work

In addition to the five living labs, RCE are also contributing at a working group and strategic level to the development of the frailty pathway for Moray through linking living lab crossover and facilitating knowledge exchange opportunities with DHI frailty related projects in other regions.

Engagement and Communication

DHI has procured a new communityngagement platform for the citizen panel. The RCE pages are expected to go live In October 2023 and will include engaging functionality such as forums, news feeds and chat rooms and will also host the sign up and latest codesign opportunities for the citizen panel.

Monthly sessions are being planned for the DSE in Elgin form next month, this will be an opportunity to view the facility and learn more about the work underway. From February 2024 subject specific educational/awareness sessions will be run in partnership with out DHI colleagues in Glasgow.

Skills and Workforce Development

Moray Digital Health & Care SkillsFest
This in-person event taking place in UHI Moray in November will have a broad focus, considering the path from early education (primary school) to post-education and upskilling of the health and care workforce, career changers and Moray citizens. This is the first DHI skills-related event, and will include informative presentations, panel discussions, and interactive workshops seeking to address some key questions, including: what digital skills and competencies do the health and care sector (and industry employers) need?; what skills do we need for the future?; and what needs to happen next?

Work is progressing on the development of four online micro-credentials in partnership with UHI Moray. The focus of these short courses is to increase the digital health and care knowledge and competencies of people providing direct care in Moray – including those who work in people's homes (both paid and unpaid), Personal Assistants and volunteers.

Sustainability
Work continues to progress on the RCE sustainability plan through collaborative cross sector development and pursuing of international investment and funding opportunities. The long-term ambition is for the RCE to have a permanent presence in Moray supporting innovation for the foreseeable future, and beyond the current funded period from the Moray Growth Deal.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: REVENUE BUDGET MONITORING QUARTER 1 FOR 2023/24

BY: CHIEF FINANCIAL OFFICER

1.   REASON FOR REPORT

1.1   To update the Moray Integration Joint Board (MIJB) of the current Revenue Budget reporting position as at 30 June 2023 for the MIJB budget.

2.   RECOMMENDATIONS

2.1   It is recommended that the MIJB:

i)   **Note the financial position of the Board as at 30 June 2023 is showing an overall overspend of £2,306,993;**

ii)   **Note the progress against the approved savings plan in paragraph 6;**

iii)   **Note the budget pressures and emerging budget pressure as detailed in paragraph 7;**

iv)   **Approved the virements in budgets from Care Services provided by external contractors to the Learning Disability Services, Mental Health Services and Older People and PSD services, as detailed in paragraph 8;**

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

vi)   **Approve for issue, the Directions arising from the updated budget position shown in Appendix 4.**

3. BACKGROUND

3.1 The financial position for the MIJB services at 30 June 2023 is shown at **APPENDIX 1.** The figures reflect the position in that the MIJB core services are currently over spent by £2,306,993. This is summarised in the table below.

	Annual Budget £	Budget to date £	Expenditure to date £	Variance to date £
MIJB Core Service	160,967,850	41,332,704	43,639,697	(2,306,993)
MIJB Strategic Funds	13,624,499	1,426,720	1,717,435	(290,715)
Set Aside Budget	13,917,000	-	-	-
Total MIJB Expenditure	**188,509,349**	**42,759,424**	**45,357,132**	**(2,597,708)**

3.2 Due to the level of overspend reported above for quarter 1, a straight extrapolation of the variances for the first provisional forecast to 31 March 2024 is summarised below:

	Annual Budget £	Forecast expenditure to 31 Mar 23 £	Variance to 31 Mar 23 £
MIJB Core Service	160,967,850	170,316,746	(9,348,896)
MIJB Strategic Funds	13,624,499	8,005,425	5,619,074)
Set Aside Budget	13,917,000	**13,917,000-**	**0-**
Total MIJB Expenditure	**188,509,349**	**192,239,171**	**(3,729,822)**

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

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2023/24

Learning Disability

4.1 The Learning Disability (LD) service is overspent by £534,844. The overspend is predominantly due to care purchased at £565,796 with income received more than expected reducing this overspend by £31,480 and other minor overspends totalling £528.

4.2 The LD Service manager and their team are aware of the overspend. There is national pressure on learning disabilities budgets due to escalating costs in Learning Disabilities. The most significant cost pressure is in terms of demand, volume, unit cost and complexity. The number of people with learning difficulties is also increasing, there has been a post lockdown surge in demand because of lack of structured activities during lockdown leading to an increase in complex and challenging behaviour and associated measures needed to support individuals and families. We do try make sure people live in homes and hospitals and improve people's quality of care and quality of life whilst trying to balance this against budget constraints.

Mental Health

4.3   The Mental Health service is overspent by £95,841. Clinical Nursing and other services are overspent by £62,385. The overspend is primarily due to staffing in medical services which is overspent by £93,013 partly offset by continuing underspends of £30,628 across Nursing Psychology and Allied Health Professionals (AHP's).

4.4   The staffing overspends continues to relate to consultant psychiatrist vacancies and junior medical staff within the department being covered by locums. This remains a financial risk to MIJB, which has been reported previously, due to high costs of locums compared to NHS substantive medical staff. Nursing vacancies in community teams are not filled because of difficulties with recruitment due to lack of qualified staff.

4.5   Assessment and care is £33,457 overspent primarily due to the purchase of care and costly care packages. There has been a significant increase in demand on Mental Health services since the pandemic and we expect this to continue.

Older People and Physical Sensory Disability (Assessment & Care)

4.6   This budget is overspent by £468,498 to 30 June 2023. This primarily relates to overspends for domiciliary care in the area teams of £412,281, permanent care £371,811, other minor underspends totalling £14,411 and income received being more than budgeted £128,715. Income can be deferred by an arrangement between the local authority and client which will result in spikes of income received.   The overall overspend is further reduced by the underspend of £172,468 against Care Service provided in-house. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer.

4.7   This overspend is expected to continue and will be monitored throughout the next quarter.

Primary Care Prescribing

4.8   The primary care prescribing budget is overspent by £1,005,693 to 30 June 2023, this position is based on only one month's actuals for April and an accrued position for May and June as information is received two months in arrears. The budget to month 3 does not yet include allocation from MIJB core uplift yet to be included which would improve the position. For 2022/232 the overall prescribing volume of items in total was 4.445% higher than in 1921/22. The prescribing volumes overall are now greater than pre Covid levels and continue to grow. To June 2023 the estimate of items is greater to date than anticipated, with higher volume in May. The emerging volume pattern for 2023/24 requires to be investigated as the increase is greater than expected across Grampian. The average price per item increased throughout 2022/23 and an average price of £11.53 per item has been used to estimate position to June. The increase in price has not yet abated and is a factor throughout Scotland.
Out of Area Placements

4.9   This budget is overspent by £264,487. This relates primarily to Mental Health, Learning Disability and Acquired Brain Injury (ABI) Placements for specific

individuals agreed on a case by case basis. This budget remains at the original transfer value in 2016/17. There are an additional 4 patients who have been admitted since that date for who there is no budget, which along with increase in costs are producing an overspend.

5.   STRATEGIC FUNDS

5.1   Strategic Funds is additional funding for the MIJB, they include:
- Additional funding received via NHS Grampian and Moray Council (this may not be fully utilised in the year resulting in a contribution to overall MIJB financial position at year end which then needs to be earmarked as a commitment for the future year.
- Provisions for earmarked reserves has been made to fund unutilised allocation for Primary Care Improvement Funds, Action 15, additional investment funding & others in 2023/24, identified budget pressures, new burdens, savings and general reserve that were expected at the start of the year.

5.2   Within the strategic funds are earmarked reserves totalling £4,682,794. However there will not be enough reserves to cover the overspend in total if the level of spend continues till the 31 March 2024.

5.3   By the end of the financial year, the Strategic Funds will reduce as the commitments and provisions materialise and the core budgets will increase correspondingly.

6.   PROGRESS AGAINST THE APPROVED SAVINGS PLAN

6.1   The Revenue Budget 2023/24 was presented to the MIJB 30 March 2023 (para 12 of the minute refers). The paper presented a balanced budget through the identification of efficiencies through savings and the use of general reserves.

6.2   The progress against the savings plan is reported in the table below and will continue to be reported to the Board during the 2023/24 financial year. The table details progress during the first quarter against the original recovery plan.

Efficiencies	Para Ref	Full Year Target	Expected progress at 30 June 2023	Actual Progress against target at 30 June 2023
		£'000	£'000	£'000
External Commissioning	6.3	500	125	544
Vacancy target	6.5	1,400	350	649
Reduction in prescribing costs	6.6	400	100	0
Reduction in overspending budgets	6.7	600	150	0
Reduction in management costs	6.8	300	75	0
Reduction in overtime	6.9	800	200	0
Staff transport	6.4	136	34	40
Postages	6.4	5	1	5
Additional savings achieved	6.3	0	0	123
Total Projected Efficiencies		**4,141**	**1,035**	**1,361**

6.3   Savings have been achieved in quarter 1 for the full year effect.

6.4   Savings have not been taken in quarter 1 but savings will be taken and achieved in full by quarter 2.

6.5   Savings of £400,000 for the full year have been achieved in quarter 1, with savings of £249,000 relating to the period to 30 June 2023, however it is not yet known if the rest of the vacancy target will be achieved and progress will be reported each quarter.

6.6   Reduction in the prescribing costs will be taken in quarter 2 when the budget pressure will also be realised. With the increasing cost pressure on prescribing there is a high chance the overspend will still increase.

6.7   Reduction in overspending budgets has not been achieved and with the current level of overspend on the core budgets is not looking likely to be achieved.

6.8   Reduction in management costs has not been achieved in quarter 1, this budget is currently under review but is not expected to be fully achieved.

6.9   Reduction in overtime has not been achieved in quarter 1, with the current level of vacancies and recruitment issues facing the MIJB, it is unlikely this will be achieved.

7 BUDGET PRESSURES

7.1   Budget pressures recognised when the budget was approved on 30 March 2023 are released when the pressure crystallises to the extent that it can be accurately quantified. Provisions to meet budget pressures totalling £927,830 have been released in quarter 1.

7.2   Provisions still held centrally at the end of quarter 1 total £9,433,136 and are detailed in the table below.

Description	Para Ref	£'000
Pay inflation	7.3	1,657
Contractual inflation & Scottish Living Wage	7.3	1,818
Prescribing & Community Pharmacy	7.4	1,924
Children in Transition	7.3	979
Learning Disability Clients	7.3	440
Recurring Deficit	7.5	2,473
Hosted Services	7.3	142
TOTAL BUDGET PRESSURES		**9,433**

7.3   These budget pressures have not yet been drawn down as they have not yet materialised in the budgets. At this stage these are all intended to be fully required in this financial year.

7.4   The budget for prescribing has not yet been drawn down but will done in quarter 2. At this early stage in the financial year it is not looking like this will be sufficient to cover all the overspend and pressures in this financial year.

7.5   The budget pressure for recurring deficit is used against the bottom line in the budget and is not allocated out during the financial year.

7.6   Emerging budget pressures have materialised since the budget was set and these are detailed in the table below:

Description	Para Ref	£'000
National Care Home Contract	7.7	823
Mental Health out of area clients	7.8	317
Out of Hours nursing service	7.9	100
Total emerging budget pressures		**1,240**

7.7   National care home contract was included in the budget but was also the assumption that funding would be provided for this nationally agreed uplift. The uplift agreed by the care homes with Scottish Government and COSLA was 6.9% however, this was to be funded from existing resources and no additional funding was received.

7.8   Emerging budget pressure has arisen for mental health clients that were in a hospital setting, where this is no longer the best place for them and as such

the responsibility for these clients are to be under the care of the health and social care partnership.

7.9   Out of Hours nursing service is the budget pressure that was reported to Clinical and Care Governance committee on 31 August 2023. This budget pressure relates to the cessation of the Marie Curie contract and this is phase 1 of the service to replace that contract.

8   VIREMENTS

8.1   Following the review of the structure with the Care Services Provided by External Contractors, the block contract elements currently within this service are to be vired to the budget managers under the Learning Disability, Mental Health and Older People & PSD services. This reflects the spend within the budget headings for these services so that the reporting under these headings includes all aspects of spend for the service. The proposed virements are as follows:

Description	Budget Manager	£'000
Mental Health	Kirsteen Pyett	378
Learning Disabilities	Marie Burnell	5,656
Older People	Mandy Higgins/Lesley Attridge/Zandra Smith	793
TOTAL		**6,827**

9.   CHANGES TO STAFFING ARRANGEMENTS

9.1   At the meeting of the Board on 28 March 2019, the Financial Regulations were approved (para 11 of the minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.

9.2   Changes to staffing arrangements as dealt with under delegated powers through appropriate Council and NHS Grampian procedures for the period 1 Apr to 30 June 2023, are detailed in **APPENDIX 3**.

10.   UPDATED BUDGET POSITION

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

10.2   In addition, the MIJB, concluded the financial year 2022/23 in an underspend position following the application of reserves. The unaudited reserves totalling £4,682,793 were carried forward into 2023/24, all of which are ear-marked with no general reserves.

10.3

	£'s
Approved Funding 30.3.23	**148,673,460**
Set Aside Funding	13,465,540
Balance of IJB reserves c/fwd to 23/24	4,682,793
Amendment to Moray Council core	(84,698)
Amendment to NHS Grampian core	405,876
Children Services & Criminal Justice	19,202,132
Amendment to set aside	451,460
Revised funding at the start of Qtr 1	**186,796,563**
Budget adjustments M01-M03	
Moray Vaccination Transformation Programme	1,227,919
AFC One Off Payment	443,953
Primary Care	273,013
Hosted Recharges	69,469
Arrears of Pay	55,096
Public Health	17,497
Misc (Waiting Times & NMF)	177
Dental Outreach SLA	(30,500)
Moray DWD ICF Transfer	(138,625)
Winter Funding	(295,000)
National Trauma	50,000
Other	39,787
Revised Funding to Quarter 2	**188,509,349**

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

11.   <u>**SUMMARY OF IMPLICATIONS**</u>

(a)   **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan 'Partners in Care 2022 – 2032'**
This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2023/24.

(b)   **Policy and Legal**
It is the responsibility of the organisation receiving the direction to work with the Chief Officer and Chief Financial Officer to deliver services within the resources identified. The Moray Integration Scheme (para 12.8 of the 2015 Integration Scheme) makes provision for dealing with in year variations to budget and forecast overspend by reference to agreed corrective action and recovery plans. It also makes provision for dealing with year-end actual overspend where such action and plans

have been unsuccessful in balancing the relevant budget by reference to use of MIJB reserves and additional payments from NHS Grampian and Moray Council.

(c)   **Financial implications**

The financial details are set out in sections 3-8 of this report and in **APPENDIX 1**. For the period to 30 June 2023, an overspend is reported to the Board of £2,597,708.

A straight line forecast to end March 2024 has been included in section 3 and APPENDIX 1, which gives the provisional year end position of £3,729,822 is spend continues as it has been in quarter 1. There is also the assumption at this early stage that the savings will be achieved. The potential impact to the partners has been communicated however, a recovery plan will be brought to a future meeting of this Committee to mitigate the overspend.

The staffing changes detailed in paragraph 9 have already been incorporated in the figures reported.

The movement in the 2023/24 budget as detailed in paragraph 10 have already been incorporated in the figures reported.

(d)   **Risk Implications and Mitigations**

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

There are earmarked reserves brought forward in 2023/24. Additional savings continue to be sought and service redesign are under regular review. Progress reports will be presented to this Board throughout the year in order to address the financial implications the MIJB is facing.

The claw back of reserves during 2022/23 vastly reduced the amount of reserves carried forward into 2023/24 as well as additional pressures arising from the cost of living crisis, increasing energy bills, emerging budget pressures and inflation puts a risk on the budget.

The early provisional forecast is a potential overspend position, this has been communicated to both partners and a recovery plan will be produced to counteract and potentially reduce this position as both partners are also under severe financial pressures.

(e)   **Staffing Implications**

There are no direct implications in this report.

(f)   **Property**

There are no direct implications in this report.

(g)   **Equalities/Socio Economic Impact**

There are no direct equality/socio economic implications as there has been no change to policy.

(h)   Climate Change and Biodiversity Impacts
There are no direct climate change and biodiversity implications as there has been no change to policy

(i)   Directions
Directions are detailed in para 10 above and in Appendix 4.

(j)   Consultations
The Chief Officer, the Health and Social Care Moray Senior Leadership Group and the Finance Officers from Health and Social Care Moray have been consulted and their comments have been incorporated in this report where appropriate.

12.   CONCLUSION

12.1   The MIJB Budget to 30 June 2023 has an over spend of £2,306,993 on core services. Senior Managers will continue to monitor the financial position closely and continue to report on the Recovery and Transformation Plan.

12.2   The virement of budgets from the Care Services provided by External Contractors, as detailed in para 8 above will amend the various budget headings but will not affect the overall budget for the MIJB

12.3   The financial position to 30 June 2023 reflects the updated budget position and revised Directions have been prepared accordingly, as detailed in APPENDIX 4.

Author of Report: D O'Shea Interim Chief Financial Officer (MC)
Background Papers: Papers held by respective Accountancy teams
Ref:

MORAY INTEGRATION JOINT BOARD

JOINT FINANCE REPORT APRIL 2023 -JUNE 2023

	Para Ref	Annual Net Budget £'s 2023-24	Budget (Net) To Date £'s 2023-24	Actual To Date £'s 2023-24	Variance £'s 2023-24	Variance % 2023-24	Most recent Forecast £'s 2023-24	Variance To Budget £'s 2023-24	Forecast Variance % 2023-24
Community Hospitals		6,513,248	2,065,870	1,960,068	105,802	2	6,090,040	423,208	6
Community Nursing		6,166,520	1,460,218	1,460,218	0	0	6,166,520	0	0
Learning Disabilities	4.1	9,234,851	1,837,414	2,372,258	(534,844)	(6)	11,399,966	(2,165,115)	(23)
Mental Health	4.3	10,359,799	2,599,856	2,695,698	(95,841)	(1)	10,743,165	(383,366)	(4)
Addictions		1,308,125	415,727	409,756	5,970	0	1,379,427	(71,302)	(5)
Adult Protection & Health Improvement		185,375	41,098	41,375	(277)	(0)	186,483	(1,108)	(1)
Care Services provided in-house		21,636,679	5,250,615	5,250,615	(0)	(0)	20,946,807	689,872	3
Older People & PSD Services	4.6	21,007,126	4,931,585	5,400,083	(468,498)	(2)	23,570,990	(2,563,864)	(12)
Intermediate Care & OT		1,711,318	415,423	440,790	(25,366)	(1)	1,812,783	(101,465)	(6)
Care Services provided by External Contractors		8,675,352	2,195,942	2,134,783	61,159	1	8,430,716	244,636	3
Other Community Services		9,602,966	2,557,533	2,648,042	(90,509)	(1)	9,965,002	(362,036)	(4)
Admin & Management		1,070,995	625,060	635,282	(10,222)	(1)	1,111,884	(40,888)	(4)
Primary Care Prescribing	4.8	17,400,369	4,365,282	5,370,976	(1,005,693)	(6)	21,423,142	(4,022,773)	(23)
Primary Care Services		19,000,484	4,750,121	4,806,222	(56,101)	(0)	19,224,889	(224,405)	(1)
Hosted Services		5,056,743	1,298,062	1,276,632	21,431	0	4,971,021	85,722	2
Out of Area	4.9	669,268	141,435	405,922	(264,487)	(40)	1,727,216	(1,057,948)	(158)
Improvement Grants		939,600	213,086	196,676	16,410	2	873,961	65,639	7
Childrens Services		19,202,132	5,848,438	5,848,438	0	0	19,202,132	0	0
Total Moray IJB Core		**160,967,850**	**41,332,704**	**43,639,697**	**(2,306,993)**	**(50)**	**170,316,746**	**(9,348,896)**	**(209)**
Other non-recurring Strategic Funds in the ledger		1,508,951	1,390,448	1,384,634	5,814	0	1,508,951	0	0
Non Recurring earmaked spend funded from IJB Reserves		12,589	12,589	309,478	(296,889)		0	12,589	
Total Moray IJB Including Other Strategic funds in the ledger		**162,489,390**	**42,735,741**	**45,333,809**	**(2,598,067)**		**171,825,697**	**(9,336,307)**	**-6**
Other resources not included in ledger under core and strategic:		12,102,959	23,683	23,322	361	0	6,496,474	5,606,485	
Total Moray IJB (incl. other strategic funds) and other costs not in ledger	5	**174,592,349**	**42,759,424**	**45,357,131**	**(2,597,708)**	**0**	**178,322,171**	**(3,729,822)**	
Set Aside Budget		13,917,000			-		13,917,000	0	
Overall Total Moray IJB		**188,509,349**	**42,759,424**	**45,357,131**	**(2,597,708)**	**,0**	**192,239,171**	**(3,729,822)**	

Funded By:
NHS Grampian	106,101,442
Moray Council	82,407,907
IJB FUNDING	**188,509,349**

Item 6.

Description of MIJB Core Services

1. Community Hospitals includes community hospitals, community administration and community Medical services in Moray.

2. Community Nursing related to Community Nursing services throughout Moray, including District Nurses and Health Visitors.

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

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

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

6. Adult Protection and Health Improvement

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

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

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

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

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

12. Admin & Management budget comprises of :-
    - Admin & Management staff infrastructure
    - Target for staffing efficiencies from vacancies

13. Other Operational Services - range of operational services including –
    - Community Response
    - Team
    - Child Protection
    - Winter Pressures
    - Clinical Governance
    - International Normalised Ratio (INR) blood clotting test Training
    - Moray Alcohol and Drug Partnership (ADP)

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

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

16. Hosted Services, comprises of a range of Grampian wide services. These services are hosted and managed by a specific IJB on a Grampian wide basis and costs are re-allocated to IJB budgets. These services include:-

Moray IJB Hosted & Managed services:

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

Aberdeen City/Aberdeenshire IJB Hosted & Managed services:
   - Intermediate care of elderly & rehab.
   - Marie Curie Nursing Service – out of hours nursing service for end of life patients
   - Continence Service – provides advice on continence issues and runs continence clinics
   - Sexual Health service
   - Diabetes Development Funding – overseen by the diabetes Network. Also covers the retinal screening service
   - Chronic Oedema Service – provides specialist support to oedema patients
   - Heart Failure Service – provided specialist nursing support to patients suffering from heart failure.
   - Police Forensic Examiner Service

- HMP Grampian – provision of healthcare to HMP Grampian.

17. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian. These are managed centrally within NHS Grampian and charged to IJB's.

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

19. Children Services & Criminal Justice budget was delegated to the MIJB from 1 April 2023 and is in its shadow year during 2023/24. The budget includes the following areas:

    a) Children Services area teams budget includes:-
    - Staff – social work (including access team, area teams, disability team, SCIM and Child Protection Unit)
    - Self directed support
    - Fostering home to school transport
    - Support to families

    b) Quality Assurance team budget includes:-
    - Staff – social work
    - Locality management groups funding

    c) Reviewing Team

    d) Commissioned Services budget includes:-
    - Commissioning team
    - Contracts for all services

    e) Out of Area Placements for children placed with external fostering agencies or in residential accommodation out with Moray.

    f) Placement Services budget includes:-
    - Staff – social work (including fostering, adoption and throughcare/aftercare)
    - Continuing care payments, income maintenance, supported lodgings and throughcare/aftercare grants
    - Fostering/kinship fees and allowances
    - Adoption allowances
    - Adoption fees to other local authorities

    g) Children Services Residential Unit

    h) Justice Services budget includes:-
    - Staff – social work
    - Youth Justice services
    - Out of Hours team

- Community Justice Reform
- Criminal Justice Services

i) Children Services Admin and Management budget comprises of:-
- Central management staffing
- Target for staffing efficiencies from vacancies

j) Additional grant funding
- Unaccompanied asylum seeking children
- Corra Foundation
- Mental Health and Wellbeing Fund
- Whole Family Wellbeing Fund

Other definitions:

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

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

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

1`HEALTH & SOCIAL CARE MORAY

DELEGATED AUTHORITY REPORTS - PERIOD April 2023 to June 2023

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
School Nurse Team Lead	School Nursing has no permanent vacancies and one temporary vacancy due to maternity leave. Of the 2021 cohort of school Nurses who qualified in September 2022 0% of this cohort remain in post. Age profile has been completed. A school nurse team lead would allow for centralistaion of the service.	37.5hrs Band 7	Permanent	n/a	ASAP	SG funding
The Oaks - admin	The Oaks is working towards their sustainable staffing model. Clinical band 7 and 5's are now in post and there is the need for administrative post to support the delivery and co-ordination of the services that now run from the Oaks.	26hrs Band 3	Temporary	12 months	ASAP	Core budget realignment
Senior Dental Officer – Public Dental Service	This is 0.1 WTE above our normal SDO allocation but is crucial to delivering the future service needs of Moray PDS, as justified below. 0.2 WTE will	SDO 7.5hrs	Permanent	n/a	ASAP	Core budget realignment

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
	also be removed from our current DO allocation. We have completed 8 unsuccessful rounds of recruitment for 1 WTE Dental Officer - we have had had to prioritise patient care due to this clinical shortfall.					
DN Admin Post Lossiemouth	A 20hr per week, 0.53WTE, Administrator Post to be established within the Lossiemouth Community Nursing Team. The post will primarily serve the Lossiemouth Community Nursing Team but will also be able to support with basic duties for the multi-disciplinary team sited immediately within the community nursing multi-disciplinary office at the Lossiemouth Medical centre.	20hrs Band 3	Permanent	n/a	ASAP	Core budget realignment
Adult Support and Protection Practitioner	Essential Role - temporary as from MDT slippage	30hrs band 6	Temporary	12 months	ASAP	MDT Funding
Adult Support and Protection Administrator (SPOC)	Essential Role - temporary as from MDT slippage	30hrs Band 4	Temporary	12 months	ASAP	MDT Funding
Macmillan Project Senior –Improving Cancer Journey	To recruit to the role of project manager for the implementation of the phased	37.5hrs Band 6	Temporary	24 months	ASAP	Grant Funding from Macmillan

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
	rollout of Improving the Cancer Journey (ICJ) service across all partnerships within NHS Grampian.					
Clinical Admin Support Worker - Discharge to Assess	Clinical Admin Support Worker - Discharge to Assess	34hrs Band 3	Permanent	n/a	ASAP	Earmarked Funds – D2A
Employability restructure	Transfer 4 x posts to Moray Council	Grade 6 x 1 Grade 8 x 1 Grade 7 x 2	Permanent		ASAP	Transfer employability posts to sit under employability under the Moray Council
START Team	To increase management support and structure for the START service to support quicker response to referrals and enable service users to complete their Reablement process and review. To support staff with supervision, observations, ERDP, team meetings and general mentoring.	Grade 5 36.25 hours	Permanent		ASAP	Funding will be vired from the underspend under the care at home budget
Community Care Finance	Recruitment to a new permanent post of 36.25 hr Adult Disability Payments Administrator (Grade 4) in	Grade 4 36.25 hours	Permanent		ASAP	Funding will be from the recurring Disability funding

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
	Community Care Finance Team					

MORAY INTEGRATION JOINT BOARD
DIRECTION

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

1.	Title of Direction and Reference Number	*MIJB Updated Budget Position 2022/23*
2.	Date Direction issued by the Moray Integration Joint Board	*28.09.2023*
3.	Effective date of the Direction	*01.04.2023*
4.	Direction to:	NHS Grampian and Moray Council
5.	Does the Direction supersede/update a previous Direction? If yes, include the reference number(s) of previous Direction	Yes budget report for 22/23 to MIJB on 30.03.2023
6.	Functions covered by Direction	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme and all functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.
7.	Direction Narrative	Directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below
8.	Budget Allocation by MIJB to deliver on the Direction	*Moray Council associated budget -* £80.6 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations and £19.2 for Children Services & Criminal Justice which is in the shadow year. NHS Grampian associated budget - £88.0 million, of which £5.1 million relates to Moray's share for services

		to be hosted and £19.0 million relates to primary care prescribing. An additional £13 million is set aside for large hospital services . All details contained in APPENDIX 1 to the report
9.	Desired Outcomes	The direction is intended to update and reflect the budget position for 2023/24
10.	Performance monitoring arrangements and review	*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*

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: MRI SCANNER AND LIGATURE REDUCTION INTEGRATED PROGRAMME - DR GRAYS HOSPITAL

BY: DR GRAY'S HOSPITAL GENERAL MANAGER AND INTEGRATED PROGRAMME SENIOR RESPONSIBLE OFFICER

1.   REASON FOR REPORT

1.1. To inform the Moray Integration Joint Board of the programme status and associated requirements of the MRI Scanner and Ligature Reduction Integrated Programme.

2.   RECOMMENDATION

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

3.   BACKGROUND

3.1   Board members last received an update on the programme status and associated requirements of the MRI Scanner and Ligature Reduction Integrated Programme, at the meeting of 25 May 2023 (para 9 of the minute refers).

3.2   NHS Grampian (NHSG) Board approved the Standard Business Case (SBC) for the development of a dedicated Magnetic Resonance Imaging (MRI) service at Dr Gray's Hospital (DGH) in Elgin at its August 2022 meeting as part of its National Treatment Centre programme.

3.3   They confirmed a requirement to bring an addendum to the SBC back to a future NHSG Board meeting for final agreement on price and programme prior to proceeding to construction.

3.4   Prior to MRI plans mental health services have been seeking a relocation/decant solution for many years since the Health and Safety Executive (HSE) notice of contravention to Royal Cornhill Hospital (RCH) in June 2017.   Various options have been considered over many years, none without challenge and most ruled out due to not being considered a realistic or safe possibility.

3.5   Work undertaken to date by the MRI Construction and Ligature Reduction Integrated Programme Board was discussed at the May 2023 meeting of the MIJB and this paper reports on progress since that meeting.

3.6 At the time of the update in May, a number of key decision points were anticipated. These included;

- Confirmation of decant options for the Specialist Dementia Unit (Muirton Ward, Seafield Hospital, Buckie),

- Confirmation of the requirements for decanting Pluscarden Clinic, Dr Gray's Hospital, building based services and,

- Recognition and documentation of any associated risks.

3.7 Actions to inform these decisions have been progressed since the last update and are described below.

3.8 Appraisal of options to decant Muirton Ward was completed and the preferred option approved by the Integrated Programme Board. The preferred option was for Seafield Hospital 'Annex' following some minor adaptations to be used to accommodate the Specialist Dementia Unit for the duration of the enabling works plan. This then releases the required space for Ward 4 at Dr Gray's Hospital to relocate to Seafield Hospital.

3.9 This option provided the least disruption to patients and their families as well as the staff group working in Muirton Ward.

3.10 Southfield Offices will provide alternative accommodation for Pluscarden Clinic staffing teams and will be available in Q4, 2023/24.

3.11 Revenue costs associated with the enabling works plan have been estimated and are being finalised for consideration and approval.

3.12 Risk register development commenced and being combined and aligned with global NTC risk register.

4. INTEGRATED PROGRAMME STATUS AND NEXT STEPS

4.1 The construction and installation of the Dr Gray's MRI scanner cannot commence until Ward 4 is vacated and the final forecast costs for the MRI facility will be confirmed once alternative accommodation arrangements for mental health services are secured.

4.2 A comprehensive enabling works plan has been developed to provide temporary accommodation for mental health services to allow the MRI construction and Ligature Reduction Works to commence.

4.3 Options for a 'Place of Safety' identified and the preferred option is awaited.

4.4 Engagement and information update sessions for all staff groups involved in the programme are ongoing.

4.5 A schedule of drop in sessions for key interest groups is being arranged during the Autumn.

4.6 An addendum highlighting the changes to the Standard Business Case presented to the NHS Grampian Board at its August 2022 meeting is being prepared and will be discussed at the NTC Grampian Project Board on the 21 September 2023. It will also be considered by the NHS Grampian Asset Management Group at its meeting on the 27 September 2023.

4.7 A meeting with the Scottish Government will take place in November 2023 to discuss funding arrangements for the programme of work.

4.8 Standard Business Case and Feedback from the discussions with the Scottish Government will then be presented to an informal session of the NHS Grampian Board in November with the intention thereafter to present the final business case to the NHS Grampian Board in December for approval.

5. KEY MATTERS RELEVANT TO RECOMMENDATION

Risks

5.1 Quality/Patient Care - Patient care will be improved through the refurbishment of the Ward 4 environment. The ability to utilise space at Seafield for the decant of Ward 4 means that care remains in Moray, which supports patients, families and carers of those patients. As part of the assurance process, we are keeping the Mental Welfare Commission informed of our plan.

Workforce

5.2 All staff groups have been consulted about this process. An organisational change steering group has been set up to work with and support staff employed within the service through these temporary and significant changes to working arrangements.

Financial

5.3 The scope, quality assurance, timeline and cost relating to the enabling works, ligature reduction works in Ward 4 and the MRI Scanner are still to be finalised and funding approved by the Scottish Government.

5.4 There will be revenue cost implications associated with the enabling work plan. These costs are still to be finalised before consideration by NHS Grampian and the MIJB.

Considerations

5.5 It has been confirmed that the construction and installation of the MRI scanner cannot commence until Ward 4 is vacated.

5.6 Updated forecast costs for the MRI facility, associated enabling works, and Ligature Reduction Plan will be confirmed by the end of September.

5.7 A number of co-dependencies exist and careful coordination of these is required.

5.8 A timeline 'critical path' has been drafted to describe the programme of works and this will be managed via the integrated programme governance arrangements.

5.9 We will carry out an Equalities Impact Assessment on the plans for relocating services to accommodate the Ward 4 anti-ligature work and MRI installation so that we can provide further support to any groups that could be adversely affected by relocations.

6. **SUMMARY OF IMPLICATIONS**

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"**
As set out in the Strategic Plan 'Our Vision' is to come together as equal and value partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives.

(b) **Policy and Legal**
Ligature reduction work requires to be addressed to comply with the improvement noticed issued to NHS Grampian in relation to Adult Inpatient Admission Ward in June 2017.

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

(d) **Risk Implications and Mitigation**
Set out in 4.1 – 4.3 of this report.

(e) **Staffing Implications**
Accommodation for staff unable to work due to the disruption caused by the construction and installation of the MRI scanner requires to be identified.

(f) **Property**
The construction and installation of the MRI scanner cannot commence until Ward 4 is vacated.

(g) **Equalities/Socio Economic Impact**
Not required as no change to policy.

(h) **Climate Change and Biodiversity Impacts**
Potential impact in the short term due to increase in travel for patients and their carers/families due to travelling out with the Elgin area for their in-patient care.

(i) **Directions**
None arising as a direct result of this report.

(j) **Consultations**
The Integrated Programme Board.

7. **CONCLUSION**

7.1. **The MRI Scanner and Ligature Reduction programme are major capital investments and provide significant improvements in the quality of care delivered for the Moray population and more regionally.**

7.2. A complex set of enabling works are required in order to deliver the improvement programme which will create temporary disruption to patients, families and staff.

7.3. Approval of funding arrangements to progress delivery of these works remains subject to agreement with the Scottish Government.

7.4. An Integrated Programme Board approach is in place to manage the planning and associated communication and engagement.

Author of Report: Alasdair Pattinson. Hospital General Manager, Dr Gray's and Integrated Programme SRO
Background Papers: with author
Ref:

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: MINISTERIAL STRATEGIC GROUP IMPROVEMENT ACTION PLAN UPDATE

BY: CHIEF FINANCIAL OFFICER

1.   REASON FOR REPORT

1.1. To provide an update on progress on the delivery of the actions in the Ministerial Strategic Group (MSG) Improvement Action Plan as at September 2023.

2.   RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB) consider and approve the progress made on delivery of the actions within the MSG Improvement Action Plan.

3.   BACKGROUND

3.1. The MSG was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership, direction and support in working across organisational and structural boundaries. It assumed overall responsibility for policy matters that crossed the local government / NHS Scotland interface and is a key forum for taking forward Convention of Scottish Local Authorities (COSLA) and the Scottish Government's joint political leadership of health and social care integration.

3.2. Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward by the MSG for Health and Community Care.

3.3. At its meeting on 20 June 2018, the MSG agreed that the review would be taken forward via a small "leadership" group of senior officers chaired by Paul Gray (the then Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group

of senior stakeholders has acted as a "reference" group to the leadership group.

3.4. The MSG for Health and Community Care published a report on the review of progress with integration on 4 February 2019. Following publication it was agreed to reconvene the Leadership Group on the 12 February 2019; this group took on the new role of driving forward and supporting implementation of the review. Included in the review report was the expectation that Health Boards, Local Authorities and Integration Joint Boards should take this opportunity to evaluate their current position in relation to the review report's findings.

3.5. In November 2018, Audit Scotland produced a second report on Integration entitled 'Update of Progress' of Health and Social Care Integration.

3.6. The MSG agreed with the Audit Scotland recommendations which were centred across six themes:-

- Collaborative Leadership and Building Relationships
- Integrated Finances and Financial Planning
- Effective Strategic Planning for Improvement
- Agreed Governance and Accountability Arrangements
- Ability and Willingness to Share Information
- Meaningful and Sustained Engagement

3.7 Subsequently, the MSG set out proposals against each of the themes above that were aimed at driving the required improvement. This resulted in a self-evaluation exercise to be carried out by each Integration Authority, Health Board and Local Authority.

3.8 On 14 April 2021 the Chief Financial Officer emailed all members to advise there would be a MIJB Development Session on 29 April 2021 to consider the MSG Improvement Action Plan. Members were given the opportunity to provide their views under each of the proposals and to indicate an independent view on 'our rating' ahead of the session.

3.9 Following discussion at the MIJB Development Session, on 29 April 2021, on each proposal the Improvement Action plan was updated reflecting the views and comments of Board Members.

3.10 On 28 May 2021, the Chief Executives of the Partnership organisations together with the MIJB Chair, Vice-Chair, Chief Officer and Chief Financial Officer agreed that regular discussion of the improvement actions places a focus on areas of prioritisation for joint planning and improvement and was agreed as an approach going forward. At this meeting, the Improvement Action Plan was approved prior to being presented to the MIJB.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1. On 24 June 2021, MIJB approved the Improvement Action Plan (para 10 of the minute refers) and agreed that the Chief Financial Officer provides the MIJB with an update of progress at its meeting of 27 January 2022. Due to changes in staffing this has been delayed until now.

4.2. Whilst the MSG have not requested an updated submission on the Improvement Action Plan, MIJB Board Members and officers are agreed that this is a useful improvement tool if combined with regular review.   The MIJB approved with this in mind and it is considered necessary that the MIJB monitors the progress being made against the improvement actions identified in **APPENDIX 1**.

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"**
There are direct links to the achievement of the Strategic Plan and delivery on the national health and wellbeing outcomes.

(b)   **Policy and Legal**
None arising directly from this report.

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

(d)   **Risk Implications and Mitigation**
Close monitoring of improvement actions will support progress on integration and therefore mitigate a number of strategic risks.

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

(f)   **Property**
None arising directly from this report.

(g)   **Equalities/Socio Economic Impact**
An Equalities Impact Assessment is not required as there is no change to policy and procedures resulting from this report.

(h)   **Climate Change and Biodiversity Impacts**
There are no direct climate change and biodiversity implications as there has been no change to policy.

(i)   **Directions**
None arising directly from this report.

(i)   **Consultations**
Consultation on this report has taken place with the Chief Officer, the Corporate Manager and Democratic Services Manager, Moray Council; who are in agreement with the content of this report as regards their respective responsibilities.

6. <u>CONCLUSION</u>

6.1. The MIJB are asked to consider and approve the update on progress against the agreed actions contained within the Improvement Action Plan at Appendix 1.

6.2. The Improvement Action Plan will continue to be reviewed regularly with a view to achieving continuous improvement.

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

Review of Progress with Integration of Health and Social Care

Health and Social Care Moray

Improvement Plan

2021-2023

Name of Partnership	Moray
Contact name and email address	Simon Bokor-Ingram hscmchiefofficer@moray.gov.uk

| Y = Previous Rating (2019) |
| G = Rating agreed by MIJB April 2021 |
| A = agreed by MIJB January 2022 |
| RED TEXT = 'Timescale for Delivery' column - Review and Update as at September 2023 |

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 **All leadership development will be focused on shared and collaborative practice.**				
Rating Descriptor	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating		**Y**	**G**	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Mechanism to be developed to ensure corporate support systems are adequate and appropriate in the LA and NHS both supporting the IJB and identifying activities where a multi-agency approach could be explored.	An assessment will be undertaken with regards to the level of support required and a review of the current arrangements. Discussions to be had with both senior teams to agree a position as some gaps remain.	December 2021 Formal agreement around corporate support is not yet in place. Through regular performance meeting with the two partner Chief Exec's informal offers of support are made Commitment around partnership strengthened through the NE groups that have evolved.
Strengthen connections across the partnership to ensure meaningful understanding and collaboration throughout all organisations.	Cross partnership meeting arrangements have been strengthened by extending the membership of the existing groups to include the Co-Chairs of	Already in place and under regular review. Last reviewed Q4 20/21, and further

Page 67

		the IJB, CEO's NHS and Council and finance leads across the 3 organisations. The Terms of Reference are kept under regular review.	refinement which is maturing the relationships. Completed
	Build on the confidence of HSCP delivery to support the NHS Grampian leadership of acute portfolios.	Interim arrangements for the leadership of the acute portfolio through HSCPs, with the development of a clear plan for how pathway management can be mainstreamed across Grampian.	June 2021 Portfolio leadership arrangements to be reviewed in January 2022 with a view to making these permanent arrangements. Now permanent arrangement.
	Continue to build on the good partnership relationships that exist	Good cross partnership relationships already in place and strengthened over the last year. Good focus, as part of our Covid recovery, to ensure these relationships are protected and developed.	Ongoing

Proposal 1.2
Relationships and collaborative working between partners must improve

Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			Y	
			G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
The North East Wide Transformation Groups bring together the LA CEOs and NHSG CEO with the 3 HSCP CO's, and separately the IJB Chairs and Vice Chairs with COs. The joint working continues to develop, and further evaluation of outcomes will instil greater confidence to share risk and transform services to better meet need.	The 3 COs have commissioned evaluation of Home First, which will be shared with the North East Groups. The progression of pathway management and CO leadership of acute portfolios will create a more mature dynamic around whole systems working.	June 2021 Complete
Further work required to ensure transparency and improvement mechanisms on health and social care business within the wider organisation of the LA.	Agreement on items to be taken to CMT/SMT in the Council to ensure greater awareness and involvement in HSCP matters. More opportunities for Councillors to be briefed on the work of the HSCP.	December 2021 Potential to develop further with a good level of briefings in Q3 21/22 by officers in the HSCP Minutes of IJB meetings now moved to being substantive item in Council meetings, rather than

		for noting. Chief Officer formally presents draft Cos report at each cycle to CMT.
Involvement and engagement in community planning has improved and we would aim to develop this further	IJB Chair member of the Community Planning Partnership Board (CPPB) CO in attendance at CPPB, member of Community Planning Officers Group and Chief Officers Group, and CO leading on sections of the Local Outcome Improvement Plan.	In place
Process underway to plan collaboratively across the health and social care system in relation to the unscheduled care delegated pathways with the aim of reshaping services and shifting the balanced of care	Strategic Reviews underway in relation to specific delegated pathways, applying an agreed planning methodology signed off by IJBs. Regular meeting established pan-Grampian involving CEOs, NHS/Council and CO as well as finance leads with scrutiny of pathway work.	In place
Improve information sharing between MIJB Members' and partner organisations	The re-introduction of briefings (medium to be determined) to Elected Members and Community Planning Partners to support	July 2021 The Chief Officer has co-ordinated a number of briefings to Members, with a more structured approach to be developed in 2022.
		Member briefings have continued and opportunity to do more.

Proposal 1.3
Relationships and partnership working with the third and independent sectors must improve

Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			Y G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Continue to assess relationships with the third and voluntary sectors to ensure effectiveness and appropriate engagement.	Further discussions underway to agree the improvement required and take action.	December 2021 Not yet achieved – will follow the development session in Feb 2022 This is a key priority for HSCM delivery plan. Regular meetings with TSI Moray are to be reinitiated.
Strengthen locality planning arrangements to ensure ongoing engagement and involvement with third, independent and community groups in future community planning.	Parts of the operational portfolio have shifted to a local configuration with single management arrangements. This was implemented at the end of 2019 and continues to develop	December 2021 Locality planning being prioritised with Locality Managers leading the process to develop plans.

		Plans for adult services to join in the Local Management Groups and network groups to ensure coherence with Community Planning and Children's services in relation to locality work. Third sector involvement to increase through localities, for both adult and children's services.	Locality plans have been developed and published. Progress on the plans are reported to MIJB on a quarterly basis. Discussions are on going to more closely align H&SC, Childrens Services and Moray Council locality planning structures to maximise community engagement and staffing resources
	Development Session to be delivered to identify specific improvement opportunities to support the change from transactional relationships to a co-produced arrangement.	A strengthening of understanding is required around what makes up these sectors to support efficient and meaningful connection and to embed understanding around the potential added value that can be achieved. Clear roles and responsibilities to be determined	August 2021 We continue to meet with stakeholders since this action was agreed. Development Session now to be held in February 2022 Third sector reps support the strategic planning and commissioning group.
	Strategic Planning & Commissioning Group to be re-established and refreshed	Define clear methodology, ensuring third sector participation and representation is appropriate, relevant and responsibilities are clear.	July 2021 Complete – this group has been refreshed with a revised ToR and membership. The SPCG has met in September and December 2021.

Key Feature 2				
Integrated finances and financial planning				

Proposal 2.1				
Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating			Y G	

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	From April 2019 the LA Chief Financial Officer has attended the quarterly performance meetings scheduled between IJB Chair and Vice-Chair, CO and CFO, LA & NHS Chief Executive and NHS Director of Finance.	This action to strengthen arrangements is now embedded and regular meetings are held to fulfil this function. Meetings were less frequent at some points during the Covid-19 response but have now resumed at regular intervals	In place
	Ensure up to date financial information is shared for all parties to create a joint understanding of financial positions. Budget setting is also a key time to ensure robust conversations are had	This is captured throughout the year at financial performance reviews and the sharing of information amongst the finance leads for the 3 partner organisations and wider management teams	In place

| More frequent financial planning updates to enable partners to understand MIJB financial position and longer term plans. | Change frequency of review of Medium Term Financial Strategy | March 2022 A revised interim MTFS will be presented alongside the Budget . |
| | | This was again updated in March 2023 |

Proposal 2.2
Delegated budgets for IJBs must be agreed timeously

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating			Y	
			G	

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Continuous dialogue throughout the year between all partners to ensure a robust and timeous process surrounding budget setting. As at April 2021, the IJB has always met its statutory duty in setting its revenue budget by 31 March each year.	Timelines for budget agreement and alignment of decision making in place strengthened by meeting arrangements and agreements put in place in 2019.	In place
	Ensure greater scrutiny around savings plans	Audit Performance and Risk Committee to review budget savings and report back to MIJB	To commence as part of 2021/22 reporting Given the financial position and uncertainty around budgets, reporting has remained with the

		MIJB in this current financial year.
		This has continued to remain with the MIJB due to the financial position in 23/24

Proposal 2.3
Delegated hospital budgets and set aside budget requirements must be fully implemented

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating		Y		
		G		

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	The North East System Wide Transformation Group continues to meet. One of the original aims of this group consisting of 3 LA and the NHSG Chief Exec's, IJB CO's and finance leads was to provide a mechanism to progress the implementation of set aside budgets. The group will continue to have oversight of service reviews, and will develop the joint working arrangements to include how COs managing acute portfolios can enhance whole system working.	Regular meetings have continued although the focus during the pandemic has changed to address current issues supporting wider decision making. The focus on Home First has created a shared vision and expectation that will create the conditions for how resources can shift in the future, including the set aside budgets. A key component for these reviews will be to identify the resources committed to the current model and the resources required to support the redesign and service model identified through the strategic review process. These will enable plans	In place and ongoing

		to be developed for changing use of resources linked to redesign and agreed outcomes. It would be through this approach that agreement will be reached in terms of resource allocation.	

Proposal 2.4
Each IJB must develop a transparent and prudent reserves policy

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating			Y / G	

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Difficulty in holding general reserves due to the Integration Scheme and the requirement to call on reserves.	Continue to review the Reserves Policy as agreed by the IJB	Next review required no later than March 2022

Complete - Review to be presented to MIJB January 2022
Reviewed on an annual basis Complete |
| | Earmarked reserves will be created appropriately as part of the 20/21 annual accounts process. | The will form part of the close-down process and production on annual accounts for 2020/21 | Draft Accounts 30 June 2021 Final Accounts 30 November 2021

Complete |

Proposal 2.5
Statutory partners must ensure appropriate support is provided to IJB S95 Officers.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and Forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating		**Y**	**G**	

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Ultimate aim would always be for the IJB S95 Officer to have both strategic and operational responsibility for finance staff in the LA and NHS. This is unlikely due to financial constraints and shrinking workforces.	Whilst the improvement action is considered the ideal position, the difficulty is recognised. The IJB CFO has excellent working relationships with key finance personnel of both the health board and local authority and manages this situation to ensure the IJB remain well-informed. The appointment of an independent CFO to the IJB in August 2017 ensures conflicts of interest are avoided	In place
	CFO to continue to build strong working relationships	CFO's commitment to partnership working and excellent working relationships ensures progressive approach and full transparency.	Complete and Ongoing

Proposal 2.6				
IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		**Y**	**G**	

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Better use of directions. Detail needs to be enhanced in order to facilitate appropriate action.	Directions will be revised to contain more specific information around allocation of resources to encourage greater scrutiny and responsibility from our supporting committees	December 2021 Delayed – development session planned for February 2022 ahead of planned implementation for 1 April 2022
			Directions amended for 22/23 and reported 6 monthly to Committee. Complete
	The revised Strategic Plan was approved by the IJB in October 2019 and launched in December of that year. It was prepared on the basis of a single budget.	10 year Strategic Plan launched formally in December 2019. Post Covid the Strategic Plan should be reviewed, to reflect the transformational	In place Review required by October 2021

		changes over the last 12 months, and to reflect the changing profile of need.	Delayed - High level review to be carried out by September 2022
			Strategic plan was updated in 2022/23
	The medium term financial strategy was approved in October 2019 and was prepared to facilitate a single budget.	There is now a requirement to review the Medium term financial strategy	March 2022
			Reviewed again March 2023 and Nov 2023. Completed
	The Strategic Planning functions need to be re-invigorated post Covid, using learning from the past 12 months to refocus on the longer term recovery of community and services.	Review as part of the remobilisation process, linking to Community Planning and the recovery plans of the LA and NHS.	July 2021

Delayed - Resurgence of covid delaying this, however in the preceeding interim period the Stratgic Planning and Commissioning Group has been reinstated. |
| | | | Innovative activity has taken place to support redesign post Covid for building based day services to support choice and control with changes in behaviours due to Covid closures. |
| | Evaluate the effectiveness of the IJB decision to invest in Discharge to Assess activities, and where the positive impacts are in other parts of the system. | Review part of the IJB approval process | October 2021
A report is being presented to the MIJB in January 2022 |
| | | | Further evaluation, including Day of Care Audit to identify successes and challenges. Hospital at Home workstream continues to be developed. |

	The care for the elderly, palliative care and mental health strategic reviews to inform the future funding requirements to support its implementation and ensure resources are aligned to any revisions to current service configuration, Respiratory will be undertaken in autumn 2019 and rehabilitation medicine, A&E services and general medicine will likely be undertaken during 2020.	As Above –finance discussions to be worked through within the structures created cross system	March 2020 Reviews have driven investment decisions, with dis-investment being part of the case as outcomes are achieved. Our delivery models are becomming more aligned to the ambitions in the MIJBs Strategic Plan eg. Hospital without Walls. Portfolio approach and work with DHI is supporting the evaluation of current ways of working, and redesign to improve outcomes. More work happening at a north-east level, such as co-ordination of Hospital without Walls.
	MIJB to be an active member in community planning	Review the Strategic Planning Commissioning Group to strengthen the links between Community Planning and IJB.	August 2021 A review of the Terms of Reference including membership and remit has taken place and 2 meetings have now been held of the refreshed group (Sept and Dec 2021) SPCG members now include CPP including housing, third sector and CO attends CPP Board.

Key Feature 3				
Effective strategic planning for improvement				
Proposal 3.1				
Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership. Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
Our Rating		**Y**	**G**	

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Support the NHS Grampian leadership of acute portfolios through the Chief Officer.	Through the Chief Officer, the wider team of the HSCP will continue to develop pathways that span across traditional boundaries, using the Home First approach.	June 2021 Complete and ongoing
	The Chief Officer will work with the CEO of the LA and NHS to develop a case for the potential delegation of Children's Social Work and Criminal Justice to the IJB.	The Chief Officer chairs the Programme Board, and will work collaboratively with a range of stakeholders, including the 2 CEOs, to improve services and to reach a decision point.	October 2021 - Delayed This work has continued with development sessions planned for elected Members, NHS Board Members and MIJB Members in January and February 2022. It is

		recognised that there could be delays due to the emerging situation around the Omicron variant and the pressures of Winter on the system
		Was delegated to MIJB in March 2023. Complete

Proposal 3.4
Improved strategic planning and commissioning arrangements must be put in place.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating			**Y** **G**	

	Improvement Action	Comment / How we will Deliver	Timescale for Delivery
	Mechanisms to be established to facilitate cross-referencing of priorities where appropriate.	Strategic Planning Group will review cross referencing	Nov 2021 As at January 2022 this work has still to be progressed
			Commissioning and Procurement plan to be agreed under delivery plan Through Infrastructure board
	Development of infrastructure strategies that link physical assets to service models and pathways.	Better linkages between HSCP and LA and NHS, with a clear line of sight to the LA and NHS Asset Management Processes.	Dec 2021 We are developing the Keith Health Centre project as a test of

			change, with a focus on modelling infrastructure needs based on future models of care that reflect our strategic direction.
			Infrastructure board established to support strategic plan
	View to establishing joint processes where appropriate.	Need to specify where this would be useful, discussion will happen within the arenas of the senior leadership teams	Ongoing
	Development of better processes to evaluate and measure outcomes in line with Best Value.	NHS Grampian Outcomes framework underway and takes cognisance of the HSCP requirements, Corporate Manager working with both agencies to maximise use of systems and support outcomes monitoring fit for the future.	Ongoing live work
	Development of revised Strategic Plan to be clearer on priorities.	Draft plan in place and work on priorities for transformation plan underway	Nov 2021 Delayed - Strategic Planning Group restarted in 2021. Covid has interupted flow of work but aim is to revise Strategic Plan by September 2022.
			Delivery plan established
	Development of performance management framework.	Performance management framework in place and work is underway to continue to develop	June 2021 Delayed – August 2022 Daily overview dashboard is now in place and information is circulated. This is meeting current needs around the pandemic response. Work on the broader framework continues
			To be reviewed by Oct 2023
			March 2022

Development of learning from transformational projects that has the potential to impact on the wider system.	Agreement to work more collaboratively through the COs in developing a process to improve this learning both locally and nationally.	To be established
Appointment has just been made to a Strategic Planning Lead/ Deputy Chief Officer	A revised structure and framework will be developed to support effective strategic planning.	August 2021 Complete

Page 88

Proposal 3.5
Improved capacity for strategic commissioning of delegated hospital services must be in place.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating		Y G		

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	The arrangements are not advanced. The opportunities to link Home First, The Strategic Plan and the management of pathways across boundaries will create opportunities to commission differently.	Widening the Strategic Planning Group to encompass all areas of work across Moray.	July 21 Complete

Key Feature 4			
Governance and accountability arrangements			

Proposal 4.1			
The understanding of accountabilities and responsibilities between statutory partners must improve.			

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.

The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities. |
| Our Rating | | | **Y** / **G** | |

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Continuous development of governance frameworks linking to frameworks of NHS and LA.	The IJB approved their governance framework in January 2021 following work that had been ongoing throughout 2020 and a development session held with Members in December 2020	In Place – to be kept under regular review

Due to be reviewed by March 2022

IJB performance framework under review |
| | Greater focus and development on the use of Directions. | There is a requirement to develop this work during 2021/22 | March 2022 |

Requirement to develop further the need to report to full council and the wider organisation bridging the highlighted gap.	Still being considered Increase in members briefings	March 2020 In place
Improve mechanisms for effective dialogue and strengthening relationships with elected Members, ensuring appropriate governance at a level reflective of Partners.	Continue to develop transparency through wider circulation of key documents /briefings and minutes. Raise awareness for Elected Members in relation to access to Officers and Board Members.	March 2022 Complete and Ongoing - Clear lines of reporting to Partner Organisations - LA and NHS. The joined up approach to covid briefings has demonstrated the effectiveness of a collabortaive approach. IJB minutes now a substantive item on Council meeting agenda, giving opportunity for more effective communication between Council and IJB.

Indicator 4.2
Accountability processes across statutory partners will be streamlined.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating		Y		
		G		

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Accountability clear and transparent for directly managed services. Further work required in tandem with HSCPs across Grampian to better reflect the performance of hosted services, so that is visible in all 3 HSCPs.	Identified that gap exists, and further work being taken forward.	October 2021 The NE Chairs and Vice Chairs Group have included hosted services in their workplan, and we are working to an agreed timetable to complete service level agreements between HSCPs in order to improve accountability and transparency as part of good governance. Level of reporting on hosted services has increased, and better co-ordination and joint working as evidenced by out of hours District Nursing contract challenges.

Proposal 4.3

IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			Y	G

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Continued commitment to an induction programme for new members.		In place
Continued commitment to support IJB members on issues including code of conduct.		In place
Continued commitment to regular development sessions to address routine and topical discussion to ensure good communication and effective joint working.		In place
Continuation of national Chairs and Vice-Chair meetings are pivotal.		In place
Continue to develop a robust governance framework for which the IJB to operate within.		In place

Proposal 4.4
Clear directions must be provided by IJB to Health Boards and Local Authorities.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		**Y** **G**		

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Reduced support being provided by the LA legal services team has delayed progress here. Discussions are taking place to ensure an appropriate level of support can be maintained to ensure the effective issue of directions.	CFO and CO to take forwards, using the partnership arrangements to find a workable and sustainable solution.	November 2021

Delayed - This has not progressed due to unprecedented pressure in the Moray Council Legal team due to absences. External support has now been sought and is in place.

Directions have been updated in 2022. |

| | As the processes surrounding the single budget system develops, the intention is to provide clearer and more meaningful directions to the LA and NHS following an IJB decision. | The most recent Scottish Government guidance will be used to develop the work required to improve the quality of directions | March 2022

Completed |
|---|---|---|---|
| | Ensure MIJB Members are fully appraised of the concept of directions | MIJB Development session to be held | December 2021 Delayed - Due to take place in Feb 2022 |
| | | | Session held in Feb 2022 and Directions amended for reporting to MIJB. Complete |

Proposal 4.5
Effective, coherent and joined up clinical and care governance arrangements must be in place.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating			Y G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Further work is required to join up operationally critical joint business arising from practice governance and clinical governance to ensure the flow of key information and learning.	The reporting through Clinical and Care Governance Group and on to the Committee needs to better reflect the key risks that the IJB carries. A workshop was held in January 2020 which included key stakeholder from across Grampian. The Clinical & Care Group is in place and Members of the Clinical and Care Governance Committee feels assured that the governance structure that supports it is operating effectively.	Update January 2022 - Further work planned for 2022 to enhance the flow of information through the governance structure, and for the Committee to cover more business on behalf of the MIJB. In place, and standing item at each Committee to consider items for escalation to MIJB.

Consolidate on the areas that are working well and to identify those areas where there are opportunities for further development, including children's services for health and social work.		Update January 2022 - The Clinical and Care Governance Group will review the sphere of their work to identify any gaps in early 2022.
		Several workshops have taken plae in winter/spring 2023. Work is currently underway to refresh Clinincal and Care Governance and Practice Governance processes. The updated terms of references are currently out for consultation and will be presented to the MIJB in November 2023.

Key Feature 5
Ability and willingness to share information

Proposal 5.1
IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating		**Y**	**G**	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Clearer agreement of the support from partners to ensure the timely delivery of the final document fit for publication. Reducing resources and service pressures across the system can limit this ambition.	Work with partner agencies to ensure that there are good contributions from all sectors to better reflect the wider achievements and challenges for the Partnership.	June 21 Complete and ongoing – we are working collaboratively with Partners regarding the Covid response. Additional external provision is now in place to support staffing issues within Moray Council Legal team. The ICT picture is challenging for all

			and equipment shortages. This area continues to evolve.
	As routine performance reporting is improved – the intention is to ensure this document will also improve and be seen as an ongoing piece of work and commentary.	Amendments are made each year in the production of the annual performance report with a view to continuous improvement.	Ongoing There is now an established group for performance practitioners with a project plan being developed to align with supporting strategic priorities.

Proposal 5.2
Identifying and implementing good practice will be systematically undertaken by all partnerships.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice. Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
Our Rating		**Y** **G**		

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Further development of the MERIT awards to ensure an annual event is held with wider engagement of the partners.	Consideration will be given to reinstating this event once operations are at more reasonable level and pandemic response is stepped down	To be agreed Will look to re-establish after the current emergencies are addressed SMT planning for a Portfolio event.
Ongoing consideration of means by which best practice can be adopted at a local level.	As partnership starts to remobilise and recover can focus more on this side	Further planning required to achieve this. Consider use

			of benchmarking where data available.
			Engagement with work across north-east has increased, as has engagement with national initiatives. Eg. National work on frailty.
	Further review with partners on how we can build on our success to date.		North East Alliance and other regional groups creating opportunity to look out and build on strengths.

Key Feature 6
Meaningful and sustained engagement

Proposal 6.1
Effective approaches for community engagement and participation must be put in place for integration.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating			**Y** **G**	

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Further discussion required across the partnership and with Community Planning on achieving more coherent approaches to engagement and involvement.	Already HSCP has demonstrated effective community engagement around a number of items. Evidence exists to support this. Willingness to work through community planning when mechanisms are more established.	In place ongoing
	MIJB to support meaningful engagement with CPP. Listen from the ground up	Robust action required – development session determined as effective mechanism to progress	

Proposal 6.2
Improved understanding of effective working relationships with carers, people using services and local communities is required.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
Our Rating			**Y** **G**	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
As part of the jointly agreed strategic planning process the intention is to strengthen further the community/public, user and carer engagement and participation in better understanding existing services and how these will change to better meet needs. This will be evaluated and actions agreed to further enhance this based on findings.	The Independent Review of Adult Social Care provides a platform for taking forward a range of initiatives to develop and strengthen the support provided to individuals in our community.	November 21 Complete and Ongoing - addressed through the refreshed SPCG
A Strategic Planning Lead / Deputy Chief Officer recently appointed (April 21) will support process and re-establish the Strategic Planning and Commissioning Group	SPCG will be refreshed and reinstated	August 21 Complete and Ongoing
Strategic direction should have a focus on Carers as equal partners	Consider those with lived experience utilising a rights based approach. Greater inclusion is required	Ongoing

Proposal 6.3

We will support carers and representatives of people using services better to enable their full involvement in integration.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating		**Y** **G**		

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Continue to build the Carer pathway using the lived experience of Carers, developing support mechanisms that improves the lives of Carers and their ability to continue in their caring role.		The NHSG development of a clinical strategy is work ongoing that has enhanced the level of stakeholder involvement and has sought engagement with carers. The improvement plan supporting the Carer Strategy delivers clear outcomes to review the Carer Pathway, using the voice of lived experience to inform the self-evaluation. This is

		a priority identified for year 1 of the 2023-2026 strategy. The commissioned carers service contract is currently out to tender to further enhance the carers pathway, supporting them to continue in their caring role. Award of contract is anticipated November 2023
Ongoing evaluation of the community/public user and carer engagement approach as part of the agreed strategic planning process and adapt this based on learnings	The Independent Review of Adult Social Care (IRASC) has a number of recommendations on how we can enhance the quality of engagement with individuals, families and the community.	Nov 2021 We will test our engagement plans and processes against the IRASC, with our current engagement exercise in Hopeman and Lossiemouth for primary care provision to be scrutenised by IJB in the 1st quarter of 2022/23.
		In line with the outcomes identified in the Carers Strategy a Carers Voice Group has been developed, with the first meeting taking place August 2023. These will be held quarterly to ensure carers are engaged with to ensure we have the voice of lived experience.
Engagement to be considered and ensure carers recognised as equal partners	The IRASC and its recommendations will support development	Nov 2021 Refresh of our local Carers Strategy ongoing, which will be cogniscant of the IRASC and proposal for a NCS.
		Completed and ongoing. A new local Carers Strategy 2023-2026 has been developed through extensive consultation and engagement with Carers. A local implementation plan, and

Page 105

		supporting delivery plans have been developed, approved by MIJB with regular updates to Clinical Care Governance Committee to ensure the aims and objectives are being delivered.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023**

SUBJECT: **LOSSIEMOUTH LOCALITY HEALTH AND SOCIAL CARE SERVICES PROGRESS UPDATE**

BY: **IAIN MACDONALD, LOCALITY MANAGER**

1. **REASON FOR REPORT**

1.1. To update the Board on matters relating to the provision of health and social care within the Lossiemouth Locality.

2. **RECOMMENDATION**

2.1. **It is recommended that the Moray Integration Joint Board (MIJB) consider and note:**

   i) **that the Moray Coast Medical Practice have formally notified the landlord of the Burghead Branch Surgery premises that they are terminating the lease as of 31 December 2023;**

   ii) **that the Moray Coast Medical Practice have formally notified Health and Social Moray that they do not intend to reopen the Hopeman Branch Surgery premises. Moray Coast Medical Practice own the premises; and**

   iii) **the mitigating actions that are in place as a result of the closure of the Burghead and Hopeman branch surgery premises are now incorporated into the wider Forres and Lossiemouth Locality Planning procedures.**

3. **BACKGROUND**

3.1 On the 14 July 2023 the Moray Coast Medical Practice formally notified the landlord of the Burghead branch surgery building that they will terminate the lease for the premises on 31 December 2023. The current lease was due for renewal on this date.

3.2 On the 29 August 2023 the Moray Coast Medical Practice notified the Chief Officer of Health and Social Care Moray that they do not intend to reopen the Hopeman premises. The Moray Coast Medical Practice own this premises.

3.3 The mitigating actions included within the MIJB Report dated 26 June 2023 were:

    I.   Extensive public information campaign on the closure of the branch surgeries and current transport options to appointments at Lossiemouth

    II.   Completion of the review and updating of the phone/appointment system

    III.   Promote, through publicity and community sessions, how best to access the appropriate health and social care professional

    IV.   Monitor effectiveness of systems to access a local health and social care professional

    V.   Increased promotion of the Dial a Bus Service (now referred to as m-connect) within communities

    VI.   Provide reassurance to communities that patients will be transported home, by bus or taxi, if their appointment runs over time

    VII.   Update briefing information on m-connect service for all administration staff at Moray Coast Medical practice

    VIII.   Further discussion with Moray Council to extend m-connect service if need can be identified

    IX.   Support provided to the Community Mini Bus Project to develop services

    X.   IT/Digital platforms further developed to enable remote communication with GP/health and social care professionals and support provided to community members to develop their digital skills

    XI.   Locations sought for shared IT/Digital equipment and digital device loan scheme within local communities and subsequent support provided to access these platforms

    XII.   Housebound patients to continue to receive GP/Health and Social Care professional home visits. It is a contractual requirement to receive the full range of General Medical Services

    XIII.   Locality Manager to attend the Moray Transport Forum

    XIV.   Social prescribing model to be introduced to Moray Coast Medical Practice. Social prescribing is when health and social care professionals refer patients to support in the community, in order to improve their health and wellbeing; either instead of/or to compliment clinical interventions

    XV.   Promote the Multi-Disciplinary Team serving the Lossiemouth Locality through publicity and community sessions

    XVI.   Nurse/Health Professional led community provision is reviewed

    XVII.   Mobile Clinic Unit to facilitate Community Treatment and Care clinics within coastal village area

An update on each mitigating action is included in **Appendix 1**.

3.4 The Forres and Lossiemouth Locality Plan, submitted to the MIJB on 30 March 2023, (paragraph 10 of the minute refers) is the overarching plan for the development of services within the Lossiemouth and Forres geographic area. The Locality Plan contains an action plan that has been developed with community and practitioner engagement, utilising local data, a recognition of national drivers, and an overview of good practice both locally and nationally.

3.5   The Lossiemouth element of the action plan is monitored and reviewed on a regular basis by a steering group 'Locality Oversight Group' of local community members and practitioners. The mitigations actions listed in section 3.3 above will now be incorporated into this plan.

4   KEY MATTERS RELEVANT TO RECOMMENDATION

4.1.   Maryhill Medical Practice, whose patient boundary also crosses over into the coastal area where the branch surgeries are located, have indicated they do not wish to take on the responsibility of the branch surgery premises at this time.

4.2.   The neighbouring Forres GP practices, Culbin and Varis, believe that extending their Practice boundary to include the Hopeman and Burghead catchment area would not be possible, and therefore they are not able to consider this at the current time.

4.3.   The mitigating actions noted in paragraph 3.3 will be reviewed through the Lossiemouth Locality Oversight Group via the Forres and Lossiemouth Locality Planning process. This work will continue to be undertaken in partnership with the local community and practitioners. Progress will be reported back to the MIJB through the Moray wide locality planning process reporting cycle.

4.4.   Health and Social Care Moray and Moray Coast Medical Practice will continue to engage fully with the locality planning process with the aim of developing service provision across Lossiemouth town and the coastal village communities. The locality planning process is overseen by a Local Oversight Group which contains both community and practitioner representation. Plans are in place for further community engagement on the priorities contained within the locality plan. These align with the mitigating actions outlined in paragraph 3.3.

4.5.   The Lossiemouth Locality continues to have the opportunity to lead the way in terms of developing a model of provision that builds on the resources available within the locality and maximises the use of digital technology. Supporting people to remain independently at home, having access to a broad multi-disciplinary team, and being assisted to return home from specialist residential treatment and care at the earliest opportunity.

4.6.   Health and Social Care Moray are currently in discussion with the Glasgow School of Art Highland Campus to engage/support in an exciting and creative collaborative piece of work with local practitioners and communities to progress the primary care vision for Moray. This work will help inform the development of service provision within Lossiemouth and the coastal villages, as well as the wider Moray area.

5   SUMMARY OF IMPLICATIONS

(a)   **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"**
The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close

to home with a particular emphasis on the needs of older people. This locality approach is also consistent with the ambitions of the Moray Council Corporate Plan and the Moray Community Planning Partnership LOIP.

(b) Policy and Legal
A number of policy and legal implications require to be considered.

(c) Financial implications
Financial implications relating to building leases, potential construction/refurbishment, resourcing and staffing costs.

(d) Risk Implications and Mitigation
Risks and mitigating factors are outlined within the report.

(e) Staffing Implications
There are implications on staffing provision and on staff health and wellbeing.

(f) Property
Implications relating to the Moray Coast Medical Practice surgery premises in Lossiemouth, Hopeman and Burghead.

(g) Equalities/Socio Economic Impact
Equality Impact Assessment (EQIA) was completed and attached as Appendix 2 to the previous IJB Report 26 January 2023.

(h) Climate Change and Biodiversity Impacts
Potential increase in carbon emissions due to patients travelling further to access facilities. This is offset to a degree by availability of the m-connect bus service, increased use of digital technology to facilitate remote consultations, and the decrease in energy usage following the reduction from 3 buildings to 1 building.

(i) Directions
None arising directly from this report.

(j) Consultations
Head of Service, Health and Social Care Moray
Chief Officer, Health and Social Care Moray
Interim Strategy & Planning Lead, Health and Social Care Moray
Robert Lockhart, Primary Care Clinical Lead, Health and Social Care Moray
Dr Malcolm Simmons, Primary Care Clinical Lead, Health and Social Care Moray
Finance Manager, NHS Grampian
Practice Manager, Moray Coast Medical Centre
Practice Manager, Maryhill Medical Practice
Practice Manager, Culbin and Varis Medical Practices
Property Planning Manager, NHS Grampian
Service Manager for Primary Care Contracts, NHS Grampian
Lead Pharmacist Primary Care, Health and Social Care Moray
Primary Care Development Manager, NHS Grampian

Democratic Services Manager, Moray Council

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

6   CONCLUSION

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

Author of Report: Iain Macdonald, Locality Manager

Background Papers:

Ref:

MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: LOSSIEMOUTH LOCALITY HEALTH AND SOCIAL CARE SERVICES PROGRESS UPDATE

BY: IAIN MACDONALD, LOCALITY MANAGER

Update on mitigating actions:

I.   **Extensive public information campaign on the closure of the branch surgeries and current transport options to appointments at Lossiemouth**

Since March 2020 there has been several public information campaigns on the closure and more recently on available transport options. Public information messaging will continue.

II.   **Completion of the review and updating of the phone/appointment system**

The phone and appointment system has been updated to the 0300 telephone number. The maximum waiting time in the telephone queue has been increased from 15 minute to 20 minutes to prevent callers being 'disconnected'.

III.   **Promote, through publicity and community sessions, how best to access the appropriate health and social care professional**

Ongoing public information and community based sessions.

The average waiting time for a Moray Coast Medical Practice GP appointment is currently 2 weeks.

Alongside pre booked appointments each day staff are allocated work from a duty screen for 'emergency on the day' calls, these are 'triaged' and either managed over the phone/video or brought into surgery for a same day appointment as appropriate.

When patients contact the practice they are asked if they require a routine appointment or attention on the day. There are minimal numbers of true clinical emergencies 'on the day' as anything requiring immediate medical intervention, such as a suspected heart attack, usually necessitates an ambulance and A&E. There are a significant number of the 'emergency on the day' calls that do require medical attention that day but would not be defined as a 'clinical emergency' such as chest infections, fevers etc. The patients on the 'emergency call back list' do require clinical input that day and form a significant part of the Practice workload for any day.

During an average week there will be approximately 300 digital/telephone consultations with the Moray Coast Practice Team, alongside all the pre booked face to face consultations. During the week 29th May 2023 the split for digital consultations for GPs and ANPs was: 57 EConsults, 18 Prebooked Telephone Consultations, 215 emergency telephone consultations, and 2 near me consultations. There were 455 pre booked appointments. The broader multidisciplinary team appointment numbers are not included within these figures.

IV.   **Monitor effectiveness of systems to access a local health and social care professional**

Systems are being monitored and reported. As part of the work of the Lossiemouth Locality we continue to explore what performance information we generate and what information we can share with the public and local practitioners to improve service provision.

V.   **Increased promotion of the m-connect bus service within communities**

The service has been promoted and continues to be promoted on a regular basis.

VI.   **Provide reassurance to communities that patients will be transported home, by bus or taxi, if their appointment runs over time**

The availability of a bus or taxi has been promoted and continues to be promoted on a regular basis.

VII.   **Update briefing information on m-connect service for all administration staff at Moray Coast Medical practice**

i)   Social media and website information have been updated and promoted
ii)   Posters and flyers advertising the service have been updated and distributed widely
iii)   The initial telephone message that all patients hear when they call the health centre has been updated to prompt patients to ask the call handler (administration staff) if they require support with transport to attend an appointment
iv)   Administration staff have received enhanced information and guidance on arranging transport and linking this with patient appointments
v)   Community members have been assured that transport is available to take them home. A taxi contract is in place to facilitate this if required. To date however there has been no requirement to arrange a taxi for this purpose.

VIII.   **Further discussion with Moray Council to extend m-connect service if need can be identified**

Ongoing discussions are taking place. The current intention is to continue to promote the m-connect service and monitor usage. There will be an opportunity at a future date to present the case for an extended or scheduled m-connect service to be put in place connecting the Coastal villages and Lossiemouth town. Ultimately any decision in relation to this would be made by the Moray Growth Deal Board and would be considered within the next tranche of transport service development for financial year 2025/26.

IX.   **Support provided to the Community Mini Bus Project to develop services**

Ongoing communications and support when requested.

X.   **IT/Digital platforms further developed to enable remote communication with GP/health and social care professionals and support provided to community members to develop their digital skills**

Moray Library staff have been trained to provide support to community members and staff in relation to accessing health and social care services digitally. Library staff will provide this training on a one to one and on a group basis as required. A key priority area will be Lossiemouth Town and the surrounding coastal villages.

Early testing of the 'Care for People' digital health and care application will take place in Lossiemouth from September 2023 onwards. This relates to the work being undertaken by The Digital Health Institute through the Moray Growth Deal.

XI.   **Locations sought for shared IT/Digital equipment and digital device loan scheme within local communities and subsequent support provided to access these platforms**

Moray Library staff have developed a digital device loan scheme within the coastal village areas.

XII. **Housebound patients to continue to receive GP/Health and Social Care professional home visits. It is a contractual requirement to receive the full range of General Medical Services**

Primary Care staff and the broader Multi Disciplinary Team continue to visit many patients within the patient's own home. On an average week Primary Care staff (i.e.GP, Advanced Nurse Practitioner, Primary Care Physio, Dementia Nurse) will visit 14 patients, the Community Nursing team will visit 88 patients and Social Care staff such as social workers and care at home workers will undertake 940 visits within the Lossiemouth Locality.

XIII. **Locality Manager to attend the Moray Transport Forum**

Ongoing regular attendance.

XIV. **Social prescribing model to be introduced to Moray Coast Medical Practice**

Introduced and fully operational. In total, over the past 7 months, 220+ community members have benefited from being linked with a local community service instead of/or to compliment the clinical care and treatment they are receiving. An example of this would be where a community member presents to their GP with concerns about their mental health and wellbeing and the GP rather than prescribing medication 'socially prescribes' (refers) the individual to a link worker who then connects and supports the individual to join a community programme which ultimately reduces the individuals sense of social isolation and improves their mental health. The social prescribing work was initially for adults, but now also encompass children and young people.

XV. **Promote the Multi-Disciplinary Team serving the Lossiemouth Locality through publicity and community sessions**

The Lossiemouth Locality recently completed a 'How Good Is Our Multi Disciplinary Team?' exercise with all practitioners based at, or who visit, the Moray Coast Medical Practice. On evaluation of this activity we will undertake public and stakeholder promotion of the Multi Disciplinary Team.

To continue to progress the priorities within the Lossiemouth Locality Plan a community engagement programme is due to start in September 2023. Sessions will be facilitated from the Medical Centre in Lossiemouth, however there is also an offer for the team to go out and visit specific groups as required. The sessions will be facilitated by the Locality Manager, GP and Practice Manager. Guest speakers will be invited for specific topics.

XVI. **Nurse/Health Professional led community provision is reviewed**

Community nursing within the Lossiemouth Locality has been enhanced through the appointment of a 1.0 WTE (Whole Time Equivalent) team leader post, increased Health Care Support Worker hours, and a 0.55 WTE (Whole Time Equivalent) administration post. We are currently in the process of increasing the number of Health Care Support Worker hours available within the community (1.0 Whole Time Equivalent).

XVII. **Mobile Clinic Unit to facilitate Community Treatment and Care clinics within coastal village area**

We are in the process of introducing a mobile clinic unit to provide Community Treatment and Care (CTAC) nursing clinics within the coastal village area. Initially this will be a 'test of change' to measure demand and effectiveness.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: KEITH (AND EAST) LOCALITY PROJECT

BY: PRIMARY CARE DEVELOPMENT MANAGER

1. **REASON FOR REPORT**

1.1. To inform the Board of progress regarding the current Keith (and east) Locality Project position.

2. **RECOMMENDATION**

2.1 **It is recommended that the Moray Integration Joint Board (MIJB) consider and note the current position regarding to the Keith (and east) Locality Project and the further gateways that the project will need to move through.**

3. **BACKGROUND**

3.1 The Keith (and East) Project was set up in 2016, and in February 2019 received agreement from NHS Grampian to develop an Initial Agreement (IA). An IA is a compulsory document required for all capital investment projects in Scotland, which is the classified category for the Keith (and East) Locality Project.

3.2 Project work developed in earnest but had to pause at the beginning of the covid pandemic to allow staff to focus on delivery of critical services.

3.3 The pandemic transformed both national and local perspectives concerning patient care, with an outcome of needing to ensure that robust plans were in place to deal with future surge and demand on our services; to provide better outcomes for patients and the needs of our vulnerable populations; and that services should be delivered in, or as close to patients' homes. These outcomes have been incorporated into the IA.

3.4 Project work recommenced in March 2022 following the commissioning of Buchan Associates to support Health and Social Care Moray (HSCM) through the capital investment process.

3.5 The main purpose of the IA was to confirm the need for investment in primary and community care services in Speyside, and in Keith in particular.

3.6 The work on the IA was briefly paused between May and July 2022 to allow a review to be undertaken regarding the use of "Health and Care beds across Moray" and to explore potential future scenarios of providing these care services.

3.7 The scope of the bed review included community hospitals across Moray, as well as the use of beds within Dr Gray's Hospital, Elgin, and the provision of bedded care in care homes, augmented care units and sheltered housing across Moray. This information is being used to support the strategic service review of the future bed base requirements and configuration for Dr Gray's.

3.8 A review of the bed base is underway in Aberdeen Royal Infirmary, and will extend in a second phase to Dr Gray's Hospital, taking account of the Moray provision.

3.9 Dependent on the outcome of this strategic review, recommendations may be made proposing modifications to the number and distribution of community hospital beds across Moray. As a consequence, it may be possible that a bedded care service needs to be added to the service solution as part of the Keith Health and Care Hub proposal being taken forward. At this time, no bedded care services have been included in the IA for Keith (and East) locality project.

3.10 The IA also demonstrates how the need to facilitate the full implementation of the PCIP (Primary Care Improvement Plan), combined with other key drivers, are compelling HSCM and NHS Grampian to undertake more service planning and investment in primary care facilities.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Project work has been progressed and the IA is now complete, as far as it can be at this time. Two sections have yet to be concluded. These are the environment and financial sections. These will be finalised as and when the project progresses as part of NHS Grampian Investment program.

4.2. NHS Grampian's investment needs at the present time exceeds the available resources, and in alignment with the Scottish Government, NHS Grampian are currently scrutinising priorities based on a system wide service delivery plan, with a view to re-prioritise investment requirements.

4.3. We await an update from NHS Grampian as they "re-set" their infrastructure investment planning process. It is hoped that this work will start soon through initial engagement with each Portfolio. HSCM will lead aspects of this and be part of the decision on the prioritisation of our requirements.

4.4. NHS Grampian have advised that a new Health and Care facility for Keith remains part of their planning process.

4.5. It must be noted that funding for this project has not yet been identified. Agreement to proceed with the IA was taken at risk, which NHS Grampian agreed when the project was first approved, back in 2019.

4.6. Both HSCM Primary Care alongside NHS Grampian will continue to support Keith Health Centre in the intervening time with managing their infrastructure.

5. **SUMMARY OF IMPLICATIONS**

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"**
The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan. This locality approach is also consistent with the ambitions of the Moray Council Corporate Plan and the Moray Community Planning Partnership LOIP.

(b) **Policy and Legal**
A number of policy and legal implications require to be considered.

(c) **Financial implications**
Financial implications relating to building leases, potential construction and/or refurbishment costs, resourcing and staffing costs.

(d) **Risk Implications and Mitigation**
Risks and mitigating factors are outlined within the report.

(e) **Staffing Implications**
There are implications on staffing provision and on staff health and wellbeing.

(f) **Property**
Implications relating to the Keith Health Centre premises located in Keith.

(g) **Equalities/Socio Economic Impact**
None arising directly from this report. But likely dependent on whether or not a capital investment project develops.

(h) **Climate Change and Biodiversity Impacts**
None arising directly from this report, but likely dependent on whether or not a capital investment project develops. If this is the case, this will be factored into future works and reports.

(i) **Directions**
None arising directly from this report.

(j) **Consultations**
Head of Service and Deputy Chief Officer, HSCM
Chief Officer, HSCM and Moray Portfolio Lead
Locality Manager, HSCM
Dr Gray's Hospital General Manager
Project Director, NHS Grampian
Democratic Services Manager, Moray Council.

6. <u>CONCLUSION</u>

6.1. The MIJB are asked to consider and note the contents of this report

Author of Report: Rosemary Reeve, Interim Primary Care Development Manager

Background Papers: Draft Initial Agreement (IA)

Ref:

REPORT TO: **MORAY INTERGRATION JOINT BOARD ON 28 SEPTEMBER 2023**

SUBJECT: **OUT OF HOURS NURSING SERVICE**

BY: **CHIEF NURSE, MORAY**

1. <u>REASON FOR REPORT</u>

1.1 To inform the Board of the current situation regarding the Out of Hours Rapid Response Nursing Service currently hosted by Aberdeenshire and delivered by Marie Curie across Moray and Aberdeenshire.

2. <u>RECOMMENDATION</u>

2.1. **It is recommended that the Moray Integrated Joint Board (MIJB) notes:**

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

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

   iii) **<u>Phase 1</u> – it is proposed that NHS Grampian deliver the joint Moray and Aberdeenshire model as an "in- house" service with the addition of a nursing triage support aligned with the Grampian Medical Emergency Department (GMED) to support right care, right time, and right person approach thereby improving the current Out Of Hours Nursing Service; and**

   iv) **<u>Phase 2</u> – it is proposed that NHS Grampian, during Phase 1, review the full service delivery model and consider a standalone Moray Out of Hours Nursing Care Service based on population need, geographical spread and how this would align with a full 24 hour Nursing Care Service.**

3. BACKGROUND

3.1   Notice has been given by Marie Curie is relation to cessation of Rapid Response Out of Hours Nursing Service under the current contract as of 30 September 2023 and there is a requirement to ensure continuation of service delivery across Moray for those patients requiring access to nursing care out of hours.

3.2   Out of hours (OOH) nursing care in Moray and Aberdeenshire is currently delivered under contract, by the charity Marie Curie. Aberdeenshire IJB host the Marie Curie contract on behalf of the IJBs in the NHS Grampian area. The contract has been in place for several years and is split into two parts – 'Managed Care' of palliative patients and an Out of Hours Nursing service called 'Rapid Response'.

3.3   Currently Marie Curie are contracted by NHS Grampian to provide the 'Rapid Response' service, for both Aberdeenshire and Moray, from 3 bases across the 2 Partnership areas with 1 base being within Elgin to support the care requirements across Moray although there is also provision for the other bases within Aberdeenshire to support the Moray population. The current agreed contract is that each base should be staffed by one Registered Nurse (RN) and one Health Care Support Worker (HCSW) but Marie Curie have had significant chronic workforce challenges and been unable to fulfil the contractual agreement in relation to workforce despite the increasing use of NHS Grampian Bank Staff booked on behalf of Marie Curie.

3.4   Currently patient calls for the 'Rapid Response' Marie Curie service are co-ordinated by GMED. The GMED call handlers take patient calls and then forward them on to Marie Curie, however there is no clinical input at the point of receiving the call. GMED has also become the default 'fall-back' service to respond to calls when there are workforce challenges within Marie Curie Nursing teams and unable to fulfil the contracted service.

3.5   Marie Curie staffing challenges and their inability to fulfil the staffing requirement for each base which has led to GMED having to provide nursing care to patients overnight which has meant using General Practitioner (GP) and Advanced Nurse Practitioner (ANP) time to undertake nursing tasks during the OOH period diverting skills away from our more complex and urgent patients. Using GMED as the 'fall-back' service when Marie Curie are unable to provide cover is happening on a regular basis and has been especially acute over the past year although it has been an ongoing issue over the past 3 years. This is an unsustainable situation and the impact on GMED is significant as is the subsequent impact on our primary care and community nursing teams.

3.6   The GMED Senior Management Team (SMT) and Chief Nurses for Aberdeenshire Health and Social Care Partnership (AHSCP) and Health and Social Care Moray (HSCM) have met regularly with representatives from Marie Curie to discuss concerns and how to implement potential changes that might optimise the delivery of unscheduled OOH nursing care thereby reducing the operational impact on GMED and improving outcomes for patients across Moray and Aberdeenshire.

3.7 Marie Curie acknowledge that they are currently not delivering on the agreed service provision, despite numerous attempts to recruit they are unable to meet the contract and are keen to work in partnership to look at how the service can be delivered in the future. Both Moray and Aberdeenshire Health and Social Care Partnerships including the Chief Officers and GMED, have had several meetings to consider the development of a model for OOH nursing care that can be sustainably delivered across Aberdeenshire and Moray.

Current Financial position for continuing joint Moray/Aberdeenshire in house Model

3.7 The annual charge (2022/2023) for the Marie Curie Rapid response service across Moray and Aberdeenshire £465,834 (£155,278 per base). This current service is supplemented with charitable funds from Marie Curie.

3.8 Marie Curie, as detailed above have indicated that they are no longer able to deliver the contract but if this was not the position and they were able to deliver the model of care for the coming year and beyond, the cost to NHSG (Moray and Aberdeenshire) would significantly increase as Marie Curie have recently increased their staff payment rate to align with Agenda For Change pay scale).

3.9 The current estimated revised "in house" model covering the service across Moray and Aberdeenshire, using the 3 base model across the 2 HSCPs but with the introduction of a triage process, supporting better use of the staff, right person, right skill set model, would cost £1,066,684 per year resulting in a current deficit of circa £650K (including equipment costs) per year.

3.10 This proposed new standalone staffing model will cost Moray £355,525 per year (with an agreed costing split of 2/3 Aberdeenshire and 1/3 Moray).

3.11 With the proposed phased approach to reviewing the Out of Hours Nursing Care model, with Phase 1 planned over initial 6 months, this would have a financial impact of £100,123 for Moray for October 2023 – March 2024 (this costing would include the funding already aligned to Out of Hours Rapid Response as part of the Marie Curie Contract).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 As a result of the notice period served by Marie Curie detailing their inability to continue to deliver the current contract as of the 30 September 2023, without progressing an "in house" model as part of Phase 1 of an Out of Hours review, this will result in significant risks to the population of Moray in relation to the inability to deliver an Out Of Hours Nursing Care service.

4.2 The priority is continuation of the service for a 6 month period in conjunction with Aberdeenshire to allow a full review to progress as part of Phase 2 and consideration for a Moray standalone model

5.   **SUMMARY OF IMPLICATIONS**

(a)   **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2022 – 2032**
The policy and approach set out in this report is consistent with the MIJB Strategic Plan.

(b)   **Policy and Legal**
A number of policy and legal implications to be considered.

(c)   **Financial implications**
There is financial implications relating to workforce costs as detailed above.

(d)   **Risk Implications and Mitigation**
The priority is continuation of the service for patients out of hours and support an in house model across Aberdeenshire and Moray with the introduction of a triage role to prioritise the care out of hours and meet the needs of the population. This model would support the delivery of the right care at the right time by the right people. Without interventions and the development of an" in house" model there will be no Out of Hours Nursing Service for the patients of Moray.

(e)   **Staffing Implications**
There are implications on staffing provision and on staff health and wellbeing.

(f)   **Property**
There are no implications on property provision.

(g)   **Equalities/Socio Economic Impact**
An Integrated Impact Assessment has been carried out as part of the development of the proposal and no impact has been identified.

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

(i)   **Directions**
None arising directly from this report.

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

- Chief Officer Health and Social Care Moray
- Aberdeenshire IJB
- Moray HSCP Senior Management Team
- Democratic Services Manager, Moray Council

6.   CONCLUSION

6.1   The Moray Integration Joint Board are asked to acknowledge the time frames in relation to the notice period submitted by Marie Curie in relation to Rapid Response Out of Hours Nursing Service and the requirement for an "in house" model of care as part of the Phase 1 approach.

6.2   Phase 1 will allow a full review of the service needs with progression to Phase 2 and consideration of a Moray standalone model.

Author of Report: Fiona Robertson, Chief Nurse, Moray

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: NHS GRAMPIAN THREE YEAR DELIVERY PLAN 2023-2026

BY: CHIEF OFFICER, HEALTH AND SOCIAL CARE MORAY

1.   REASON FOR REPORT

1.1. The purpose of the report is inform the Board of the linkages with the NHS Grampian Three Year Delivery Plan (2023-2026) and the compatibility with the Moray Integration Joint Board's strategic aims and objectives, and to promote the partnership working necessary to achieve improved health and well-being for the population of Moray and the wider Grampian region.

2.   RECOMMENDATION

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

   i)   Considers and notes the priorities set out within the NHS Grampian Three Year Delivery Plan (2023-2026) for the period up to March 2026;

   ii)   Considers and notes the arrangements for reporting on progress of the NHS Grampian Delivery Plan as complementary to existing MIJB reporting; and

   iii)   Agrees that the MIJB can continue to support the NHS Grampian Delivery Plan priorities through the local work in Moray of the MIJB.

3.   BACKGROUND

3.1. NHS Grampian has a contract with the Scottish Government to have a Chief Executive Team and Board 'owned' Delivery Plan. This sets out how NHS Grampian Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), colleagues, citizens, communities, and partners (including the third sector) will make progress against the vision and strategic priorities as set out in the Plan for the Future 2022-28 https://www.nhsgrampian.org/planforthefuture , along with responding to key priorities set out by the Scottish Government in commissioning guidance received in February 2023.

3.2. Following on from the commitment to support collaborative strategic planning agreed at the meeting of the Board on 30 March 2023 (paragraph 9 of the minute refers), the NHS delivery plan evidences the joint working through a high degree of coherence between NHS Grampian's Plan for the Future, MIJB's Strategic Plan ("Partners in Care") and Moray Council's Local Outcome Improvement Plan (LOIP). Colleagues from all three Health and Social Care Partnerships (HSCPs) have been closely linked into the development work for the NHS Grampian Delivery Plan, ensuring that this reflects existing work without committing the HSCPs to additional or incongruent activity.

3.3. The Scottish Government's recovery and renewal priorities for 2023-2026 cover several areas, such as primary and community care, mental health services, workforce, health inequalities and climate change, which the IJBs are either fully responsible for delivering or have a shared role with NHS Grampian and other partners. This is set out in more detail in the 'accountability' diagram contained within the Delivery Plan document and included at the end of this paper. Specific examples of commonality between these priorities and the MIJB Strategic Plan are shown below.

NHS Grampian Delivery Plan	Moray Strategic Plan
Primary Care	• Delivery of Primary Care Improvement Plan • Creating capacity and improving patient experience • Develop future Vision for Primary Care
Community Care	• Pathway Reviews – Delayed Discharges, Frailty – ensuring services are more accessible and co-ordinated • Commissioning and Procurement Workplan
Mental Health	• Good Mental Health for All Strategy
Urgent and unscheduled Care	• Reducing the impact on unscheduled care through Home Pathways by creating alternatives to admission (CTAC, digital solutions, Risk Assessed Care, Hospital at Home) and increasing discharge options (Hospital at Home, Discharge to Assess, START) through whole system approach to achieving Delayed Discharge plan • Support for Unpaid Carers
Workforce	• Development and delivery of our Workforce Plan including a focus on recruitment and retention and staff health and wellbeing
Health Inequalities	• Prevention and tackling Inequalities - joint delivery of the poverty strategy and mental health and wellbeing through third sector collaboration (making recovery real partnership)

	• We nurture and are part of communities that care for each other – addressing the wider determinants of health (e.g. ensuring appropriate housing for those with complex needs and disabilities), developing relationships with our communities through locality networks and train our workforce in trauma informed practice.
Climate Change	• Embed consideration of the impact of Climate Change in health and social care planning and business continuity aiming to reduce our carbon footprint and deliver on our net zero emissions

A key action within the NHS Grampian Delivery Plan is the implementation of phase 1 of the Dr Gray's Strategic Plan, which focuses on:

- Development of networked services and agreeing how this will be achieved;
- Increasing the retention and recruitment of highly valued staff with appropriate skills;
- Joint planning with both NHS Highland and other partners such as NHS Education for Scotland; and
- Implementing year one of the Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland.
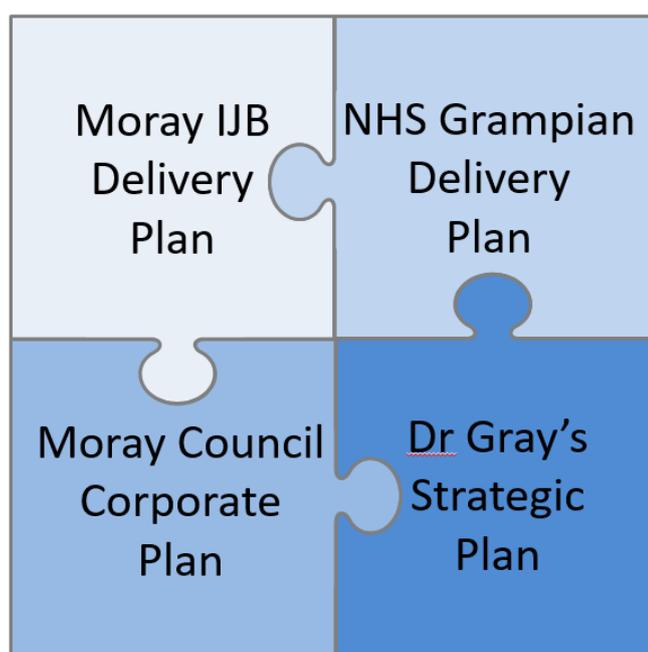
4.   KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The initial draft of the Delivery Plan was submitted to the Scottish Government on 19 June 2023. Positive feedback was received on the narrative Delivery Plan, with no fundamental or structural amendments needed and a confirmation letter of sign off received 18 August 2023. The rest of the feedback was largely

framed around the 10 recovery priorities and focused on the deliverables for 2023-24, seeking clarity on the next level of operational detail. Where this feedback related to areas that the IJBs are solely accountable for (such as primary and community care; MAT standards; etc.), the response highlighted the relevant IJB plans that these actions can be found in and the performance reporting mechanisms already in place, to avoid dual reporting. Reporting against these areas will be incorporated within the IJB's quarterly strategic delivery plan performance reports. The Scottish Government did not include social care sustainability within the NHS commissioning guidance this year, therefore this will remain reported as normal via IJBs, again as part of the quarterly strategic delivery plan performance reports.

4.2   In order to ensure greater clarity and transparency regarding governance and assurance in relation to these priority areas, an accountability diagram in relation to the Scottish Government's 10 Recovery Priorities is included at Appendix 1 of **Appendix A.** We will work in partnership with the three IJBs to further develop a shared understanding of governance and assurance and explore how to develop a more aligned performance framework, which supports greater clarity and minimises duplication of reporting.

4.3   The final Three Year Delivery Plan was endorsed by the NHS Grampian Board at the meeting on 3 August 2023 and the narrative can be found at **Appendix A** to this report and the summary at **Appendix B**. Progress on the plan will be reported quarterly to the Grampian NHS Board and to Scottish Government. Health and Social Care Moray (HSCM) will contribute to these progress reports as required in relation to actions specific to them. HSCM's contribution to the reporting will be in line with their reporting cycle to Audit, Performance and Risk Committee.

4.4   A summary version of NHS Grampian's Delivery Plan has also been developed to support easy communication of the key messages and priorities. This document was tested and further informed by NHS Grampian's Public Involvement Network (PIN) and a number of colleagues across NHS Grampian and the three HSCPs who attended specific staff focus groups to ensure it is accessible, meaningful and the key messages are easily understood.

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"**
Implications as described in previous sections. The NHS Grampian Delivery Plan has been developed as complementary to the Moray Strategic Plan and performance reporting arrangements will be in line with IJB reporting arrangements already in place.

(b)   **Policy and Legal**
The development of the NHSG Delivery Plan satisfies the requirements of the contract NHS Grampian has with the Scottish Government. There are no direct legal implications for Moray IJB arising from the recommendations of this report.

(c)   Financial implications
The NHS Grampian Delivery Plan will be delivered within existing budgets and there are no direct financial implications for Moray IJB arising from the recommendations of this report.

(d)   Risk Implications and Mitigation
NHS Grampian operates within a complex contemporary environment and is influenced by variable internal and external factors. To support the success and effectiveness of NHS Grampian's service delivery and governance arrangements, an enterprise risk management approach is adopted, which seeks to uniformly manage the organisation's strategic and operational risks in a proactive manner.

Risks to the fulfilment of the Three Year Delivery Plan's objectives have been identified, with several associated links to NHS Grampian's strategic risks.

For more information on NHS Grampian Risk Management, please see:
https://www.nhsgrampian.org/about-us/planforthefuture/how-we-will-do-it/who-will-support-our-journey/strategic_risk/

HSCM's contribution to NHSG's Delivery Plan is completely aligned to existing work in their own Delivery Plan. The activities there are variously linked to all seven of the risks in the IJB's Strategic Risk Register. These risks are regularly monitored and managed through the Risk Management Programme and subject to a minimum of an annual review by the IJB.

(e)   Staffing Implications
The premise of the NHS Grampian Delivery Plan is that delivery will be within defined budgetary parameters, which require savings year on year. Workforce redesign will be necessary to maintain delivery and recruitment and retention are risks to this delivery.

(f)   Property
The infrastructure requirements for Dr Gray's are monitored through the Dr Grays Strategic Plan. The NHS Grampian Delivery Plan will be delivered through the existing infrastructure and property available.

(g)   Equalities/Socio Economic Impact
An Equality Impact Assessment (including assessment against Fairer Scotland Duty) has been undertaken in line with NHS Grampian's statutory obligations. These were included as part of the submission to the Grampian NHS Board on 3 August 2023 and are available publicly.

(h)   Climate Change and Biodiversity Impacts
NHS Grampian have a legislative requirement to deliver a net zero carbon service across our infrastructure, requiring emphasis not just on buildings but on the way we contribute towards a circular economy – reducing, reusing and recycling. NHS Grampian travel policies, healthcare practices, use of buildings and supporting change in communities are all part of the bigger shift towards sustainability. The vision of the proposed NHS Scotland Climate Emergency and Sustainability Strategy is of a comprehensive set of measures designed

to reduce global warming and its impact on the climate and human health and health services whilst maintaining a focus on the provision of equitable health care to the people of Scotland. The underpinning values behind the strategy are those of an enlightened concern for the environment whilst improving the health and wellbeing of communities and reducing health inequalities through the exercise of corporate social responsibility.

(i) Directions
No direction requires to be issued to Moray Council or NHS Grampian as a result of this report.

(j) Consultations
HSCM Senior Management Team and NHS Grampian Planning Team have been consulted.

6 CONCLUSION

6.1 The NHS Grampian Delivery Plan is a key document which articulates delivery over the next three years. Partnership working is at the core of this Delivery Plan, and MIJB is a critical stakeholder is supporting that delivery.

Author of Report: Jenna Young, Planning Manager, NHS Grampian
Background Papers:
Ref:

NHS Grampian Three Year Delivery Plan

2023-2026

If you would like more information, please get in touch by contacting gram.planforthefuture@nhs.scot.

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245 or email gram.communications@nhs.scot.

Executive Summary

The NHS Grampian Three Year Delivery Plan covers the period August 2023 to March 2026 and has been developed in collaboration with our three Health and Social Care Partnerships, colleagues, citizens and wider partners and builds on the Annual Delivery Plan (ADP) 2022/23. Acknowledging the enduring challenges across the health and care system, good progress was made against a number of priorities set out in the ADP 2022/23 as illustrated in the 'progress section'.

This Three Year Delivery Plan (2023-26) sets out how we will continue to make progress and its development has been informed and shaped by both those accessing and delivering services. Over the next three years, we aim to deliver on three specific objectives, underpinned by a number of priority actions. We believe the priorities set out are ambitious but deliverable by March 2026 and will make the biggest impact in relation to recovery, responding to enduring pressures and delivering the significant changes required to achieve the ambitions set out in our strategy - 'Plan for the Future 2022-28'. This Plan responds to the 10 priorities for recovery set out in the Scottish Government Commissioning Guidance dated 27 February 2023 and is aligned to national strategy, specifically the NHS Recovery Plan 2021-26.

Our priorities are framed around the key components of our strategy - People, Places and Pathways, which encompass the 10 Scottish Government priorities and is illustrated below.

Alignment to Our Strategic Intent	Our Objectives for Next 3 Years	Alignment with Scottish Government Recovery Priorities
PEOPLE	1. Strengthen colleague and citizen engagement to improve health	8. Workforce – implementation of workforce strategy
PLACES	2. Create the conditions for sustainable change	6. Health Inequalities – enhance planning of approach to tackle HI – 2023/24 focus on those in prison, custody and those who use drugs 7. Innovation adoption – fast track national adoption of proven innovations which could have transformative impact on efficiency and patient outcomes 10. Climate – climate emergency and environment
PATHWAYS	3. Improve preventative and timely access to care	1. Primary and Community Care – improve access and more care to be delivered in the community 2. Urgent and Unscheduled Care – right care, right place, right time 3. Mental Health – improve delivery of support and services 4. Planned Care – improve access and protect planned care 5. Cancer Care – delivering National Cancer Plan (Spring 2023-26) 9. Digital – optimise use of digital and data in design and delivery of health and care services for improved patient access

It requires to be acknowledged that primary and community care, mental health, prison and custody, substance use and aspects of unscheduled care, as set out as areas for recovery by the Scottish Government, are the responsibility and accountability of the three Integration Joint Boards (IJBs), however, NHS Grampian supports and contributes to aspects of delivery as part of the whole system approach. The focus of this Plan is on those areas which the Board is responsible and accountable for and, where priorities sit within IJBs' domain of accountability, this is highlighted and linked to relevant IJB Strategic Plans and focuses on the work we are collaborating on. A high level outline of accountability for the 10 areas of recovery within the Grampian health and social care system is contained in Appendix 1.

The priorities within this Plan have been informed by a high level of engagement, along with key learning from the COVID pandemic response and recovery. We will continue to and further embed co-creation and establish a Learning Health System approach as we implement this plan; co-creation being a fundamental part of working in a Learning Health System.

Accompanying this document is the:
- Excel Delivery Plan Template, which sets out against each of the priorities, the critical milestones for delivery, alignment to our strategic objectives and government priorities for delivery, and the key risks and control measures.
- Progress update on the Three Year NHS Grampian Workforce Plan.
- Summary NHS Grampian position against the Scottish Government 10 recovery areas in relation to areas of focus for 2023/24 and the medium term.

There are a number of key challenges and risks (outlined below) which the health and care system are dealing with as we try and reduce poorer health outcomes and inequality in the population.
- **Continued unpredictability of COVID/infectious diseases and responding to increased needs for managing acute and chronic phases of disease** - our intelligence systems support the identification of emerging issues to inform our response, a vaccination programme is in place, and our framework for maintaining operational business continuity has been updated based on learning to date, along with our major incident and major infectious disease plans.

- The direct and indirect consequence of the **Cost of Living** is affecting our communities. We are working with partners and with citizens to mitigate the impact of increased financial pressure and financial anxiety; delivering initiatives such as warm home prescriptions, income maximisation and tackling period poverty. When we work together, we can consider what more we can do to support third sector organisations to remain financially viable, to work directly in communities, targeting and increasing support to the most financially vulnerable people in our community, such as those whose lives are affected by substance use or homelessness.

- Enduring high service and system pressures has negatively affected **colleagues' health and wellbeing** – our focus on this remains critical but is at risk from a lack of clarity around the continuation of national funding for enhanced capacity, particularly in psychological supports and to support welfare needs. We continue to embed the range of locally funded enhanced health and wellbeing support available for colleagues.

- Linked to the points above, the ability to **effectively manage surges in complex unscheduled demand (COVID/Non-COVID) alongside protecting planned care activity is challenging, particularly during the winter season** – considerable work has been undertaken and continues to be taken across the system to mitigate the various risks, such as clinical prioritisation, protecting planned/cancer care, reducing demand in the system i.e. preventing the risk of falls in bad weather, redesign of urgent care pathways, optimisation of community and social care assets to prevent unnecessary

admission or reduce delays in discharge, along with day to day flow management via robust cross-system leadership. Work is also underway to re-size the acute bed base on the Foresterhill site.

- **Workforce sustainability** - retaining colleagues is becoming an increasing problem due to the shifting age profile of the working age population, with individuals choosing to retire earlier or to go part-time to have a better work/life balance. Whilst improvements have been seen in attracting colleagues to Grampian, recruitment remains a significant concern locally and nationally, and a range of actions to deal with this and other risks over the next three years is set out in our Integrated Workforce Plan 2022-2025.

- Significant parts of the **building infrastructure (hospital and community) are ageing** – managing the associated risks within the available funding is challenging as our existing infrastructure base continues to deteriorate. Work is ongoing to improve our understanding of the condition of our infrastructure through detailed survey and technical assessments and aligning this with key operational risks highlighted through service planning. This work is informing our investment plan to ensure all available resource is prioritised against the highest risk deliverable projects.

- **Financial sustainability** is a constant challenge. We have not been able to set a balanced revenue budget for 2023/24. In addition, new financial pressures around pay awards, energy charges, investment required to achieve net zero carbon and costs have increased the risk to the Board's ongoing financial sustainability. Our Medium-Term Financial Framework (MTFF) sets out how we aim to achieve financial balance over the coming years, but this will not be without challenge or difficult decision making. A Value and Sustainability Programme is in place to assist in mitigating these pressures/risk, but it may not be enough for the Board to achieve financial balance in the 2023/24 year. Scottish Government will hold further discussions with the Board on the financial position once it has reviewed our financial return for quarter one of 2023/24.

- **Redesigning whilst responding to pressures** is a significant challenge across the system due to the ongoing requirement to deal with the day to day 'firefighting'. We know that to move to a more sustainable place we need to create the capacity and space to do the necessary planning and redesign to make the required shifts and to focus on the upstream work which will, in time, change the levels of reactive response required but this is very difficult to balance given the system pressures. We know the longer it takes for us to get the traction and make the shifts, the more the firefighting/demands will build up and further reduce our ability to redesign. Whilst we continue to react and respond to treating illness, we must ensure we protect capacity across our system for redesign. This will require greater collaboration with all our partners and communities on prevention, early intervention, environmental improvements and, by working together locally, regionally and nationally, we can collectively create the conditions for change and move towards a sustainable health and care system and healthier population.

Our Case for Change document produced in 2022 and the recently published Director of Public Health's Annual Report - 'Delivering change, improving lives', clearly demonstrates the increasing inequalities in the population and the critical point the NHS is at and the need to do things differently in terms of responding to illness whilst enabling wellness.

Given the current changing nature and pressures experienced within the health and care system, the Delivery Plan will be kept live based on latest intelligence, data and learning. Actions will be reviewed quarterly to ensure these are still the right actions, are deliverable and will make the biggest impact. This will form part of the performance assurance reporting arrangements as set out within this document. The Delivery Plan has been informed by the Grampian NHS Board and was considered at a private session of the Board on 1 June 2023. The Plan will be formally approved at the public Board meeting on 3 August 2023 once sign-off has been received by the Scottish Government.

Plan on a Page (August 2023 – March 2026)

Our Aim

To make progress towards our ambition to create sustainable health and care by 2032

Objectives

1. Strengthen colleague and citizen engagement to improve health *(People)*

2. Create the conditions for sustainable change *(Places)*

3. Improve preventative and timely access to care *(Pathways)*

By March 2026

- Staff retention rate increased to 90% stability in all areas & all teams have an absence rate below the national average.
- iMatter organisation level scores are =/>70% in key elements.
- Improved culture demonstrated through RACH obtaining Magnet status & RCH/ARI progressing on Magnet journey.
- All services use a digital real-time feedback loop in support of improved workforce engagement.
- 70% colleagues in all Portfolios/Directorates report the organisation supports their health & wellbeing at work.
- All staff have access to regular protected learning time as per policy agreed through Agenda for Change (AfC) reform.
- Increased participation in research contributing to evidence based practice.
- Health & Care (Staffing) (Scotland) Act implemented across all Portfolios & clinical professions.
- People's insights are embedded into our planning to reduce inequality in access to our services.
- Communities engaged & continued progress made to ensure all voices of our diverse population, including children & young people, are heard & insights acted upon in designing health & care services.
- Trauma informed practice embedded across the system.
- Improvement in outcomes for children being realised & evidenced.
- Agreed strategy for paediatric tertiary services in place.
- Moray Maternity Services Redesign implemented & evaluated.

- All pathways & service plans designed through a health inequalities lens.
- We have trained & embedded the use of appropriate tools to tackle inequalities experienced by our colleagues.
- A defined plan for supplier development to enable sustainable & competitive local procurement.
- We have increased the share of new starts employed from diverse communities and can evidence by postcode, staff group & grade.
- We have agreed & implemented our 'population based approach to health'.
- Decarbonised fleet & infrastructure in line with national 2025 target .
- An established 20 Year Infrastructure Investment Plan & revised Preventative Maintenance Programmes.
- All new & retrofit builds are net-zero with prioritisation for investment/development in Infrastructure Plan.
- New build Mortuary & Braemar Heatlh Centre projects completed and National Treatment Centre (NTC) construction underway.
- Baird Family Hospital, ANCHOR & MRI at Dr Gray's open & demonstrate enhanced outcomes & experience.
- All colleagues provide care through the principles of Realistic Medicine.

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a. We will have fully redesigned three whole-system pathways. (1. adult general mental health; 2. frailty; 3. management of long-term conditions).
b. Evaluation of the three designed care pathways demonstrates an improved person-centred approach.
c. We have clarity about governance & performance reporting while demonstrating a systems leadership approach to delivery.
d. Our 'making every opportunity count' (MEOC) approach is fully embedded in these three pathways.
e. We will be able to demonstrate our commitment to spending more on prevention.
f. Teams use live modelling data to inform continuous improvements in our pathways of care.
g. Portfolio integrated plans prioritise new models of care / workforce & innovation.
h. Improved time to access in unscheduled and planned care pathways, using performance measures that take account of demographics, people's experiences & outcomes, increasing demand/need and long-term gains.
i. Screening & immunisation/vaccination levels are above national average, with increased participation in screening & vaccination programmes across all SIMD & demographic categories with low uptake and increased rates of childhood immunisation.

2023/24 Priorities

- Right workforce to deliver care now & in the future
- Culture & wellbeing
- People powered health
- Children's health & wellbeing

- Employment, procurement & physical assets
- Population based approach to health
- Greening health systems

- Pathway redesign
- Intelligence-led improvements
- Making every opportunity count (MEOC)
- Primary & community care
- Secondary care
- Mental health

Contents Page

Role of the Delivery Plan

Role of the Delivery Plan

This is NHS Grampian's overarching Delivery Plan and sets out how the Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), our colleagues, citizens, communities and partners (including the third sector), will make progress against the vision and strategic priorities as set out in our 'Plan for the Future 2022-28', along with responding to key priorities set out by the Scottish Government.

While our overall aims are ambitious, we know we are on a long journey and cannot do everything at once, so we need to focus on the most important issues at this current time based on the feedback from citizens, colleagues and partners. This document **sets out the organisational commitments for change and areas of increased focus during the period August 2023 to March 2026** and what benefits this change will provide by March 2026 in relation to our strategic intent.

Our Plan for the Future

The 'Plan for the Future 2022-28' approved by the Grampian NHS Board on 2 June 2022, was co-created with our colleagues, communities, citizens and our partners during 2021-22. It sets out an ambitious strategy which can only be achieved by working in collaboration with our citizens, communities, colleagues, third sector and partners.

Diagram 1 illustrates the key areas of focus within the 'Plan for the Future' which centres on creating sustainable health and care by 2032. Key to achieving this ambition will be balancing both enabling wellness and responding to illness and delivering our intent for People, Places and Pathways as set out in the diagram.

Within People, Places and Pathways, we have also confirmed the key priority areas of focus over the six-year period which are contained in the outer ring of the diagram. The rolling Delivery Plan will set out the key actions being taken forward to progress these.

PEOPLE
Joining with people to flourish.

PLACES
Using our places to proactively seek the best health and wellbeing and fairness for all.

PATHWAYS
Enabling a partnership approach to our pathways of care.

Diagram 1: Summary of 'Plan for the Future - 2022-28'

Coherence with Partner Strategies & Plans

As part of the development of the 'Plan for the Future', work was undertaken to understand what challenges and priorities we share with our local partners. This highlighted key areas where there is a high level of coherence – this is reflected in diagram 2. Further collaborative work is underway to articulate those shared priorities of focus across the three Integration Joint Boards (IJBs), NHS Grampian and other partners.

Approval of Delivery Plan

The Delivery Plan was approved by the NHS Grampian Chief Executive Team, following discussion with the Board, prior to the submission of this to the Scottish Government. Once the Delivery Plan has been signed off by the Scottish Government, this will be formally considered at the public NHS Board meeting in August 2023.

Assurance Reporting

Formal reporting on progress of the Delivery Plan will continue to be submitted to the Grampian NHS Board (via relevant Sub Committees) and to the Scottish Government on a quarterly basis.

Regular updates on progress will also be shared with colleagues, citizens, communities and our partners via a range of mechanisms. We will also share progress reports via the NHS Grampian 'Plan for the Future' website.
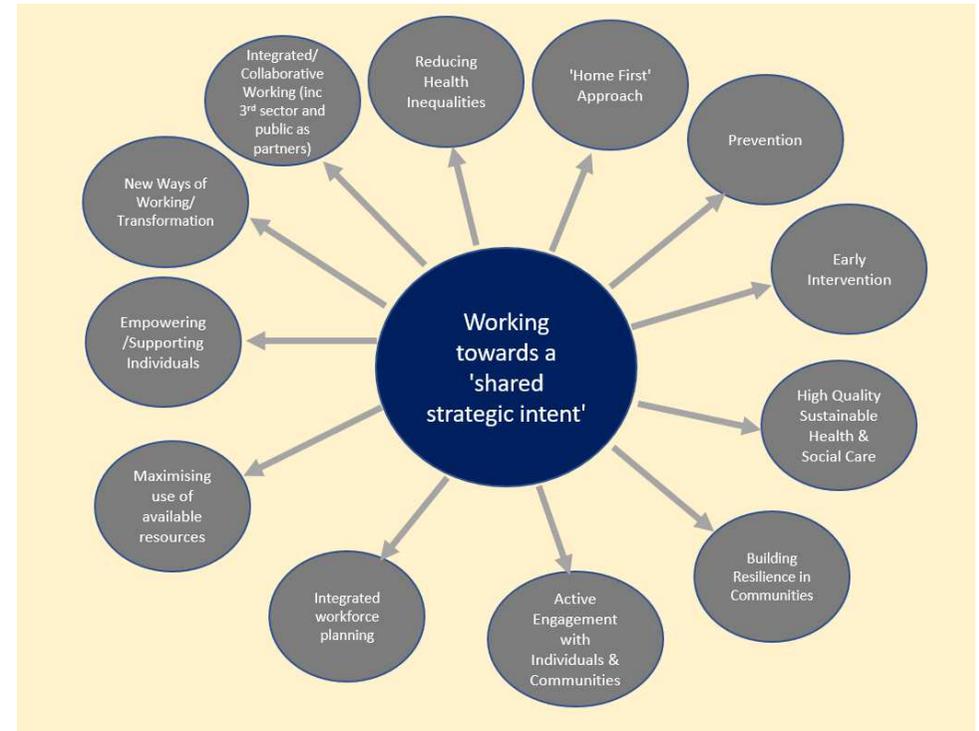
Diagram 2: Shared values and areas of significant commonality across the three IJBs and NHS Grampian strategic aims/priorities

Progress against the 2022/23 Delivery Plan

2022-23 was a significantly challenging time where we continued to respond to COVID, deal with sustained pressures across the health and care system and started to make changes to move to a more sustainable position. Below sets out the overall progress against the milestones set out in the 2022/23 Delivery Plan for the period August 2022 to March 2023, and some of the highlights against the three objectives for people, places and pathways.

It is clear our progress towards the many things we want to improve has been hampered by high system-wide pressures and the need to have an 'all hands on-deck' response. The fact that we are moving forward, as shown below, is testament to the focus and hard work of team's right across the organisation and wider system.

Overall Status of Milestones at 31 March 2023 (Q4)

32% of the 124 milestones set out in the Plan for delivery by the revised target of end of June 2023 are currently on track with 23% complete at the end of Quarter 4.

(Pie chart: Complete 23%, On Track 32%, Minor Delay 39%, Significant Delay 6%)
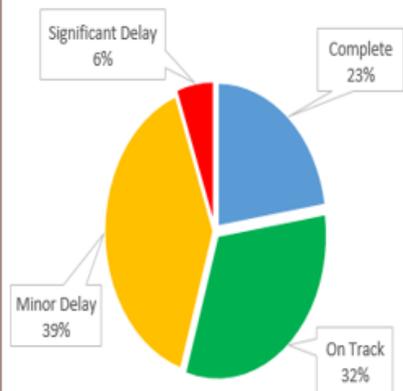
Total Milestones: 124*

Milestones Progress:	Jun-22	Sep-22	Dec-22	Mar-23
Complete	0	2	8	28
On Track	88	78	65	40
Minor Delay	22	37	43	49
Significant Delay	0	7	8	7
Proposal	11	0	0	0

* 3 new milestones included in Q2

PEOPLE – Support Colleagues to be Safe & Well at Work: Key Areas of Progress — 51% of milestones complete or on track

- Peer Support Programme now rolled out to 11 areas
- 49.3% in Mar 2023 Pulse Survey indicated We Care actively supports wellbeing (baseline 45%)
- Positive feedback from NHS Charities Together received on the wellbeing projects which has seen development of Long Covid rehabilitation for colleagues, expansion of Values Based Reflective Practice (VBRP) projects and recruitment of a Trauma Risk Management (TRiM) Assistant Psychologist
- North of Scotland International Recruitment Service (excluding Tayside) established hosted by NHS Grampian. 95 new Registered Nurses recruited in 2022/23
- Monthly protected time for education agreed for Agenda for Change staff

- Education Delivery Group established which has focused on recovering and strengthening multidisciplinary education in collaboration with universities
- Agreed parameters and cross-Portfolio resourcing has enabled a 12-month test of change for introducing weekly pay for bank staff to commence from Dec 2022
- Roll out plan agreed for Allocate e-Rostering commencing in Medicine & Unscheduled Care (MUSC) and multi-disciplinary teams in Royal Cornhill Hospital and in theatres
- NHS Grampian/Health & Social Care Partnerships Workforce Plan approved with implementation underway
- Ahead of other boards on re-banding Band 2 Health Care Support Workers - 80% completed

PLACES – Create the Conditions for Sustainable Change: Key Areas of Progress — 63% of milestones complete or on track

- Value & Sustainability Plan approved with year one aims delivered
- Endowment funding secured to run a project building on the national research & campaign around "It's OK to Ask" to expand to value based healthcare supporting shared decision making
- Model 6 Business Case in response to the Dr Gray's Maternity Review agreed by Scottish Government, implementation commenced and midwifery clinical lead for Moray in post
- Hospital Electronic Prescribing and Medicine Administration (HEPMA) implementation began
- Dr Gray's Strategic Plan approved by the Board and delivery plan in development.

- Realistic Medicine role recruited to for 23 months to provide support to piloting an approach to redesign pathways that involve multiple specialties
- Positive feedback on the development and testing on maternity services toolkit
- Community led celebration of projects helping with health and wellbeing in Aberdeenshire using the Kings Fund 'community paradigm' approach
- Child Poverty Action Plan approved in March 2023.
- Evaluation of Artificial Intelligence being taken forward in breast screening and a new project launched Grampian's Radiology Assist Chest x-ray Evaluation (GRACE) within the lung cancer pathway

PATHWAYS – Reduce Delays in Accessing Care: Key Areas of Progress — 47% of milestones complete or on track

- A single site for the National Treatment Centre (NTC) has been agreed by the NTC Programme Board and approved by the NHS Grampian Board
- Continue to exceed delivery target of 90% of people receiving first cancer treatment within 31 days of decision in Quarter 2
- First North East Alliance stakeholder workshop to explore substance use through population health lens - focus on tackling stigma, rights-based approaches and implementing 'making every opportunity count', shaped directly by those with lived / living experience
- The 3 Alcohol & Drugs Partnerships have co-created a self-assessment process to provide Pan-Grampian oversight re implementation of Medication Assisted Treatment (MAT) Standards 1-5
- The overall number of delays in accessing care target has been met in quarter 4 due to significant reduction in delays in March 23

- Plans agreed and being implemented to deliver a rolling programme for Naloxone roll out and the introduction of a Naloxone Module on Turas
- Colon Capsule Endoscopy (CCE) was implemented in December 23
- Day Case Surgical Unit re-established
- Backlog continues downward trajectory towards Out Patient Treatment Time Guarantee (OP/TTG) 2 year target
- Autumn and winter vaccination programme successfully delivered
- 'Waiting well' service established which has gained positive feedback from both patients and services
- Access to general dental practitioner services has improved, however it is still below pre-pandemic levels
- Children & young people referred to Mental Health Services to be seen within 18 weeks of referral, performance has been consistently above target since May 2022

Position at end of March 2023

Threats to health, enduring system pressures and making hope possible

The world in which we live has changed. Whilst our health has improved throughout the 75 years of the NHS, we now stand at a turning point where we must consider and adapt to threats affecting our health and wellbeing. The health and care system has become fragile over the past decade, with workforce challenges and access to treatments amongst the most notable impacts. We know that health care needs are increasing, due in part to demographic change but amongst the general population too. There are multiple reasons for this, including delayed care due to the pandemic but also the effects on healthcare of economic and climate instability. The latter two may not be obvious and indirect, but the data and evidence point to these impacting on population health.

Challenging times are ahead for health and care services. Reform is not the sole responsibility of the NHS but of us all as individuals, communities, workplaces and schools. It is this social perspective that will make a difference to population health and help to make sure that we have health care services for us, our children and our children's children.

We continue to assess the 'care gap' between capacity and demand. The use of modelling, forecasting and scenario planning are tools we use to do this, working with healthcare teams and engaging with patients and our communities on what matters most to them. Changing clinical practice, innovation and the use of artificial intelligence to improve pathways are things we do, despite the day-to-day pressures in our healthcare system. However, we are also realistic about the forces for change that may, if unchecked, create significant pressure in healthcare demand. For example:

- The higher cost of living is increasing the number of people and families living in poverty. This is already widening inequality in almost all areas, including coronary heart disease, respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD), cancer and mental health and it is also widening in some areas, such as alcohol and drug related deaths.
- The NHS and social care are coping with relentless pressure driven by an ageing population that is living longer with illness and often with multiple conditions. The 'lean' model of care which is focused on short hospital stays and high occupancy makes efficient use of resources but is increasingly vulnerable to disruption. The sustained

Grampian's Position Against Key National Metrics (at 31 March 2023)

Emergency Department:
4 hour performance
2023: 59.0%
2022: 68.3%

Total Emergency Admissions
2023: 13,034
2022: 12,404

Cancer 32 day standard:
Decision to treat to first treatment
2023: 95.25%
2022: 92.91%

Cancer 62 day standard:
Referral to first treatment
2023: 65.04%
2022: 77.11%

Delayed Discharges*:
Standard and code 9 delays
2023: 72
2022: 101

Child & Adolescent Mental Health Services
18 week standard
2023: 99.3%
2022: 95.1%

New outpatient waiting list size*
2023: 43,240
2022: 39,045

TTG inpatient waiting list*
2023: 18,154
2022: 16,136

Note:
* Snapshot position at end of March 2023

These key metrics are part of a wider set of measures reported to the Scottish
Government and the NHS Grampian Board.
Source: Management Information/Data

system pressure is based on high demand coupled with recruitment challenges and high staff turnover.

- Infectious diseases continue to pose a threat to our health - the conditions remain right for future pandemics and antibiotic resistance continues to grow. Children and the most vulnerable in our communities are hit hardest. We can influence some things, such as vaccination uptake, while others require changes in policy, such as access to sick pay.
- There is an inextricable link between environmental change and human health. Temperatures greater than 20 degrees Celsius are sufficient to cause harm to health and in Scotland, last year, we exceeded our previous highest temperature with 34.8 degrees Celsius in the Borders. We have seen the impact of flooding locally and recently the impact of icy weather resulting in a 400% rise in people presenting to the Emergency Department after a fall, including head injury admissions.

Understanding each threat to health and healthcare helps us to formulate plans, which will reduce risks and seize opportunities to improve population health - this is what our Delivery Plan is all about, making hope possible, rather than despair convincing.

Finance Position

The Board reported a revenue break even position for the 2022/23 year, although this was based on a large number of non-recurring savings and system pressure funding provided by the Scottish Government. The Board's underlying financial position is extremely challenging and continued to deteriorate in the second half of 2022/23. The Board will report its quarter one financial position for 2023/24 to the Scottish Government in July. We would expect a significant overspend to be reported as a result of:

- Our Financial Plan submitted to the Scottish Government in March which projected a £60.6m overspend for the year;
- We continue to use high levels of supplementary staffing in response to operational pressures; and
- Non-pay inflation remains at a high level (currently above 10%) which impacts on the prices we pay for items such as medical supplies, drugs and service contracts.

We have developed a local Value and Sustainability Plan, which outlines actions to achieve a level of 3% savings and mitigate our projected revenue overspend, but even full delivery of this plan will not enable us to achieve a balanced revenue financial position at the end of the year.

The availability of capital funding to support investment in infrastructure is a key constraint and risk in both the short and longer term. Significant parts of the building infrastructure (hospital and community) are ageing and managing the associated risks within the available funding is challenging as our existing infrastructure base continues to deteriorate. Work is ongoing to improve our understanding of the condition of our infrastructure and aligning this with key operational risks ensuring all available resource is prioritised against the highest risks.

A number of the commitments and operational performance improvements outlined in this Plan are not yet reflected in NHS Grampian's opening revenue budget and will be dependent on confirmation of earmarked or additional funding from the Scottish Government during the year. Given NHS Grampian's projected revenue deficit for 2023-24, we are not in a position where the Board can make commitments which are not underpinned by a funding source.

Workforce/Colleagues

Our colleagues are our greatest asset and developing the culture that they are part of is essential to ensuring they can thrive and be safe and well through work. This is the vision at the heart of our Colleagues and Culture component of Plan for the Future.

Page 38 provides a progress update against the supporting Three-Year Workforce Plan agreed in autumn 2022, and the role of workforce planning as part of an integrated approach to service planning and redesign as a mechanism to support the workforce in delivering today's work today and innovating for tomorrow. This is in the context of unprecedented pressure colleagues are facing and the need to ensure they are provided with work and roles that support their health, safety and wellbeing at work and that they are empowered to innovate and make their best contribution. This is necessary to ensure that we achieve the high levels of colleague engagement necessary to contribute to the delivery of changes required to achieve a sustainable health and care system.

Our Commitment to Culture

Developing our culture – "the way we do things round here" reflected in our attitudes, beliefs, behaviours, stories, and routines – remains central to our aim of being an organisation where people are able to thrive and be safe and well through work. This will only be achieved if we focus on the factors that affect colleague retention as well as attraction.

Alongside continuing to use and embed the enhanced functionality of iMatter; making further use of the Best Practice Australia Culture Survey Phase 1 results and in support of our Magnet recognition journey; and delivering Year of the Manager to support both the development of our managers and increase the value placed on management practice, over the course of this plan we will implement Our Commitment to Culture.

Developed in 2022 with our Culture Collaborative, an open forum attended by colleagues from all role types and different parts of the system, Our Commitment to Culture is a resource supporting local ownership of culture development by teams and services. It recognises that culture is owned and experienced locally. Whilst there are things that we want to be common for all colleagues, to have impact they need to be explored, shaped and owned by teams and groups in ways that make sense to them.

During 2023/24, this digital and physical resource will be tested and further developed in partnership through an outreach programme run jointly by the Culture Collaborative and Staff Equalities Network which will try to get beyond the limitations that MS Teams brings in respect of engaging with colleagues in point of care roles.

A complementary approach also commissioned following input from the Culture Collaborative is CAKE – a recipe for team and individual wellbeing and effectiveness. CAKE is a suite of free resources developed by Queen Margaret University Edinburgh during the pandemic that recognises that self-care and wellbeing are essential ingredients of healthy team cultures.

By training facilitators across a range of different professions including Organisational Development, Podiatry, Dietetics, Health Visiting and School Nursing, Midwifery, Child and Adolescent Mental Health Services (CAMHS), Primary Care Support and Care Home Management as a Community of Practice, we plan to support teams with work on aspects of their culture, building on the potential of Our Commitment to Culture in the process.

Key Issues Driving the Need for Change

Key issues are shown in the bottom right of the diagram below. We also understand what matters to citizens and colleagues in Grampian. We have solid foundations of robust intelligence, strong partnership working, clear direction with shared ambitions, and the dedication of our colleagues and partners. We are well placed to make sustainable changes which will improve outcomes.

For more information, please access (1) Case for Change , (2) DPH Final Report.pdf , (3) The Health and Wellbeing of people living in Grampian 2022.pdf

People, Places and Pathways – Key Priorities for Delivery

Everything we do going forward will support our progress in delivering our strategic intent:

People - Joining with people to flourish

Places – Using our places to proactively seek the best health and wellbeing and fairness for all

Pathways – Enabling a partnership approach to our pathways of care

Our key objectives are to:
1. **Strengthen colleague and citizen engagement to improve health**
2. **Create the conditions for sustainable change**
3. **Improve preventative and timely access to care**

The above objectives will support the delivery of priority areas by March 2026 which will enable us to make significant progress against the strategic intent set out in the Plan for the Future. The diagram below sets out the objectives and underpinning priority areas of focus, along with how this support the 10 Scottish Government priority areas for recovery.

Objectives

Proposed Priority Areas for 2023-26

Alignment to Scottish Government Recovery Priorities

1. Strengthen colleague and citizen engagement to improve health

A) Right workforce to deliver care now and future
B) Culture and wellbeing
Colleagues & Culture

C) People Powered Health **Citizens**

D) Children's health and wellbeing **Children**

8. **Workforce** – implementation of workforce strategy

2. Create the conditions for sustainable change

E) Employment, procurement, physical assets **Anchor**

F) Population based approach to health **Communities**

G) Greening Health Systems **Environment**

6. **Health Inequalities** – enhance planning of approach to tackle HI – 2023/24 focus on those in prison, custody and those who use drugs
7. **Innovation adoption** – fast track national adoption of proven innovations which could have transformative impact on efficiency and patient outcomes
10. **Climate** – climate emergency and environment

3. Improve preventative and timely access to care

H) Intelligence-led improvements
I) Pathway redesign
Whole System Working

J) Making Every Opportunity Count **Empowering**

K) Primary and community care
L) Secondary care
N) Mental health
Access

1. **Primary and Community Care** – improve access and more care to be delivered in the community
2. **Urgent and Unscheduled Care** – right care, right place, right time
3. **Mental Health** – improve delivery of support and services
4. **Planned Care** – improve access and protect planned care
5. **Cancer Care** – delivering National Cancer Plan (Spring 2023-26)
9 **Digital** – optimise use of digital and data in design and delivery of health and care services for improved patient access

Delivering Key Changes Required

We are clear on the areas for change as set out above and in more detail in the remainder of this document. To ensure we maximise our focus, effort and limited resources, we are proposing that we organise change delivery oversight, assurance and performance across six programmes of change which are illustrated in the below diagram. The 10 Recovery Priority areas identified by the Scottish Government have been mapped across to these programmes of change, along with areas of focus against our Plan for the Future.

How We Will Organise Our Programme for Change

Value & Sustainability

Access - Urgent/USC & Planned Care
(Adults & Children)

Delivering Dr Gray's Strategic Plan

Reducing Health Inequalities

Engaged colleagues and citizens

Building Systems Leadership

Enablers
Culture, Digital & Infrastructure, Workforce, Innovation, Learning/Intelligence, Expertise, Resources and Finance
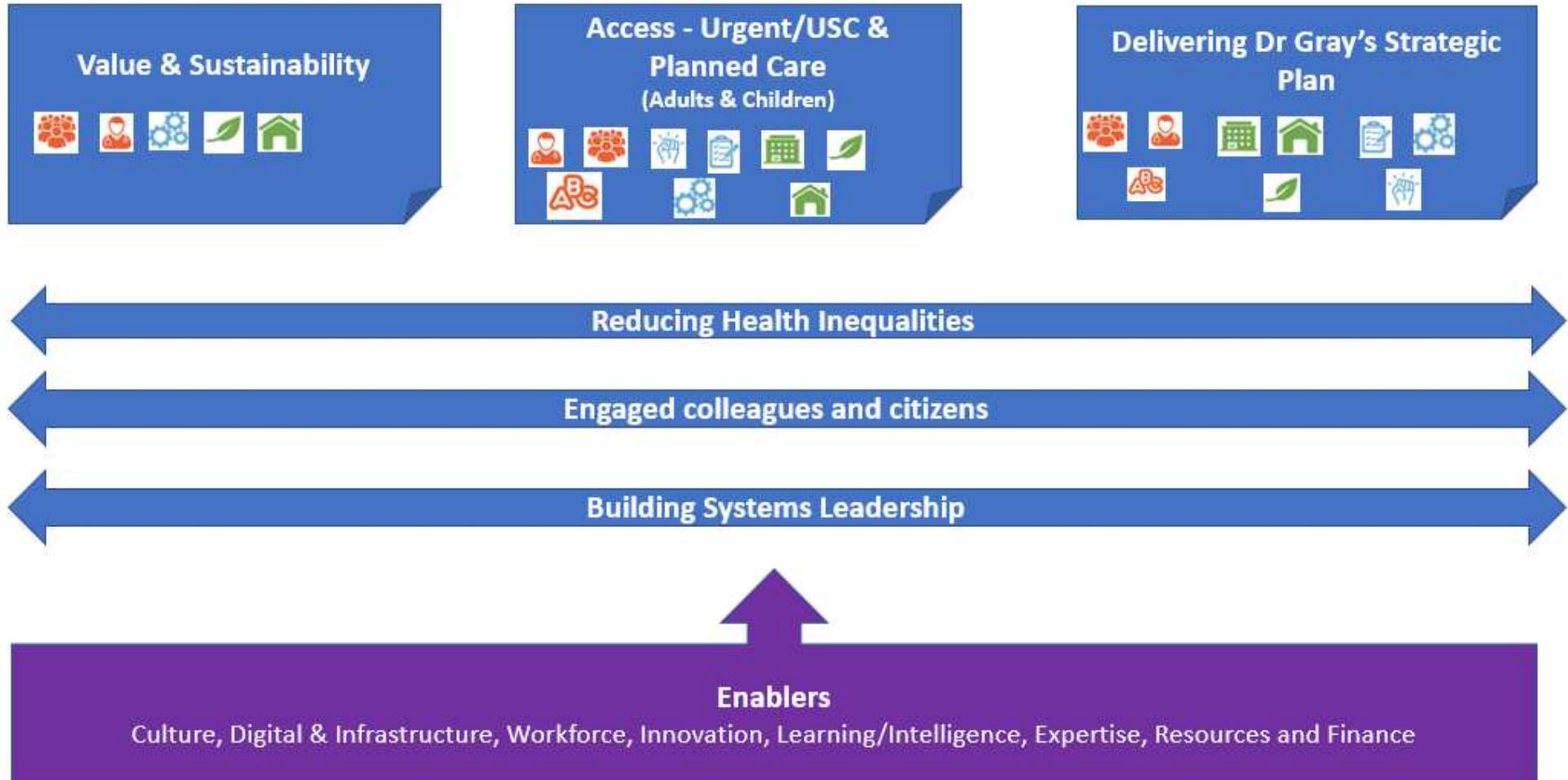
People

1. Strengthen colleague and citizen engagement to improve health (People)

A key enabler to delivering the ambitions for a sustainable health and care system as set out in the Plan for the Future is taking steps to build a different relationship with our colleagues and citizens. Over the next three years, we aim to demonstrate progress in relation to a range of priorities relating to progressing a more sustainable workforce, our culture, increasing colleagues' wellbeing at work, designing and embedding a different approach to engagement, and improving outcomes for children in Grampian. To make steps in achieving this, during 2023/24 we will focus on delivering the below.

Right Workforce to Deliver Care Now and in the Future

Improving how we engage and support our colleagues, will not only support a positive experience for our workforce and those accessing our services, but will positively impact on how we source and attract people with the right values, retain colleagues and ultimately redesign services fit for the future. This is in line with Scottish Government priorities, particularly national programmes relating to e-Rostering and the Health and Care (Staffing) (Scotland) Act 2019.

As a designated Local Education Provider NHS Grampian, in collaboration with our education partners, delivers learning programmes across a vast range of clinical professional disciplines. A key priority will be to support the development of the future healthcare workforce whist ensuring a positive educational experience for all and impact positively on delivering quality care by an engaged and supported workforce.

Our focus over the 12 months will be to:

- Improve staff experience through ease of access to workforce information and use of insights;
- Increase proportion of posts filled substantively, reducing a reliance on supplementary staffing;
- Improve the reach of our recruitment, establish more talent pools and reduce time to hire;
- Service led workforce planning and redesign supports priority change programmes;
- Mandatory/statutory training complete for 70% existing and 90% new starts with 80% of colleagues' appraisals completed;
- Develop new approaches to enhance and support educational experience and capacity to support the learning across a vast range of clinical professional disciplines and respond to the expanding range and size of programmes to support the development of the future healthcare workforce. This will be in collaboration with our educational partners and includes significant developments in the models of teaching including expansion in our simulation environments.
- Evaluate and refresh our five year joint commitment to research (2019-2023) to ensure research remains a key commitment and core activity of NHS Grampian, working in collaboration with academic partners and the Chief Scientist Office (CSO);
- Implement Allocate e-Rostering tools in line with national and local requirements; and
- Prepare system for implementation of Health and Care (Staffing) (Scotland) Act 2019.

Culture and Wellbeing

The Board has significantly increased its focus on enabling and nurturing a positive culture by commencing the Best Practice Australia (BPA) culture survey process within nursing and midwifery and estates and facilities staff cohorts, commencement of the Magnet journey and investing in the organisation's Culture Matters work. Alongside this the organisation has placed a critical focus on and sustained investment in supporting and enabling staff health and wellbeing, albeit with the expectation that national commitments around staff health and wellbeing in the NHS Recovery Plan will also continue to receive investment. This was paramount during the pandemic and will remain a key priority going forward as part of a positive organisation culture. Over the next 12 months we will:

- Develop values-based culture by further rolling out the BPA Survey, Culture Matters, Year of the Manager and aligning key policies/processes to our values;
- Further embed local wellbeing supports, improve access to occupational health and widen the range of support for an ageing workforce/ those working longer;
- Increase inclusiveness of colleagues, particularly those with neurodiversity, and work with the Staff Equalities and Grampian Empowered Multicultural Staff Networks to break down barriers to attraction, recruitment and retention, as well as a focus on being an anti-racism organisation;
- Increase the number of colleagues who feel supported in their health and wellbeing at work; and
- Gather evidence through the Culture Matters Survey as part of the RACH Magnet journey to excellence submission in 2025.

People Powered Health

'People Powered Health' describes a vision that recognises people's lived experience and opinions as a valuable asset in helping shape health. We aim to collaborate with communities and partners to bring people together, including healthcare professionals, the community and third sector to support people to live well. It is a redefined relationship, one which seeks to create a partnership of equals and places people more in control of their health and wellbeing. To achieve this, we want our health and social care system:

- To be one that listens and responds to what is important to people and works with them to deliver the best possible health and social care support;
- That brings together health and social care to support communities to take an active role in their health and to live as well as possible with their health conditions;
- That works with communities and partners to shape places for health, places where we learn, live and work; and
- Where people feel in control, valued, motivated and supported.

Over the next year, we will build on and further develop new conversations and relationships with our colleagues and communities by focussing on:

- Develop a model for engagement, which co-ordinates with community planning partners, to ensure that the wide and diverse voices within our communities are heard and that communities are engaged in a way which suits them. Insights shared throughout the health and care system;
- Develop an engagement policy, learning from our experience of the asset-based approach;
- Review and improve approaches/tools to ensure all voices are heard and influence change – a key focus will be around children and young people;

- In collaboration with the third sector, develop a volunteering strategy to actively promote opportunities in NHS Grampian and the benefits; and
- Further roll-out training supporting trauma informed practice, initially focusing on those professionals working with children during 2023/24 and wider to professionals working in key adult services by March 2026. This will enable a more holistic approach to care and improvement in how we respond and support individuals.

Children's Health and Wellbeing

NHS Grampian Board has made a conscious decision to specifically focus on children's health and wellbeing as one of our priorities. We are committed to improving the health, wellbeing and future outcomes for children and young people and their families by playing an active role in the delivery of the Integrated Children's Services Plans, developed by the three Community Planning Partnerships. We recognise the lifelong benefits which can be realised by investing in our children and young people. Over the next three years, we will design our services to address inequalities and inequity within the local setting to improve outcomes. We will achieve exceptional outcomes for children and young people through co-ordinated, evidence-based care, health promotion and improved clinical processes. We will ensure we have the service available in the right place, at the right time delivered by the right workforce. How we engage with children and young people will be critical to our success to making the positive generational shifts as set out in the Plan for the Future. We know a number of factors are negatively impacting on the outcomes of children, such as increased poverty due to the higher cost of living, the impacts of the pandemic and increased waiting times for specialist surgery. Over the next 12 months, our focus will be to:

- With partners, embed practices of engagement and feedback from children, young people and their families;
- Contribute to reducing child poverty by delivering on key actions set out in the Child Poverty Action Plan;
- Make recommendations for improvements on child-to-adult transitional pathways;
- Enable the best start in life and create opportunities for children to grow well, including increasing vaccination uptake and improving oral health in children;
- Support development of single point of access MDT working in a planned pilot on the neurodevelopmental pathway in Aberdeen City and make recommendations that will increase support to parents/guardians post-diagnosis, as part of child health Test-Bed outlined on page 24;
- Stabilise paediatric surgery workforce and undertake RACH theatres redesign to improve theatre efficiency and capacity. This action links to the ambition by 2026 that we will have agreed and started to demonstrate implementation against our Strategic Plan for Children's Specialist Services in the North of Scotland;
- Implement year one of the Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland, which will focus on putting an agreed process in place for time critical transfers of women in labour from Dr Gray's to Raigmore Hospital by end of June 2023 and the agreement of the workforce model to move forward to a full consultant-led obstetrics service at Dr Gray's with recruitment of key roles (medicine and midwifery) in progress by March 2024; and
- Implement, evaluate and share good practice across workplans for pre-existing children's priorities across areas and portfolios.

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template. The key priorities set out within this section are also reflected in the Three Year Workforce Plan submitted to the Scottish Government in October 2022 – a high level progress update on this is contained within the workforce section of this document.

PEOPLE ~ Proposed Priorities for 2023/24 & March 2026

Objective 1: Strengthen colleague & citizen engagement to improve health

By 2032 we aim to:	What will be different by March 2026?	By 31 March 2024:

Join with People to Flourish

Citizens - No citizen in Grampian will be left behind

Children - Children are given the best start, to live healthy, happy lives

Colleagues - Colleagues are empowered to succeed and be safe and well through work

What will be different by March 2026?

- Staff retention rate increased to 90% stability in all areas.
- All teams will have an absence rate below the national average.
- iMatter organisation level scores re: confidence in leadership; staff involvement; & performance management are =/>70%.
- Improved culture demonstrated through RACH obtaining Magnet status & RCH/ARI progressing on Magnet journey.
- All services using a digital real-time feedback loop in support of improved workforce engagement.
- 70% colleagues in all Portfolios/Directorates report the organisation supports their health & wellbeing at work.
- All staff have access to regular protected learning time as per policy agreed through Agenda for Change (AfC) reform.
- Increased participation in research contributing to evidence based practice.
- Health & Care (Staffing) (Scotland) Act implemented across all relevant professions.
- People's insights will be embedded into our planning to reduce inequality in access to our services.
- Communities engaged & continued progress made to ensure all voices of our diverse population are heard and insights acted upon in designing health & care services.
- Trauma informed practice embedded across the system.
- Children & young people's voices will influence change in our system.
- Improvement in outcomes for children being realised & evidenced.
- Agreed strategy for paediatric tertiary services in place.
- Moray Maternity Services Plan for Model 6 implemented & evaluated.

By 31 March 2024:

Right workforce to deliver care now & future
- Improve staff experience through ease of access to workforce information & use of insights.
- Increase proportion of posts filled substantively, reducing a reliance on supplementary staffing.
- Improve the reach of our recruitment, establish more talent pools & reduce time to hire.
- Service led workforce planning & redesign supports priority change programmes.
- Mandatory/statutory training & appraisal completion rates increased.
- Refresh Joint Commitment to Research & develop new approaches to enhance educational experience.
- Implement Allocate e-Rostering tools in line with national & local requirements.
- Prepare system for implementation of Health & Care (Staffing) (Scotland) Act.

Culture & wellbeing
- Develop values-based culture by further rolling out the BPA Survey, Culture Matters, Year of the Manager & aligning key policies/processes to our values.
- Further embed local wellbeing supports, improve access to occupational health & widen the range of support for an ageing workforce/ those working longer.
- Increase inclusiveness of colleagues, focus on being an anti-racism organisation & work with the Staff Equalities & Grampian Empowered Multicultural Staff Networks to break down barriers.
- Increase the number of colleagues who feel supported in their health & wellbeing at work.
- Gather evidence through the Culture Matters Survey as part of the RACH Magnet journey.

People powered health
- Design a model for engagement, which co-ordinates with community planning partners, to ensure wide & diverse voices are heard & communities are engaged at the right time and place.
- Refresh our engagement policy, learning from our experience of the asset-based approach.
- Review & improve approaches/tools to ensure voices are heard & influence change.
- Develop a volunteering strategy to actively promote opportunities in NHS & the benefits.
- Further roll-out training supporting trauma informed practice, focusing on those working with children.

Children's health & wellbeing
- Embed practices of engagement & feedback from children, young people & their families.
- Contribute to reducing child poverty by delivering on key actions in the Child Poverty Action Plan.
- Make recommendations for improvements on child-to-adult transitional pathways.
- Enable the best start in life by focusing on increasing vaccination uptake & improving oral health.
- Undertake pilot on the neurodevelopmental pathway in Aberdeen City & make recommendations.
- Stabilise paediatric surgery workforce & redesign RACH theatres to improve efficiency & capacity.
- Implement year one of Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland.
- Implement, evaluate and share good practice for children's priorities across areas and portfolios.

Places

2. Create the conditions for sustainable change (Places)

The 'Plan for the Future' sets out a clear direction and ambition for sustainable health and care by 2032 – this will require us to make some fundamental changes to how we access, interact and deliver health and care in the future. Moving forward, there are several building blocks we will put in place and embed over the coming years, which will enable us to successfully make sustainable changes to ensure optimal outcomes and experiences. Over the next three years, we aim to demonstrate progress in relation to a range of priorities relating to increasing our impact as an Anchor organisation, improving our ability to work in partnership to tackle health inequalities and increasing our focus as an organisation to reducing our impact on the environment. This will support the Scottish Government recovery areas focussing on health inequalities (including Anchor) and climate, further supported through digital and innovation.

To make steps in achieving this, during 2023-24 we will focus on delivering the below.

Employment, Procurement and Physical Assets

Key to supporting wider sustainability of health and care as set out in the Plan for the Future is the delivery of our ambition to be a strong Anchor organisation, which positively impacts the local community in relation to employment, procurement and physical assets. Key priorities for end March 2024 are:

- Use our position as an Anchor organisation to mitigate against inequalities through our employment and procurement practices and the use of our physical assets, i.e. maximise community benefits realised through procurement processes, Fairer Scotland Duty applied to capital investments;
- Analysis of current non-pay spend and identify the potential for additional meaningful spend in the local and regional economy;
- Continue to widen access to health and care careers, through increased entry routes, targeted initiatives, apprenticeships and flexible working policies; and
- Identification and development of Smarter Working and hybrid working opportunities and investigation of the associated office rationalisation options.

Population Based Approach to Health

Health inequalities in society have been both directly and indirectly made worse by the impact of the pandemic and will be felt for years to come. Even before the pandemic, health gains were stalling with the amount of time and life years spent in good health decreasing for many. ***It is widely recognised that doing more of the same is not an option.*** Over the next three years, NHS Grampian will work as part of a North East Alliance, whereby organisations have come together to agree key areas for collaboration leading to improved population health.

We have seen organisations affect change when they work together. Evidence shows that investing in prevention and early intervention represents good value for money. We can maximise our impact if we work with, and through, our partners across the population health system, all of whom increasingly recognise the benefits of acting upstream to reduce demand. Creating a population health system will frame population health so that it is everyone's business and together we can take action to prevent harm, improve health and support communities to thrive now and into the future. By March 2024 we will:

- Test population health approaches through four identified focus areas [Test-Beds]: Child Health, Mental Health and Wellbeing, Substance Use and Place and Wellbeing;
- Under the auspice of the North East Alliance, work with partners to consider areas for focussed attention resulting from the insight;
- Agree a five-year plan setting out how NHS Grampian will play its part in reducing health inequalities;
- Pilot the use of Scottish Place Standard Climate Lens as part of Community Led Health Initiatives;
- Improve our ability to analyse service data through a health inequalities lens;
- Prevent ill health and promote wellbeing by ensuring that 'Making Every Opportunity Count' is consistently delivered across Grampian; and
- Implement the Women's Health Plan, which will focus on menopause engagement and improving access to contraception services, including rapid and easily accessible postnatal contraception and, when required, access to abortion care during 2024.

Greening Health Systems

NHS Grampian has set itself the challenge to be a leader in sustainability and reduce our impact on the environment. We have a legislative requirement to deliver a net-zero carbon service across our infrastructure, requiring emphasis not just on buildings but on the way we contribute towards a circular economy – reducing, reusing and recycling. Our travel policies, healthcare practices, use of buildings and supporting change in communities are all part of the bigger shift towards sustainability.

At the heart of this is the way we provide care; transforming how we plan and deliver services to make our model of care more sustainable. Realistic medicine, prevention and early intervention, use of medical equipment, green prescribing and use of remote consultations are some of the ways we are 'greening' our health system, acknowledging that the most sustainable model of care (both financially and environmentally) is one in which fewer people need any care at all. During 2023-24 we will:

- Agree the NHS Grampian Climate Emergency and Sustainability Framework and its associated delivery plan;
- Increase focus on reducing inhaler emissions by considering the recommendations of the Scottish Quality Respiratory Prescribing Guide (once published) and impact of this for prescribing in Grampian;
- Continue to reduce the use of N2O and other anaesthetic/greenhouse gasses across the estate and put in place appropriate alternatives;
- Progressing net-zero health service by building a net-zero Mortuary facility and net-zero retrofit project in Braemar Health Centre;
- Implementation of waste reduction charter to increase recycling;
- Prioritise and take forward actions to support the National Green Theatres Programme;
- Vehicle replacement strategy will be agreed along with the five-year replacement/ procurement plan; and
- Construction of the Green Infrastructure and Biodiversity Projects on Foresterhill site.

Capital/Infrastructure Developments

The Infrastructure and Sustainability section sets out the key focus in the context of the 'Plan for the Future'. During 2023-24 we will:

- Continue with the construction of the Baird Family Hospital and ANCHOR Centre with ANCHOR Centre opening in 2023 and the Baird Family Hospital opening in 2025 which will demonstrate enhanced outcomes and experience for those accessing these services and experience for staff delivering care within these facilities;
- Continue with the design and development of the National Treatment Centre – Grampian (NTC-G), which in the longer term will support our ability to protect and sustainably meet planned care demand. Delivery timescales are dependent on when funding is confirmed for this development;
- Continue with the design and development of the MRI facility, ligature reduction works and facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital;
- Implement our programme of risk assessed essential equipment replacement, backlog maintenance and compliance with statutory standards within our properties; and
- Develop our long term infrastructure plan providing a framework for prioritising capital resources and developments over the next 15-20 years, supporting wider national capital planning work. We aim to have this ready for agreement during autumn 2024.

Value and Sustainability

NHS Grampian has developed a local Value and Sustainability Plan, which outlines actions to achieve a level of 3% savings for 2023-24 and support some mitigation against the projected revenue overspend outlined in the Finance section. Dedicated programme and project resources are being put in place to ensure necessary focus and support, rigour and assurance required around the various workstreams. An agreed governance structure is in place, designed to deliver both the financial and non-financial benefits whilst providing assurance that implications of financial savings are being appropriately considered. Responsibility for each workstream has been allocated to a member of the Chief Executive Team.

The local Value and Sustainability Plan covers services directly managed by NHS Grampian. Each of the three HSCPs have developed their own efficiency plans for 2023-24. The local Value and Sustainability Programme will continue to fully engage and act upon the work of the national Sustainability and Value Programme. Key areas of focus to support efficiency savings, along with a range of non-financial benefits during 2023-24 are:

- Transportation - appropriate utilisation of taxis and other appropriate modes of transport, along with maintaining reasonably low levels of staff travel through virtual working where appropriate;
- Utilities – maximising financial and environmental benefits in relation to reduction in waste and energy consumption;
- Workforce – supporting shifts to sustainable workforce models and rotas in specific teams which bring a range of benefits to patients and staff and sees a reduction in costs linked to agency/supplementary staffing and overtime; and
- Management of resources – through a range of initiatives linked to postage, stock management, procurement, inflation management, office accommodation and management costs aim to improve value and efficiency.

The schemes making up the local Value and Sustainability Programme have been included in the Finance Plan submitted to Scottish Government in March 2023.

Realistic Medicine – Value Based Health and Care

Our ambition is to ensure that by 2025 all health and care colleagues in NHS Grampian and NHS Orkney will provide care through the principles of Realistic Medicine as our way of delivering Value Based Health and Care. The principles of Realistic Medicine are weaved throughout the various sections of this Plan. As set out in the 2023-24 Realistic Medicine Action Plan submitted to the Scottish Government on 12 May 2023, this responds to the five specific actions in the planned care guidance. Please note, as Realistic Medicine funding is fixed term and confirmed on an annual basis it is difficult to plan beyond one year. Key areas of focus by March 2024 are to:

- Implement Value Based Health and Care by taking forward projects relating to value based referrals, minor surgery and person-centred letters;
- Enhance sustainability through pathway redesign utilising demand optimisation, use of the Atlas of Variation to identify and mitigate unwarranted variation and support teams to embed Realistic Medicine principles in Active Clinical Referral Triage (ACRT) and Patient Initiated Reviews (PiR) as part of Centre for Sustainable Delivery (CfSD) pathway design (as described in the Planned Care section);
- Support education and training of Realistic Medicine principles, focusing on promotion of the shared decision-making TURAS module, refining and spreading a shared decision-making simulated toolkit, including measuring the impact for patients and develop an education module for the 'Right Decision Service app';
- Widen engagement with Realistic Medicine by developing a Champions' Network, holding regular lunchtime drop-in sessions to share best practice and further engage with third sector and community organisations to increase public awareness of Realistic Medicine.

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements which are set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template.

PLACES ~ Proposed Priorities for 2023/24 & March 2026

Objective 2: We will create the conditions for sustainable change

By 2032 we aim to:

Using our place to proactively seek the best health & wellbeing & fairness for all

Anchor - We have social responsibility, beyond healthcare

Communities - Playing our role with partners for flourishing communities

Environment - We are leaders in sustainability, minimising our environmental impact

What will be different by March 2026?

- All pathways & service plans will be designed through a health inequalities lens utilising EQIA & priority areas of work presented to the Board will reflect our contribution to reducing health inequalities.
- We will have trained & embedded the use of appropriate tools to tackle inequalities experienced by our colleagues.
- Defined plan for supplier development to enable sustainable & competitive local procurement.
- We have increased the share of new starts employed from diverse communities and can evidence by postcode, staff group and grade.
- We will have agreed & implemented our 'Population Health Approach' resulting in improving physical, mental health & wellbeing outcomes in Grampian, while reducing inequalities.
- Decarbonise fleet & infrastructure in line with national 2025 target.
- Established 20 Year Infrastructure Investment Plan & revised Preventative Maintenance Programmes.
- All new builds & retrofit builds are net-zero with prioritisation for investment/ development outlined within the Infrastructure Plan.
- New build Mortuary & Braemar Health Centre projects completed & National Treatment Centre (NTC) construction underway.
- Baird Family Hospital, ANCHOR & MRI at Dr Gray's open & demonstrate enhanced outcomes & experience.
- All colleagues provide care through the principles of Realistic Medicine.

By 31 March 2024:

Employment, procurement & physical assets
- Analysis of current non-pay spend & identify additional meaningful spend in local & regional economy.
- Continue to widen access to health & care careers, through increased entry routes, targeted initiatives, apprenticeships & flexible working policies.
- Identify & develop Smarter Working / hybrid working opportunities & investigate associated office rationalisation options.

Population based approach to health
- Test population health approaches through four areas: Child Health, Mental Health & Wellbeing, Substance Use and Place & Wellbeing – consider areas for focussed attention resulting from insight.
- Agree a five year plan setting out how NHS Grampian will play its part in reducing health inequalities.
- Pilot the use of Scottish Place Standard Climate Lens as part of Community Led Health Initiatives.
- Improve our ability to analyse service data through a health inequalities lens.
- Implement agreed actions in the Women's Health Plan.

Greening health systems
- Agree NHS Grampian Climate Emergency & Sustainability Framework & associated delivery plan.
- Consider recommendations of Scottish Quality Respiratory Prescribing Guide on prescribing in Grampian.
- Continue to reduce the use of N_2O & other anaesthetic/greenhouse gasses.
- Build a net-zero Mortuary facility & implement a net-zero retrofit project in Braemar Health Centre.
- Implement waste reduction charter to increase recycling.
- Prioritise & take forward actions to support the National Green Theatres Programme.
- Agree a vehicle replacement strategy along with the five year replacement/ procurement plan.
- Construction of the Green Infrastructure & Biodiversity Projects on the Foresterhill site.

Capital/infrastructure developments
- Continue with construction of Baird Family Hospital & open ANCHOR Centre in 2023.
- Continue with design & development of the National Treatment Centre – Grampian (NTC-G).
- Continue with design & development of the MRI facility, ligature reduction works and development of facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital.
- Implement programme of risk assessed essential equipment replacement, backlog maintenance & compliance with statutory standards within our properties.

Value & sustainability
- Deliver the 3% savings programme by implementing the agreed Value & Sustainability Plan.
- Continue to embed Realistic Medicine Principles by implementing the agreed Realistic Medicine Plan.

Pathways

1. **Improve preventative and timely access to care** (Pathways)

Timely access to care continues to be the area highlighted as the most concerning by citizens and colleagues across the North East system, spanning general practice, social care and acute specialist care, including both urgent/unscheduled and planned care, and across adult, maternity and children's services. Access to care continues to be a key Scottish Government area for recovery, specifically focussing on primary and community care, urgent and unscheduled care, mental health, planned care and cancer care with realistic medicine, digital and innovation supporting right care, in the right place at the right time.

Over the next three years, we aim to demonstrate progress in relation to a range of priorities to tackle the backlog from COVID, focusing on stabilisation and a shift to sustainable models of care, which reduces demand and waiting times, increases resilience, and supports optimal outcomes. To progress this, during 2023/24 we will focus on delivering the below.

Pathway Redesign

Our approach to sustainable redesign of health and care is through whole system end to end pathway redesign working in collaboration with key stakeholders.
- Undertake a scoping exercise initially on two whole-system pathways of care (**1. adult general mental health; 2. frailty**) using RACI matrix tool to agree redesign approach for years 2 and 3, subject to agreement via the North East Partnership Steering Group (a third pathway redesign is proposed focussing on management of long term conditions but this will be following the development of a joint vision for general practice as per Primary and Community Care section); and
- Evaluate testing of artificial intelligence in lung and breast pathways and CALEUS innovation project to make recommendations for further roll out/adoption.

Intelligence-led Improvements
- Understand emerging population health data and demographics specific to the three pathways for redesign and develop live data modelling;
- Deliver our Joint Health Protection Plan and modernise the surveillance system for Health Protection to prevent, respond and reduce the threat of infectious diseases and risk to exposure of environmental hazards that can affect population health; and
- Identify and improve areas of low uptake for immunisation/vaccination programmes.

Making Every Opportunity Count (MEOC)

As part of our preventative approach, we will:
- Undertake gap analysis and review of MEOC and identify preventative approaches to test as part of redesign of the two whole system pathways; and.
- Increase the number of specialties that are part of the Waiting Well initiative to deliver support to an additional 8,000 patients by March 2024.

Primary and Community Care

The responsibility for primary and community care service delivery (including social care) sits with the three HSCPs with accountability and assurance to their respective IJBs, with NHS Grampian having responsibility for the contracting (and some associated monitoring) arrangements for primary care. Primary care encompasses a wide range of out of hospital services, community-based services and with a wider number of access points, operates through an independent contractor model. Across Grampian, HSCPs have continued to experience some general practice and dental practice instability over the last year, and this is likely to continue. Aberdeen City, Aberdeenshire and Moray HSCPs each have Primary Care Improvement Plans (PCIP), which form part of their overarching Strategic Plans/Delivery Plans, though implementation of these plans has been negatively impacted by the withdrawal of transitionary payment arrangements and removal of PCIP underspend.

Primary care has been under significant pressure for the last few years and we are aware through feedback from our communities, and colleagues working within primary care, that this impacts on timely access to services. Over the next 12 months, the areas of focus will be as outlined in IJB Strategic Delivery Plans, as well as:

- Development of a joint vision for general practice in primary care in Grampian, which will be led by the IJBs, and identify areas for action for NHS Grampian to support and collaborate on, as we move towards creating better resilience and sustainability.

Secondary Care

Our focus on improvement of access both in the short and longer term spans several key areas, many of which are aligned to national priorities.

Improving Access and Protecting Planned Care

During 2022, progress has been made in reducing those waiting over two years for a planned care outpatient appointment or intervention. Our focus will continue with this cohort but in addition we will also begin to prioritise those waiting 18+ months as part of the recovery plan. We have expanded robotic surgery, and rolled out innovative new diagnostic tests, Colon Capsule Endoscopy (CCE) and Cytosponge for clinically suitable patients and are working with the Centre for Sustainability (CfSD) to support the evaluation of this. We plan to re-establish one Day Case Surgical Theatre by October 2023 with potential for a second.

Our HEAT map performance on national high impact programmes, Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PiR) exceeded our predictions. We recognise there is further work to do with these services to fully embed these approaches across the HEAT map service pathways with all clinicians. There is learning from, and spread, already underway with services in addition to those included on the HEAT map, for example Rheumatology.

Over the course of this year, we plan to further refine our pathway transformation approach through analysing the Atlas of Variation, or other relevant data, to guide our implementation approach of Realistic Medicine and Value Based Health and Care in maximising the gains available through the CfSD tools and techniques.

Two new streams of work will help inform how we protect planned care beds without disturbing other clinical pathways. Firstly, the ARI Bed Base Review and, secondly, a national short life working group chaired by a nominated CEO and sponsored by Scottish Government. In both, there is active engagement from the Integrated Specialist Care Portfolio.

As detailed within the NHS Grampian Planned Care Action Plan and supporting trajectories submitted to the Scottish Government on 17 March 2023, our focus for 2023/24 will be to:

- Ensure no patient waits over two years for an outpatient appointment. We will also start to reduce the number of people waiting over 18 months. We aim to do that by utilising government funding to continue additional capacity previously put in place and fully embedding the Centre for Sustainable Delivery (CfSD) initiatives.
- Minimise harm and clinically prioritise those people waiting for a diagnostic test by shifting to the national prioritisation for radiology system.
- Reduce waiting times for diagnostics through maximising local capacity, the redesign of radiology services (CT and MRI) to achieve greater efficiency and embedding realistic medicine principles, the implementation of an MRI software update which should create recurring additional capacity and look at options to further expand the use of Cytosponge and CCE to reduce demand for diagnostic scopes. We will also evaluate the impact of Artificial Intelligence (AI) in radiology as part of the breast and lung cancer pathways of care and continue to work with CfSD as a pilot site for ANIA workstreams as and where this will add value.
- Reduce the number of people waiting over two years for a surgical intervention and start to reduce the number of people waiting over 18 months. We aim to deliver this by utilising Government funding to mainstream additional capacity previously put in place, maintain throughput in the day case surgical unit, maintain training and recruitment of ODPs via the theatre academy, maximising available capacity at the Stracathro Regional Treatment Centre, utilising capacity within the National Treatment Centre in NHS Highland and continuing to explore further opportunities with Dr Gray's Hospital and as part of a wider regional approach. As part of the work with CfSD, consider opportunities around increasing enhanced recovery after surgery and maximising opportunities for British Associated Day Surgery procedures.
- Continue to work with Scottish Government to consider further opportunities available within NHS Scotland and independent sector to further increase capacity to reduce the backlog and waiting times in the North and North East.
- Protect and further increase planned care capacity locally by continuing to work as a whole system to reduce delayed discharges and delays in transfer of care and minimise the impact on planned care beds.
- Prioritise commitments to delivering health care interventions to those identified from National Screening Programmes to improve population health and reduce acute health care demand.
- Participate in the CfSD Speciality Delivery Group work streams and implement initiatives that will positively impact on our pathways, such as the national improvement plan for cataract surgery.

The extent to which we can reduce the number and time people are waiting for a planned care appointment or intervention over and above what is set out above will be dependent on our ability to secure additional resources within NHS Grampian, regionally and nationally.

Cancer Care

A new Cancer Strategy for Scotland is due to be published in spring 2023, which we will frame our local Cancer Plan around. We remain fully engaged with the current Framework for Effective Cancer Management, published by the Scottish Government in December 2021, and have made significant progress in delivering a range of performance measures. The framework embodies the cross-system approaches that also underpin the organisation's transition to a Portfolio leadership model, providing services that wrap around the patient from home, through the healthcare system and back to home, working with partners from across health, social care and the third sector to provide care and support that is seamless and tailored to the needs of the individual. Key progress has been made around a number of areas, which has resulted in the percentage of people who have received their cancer treatment within 31 days of decision to treat increase from 92.91% to 95.25% between March 2022 and March 2023. Due to a range of capacity challenges in parts of the assessment and diagnostics pathways (linked to similar challenges outlined in wider planned care), we, like all other health boards, have not been able to achieve the 62 day national standard from referral to first treatment. We have led the way in analysing 62 day cancer pathways breach analysis and, by working with others across our portfolios, are being more precise in sharing data to improve flow. We have been able to give assurance that, despite the 62 day performance, our data analysis has not demonstrated that patients waiting have come to significant clinical harm regarding survival at 36 months.

As per the NHS Grampian Cancer Action Plan and supporting trajectories submitted to the Scottish Government on 24 May 2023, our focus for 2023/24 will be to review and update our cancer delivery plan once the Cancer Strategy for Scotland is published and deliver year 1 actions of the Scottish Cancer Strategy with the aim of:

- Maintaining 95% standard of people receiving their first cancer treatment with 31 days of decision to treat; and
- Increasing the percentage of people treated within 62 days of urgent referral for suspected cancer to first treatment increase from March 2023 baseline of 77% to 81% by March 2024.

Urgent and Unscheduled Care and Preparations for Winter 2023/24

Urgent and unscheduled care (USC) services across the system have continued to experience enduring pressure, which has impacted on performance against the 4, 8 and 12 hour Emergency Department (ED) access standard, ambulance turn-around times, length of stay and delayed discharges. Although attendances have increased slightly between March 2022 and March 2023, many of those who are accessing services require increased complexity of care. Improvement work has seen some positive changes in relation to unscheduled care, including introduction of an Ambulatory Emergency Care Clinic in Dr Gray's Hospital, improving performance in access standard performance and a significant reduction in delayed discharges in Moray amongst other activity. Whilst improvement work has continued to make a positive contribution, with increased pressures across the system, it is clear there are several factors influencing performance which are being further explored.

The whole system approach to preparing for and responding to winter 2022/23 was critical to minimising risk and harm to patients, communities and colleagues. We have undertaken a debrief on winter and will use the learning from this, along with the learning nationally, to prepare and revise our system surge plans ahead of November. A key piece of work being taken forward ahead of winter 2023 is the implementation of phase one of the ARI bed base review as outlined in the planned care section above.

In line with discussions with the national team and local assessment of areas for improvement, our aim is to deliver a 4 hour ED improvement trajectory of 70% by December 2023. The key areas of focus for the 2023/24, as set out in the USC plan submitted to the Scottish Government in March 2023, will be:

- Triage and assessment (including ED footprint) to optimise flow and ensure patients go to the right place;
- Further development of the Flow Navigation Centre model to improve flow and reduce attendances where that is appropriate;
- Further expansion of the hospital@home to reduce attendances and length of stay;
- Continuation of Optimising Patient Flow including Discharge Without Delay (DWD) to optimise whole patient flow, undertake Discharge without Delay priority actions across Grampian; and
- Ensuring learning from winter 2022/23 informs preparation measures including an updated system surge plan by November 2023.

Mental Health and Learning Disabilities (MHLD)

In Grampian, the approach to planning and delivering MHLD services is whole system, via the Grampian Wide MHLDS Portfolio Board, with cross system working across other portfolio areas as required. Within the IJB structure, mental health, learning disability and substance use services are delivered by the three HSCPs and NHS Grampian Hosted MHLD Services (which includes inpatient, specialist services and CAMHS and is delegated to Aberdeen City HSCP).

Services continue to deal with the impacts of COVID on the population's mental health and wellbeing. Across all areas of service (children and adults), we are experiencing increased demand which continues to be evidenced and is anticipated to be a continued trend. The acuity of individuals presenting with need to access these services has also increased, creating increased pressure with limited capacity and resource availability. These areas will continue to be of focus across the system for operational services with the Grampian MHLDS Portfolio Board considering the strategic agenda.

Although services have continued to experience enduring pressures, significant progress has been made in relation to a number of areas, for example:

- Implementation of the Psychological Therapies (PT) Improvement and Development Plan, which has led to all patients waiting over 52 weeks offered an appointment by 31 March 2023;
- 99.1% of children and young people referred to child and adolescent mental health services (CAMHS) seen within 18 weeks in March 2023 which has increased from 95% in March 2022;
- Demand, Capacity, Activity and Queue (DCAQ) modelling completed across adult psychological therapy services and CAMHS, informing key areas for improvement at service level in relation to making phased progress against the national 18 weeks waiting time standard;

- Improved data quality, reliability and reporting, including ability of NHS Grampian CAMHS to fully report the CAMHS and PT National Dataset (CAPTND), being one of the first in Scotland to achieve this; and
- Progress against Medication Assisted Treatment (MAT) standards (1-5).

Building on the progress made, the detail for moving towards the national 18 week standard as set out in the NHS Grampian Psychological Therapies Improvement Plan (including psychological therapies in MHLD, acute and primary care) and underpinning trajectories submitted to the Scottish Government on 8 June 2023. Key areas of focus are:

- Continue to work with individual services to model additional staffing requirements to meet the standard;
- Continue to make improvements as detailed in the NHS Grampian Psychological Therapies Improvement Plan submitted to Scottish Government in November 2022;
- Undertake a scoping exercise of the adult general mental health pathway of care to inform the whole-system redesign approach required (as per 'redesign of pathways' in above section);
- Continued progress towards improving access to CAMHS services, as well as implementation of the CAMHS Service Specification and the National Neurodevelopmental Specification; and
- Continued progress against Medication Assisted Treatment (MAT) standards (1-5).

Dr Gray's Strategic Plan

In February 2023, the Board approved the strategic plan for Dr Gray's Hospital setting out a clear role and function for the future with the aim of creating a vibrant future for the hospital – as a district general hospital with sustainable, high quality services and as a desirable and exciting place for staff to manage their careers. In April 2023, the Board approved the Implementation Plan, setting out high level actions to achieve the strategic intent. During 2023/24, we will implement Phase 1 of the Dr Gray's Plan which will focus on:

- Development of networked services and agreeing how this will be achieved;
- Increasing the retention and recruitment of highly valued staff with appropriate skills;
- Joint planning with both NHS Highland and other partners such as NHS Education for Scotland; and
- Implementing year one of the Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland (see page 21).

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements which are set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template.

PATHWAYS ~ Proposed Priorities for 2023/24 & March 2026

Objective 3: Improve preventative and timely access to care

By 2032 we aim to:	What will be different by March 2026?	By 31 March 2024:

By 2032 we aim to:

Enabling a partnership approach to our pathways of care

Empowering - Grampian's population is enabled to live healthier for longer

Access - People are able to access the right care at the right time

Whole System Working - Joined up and connected, with and around people

What will be different by March 2026?

- We will have redesigned three whole-system pathways of care (1. adult general mental health; 2. frailty; 3. management of long-term conditions), informed by intelligence & involving those with lived experience.
- Evaluation of the three redesigned care pathways demonstrates an improved person-centred approach.
- There is clarity among all partners within the three redesigned pathways about governance & performance reporting while demonstrating a systems leadership approach to delivery.
- Our 'Making Every Opportunity Count' (MEOC) approach will be fully embedded in these three pathways.
- We will be able to demonstrate our commitment to spending more on prevention.
- Teams use live modelling data to inform continuous improvements of pathways of care.
- Portfolio integrated plans prioritise new models of care / workforce and innovation.
- We will have improved the time to access in unscheduled and planned care pathways, using performance measures that also take account of demographics, peoples' experiences & outcomes, the increasing demand/need & long-term gains.
- Screening & immunisation/vaccination levels will be above the national average with increased participation in screening & vaccination programmes, across all SIMD & demographic categories with low uptake; increased rates of childhood immunisation.

By 31 March 2024:

Pathway redesign
- Undertake a scoping exercise on two whole-system pathways (1. adult general mental health; 2. frailty) to agree redesign approach.
- Evaluate testing of artificial intelligence in lung and breast pathways & CALEUS innovation project to make recommendations for further roll out/adoption.

Intelligence-led improvements
- Understand emerging population health data & demographics specific to the three pathways for redesign & develop live data modelling.
- Deliver our Joint Health Protection Plan & modernise the surveillance system.
- Identify & improve areas of low uptake for immunisation/vaccination programmes.

Making every opportunity count (MEOC)
- Ensure that MEOC is consistently delivered across Grampian & specifically embedded in whole system pathways.
- Increase the number of specialties that are part of the Waiting Well initiative to deliver support to an additional 8,000 patients.

Primary and community care
- Develop a joint vision for general practice in Grampian, identifying areas for action.

Secondary care
- Deliver on actions within the Planned Care Plan to reduce waiting times for outpatient appointments, surgical interventions and diagnostics as per agreed trajectories.
- Protect & further increase planned care capacity by continuing to work as a whole system to deliver phase one of the bed base review & reduce delayed discharges & delays in transfer of care.
- Deliver agreed improvements within the Urgent & Unscheduled Care Plan to improve the 4 hour ED standard to 70% by December 2023 (trajectory yet to be confirmed/agreed).
- Embed learning from winter 2022/23 & agree updated system surge plan by November 2023.
- Prioritise health care interventions to those identified from National Screening Programmes.
- Participate in the CfSD Speciality Delivery Group workstreams & implement initiatives that will positively impact on our pathways, such as the national improvement plan for cataract surgery.
- Increase percentage of people treated within 62 days of urgent referral for suspected cancer to first treatment increase from March 2023 baseline of 77% to 81%.
- Deliver agreed improvements for access to adult psychological therapies and CAMHS.
- Implement agreed year one actions set out in the Dr Gray's Strategic Implementation Plan.

Risk Management

NHS Grampian operates within a complex contemporary environment and is influenced by variable internal and external factors. To support the success and effectiveness of NHS Grampian's service delivery and governance arrangements, an enterprise risk management approach is adopted, which seeks to uniformly manage the organisation's strategic and operational risks in a proactive manner.
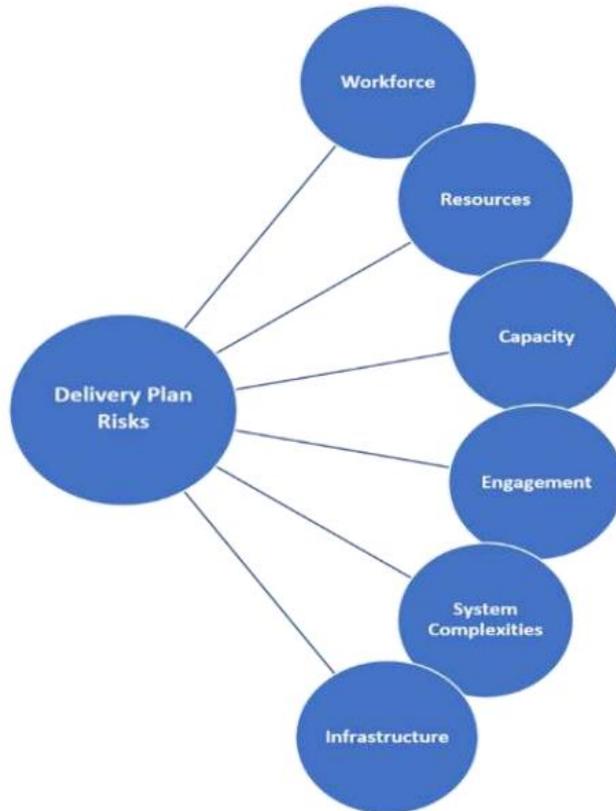
Risks to the fulfilment of the Delivery Plan's objectives have been identified, with several associated links to the organisation's Strategic risks.

- Due to operational system pressures and resource constraints, there may be a lack of capacity for colleagues to engage with new learning initiatives and the inability to release colleagues and managers to engage with, support and embed new ways of working.

- These pressures, combined with staff shortages, poor health and wellbeing, and lack of motivation may lead to burnout, retention issues and an unwillingness from colleagues to engage.

- National and local workforce tools failure or malfunction have the potential to interrupt service provision and planning, while data security and privacy also pose a risk.

- Uncertainties regarding existing non-recurring financial resource and the unavailability of new financial resources could restrict existing services and the launch of new initiatives and technologies.

- A key requirement for identifying health inequalities and improving the population's health is public engagement. However, there is the potential for inadequate capacity to carry out public engagement activities as well as an unwillingness from the public to engage.

- The complex nature of the health care system could result in an inability to effectively introduce pathway, technology and environmental transformation within the agreed timeframes. This transformation is key for gaining the capacity to meet population health demands.

- Ageing infrastructure and major delays to fundamental construction could impact service provision, resulting in increased waiting times and impacting upon the quality of care.

For more information on NHS Grampian Risk Management, please follow this link: Plan for the Future - Strategic Risk.

Business Continuity

On 18 March 2021, legislation was passed by the Scottish Parliament to include the IJBs as Category 1 Responders. Over the coming year, NHS Grampian will continue to work collaboratively with HSCPs to support the development of business continuity arrangements as part of a whole system approach. This includes work at a multi-agency level through the Grampian Local Resilience Partnership where lessons learned from recent events such as winter storms including Storms Arwen, Corrie, Malik and latterly Storm Otto, with consequential flooding and structural damage are distilled and incorporated into the service level business continuity plans.

These partnership arrangements extend to working relationships with the third sector; an example being the Community Off-road Transport Action Group (COTAG), where a Memorandum of Understanding (MOU) has been developed, which formalises the services provided by the 4x4 volunteers to NHS Grampian during adverse weather to support critical patient and staff travel. This helps to maintain the continued delivery essential services and is documented within business continuity planning arrangements. HSCPs are developing MOUs with COTAG based on the NHS Grampian document.

Energy insecurity is recognised as a significant risk within NHS Grampian and a programme of generator testing and site assessment is underway to establish the Board's resilience in the event of a network electricity transmission system failure. As part of this power resilience planning process, a series of workshops are being undertaken with primary care and health and social care partners in an effort to support the continued delivery of services at pre-determined levels during periods of significant disruption. This work also included a larger scale exercise with the Inverurie Healthcare Hub, where all services on the site were disconnected from the electricity grid simulating a planned rota load disconnection. The lessons learned have been collated and will be circulated to Business Continuity Planning Leads for wider consideration and further development of service plans.

Business continuity continues to provide the foundation for the Board's planning arrangements. The Civil Contingencies Unit actively engages with NHS Grampian Directors, Portfolio Leads, Resilience Advisors and Leads for Business Continuity continue to develop business continuity to a point where it becomes every colleague's responsibility and is fully embedded within the organisation's culture.

Business Continuity Response Model				
Level		**Definition**	**Response**	
Civil Contingency Levels	Major Incident (National Response)	Major incident requiring national response which may have an extended duration such as mass casualty incidents, initial phase of national pandemic response or a cyber-attack on shared NHS systems which affect delivery across NHSS.	Activation of NHS Scotland Major Incident Mass Casualties Plan or Major Incident response structures as set out in national policies/guidance.	**Response & Learning** • Activation of appropriate plans & incident teams /structures • Activate support mechanisms • De-active & logs • Post Incident Debriefs • Share learning & revise plans based on learning
	Major Incident (Board Level)	An event or situation with a range of serious consequences which requires special arrangement to be implemented by one or more emergency responder agencies i.e. local mass casualty incident, major infectious diseases incident, IT system failure.	Activation of Board Major Incident Plan (or as appropriate relevant response plan i.e. Major Infectious Diseases Plan), Board Control Centre and relevant sector Board Control Rooms. Use of Critical Incident Management Framework to support strategic decision making and Mutual Aid Arrangements.	
	Major Incident (Hospital/ Site Level)	An event or situation with a range of serious consequences which requires special arrangement to be implemented within/across the site/sector i.e., number of casualties beyond capacity, fire impacts on significant part of infrastructure, loss of power/utility to whole site for a significant period.	Activation of site-specific plans such as Foresterhill Health Campus and Dr Gray's Hospital Major Incident Plans.	**Monitoring/Early Warnings** • Live surveillance systems • Modelling scenarios/data • National PHS Network • Sharing information on national threat assessments • Workforce availability tools
	Critical Incident	A significant threat to operations that can have negative consequences if not handled properly. May have an extended duration such as sustained system pressure and/or cause reputational damage.	Use of tools such as Critical Incident Management Framework and Integrated Emergency Management to support decision makers escalating and de-escalating response based on situational awareness.	
Business Contingency Levels	Whole System Business Continuity	Operational system pressures i.e., demand and workforce absence/capacity which impacts on whole system flow and delivery for example Industrial Action across whole system.	Setting up of SLWG for specific and predicted disruption. Ongoing compliance with 41 Standards for Organisational Resilience to identify development opportunities and measure progress.	**Prevention/Preparedness** • Vaccinations (COVID/Flu) • IPC Guidance • Public messaging • E-learning on prevent workstreams • Major Infectious Disease Plan • Major Incident Plan • Pandemic Flu Plan • Joint Health Protection Plan • Running exercises regularly to test major incident plans
	Portfolio / Directorate Business Continuity	Incident that significantly affects day to day service delivery across the Portfolio or Directorate. Examples are equipment failure, staff shortages, increase in demand which requires alternative action, power /utilities failure, supply chain disruption etc.	Collective activation of service business continuity plans across the Portfolio or Directorate. Escalation as appropriate through developed structures.	
	Service Business Continuity	'One off' incident that significantly affects day to day service delivery. Affects single service, examples are equipment failure, staff shortages, increase in demand which requires alternative action within service to cope, power /utilities failure, supply chain disruption.	Local service business continuity plans activated to manage incident and incident management arrangements in place. If impacts on other services or cannot be contained at service level this is escalated as appropriate.	
	G-OPES Levels 1-4	G-OPES Framework supports operational business continuity enabling system decision making and actions to maintain continuity with four levels of response as appropriate, activates local service business continuity plans	Monitoring of whole system pressures through the Daily System Connect Meetings and Weekly Decision Making Group using a range of data metrics. Escalation to Winter Trigger Review Panel for recommendations re surge planning arrangements where series of pre-agreed metrics have been exceeded.	
	Business As Usual	Managed within normal operational management arrangements.	Business as usual response.	

NHS Grampian Workforce Plan 2023–2025 ~ Progress Update at May 2023

NHS Grampian continues to implement the National Workforce Strategy for Health and Social Care in Scotland via our Colleagues and Culture Plan for the Future and our Integrated Workforce Plan 2022-25. Our Workforce Plan identifies actions aligned to the five pillars: plan; attract; employ; train; and nurture as well as risks and challenges over the next three years. Its key focus is developing a sustainable workforce. This requires attention to the other elements of our Colleagues and Culture Plan for the Future – health, safety and wellbeing, and culture and staff experience, whilst placing a deliberate focus on workforce planning and redesign; resourcing; skills and capability, and employability, supported by improved business systems, and enhanced workforce information, intelligence and insights.

Plan: Begin to define the workforce requirements of future service delivery models, particularly connected to enhancing planned and unplanned care
Attract: Further streamline the recruitment process, introducing bulk recruitment for high volume roles to help release time to care
Employ: Take steps to support improved retention by exploring different use of terms and conditions and enhancing bank working arrangements
Train: Support the recovery of education and training, and improve take up of statutory and mandatory training
Nurture: Resume appraisal for staff where this has been impacted by the COVID-19 pandemic and use this to encourage a focus on protected time for learning

Female	Male	Headcount	Whole Time Equivalent	Whole Time	Part Time
2023 82.0%	2023 18.0%	2023 16,187 (-804)	2023 13,323.22 (-877.14)	2023 50.1%	2023 49.9%
2022 78.7%	2022 21.3%	2022 16,991	2022 14200.36	2022 51.3%	2022 48.7%

Oversight is provided by an organisation-wide group acting on behalf of the Chief Executive Team, which provides updates to the Staff Governance Committee, in support of NHS Grampian Board assurance. Agreed risks and mitigations reflected in this Delivery Plan are outlined below.

RISKS	MITIGATIONS
Insufficient capacity to change and transform the workforce and services whilst assuring that we maintain safe and effective care.	Effective workforce utilisation through continued roll out of eRostering and preparation for Health and Care Staffing Scotland Act Implementation.
Significant recruitment and workforce supply challenges, with the combination of an urban centre out with the central belt and significant rural geography	Developing approaches to recruitment, considering applications for RRP, ongoing promotion of careers locally and widening access programmes.
Our ageing workforce and flexible working options further increases workforce gaps as more individuals are required to maintain existing capacity.	Agreeing an organisational approach to succession planning will be a focus over the next year, work also continues around retire and return.
Nursing, AHP and Medical workforce projections for North of Scotland over the next 3 years makes reducing reliance on supplementary staff problematic.	The introduction of a medical staff bank and continued close scrutiny in relation to bank and agency spend to minimise costs.
System pressures continue to impact individuals' capacity to undertake developmental actions and learning that will support sustainable services.	Implement Year of the Manager programme, and contribute to and implement Agenda for Change reform on protected time for learning
Sustained pressures due to inability to match capacity to demand lead to sustained increases in short term and long-term absences.	Support staff wellbeing through continued roll out of We Care peer support programme for psychological first aid and further enhancing OHS access.

Infrastructure and Sustainability

The 'Plan for the Future' sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To achieve this, we will require a very different type of infrastructure to reflect the changing patterns of service delivery, including an increasing reliance on new technology. Investment in infrastructure is required across the following key areas:

- Progress the transformation of service delivery across portfolios and pathways, responding to new and improved ways of delivering services that require fewer assets, with services increasingly delivered in people's homes and local communities, on an outpatient basis, on a mobile basis and through the continued digital transformation of health and care delivery, access and support.
- Improve estate and asset performance on all key indicators, including an environmentally sustainable and carbon neutral infrastructure, reduction in significant and high-risk backlog maintenance and a continued programme of essential equipment replacement.
- Disinvest buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet service needs.
- Invest and develop in new technology including access to the latest, smartest, and most clinically effective medical equipment, simplification of the existing information technology infrastructure, whilst simultaneously allowing additional investment and improved resilience.

The availability of capital funding to support investment in infrastructure is a key constraint in both the short and longer term. Our plans must therefore be prioritised based on risk and fit with the Board's objectives, be deliverable, demonstrate best value and be suitably integrated with our partners' plans to meet needs across health and social care. Our investment plans will therefore develop across two fronts:

- Short term - continue to focus available investment at current operational risks with available resource prioritised against the highest risk deliverable projects. We have an existing process in place where all requirements are risk assessed, and for equipment, also peer reviewed in line with simple risk criteria, such as, reduced risk of harm and improved statutory compliance, e.g. fire/HAI (safe), improved access, quality and efficiency of key diagnostic processes (effective) and the impact on patient experience and environment (person centred).
- Longer term – to engage extensively across all service portfolios and with our partners to develop a prioritised whole system infrastructure investment plan which will set out our long term infrastructure requirements focused on population health and across the three key themes of people, place and pathways.

 Key developments during 2023/24 are:

- Ongoing construction of the Baird Family Hospital and Anchor Centre;
- Ongoing design and development in support of the National Treatment Centre – Grampian (NTC-G);
- Ongoing design and development in support of the MRI facility, Ligature reduction works and development of facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital; and
- Programme of risk assessed essential equipment replacement, backlog maintenance and compliance with statutory standards within our properties.

The draft NHS Grampian Climate Emergency and Sustainability Strategy: Reimagining the Health Service for People and Planet will be considered for approval by the Board later this year following a period of engagement and consultation. The draft strategy sets out our own aspirations in line with the NHS Scotland Strategy and is organised across four main themes - Delivery of Net-Zero for NHS Grampian; Greening Health Systems; Greening Places & Communities; and developing wider collaborations and contributions across local and national systems.

A delivery model is under development as a mechanism to track progress against the specific targets, proposals and actions set out in the NHS Scotland Policy on the Climate Emergency and Sustainable Development and the NHS Scotland Climate Emergency and Sustainability Strategy and aligning this to the above four main themes of our own draft strategy. Key developments and areas of activity in 2023/24 are:

- Delivery of net zero - buildings:
  - ➢ Braemar Health Centre – first retrofit project delivering net zero;
  - ➢ Integrated Mortuary – first net zero new build facility;
  - ➢ Retrofit of those buildings for which feasibility studies are complete and a route map to net zero exists – includes Aboyne Hospital, Glen O'Dee Hospital, Woodend Hospital Stroke Unit, Little Acorns Nursery RCH and Maryhill Health Centre (bid to the Scottish Government Green Decarbonisation Fund pending June 2023); and
  - ➢ The NHS Grampian Board will explore, during the 2023/24 year, their ongoing approach to the delivery of net zero buildings exploring the very real tension between the increased costs of delivering net zero whilst having a very significant backlog of buildings to modernise for health care delivery.

- Delivery of net zero – fleet emissions:
  - ➢ Mapping of transport routes and site volumes now complete and locations for charging points agreed for all sites;
  - ➢ Provision of additional HV capacity to enable installation of charging point; and
  - ➢ 5-year vehicle replacement strategy in place.

- Delivery of net zero – waste:
  - ➢ Waste route map to identify opportunities for increased recycling across all waste streams; and
  - ➢ Waste reduction charter covering organisation wide mechanisms to ensure correct waste segregation at point of use.

- Delivery of net zero – Medical Gases:
  - ➢ Desflurane no longer used in theatres;
  - ➢ System wide approach for point of use nitrous oxide; and
  - ➢ Entonox use phased out with alternatives in place where available.

- Greening Places and Communities:
  - ➢ Construction of the Green Infrastructure Project – West of Foresterhill Campus and adjacent to the new Mortuary building provides accessible green space, biodiversity, active travel and essential flood prevention/water attenuation measures;

- ➢ Biodiversity project – area on Foresterhill site to encourage natural pollinators through native flora and fauna and access to greenspace for staff and patients – donated funds; and
- ➢ Continued roll out of active travel routes, ebikes, bike pods etc. as funding allows supported by Sustrans.

For additional reading, please follow this link: Plan for the Future: Infrastructure

Finance

NHS Grampian has prepared a three year Financial Plan covering 2023-2026, which was submitted to the Scottish Government in March together with a five year Medium Term Financial Framework (MTFF) covering 2023-2028, which was presented to the NHS Grampian Board in April. Both documents set out how our resources will be targeted at the delivery of NHS Grampian's strategic priorities from 2023-2028. They outline the financial climate in which the Board will operate over the next few years and the assumptions underpinning our planning. The financial position for public services continues to be extremely challenging and it is vital that our ambitions contained in the Grampian Delivery Plan are set within the context of available funding.

The MTFF assists us in planning to target our financial resources at the delivery of priorities outlined in NHS Grampian's 'Plan for the Future' and the Grampian Delivery Plan. The longer term aims are to support improved outcomes through transformation of service delivery across pathways, equitable access for our population and inclusive growth. The MTFF reflects the range of complex factors impacting the financial climate over the next five years including:

- Scottish Government funding levels;
- The predicted rise in costs;
- Changing demographics;
- Latent demand for health services along with new pressures which will impact on the system; and
- Scottish Government policy priorities, as outlined in the Programme for Government.

Our Financial Plan and MTFF both project a position where we will not be able to balance the revenue financial position between funding levels and projected expenditure over the next five years based on our current planning assumptions. We expect our annual financial position to improve each year between 2023 and 2028 but, by 2028, we still do not expect to be in a position of revenue balance. This projection assumes that we will be able to make a level of new recurring savings of 3% each year as a health system, and we will continue to fully engage and act upon the work of the national Sustainability and Value Programme. We have established our own local arrangements to take forward relevant workstreams from the national work.

Risks to delivering our financial projection and the targets contained within the Grampian Delivery Plan are included in the accompanying ADP1 response document. We are in continuing dialogue with Scottish Government colleagues regarding our Financial Plans and have been asked to clarify a number of points by the end of June.

Digital

The Board's 'Service Transformation through Digital Strategy' outlines how we intend to use digital technology to improve health and care, enable colleagues to work to the best of their abilities and modernise services in a sustainable way. To do this will require universal adoption of electronic records and for relevant information to be accessible to all who need it – citizens, clinicians, care providers and analysts. In turn, those electronic systems need to be safe, secure, accessible and reliable with full support from our Cybersecurity and Information Governance Teams. To read more about the strategy, revised in 2023, please follow this link: Service Transformation through Digital. Consideration will be given to how we support people who do not have access to technology or the skills/confidence or necessary support in using digital technologies, so they are not disadvantaged in accessing health and care.

The 'Plan for the Future' sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To support the changing patterns of service delivery, care pathways and the emphasis on technology - the digital strategy will therefore focus investment and action on best alignment with our 'quadruple aim' of simultaneously achieving:
1. Better health and social care outcomes – longer, healthier, more contented lives;
2. A better experience of health and social care for citizens – less stress, easier interactions;
3. A better experience for colleagues – supporting people to work to the best of their abilities; and
4. Affordable health and care services – sustainable long-term financial planning.

Key digital priorities for delivery by 31 March 2024, along with ambitions for Spring 2026 are outlined below in the context of People, Places and Pathways.

- Via the My Digital Workplace initiative optimise operational benefits of M365 enhancing digital skills of workforce
- Modernise eHealth organisation structure to enhance digital service delivery via structured Change and Operational services
- Enhance Service Desk team delivery introducing more seamless request forms, automation and knowledge articles to aid staff.

- Demonstrate continued progress regarding Network and Information Systems Regulations (NI)s Audit including engagement with Cyber Centre of Excellence (CCoE)
- Support delivery of National digital programmes in addition to local Infrastructure and Applications via eHealth Quality Improvement Plan noting dependencies on national resources and governance
- Migrate all NHSG managed sites from Analogue to Digital Services including sunsetting of Mobile telephony 3G

- Continue rollout of Regional HEPMA (Hospital Electronic Prescribing and Medicines Administration) system in keeping with Board plan
- Support DHAC delivery plan by continuing the implementation of the integrated care record via EPR (Electronic Patient Record) as part of the Digital Ward initiative.
- Continued Health Records digital conversion through Scan on Demand and Scan on Discharge services with initial focus on Maternity records.

Delivery Ambitions for Spring 2026

- Citizens have full access to records via national Digital Front Door solution
- Deliver EPR workflows to all Community based Allied Health Professional (AHP) and Community Nursing areas
- Complete HEPMA rollout across all Acute and Community hospitals
- Migrate all NHSG managed sites from Analogue to Digital Services
- Continued IT Infrastructure expansion and investment including Cloud Appropriate choices

Performance and Assurance

Over the course of 2022-23, positive progress has been made to develop NHS Grampian's Integrated Performance Management and Assurance Framework (IPMAF). The launch of the 'Plan for the Future' and the Annual Delivery Plan (ADP) meant that key focus areas and activities in earlier phases were centred in developing the **assurance aspects** of the Framework required for the NHS Grampian Board and the Performance Assurance, Finance and Infrastructure Committee (PAFIC), to ensure we are actively monitoring and assessing our organisational performance aligned to the new strategic direction, intent and reporting on our key deliverables and milestones set out within the ADP.

We have co-created and designed performance assurance reports with Board and PAFIC Committee members to ensure they are aligned and sighted on the 'Plan for the Future', the ADP milestones and critical areas impacting organisational performance, paying attention to risks and the actions required to manage them but also highlighting areas of good performance and learning.

These are the "How Are We Doing" and the PAFIC performance reports respectively. We have applied the tiered reporting approach mentioned in our last update within reports to enable the functionality and ease of reviewing performance information. Amongst these reports saw the redesigned ADP Quarterly Progress Reports required by Scottish Government.

To support and enable the review of up to date performance information in these reports, we collaborated with Executive Leads and their teams in developing templates and proformas, established accountability cycles and reporting schedules as part of the assurance process so far.

Positive feedback was received from Board, Committee and the Chief Executive Team about our refreshed approach towards performance management and assurance. Work is currently underway to produce an accessible online performance report for the public to increase awareness and transparency about our progress towards the 'Plan for the Future'.

The next phases of the IPMAF includes the draft framework document amongst other key workstreams commencing from May 2023. This is currently in development and will be formally reviewed by the Chief Executive Team and PAFIC. The implementation of NHS Grampian's IPMAF will build on the progress we have made in the earlier phases and pull together a consolidated approach and understanding towards performance management and assurance across all tiers for NHS Grampian aligned to our 'Plan for the Future'.

Appendix 1

Accountability for the 10 Scottish Government Recovery Areas within the Grampian Health and Social Care System

Integration Joint Boards (IJBs)

Moray   Aberdeenshire   Aberdeen City

NHS Grampian

A — **Primary & Community Care**
Planning: By each IJB
Delivery: By 3 HSCPs
Governance: Via IJB Committees
Contracting (incl monitoring): NHSG

B — **Urgent & Unscheduled Care**
Planning: By each IJB & the 5 USC specialities are hosted by specific IJBs (via USC Board)
Delivery: 3 HSCPs, SAS, NHS24 & NHSG
Governance: Via USC Board to IJBs, NHSG & SAS

C — **Cancer Care**
Planning: NHSG (Links to North Cancer Alliance)
Delivery: NHSG (with HSCPs)
Governance: NHSG (Link to NCA)

D — **Mental Health**
Planning: Specialist hosted by City IJB
Non-Specialist by each IJB
Delivery: By 3 HSCPs/RCH
Governance: Via IJB Committees

E — **Workforce**
Planning: NHSG & HSCPs
Delivery: NHSG & HSCPs
Governance: Via NHSG & IJBs

F — **Planned Care**
Planning: NHSG (with HSCPs & NoS Partners)
Delivery: NHSG (with HSCPs)
Governance: NHSG

G — **Health Inequalities**
(Specifically, Prison & Custody)
Planning: Hosted by Aberdeenshire IJB
Delivery: By Aberdeenshire IJB
Governance: Via IJB Committees

G — **Health Inequalities**
(Specifically in relation to substance use)
Planning & Delivery: Via the 3 ADPs
Governance: Via IJBs, NHSG & LAs

H — **Innovation Adoption**
Planning: NHSG (with HSCPs)
Delivery: NHSG (with HSCPs)
Governance: NHSG

I — **Climate**
Planning: NHSG & IJBs
Delivery: NHSG & HSCPs
Governance: via NHSG & IJB

J — **Digital**
Planning: NHSG (with HSCPs)
Delivery: NHSG (with HSCPs)
Governance: NHSG (link to IJBs)

Please Note:
- This diagram aims to set out at a high level, the accountability for the Scottish Government's 10 recovery areas within the Grampian health and care system.
- Scottish Ambulance Service (SAS), NHS24, third sector and, as appropriate, North of Scotland (NoS) region, territorial/national Boards contribute to and support the Grampian health and care system.
- Although accountability and delivery may sit with a specific organisation, this is done in the context of whole system leadership and wide stakeholder engagement.
- Professional and clinical governance and assurance sits with NHS Grampian Clinical Directorates (Medical, NMAHP & Public Health).

Key

ADP: Annual Delivery Plan
HSCPs: Health & Social Care Partnerships
IJBs: Integrated Joint Boards
LAs: Local Authorities
NCA: North Cancer Alliance

NHSG: NHS Grampian
NoS: North of Scotland
RCH: Royal Cornhill Hospital
SAS: Scottish Ambulance Service
USC: Unscheduled Care
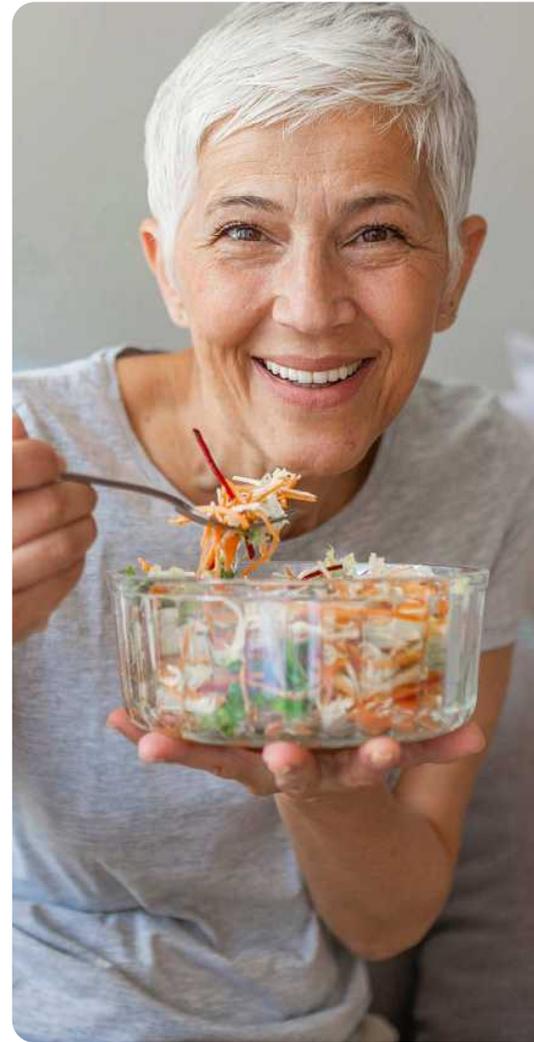
Plan for the Future
Healthier Together
2022 - 2028

NHS Grampian's Three Year Delivery Plan 2023-26

Plain English Summary

NHS Grampian

NHS Grampian's Three Year Delivery Plan 2023-26

Plain English Summary

What is the Three Year Delivery Plan about?

Our Three Year Delivery Plan covers August 2023 to March 2026. Our priorities are focussed around People, Places and Pathways and will also support delivery of the Scottish Government priorities for 2023 to 2026.

Our plan will help us achieve more sustainable health and care by 2032. These ambitions are described in more detail in our Plan for the Future 2022 to 2028.

Plan for the Future

PEOPLE   **PLACES**   **PATHWAYS**

3

Why do we need to change?

Key issues are shown in the bottom right of the diagram below.

We also understand what matters to citizens and colleagues in Grampian. We have solid foundations of robust intelligence, strong partnership working, clear direction with shared ambitions, and the dedication of our colleagues and partners. We are well placed to make sustainable changes which will improve outcomes.

Empowering Individuals

Digital Technology

Access

Quality

Enabling the Workforce

Areas that matter most to citizens and colleagues.

Key issues influencing our need for change

The four key threats to the health of the Grampian population.

A case for change.
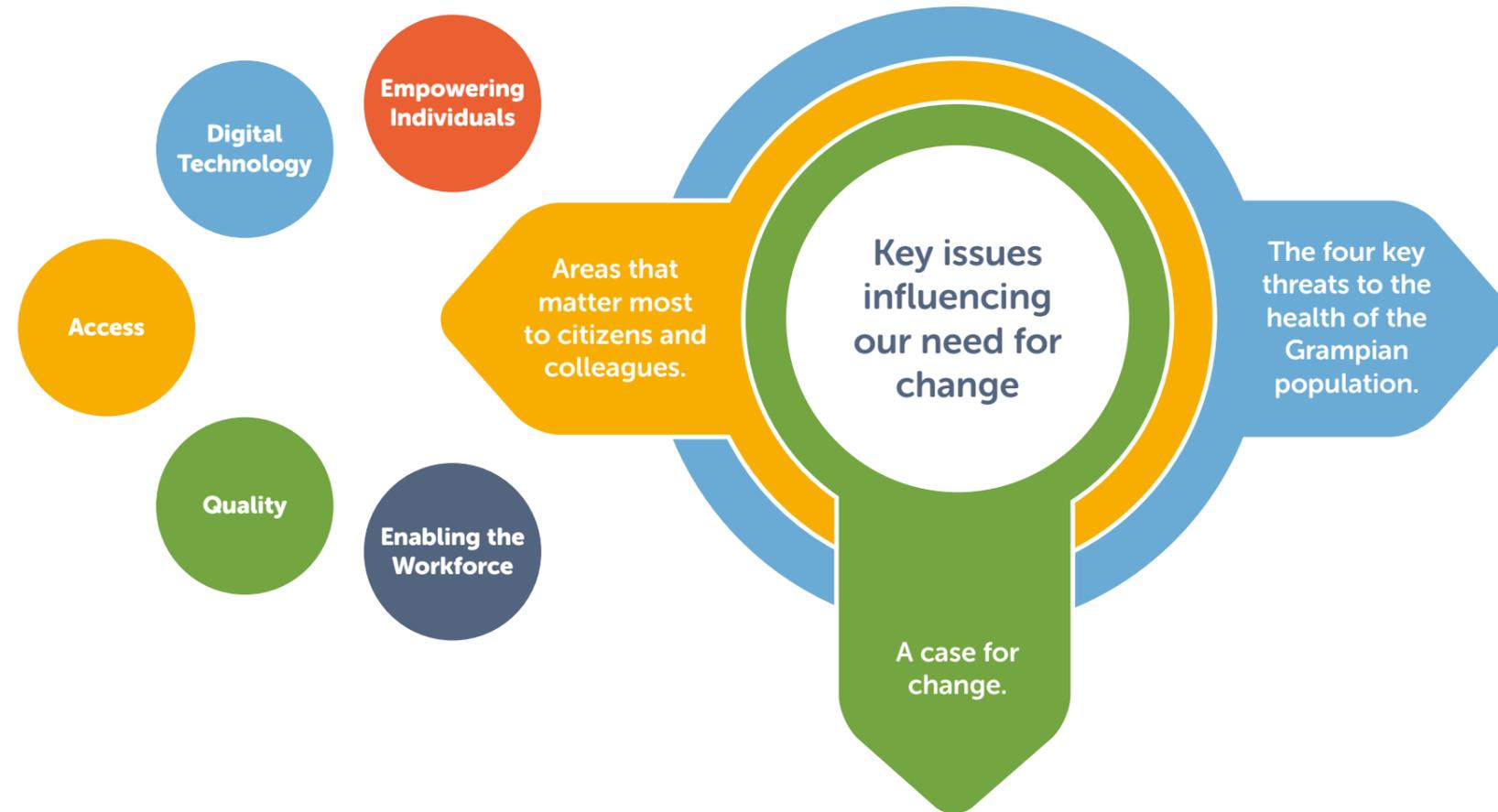
The way healthcare is delivered has been changing - this needs to continue.

The health of our population is at risk of deteriorating and existing inequalities have increased.

Good health is a means to an end - it is our communities that help us flourish.

Climate change is one of the biggest threats to health and our biggest opportunity.

The pandemic has shown how we can care for ourselves with the rights tools.

We can help keep people well for longer, reduce new health problems and stop some from getting worse.

THREAT	CONSEQUENCE	HARM	IMPACT
Cost of living crisis	Fuel poverty Food insecurity Child poverty Debt Unemployment Homelessness	Mental health and wellbeing	Increased mental health inequalities
		Mental illness	
		Drugs and alcohol	Increased inequalities in connectivity and isolation
Health and care pressure	Access waiting time delays	Community wellbeing	
		Business pressure	
		Crime	Reduced life opportunities
		Domestic violence	
Infectious diseases	COVID Influenza Anti-microbial resistance	Child development	
		Child abuse	Increased health inequalities
		Cardiovascular disease and stroke	
		Respiratory disease	Increased complexity of health needs
Environment	Cold extreme weather (winter) Extreme weather (summer) Pollution	Trauma	
		Frailty	
		Infectious diseases	Unsubstantial model of H&S care

4

5

Strengthen colleague and citizen engagement to improve health

What are our priorities for March 2026?

By the end of March 2026, we will:

- **Strengthen colleague and citizen engagement to improve health.**
- **Create the conditions for sustainable change.**
- **Improve preventative and timely access to care.**

These priorities will help us to make significant progress towards the aims in our Plan for the Future.

What difference will these make?

Achieving the three priorities would mean:

- **We will have built a different relationship with our colleagues and citizens. We aim to be a partnership of equals.**
- **We will have made fundamental changes in how we deliver health and care to support future sustainability.**
- **We will have improved how people access care, working in partnership with them, and we will focus more on prevention.**

How will we deliver these?

We can only deliver these priorities by working with our citizens, colleagues and partners, including the third sector.

To ensure our resources will make the biggest impact, we have listed key actions for the first year (by March 2024). These are described below:

Right workforce to deliver care now and in the future

Improving how we work with our colleagues will support a positive experience for staff and people accessing our services. This will also help us attract people with the right values, retain colleagues and redesign services fit for the future. We also want to develop our colleagues through education and refresh our commitment to research.

Culture and wellbeing

We have increased our focus on enabling and encouraging a positive culture (using tools such as Best Practice Australia (BPA), Magnet and Culture Matters). We also want to focus on sustained investment in supporting the health and wellbeing of staff.

People powered health

A vision that recognises people's lived experience and opinions as a valuable asset in helping shape health.

We want to create a partnership of equals and place people more in control of their health and wellbeing. We will focus on developing how we work with the public and ensure we hear a diverse range of voices. We will also develop a volunteering strategy and implement training to support trauma-informed practice (at first focusing on professionals working with children).

Children's health and wellbeing

How we engage with children and young people is crucial. Several factors impact on the outcomes of children, such as increased poverty due to the higher cost of living, the impacts of the pandemic and increased waiting times for specialist surgery. We will focus on tackling these.

6

7

PLACES
Create the conditions for sustainable change

PATHWAYS
Improve preventative and timely access to care

Employment, procurement and physical assets

We need to use our position as an "anchor" organisation to reduce inequalities through our employment and procurement practices and the use of our premises. We will focus on identifying opportunities for local and regional suppliers and widening access to health and care careers.

Population health approach

We want health to be everyone's business. Together we can act to prevent harm, improve health and support communities to thrive now and in the future. We will develop a five-year plan to tackle health inequalities and test our approaches in child health, mental health and wellbeing, substance use, and place and wellbeing and implement a women's health plan.

Greening health systems

Making our model of care more environmentally sustainable and adapting to climate change.

We have challenged ourselves to be leaders in sustainability and reduce our impact on the environment. We will publish our Climate Emergency and Sustainability Framework, outlining our aim for net zero, reducing emissions and waste and improving our 'green' infrastructure.

Capital/infrastructure developments

We have several developments in progress that we will continue to prioritise (ANCHOR Centre, Baird Family Hospital, National Treatment Centre and improvements at Dr Gray's). We will also develop a long-term infrastructure plan for 15 to 20 years, as well as focusing on maintaining our existing buildings.

Value and sustainability

We have developed a local Value and Sustainability Plan outlining actions to achieve a level of 3% savings for 2023-24. We will implement a programme to oversee this work. We will also continue to embed the principles of Realistic Medicine across NHS Grampian.

Pathway redesign

Our redesign of health and care will look at the whole system, and pathways from end to end. We will work with key stakeholders, focusing on two separate pathways: Adult General Mental Health and Frailty.

Intelligence-led improvements

We want to focus on how we develop live data modelling. This will allow us to be informed by emerging population health data and demographics. Such data helps us redesign pathways, modernise the surveillance system for health protection and identify areas of low uptake for immunisation and vaccination.

Making Every Opportunity Count (MEOC)

MEOC encourages staff to have conversations on lifestyle and life circumstances, led by the individual and what is important to them. We want to ensure that MEOC is used consistently across Grampian. We will also increase the number of specialties providing holistic support to people on the waiting lists for procedures (the "Waiting Well" initiative).

Primary and community care

Working with the Integrated Joint Boards (IJBs), we will develop a joint vision for general practice in Grampian. The vision will identify areas for action as we move towards better resilience and sustainability.

Secondary care

Our focus on improving access in the short and longer term covers several key areas:

- **Improving access and protecting planned care**
  We will focus on reducing the number of people waiting for care with a detailed Planned Care Action Plan. Two new streams of work will help inform us how we protect planned care beds without disturbing other clinical pathways. These streams are the Aberdeen Royal Infirmary (ARI) Bed Base Review and a national working group chaired by a Board Chief Executive and sponsored by Scottish Government.

- **Cancer care**
  A new Cancer Strategy for Scotland was published in spring 2023, upon which we will base our local Cancer Plan. We will maintain our good performance against the target of people receiving their first cancer treatment within 31 days of a decision to treat. We will also aim to improve the number of people treated within 62 days of their referral.

- **Urgent and unscheduled care and preparations for winter 2023/24**
  Urgent and unscheduled care (USC) services across the system have been under enduring pressure. This has impacted on performance against the 4, 8 and 12 hour Emergency Department (ED) access standard, ambulance turnaround times, length of stay and delayed discharges. This year, we will focus on triage and assessment, patient flow and discharge without delay, expanding Hospital @ Home provision and a surge plan for winter 2023/24. A key piece of work ahead of winter 2023 is starting the ARI Bed Base Review (mentioned in the planned care section above).

- **Mental health and learning disabilities (MHLD)**
  Across all areas of service (children and adults), we have increased demand which we expect to be a continued trend. We will focus on moving towards the national 18-week standard for treatment within our Child and Adolescent Mental Health Services (CAMHS) and for Adult Psychological Therapies.

- **Dr Gray's strategic plan**
  In February 2023, we approved the strategic plan for Dr Gray's Hospital. This set out a clear role and function aiming to create a vibrant future for the hospital. We will implement Phase 1 of the Dr Gray's Plan over this next year. This will include developing networked services, focusing on recruitment and retention and year one of the Moray Maternity Services Plan (in collaboration with NHS Highland).

Progress of 1-Year Delivery Plan (2022-23)

The last year was challenging. We continued to respond to COVID and deal with sustained pressures across the health and care system. Despite this, we did start to make changes to move to a more sustainable position. Our progress against some of the milestones set out in the 2022/23 Delivery Plan is described below and highlights our three objectives for people, places and pathways. Progress has been hampered by system-wide pressures and the need to have "all hands on-deck". That we are still moving forward is testament to the focus and hard work of teams right across the organisation and wider system.

PEOPLE

- Recruitment and retention of staff is showing some positive signs with 95 new international registered nurses (RNs) in post by June 2023 and signs of stability in non-medical retention rates. However, we still see a significant increase in supplementary staffing (doctors and nurses). Work to set up a medical locum bank is continuing. We are ahead of other boards in our work on re-banding Band 2 healthcare support workers.

- Education and continuing professional development are important. We have agreed monthly protected learning time for Agenda for Change (AfC) staff as part of AfC reforms and we await further detail. All clinical education programmes have been restarted.

- Staff wellbeing is key, and we continue to invest in this. However, our Pulse survey suggests only 49% of respondents believe the 'We Care' programme supports their wellbeing; this is down from the earlier survey. We plan to carry out a more comprehensive review of feedback to understand this better.

PLACES

- Working with communities on what matters to them helps to build a stronger, healthier society. Experiences of doing this in New Pitsligo has led to a community led celebration of local projects, all helping with health and wellbeing.

- Environmental factors are key to sustainability and our plans to reduce our carbon footprint in our NHS activities and in communities are still developing.

- We have implemented innovative approaches to care which aid quality and safety and help with sustainability. This quarter we have seen the launch of electronic prescribing (HEPMA) and 'GRACE' (an artificial intelligence (AI) driven lung cancer pathway redesign).

PATHWAYS

- Waiting lists for planned care continue to grow, affected by unscheduled care demands during winter. However, we are making steady progress on reducing patients waiting longer than two years for treatment. The 'Waiting Well' calls continue to be well received by patients. Planned care was also affected by infrastructure problems during winter, including loss of facilities at Dr Gray's (now resolved) and reduced capacity in the Vanguard theatre.

- Achieving good patient flow throughout the pathway of care has been particularly affected by sustained demand for care and the workforce and capacity challenges in social care. There are some signs of easing with a significant drop in delayed discharges during the spring and summer of 2023.

What could stop us delivering our priorities?

Several issues may prevent us delivering our priorities. We will monitor and help minimise these so they do not stop us delivering our priorities.

Many staff are tired

Rising costs and funding

Accessing extra capacity

Staff vacancies

Ageing infrastructure

Lack of capacity to engage

Complex systems

How will we know we are making a difference?

We will report our progress (and any challenges) to the Grampian NHS Board and to the Scottish Government every three months.

We will also share updates with colleagues, citizens, communities and our partners and publish progress reports on the NHS Grampian 'Plan for the Future' website Plan for the Future (nhsgrampian.org)

Contacting us

If you would like more information or to get involved, please get in touch by contacting **gram.planforthefuture@nhs.scot**

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Ask for publication MVC 230075

Published July 2023

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

**SUBJECT: HEALTH AND SOCIAL CARE MORAY STRATEGIC DELIVERY
                PLAN 2023-2026**

BY: INTERIM STRATEGY, PLANNING AND PERFORMANCE LEAD

1.   REASON FOR REPORT

1.1. To ask the Moray Integration Joint Board (MIJB) to agree the delivery plan that supports meeting the aims and objectives of the Moray Integration Joint Board Strategy.

2.   RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board consider and approve Health and Social Care Moray's (HSCM) Three Year Delivery Plan (2023-2026)

3.   BACKGROUND

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integrated Authorities to develop a Strategic Plan for delegated functions under their direction. As reported to MIJB on 24 November 2022 (paragraph 13 of the minute refers) the revised strategic plan 'Partners in Care 2022-2032' was approved to allow for the Strategic Delivery Plan to be developed.

3.2. The purpose of the Strategic Delivery Plan is to set out how the Strategy will be delivered, highlighting the key improvements and transformational change which will be required over the next three years.

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 As reported on 29 June 2023 (paragraph 6 of the minutes refers) there has been work undertaken to develop the next iteration of the strategic delivery plan, to confirm the priority work streams for the remaining 3 years of the HSCP's Strategic Plan to 2025. The process to date has involved:

- Workshops with the HSCP senior management and leadership team to reflect on progress to date against the previous priorities set against the 2019-23 Strategic Plan. New and continuing actions where considered in developing the revised delivery plan, such as the fragility pathway as the most recent improvement priority.

- Based on the initial outputs from these sessions, engagement took place with Strategic Planning and Commissioning Group (SPCG) members and wider operational management colleagues to 'sense check' the delivery

plan and seek views on how this work has been be prioritised over the short to medium term.

- Transformation and Improvement priorities have been agreed by MIJB on 29 June 2023 (paragraph of 6 minutes refers) which includes the Moray Growth Deal, Digital Health Institute (DHI) research and development projects, alongside the Primary Care Improvement Plan (PCIP) and Frailty Pathway. As transformation priority work streams have been identified, consideration of how this aligns with Moray Council and NHS Grampian's own strategic planning processes continues through strong working relationships with planner partners.

4.2. The Strategic Delivery Plan (**Appendix 1**) provides an overview of the agreed priority work streams and actions for HSCM. The plan requires to be flexible and responsive ensuring the complex range of work streams are prioritized and progressed within meaningful timescales and available resources.   Each action will have a clear reporting line to either the SPCG (for transformational work streams) or the Senior Management Team (for improvement and business as usual work streams).

4.3. The Strategic Delivery Plan provides that overarching reassurance of how projects that are agreed will also support the delivery of both the HSCP's Medium Term Financial Strategy and the Workforce Plan, the other two key strategic drivers. The project documentation also captures how projects support the work toward the Equality Outcomes set by the partnership as well as capturing links other plans and strategies as relevant. This provides a cohesive and co-ordinated approach to the delivery of the current Strategic Plan.

4.4. Partnership is a key focus of the HSCP and the Strategic Delivery Plan also links to and recognises the importance of the NHS Grampian's Plan for the Future and Moray Council's Plan in its work over the next three years.

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 delivery plan underpins the named plans and supports achieving better outcomes for citizens in Moray.

(b) **Policy and Legal**
The implementation and publication of the delivery plan will ensure that the MIJB complies with legal requirements.

(c) **Financial implications**
Pivotal to the effective delivery on the actions in the strategic delivery plan are the financial resources available to MIJB. To assist with the planning process a Medium Term Financial Framework supports the delivery of the strategic plan to aid decision making. This is scrutinised regularly by Senior Management and reported quarterly to MIJB. Service redesign and radical transformation through enhancing digital solutions is essential for future service delivery. Through working in partnership with NHS Grampian digital transformation team, shared

Page 188

learnings and collaborative solutions are under exploration, for example the use of Artificial Intelligence with the intent to maximise the digital solution to offer more efficient ways for working and support sustainability and best value.

(d) Risk Implications and Mitigation

Risks to achieving the deliverables in the plan will be highlighted through the Strategic Risk Register and monitored by the Audit Performance and Risk Committee. The immediate risk to successfully delivering the plan could be defined as Intensification – trying to do more with the same (e.g. financial resources, workforce availability). To mitigate against this, the MIJB has agreed the next 3 year transformation priorities and improvement projects, to offer a clear focus for HSCM staff. Each service/team have or continue to develop service plans. This support good governance and risk escalation.

(e) Staffing Implications

As with any transformation and change plan there are implications for staff in how they go about their work and how supported they are within pressured and changing picture. Staff side, Unions and Human Resources will be working alongside Senior Management Team in delivering change, observing the associated policy and procedures of the Council and NHS. The Strategic Delivery Plan will be delivered using existing staffing. That said, as a saving target has been agreed though vacancy management, the MIJB must be cognisant of the health and wellbeing of the workforce as they continue to deliver and transform in a resource constraint environment.

(f) Property

The establishment of the Moray Portfolio Infrastructure Board offers oversight and scrutiny to service delivery, linking into the assets management arrangements for NHS Grampian and Morays Council. Service specific infrastructure and property issues will be detailed in service plans and risks raised through the Infrastructure board and Strategic Risk register is appropriate.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment (including assessment against Fairer Scotland Duty) has been undertaken in line with statutory obligations. These were included as part of the submission to the Strategy on 29 November 2022 and are available publically on HSCM website.

(h) Climate Change and Biodiversity Impacts

Climate change is recognised within the strategic delivery plan as a key action under theme three, Partners in Care and is support through the each partners plan.

(i) Directions

No direction requires to be issued to Moray Council or NHS Grampian as a result of this report.

(j)   Consultations
Members of Senior Leadership Team, Senior Management Team and the Democratic Services Manager, Moray Council, have been consulted.

6.   **CONCLUSION**

6.1. **The Strategic Delivery Plan is a key document for the partnership which highlights the planned direction over the next three years.**

Author of Report: Carmen Gillies
Background Papers:

Health & Social Care Moray
Strategic Delivery Plan 2023 - 2025

Partners in Care

The Strategic Plan for Health and Social Care in Moray over the next 10 years (2022-2032)

Contents

1   Introduction

This Strategic Delivery Plan should be read alongside the Moray Health and Social Care Partnership (HSCM) Strategic Plan which was agreed by the Moray Integration Board (MIJB) in November 2022. This delivery plan sets out the programme of transformational, operational and improvement work underway to enable the HSCM to meet its strategic priorities. The Strategic Plan itself is also supported by the HSCM's Workforce Plan, Medium Term Financial Strategy and Commissioning and Procurement Plan. The work of the HSCM also supports, in part, the delivery of Moray Council's Plan and NHS Grampian's Plan for the Future.

Our key focus continues to be progressing the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable citizens. Whilst setting out our vision, which remains "We come together as equal & valued partners in care to achieve the best health & wellbeing possible for everyone in Moray throughout their lives". We continue to deliver on our three strategic themes by setting clear strategic objectives which can lead us to improving outcomes over the next ten years.

BUILDING RESILIENCE

HOME FIRST

PARTNERS IN CARE

The Strategic Delivery plan provides information about each action including a key summary, linkages to other key strategies/plans, project stage and expected outcomes. Some of the projects identified will go beyond the duration of this Strategic Delivery Plan due to their nature and complexity.

Progress of the actions within this delivery plan will be reported to the MIJB through Committees on a quarterly basis. An annual review process will provide the opportunity for the MIJB to review both the progress of the projects during the previous year as well as the focus for the forthcoming year. In developing this approach, we aim to remain cognisant of prioritising areas of change and transformation that will enable the delivery of our strategic priorities in an environment which very much requires a flexible approach.

2   Moray Health & Social Care Partnership

Many of the pressures and challenges being faced within Moray are reflected across Scotland. An updated joint strategic needs analyses will be completed by early 2024 as part of refreshing and continuingly informing the development of the delivery plan. There is a changing dynamic over the last 20 years where the population is becoming healthier and living longer but we appreciate that an increasing number of people experience the burden of long-term medical conditions. Moray is a large rural area where the average life expectancy is above the Scottish average. However, due to socio-economic factors and population spread, there are different rates of life expectancy and healthy life expectancy across Moray.

In Moray there are 7,753 residents in the 20% most deprived areas. Health data trends show that there are growing numbers of people of all ages with long term conditions such as diabetes, Chronic Obstructive Pulmonary Disease (COPD), heart disease and anxiety. This pattern of demographics results in a rising demand for services without the immediacy of corresponding increases in resources. Furthermore, Dementia is now the second highest cause of death in females and requires more health and social care resources than cancer (number 1 cause of death) and chronic heart disease combined. There is an increasing gap in inequalities which have been exacerbated by Covid-19, leading to increasing health inequalities, across Scotland as well as in Moray.

There was much to learn from our response to the pandemic, where we saw and continue to see incredible resilience, commitment and creativity from our workforce, our providers and community groups throughout Moray, As a partnership, we are cognisant that the budget we have does not meet the demand for services being delivered at the currently rate, and that in order to be sustainable we will have to make difficult choices and continue with designing services through transformational change where the person receiving the service remains at the heart of the conversation. The future of Health and Social Care delivery very much depends on the decisions we make, as remaining as we are is not an option.

Therefore, there is a strengthened focus on prevention and early intervention to promote good, positive physical and mental health and wellbeing for all people across all ages and client groups. We know 70 to 80% of people with long term health conditions could manage their conditions themselves with support from informal health systems.

We must continue to work with our communities as we move forward, placing communities at the heart of public health can reduce health inequalities, engage those most at risk of poor health, empower individual and communities, and build resilience. That also involves supporting people to enable them to be responsible for their own health, and to work with health and care professionals to manage existing conditions.

HSCM is responsible for almost 1,795 staff members employed by NHS Grampian or Moray Council. Not only do we recognise the tremendous amount of effort and work undertaken each day in Moray to support people in our communities and the contributions that everyone makes to this but we also recognise the role of 'communities' themselves, in supporting the most vulnerable and providing resilience.

We understand that our staff, partners and carers have been working, supporting and delivering services in exceptionally challenging circumstances over the last three years and that new pressures, for example the cost of living, impact our staff as well as the people who are supported by our services.

We have to change, we have to deliver differently, we have to focus on what we can support, what we ask people to do and how we ask communities support us.

3 Where are we now?

As partners in care we face a range of challenges which make the current mode of service provision unsustainable. The landscape that we are working in however is very different and it is important to be aware of the complexity of this environment (figure 1) and the influences, challenges, demands and pressures that this presents. That said, our committed and dedicated workforce and our resilience communities offer optimism and opportunities to support the transformation required.
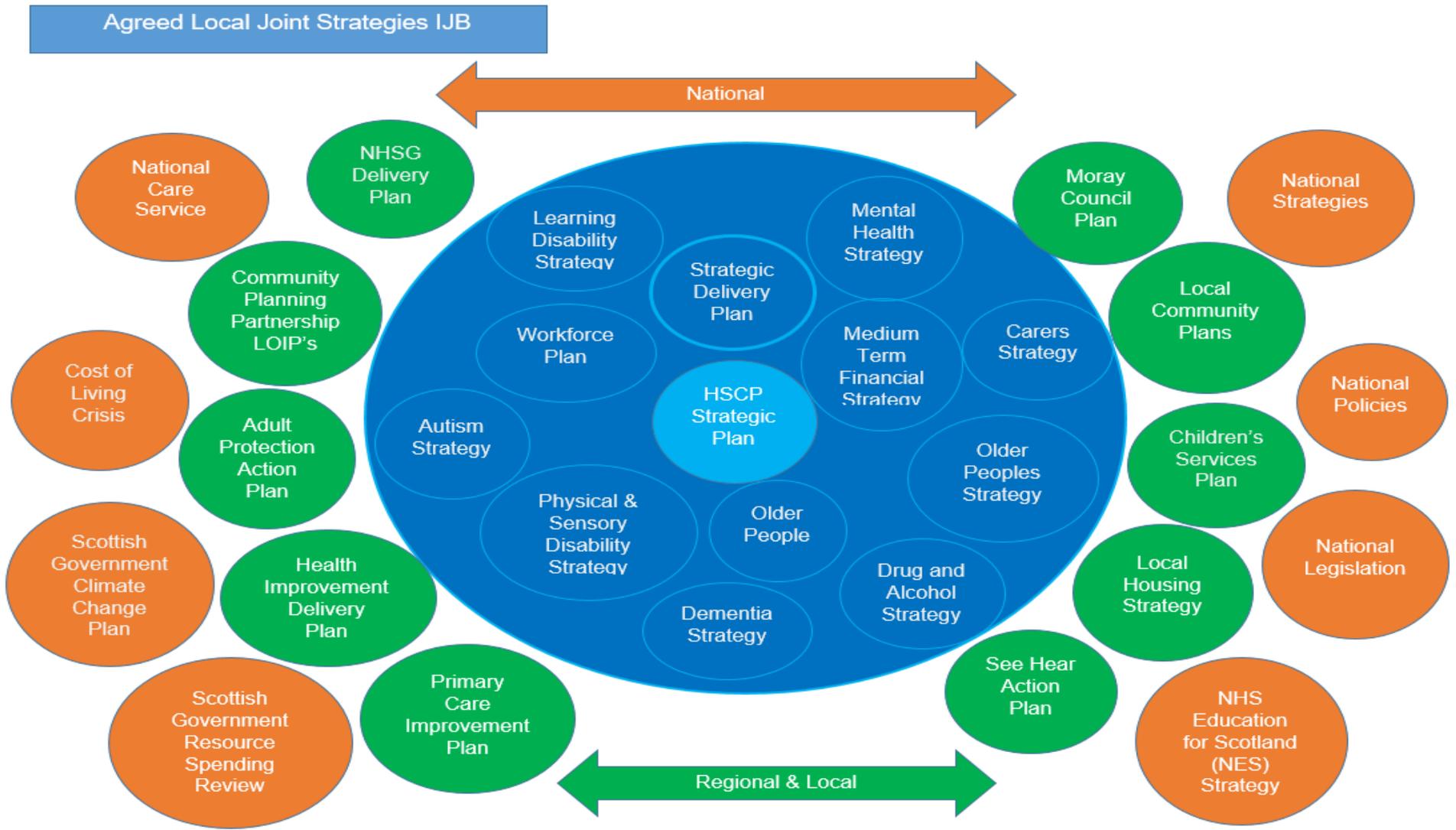
Figure 1: Examples of the drivers, influences and enablers impacting the delivery of the Strategic Pla

4 Key Documents

The delivery of the HSCM's Strategic Plan is underpinned by key documents. These are the:

- **Medium Term Financial Strategy (MTFS):** The MTFS is a part of the IJB's budget setting framework which aims to ensure that all financial resources are directed towards the delivery of the priorities identified within the Strategic Plan.

- **Workforce Plan**: The purpose of the Workforce Plan is to identify our workforce needs and demands that will enable us to deliver the priorities identified within the Strategic Plan.

- **Commissioning and Procurement Plan:** The purpose of the commissioning and procurement plan is to ensure close alignment between the contract and commissioning activities of the HSCM with its strategic delivery plan and MTFS and ultimately to ensure delivery of its strategic priorities. This plan is currently under development.

5 Performance and Governance

The Strategic Planning and Commissioning Group (SCPG) has responsibility for oversight of the transformational work streams arising from the HSCM's Strategic Delivery Plan, monitoring and reporting on progress to the MIJB as part of its performance reporting framework through the provision of in-depth project reports for all transformational work streams.

Oversight and scrutiny of the improvement and business as usual work streams sits with the HSCM Senior Management Team who again will receive in-depth project updates against these particular projects through an agreed timetable. To provide assurance and oversight a high-level summary of performance against all projects under the Strategic Delivery Plan will be reported to the Audit, Performance and Risk (APR) Committee on a quarterly basis. Figure 2 illustrates the performance governance arrangements which will underpin the HSCM strategic delivery plan over the next 3 years.
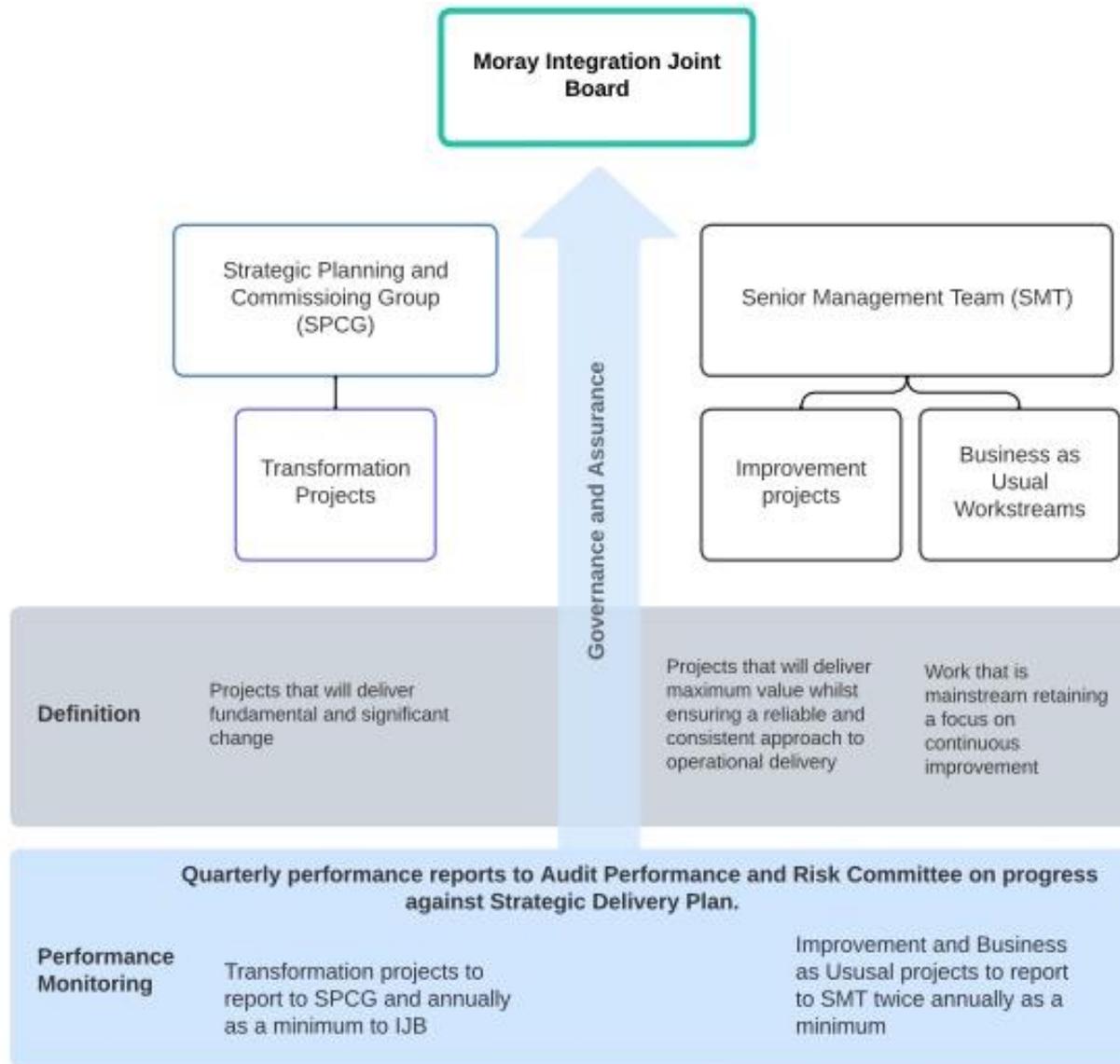
Figure 2: HSCM Strategic Delivery Plan – Performance and Governance

The revised performance reporting framework will set out the outcomes to be achieved against each project, the key milestones for delivery, and the performance indicators that will provide assurance that the required changes and improvements are taking place. The Strategic Delivery Plan will be closely aligned with the HSCM Medium Term Finance Strategy (MTFS) and Workforce Plan, as the three main levers through which we will deliver the HSCM Strategic Plan.

A number of key supporting local plans and our suite of joint commissioning strategies will further underpin the Strategic Delivery Plan as previously illustrated in Figure 1. The Commissioning and Procurement Plan will be critical in providing the operational framework for the commissioning of services to support the delivery of the strategic priorities.

6 Strategic Delivery Plan

Our priorities around Prevention and Early Intervention and Reshaping Care are key to the way in which we will transform services for the future. In line with our MTFS, we will continue to involve people in making decisions about their care and listen to communities as we develop services, taking into consideration local needs and working alongside partners including those in the third and independent sector.

As previously described, this Strategic Delivery Plan sits within a wide and complex planning and policy environment where the HSCM plays a critical role in working collaboratively with partners to deliver on whole system priorities and work streams, including supporting delivery of the NHS Grampian Plan for the Future and Moray Council Plan. It is therefore not exhaustive of all areas of HSCM activity where we are a key partner, for example: in delivery of the Moray Children's Services Plan to improve the wellbeing of children and young people in line with the GIRFEC (Getting It Right For Every Child) philosophy; in the Portfolios established by NHS Grampian as a model for planning and delivering services; and in developments around population health initiatives to support prevention and early intervention for all.

The plan below reflects the key actions being driven by HSCM over the three years, whilst being cognisant of its important role in these areas. The Strategic Delivery Plan will remain a live document to ensure we can be agile and responsive to new or emerging priorities whilst ensuring a focus on delivery of the HSCM's own strategic priorities. The Delivery Plan identifies the actions undertaken in relation to each priority, the service responsible for the delivery, the timescales for delivery and how each priority will be measured using National Indicators and local qualitative and quantitative measures. Additional actions may be added if deemed essential to the delivery of the strategy. Progress will be measured by yearly self-assessment; each action has an expected percentage completion per year.

Health and Social Care Moray Strategic Delivery Plan

Building Resilience: Taking Greater Responsibility for our Health and Wellbeing	
Strategic Measures NI 1 – Percentage of adults able to look after their health very well or quite well NI 7 – Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life NI 11 - Premature mortality rate	**Local Performance Indicators** ✓ Number of people with a Learning Disability in employment or preparing for employment ✓ Number of Carers registered with Quarries Carer Support Service ✓ Number of HSCM volunteers an hours of support offered ✓ Percentage of people receiving a drug treatment appointment within 3 weeks of referral Number of individuals accessing smoking cessation after 12 weeks ✓ Number of alcohol brief interventions being delivered ✓ Percentage of people receiving alcohol treatment within 3 weeks of referral ✓ Percentage of people receiving drug treatment within 3 weeks of referral ✓ Rate of emergency occupied bed days for over 65s per 1000 population ✓ Emergency admission rate per 1000 population for over 65s ✓ Number of individuals accessing HSCM community led groups
Objectives **1. We focus on prevention and tackling inequality** **2. We nurture and are part of communities that care for each other**	**Outcomes** • **People take control of their own health and wellbeing** • **Wellness is enabled through prevention where possible** • **Offending behaviours are reduced through enabling our children and adults** • **Reduced social isolation, improved mental wellbeing in collaboration with partners** • **Inequalities are addressed and understood, including protected characteristics of ethnicity and gender** • **Promoted, improved and enabled communities via health improvement agenda; keeping our citizens well throughout their lifespan** • **Reduced and recognised stigma re: mental health** • **Developed and encouraged relationships within our communities** • **Valued unpaid carers and volunteers with an equal voice**

Plan	Lead	Y1	Y2	Y3	Measures/Evidence
Tackle the stigma of mental health and support mental wellbeing, reduce the harm from alcohol and other drugs	MHLD	30%	60%	100%	• Good Mental Health for All in Moray 2016-2026 • MATS implementation • Our Lives, Our Way 2013-2023
Reduce social isolation and improve mental wellbeing, ensuring partnership working with community and third sector colleagues,	MHLD	30%	60%	100%	• Good Mental Health for All in Moray 2016-2026 • Dementia Strategy • Autism Strategy • Physical and sensory Disability Strategy 2017-2027
Build on formalising existing good relationships with the Third and Voluntary Sectors.	Leadership Team	100%			• See Me – Volunteer Strategy
Mainstream our approach to equality and children's rights by utilising our governance structures to ensure the impacts of policies and processes are positive for people of all protected characteristics	Leadership Team	30%	60%	100%	• Equality and Diversity Policy
Ongoing monitoring and evaluation of the impact of the Carer's Strategy	SW	100%			• Carers Strategy
Work alongside community planning partners and communities to strengthen readiness and resilience	Leadership Team	100%			• Emergency and Resilience Plan • Civil Contingency Plan • NHSG/ Moray Mass Casualties Plan
Enable and develop staff to make every opportunity count and ensure that people are signposted to the help they need and raise awareness in communities. Train staff in the GIRFEE approach and embed the model	Leadership Team	100%			• Local Outcome Improvement Plan • MeOC
Value volunteering by recognising the contribution, build, develop, grow and invest in	Leadership Team	100%			• See Me – Volunteer Strategy

opportunities. Develop a Volunteer Protocol and Pathway with an emphasis on growing volunteering within communities to complement health and social care services.				

Home First: Being Supported at Home or in a Homely Setting

Strategic Measures	Local Performance Indicators
NI 3 - Percentage of adults supported at home who agreed they had a say in how their help, care or support was provided NI 4 - Percentage of adults supported at home who agreed that their health and social care services seem to be well coordinated NI 5 - Total percentage of adults receiving any care or support who rated it as excellent or good NI 6 - % of people with positive experience of care at their GP practice NI 8 - total combined percentage of carers who feel supported to continue in their caring role NI 9 – Percentage of adults supported at home who agree they felt safe NI 12 – Emergency admission rate NI 13 – Emergency bed day rate NI 14 – Readmission to hospital within 28 days NI 15 – Proportion of last 6 months of life spent at home or in a community setting NI 16 – Falls rate per 1,000 population aged 65+ NI 18 – Percentage of adults with intensive care needs receiving care at home NI 19 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population NI 20 – percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	✓ Number of delayed discharges ✓ Number of bed days occupied by delayed discharges ✓ Number of people assessed and waiting for a package of care ✓ Number of hours of care yet to be provided for assessed individuals ✓ Percentage of housing adaptations ✓ Percentage of people with technology enabled care ✓ Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population ✓ Percentage of emergency readmissions to hospital within 28 days of discharge ✓ Percentage of new dementia diagnoses who received 1 year post diagnostic support
Objectives	**Outcomes**

3. We work together to give you the right care in the right place at the right time 4. We help build communities where people are safe	• Fewer delayed discharges/ preventable admissions/ preventable ED presentations • **Person Centred care in a homely setting** • **Holistic Overview of a person's health and wellbeing** • **Sustainable services with Primary Care** • **Value for money services that have longevity and sustainability** • **Embedded and robust public protection processes** • **A fully integrated Children and Families Service** • **Reduced unmet need**

Plan	Lead	Y1	Y2	Y3	Measures
Continue planning, developing and embedding discharge without delay, aim for right person, right time, right place	Home First Programme	100%			• Moray Delayed Discharge Plan • Living Longer Living Better
Deliver on the Frailty Pathway Action Plan with support from HIS Collaborative	Home First Programme	50%	100%		• Frailty Action Plan
Continue to develop and improve multi-disciplinary team working, aim to create Community Hubs for health and social care	Home First Programme	100%			• Moray Delayed Discharge Plan
Embed SDS standards and ensure people achieve personal outcomes	SW	100%			• Self-Directed Support Implementation Plan
Improve Primary Care stability by creating capacity for General Practice and deliver the Primary Care Improvement Plan (PCIP)	Primary Care PCIP Programme	30%	60%	100%	• Moray PCIP Plan • Vision for the Future • Unscheduled Care plan • GMED strategy, • Primary Care Premises plan • Optometry, Public Dental Service and Pharmacy Strategies.

Tackle inequalities and addressed unmet need across health and social care, support those on waiting lists, explore ways to divert them to other services	Home First Team Leadership Team	100%			• Moray Delayed Discharge Plan
Improve the transition from children's services to adult services, create a Transition Plan.	SW	30%	60%	100%	• Children Services Plan
Work to keep The Promise, placing children and families at the heart of everything we do.	Leadership Team	50%	100%		• Children Services Plan
Continue to deliver public protection function, maintain and improve Governance structures, share good practice, embed safeguarding policies and procedures and ensure robust training plans to support this. Plan, implement and evaluate the recommendations from the Adult Support and Protection inspection	Leadership Team	100%			• Adult Support and Protection Plan
Transform our commissioning function to work at pace to create solutions to the current and future demand for health and social care, create a unique workforce to achieve positive outcomes for people needing support, develop positive relationships with providers, encourage collaboration that focus on outcomes	SW	50%	100%		• Moray Joint Commissioning Strategy for Older Peoples Services

Partners in Care: Making choices and taking control over decisions affecting our care and support

Strategic Measures	Performance Indicator
NI 10 - Percentage of staff who say they would recommend their workplace as a good place to work	✓ A&E Attendance rate per 1000 population (All Ages) ✓ Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral

	✓ Percentage of Older People (65+) Social Work Care Assessments completed broken down by SDS Options ✓ Percentage of Learning Disability Social Work Care Assessments completed broken down by SDS Options ✓ NHS Sickness Absence (% of hours lost) ✓ Council Sickness Absence (% of hours lost) ✓ Total number of complaints and percentage of Complaints Closed in Full within agreed Timescales (NHS and Council)
Objectives **5. We are an ambitious and effective partnership** **6. We are transparent and Listen to you** **7. We make a positive impact beyond the services we deliver**	**Outcomes** • A more digitally advanced Moray • A valued, developed sustainable and happy workforce • An informed and highly trained workforce • Commitment to continuous improvement • Sustainable and viable locality plans • A fully integrated Children and Families Service • Successful communications and engagement that informs, guides and signposts our staff and our service users • A mindful Moray – cognisant of climate change and its impact • A prepared Moray - ready for the National Care Service

Plan	Lead	Y1	Y2	Y3	Measures/Evidence
Work with Moray Growth Deal to develop digital technology solutions, ensure robust training and support for staff. Implement Digital Records where possible, develop ways people can access and use digital systems.	Leadership Team	30%	60%	100%	• Transformation Plan /Moray Growth Deal Plan
Deliver an Analogue to Digital Implementation Plan	Leadership Team	60%	40%		• National Digital Changeover plan
Continue to support initiatives that support the health and wellbeing of staff	Leadership Team	100%			• Staff Health and Wellbeing: The Moray Council and NHS Grampian

					• NHSG/ Partnership/TMC Health and Safety Strategy/action plans • I matter survey results • Organisational Development Plan 2018
Train our workforce to be trauma informed	MHLD	100%			• Transforming Psychological Trauma – A Knowledge and Skills Framework
Continue and improve Quality Improvement activity	Quality Improvement Team	Ongoing			• Quality Improvement Strategy • Strategic Change and Service Improvement Framework
Deliver Locality Plans that are aligned across children/adult services and report on progress	Leadership Team	30%	60%	100%	• Locality Plans
Embed children, families and justice services to support families, being mindful of the impact on staff workload	SW	30%	60%	100%	• Moray Community Justice Outcome Improvement Plan
Invest in communication and engagement to encourage patients, clients, carers, service users and staff to share experiences in order to help inform service delivery and design and to improve choice.	Leadership Team	100%			• Care Opinion, Feedback Service
Train staff and embed guidance on Public Engagement, ensure support of National population health improvement work	Leadership Team	100%			• Communication and Engagement Strategy
Ensure consideration of the impact of climate change in health and social care, ensure that reducing carbon footprint and delivering on Net Zero emissions targets is embedded in our business plans and arrangements. Ensure that staff are trained and supported to achieve this action	Leadership Team	Ongoing			• Climate and Health: Applying 'All Our Health' Guidance. • Paperless Moray • Waste reduction

Prepare for the creation of The National Care Service	Leadership Team	30%	60%	100%	• National Care Service (Scotland) Bill • Carers Strategy 2023-2026

Strategic Leadership and Planning

Performance will be measured though the timely completion of the actions

Objectives	Outcomes:
a. We have effective, approachable leadership that provides robust assurance. b. We have a financially stable and effective partnership where services are value for money and sustainable. c. We want a Partnership that is proactive and ready to react to external incidents. d. We want our staff to be in the right post in the right place with the right training and development. e. We are committed to making Moray an attractive place to work with a sustainable and informed workforce. f. We are committed to continuous improvement through the monitoring of our performance. g. We are committed to our infrastructure planning for the future.	• **We adapt our policies based on evidence and lessons learned and can see our improvement journey.** • **We foresee issues and planning for the future is in place- readiness is enabled.** • **We retain staff and are dynamic in our recruitment.** • **Financially viable and sustainable partnership.** • **Major incident plans are easy to follow and adapt.** • **Building and premises sustainability is enhanced.** • **Informed staff and service users by multiple platform communications.** • **Performance is used as a tool for quality improvement and assurance and is embedded into each service.** • **KPI s are available for each team/ service.**

Plan	Lead				
Develop and embed a Quality Assurance Framework	Leadership Team	**Y1**	**Y2**	**Y3**	**Measures/Evidence**

Action	Responsible	Year 1	Year 2	Year 3	Related Plans
Ensure review of Financial Governance and develop a plan that enhances oversight and scrutiny	Leadership Team	100%			• Quality Assurance Framework • Healthcare Quality Framework Scotland 2010.
Ensure Clinical and Practice Governance frameworks are in place and monitored	Leadership Team	Ongoing			• Financial Plan
Monitor impact and benefits financially of the delivery plan	Leadership Team	Ongoing			• Clinical and Care Governance Framework • Practice Governance Framework
Ensure that Service Plans and Team Plans are developed that reflect the Strategic direction of the partnership	Leadership Team	Ongoing			• Financial Governance Plan • Medium Term Finance
Deliver the requirements of the Health and Care (Staffing) Scotland Act, ensure that caseloads and workloads are appropriately supported and monitored using National or recognised regional, local Tools.	Leadership Team	Ongoing			• Review plans
Develop a Commissioning and Procurement Plan to support strategic delivery, building on recommendations from KPMG audit		30%	60%	100%	• Commissioning and Procurement action plan
Develop a Workforce Plan considering future challenges: recruitment and retention, retirement.					• Moray Workforce Plan 2022-2025
Ensure robust Civil Contingency and Emergency Resilience planning, plan for risk of further pandemic and weather phenomena	Leadership Team	30%	60%	100%	• Civil Contingency Plan • Emergency Resilience Plan • NHSG/ Moray Mass Casualties Plan
Ensure robust Performance Framework that informs and supports the Strategy	Leadership Team	100%			• Performance Management Framework

Deliver a robust communication strategy that keeps individuals and communities informed	Leadership Team	100%			• Communication and Engagement Plan
Identify short and long term infrastructure solutions for the provision of health and social care services	Leadership Team	100%			• Asset Management and Infrastructure Plan

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: ANNUAL PERFORMANCE REPORT 2022/23

BY: CHIEF OFFICER

1.   **REASON FOR REPORT**

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

2.   **RECOMMENDATION**

2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and note the Final Annual Performance Report 2022/23 at APPENDIX 1, which is published on the Health and Social Care Moray webpage.

3.   **BACKGROUND**

3.1. The Draft Annual Performance Report was submitted to MIJB in June 2023, where it was approved for publication by 31 July 2023.

3.2. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a performance report must be produced by an Integration Authority (IA) to ensure that performance is open and accountable, and sets out an assessment of performance in planning and carrying out the integration functions for which they are responsible. This is to be produced for the benefit of Partnerships and their communities.

3.3. The Act obliges the IA to prepare a Performance Report for the previous reporting year and for this to be published by the end of July each year.

3.4. The required content of the Annual Performance Report (APR) is set out in the Public Bodies (Joint Working) (Content of Performance Report) (Scotland) Regulations 2014.

3.5. APRs should demonstrate how the partnership has performed against the National Health and Wellbeing Outcomes, within the context of the Strategic Plan and Financial Statement. To support this, a set of Core Integration Indicators have been developed by the Scottish Government and the Board is expected to report upon performance using these and other locally specified indicators.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The APR provides an opportunity to present the story of the partnership's overall performance over the 12 month period, including progress against the nine National Health and Wellbeing Outcomes and the commitments contained within the 2022-32 Strategic Plan.

4.2. The report represents the challenges services face as we continue to recover from the impact of the Covid-19 pandemic. This highlights the pressures on our services, the exceptional work of our staff and the ways in which we worked collaboratively with our partners to continue to provide care and support to the citizens of Moray.

4.3. The items for focus were identified by staff and managers following a call for submissions. There is a continued effort to strengthen the links between the Strategic Plan, service delivery plans and related performance monitoring reports, to facilitate production of future APRs. This will be taken forward as part of the process for the Strategic Delivery Plan.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022-2032"
As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan; Moray Partners in Care 2022-32. Annual performance reports will be of interest to Grampian Health Board and Moray Council in monitoring the success of the integrated arrangements that they have put in place and in considering whether or not there is a need to review the Integration Scheme.

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

(c) Financial implications
None directly associated with this report.

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

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

(e) Staffing Implications
None directly associated with this report.

(f) Property
None directly associated with this report.

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

(h) Climate Change and Biodiversity Impacts
None directly associated with this report.

(i) Directions
None directly associated with this report.

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

6. CONCLUSION

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

6.2 The final report is now presented to the Board for noting.

Author of Report: Sonya Duncan, Corporate Manager, HSCM
Background Papers:
Ref:

Annual Performance Report 2022-2023

Health and Social Care Moray

HEALTH &
SOCIAL CARE
MORAY

Contents

Foreword

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

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

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

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

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

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

Dennis Robertson

Chair, Moray Integration Joint Board Cllr

Tracy Colyer

 Vice Chair, Moray Integration Joint Board

Simon Bokor-Ingram

Chief Officer, Health & Social Care Moray

Purpose Of Report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible, as set out in the National Guidance. This is the seventh report for the Health and Social Care Moray Integration Joint Board (MIJB) and within it we look back upon the last year (2022/23). We consider progress in delivering the priorities set out in our Strategic Plan, which was approved by MIJB 24th November 2022 (Partners in Care 2022-32), with key service developments and achievements from the last twelve months highlighted. Therefore, this report will relate to both Moray Partners in Care 2019-2029 and Partners in Care 2022-32. Within this report, we review our performance against agreed local Key Performance Indicators, as well as in relation to the Core Suite of National Integration Indicators (Appendix B) which have been published by the Scottish Government to measure progress in relation to the National Health and Wellbeing Outcomes (Appendix C).

Board and Partnership overview

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

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

These services include:

- Social Care services;
- Primary Care services, including GPs and community nursing
- Allied Health Professionals such as Occupational Therapists, Psychologists and Physiotherapists
- Community Hospitals
- Public Health
- Community Dental, Ophthalmic and Pharmaceutical services
- Unscheduled Care services;
- Support for unpaid carers.
- Children and Families Social Work and Justice Services are delegated from April 2023 and will be included in this report for the year 2023-2024.

Services hosted by Moray for all of Grampian:

- Primary Care Contractors
- GMED

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

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

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

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

The Moray area profile is included at Appendix A.

Strategic Plan – vision and priorities

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

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

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

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

Our Values
- Dignity & Respect
- Care & Compassion
- Person Led
- Safe, Effective & Responsive

Our Vision

We come together as equal & valued partners in care to achieve the best Health & Wellbeing possible for everyone in Moray throughout their lives.

Our Enablers
- Financial Resources
- Commissioning
- Property & Assets
- Workforce including volunteers, lived experience and long term carers
- Transformation
- Housing
- Digital

- We make a positive impact beyond the services we deliver
- We focus on prevention & tackling inequality
- We nurture & are part of communities that care for each other
- We are transparent & listen to you
- We are an ambitious & effective partnership
- We help build communities where people are safe
- We work together to give you the right care in the right place at the right time
- Enabling wellness
- Person
- Responding to illness
- Partners in Care
- Building Resilience
- Home First

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

Building Resilience – supporting people to take greater responsibility for their health and wellbeing;

- focusing on prevention and tacking inequality
- nurturing and being an integral part of communities that care for each other.

Home First; supporting people at home or in a homely setting as far as possible;

- working to give citizens of Moray the right care in the right place at the right time
- building communities where people are safe.

Partners in Care – supporting citizens to make choices and take control of their care and support

- to work in partnership with all.
- listen to what citizens are telling us and be transparent in our decision making and communications.
- ensuring we make a positive impact beyond the services being delivered.

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

- People who are unpaid carers
- Older people
- People with dementia
- People with autism
- People with physical and sensory disabilities
- People with mental health issues
- People with a learning disability
- People with alcohol and drug issues

Measuring Performance Under Integration

National Indicators Are Included In Appendix B

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

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

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

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

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

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

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

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

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

Indicator	2020/21 (Q4)	2021/22 (Q4)	2022/23 (Q4)	Target
A&E Attendance rate per 1000 population (all ages)	17.8	20.2	20.6	21.7
The number of people presented at A&E in quarter 4 had only slightly increased from the previous year. The trend over the past 6 months has shown a slight decrease and hopefully this downward trend will continue to pre-pandemic levels.				
Number of delayed discharges (Inc. code 9) at census point	17	46	26	10
The number of people waiting to be discharged from hospital has reduced again in quarter 4 to 26. This is the lowest since August 2021 and indications are that this will continue to improve into 2023/24.				
Number of bed days occupied by delayed discharges (incl. code 9) at census point	496	1294	751	304
The number of bed days occupied has reduced again in quarter 4 to 751. This is the lowest since August 2021 and indications are that this will continue to improve into 2023/24.				
Rate of emergency occupied bed days for over 65s per 1000 population	1773	2140	2749	2037
The steady monthly increase in the rate of emergency occupied bed days for over 65s. Since 2021/22 the rate has increased from 2,140 to 2,749, exceeding the target of 2,037 per 1,000 population.				
Emergency admission rate per 1000 population for over 65's	174.8	183.0	185.8	179.9
The emergency admission rate per 1000 population for over 65s has increased slightly from 183 to 185.8, also slightly above the target of 179.9.				
Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	119.3	125.2	129.2	123.4
The number of people over 65 admitted to hospital in an emergency increased slightly from 125.2 to 129.2, slightly above the target figure.				
% Emergency readmissions to hospital within 7 days of discharge	5.0%	3.4%	3.6%	4.2%
The readmissions have increased slightly from 2021/22, however, they still remain less than the target.				
% Emergency readmissions to hospital within 28 days of discharge	9.8%	8.0%	7.5	8.4%
The 28 day readmissions remain improved at 7.5%, and better than target set.				
% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	33%	73%	90%
The number of patients being referred within 18 weeks continues to improve, albeit not yet back to target rates of 90%				
NHS Sickness Absence (%of hours lost)	3.1%	4.7%	5.9%	4%
Council Sickness Absence (% of calendar days lost)	-	8.9%	9.7%	4%
Staff sickness levels have doubled above the target of 4%. It is hoped that with the various staff wellbeing programmes now being in place and as the pandemic recovery continues, that this will now being to improve.				

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

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

Our performance in 2022-23

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

Key development and achievements

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

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

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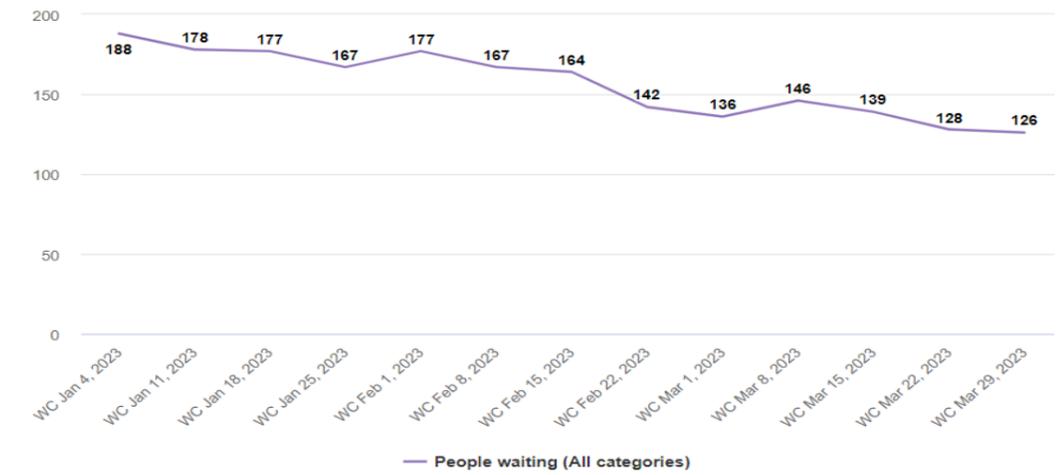
HSCM Unmet Needs - Number of people assessed and waiting for a package of care
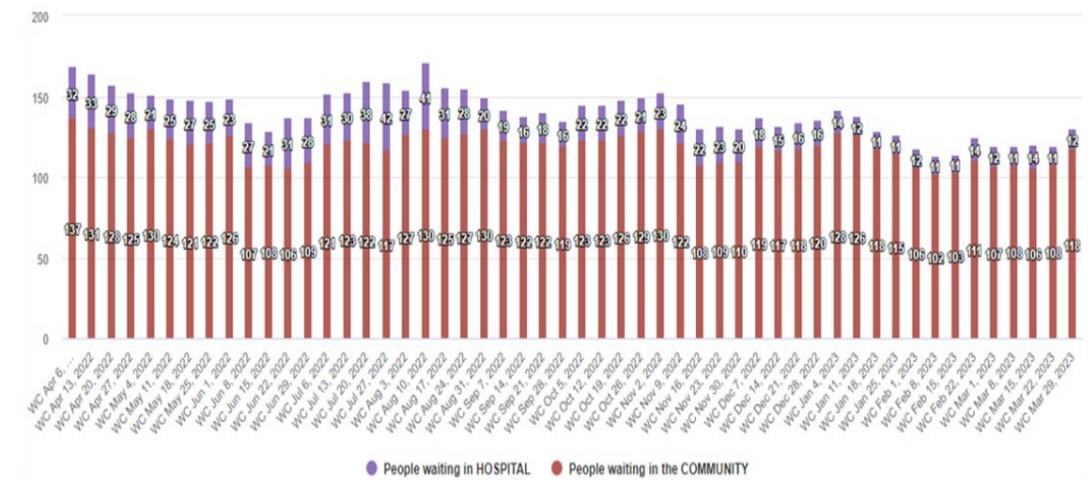
HSCM Unmet Needs - Number of people in receipt of a care package waiting for statutory social care review
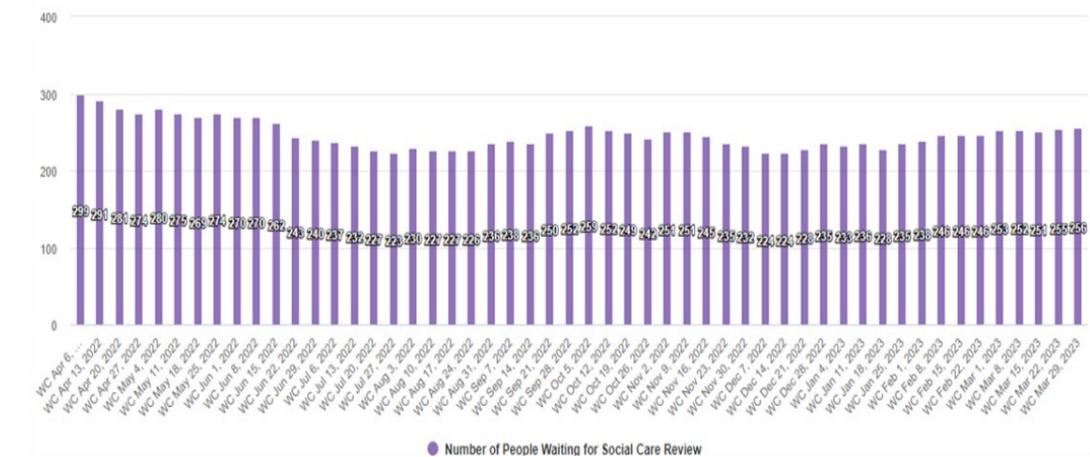
Unmet needs have a human context. The numbers being reported represent real people whose quality of life is being diminished either through remaining in hospital longer than necessary, or from not receiving the care that they require. The data suggests that at the year-end 126 people were waiting for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

HSCM Unmet Needs - Number of hours of care yet to be provided for individuals in HOSPITAL▾

● Hours of care

HSCM Unmet Needs - Number of hours of care yet to be provided for individuals in the COMMUNITY▾

● Hours of care

HSCM Unmet Needs - Number of hours of care assessed as needed and not provided for those in receipt of a care package▾

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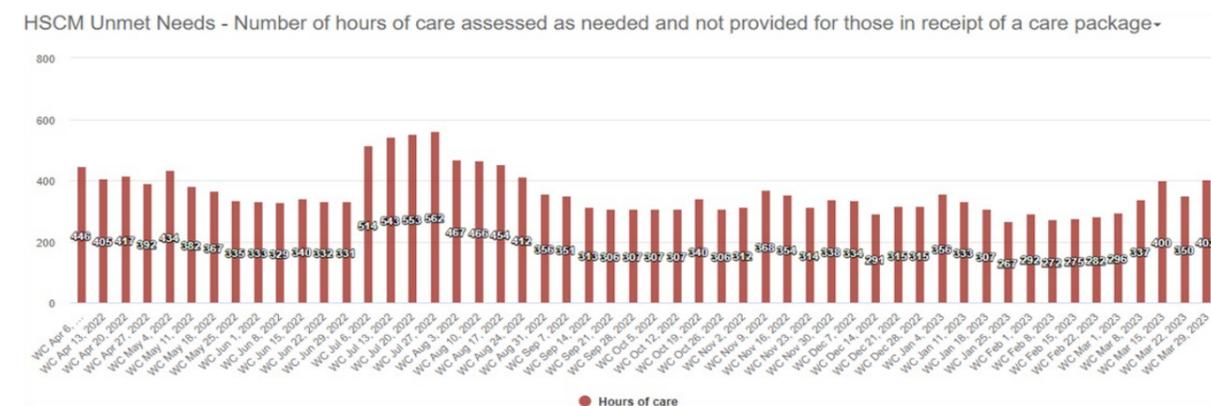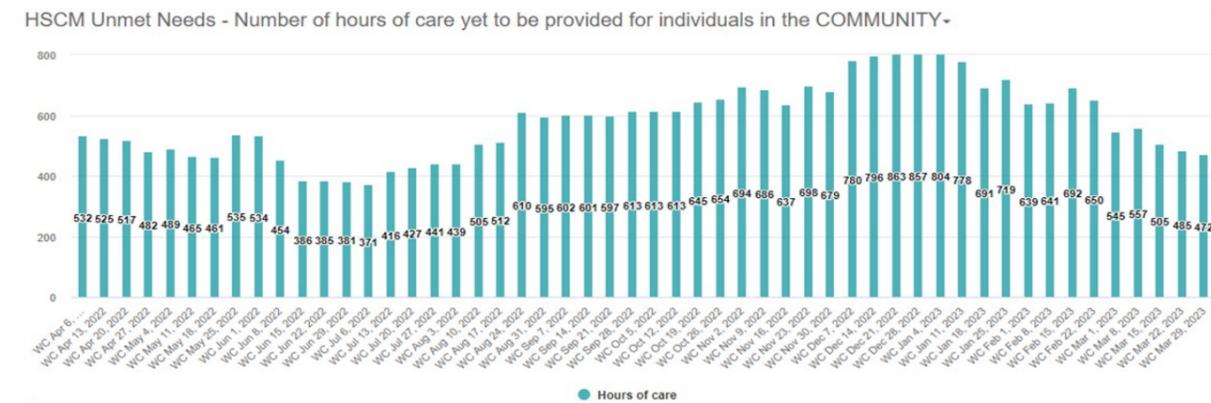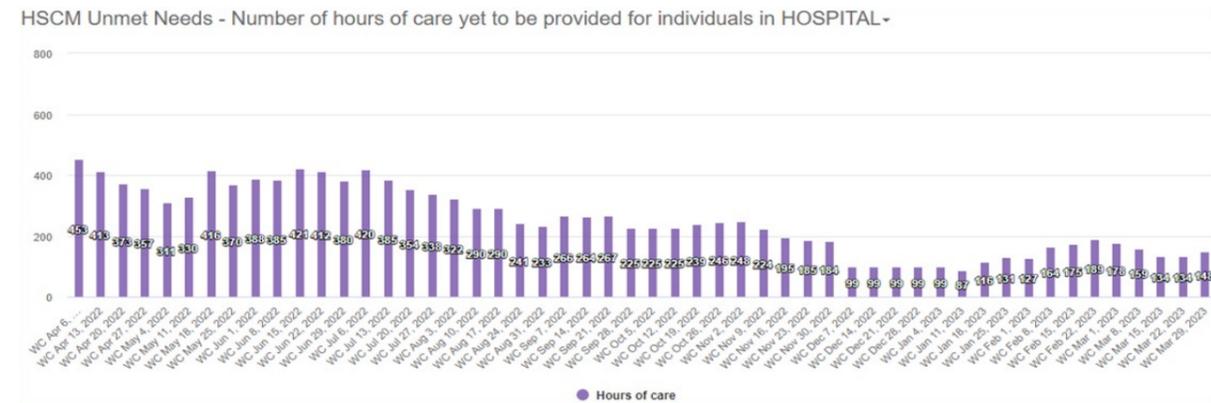
Since the end of the previous reporting year, there has been a significant reduction in the hours of unmet need for people in hospitals waiting from 148 hours to over 450. The unmet hours have been relatively steady during quarter 4 at between 99 and 189, which is the most consistent, and promising performance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

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

Women	Men
Life expectancy 82.4 years (Scotland 80.8 years)	Life expectancy 78.3 years (Scotland 76.5 years)
Healthy Life Expectance 62.1 years (Scotland 62.2 years)	Healthy life expectancy 62.1 years (Scotland 61.9 years)
76% of life spent in good health (Scotland 76.7%)	78.7% of life spent in good health (Scotland 80.3%)

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

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

Page 223

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

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

93% of people in Moray felt they were able to look after their health "very well" or "quite well", compared to the Scotland average of 91%. However, this is slightly less than reported in previous years.

38.97 per 100,000 people in Moray dies prematurely due to coronary heart disease (<75 years), this is lower than the Scottish figure of 52.59 per 100,000.

97% of people referred for alcohol treatment were seen within 3 weeks, compared to 91.7% in Scotland.

Over a 3 year rolling period, an average of 69.92% of the people invited in Moray participated in the bowel screening programme, compared to the Scottish average of 64.17%

The premature death rate in Moray is 401 per 100, 00 compared to the Scottish average of 466 per 100,000.

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

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

Health Improvement Team

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

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

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

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

Mental Health and Wellbeing Practitioner Service

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

Connectedness	Hope and optimism	Identity	Meaning	Empowerment
• Peer support and social groups • Relationships • Support from others • Community	• Belief in recovery • Motivation to change • Hope-inspiring relationships • Positive thinking and valuing effort • Having dreams and aspirations	• Rebuilding positive sense of identity • Overcoming stigma	• Meaning in mental health experience • Meaningful life and social roles • Meaning life and social goals	• Personal responsibility • Control over life • Focusing upon strengths

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

Page 224

> My mental health and well-being practitioner was absolutely amazing. Very understanding. Took a lot of time to listen and she helped me understand myself a lot more. It's made me feel better in myself

> I would have rather had a face to face appointment however the video call was handled professionally and my anxiety over using this option quickly disappeared

> The MHWP service is amazing, they give you resources and links to help you and your family navigate difficult times. Chatting with the practitioner helps me focus on what I need to do to improve my mental health. I am so thankful for all the help I've received and will use it in the future as and when needed.

> The service was brilliant and it should definitely be more wide spread across the NHS (if it isn't already) we need this more and more and it would free up time of the GP. Also, sometimes a chat is all that's needed, not medication, so this service helps with that aspect of mental health.

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

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

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

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

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

Current Patience Experience

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

- Talk to his wife and adult children about how he was feeling
- With his wife download and populate the StayAlive app
- Talk to his supervisor at work as he had a good relationship with him
- Read and watch self-help materials that the Practitioner emailed him on the day of his appointment - this built on recommendations that he takes time to get outside and exercise in daylight
- Keep GP appointment and discuss medication
- Consider using mental health support helplines if he was struggling, details of which were emailed to him
- Follow-up appointment in 3 weeks.

Page 225

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

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

You are so easy to talk to and you listen to everything thank you.

I felt light as a feather as I was leaving. You listened and we laughed.

You were down to earth and knew your stuff, the best NHS appointment.

I feel more in control now that I feel I am less anxious.

I am so glad to have seen you.

I found you easy to talk to thank you.

What you said about our Mental Health and Wellbeing Practitioners

I am feeling more positive and reassured that I can change my life for the better.

You are really cool you didn't make me feel stupid.

I found the information helpful and could relate to it more than I expected.

It was lovely to smile and feel good about yourself. I really believe I can do this.

I feel better just having talked to you.

The Community Wellbeing and Development Team (CWDT)

The Community Wellbeing and Development Team continues to support older people to move from crisis to confidence. Through co-production and collaborative working with our third sector partners we are able to reach over 800 older people face to face in our Be active Life Long (BALL) groups and our Seated exercise and Tea (SET) groups across Moray on a weekly basis.

The popularity of health and wellbeing community led groups is growing year on year. Investment in prevention and early intervention is essential for future growth and self-sustainability for our Moray residents.

Through co-production with communities throughout Moray the CWDT:

- Support existing groups - including Mens Shed's
- Work in collaboration with communities to develop new groups
- Crisis manage groups with short but intensive support to achieve stability and regain their independence.
- Build resilience within our communities

In Moray, the CWDT support:

- 19 BALL groups
- 3 SET groups
- 8 Mens Shed's
- 3 Health groups
- 5 Social groups

Resulting in - 1315 people supported each week

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

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

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

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

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

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

Moray Fampridine Clinic – Multiple Sclerosis (MS)

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

One lady reported now being able to get around her garden

A gentleman told how he can now get into his combine harvester unaided

"Before Fampridine, there was nothing to offer people with secondary progressive MS. It is encouraging to hear people talk about

Feedback from follow up questionnaires

Easier to do own personal care e.g. getting dressed unaided

Improved mental health and wellbeing
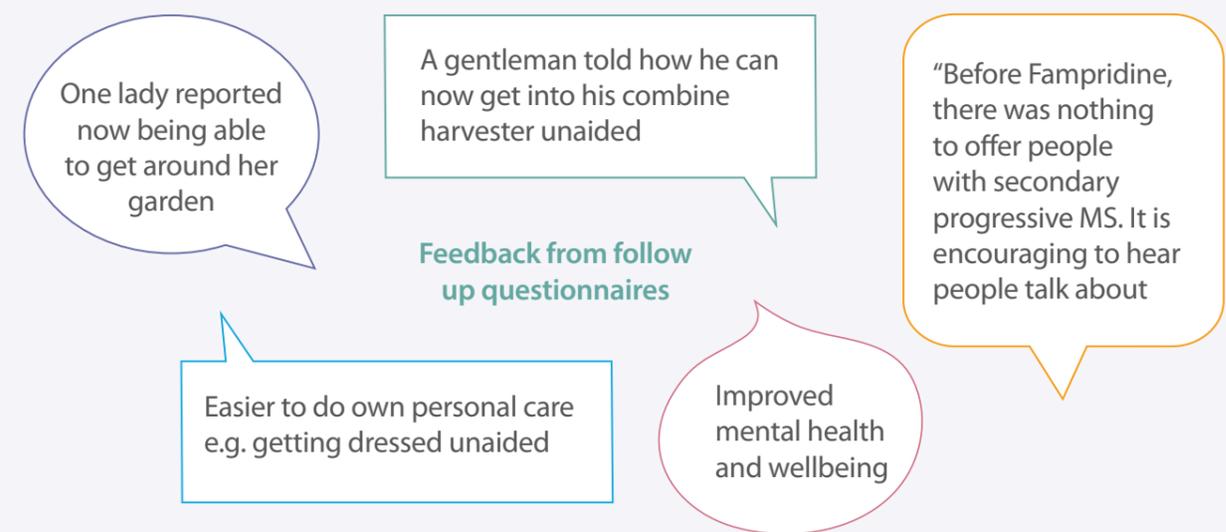
Care at Home Teams

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

Community based services based in Fleming Hospital

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

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

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

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

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

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

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

Delivering Services Differently

Digital

NHS Near Me is a secure web-based service which allows people to have health and social care appointments by video, without having to leave their home and often travel to Aberdeen or Elgin. Many services adopted new ways of working during the pandemic by offering virtual consultations alongside telephone triage and those developments will continue as part of our longer-term planning. This reduces the time and costs associated with attending hospital appointments, whilst also considering the impact on climate change in our planning.

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

It is important that we understand our citizens' experiences of our services. All feedback or complaints are logged and processed to ensure we understand and learn from that information. There are a range of ways that people give feedback about their experiences; HSCM Facebook page, email, phone, post, as well as face to face.

Learning from complaints and feedback

Complaints received by the Moray MIJB are reported in line with recommendations from the Complaints Standards Authority and the MIJB's Complaints Handling Procedure. There were no complaints received in 2022-23 relating to the dissatisfaction with the Moray MIJB's policies, decisions or administrative process or decision-making processes followed by the Board.

Within Health and Social Care Moray, complaints received by NHS Grampian and Moray Council are recorded on two separate systems. Reports for the systems are submitted quarterly to the Clinical and Care Governance Group and Committee annually.

The complaints handling procedure enables us to identify opportunities to improve quality and services across Moray. We record and interrogate the information gathered to identify any learning and share it across the Partnership and wider professional groups, if relevant. Learning from complaints is a key part of the Scottish Public Service Ombudsman's (SPSO) criteria in relation to complaints handling

	Total Received Q1	Total Closed Q1	Total Received Q2	Total Closed Q2	Total Received Q3	Total Closed Q3	Total Received Q4	Total Closed Q4
LA	9	4	8	5	4	7	9	8
NHS	17	17	25	16	20	30	16	21
Total	26	21	33	21	24	37	25	29

There was a total of 91 complaints received last financial year. In 2022/23 the number of complaints rose to 107. The slight increase in complaints might be attributed to the increase in use of services. During the pandemic many services were reduced but some services increased in activity, for example GMED activity continues to increase with 2022 being the busiest year on record. This increase in clinical demand could reflect pressures and subsequent complaints. We continue to discuss any learning from each complaint that is received, and we will continue to monitor the increase in 2023/24. The annual report will be published on Health and Social Care Moray's website.

Day Care Services

Artiquins Day Services continually promote life skills to their service users. They held a Health Week in May 2022. Artiquins promoted a wide variety of ways that service users can improve their Health and Wellbeing. This included, healthy eating, food tasting, cooking sessions and even a fun smoothie making with the use of a smoothie making bike, which also promoted exercise. Different methods of movement and exercise were demonstrated to suit the service user's abilities; Yoga, Bikeability and Cycling Sessions.

Cedarwood and Burnie Learning Disability Day Services

The staff at Cedarwood and Burnie strive to deliver the 9 Health and Wellbeing outcomes for their service users:
- Staff support service users to maintain their health and well-being
- Staff support some of their service users who continue to live at home with family
- Service users who attend day services are supported by trained staff who follow the guidance in place from SSSC and Health and Social Care standards to ensure that dignity and respect is at the forefront of everything we do.
- Service users have individual care plans to ensure that their service remains outcome focused, relevant to their needs
- Good communication with family, residential support and all other agencies involved with the individual is a key element in ensuring reduction in health inequalities
- Day services allows some carers who provide care, respite from their caring role under the "Carers Scotland Act (2016).
- People who use health and social care services are kept safe from harm and staff are trained in all the relevant requirements.
- Staff that work in health and social care are supported to continuously improve their information, support, care and treatment provided by regular supervisions
- Resources are used effectively and efficiently as the building and equipment are maintained on a regular basis

Keith Resource Centre is part of the older people's day services /Linburn in Rothes

Page 229

Greenfingers – Day Services

Service users enjoying Cedarwood Day Services, Elgin

Cedarwood is such a happy place to come into and you sense it as soon as you walk through the door.
(Parent comment)

Love to see how happy he is getting on the bus when he knows he is going to Cedarwood.
(Residential staff comment)

Enjoying some of the outdoor activities.

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

Quality improvement is the main focus of all services within Health and Social Care. As we look to a different landscape following the pandemic, we are mindful that we need to be innovative with our ideas and listening to our citizen's needs.

> 73% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life. This is lower than the Scottish average of 78%

> People spent 755 days in hospital (per 1,000 population) when they are ready to be discharged versus the Scottish average of 748 days. This is slightly higher than the national average.

> 80% of services were graded 'good' or better compared to the Scottish average of 75.8%

Discharge to Assess

(D2A) is one of several initiatives that has been developed within the Operation Home First Programme. The programme aims are: -

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

D2A aims to impact on the following:

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

The average length of treatment once discharged home with support from the D2A team was 11 days, calculating into a cost per day, per patient of £169, compared with £262-570 a day for a hospital bed.

This shows an increase in early supported discharge from hospital to D2A, resulting in improved flow and capacity of the hospitals. Data collated also shows that over 50% discharged to the D2A team are also less likely to be readmitted at 7 and 28 days.

Prior to D2A the only response to patients requiring support with activities of daily living was a referral to Social Care. By introducing D2A, in 2021, 161 patients had swapped a potentially lengthy wait for a social care package. Since launching, only 4% of D2A patients required assessment for care. More work is being done to analyse this benefit and cost saving.

• Avoiding unnecessary admission: 64 patients were discharged to D2A directly from the Emergency Department at DGH thus avoiding an unnecessary admission.
• Reducing length of hospital stay: D2A continues to provide early supported discharge and therefore reduce length of stay in DGH by an average of one day - this is increased for Moray

Page 230

Community Hospitals and also for those patients from ARI, Woodend etc who would historically have gone to a Moray Community Hospital on discharge.

- Lowering readmission rates: Readmission figures for DGH remain the same i.e. patients who have D2A intervention are 50% less likely to be readmitted at 7 and 28 days.
- Reducing the requirement for care: In the absence of D2A prior to August 2021, 92% of patients seen by D2A would have required a care package for discharge and would therefore require a longer length of hospital stay to await that care. Currently only 6% of D2A patient require onward referral for care.

Patient Outcomes:
- 93% of D2A patients showed an increase in their functional performance in Activities of Daily Living (ADL)
- 89% of patients rated an improvement in their own ADL performance
- 83% of patients rated an improvement in their satisfaction with their activities of daily living (ADL) performance
- 92% of patients improved their functional mobility and gait this reducing their risk of falls and improving their overall ability to maintain ADL
- 87% of patient were rated with improved score for balance, gait and mobility

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

79% of respondents said they are supported to live independently at home, this is in line with the Scottish average figure.

2.9 per 1,000 people are choosing to arrange their own care at home through Self Directed Support (SDS) compared to the Scottish average of 1.9

Only 86 per 100,000 peole are readmissed to hospital as an emergency within 28 days of discharge. This is significantly lower than the Scottish figure of 107 per 100,000

65% of people asked stated that their experience of social care made them feel safe. This is slightly lower than the scottish average of 67%

61.4% of adults who receive intensive care do receive it at home in Moray. This is lower than the rising Scottish average of 63.5%.

Self-Directed Support

Self-directed Support Options

The chart below shows the trend in the rate per 1,000 population choosing self-directed support options from 2014/15 to 2021/22. The most popular option in Moray is Option 3, choosing Moray Council to provide care.

Option 1: Taken as a Direct Payment.
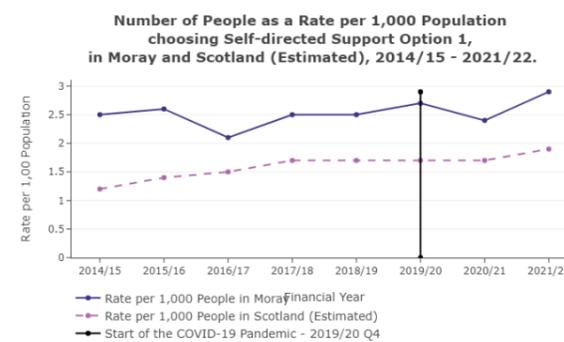
Option 2: Allocated to an organisation that the person chooses and the person chooses how it is spent.

Number of People as a Rate per 1,000 Population choosing Self-directed Support Option 1, in Moray and Scotland (Estimated), 2014/15 – 2021/22.

Number of People as a Rate per 1,000 Population choosing Self-directed Support Option 2, in Moray and Scotland (Estimated), 2014/15 – 2021/22.
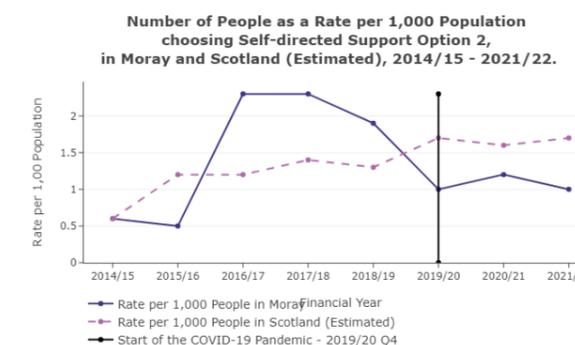
Option 3: The person chooses to allow the council to arrange and determine their services
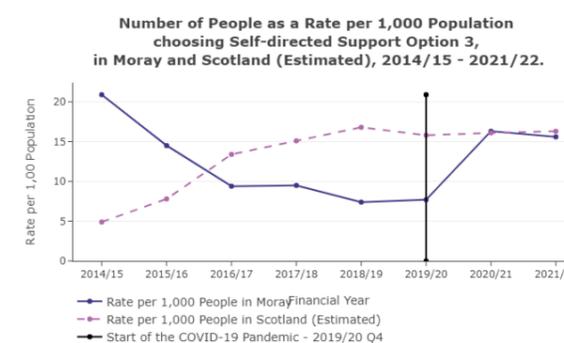
Option 4: The person can choose a mix of these options for different types of support.

Number of People as a Rate per 1,000 Population choosing Self-directed Support Option 3, in Moray and Scotland (Estimated), 2014/15 – 2021/22.

Number of People as a Rate per 1,000 Population choosing Self-directed Support Option 4, in Moray and Scotland (Estimated), 2014/15 – 2021/22.
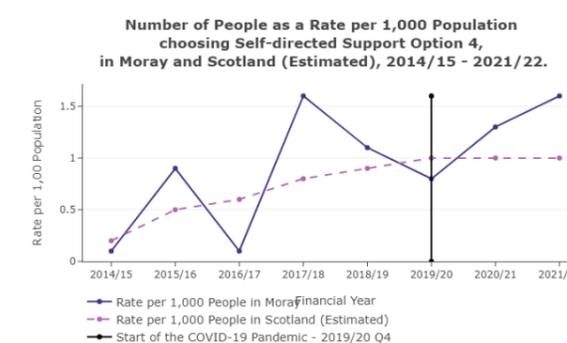
The most commonly assessed need in Moray is for Personal Care, it represents 88% of support required (2021/22)

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

Day Opportunities

Health and Social Care Moray embarked on a jounrney of transformational change due to the challenges presented by the COVID -19 pandemic. The Day Opportunities team implemented an innovative approach to delivering care and short breaks to both the cared for person and their unpaid carer through thinking differently to achieve good outcomes for them. During the test of change which ran for 6 months, the SDS Enablers supported over 100 carers and cared for people to access the right support for them. Just over half of the referrals undertaken by the team were to support unpaid carers in their role. The test of change became embeded into mainstream practice in July 2022 allowing for a team of five SDS Enablers to be recruited on a permanent basis.

The team have bee recognised for their innovative approach with an Impact **story** being developed by Health Improvement Scotland.

The ethos of the team is to take a strength and asset based approach when exploring personal outcomes: **"Committed to delivering supports that strengthen communities and empower individuals"**

Continuous Quality Improvement

Maryhill and Linkwood GP Practices have established Multi-Disciplinary Teams (MDT's). This has improved team communication and allowed the sharing of concerns for certain patients. This has proved a valuable outcome for these MDT's. It is also noted that the engagement of an Old Age Psychiatrist within the MDT has also further enhanced positive outcomes for both staff who feel more supported with the level of expertise brought to the discussions and outcomes for patients. Co-location has also enhanced the MDT's. Planning is underway to host its first Oversight group, which will focus on the key priorities for the locality and further populating the action plan.

Day of Care Survey

As part of the System Pressures "two-week challenge" as a Scottish Government Initiative, Health and Social Care Moray undertook the Day of Care Survey for all in-patients in Moray. As well as performing the Day of Care Survey, the team took the opportunity to carry out qualitative interviews with staff to understand from an operational perspective, the pressure teams are under and to understand barriers and possible solutions to the flow of patients through our systems in Moray and Grampian wide.

The Day of Care Survey is a National Tool which is usually completed once a year throughout Scotland. The tool can be used at any time by teams who feel it would be beneficial to know their in-patient profile. The tool pays particular attention to those who could be discharged but there is a delay in their journey. This allows understanding of issues preventing discharge and provides data to support change.

A senior team of managers spent two days carrying out the Day of Care Survey and Qualitative Interviewing in both Moray Community Hospitals (25 January 2023) and Dr Gray's Hospital (26 January 2023). Further work is now being progressed to identify and implement learning from the results.

Woodview Development

Woodview was developed in partnership with Grampian Housing Association. These properties were built to accommodate those with the most complex and challenging behaviours. Many of the residents were supported out of area, this enabled them to be rehoused in Moray.

Testimonial from David Hurst about the difference Woodview has made to his son Michaels life.

"My son's life has improved beyond recognition from where we were when he was in his 20's and I'm so proud to say that we all contributed to making that happen. To me, this photo shows determination, drive and teamwork and sums up everything we've dealt with throughout Michael's life."

After many challenging years living hundreds of miles away from family, Michael now has his own home in Woodview.

David tells us how he feels the staff at Woodview meets some of Michael's needs:

- Michael has freshly prepared healthy option meals provided for him daily.
- Michael's house is his home. Staff support him in his home.
- Michael is constantly offered new experiences. Positive experiences are reinforced when possible.
- Michael's team are "willing to go the extra mile" both personally and as a group. As a family we are offered the opportunity to do the things we would like, from a pub lunch to a family holiday

We appreciate beyond words that the team will help us meet what we want to do but are also willing to state this is "not a good idea – at the moment" we know this is always said with Michael at the heart of a decision. The care team feels like an extension of the family.

Outcome 5: Health and Social Care services contribute to reducing health inequalities.

As we recover from the pandemic, it is essential that we keep a focus on reducing health inequalities. These inequalities often arise from circumstances in an individual's daily life. As we have seen recently, broader social issues can also affect us e.g., increased food prices, increased fuel prices.

HSCM continues to understand and strive to reduce how these broader social issues can affect a person's health and wellbeing, including education, housing, loneliness and isolation, employment, income and poverty. People from minority communities or with protected characteristics (such as religion or belief, race or disability) are known to be more likely to experience health inequalities. We will continue to prioritise those who are most vulnerable in our society, to ensure that we stop the level of inequality from increasing.

The Moray Health Improvement Team works in partnership with the Moray Community Justice teams to enhance health and wellbeing. The National Strategy recognizes that health needs should be supported to ensure successful reintegration, where people do not experience stigma and discrimination upon accessing services. The team has successfully delivered interactive workshops on a range of health and wellbeing topics including cancer screening, utilizing interactive resources, sexual health as well as offering mini lifestyle checks. These drop-in sessions were delivered in a Polytunnel within an industrial estate demonstrating innovation to overcome the challenges this unconventional environment can bring. The workshops supported 12 service users and evaluated positively. The next steps will be to plan and support a sustainable, holistic programme of health and wellbeing to encourage access to services.

Let's talk 'Health, Wellbeing and Communities' event in Keith

HSCM hosted a 'Let's talk Health, Wellbeing and Community' event in Keith in August 2022, it was attended by over 40 exhibitors from across the HSCM services, local and national charities, community groups and public sector including the Police, Scottish Fire Service and the Department of Work and Pensions (DWP).

The aim of the event was to raise awareness of the services and support available in and around the Keith area, offer advice and signpost members of the community and to gather feedback to support plans in the Keith area and for the Keith and East Locality Planning (KELP) project.

The Community Learning and Development (CLD) team played an important role in planning the event, including a joint questionnaire that was produced to try and capture everything around what matters to the people living in and around Keith, from health through to the place itself.

The feedback from the event has been tremendous, with new opportunities created for services to work together and refer into one another, people from in and around the Keith area being more aware of services and support available and requests coming in from across Moray for similar events to be run elsewhere.

A massive thank you to Tesco in Keith who provided refreshments and a member of their team to support the day!

Digital Access

Moray was reported as having 59.7% of households with access to broadband at minimum speed of 30mb/second, this is considerably higher than the national average figure of 43.1%

Screening

Women over 70 are once again being offered the opportunity to self-refer for breast cancer screening. This service was suspended during the early stages of the COVID-19 pandemic. However, data suggests that screening has now recovered, and 53% of breast cancers diagnosed via screening has recovered to its pre-pandemic detection rate.

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

Moray Carers Strategy 2023-2026

A Carer is generally defined as someone, irrespective of age, who provides unpaid help and support to someone who cannot live independently without the help. This can be due to frailty, illness, disability or addiction. Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. HSCM understands that supporting Carers must to be a priority, and have invested in the Carers **Strategy** and we will now focus on the delivery plan to continue to ensure the sustainability of the Carers role.

> 32% of people surveyed in Moray felt supported to continue caring compared to 30% of people across Scotland. However 31% gave a negative response compared to the Scottish figure of 28%.

> 60% reported having a good balance between caring and other things in their lives, this was slightly lower than the Scottish figure of 63%

> 44% of people surveyed felt that they had a say in the services provided for the person they looked after, compared to 39% across Scotland

> NHS Grampian were recognised with a Carer Positive award for supporting staff in the workplace who are also carers.

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

Health and Social Care Moray commission Quarriers; our carer support service.
- As of 31st March 2023, there were 1220 adult carers registered.
- There are 171 young carers, of which 156 are being directly supported by Quarriers during the reporting period January to March 2023.
- Of the 171 carers registered with Quarriers, 17 are classed as very young carers (under the age of 8).

At the most recent Carers United meeting, young carers in Moray had the opportunity to speak with the Young Carers Scottish Youth Parliament representative. Members of Carers Unite, the young cares focus group in Moray, produced a video for Young Carers Action Day which can be widely shared throughout Moray. **Quarriers 2023.mp4**
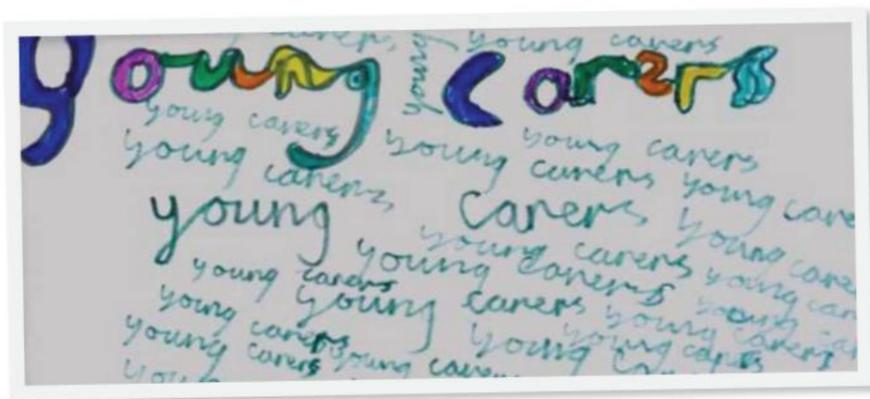
Extract from Carer Representative, MIJB: Our new strategy, Recognised, Valued and Supported, is grounded in the lived experience of unpaid carers and my thanks goes to everyone who has been involved. It reflects what carers say matters to them. It recognises where we are now and where we want to get to over the next three years to improve the experiences of carers. The strategy and supporting implementation plan will guide the work of health, social care and community partners towards a better Moray, where carers of all ages are recognised, valued and supported to enjoy healthier and more fulfilled lives.

Communities & Volunteering Team (Moray)

During the previous year, the Volunteer Team underwent some positive changes that resulted in a rebranding and restructuring of the service. By collaborating with the Community Wellbeing and Development Team, the service was renamed as the Communities and Volunteering Team.

The Community Wellbeing and Development Team continues to support older people to move from crisis to confidence with the facilitation of all the Be Active Life Long (BALL) groups.

The joint objectives of the teams are to prevent, reduce and delay the need for formal care services by enabling everyone to maintain their independence and lead healthy, active lives in their own community, for as long as possible.

- The volunteer team continue to expand one of their services (Moray Caller) to reach rising demand in referrals.
- Launched a new initiative in collaboration with The British Lions for providing ICE (in case of emergency) boxes, where essential information can be accessed if needed by the emergency services, bringing peace of mind to those who access their service and added support for the volunteers
- Launched a new Facebook page to promote volunteer opportunities and celebrate the positive impact of volunteering.

The team's aim is to ensure that no one is left behind in our community and they are

committed to reducing social isolation and re- connecting people back into their communities. The team continues to develop and now offers a wide range of roles and support.

Volunteer Roles

Community Responder	Volunteers connect to people who are socially isolated in their home setting (Community Alarm / Telecare). Community Responders are dedicated volunteers who offer initial support to people at risk of falls or illness, especially those who may not have nearby family or friends. By offering comfort and reassurance, volunteers can help individuals stay safe, secure, and independent in their own homes.
Social Volunteer	Volunteers offering friendship to socially isolated people supporting reengagement back into their communities (befriender). Social Volunteers play a vital role in connecting with people who may be socially isolated in their communities. By being matched with someone and making regular home visits, volunteers provide companionship, shared interests, stories, and experiences.
Moray Caller	Volunteers who connect to people who are socially isolated in their home setting (Telephone Befriender). Moray Calls volunteers play a vital role in reaching out to individuals who may be socially isolated in their community. By making regular phone calls, volunteers can share interests, stories, and experiences, helping to brighten someone's day and foster connections.
Flexible Volunteer	Being available to call upon if there is an urgent need in and around the local community Finding time for volunteering can be a daunting task, given the many commitments people face, such as work, family, or studies. Flexible volunteering offers a diverse range of roles, giving volunteers the freedom to choose activities they enjoy in the time they have available

Page 234

This invaluable volunteer service supports services delivered by the Health and Social Care Partnership, improves patients discharge pathway, connects people with their communities, builds personal and community resilience and provides clear signposting and supports those connections.

This can also be very rewarding for the Volunteers; they are also connected with their communities, and this promotes improvement in their own health and wellbeing. Volunteering also provides opportunities for people to develop a range of skills and experiences than can be transferred into a workplace setting.

We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve.

COMMUNITIES & VOLUNTEERING TEAM / MORAY

In Numbers

In 2022 we reached a significant	With the help of	Transforming the lives of
10	**638**	**963**
Year Milestone	Volunteers	Individuals who have accessed our service
585	**265**	**113**
Accessed Social Volunteers	Accessed Community Responders	Accessed Day Service Opportunities

Case Study

After retiring and then moving away from the area Terri suffered a double bereavement. Her husband was still working, and even after returning to the area she felt lonely and isolated. She started to lose my confidence and self-worth. She decided to join the group. Terri is now a Social Volunteer (befriender) and has dedicated 1 year of her time to visiting her client, a 99-year-old individual who has dementia. On a weekly basis, Terri spends one hour and spends time with her client, talking about their shared interests in sewing and knitting.

Benefits

Volunteer	Gained confidence
	Met new people
	Improved her health and wellbeing
	Helped recovery from bereavement – renewed sense of purpose
Client	Companion and social interaction
	Supported ability to remain at home and independent with support network

Feedback from Terri

"I look forward to my visits, I think I get as much out of it as the client gets from me. I know I am making a difference to someone else. A family member recently told me that her parent had said how much she enjoys my visits. Volunteering means a lot to me, volunteering has given me a social life and I have met new people and get out the house more"

NHS Grampian are working towards achieving the Engaged level of the Carers Positive Award for supporting carers in the workplace. Carers Scotland, on behalf of the Scottish Government, operates an award scheme to recognise employers in Scotland who support carers in their workforce. It aims to raise awareness of the growing numbers of people who juggle work and caring responsibilities.

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

The Adult Support and Protection (Scotland) Act 2007, states that public sector staff have a duty to report concerns relating to adults at risk and the Local Authority must take action to find out about and, where necessary, intervene to make sure vulnerable adults are protected.

This duty also includes ensuring services are maintaining safe, high-quality care and protecting vulnerable people.

During the pandemic, and specifically during lockdown, vulnerable people had limited access to their support networks. This reinforced the importance of child and adult protection, and HSCM has prioritised resources to ensure this remains a priority. New teams and processes have been introduced to allow us to identify and protect those identified as most vulnerable in our communities.

Adult Support and Protection

The joint **inspection** of HSCM took place between March and May 2022. The Care Inspectorate reported that there were 'some clear strengths in ensuring adults at risk of harm were safe, protected and supported'.

The Care Inspectorate asked the Partnership to develop an improvement plan to address the priority areas for improvement identified. The Care Inspectorate will monitor progress implementing the plan. The Multi-agency Improvement Plan builds upon Moray's original improvement action plan formulated in 2019 following a series of engagement and consultation events and multi-agency workshops with the purpose of giving a clear foundation and oversight to Adult Support and Protection activities in Moray.

This plan is a multi-agency plan and is the tool used within the Moray Adult Protection Committee to provide assurance to all partners of progression and development in the work carried out. Updates on the delivery of the plan are presented to the Clinical and Care Governance Group and the MIJB Clinical and Care Governance Committee. It is also presented at a multi-agency committee which has an independent chair.

The Health Improvement Team supported Operation Protector: 2 days covering Elgin, Buckie and Keith. Engagement with over 100 people sharing information on how to protect vulnerable people in the community and report any concerns of organised crime activity

Resettlement and Refugee Team - Ukraine Displaced Persons Scheme

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

The support received from the Department of Work and Pensions (DWP) Employability Team, Income Maximization Team, NHS, Education and Social Security Team at the Drop-in Sessions when families arrived was instrumental to the resettlement success. Support from wider partners has also been exceptional; the University of Highlands and Islands for English for Speakers of Other Languages (ESOL), Moray Food bank, Moray Clothing Bank, and Tesco's significantly contributed towards the successful integration of the Ukrainian citizens into the wider Moray community.

Prevention

Vaccination programme in Moray

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

Pre School-Vaccination (below data shows Moray update is above the Grampian rates)

Childhood Vaccinations Uptake 2022	% Moray	% Grampian
Immunisation	Year ended 31/12/22	Year ended 31/12/22
Uptake by 12 months		
6-in-1 primary course	97	95.4
PCV primary course	96.8	95.5
Rotavirus primary course	95.5	92.5
MenB primary course	96.4	93.7
Uptake by 24 months		
Hib/MenC	95.3	92.9
PCV Booster	95.2	91.4
MenB Booster	95.6	92.5
MMR1 (first dose of MMR)	95.3	93.6
Uptake by 5 years		
DTaP/IPV	92.1	89.0
MMR2 (second dose of MMR)	91.2	88.2

Technology enabled care

We are continually working with partners to identify where technology can be used to improve care and allow people to live independently and safely. Telecare is a system that includes alarms and sensors that can be placed in a citizen's home, linked to a response centre using the telephone line.

Number of People as a Rate per 1,000 Population with Total Receiving Community Alarms and/or Telecare in Moray and Scotland (Estimated) 2015/16 - 2021/22.

— Rate per 1,000 Population Moray
-- Rate per 1,000 Population Scotland (Estimated)
— Start of the COVID-19 Pandemic - 2019/20 Q4
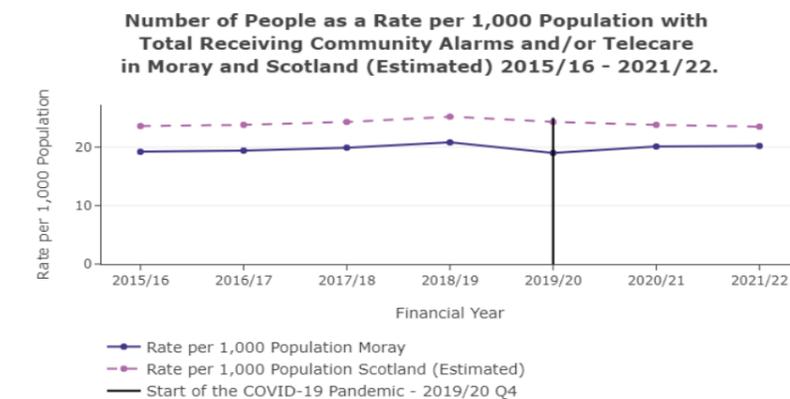
29.7% of people using Telecare also receive Care at Home in Moray (2021/22).

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

Although MIJB does not directly employ people who deliver health and social care services, the MIJB influences the services which are commissioned and therefore has a role in influencing the workplace culture. This includes influencing how well services are integrated and approving strategies that set the direction of travel.

Health and Wellbeing

Health and wellbeing initiatives
We Care is a staff health and wellbeing programme established to deliver, coordinate and enhance staff wellbeing across NHS Grampian and Health and Social Care Partnerships. The We Care website is a hub where staff can access information, help and advice related to individuals and their teams' wellbeing.

Specific examples of support that has been provided:

- Values based reflective practice has been taken up by a number of front-line teams across Moray as has the opportunity for team resilience training.
- Trauma risk management support has been provided to staff who have faced a significant traumatic event in their day-to-day work.
- Moray staff have participated in mindfulness courses and online yoga for menopause is available

Sports classes have been identified to promote free healthy exercise classes a week are run by the Moray Sports Centre. These classes are exclusively for Moray HSCP staff and funded by the NHS Grampian Charity.

- Staff sessions run by Horseback UK to relieve stress and anxiety
- Staff have linked into many activities run by Moray Health and wellbeing Hub including managing their own mental health and wellbeing
- A 12-week programme was run by the health improvement team to support staff through a variety of initiatives such as weight loss, smoking cessation, safe drinking and financial crisis support.

Moray Staff Health & Wellbeing Team was introduced by Health and Social Care Moray as an informal group during the COVID -19 pandemic. There was a perceived need for staff across Moray to be supported and kept informed of issues, challenges and opportunities to focus on their health & wellbeing. The group highlights and offers many opportunities for staff to join a variety of workshops and forums where they are able to connect with colleagues during the difficult times that Covid presented. Staff were also encouraged to link to the NHS Grampian 'We Care' programme. As we continue to recover from the COVID-19 pandemic, the group continues to be invaluable source of information for staff.

Menopause Tea and Talk			
Wellbeing in the workplace		Guided Journaling	
Keeping warm in winter	Staff Equalities Network	Psychological Safety	Health Apps
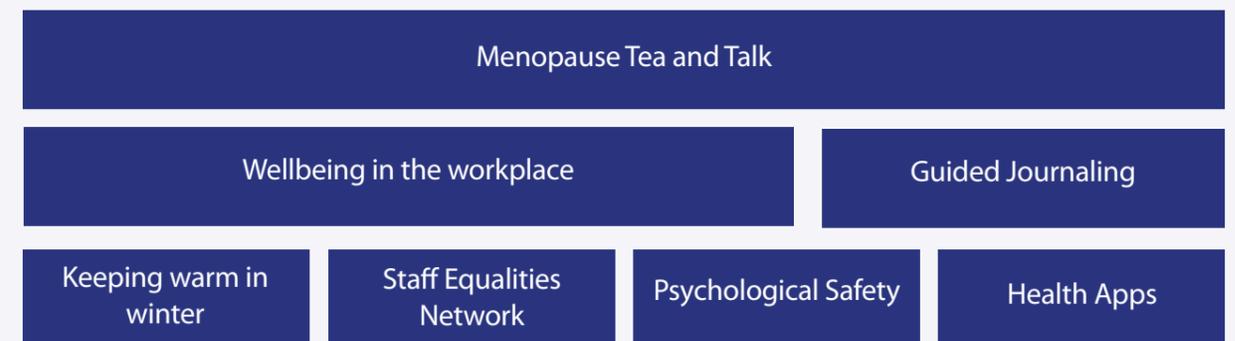
The Health Improvement Team also leads on a number of staff wellbeing initiatives, such as healthy weight, mental health and smoking cessation. They also provide onsite and outreach sessions to staff teams on request.

The Moray Health Improvement Team has delivered alcohol brief intervention (ABI) training to 85 colleagues, Local Authority and Third Sector partners.

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

Page 237

Hybrid working

The pandemic required HSCM to rapidly embrace new ways of working. This resulted in some staff suddenly working from home on a full-time basis. HSCM faced a huge challenge to ensure all staff had the appropriate equipment to allow this to happen, whilst still supporting staff remotely. A huge benefit from this is the progress we have made in digital technology and skills in a very short time. However, we appreciate the staff can feel isolated and less supported working from home, so we are now concentrating on how we work towards a true hybrid model, where appropriate. With an ageing building estate and higher specifications for patient spaces, this will be planned by the newly formed Moray Transformation Board with a wider lens of the Health and Social Care Partnership and Dr Grays Hospital.

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

iMatter

iMatter is an annual survey tool that allows for staff feedback across the system. It is used across health and social care teams. iMatter also includes the development of team action plans to reinforce the importance of feedback and creating a positive workplace.
The response rate for NHS Staff employed within the Moray Portfolio was 53%. This is an increase from 44% in 2021, but a decrease from 62% in 2019. The impact of the Covid-19 pandemic response is likely to have affected the engagement from staff during this period.
A snapshot of results reflecting the Staff Governance Standards presented below, shows a continual increase in staff satisfaction across the Moray Portfolio which encompasses Health and Social Care Moray and Dr Grays Hospital.

	2019	2020	2021	2022
I get the information I need to do my job well Clear, appropriate and timeously communication	79	78	79	81
I feel my direct line manager cares about my health and well-being Assessing risk and monitoring work stress and workload	82	82	84	86
I feel involved in decisions relating to my team (Empowered to influence)	74	73	74	78
I am given the time and resources to support my learning growth (Learning & growth)	72	67	71	74
I am treated fairly and consistently Consistent application of employment policies and procedures	79	79	81	84

'Trickle' is an online ideas platform that allows everyone in NHS Grampian a place to be heard. People can make suggestions, challenges and highlight hot topics. This then allows leaders to understand what matters most to staff and encourages the sharing of ideas which may improve patient experiences or even drive financial savings.

Development and Training

Turas is the digital platform developed by NHS Education for Scotland (NESS) to support health and care professionals working in the public sector. Annual appraisal is one element of this 'platform'. This includes planning for staff to identify growth areas and goal setting.

Year	2019/2020	2020/2021	2021/2022	2022/2023
No. of appraisals completed	34	34	72	151

Appraisals were reinstated in November 2021, having been paused during the height of Covid-19. There is an improving picture with approximately 13.78% of people employed by HSCM (NHS Staff) having completed the process in 2022/23. This will be an area for improvement.

It will be discussed at various staff and partnership forums and is monitored by the NHS Staff Governance Committee.

Recruitment

It is widely recognised that there is a significant challenge in recruiting to many roles within the Health and Social Care Partnership. This is not isolated to Moray. However, Moray has the added issue of lack of affordable housing. We continue to work across professional organisations to attract people to work in Moray. Furthermore, there are significant numbers of people leaving the organisation or taking early retirement, leaving a vacuum in knowledge and skills to be passed on.

Third sector organisations

The pandemic and adverse weather events have contributed to the creation of Community Resilience Groups, some of which grew from existing organisations such as Community Councils, others were completely new. HSCM recognizes the value these groups bring, not only to their communities but as vital links between their communities, Local Authority and Health and Social Care Partnerships. It is hoped that this collaborative relationship will continue to grow and develop even stronger links in the future.

Staffing

Moray Resource Centre Staff – finalists at Moray & Banffshire Heroes 2023 Award Ceremony

Outcome 9: Resources are used effectively and efficiently in the provision of Health and Social Care services

HSCM continuously seeks to ensure that resources are used effectively and efficiently. We continue to focus on improving quality and efficiency by making the best use of technology and new ways of working, improving consistency and removing duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.
The 'Health Point' based within Dr Grays Hospital, offers free information, support and advice on a range of health and wellbeing concerns, including smoking cessation, weight management. A total of 2028 enquires were received by the team during 2022-23. Health point also offers an outreach service, in both clinical and non-clinical settings, within each locality in Moray providing an accessible health and wellbeing support service. Staff have also attended several events alongside partners, such as Moray Pride, DWP Job Fairs and community lunches, offering health and wellbeing advice and guidance in a rage of settings.

Moray Daytime Unscheduled Care Service (DUCS)

There is considerable pressure across the health and care system in Grampian. This pressure is particularly felt within General Practice. The unpredictability of the demand for unscheduled home visits during the day is becoming increasingly disruptive on an already stretched workforce. Therefore, it was felt there is a need to find further initiatives that supports Practices with this demand, and as such the DUCS test of change was developed.

The Moray Daytime Unscheduled Care Service (DUCS) was a test of change that comprised of an in-hours urgent care team (1 x GP and 2 x Advanced Nurse Practitioners (ANP), operating from a Monday-Friday. Referrals were professional to professional with Practices calling a dedicated number. The GP/ANP would then triage the call and the call would then be assigned appropriately.

The service provided 131 visits to patients during the 9-week period. A full evaluation process has now been completed and the information will be presented to, and any recommendations considered by the Senior Management Team.

Localities

While the Strategic Plan is a Moray-wide document, Moray has been divided into four areas, known as localities, to enable planning to be responsive to local needs and to support operational service delivery. These localities are:

- Buckie, Cullen and Fochabers
- Elgin
- Forres and Lossiemouth
- Keith and Speyside

Each locality has a Locality Manager who leads on putting locality oversight arrangements in place and taking forward engagement with Partners, including the Third sector, Service Users, and Carers, to develop Locality Plans to improve health and wellbeing. Locality plans can be found on our website.

Community Planning

Links with Community Planning partners are maintained at a strategic level through the Chief Officers Group and the Community Planning Partnership Board. This supports joint working on multi-agency plans such as the Children's Services Plan, Drug and Alcohol Strategy and Public Protection Plans.

The Health Board area for NHS Grampian covers not only the Health and Social Care Partnership for Moray but also Aberdeenshire and Aberdeen City. We work closely with colleagues across Grampian to support the delivery of NHS Grampian's Plan for the Future.

Financial performance and best value

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

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

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

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

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

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend	Note
Community Hospitals & Services	5,743	5,990	(247)	
Community Nursing104,360	5,626	5,163	463	
Learning Disabilities	9,149	12,626	(3,477)	1
Mental Health	10,076	10,295	(219)	
Addictions	1,611	1,588	23	
Adult Protection & Health Improvement	164	167	(3)	
Care Services Provided In-House	21,193	18,486	2,707	2
Older People Services & Physical & Sensory Disability	20,467	23,441	(2,974)	3
Intermediate Care & OT	1,609	1,768	(159)	
Care Services Provided by External Contractors	8,882	8,084	798	4
Other Community Services	9,241	9,208	33	
Administration & Management	2,786	2,425	361	
Other Operational Services	1,355	1,286	69	
Primary Care Prescribing	17,322	19,283	(1,961)	5
Primary Care Services	19,048	19,058	(10)	
Hosted Services	4,844	5,018	(174)	
Out of Area Placements	669	1,231	(562)	6
Improvement Grants	940	888	52	
Total Core Services	140,725	146,006	(5,280)	
Strategic Funds & Other Resources	18,822	8,858	9,963	
TOTALS (before set aside)	159,547	154,864	4,683	

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

Significant variances against the budget were notably:

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

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

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

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

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

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

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page 46. At 31 March 2023 there were usable reserves of £4.683m available to the MIJB, compared to £17.02m at 31 March 2022. These remaining reserves of £4.683m are for various purposes as described below:

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

All reserves are expected to be utilised for their intended purpose during 2023/24. More details can be found in the **Unaudited Annual Accounts 2022-23.**

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

Set Aside services include:

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

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

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

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

Appendix A

Moray Area Profile

- Moray spans 864 square miles in North East Scotland
- Comprising mainly coastal and rural communities
- Population 96,410 (2021 estimate) - 1.76% of Scotland's total population
- Population predicted to fall by 1.04% by 2028
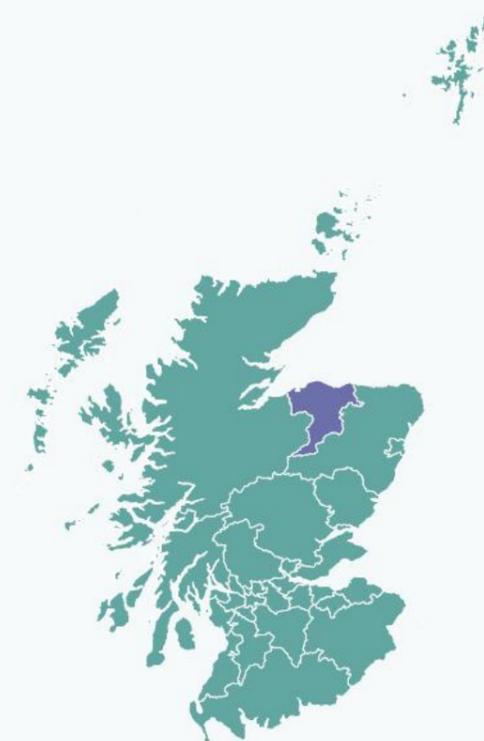
Moray Age Profile		
(latest NRS data based on mid-year estimates 2021, used for population projections using 2018 as baseline)		
0-15 year olds	16-64 year olds	People aged 65+
16,173	**58,924**	**20,423**
16.9% of population	61.7% of population	22.3% of population
(Scotland 16.9%)	(Scotland 64.2%)	(Scotland 19.6%)
Males: 487,733, Females: 48,677 which is comparable to Scottish average		

Expected to fall to 14.6% of the population by 2028

Expected to fall to 59.3% of the population by 2028

Expected to rise to 26.2% of the population by 2028 (Scotland 22.1%)
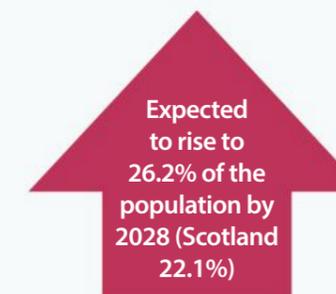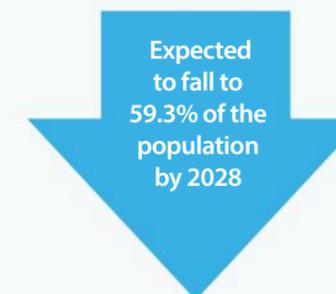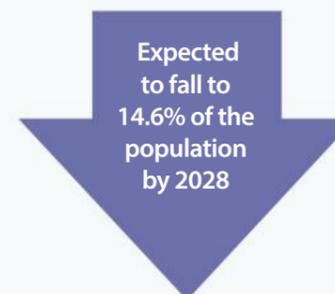
Deprivation

2.7% of Moray population live within the most deprived quintile, whilst **13.3%** live in the least deprived quintile (SIMD2020 &NRS)
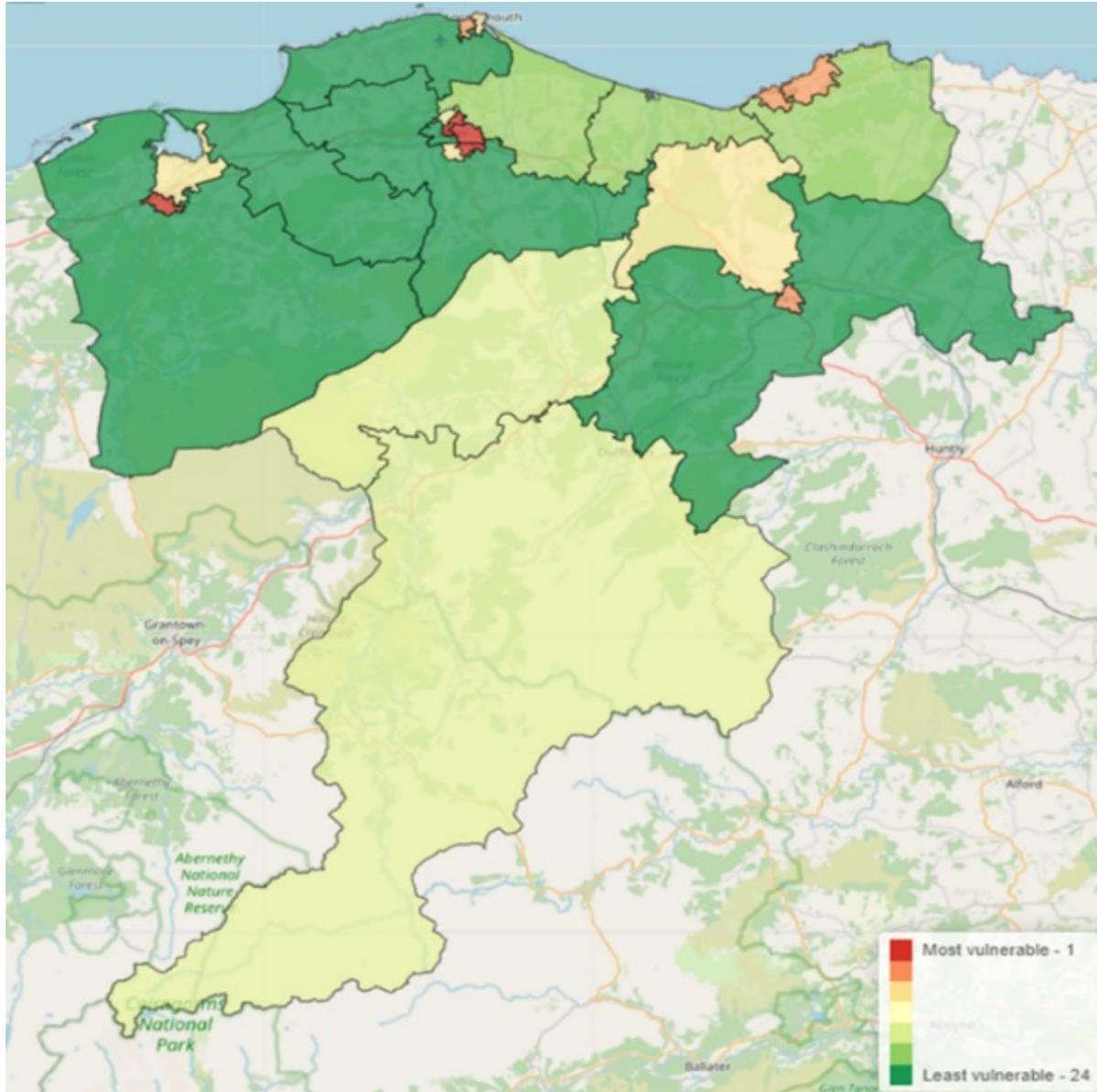
Economic Status

- Moray is the second least deprived mainland local authority in Scotland (SIMD 20)
- 15.4% of Moray households are estimated to be workless (Scotland 18.6%)
- 20.4% of children within Moray are living with low income families (UK 20.1%) (DWP 2022)
- In November 2022, 11% of all Moray households were on Universal Credit - 4,700 households (Scotland 14%) (DWP 2022)
- 64.1% of homes were in Council Tax Bands A-C), 7.2% were in Council tax Bands F-H, compared to 59.2% and 13.6% respectively in Scotland.

Community

- In 2021 it was estimated that there were 43,590 households in Moray.
- 62.2% of adults living in Moray rate their neighbourhood as a good place to live (Scotland 59.1%)
- The crime rate in Moray is 40 per 1,000 population (Scotland 52)
- The rate of non-accidental fires in Moray is 13 per 10,000 population (Scotland 30)
- In Moray, 34 drug crimes are recorded per 10,000 population (Scotland 51)

Most vulnerable - 1

Least vulnerable - 24

Appendix B

National Indicators

Performance issues and actions to improve performance

2021/22 results for indicators 2, 3, 4, 5, 7, and 9 are comparable to 2019/20 but not to results in years prior to this. This is due to changes in survey wording introduced in 2019/20 and affects both the HACE publication and the Core Suite Integration Indicators. Due to this change, to ensure the methodology used to produce figures for 2019/20 and 2021/22 is as similar as possible to previous years, results in the Core Suite Integration Indicators are based only on responses where services received were either NHS or council funded, although please note figures are still not comparable.

The measures in the survey that are used to track the performance of the person-centered approach to independent living all show reducing trend since 2013/14. In addition, there hasn't been a noticeable reduction in health inequality between the least and most deprived areas in Moray since 2010 for early mortality and emergency hospital admissions. However, Moray has lower levels of inequality compared to Scotland as a whole.

National Indicator 1

The percentage of people who are able to look after their health well or quite well has reduced in Moray to 92.7%, however this is above the Scottish average of 90.9%.

National Indicator 1

Percentage of adults able to look after their health very well or quite well

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	97.3	95.8	93.2	93.5	92.7
Scotland	94.5	94.5	92.9	92.9	90.9

Moray ——— Scotland

Page 245
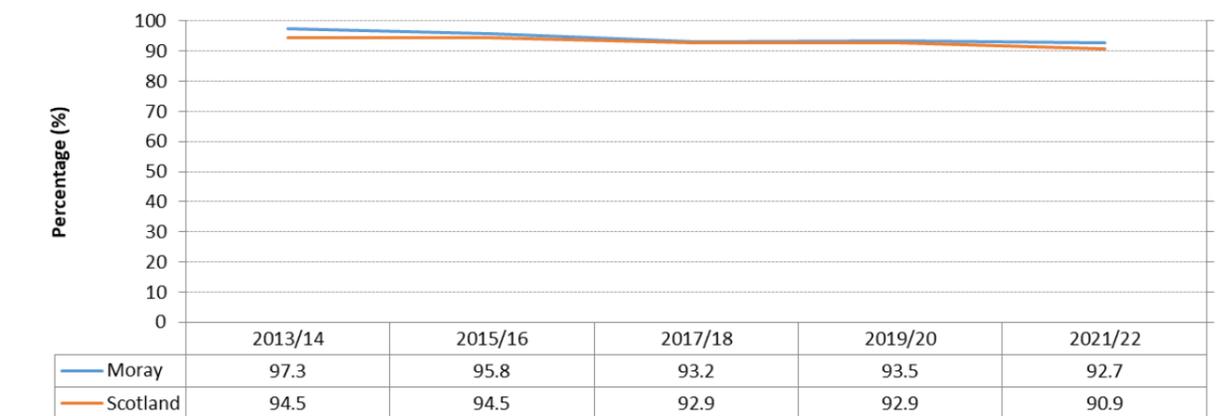
National Indicator 2

The trend in the proportion of people who agree they are being supported to live as independently as possible has reduced for both Scotland and Moray in 2021/22. However, around four-fifths (79.3%) of respondents agreed with this statement in the most recent survey.

National Indicator 2

Percentage of adults supported at home who agree that they are supported to live as independently as possible

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	81.8	74.4	82.7	82.7	79.3
Scotland	82.8	82.7	81.1	80.8	78.8

— Moray — Scotland

National Indicator 3

A smaller percentage of Moray respondents agreed they had a say in their care provision in the latest survey compared to previous years. With a positive response of 70.2%, Moray is similar to the Scottish average of 70.6%, but is down 9.5% from the previous survey where the Scottish average reduced by 4.8%.

National Indicator 3

Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	78.5	72.6	74.8	79.7	70.2
Scotland	83.1	78.8	75.6	75.4	70.6

— Moray — Scotland

National Indicator 4

The percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated has seen a significant reduction across Scotland but in Moray this reduction is even more pronounced coming down from 77.1% to 62.2%.

National Indicator 4

Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	74.4	71.4	72.8	77.1	62.2
Scotland	78.1	74.9	74.3	73.5	66.4

— Moray — Scotland

National Indicator 5

In the 2019/20 survey 80.7% of Moray respondents have rated their care as excellent or good. That percentage reduced to 68.1%, below the Scottish average of 75.3%, in the latest survey. This is a significant reduction even when compared to the general reduction across Scotland.

National Indicator 5

Percentage of adults receiving any care or support who rate it as excellent or good

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	81.3	79.2	79.8	80.7	68.1
Scotland	83.4	80.6	80.2	80.2	75.3
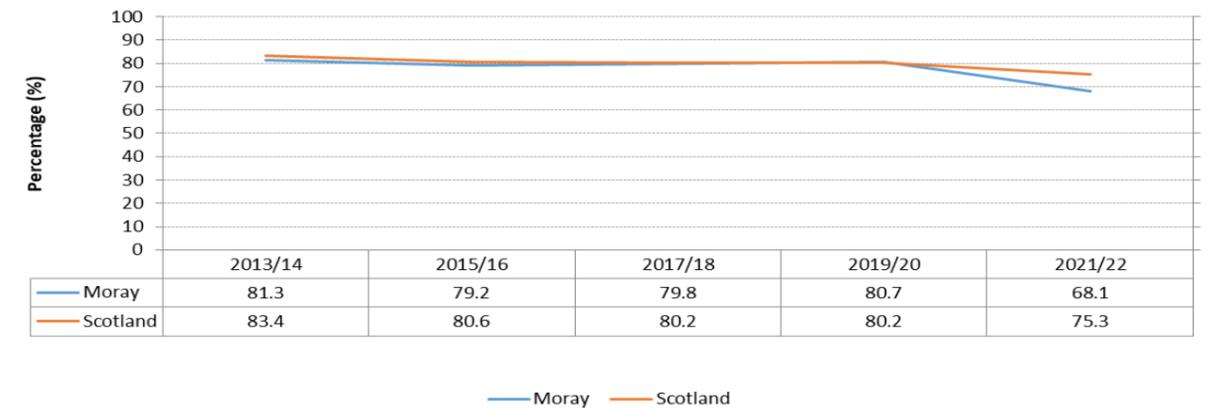
— Moray — Scotland

National Indicator 6

The percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated has seen a significant reduction across Scotland but in Moray this reduction is even more pronounced coming down from 77.1% to 62.2%.

National Indicator 6

Percentage of people with positive experience of care at their GP practice

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	83.6	85.8	80.0	77.3	60.0
Scotland	84.8	85.3	82.7	78.7	66.5
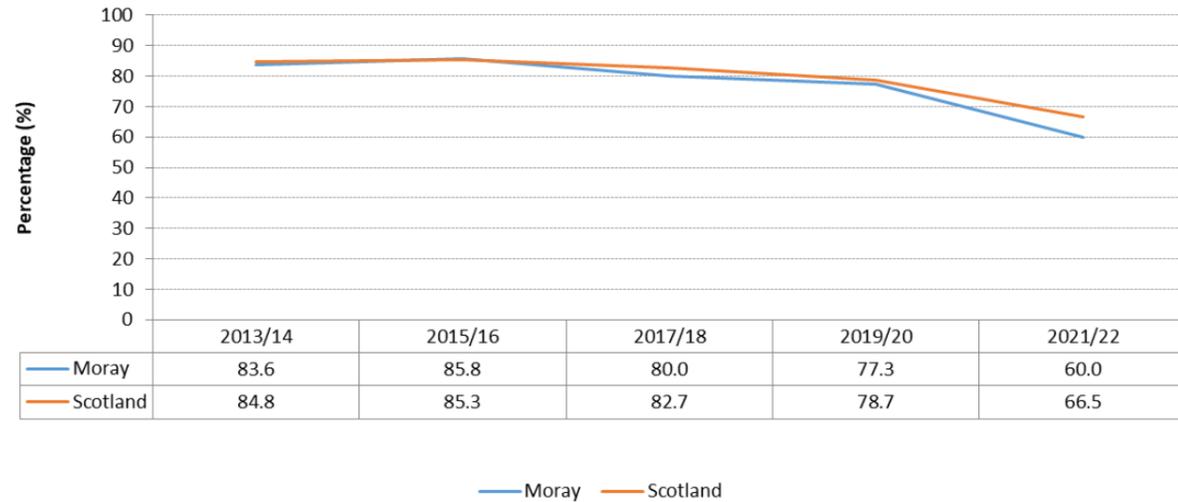
National Indicator 7

The percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated has seen a significant reduction across Scotland but in Moray this reduction is even more pronounced coming down from 77.1% to 62.2%.

National Indicator 7

Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	81.9	82.7	78.5	79.2	73.3
Scotland	84.7	83.4	80.0	80.0	78.1
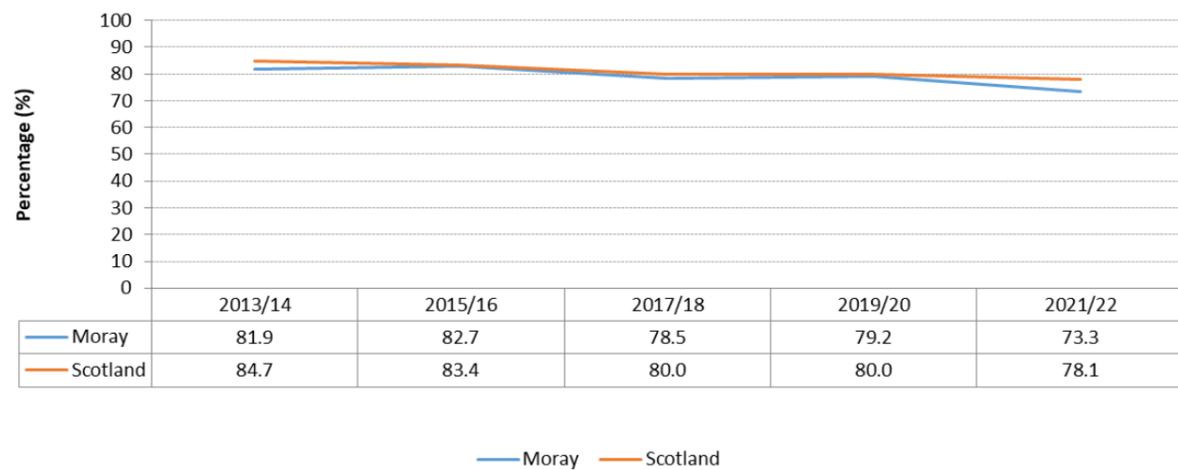
The Improvement Service's Community Planning Outcomes Profile tool[1] contains 2 measures that indicate the level of inequality between the least deprived and most deprived areas in Moray (the most recent data is for 2020). Inequality in the early mortality rate has consistently been below the Scottish level since 2012. The figure has remained stable over the past 2 years after 3 years of gradually rising, indicating that inequality gap has stopped widening, but is not reducing. Similarly, the inequality in emergency hospital admissions has been less than the Scottish level since 2010 and showed an improvement in 2020.
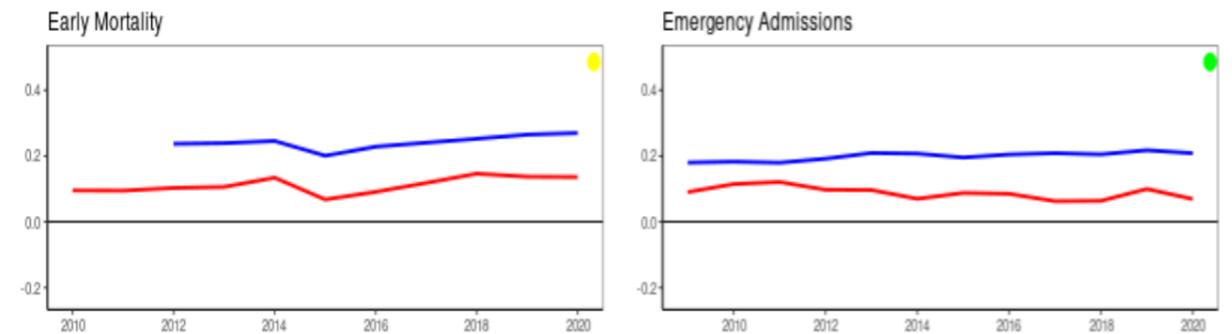
National Indicator 8

The percentage of carers in both Moray and across Scotland who feel supported has never been high, but has gradually reduced over the years from 43% to fewer than one in three (31.6% in Moray and 29.7% in Scotland).

It is anticipated that the Carers Strategy developed in 2023 will provide the framework to improve this reponse.

National Indicator 8

Percentage of carers who feel supported to continue in their caring role

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	42.9	38.1	39.5	30.7	31.6
Scotland	43.0	40.0	36.6	34.3	29.7
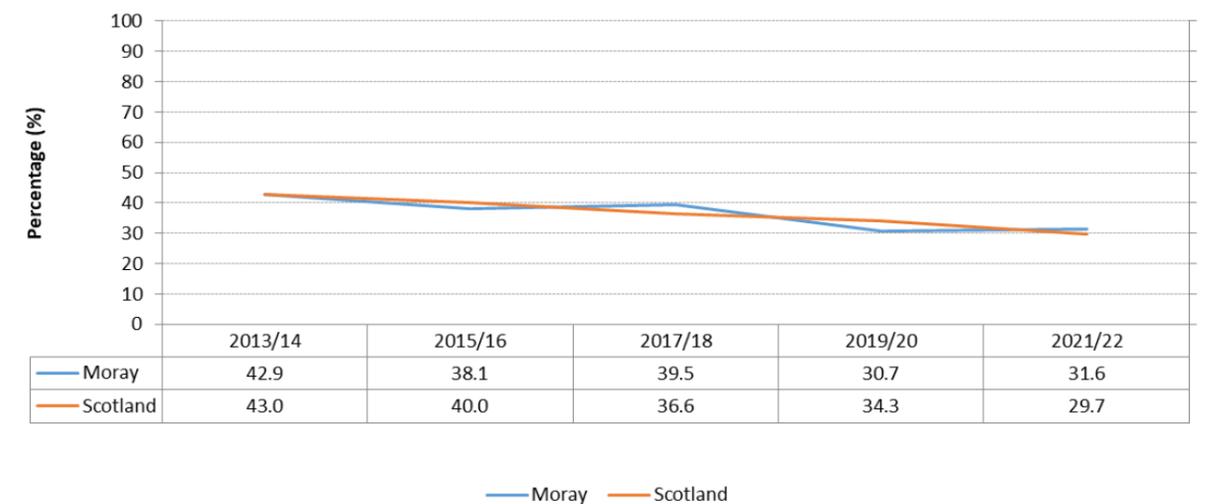
1 Scottish Government Improvement Service – Community Planning Outcomes Profile Tool - https://scotland.shinyapps.io/is-community-planning-outcomes-profile/

National Indicator 9

The percentage of people supported at home who agree they felt safe has reduced in Moray by 7.1%, from 79.2% to 72.1%. This is compared to a reduction across Scotland of 3.1%, from 82.8% to 79.7%.

National Indicator 9

Percentage of adults supported at home who agree they felt safe

	2013/14	2015/16	2017/18	2019/20	2021/22
Moray	81.8	78.8	83.5	79.2	72.1
Scotland	84.6	83.2	83.3	82.8	79.7
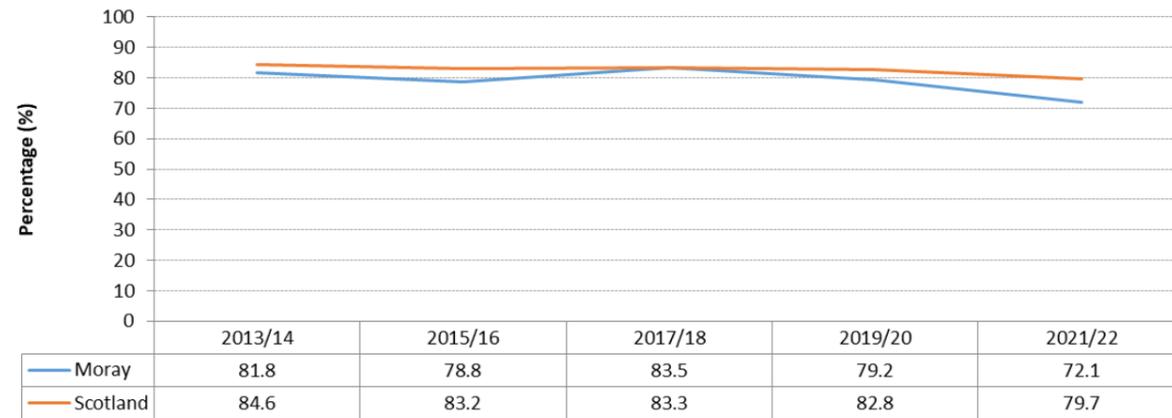
— Moray   — Scotland

Building Resilience: Taking Greater Responsibility for our Health and Wellbeing

Strategic Measures	Performance Indicator Qualitative
NI 1, NI 7 and NI 11	✓ Healthy life expectancy, ✓ % meeting national guidelines around physical activity, ✓ % of population considered obese, ✓ Drug and Alcohol related admissions and deaths, ✓ health span.
Objectives 1. We focus on prevention and tackling inequality 2. We nurture and are part of communities that care for each other	**Outcomes** ✓ People take control of their own health and wellbeing ✓ Wellness is enabled through prevention where possible ✓ Offending behaviours are reduced through enabling our children and adults ✓ Reduced social isolation, improved mental wellbeing in collaboration with partners ✓ Inequalities are addressed and understood, including protected characteristics of ethnicity and gender ✓ Promoted, improved and enabled communities via health improvement agenda; keeping our citizens well throughout their lifespan ✓ Reduced and recognised stigma re: mental health ✓ Developed and encouraged relationships within our communities ✓ Valued unpaid carers and volunteers with an equal voice

Our Pledges

We will encourage and support our citizens to get involved in the local community activities, stay informed about how to manage their health and wellbeing, keep active and support older people to take part.

We invite our community to help us to protect children and the vulnerable, being supportive parents or carers, supporting older people and be open and honest by telling us when we get it right and wrong.

Home First: Being Supported at Home or in a Homely Setting

Strategic Measures	Performance Indicator Qualitative
NI 3, NI 4, NI 5, NI 6, NI 7, NI 8, NI 9, NI 12-16, NI 18-20	✓ Social Care Unmet Need ✓ Delayed discharges ✓ % admissions ✓ % ED presentations ✓ % use of telecare ✓ % of social housing built ✓ % of adaptations ✓ Service user forums/surveys

Objectives	Outcomes
3. We work together to give you the right care in the right place at the right time 4. We help build communities where people are safe	✓ Fewer delayed discharges/ preventable admissions/ preventable ED presentations ✓ Person Centred care in a homely setting ✓ Holistic Overview of a person's health and wellbeing ✓ Sustainable services with Primary Care ✓ Value for money services that have longevity and sustainability ✓ Embedded and robust public protection processes ✓ A fully integrated Children and Families Service ✓ Reduced unmet need

Our Pledges

We invite our community and the people we support to stay informed about managing their own health and wellbeing; make their own choices and have control over the support they need.

We will ask the community and the people we support to help us by doing their bit to protect children and the vulnerable; getting involved in your local community and engaging with their local community.

Partners in Care: Making choices and taking control over decisions affecting our care and support

Strategic Measures	Performance Indicator
NI 10,	✓ % of people with technology that supports their health and care, monitor ✓ iMatter, ✓ % trained in Trauma Informed Care, ✓ Service user forums ✓ Surveys

Objectives	Outcomes
5. We are an ambitious and effective partnership 6. We are transparent and Listen to you 7. We make a positive impact beyond the services we deliver	✓ A more digitally advanced Moray ✓ A valued, developed sustainable and happy workforce ✓ An informed and highly trained workforce ✓ Commitment to continuous improvement ✓ Sustainable and viable locality plans ✓ A fully integrated Children and Families Service ✓ Successful communications and engagement that informs, guides and signposts our staff and our service users ✓ A mindful Moray – cognisant of climate change and its impact ✓ A prepared Moray - ready for the National Care Service

Our pledges

We will seek constant feedback from our community and our partners to drive improvement in the way we do our business. We will look outwards and learn from others at a local, national and international level.

We will ask our community and the people we support to play as active a role as they can in shaping our services and providing feedback on how we are doing. Engagement in existing forums and our Locality Planning Partnerships is a key element of this.

We will encourage the community to have their say in how we deliver services as equal partners to help shape and deliver our future communities.

Strategic Leadership and Planning	
Strategic Measures NI 5, 10, 17	**Performance Indicator – qualitative:** ✓ % Retention ✓ % absence ✓ % staff training ✓ iMatter, team meetings, 1:1, appraisals ✓ Financial defecit ✓ Adverse events ✓ Complaints ✓ Early resolution ✓ Performance dashboards
Objectives a. We have effective, approachable leadership that provides robust assurance. b. We have a financially stable and effective partnership where services are value for money and sustainable. c. We want a partnership that is proactive and ready to react to external incidents. d. We want our staff to be in the right post in the right place with the right training and development. e. We are committed to making Moray an attractive place to work with a sustainable and informed workforce. f. We are committed to continuous improvement through the monitoring of our performance. g. We are committed to our infrastructure planning for the future.	**Outcomes:** ✓ We adapt our policies based on evidence and lessons learned and can see our improvement journey. ✓ We foresee issues and planning for the future is in place-readiness is enabled. ✓ We retain staff and are dynamic in our recruitment. ✓ Financially viable and sustainable partnership. ✓ Major incident plans are easy to follow and adapt. ✓ Building and premises sustainability is enhanced. ✓ Informed staff and service users by multiple platform communications. ✓ Performance is used as a tool for quality improvement and assurance and is embedded into each service. ✓ KPIs are available for each team/service.

Appendix C - Operational Indicators

Please note that annual figures for Indicators 12, 13, 14, 15 and 16 are presented by financial year until 2021/22. As April 2022 to March 2023 data are not complete for all NHS Boards, calendar year figures are shown for 2022.

National Indicator 11 — **Premature mortality rate per 100,000 persons; by calendar year**

	2016	2017	2018	2019	2020	2021	2022
Moray	359.7	372.3	393.5	358.2	356.9	401.4	
Scotland	439.7	425.2	432.0	425.8	457.4	465.9	

— Moray — Scotland
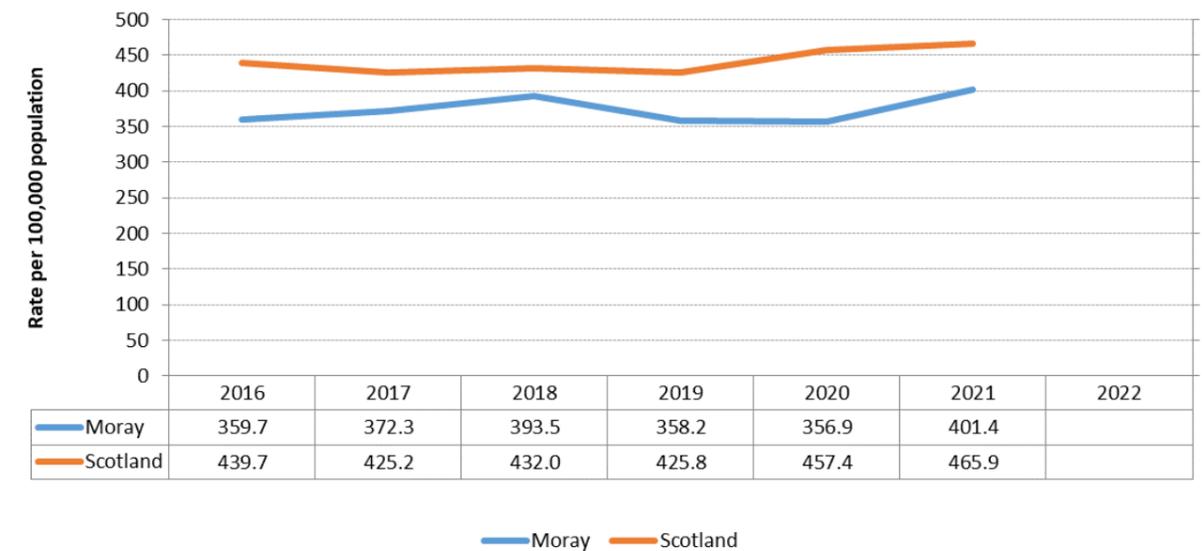
National Indicator 12 — **Emergency admission rate**

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Moray	8794.5	9076.3	8970.6	9319.3	8644.5	9240.7	8254.9
Scotland	12229.5	11941.9	12283.6	12529.3	10957.3	11631.6	11155.1

— Moray — Scotland
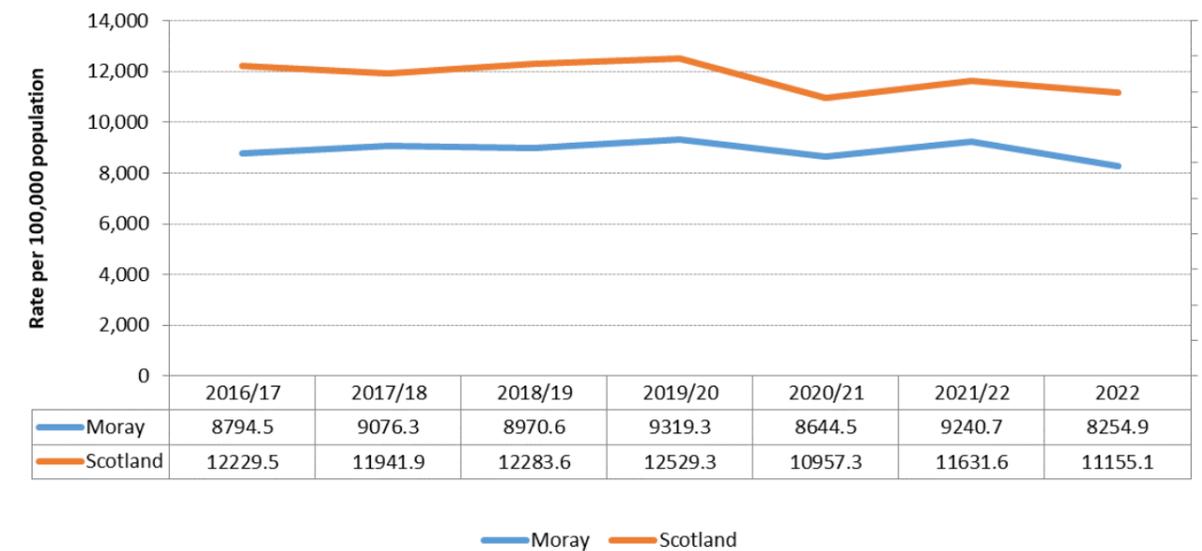
National Indicator 13 **Emergency bed day rate**

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Moray	97343.0	97190.9	92193.8	91422.3	75395.5	86684.9	96307.3
Scotland	125979.5	124118.3	121173.8	119752.5	101967.0	112939.1	113134.2

National Indicator 14 **Readmission to hospital within 28 days**

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Moray	74.9	84.4	77.1	77.7	100.9	85.9	82.2
Scotland	101.0	102.8	103.4	104.9	120.2	106.7	101.7
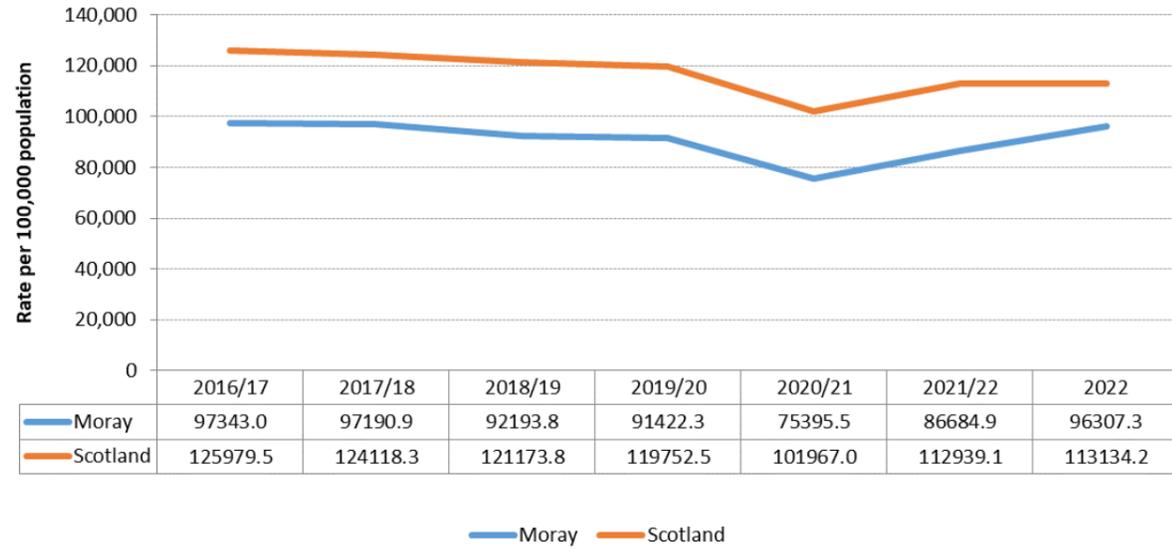
National Indicator 15 **Proportion of last 6 months of life spent at home or in a community setting**

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Moray	90.2	89.4	90.1	90.6	91.8	92.1	90.8
Scotland	87.4	88.0	88.0	88.2	90.2	89.7	89.3
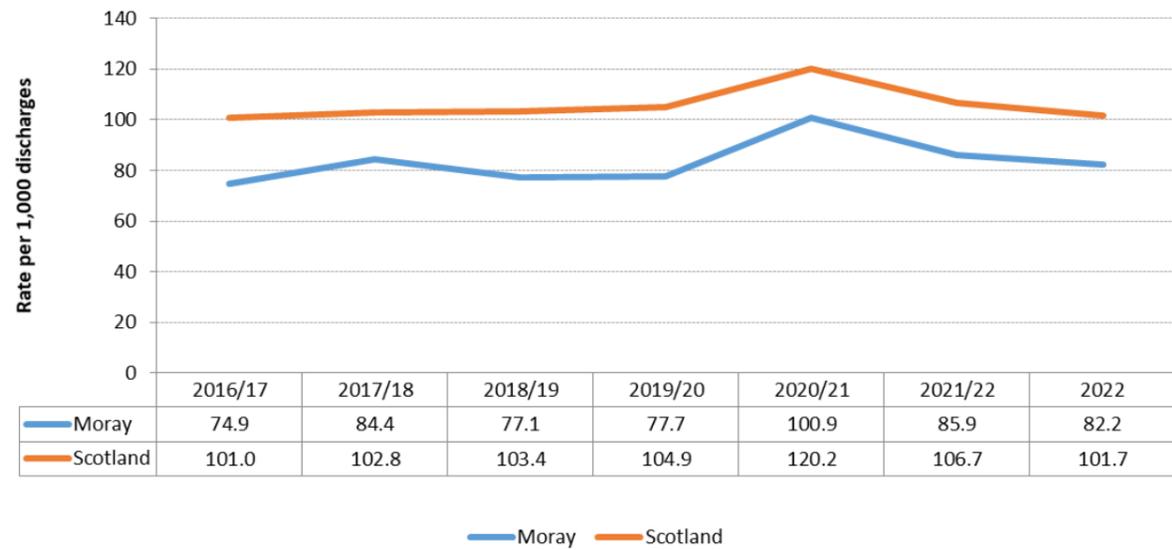
National Indicator 16 **Falls rate per 1,000 population aged 65+**

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Moray	15.7	15.3	15.2	15.1	17.2	18.1	16.4
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.2
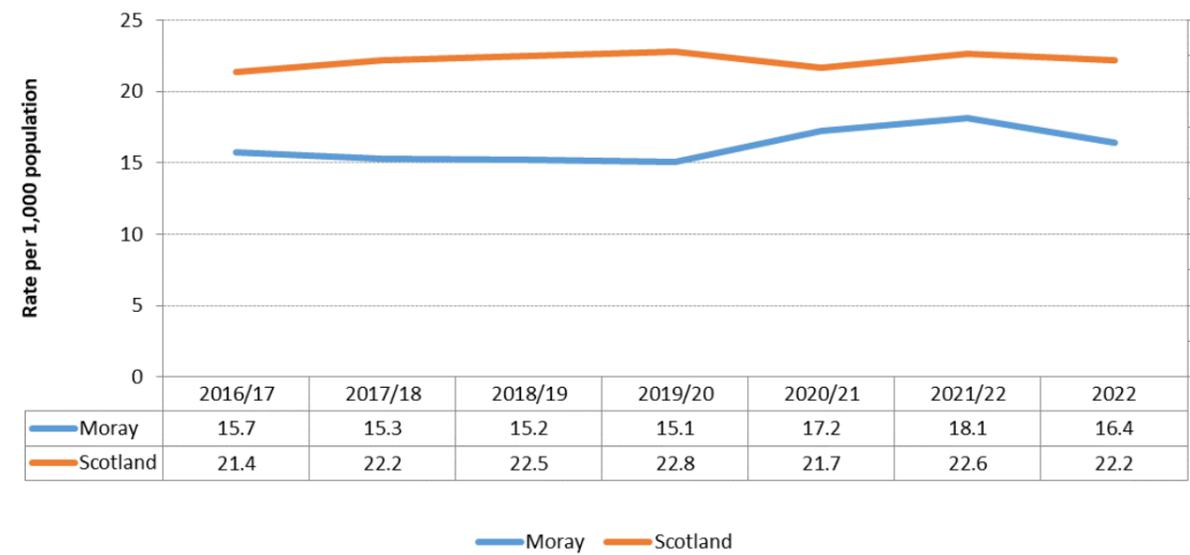
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Moray	70.7	84.7	81.8	75.2	79.8	80.0	74.4
Scotland	83.8	85.4	82.2	81.8	82.5	75.8	75.2

Moray ——— Scotland

Percentage of adults with intensive care needs receiving care at home

	2016	2017	2018	2019	2020	2021	2022
Moray	67.3	65.9	67.9	62.5	59.4	64.6	61.4
Scotland	61.6	61.1	62.1	63.0	63.0	64.6	63.5

Moray ——— Scotland
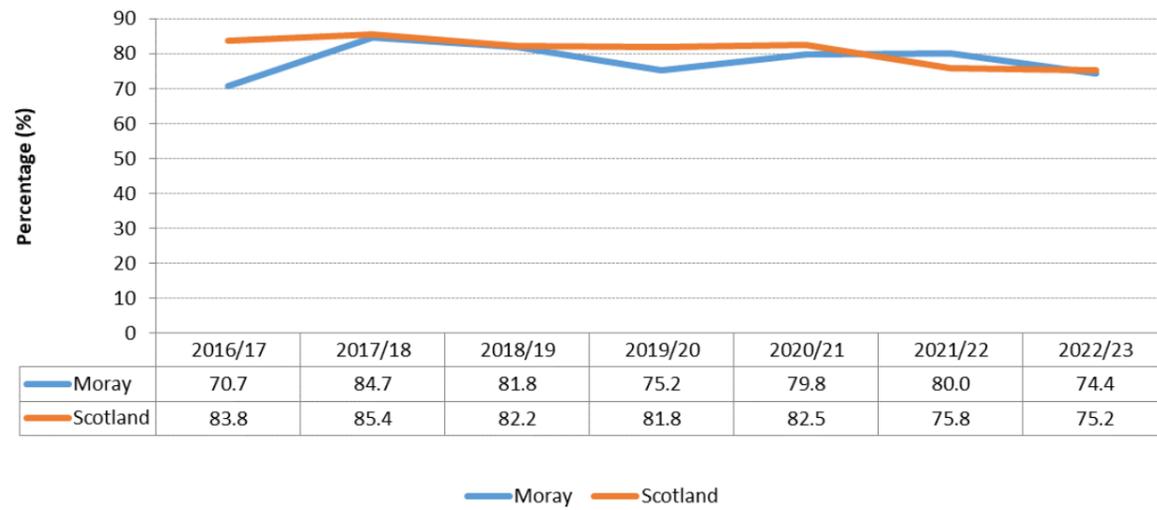
Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population
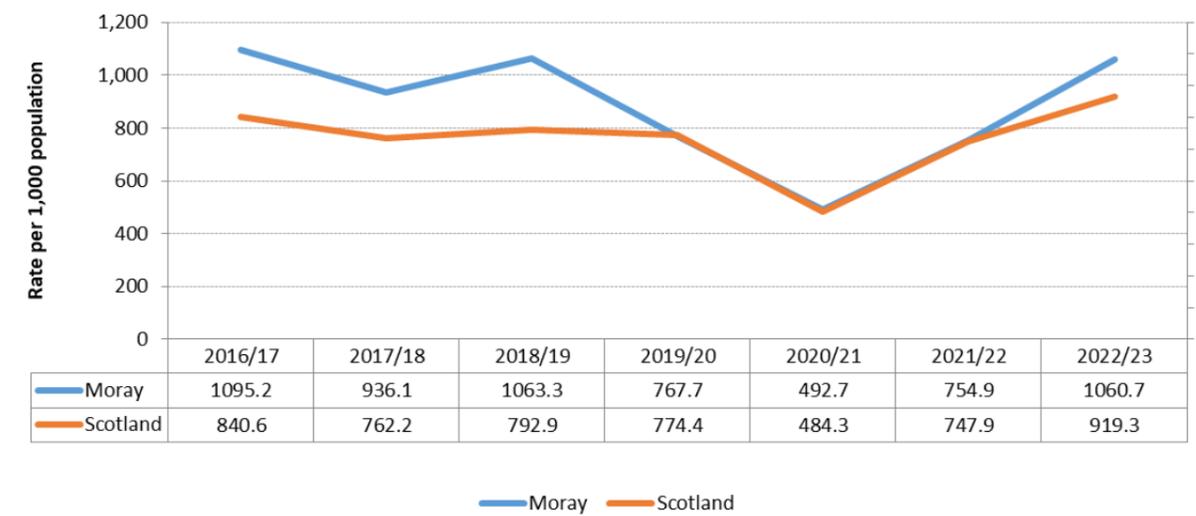
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Moray	1095.2	936.1	1063.3	767.7	492.7	754.9	1060.7
Scotland	840.6	762.2	792.9	774.4	484.3	747.9	919.3

Moray ——— Scotland

Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Moray	20.3	21.0	20.7	20.8			
Scotland	23.3	24.1	24.1	24.0			

Moray ——— Scotland
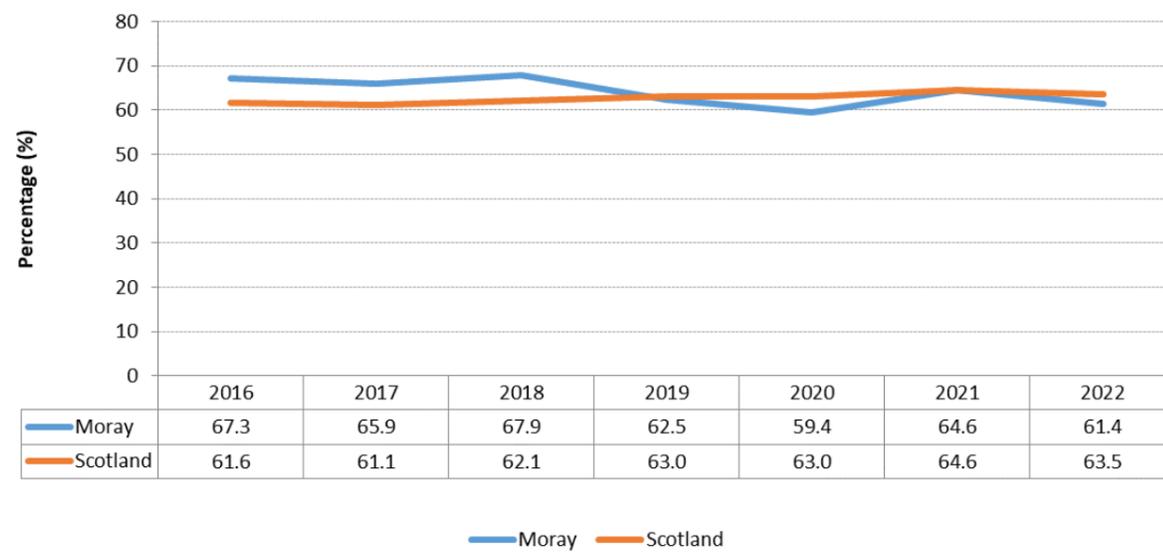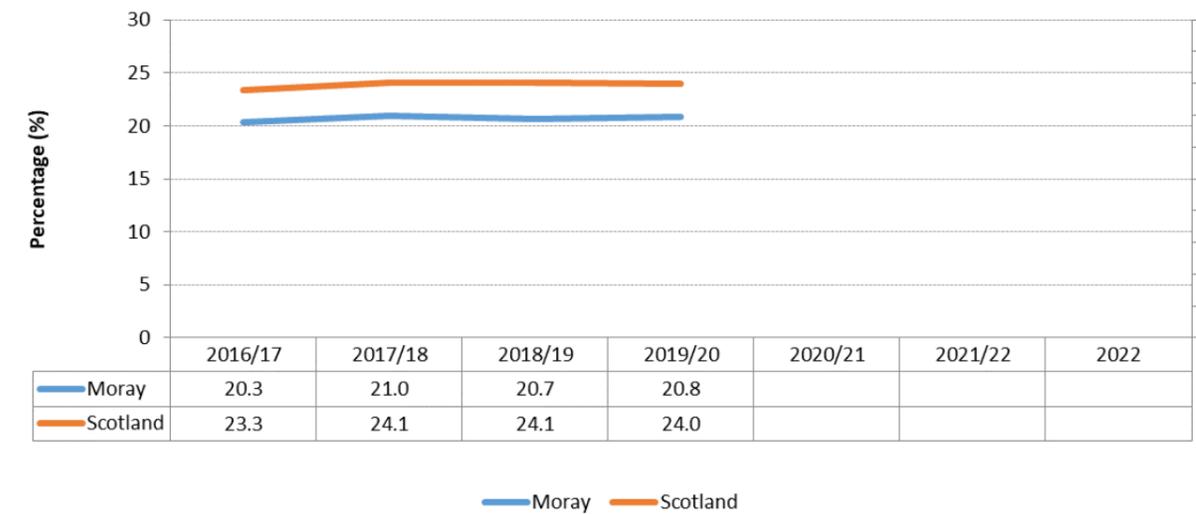
Indicator 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. Information for this indicator was previously released up to calendar year 2020 but is now presented to financial year 2019/20 only. *Public Health Scotland (PHS) have recommended that Integration Authorities do not report information for this indicator beyond 2019/20 within their Annual Performance Reports.*

Appendix D – Moray Integration Joint Board Significant Decisions

Annual Performance Report 2022/23

Decisions taken by the Board during the year included:

May 2022	• Approved the continued closure of the Burghead and Hopeman branch surgery buildings and noted the continuation of interim measure to support patients in vulnerable groupings to travel to the Lossiemouth surgery. • Approved a formal consultation with patients of Moray Coast on the future model. • Agreed future meetings of the Moray Integration Joint Board would be held as hybrid meetings.
June 2022	• Approved the Business Case for delegation of Children's and Families and Justice Social Work Services to MIJB and noted that the Business Case has been submitted to Moray Council and NHS Grampian for their respective approvals. The Board also noted that financial accountability for the service remains with the Council for a period of 18 months up to 31 March 2024.
September 2022	• Agreed to make an application to the various national performance bodies so that future data sets are provided on a locality level where possible. • Approved the expenditure of £63,854 for the provision of initial health assessment for Ukrainian Refugees (as part of a pan Grampian response) and noted current spend to date circa £43,000, with Moray's proportion to be £8,649.87. • Approved in principle the Draft Integrated Workforce Plan content and structure.
November 2022	• Approved the publication of the Draft HSCM Carers Strategy 2023-26 for consultation in January 2023. • Approved the draft submission to Sustainable Scotland Network for the reporting year 2021/22 in line with Public Sectors Climate Change Duties Reporting. • Agreed the revised MIJB Strategic Plan 2022-32. • Approved for publication the HSCM Annual Complaints Report for 2021/22.

January 2023	• Approved reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2022. • Approved the Audited Annual Accounts for the financial year 2021/22. • Approved the amendments to the Integration Scheme, which reflect the decision to delegate Children and Families and Justice Social Work Services to Moray Integration Joint Board and agreed its submission to the Scottish Government for final approval subject to approval by Moray Council and NHS Grampian at their meetings on 2 February 2023. • Approved a model of health and care provision that maintains a local focus on Burghead and Hopeman and ensures that services respond to local need, utilising the opportunities of a multi-disciplinary community team, supported by primary care. Use of existing and emerging technology must be promoted within the locality, using the opportunity afforded by the Digital Health Innovation strand of the Moray Growth Deal.
March 2023	• Approved the 2023/24 proposed savings plan • Approved the uplift to social care providers as part of the continued policy commitment made by Scottish Government in November 2021 • Approved the updated medium term financial framework, noting a full review will be carried out and presented to the MIJB before 30 September 2023. • Approved the revenue budget for 2023/24. • Approved the launch of Unpaid Carers strategy in April 2023.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: MORAY CARE FOR PEOPLE PLAN

BY: CORPORATE MANAGER

1.   REASON FOR REPORT

1.1. To present the Board with the Care for People Plan, prepared by Health and Social Care Moray and Moray Council.

2.   RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and note the Care for People Plan, at APPENDIX 1;

3.   BACKGROUND

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

3.2 The Chief Officer, as Accountable Officer, will carry out all necessary arrangements to discharge the duties on behalf of the MIJB under the 2004 Act.

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

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

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The purpose of this document is to provide guidance on the activation, set-up, operation, management and de-activation of Care for People (CfP) teams should they be deemed necessary in response to a significant or disruptive incident affecting the Moray area.

4.2 This is a multi-agency framework document and is supported by Health and Social Care Moray (HSCM) operational documents.

4.3 The decision to activate the Moray Care for People Plan will be taken either by Moray Council or Health and Social Care Moray.

4.4 The key objective of the plan is to protect life and property and minimise harm.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022-2032"
The aims of this document link with the themes of the MIJB strategic plan; Partners in Care, Home First and Building Resilience.
Ensuring that our systems are as simple and efficient as possible, working with partners, to keep people safe from harm during an emergency response as required by legislation.

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

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

(c) Financial implications
There are no financial implications directly associated with this report.

(d) Risk Implications and Mitigation
HSCM Civil Contingencies Group meets quarterly and risks are escalated to the senior management team as appropriate. There is currently a risk held on the HSCM Risk Register, detailing the lack of a Civil Contingencies Subject Matter Expert to drive this workstream.

This increases the risk of MIJB not complying or delivering fully the responsibilities, posing legislative risks for the Moray IJB.

(e) Staffing Implications
None directly associated with this report.

(f) Property
None directly associated with this report.

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

(h) Climate Change and Biodiversity Impacts
None directly associated with this report.

(i) Directions
None directly associated with this report.

(j) Consultations
The following partners were also consulted in the writing of this plan: Moray Council, Police Scotland, NHS Grampian, Public Health, British Red Cross, Third Sector Organisations and the Democratic Services Manager, Moray Council.

6. CONCLUSION

6.1 This report provides MIJB with information about the Care for People Plan as MIJB's responsibility as a Category 1 Responder in terms of the Civil Contingencies Act 2004, and details the requirements that this involves.

6.2 The final report is presented to the Board for noting.

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

Grampian
LRP
Local Resilience Partnership

Care for People Plan
Moray Arrangements

Version : 0.1

Owner:
Moray Care for People Team

Approval Date:

Planned Review Date:

Approved by:

Chair
Moray Care for People Team

Protective Marking: Official

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Page 262

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Page 263

1 Introduction

1.1 Background

The consequences of a significant or disruptive event can be devastating and far reaching for all those affected, including survivors, relatives and friends and the wider community. From the outset the relationship between the people affected and the responding agencies is crucial. Responders need to understand the needs of their communities at this difficult time, and to draw on joint planning, training and exercising to meet those needs in an integrated, customer focused way.

Regardless of where the event takes place, those affected need to know that there is somewhere that they can access timely and accurate information, advice and support. They may be in a state of deep shock so it is vital that information is well co-ordinated as well as consistent. Early on in any emergency response the priority will be to save lives and to meet the immediate needs of survivors. However, mechanisms need to be established to enable information to be communicated at the earliest stage. Local responders should engage as early as possible with addressing the longer term needs of all those affected, both directly and indirectly.

This document gives guidance to help local responders ensure that those affected receive professional advice and assistance that is co-ordinated, consistent and clear, that meets individuals' needs and is offered in a sensitive and compassionate manner.

The humanitarian assistance described in this document should be available to all those affected by the event including partners, parents, siblings, children, guardians and others who might have a direct, close relationship with the primary victim. It is important to recognise the potentially wide variations of the 'family', which can be influenced by culture, lifestyle and preference. Care should be taken to establish the wishes of the family at all times with sensitivity and understanding exercised around families with diverse lifestyles.

It is also recognised that those staff responding to the event may be faced with difficult or challenging situations and must be supported during and after the incident to ensure that their experiences do not adversely affect them.

1.2 Participants in the production of this Plan

This document has been produced after consultation with:

- Moray Council
- Health and Social Care Moray
- Police Scotland
- NHS Grampian
- Public Health
- British Red Cross
- Third Sector Organisations

1.3 Purpose of the Plan

This document is a Plan which supplements the Grampian LRP Care for People Plan.

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Aberdeenshire Council and Aberdeen City Council have prepared their own Plans to support the LRP Plan.

The purpose of this document is to provide guidance on the activation, set-up, operation, management and de-activation of Care for People (CfP) teams should they be deemed necessary in response to a significant or disruptive incident affecting the Moray area.

It should be noted that this is a multi-agency framework document and is supported by Health and Social Care Moray (HSCM) operational documents.

1.4 Partnership Working

1.4.1 Regional Resilience Partnerships (RRPs)

Three Regional Resilience Partnerships (RRPs) provide the framework for managing resilience activities on a wide area basis. RRPs cover east, west and north of Scotland areas and these boundaries align with the territorial areas for both Police Scotland and the Scottish Fire and Rescue Service. Grampian is within the North of Scotland RRP (NSRRP).

The RRP aims to protect the people, economy and environment of the North of Scotland by building resilience and having effective arrangements in place to deal with emergencies.

The NSRRP has established a number of Capability and Liaison groups to carry out activities determined in their Business Plan.

Each RRP is comprised of Local Resilience Partnerships (LRPs). The LRPs bring together the agencies which contribute to resilience in each area. The LRP aims to maintain effective local liaison and co-ordination, through developing and managing a local work programme. Moray Care for People Team is part of the Grampian LRP (GLRP).

Care for People arrangements are dealt with under the LRP structure.

1.4.2 Grampian Care for People Liaison Group (CFPLG)

A "Lead Responder" organisation will be nominated for every incident response. The responder organisations will assign a local Resilience Co-ordinator(s) who will maintain a common information picture by coordinating information from all responder organisations and any multi-agency "Advice Groups" which have been activated.

Care for People in Grampian will be led and coordinated at a Grampian level by the CFPLG. In addition to this group, each Local Authority area has established a Care for People team which is responsible for the delivery of the care in their area.

In response to an incident affecting one Local Authority, the Care for People team in that area will lead the Care for People response and be responsible for advising the LRP. The Grampian Care for People Group may be required to coordinate the efforts of two or more of the Local Authority areas and manage any mutual aid which may be required. The membership of this group would be drawn from the Grampian

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LRP CFPLG.

Depending on circumstances (e.g. a major event) the Care for People team may be subsumed into Moray Council's incident management structure rather than being established as a standalone group. This decision will be taken by the Chair of the Care for People Group. Based on this decision, reporting into any LRP tactical Coordinating Group will be carried out either by the Moray Emergency Response Coordinator (MERC), or the Care for People Group Chair.

1.5 Major Review and Exercising of this Document

This document will be reviewed annually or following an activation, major change or restructure within the Council. This document will be exercised at least once every three years. Where possible, the exercising of this plan will take place with neighbouring Councils.

1.6 Amendments

An Amendment Record is contained in Appendix 1.

1.7 Activation of the Care for People Plan

The decision to activate the Moray Care for People Plan will be taken either by the Council MERC or the Health & Social Care Moray Senior Manager on Call (SMOC) in consultation with the MERC/SMOC dependent on the scale of incident and response required.

When a significant or disruptive event occurs the MERC/SMOC will stand up a Care for People Response Team. Further details of the activation process is contained in Section 7. A Sit Rep will be circulated to inform the CfP Response Team on delivery requirements and meetings will be established to manage the response as appropriate and practical.

Specific components of this document can be activated in isolation without activating the full Moray Care for People team. These are:

- Opening Rest Centres, Welfare Centre
- Opening Survivor Reception Centres
- Opening Family and Friends Reception Centres
- Humanitarian Centres

In these cases the decision to open one of these facilities will be made by the MERC. Resources will be allocated as required to support any activation.

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Page 266

2 Aim & Objectives of this document

2.1 Aim

To provide a framework for the Care for People response within Moray ensuring that effective arrangements are in place to respond to the needs of people affected by significant or disruptive incidents.

2.2 Objectives

The key strategic objective is to protect life and property and minimize harm. Other key objectives of the Care for People plan are:

- To provide a mechanism for implementation of the guidance:
- *Preparing Scotland: Care for People Affected by Emergencies;* *https://ready.scot/how-scotland-prepares/preparing-scotland-guidance/care-people-affected-emergencies*

- *Preparing Scotland: Responding to the Psychosocial and Mental Health Needs of People Affected by Emergencies;* *https://www.gov.scot/publications/preparing-scotland-responding-psychosocial-mental-health-needs-people-affected-emergencies/*

- To detail the establishment and management arrangements of Care for People Teams within the Moray Council area.
- To identify the key stakeholders involved in providing a 'Care for People' response.
- To outline the roles and responsibilities of those coordinating and providing the response.
- To provide guidance on the activation, set-up, operation and de-activation of the various types of assistance.
- To enable the team to act professionally, sensitively and with competence through any incident.
- To ensure that those affected receive appropriate information and assistance in a timely, co-ordinated manner;
- To ensure a structured multi-agency approach to caring for people in emergencies.
- To emerge from the experience having been judged by those affected, their relatives, the public, our peers and the media to have acted professionally, sensitively and with competence, where this is appropriate for the situation.

3 Care for People (CfP) Team

3.1 Moray CfP Team

The Care for People Strategic Team includes the following organisations/roles. The Care for People Response Team will also be drawn from the organisations listed below.

- Head of Service HSCM/Chief Social Work Officer (Chair)
- Head of Education Resources and Communities
- Head of Housing & Property Services, Moray Council

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- Housing Needs Manager, Moray Council
- Head of Environmental & Commercial Services
- Mental Health Manager
- Emergency Planning Officer, Moray Council
- Corporate Communications Manager, Moray Council
- Corporate Manager, HSCM
- Dr Grays Hospital
- Police Scotland
- Scottish Ambulance Service
- Scottish Fire & Rescue Service
- British Red Cross
- NHS Grampian
- Third Sector
- Military Liaison

Other agencies may be involved in a response depending on the specific requirements of the incident.

Those involved in planning roles may not be directly involved in a response capacity. The scale and type of incident will determine the response roles and resources that will be required.

3.2 Care for People Response Team Roles (during a disruptive incident)

3.2.1 Chair/s Tasks

Health and Social Care Moray will generally provide the operational lead/chair for any CfP response.

- Provide the initial contact point when a request is made for assistance from the CfP Team. See 1.7 for activation process.
- Call out the Moray CfP team.
- Set priorities for the CfP Team and lead on the allocation of actions to meet the aims of the CfP response.
- Ensure that accurate notes/action log is kept of all meetings.
- Provide advice and information, where required, to the LRP, Chief Executive and/or the Council Incident Management Team (IMT) and/or Health and Social Care Moray Incident Management Team, if established.
- Liaise with the Moray Emergency Response Co-ordinator (MERC), the Senior Manager on Call (SMOC) as appropriate to activate the initial response, if necessary and decide which, if any, of other Council or Health and Social care processes require to be activated, eg Crisis Communications Protocol.

3.2.2 Organisation/Service Representatives

- Represent their Organisation/Service at CfP meetings.

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- Provide the link between their Organisation/Service and the CfP Team on issues arising; actions taken; additional support required etc.

- Identify the actions which can be carried out by your Organisation/Service and update meetings on progress

- Work in a multi-agency forum to ensure that those affected by the emergency get the most appropriate support at the correct time.

The incident may result in a Public or Fatal Accident Inquiry. It is therefore ESSENTIAL that accurate records be maintained of: timing of events, decisions made and actions taken.

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4   Data Protection and Data Sharing Policy

4.1   National Guidance

In a number of emergencies, problems, either perceived or real, surrounding interpretation of data sharing and related Human Rights legislation can prevent public bodies from carrying out their duties effectively.

The underlying principles are a pragmatic, sensible and balanced approach to data protection and sharing.

Guidance on Data Protection and Sharing for Emergency Planners and responders can be found at:

https://www.gov.uk/government/publications/data-protection-and-sharing-guidance-for-emergency-planners-and-responders

Annex A of the Data Protection and Sharing document provides a flowchart of the key principles for information sharing.

During emergencies the following general principles will be followed in relation to sharing of information:

4.1.1   It is more likely than not, that it will be in the interests of the individual that their personal data is shared. The starting point is to consider the harm that may be caused if information is not shared.

4.1.2   When collecting data, responders should include a statement that the information may be shared. However, the consent of the individual is not always a necessary pre-condition to sharing of information.

4.1.3   When making a decision to share information, or not, the reasons must be recorded. If the decision is to share information then a record must be kept of the information shared and with whom it was shared.

5   Vulnerable People

5.1   Background

In recent years, society has changed greatly resulting in a larger number of people living in the community who are deemed vulnerable and 'at risk'. People are living longer, there are fewer inpatient and respite opportunities and services have been restructured to care for people in the community.

People feel vulnerable when their health or functioning is compromised. This vulnerability increases when they enter unfamiliar situations or perhaps unequal relationships with other people. While illness and disability does make people more vulnerable, this does not automatically mean they become a 'person at risk'.

5.2   Definition of "vulnerable"

Owner: Moray Care for People Team	Version: 1.0	Approved by: Chair, Moray Care for People Team Date: 12/01/2023	Planned Review Date: 12/01/2024

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Page 270

Preparing Scotland Care for People guidance refers to a range of people who are affected by emergencies. People affected by emergencies will be drawn from all walks of life and backgrounds and fall into broad categories. They include:

- those physically injured in the emergency
- those directly involved in the emergency who are physically uninjured but who may be in emotional or psychological distress
- the bereaved, families and friends of those involved
- vulnerable people (including those with disabilities, medical conditions, learning difficulties, children and young people and elderly people)
- affected communities, which could be geographical or characterised by common interests, identity or demographic features
- those indirectly involved in the emergency who need support or reassurance
- rescuers and members of the public involved in the rescue effort, response workers and staff providing support in the aftermath of the emergency.

However, the list is not, and cannot be, comprehensive, as the impact on people's welfare will depend on the individual and the particular circumstances of an emergency. It is important to remember that there will be people made vulnerable by the emergency and those who were vulnerable before it happened.

Government guidance identifies the key aspects to be covered for a response and recommends the most effective way to identify vulnerable people https://ready.scot/how-scotland-prepares/preparing-scotland-guidance/care-people-affected-emergencies.

The Grampian LRP has identified a list of vulnerabilities (included as Appendix 4)

Health & Social Care Moray and Moray Council utilise a People At Risk database (PARD) process to identify relevant vulnerable persons during a significant or disruptive incident to ensure they receive a coordinated response. Similar processes are in place across all local authorities and health and social care partnerships within the GLRP.

5.3 Police Scotland – Vulnerable Persons Database

Police Scotland utilises the interim vulnerable persons database (iVPD), however this database does not collate general vulnerability that exists in communities, but rather identifies vulnerability following incidents the police attend for passing to relevant agencies, therefore it contains a very limited cross section. Information held by Council and the NHS would be more appropriate.

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This document is designed for on-line viewing. Printed copies although permitted are deemed uncontrolled			

Page 271

6   Evacuation

6.1   Decision to Evacuate

Generally any decision to evacuate will be made by the Emergency Services. Where a decision to evacuate properties is taken by the local authority or another body, Police Scotland must be informed / consulted.

6.2   Evacuation – Police Scotland Process

As part of their emergency response structure, Police Scotland have a functional area for Evacuation / Re-occupation which can be activated should evacuations be necessary. Police Teams will carry out the evacuations and record details of those evacuated. Police Officers, where possible, will issue residents with a Briefing Sheet which gives basic information on the incident, location of a Rest Centre and transport arrangements in place and a reminder of items they should take with them. Police Officers carrying out the evacuations report back to Supervisors who, in turn, report to the Police Evacuation / Re-occupation Commander.

6.3   Refusal to Evacuate

Residents cannot be forced to leave their properties. If they decline to evacuate the emergency services will take the lead if situation dictates it. Council or HSCM staff should keep a record of their conversation.

6.4   Evacuation and Arrangements for School Children

Should an evacuation be carried out in Moray during school hours, Education and Children's Social Work teams should be advised so that arrangements can be made to look after the affected children within the school until they can be re-united with their parents.

6.5   Precautionary Evacuation

There are no current risks which would necessitate a pre-defined evacuation arrangement within Moray. Should there be a requirement for evacuation it will be determined by the emergency services, who will lead the process.

Owner: Moray Care for People Team	Version: 1.0	Approved by: Chair, Moray Care for People Team Date: 12/01/2023	Planned Review Date: 12/01/2024
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Page 272

7 Rest Centre (RC)

7.1 Rest Centre (RC) Purpose

A Rest Centre is a safe and secure place for the temporary accommodation of people displaced by an emergency. It may provide overnight facilities in the short-term. RCs will be set up and managed by the Moray Care for People team with support from Voluntary Agencies. Authority to open a Rest Centre in Council premises will be given by the Moray Emergency Response Co-ordinator (MERC).

8 Survivor Reception Centre (SRC)

8.1 Survivor Reception Centre (SRC) Purpose

A SRC is a secure area in which survivors not requiring hospital treatment may be taken for short-term shelter, first aid, documentation and, if necessary, Police interview. If in close proximity to the incident scene, it is important to be able to screen the view from the occupants of the centre.

9 Family & Friends Reception Centre (FFRC)

9.1 Family & Friends Reception Centre (FFRC) Purpose

The FFRC is a safe and secure place, away from public view, established to act as a focal point for the family and friends of those believed to be involved in an incident. Although Moray Council may be asked to identify and provide premises, this facility would be managed by Police Scotland, supported by Moray Council and the Voluntary Agencies. Other organisations such as an oil company or transport provider may also be present.

10 Humanitarian Assistance Centre (HAC)

For the purposes of this document, this Section relates to the setting up and running of a large HAC. This should be scaled down as appropriate depending on the individual circumstances surrounding the decision to open a HAC.

A HAC is distinct from other centres that may be part of the humanitarian response, particularly in the early stages.

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11   Other Assistance which may be offered

11.1   General Assistance

The needs of those affected are wide ranging and will depend on the circumstances of the emergency

The CfP Team, once established should consider the appropriateness of the following, plus any other options which may be identified.

- Support websites
- Helplines
- Practical support

11.2   Psychosocial support background

Survivors and their friends and relatives need care, sensitivity and full information. A number of professional and voluntary organisations will be required to support individuals affected by the incident, at different times, during the normal stages of the grieving and recovery process.

The British Red Cross commissioned research in 2018 to understand the needs of people and communities in the immediate aftermath of an emergency. Understanding the needs of individuals and communities is critical to provide an effective, and human-centred response. Four key themes were identified through the research, these were;

- Immediate practical needs; such as food, shelter, medication, privacy and safety

- Mental health and psychosocial support; the psychological needs should be treated as equal to a person's physical needs. This includes time to reflect on their situation, to start making sense of what happened and to start to plan their recovery journey

- Information and communication; the ability to receive clear, accurate and timely information as well and being able to contact their own support networks such as friends and family members

- Advice, support and advocacy; people affected by an emergency may need help navigating systems such as insurance claims, legal advice. This support is critical in enabling people to take control of their own recovery.

In the event of a disruptive incident we would work with partners and third sector organisations to ensure appropriate support is in place in both the short and long term. The British Red Cross can provide light touch support. They can also provide other types of support such as psychosocial first aid.

Where longer term support is required there may be a need to work alongside faith groups / chaplaincy and communities with common interest to support long-term recovery and community cohesion.

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Additional budget may be required to provide both short-term and longer term support.

11.3 The needs of children

- Children have distinct needs from adults; humanitarian assistance should include appropriate psychosocial support for children, which could include provision of child friendly spaces in humanitarian assistance centres. These are safe spaces for children to engage in activities designed to build their coping skills and support their recovery and resilience.

- Children may require longer term psychosocial support to enable their recovery from an emergency. This could be through structured resilience building or psychosocial support programmes in schools, child care centres or other settings.

11.4 British Red Cross - CALMER Framework

The CALMER framework aims to:

- Minimise further harm and distress in a crisis situation;
- Promote a calm and thoughtful approach when dealing with beneficiaries and colleagues;
- Promote listening;
- Promote understanding;
- Promote resilience and recovery.

11.5 Activation of British Red Cross Psychosocial Teams

If this service is required activation is through the normal call out procedures for the British Red Cross.

11.6 Mutual Aid

If required, approaches for support would be made to the Grampian Local Resilience Partnership.

Owner: Moray Care for People Team	Version: 1.0	Approved by: Chair, Moray Care for People Team Date: 12/01/2023	Planned Review Date: 12/01/2024
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Page 275

12 Staff, Partner Agency and Volunteers Welfare

12.1 The need to consider staff/volunteers welfare

Wellbeing support is vitally important for all staff and volunteers responding to emergencies, this includes all first responder agencies. In addition, each organisation has a duty of care to its staff/volunteers. The Incident Management Team (IMT) will ensure appropriate consideration to the following:

- physical needs including: accommodation, catering, refreshments, PPE (duty falls to local authority for all first responders involved in the incident);
- stress management including: rotas, rest periods (first responders self-manage);
- personal support including: debriefing, access to support, monitoring; stand- down and return to normal work (multi-agency approach via LRP).

13 Communications / Media

13.1 Media Strategy

The IMT will manage the media/communications strategy. Any requests from the media to staff and volunteers involved in the CfP response should be directed to the PR team.

Similar arrangements will be in place should the GLRP be activated alongside the associated Public Communications Group (PCG). Partner agencies will have their own media communication strategy. If the GLRP is activated it will manage the collective approach to media communication.

14 Transport Arrangements

14.1 Background

Moray Council has a Passenger Transport Unit (PTU). Part of their routine duties includes provision of transport to school and day care facilities through use of Moray Council drivers and minibuses and taxi, bus and coach operators.

14.2 Emergency role of the PTU

Generally for emergencies out of hours MERC/Emergency Planning has a list of transport providers who the MERC and emergency planning team will contact. Only where required will a member of PTU be called in. Out of hours transport needs can be coordinated via MERC/Emergency Planning.

14.3 Resources

The PTU has access to a range of vehicles (and drivers) including those with wheelchair access.

14.4 Management of Transport Requirements

Owner: Moray Care for People Team	Version: 1.0	Approved by: Chair, Moray Care for People Team Date: 12/01/2023	Planned Review Date: 12/01/2024
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The PTU/Emergency Planning Team will provide the liaison between:

- the Council Officers requiring the assistance and the bus drivers.
- the Council and private operators.
- The PTU will be contacted out of hours if the situation requires their specialist knowledge.

14.5   4 x 4 Support – Community Offroad Transport Group (COTAG)

During periods of prolonged severe winter weather or civil emergency, offers of 4 x 4 vehicle assistance can be requested from a number of agencies including utilities companies, HM Coastguard, British Red Cross, RAF etc. A Memorandum of Understanding (MOU) exists between COTAG, which provides a 4x4 voluntary vehicle response support service, and the emergency services, NHS, Local Authorities, and Health and Social Care Partnerships (HSCPs) throughout the Grampian Region.

15   Response to Chemical, Biological, Radiological and Nuclear (CBRN) Incidents

Care for those directly affect by a CBRN incident will be informed by advice from those coordinating the CBRN incident response or from the Scientific, Technical Advisory Cell (STAC), if established. A CBRN incident will be led by Blue Light Services, with the Local Authority and Health and Social Care Partnership consulted in relation to immediate requirements and a prolonged Care for People response. The Local Authority has lead responsibility for the recovery phase from a CBRN incident. Responders should be aware of the potential health and safety issues in supporting those directly affected.

16   Response to Transport Incidents

16.1   Notification

In the event of a major transport incident taking place, the Emergency Planning Officer will be notified by Police Scotland.

16.2   Decision to Activate

The decision to activate the CfP Team in these circumstances will be taken by the MERC/SMOC in consultation with Police Scotland.

16.3   Transport Operators' Care Teams

The majority of aviation, rail and sea companies have their own Care for People Teams. These organisations and their Care for People Teams will be present and will work collaboratively with the Moray Care for People Response Team.

Owner: Moray Care for People Team	Version: 1.0	Approved by: Chair, Moray Care for People Team Date: 12/01/2023	Planned Review Date: 12/01/2024
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Page 277

17   Financial Aspects

17.1   Overview

In response to an emergency, Integrated Emergency Management in Grampian requires all members to commit to co-operation, information sharing and mutual assistance between all members of Grampian LRP. Unless it has been agreed otherwise, all agencies will make their own arrangements to recover costs and should ensure that they have arrangements in place to accurately record information to support any claims which may be made.

The recording requirements of expenditure for any incident are held by Financial Services. They will clarify and provide Bellwin scheme thresholds if applicable.

18   Equality, Diversity and Socioeconomic Considerations

The CfP Response Team will consider relevant equality, diversity and socioeconomic implications in the activation of the Plan.

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Amendment Record   **Appendix 1**

Revision No	Effective Date	
1		
2		

Distribution List

SMT/CMT – Moray Council
SMT – Health & Social Care Moray
LRP Care for People Liaison Group

Owner: Moray Care for People Team	Version: 1.0	Approved by: Chair, Moray Care for People Team Date: 12/01/2023	Planned Review Date: 12/01/2024
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Definitions **Appendix 2**

CBRN	Chemical, Biological, Radiological and Nuclear
CFP	Care for People
CFPLG	Care for People Liaison Group
MERC	Moray Emergency Response Coordinator
EPO	Emergency Planning Officer
FCO	Foreign and Commonwealth Office
FFRC	Family and Friends Reception Centre
GLRP	Grampian Local Resilience Partnership
HAC	Humanitarian Assistance Centre
HSCM	Health and Social Care Moray
IMT	Incident Management Team
LRPs	Local Resilience Partnerships
MIST	Major Incident Support Team
MC	Moray Council
NHS	National Health Service
NSRRP	North of Scotland Regional Resilience Partnership
PPE	Personal Protective Equipment
PTU	Public Transport Unit
RAF	Royal Air Force
RC	Rest Centre
RDT	Rapid Deployment Team
RRPs	Regional Resilience Partnerships
RVS	Royal Voluntary Service
SG	Scottish Government
SMOC	Senior Manager on Call
SRC	Survivor Reception Centre
STAC	Scientific Technical Advisory Cell

Owner: Moray Care for People Team	Version: 1.0	Approved by: Chair, Moray Care for People Team Date: 12/01/2023	Planned Review Date: 12/01/2024
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Appendix 3

International Aspects

1.1 Background

A number of other agencies may provide assistance in emergencies if:

- The incident involves UK nationals abroad
- The incident involves Foreign nations in the UK

1.2 Foreign and Commonwealth Development Office

The Foreign and Commonwealth Office (FCO), is responsible for protecting and promoting UK interests worldwide. The FCO provides information to next-of-kin on incidents and emergencies overseas.

The FCO has announced a new strategy for advising British travelers during an overseas crisis or security alert. The FCO is encouraging British travelers to access current, country-specific travel advice by subscribing to their free email alert service or by following the FCO on social media via Twitter or Facebook.

If large numbers of British nationals are believed to be affected, the FCO may provide assistance in a numbers of ways including:

- Establishing an emergency telephone number in the UK for the incident.
- Work with local authorities – including hospitals and police – to establish the facts of the incident and if British nationals have been involved.
- Support British nationals injured in a crisis incident.
- Support British nationals trying to leave the affected area or get in contact with their families.
- Deploy expert teams to support British nationals and to reinforce our Embassy staff, if required.
- Support the families of any British nationals killed in an incident – in particular around the repatriation of bodies to the UK.

The FCO offers assistance through its consular staff based overseas and its crisis management team, based in London. The FCO works closely with the police in the UK and the British Red Cross in fulfilling this role.

In an incident overseas where there have been large numbers of fatalities, specialist Disaster Victim Identification police teams may form part of a Foreign and Commonwealth Office Rapid Deployment Team (RDT) to assist in the identification process. Such teams ensure that the identification of bodies is carried out to the correct standards for the British Coroner.

1.3 Consul

A Consul is the official representative of the government of one state in the territory of another. There may be several consuls. Activities of a consulate include protecting the interests of their citizens temporarily or permanently resident in the

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host country, issuing passports; issuing visas to foreigners and public diplomacy.

1.4 Embassy

An ambassador is a representative from one head of state to another. There can be only one ambassador from one country to another, representing the first country's head of state to that of the second, and his or her duties revolve around diplomatic relations between the two countries.

1.5 High Commission

A High Commission may carry out diplomatic and consular activities between Commonwealth countries.

1.6 Potential Assistance from Scottish Government

Scottish Government may provide the link with consulates in Scotland (and with Embassies in London if the country in question doesn't have a presence in Scotland) in the event of a major incident involving foreign nationals. Contact would be via the SG Resilience Room.

1.7 Disaster Action

Disaster Action have information on their website relating to "Overseas Disasters: The immediate aftermath."

1.8 Support from the British Red Cross

1.8.1 Multilingual Phrasebook

The British Red Cross, has developed the Major Incident Response Multilingual Phrasebook to help emergency responders communicate with individuals for whom English is not the first language.

The phrasebook provides a practical tool to facilitate engagement and understanding in an emergency. It contains a list of 62 essential questions, statements and phrases-in 51 languages-that can reasonably be anticipated as necessary and useful in an emergency situation.

1.8.2 International Tracing and Message Service

The British Red Cross can assist in finding missing relatives. They will assist the relative complete a form and send this information to the British Red Cross or Red Crescent National Society in the country in which the relative thinks their missing relative is or to the International Committee of the British Red Cross who will try to find their family. This service depends on the information provided and local circumstances, including the security situation in the relevant country.

Owner: Moray Care for People Team	Version: 1.0	Approved by: Chair, Moray Care for People Team Date: 12/01/2023	Planned Review Date: 12/01/2024
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Grampian LRP PARDS – Proposed Vulnerabilities

The Grampian PARD database is designed to provide Incident Managers with immediate access to information on those who are vulnerable in the immediate aftermath of an emergency. They may need targeted help in evacuation for example. The following categories are used to identify "individuals" who may be less able to help themselves in an emergency – Adapted from information provided by Scottish Government's "ten vulnerabilities".

The PARD database only provides information on those service users that are known to us. Incident Managers and decision makers must be aware that there may be others who are vulnerable yet unknown to us, or who become vulnerable over extended periods of time. The groups will need to be considered in any ongoing Care for People strategy during the Incident Response.

Physically Impaired

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

Visually Impaired

- Significant sight impairment with a reliance of technology to support daily communication

Hearing Impaired

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

Long Term Conditions

- Impaired motor skills/neurological conditions
- Cognitive impairment
- Mental Health Condition resulting in impairment
- Learning disability
- Dementia

Reliance on Powered Machinery

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

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- Residents who use a telecare call button to summon help from local authority responders (family responders should be encouraged to plan for e.g. comms/electricity outages)

Non-Medical Barriers

Individuals with non-medical barriers may not necessarily be contained within the PARD database and information may be held on other council systems or not at all. Persons within the following categories may already be known through another vulnerability. While perhaps not immediately vulnerable Incident Managers and decision makers need to be mindful of these groups when developing Care for People strategies and responses.

- Inability to understand, speak or write in the English language
- Pregnant women close to term date and newborn babies
- Children's Social Work
- Refugees
- Asylum seekers

The following groups may not be readily identifiable through PARD but decision makers should seek to establish what additional support they may require in the hours and days after an initial response. This may require liaison with other council services, partner or third sector organisations.

- Tourists
- Homeless persons
- Travelling community
- Homeless hostels
- Unpaid carers
- Young carers

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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: CHILDRENS SERVICES SOCIAL WORK, REVIEW OF SPEND
FOR SELF DIRECTED SUPPORT

BY: HEAD OF SERVICE AND CHIEF SOCIAL WORK OFFICER AND
CHIEF OFFICER HEALTH AND SOCIAL CARE MORAY

1.   REASON FOR REPORT

1.1. The report is a review of spend for Self Directed Support.

2.   RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB) consider and note the review of spend for Self Directed Support

3.   BACKGROUND

3.1. Self Directed Support was introduced to Children's Services in 2013/14. This is an approach which allows people who are eligible for social care support to have get greater choice and control over how they receive these services. This means care services can be 'personalised' to individual needs and wishes. The result of this is that individuals can receive the right services for them as they are the experts in their own lives.

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

3.3. The assessment process for Self Directed Support is clear and follows the local authority's duty to assess under section 23 of the Children (Scotland) Act 1995. That is, for those where there is a disability or additional support need assessments are designed to identify unmet need and outcomes for children, young people and their families. This assessment process will also include the needs of young carers or parent carers. There is a consistent assessment format used which ensures that there is equity for children, young people and families during the assessment process.

3.4. The majority of care packages via Self Directed Support are assessed by the Disability Pod. This is a new team that was established in early 2023. Previously, care packages via Self Directed Support were assessed across the Area Teams. However, as part of the transformation programme it was decided to establish a Disability Pod. The purpose of this was to provide greater consistency and equity for children and young people with disabilities in Moray and to better support them and their families.

3.5. The Disability Pod has resulted in the effective sharing of information in relation to services and other supports. It has also allowed for the social workers in the Disability Pod to develop their knowledge and expertise in working with this specific group of children, young people and their families.

3.6. From 2014/15 to 2022/23 the need for Self Directed Support and associated care packages was relatively stable. However, from 2021/22 to 2022/23 there was an increase in care packages from 165 to 310. This resulted in an additional spend of £106,020.20.

4. **KEY MATTERS RELEVANT TO THE RECOMMENDATIONS**

4.1. The tool supporting the appropriate level of Self Directed Support is the Resource Allocation System. This is a tool which helps to guide the assessment in relation to determining the amount of finance to be provided. The Resource Allocation System identifies an indicative budget which is a starting point from which to develop a care package. Within the Resource Allocation System tool there is a price point which helps to calculate the indicative budget. The price point has recently been marginally reduced in order to support a more cost effective approach. This will continue to be reviewed to promote the best use of spend for Self Directed Support.

4.2. Care packages within Self Directed Support can be subject to alterations to reflect changing need. There are a number of stable care packages which can be reasonably predicted alongside its associated financial projection. However, there are a number of care packages where assessed need can change significantly. This can result in variability in the costs of care packages which can have an impact upon the overall spend for Self Directed Support. Although this creates challenges we remain committed to offering families the support and flexibility that they need.

4.3. There is ongoing work with Accountancy to ensure accurate projecting and effective forecasting in relation to Self Directed Support. Accountancy and social work meet on a monthly basis to ensure that there is purposeful monitoring and reviewing of Self Directed Support. As part of this, Accountancy are closely aligned with the Resource Panel which is the forum where care packages are agreed. Taken together, this approach allows for effective communication and information sharing between the Social Work Management Team and Accountancy. This approach is embedded and is subject to constant improvement.

4.4. The Social Work Management Team is also working with Accountancy to ensure that there is clear understanding of the different options of Self Directed Support. This provides effective monitoring of the different options and ensures

that there is a forum to identify and escalate any increasing spend in relation to Self Directed Support.

4.5.   Linked with this, the Social Work Management Team work closely with commissioned services; that is, those services where there is an existing contract. This ensures that services are used effectively and avoids any unnecessary duplication between commissioned services and those which are spot purchased. This will ensure that children, young people and their families access the service that best meets their needs. It also ensures the best use of Self Directed Support spend.

4.6.   Through the course of 2022/23 there have been a number of factors which are considered to have contributed to the recent increase in care packages.

4.7.   There was an increase of 206% in 2022/23 for neurodivergent children and young people accessing services to ensure positive outcomes. Linked to this, there was an increase in the number of care packages. The increase in the number of identified neurodivergent children and young people has been seen nationally.

4.8.   There is a limited range of targeted services available in Moray for our neurodivergent children and young people. As such, children, young people and their families have been accessing Self Directed Support as a route to meet these assessed needs. The services for neurodivergent young people is a key element within the Children's Services Plan 2023-26. This strategy will inform the provision of services for this group and will include the use of Self Directed Support.

4.9.   The Scottish Government Summer Funding offer in 2021 provided support to children and young people to access play schemes and 1:1 support over the summer of 2021. This funding was a response to the impact of the Covid-19 pandemic. Following this, further support was requested by some of the families who had accessed the Summer Funding offer. This resulted in a number of new care packages to replicate the support from Summer Funding which had been of benefit to them. The Summer Funding offer has not continued where there has, therefore, been an ongoing impact upon Self Directed Support.

4.10. For these reasons, there was an increase in demand for care packages in 2022/23 and associated spend.

4.11. The Social Work Management Team has identified the following mitigations:

-   Close working relationship between the Social Work Management Team and Accountancy; the aim of this is to improve oversight and ensure that there are clear escalation processes
-   Increased monitoring and support in response to the establishment of the Disability Pod; the Disability Pod is continuing to develop and provides an opportunity to closely track Self Directed Support and associated costs
-   Review of policies and procedures alongside the Policy and Procedure Team; this provides an opportunity to review the approach towards Self Directed Support in Children's Services

- Ongoing review of price points and eligibility criteria for Self Directed Support; this review will include an emphasis on ensuring that care packages are targeted at the appropriate young people and families, are proportionate and outcome focused, and provide value for money
- Ongoing work to explore the development of commissioned and cost effective services in Moray; this will be to ensure that there is a broad range of services in Moray and for these to be commissioned where this offers best value for money
- Ongoing work to explore opportunities with commissioned services to meet the needs of neurodivergent young people
- The Children Services Plan 2023-26 has a priority of supporting children and families who experience challenges due to disability and neurodiversity. This supports the planning in relation to Self Directed Support.

5. **SUMMARY OF IMPLICATIONS**

    (a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"
    The Corporate Plan 2024 makes a commitment to improving outcomes for Moray's most vulnerable young people and families and that more children will live with their families, being cared for in strong safe, communities across Moray.

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

    (c) Financial implications
    In 2022/23 there was additional spend of £106,020.20 in relation to Self Directed Support.

    (d) Risk Implications and Mitigation
    There is a risk that given the increase in needs the spend required continues to increase year on year with no allowance for this.

    The identified mitigations are outlined in 4.10.

    (e) Staffing Implications
    There are no staffing implications.

    (f) Property
    There are no property implications.

    (g) Equalities/Socio Economic Impact
    A Child Right Impact Assessment will be completed as part of a review of the price point.

(h) Climate Change and Biodiversity Impacts
There are no climate change or biodiversity impacts.

(i) Directions
None.

(j) Consultations
Chief Officer, Health and Social Care Moray; Chief Social Work Officer and Head of Service, Social Work; Head of HR, ICT and Organisational Development; Interim Chief Financial Officer; Democratic Services Manager; Equal Opportunities Officer have been consulted in the preparation of this report and are in agreement with the content relating to their areas of responsibility.

6. <u>CONCLUSION</u>

6.1 It is recommended that the Moray Integration Joint Board consider and note that from 2021/22 to 2022/23 there was an increase in care packages from 165 to 310. This resulted in an additional spend of £106,020.20.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023**

SUBJECT: **HEALTH AND SOCIAL CARE MORAY ANNUAL COMPLAINTS REPORT 2022/23**

BY: **CHIEF NURSE, MORAY**

1. REASON FOR REPORT

1.1. To provide the Board with the Health and Social Care Moray (HSCM) Annual Complaints Report for 2022/23.

2. RECOMMENDATION

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

i) **consider and note the contents of the annual report; and**

ii) **approve the publication of the annual report on the Health and Social Care Moray webpage**

3. BACKGROUND

3.1. At their meeting on 31 August 2023 (para 15 of the draft minute refers), the Clinical and Care Governance Committee agreed that the Annual Complaints report for 2022/23 be submitted to MIJB at the meeting on 28 September 2023 for approval prior to publication.

3.2. A report to Clinical and Care Governance Committee on 25 August 2022 (para 6 of the minute refers) provided information on the agreed Complaints Key Performance Indicators (KPIs) for the Model Complaints Handling Procedures for Local Authorities (LA), which were published in March 2022 on the Scottish Public Services Ombudsman (SPSO) website (this includes Health and Social Work Partnerships, in relation to social work functions delegated from LAs). The Committee also received information detailing the 9 NHS performance indicators.

3.3. In March 2022 the SPSO confirmed the annual report publication deadline is the end of October each year, with the KPIs applicable for data collected from 1 April 2022.

3.4. The NHS Grampian Annual Complaints report provides information on all complaints, concerns, comments and feedback recorded on Datix, this includes any recorded under HSCM. The Annual Complaints Report produced by the Council includes all council related complaints recorded on lagan, this includes any Council related services under HSCM.

3.5. The SPSO have advised to ensure there is no double reporting of figures but it should be made clear where partnerships' complaints performance information is published.

3.6. Given the importance HSCM places on receiving comments and feedback to use to continuously improve services, the experience and satisfaction of service users, along with their families and carers, the Committee agreed, at their meeting on 25 August 2022 (para 6 refers) to continue to publish annual complaints performance information to demonstrate HSCM's commitment to valuing complaints.

3.7. The annual report pulls together and builds on the quarterly complaints reports produced for Clinical and Care Governance Committee. It includes details about the number complaints received and information about the stage at which complaints were resolved, the time taken to do so, and the actions that have been or will be taken to improve services as a result of complaints.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The information from complaints from 1 April 2022 to 31 March 2023 has been collated and presented following the LA KPIs and NHS Performance Indicators. The HSCM Annual Complaints Report for 2022/23 is attached at **Appendix 1**.

4.2. This will be the third published HSCM Annual Complaints Report – all previous versions can be found on the HSCM Website - https://hscmmoray.co.uk/complaints.html

4.3. The annual report includes links to the Council's and NHSG's Annual Complaints Performance Reports and provides supplementary information specific to Health and Social Care Moray.

4.4. There have been no complaints received relating to the dissatisfaction with the MIJB's policies, decisions or administrative or decision-making processes followed by the MIJB. The MIJB's definition of a complaint is: "*An expression of dissatisfaction by one or more members of the public about the MIJB's action or lack of action, or about the standard of service the MIJB has provided in fulfilling its statutory responsibilities.*"

4.5. A total of 108 complaints were received during 2022/23 which is a slight increase on the previous year where a total of 92 complaints were received. This may be attributed to an increase in activity, for example GMED activity continues to increase with 2022 being the busiest year on record. This increase in clinical demand could reflect pressures and subsequent complaints.

4.6. As seen in Graph 2 of **Appendix 1** there was a drop in the number of complaints received during 2020/21, which is likely due to the Covid-19 pandemic; in 2020 there were many services that were suspended and many

others where service delivery was altered in some way to accommodate the requirements for social distancing.

4.7. Early resolution is were complaints are straightforward, require little or no investigation and are resolved at the point of contact at the earliest opportunity – usually within 5 working days. Achieving early resolution, where appropriate, helps reduce the number of Stage 2 complaints and is really helpful for patients and families, preventing anxiety and upset if they can be given a quick response rather than waiting for a complaint investigation outcome. Almost a third of all complaints received during 2022/23 were marked for early resolution / front line response.

5.   **SUMMARY OF IMPLICATIONS**

   (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"**
   As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

   Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities.

   (b) **Policy and Legal**
   Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

   (c) **Financial implications**
   None directly associated with this report.

   (d) **Risk Implications and Mitigation**
   There are systems and processes in place across service areas to support clinical governance, providing assurance to the HSCM Senior Leadership Team and to the Clinical and Care Governance Committee. There are platforms within Health and Social Care to discuss and share good practice, learning and challenges.

   Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

   (e) **Staffing Implications**
   This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

   (f) **Property**

None directly arising from this report.

(g) Equalities/Socio Economic Impact
Not required as there are no changes to policy.

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

(i) Directions
None directly arising from this report.

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

- Corporate Manager
- Democratic Services Manager, Moray Council
- Clinical and Care Governance Group

6. <u>CONCLUSION</u>

6.1. The governance and monitoring of complaints forms part of core business for teams and services and provision of a good quality, effective and safe service is a key priority for all staff. Monitoring and learning from all feedback is an ongoing process.

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

Annual Report on

Complaints 2022 – 2023

01/04/22 – 31/03/23

Table of Contents

2

Introduction

This Complaints Handling Annual Report summarises Health and Social Care Moray's (HSCM) performance in terms of handling complaints during 1 April 2022 and 31 March 2023.

Within HSCM, complaints received by NHS Grampian (NHSG) and Moray Council (the Council) are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.

The NHSG Annual Complaints report provides information on all complaints, concerns, comments and feedback recorded on Datix (electronic risk management information system), this includes any recorded under HSCM.

The Annual Complaints Report produced by the Council includes all council related complaints recorded on Lagan (communication management system), this includes any Council related services under HSCM.

Datix is used by NHSG and is therefore accessed by NHS employed staff, Lagan is used by the Council and is used by Council employed staff.

Links to these annual reports can be found here: (TO BE ADDED WHEN AVAILABLE)

Given the importance HSCM places on receiving comments and feedback to use to continuously improve services the Moray Integration Joint Board (MIJB) have committed to continue to publish annual complaints performance information to demonstrate HSCM's commitment to valuing complaints.

3

Background

The original Model Complaints Handling Procedures (MCHPs) were first developed by the SPSO in collaboration with complaints handlers and key stakeholders from each sector and were published in 2012. The MCHPs were produced taking account of the Crerar and Sinclair reports that sought to improve the way complaints are handled in the public sector, and within the framework of the SPSO's Guidance on a MCHP.

The MCHPs also reflect the SPSO Statement of Complaint Handling Principles approved by the Scottish Parliament in January 2011. Following recommendations from the Scottish Government's social work complaints working group in 2013, a separate MCHP for social work was developed. The 'Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016' (the Order) brought social work complaint handling under the remit of the SPSO Act and subsequently the separate documents for Local Authorities (LA) and Social Work sectors were combined into a single document, the LA MCHP.

The SPSO revised and reissued all the MCHPs (except the NHS) in 2020 under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January 2020 to give public sector organisations time to implement any changes by April 2021.

The revised Local Authority MCHP, published 2020, applies to social work complaints, whether they are handled by local authority or health and social care partnership (HSCP) staff.

The NHS was the last public sector to adopt the MCHP on 1 April 2017 and it has not yet been revised since it was first published.

4

Complaints Handling

There is a standard approach to handling complaints across the NHS and Local Authority, which complies with the SPSO's guidance on a model complaints handling procedure and meets all of the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

The complaints process followed by both NHSG and the Council have the same target response timescales. Early resolution, or front line, complaints will be responded to within 5 working days and complaints handled at the investigation stage have a response time of 20 working days. Where it is not possible to complete the investigation within 20 working days an interim response should be provided with an indication of when the final response should be provided.

The decision as to whether the complaint is upheld or not will be made by the manager or Head of Service. If the person raising the complaint is not satisfied with the outcome then they many contact the Scottish Public Services Ombudsman (SPSO) for an independent review and assessment, however prior to this, every effort is made to engage with the complainant to resolve the matter to their satisfaction.

The Model Complaints Handling Procedure

FRONTLINE RESOLUTION

For issues that are straightforward and easily resolved, requiring little or no investigation.

'On-the-spot' apology, explanation, or other action to resolve the complaint quickly, in five working days or less, unless there are exceptional circumstances.

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline resolution.

Complaint details, outcome and action taken recorded and used for service improvement.

INVESTIGATION

For issues that have not been resolved at the frontline or that are complex, serious or 'high risk'.

A definitive response provided within 20 working days following a thorough investigation of the points raised.

Responses signed off by senior management.

Senior management have an active interest in complaints and use information gathered to improve services.

INDEPENDENT EXTERNAL REVIEW (SPSO or other)

For issues that have not been resolved by the service provider.

Complaints progressing to the SPSO will have been thoroughly investigated by the service provider.

The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider.

The governance and monitoring of complaints forms part of core business for teams and services and the provision of a good quality, effective and safe service is a key priority for all.

Key Performance Indicators

Performance Indicators are measures and targets that help assess and demonstrate how functions are carried out.

In March 2022 the agreed Complaints Key Performance Indicators (KPIs) for the Model Complaints Handling Procedures for Local Authorities (LA) were published on the SPSO website. There are four mandatory KPIs for LAs (this includes Health and Social Work Partnerships, in relation to social work functions delegated from LAs). These are:

Indicator One	**The total number of complaints received** *The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.*
Indicator Two	**The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days** *The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full*
Indicator Three	**The average time in working days for a full response to complaints at each stage** *The average time in working days to respond at stage 1, stage 2 and after escalation*
Indicator Four	**The outcome of complaints at each stage** *The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation*

6

The qualitative indicator on learning from complaints was part of the published draft indicators but has now been removed. However, Part 4 of the SPSO Model Complaints Handling Procedure on Governance stresses the importance of learning from complaints, and the requirements to record and publicise learning.

With regard to Indicator Four the updated MCHP has provided a definition of "resolving" a complaint. "*A complaint is resolved when both the organisation and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not*". This focusses efforts to, wherever possible and appropriate, resolving complaints to the service user's satisfaction. To do this it is necessary to identify and clarify what outcome the service user wants at the start of the process which maybe a change in process for some people currently involved with complaints. It will also change the number of categories of outcomes for complaints to:-

- Upheld
- Not upheld
- Partially upheld and
- Resolved

The above KPIs are applicable for data collected from 1 April 2022.

Complaints about a service that is provided by HSCM on behalf of the NHS, require to be captured using the 9 NHS performance indicators. These are:

- Learning from complaints
- Complaint process experience
- Staff awareness and training
- The total number of complaints received
- Complaints closed at each stage
- Complaints upheld, partially upheld and not upheld
- Average time to close complaints at each stage
- Complaints closed in full within the timescales
- Number of cases where an extension is authorised

The data detailed in this report is based on the four KPIs detailed above and also includes information pertaining to some of 9 NHS performance indicators. For detail on staff awareness and training and the number of cases where an extension is authorised please refer to the NHS Grampian Annual Complaints report.

7

There is a challenge for reporting of complaints for HSCM due to the fact that there is a need to use two recording systems which then requires collation and as the systems hold data in slightly different ways. This means that there are differences in how the information is reported for some of the indicators.

What is Included

This is HSCM's third published annual complaints performance report. It includes performance statistics, in line with the complaints performance indicators detailed for complaints received about community health and social care services under the direction of the Moray Integration Joint Board.

Any complaints received relating to the dissatisfaction with the MIJB's policies, decisions or administrative or decision-making processes followed by the MIJB will be reported, even if the number is nil. The MIJB's definition of a complaint is: "*An expression of dissatisfaction by one or more members of the public about the MIJB's action or lack of action, or about the standard of service the MIJB has provided in fulfilling its statutory responsibilities.*"

Information about complaints referred to the Ombudsman are also included.

Figures reported do not include complaints raised regarding the vaccination appointments or processes as these are being dealt with through a dedicated team covering the Grampian area.

Summary

Complaints provide valuable information that can be used to continuously improve services, the experiences and satisfaction of people along with their families and carers.

Our Model Complaints Handling Procedure reflects the partnership's commitment to serving the public by valuing complaints.

It seeks to resolve issues through local, early resolution and, where necessary, to conduct thorough, impartial and fair investigations of complaints. This will enable us to address dissatisfaction and should prevent the problems that led to the complaint from occurring again.

8

Learning from Complaints

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback. Complaints provide valuable information which can be used to continuously improve services, the experience and satisfaction of people along with their families and carers.

The tables 1a, 1b, 2 and graph 1 below set out the stages the complaints were closed and what the complaint was about and what action taken.

Table 1a

Complaints Information Extracted from Datix – Actions Taken/Stage (closed complaints)

	Early resolution	Investigation	Ombudsman	Total
Access - Improvements made to service access	1	4	0	5
Action plan(s) created and instigated	0	1	0	1
Communication - Improvements in communication staff-staff or staff-patient	2	21	1	24
Conduct issues addressed	2	1	0	3
Education/training of staff	1	7	0	8
No action required	4	22	2	28
Risk issues identified and passed on	0	1	0	1
System - Changes to systems	0	1	0	1
Share lessons with staff/patient/public	1	6	0	7
Waiting - Review of waiting times	0	2	0	2
Total	11	66	3	80

figures do not directly correlate with number of closed complaints

Table 1b

Complaints Information Extracted from Lagan – reason for complaint (closed complaints)

	Early resolution	Investigation	Total
Complaint against service	2	2	4
Complaint against staff	1	0	1
Other	4	0	4
Process / Procedure	9	6	15
Total	16	8	24

The governance and monitoring of complaints forms part of core business for teams and services and the provision of a good quality, effective and safe service is a key priority for all.

Noted below are some actions arising from the review of complaints received during the last financial year (data extracted from Lagan).

Decision Note / Learning Outcome (lagan)

- Ensure policies and procedures are reviewed and that managers support staff to undertake particular training to improve service delivery
- Outstanding invoices to be sent to support manager to cross reference to reduce any potential delays
- Nationwide care crisis impacting on ability to provide care timeously – continue to look at all options
- Acknowledge delay in installing equipment – process delay rectified

10

Table 2

Complaints Information Extracted from Datix – Actions Taken by Service (closed complaints)

	Allied Health Professionals	Community Hospital Nursing	Community Nursing	General Practice	GMED	Mental Health - Adult Mental Health	Mental Health - Old Age Psychiatry	Public Dental Service	Administration	Total
Access - Improvements made to service access	0	0	0	0	0	2	0	1	0	3
Action plan(s) created and instigated	3	0	1	0	1	1	0	0	0	6
Communication - Improvements in communication staff-staff or staff-patient	3	1	4	0	14	10	2	0	0	34
Education/training of staff	0	0	1	0	4	2	0	0	0	7
No action required	3	1	3	1	9	9	0	4	1	31
Risk issues identified and passed on	0	0	0	0	2	0	0	0	0	2
System - Changes to systems	0	0	1	0	1	1	1	0	0	4
Share lessons with staff/patient/public	0	1	0	0	6	2	1	1	0	11
Waiting - Review of waiting times	0	0	0	0	4	1	0	0	0	5
Total	9	3	10	1	41	28	4	6	1	*103

Figure more than total number of closed complaints as there could be multiple actions taken for each complaint

11

Active review of complaints through reporting and investigation is a useful tool to identify learning and improve services.   Below are some of the actions and learning from complaints closed between 01/04/2022 and 31/03/2023 (data extracted from Datix).

Action Plan	Adjustment to therapy materials provided to patients
	Work with colleagues across Grampian with aim of standardising a Grampian wide pathway for ADHD diagnosis and treatment.
Communication	Staff reminded of importance of clear communication with patients at all times
	Staff reminded of importance of accurately extracting information
	Staff reminded of the important of using official NHS Grampian publications for checking the opening hours of contractors.
	Review and improve protocol for call management
	Reminder of accurate information sharing between staff to avoid delays.
	Liaise with ED department to ensure patients can be assured they are expected from GMED service
	Development session focusing on effective communication between staff, patients, family members and other services
Record Keeping – paper held records and electronic	Learning for staff around dealing with sensitive documentation shared
	Additional training regarding contemporaneous paper held record keeping
	Community Modules issues have been escalated to senior management within the appropriate NHSG IT department.
Infection, Prevention and Control	Staff instructed to undertake further IPC training including donning and doffing
System/Process change	A post-operative discharge advice sheet for vasectomy is being developed.
Education / training / share lessons learned	Training and awareness raising for security teams
	Staff reminded of the need for timely note keeping
	Training for staff and learning around documentation and trauma informed writing
	Telephone call handling training and support given to staff
	Share lessons with staff to ensure room towels and laundry are removed promptly from bedrooms.
	Share safety brief with staff regarding routine cleaning of COVID positive areas

12

	Staff reminded of appropriate use of PPE
	Arrange awareness training for security team regarding medical conditions
	Additional training and supports have been put in place for an administration team, and are implementing an additional layer of checks for all correspondence that is sent from the Minor Surgery department.
	GMED learning event held to assess sequence of events and how they may be managed differently.
	Training provided to give staff the skills to respond to people presenting or calling in a crisis.

Care Opinion is a site where anyone can share their experience of health or care services. The following stories relate to HSCM services and were published during this reporting period. For more stories that have been written about NHS Grampian, please visit Care Opinion https://www.careopinion.org.uk/services/sn9

"Good Service"
I was at my drs surgery on Mon and I was greeted by the receptionist who was very professional. I feel lucky to have a lovely surgery like the Elgin practice.

"Kind and patient nurse"

My son was in for his 2nd COVID vaccine early October. Sheila was the nurse at the Fiona Elcock Centre who looked after us and she was excellent with him. He was very nervous and at times a bit of a handful but Sheila was extremely kind and patient with him and put him at ease. We managed in the end to get his vaccination done. Just wanted to pass on huge thanks to Sheila for her care.

"Excellent care by GMED service in Fraserburgh"

I was directed to Fraserburgh GMED as required some out of hours assessment of my asthma complicated by a chest infection.
From the moment I arrived until I left, I felt well taken care of and was treated with respect and courtesy. I also felt heard, which is not always the case in today's current culture and pressures within the NHS.
I was the last patient to be see before GMED services stopped and never felt rushed or a nuisance.
I am keen that we acknowledge kindness and caring when it happens and as everyone feels good and better for it the smiles tell a story!
I hope my comments can be fed back to the GMED team in Fraserburgh as everyone deserves to hear as often as possible that they've done well.

13

Complaint Process and Experience

NHS Grampian paused the experience survey during the pandemic and recommenced in the second quarter of this year. This survey is sent out to participants 2 months after their complaint was closed.   Data is available from complainants whose complaint was closed in March 2022 onwards and is included in NHS Grampian's Annual Complaints Report.

Moray Council issue a customer satisfaction survey to all complainants once their complaint is closed. Many of the customer satisfaction surveys are completed as anonymous, unless the customer chooses to insert their complaint reference, there is no way of knowing who the return survey is from or which service it was about. More information on this can be found in the Moray Council Complaints Performance Report.

14

Complaints and Feedback by Service and Actions taken

15
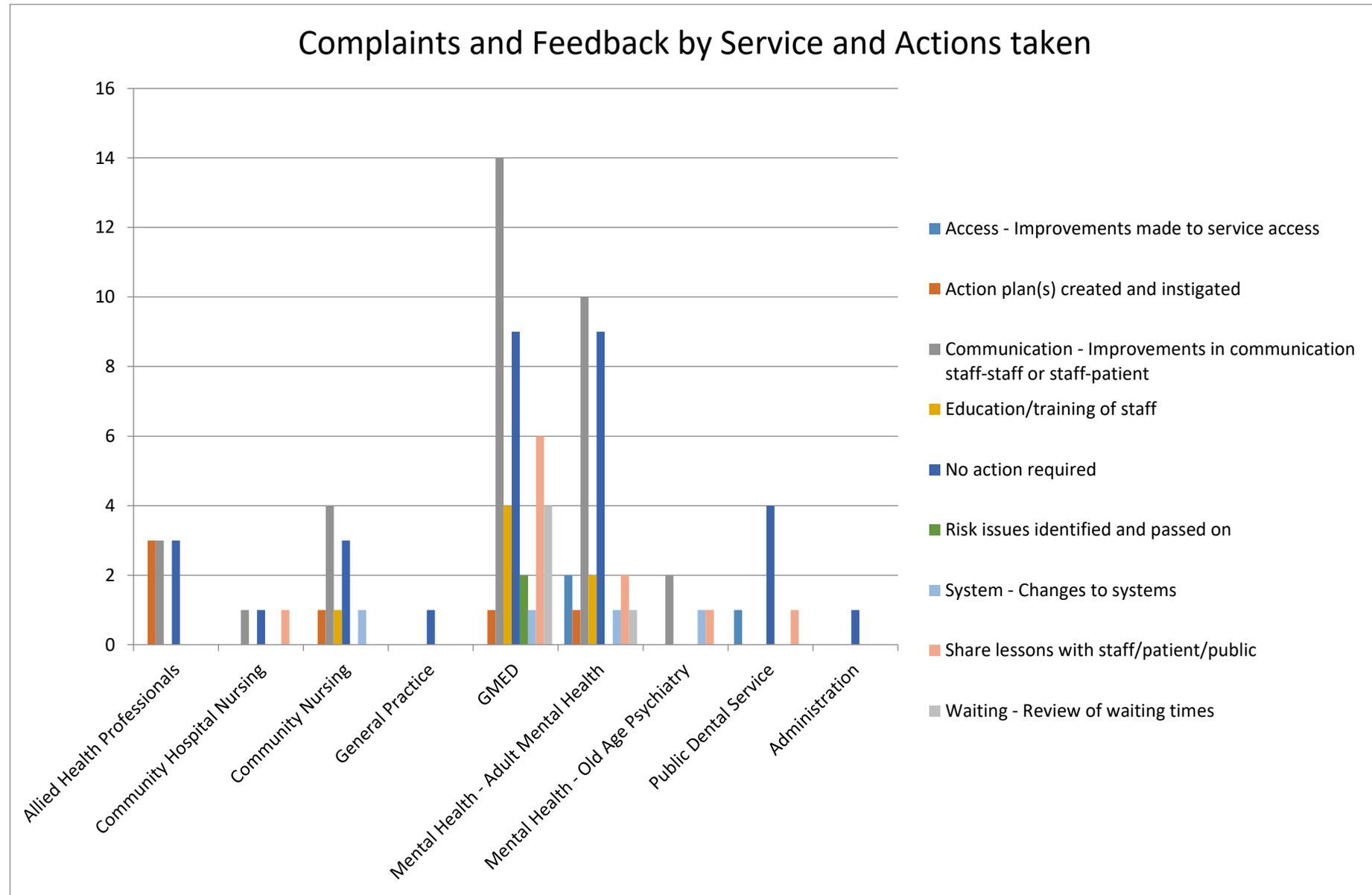
Indicator 1 - **The total number of complaints received**

The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.

Table 3 – total number of complaints (received)

System recorded	Early Resolution / Frontline	Investigation	Total
NHS - Datix	15	63	78
Moray Council - Lagan	15	10	30 + (5 not marked*)
Total	30	73	**108**

This is due to x2 complaints being closed as they were duplicates and x3 being immediately resolved

Graph 2 - Complaints Received by Year
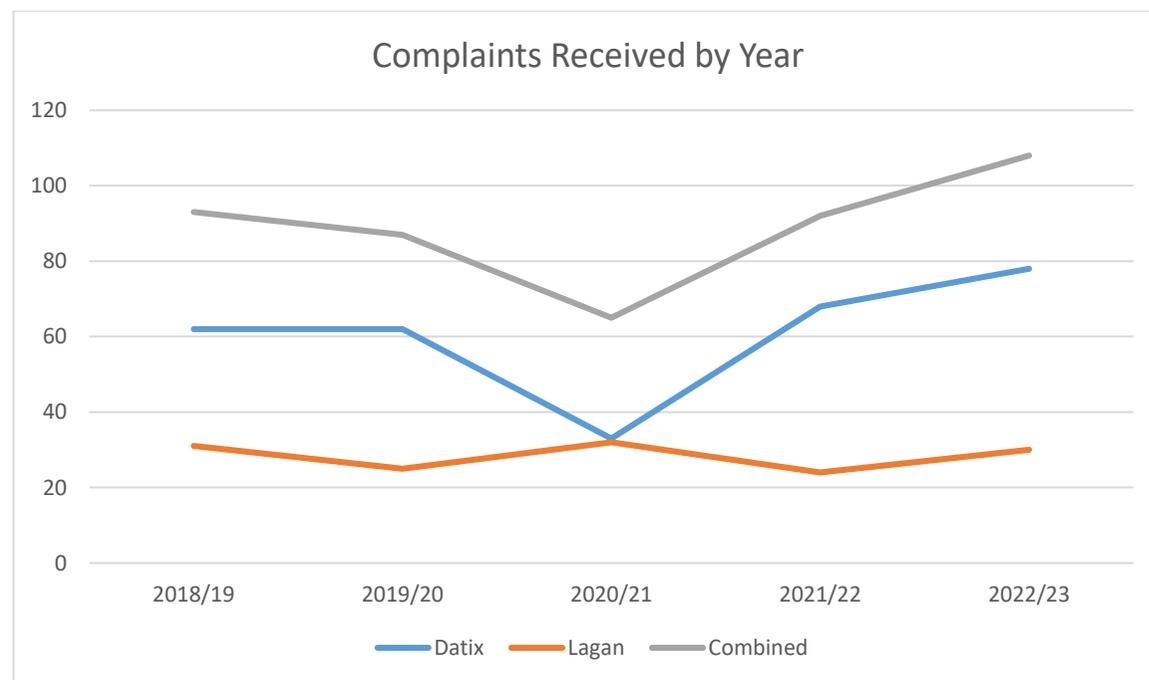
Datix – Complaints Received by Year:

Year	Total
2018/19	62
2019/20	62
2020/21	33
2021/22	68
2022/23	78

Lagan - Complaints Received by Year:

Year	Total
2018/19	31
2019/20	25
2020/21	32
2021/22	24
2022/23	30

There was a drop in the number of complaints NHS received during 2020/21, for health services, which is likely due to the Covid-19 pandemic; in 2020 there were many services that were suspended and many others where service delivery was altered in some way to accommodate the requirements for social distancing.

A total of 108 complaints were received during 2022/23 which is a slight increase on the previous year where a total of 92 complaints were received. This may be attributed to an increase in activity, for example GMED activity continues to increase with 2022 being the busiest year on record. This increase in clinical demand could reflect pressures and subsequent complaints. We continue to discuss learning from each complaint that is received, and continue to monitor the increase in 2023/24.

17

Table 5 – combined data from Datix and Lagan (complaints received) for 2022/23

	Total
Allied Health Professionals	8
Community Hospital Nursing	2
Community Nursing	5
General Practice	1
GMED	27
MacMillan Nursing Service	1
Mental Health - Adult Mental Health	22
Mental Health - Old Age Psychiatry	2
Mental Health - Specialisms	1
Primary Care	1
Primary Care Contracts Team	1
Public Dental Service	6
Administration	1
Moray East	1
Care at Home	8
Access Team	8
Mental Health	1
Occupational Therapy	5
Drug & Alcohol	1
Day Care	1
TMC Specialist Unit	1
Community Care Finance	2
Moray West	1
Learning Disability	1
Total	**108**

18

Indicator 2 - **The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days**

*The number of complaints **closed** in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full*

Table 5 – number and percentage of complaints at each stage closed within timescales

	Early Resolution/Frontline with timescale	Investigation within timescale
NHS - Datix	9 out of 14 (64 %)	10 out of 63 (16%)
Moray Council - Lagan	6 out of 16 (37.5%)	4 out of 8 (50%)

Complaints received into HSCM are often multi-faceted and include more than one service which can impact on response times due to the level of investigation and coordination required.

During last year HSCM were not able to achieve the targets timescales for responding in all cases. This is a particular target area for improvement and work continues to identify obstacles preventing and opportunities to improve response times, raise awareness of the need to seek how to resolve matters to the complainants' satisfaction and to streamline processes.

Indicator 3 - **The average time in working days for a full response to complaints at each stage**

Table 6 – *average time in working days to respond*

	Early Resolution/ Frontline	Investigative
NHS - Datix	4 days	47 days
Moray Council - Lagan	8 days	35 days

19

Indicator 4 - **The outcome of complaints at each stage**

The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation

Graph 3 below shows the number of complaints fully upheld, partially upheld and not upheld as <u>recorded in Datix</u> during 2022/23. Out of **80 closed complaints** on the system 2 complaints were withdrawn by complainant, and 5 were closed as consent was not received.

From the remaining 73 complaints closed during 2022/23 **- approximately 37% were fully upheld, 25% were partially upheld and 39% were not upheld**

20
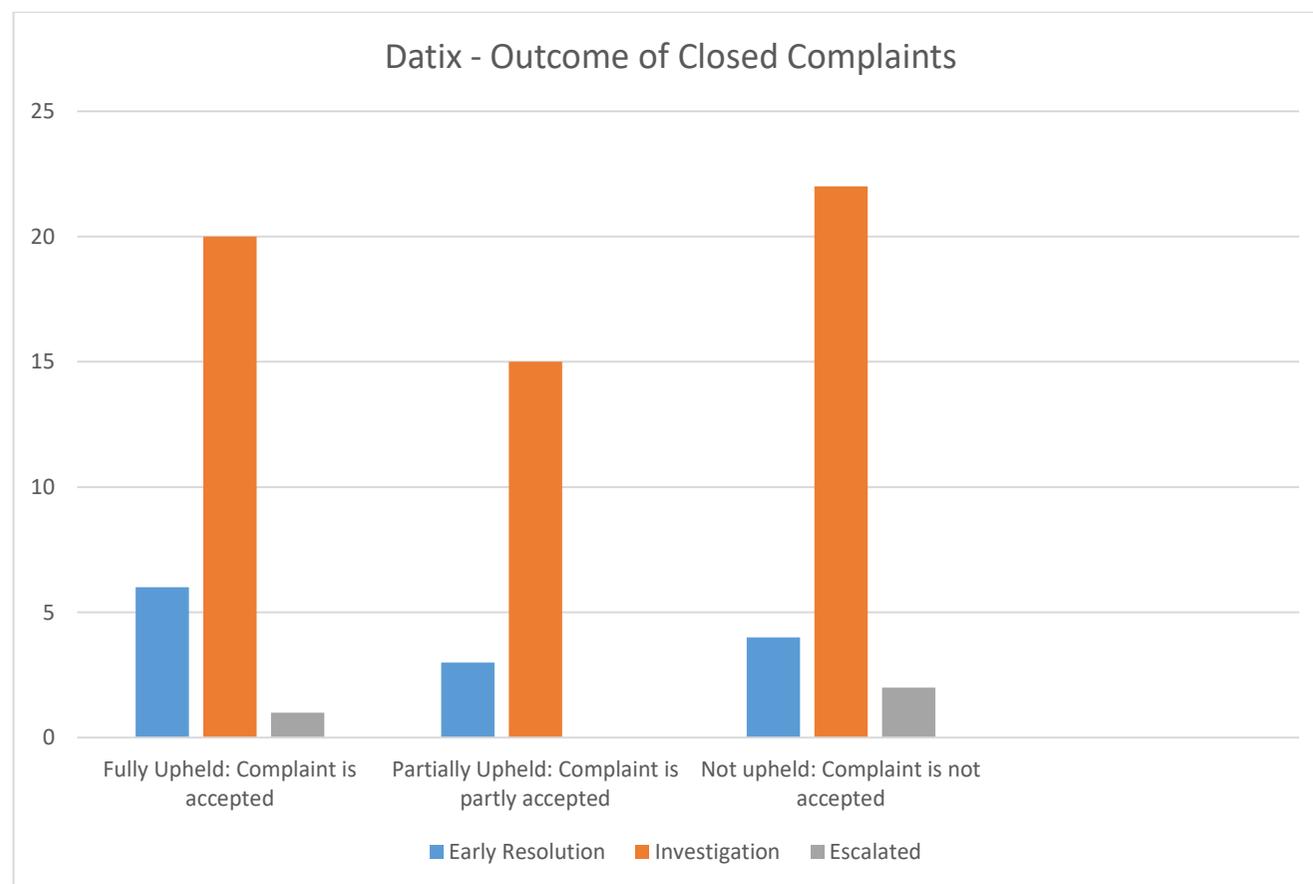
Complaints Information Extracted from Lagan:

24 complaints were closed during 2022/23: **12% were upheld, 50% were partially upheld and 33% were not upheld**

Graph 4 below shows the number of complaints upheld, partially upheld and not upheld as recorded in Lagan.

Lagan - Outcome of Closed Complaints

21
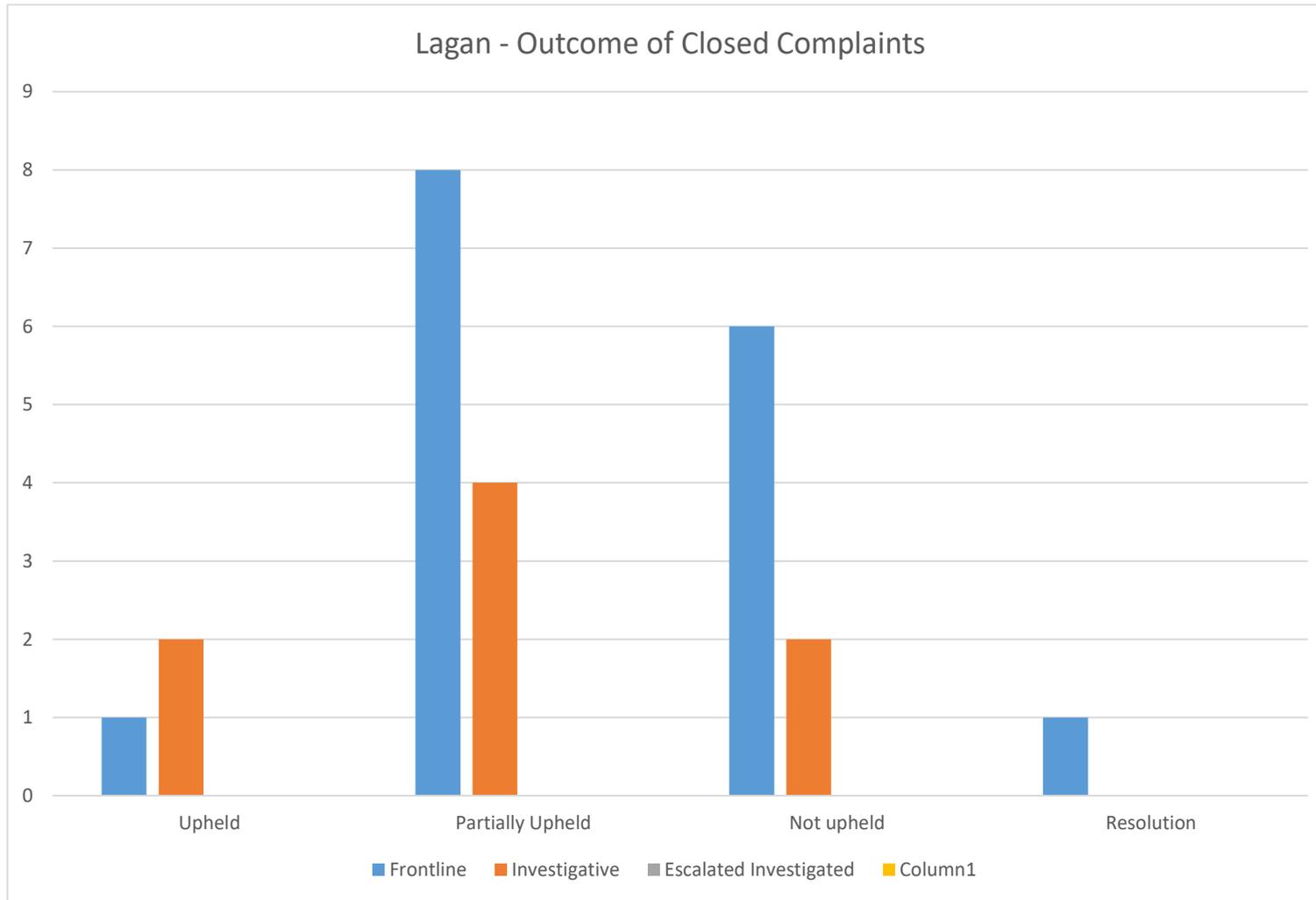
REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 2023

SUBJECT: PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORTING
             SUBMISSION 2022/23

BY: CHIEF OFFICER

1.   **REASON FOR REPORT**

1.1. To present the draft Moray Integration Joint Board (MIJB) Climate Change
     Duties Report submission for 2022/23.

2.   **RECOMMENDATION**

2.1. **It is recommended that the Moray Integration Joint Board (MIJB) consider
     and approve the draft Public Sector Climate Change submission to
     Sustainable Scotland Network (Appendix 1) for the reporting year 2022/23.**

3.   **BACKGROUND**

3.1. The Climate Change (Scotland) Act 2009 introduced targets and legislation to
     reduce Scotland's emissions by at least 80% by 2025.

3.2. Section 44 of the Act places duties on public bodies relating to climate change
     and requires them to;

     ➢ Contribute to the delivery of the Act's emissions reduction targets
     ➢ Contribute to climate change adaptation, and
     ➢ Act sustainably

3.3 Following public consultation and parliamentary scrutiny a Statutory Order
     under section 46 of the Act came into force in November 2015. This Order
     contains a list of public bodies required to annually report on compliance with
     the climate change duties. These 'major players' listed in the Order were
     expected to submit their reports to the Scottish Government for 1 April 2015, 31
     March 2016, 30 November 2016 and annually thereafter.

3.4 Integration Authorities were required to provide annual reports for the first time
     in November 2017, and annually thereafter. These annual reports have been
     approved by the Board prior to submission to Sustainable Scotland Network.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The report attached (**Appendix 1**) is required to be submitted to the Scottish Government by 30 November 2023.

4.2. The content of the report is limited given the fact that MIJB do not own any property or vehicles and do not develop the policy surrounding the use of fuel, procurement, transport, energy, waste, ICT, property and infrastructure. Staff follow those policies which are developed within the employing organisation, either NHS Grampian or Moray Council.

4.3. The principle areas of that the MIJB and managers can influence is the development of culture of environmental awareness, including climate change impact and ensuring that policies are adhered to, for example;

> ➢ To reduce travelling time to meetings & visits to Service Users where possible. During 2022/23 staff continued to make use of video conferencing, saving on both travelling time, costs and emissions. Microsoft Teams continued to facilitate good communication networks whilst staff remain working remotely or at home.

> ➢ Continued use of existing ICT applications, for example, Attend Anywhere, impacts on the reduction of travel for staff/patients and service users across Moray.

> ➢ The use of recycling bins and appropriate bins for clinical waste etc., impacts on the reduction of waste where possible.

> ➢ Many staff vacancies are offered with an option to work with a hybrid approach. This reduces travel costs, emissions and allows staff to work in more remote areas, whilst working within Moray.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"
As defined within Moray Integration Scheme values and meeting the Strategic Aims contained within the MIJB Strategic Plan 2022-2023.

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

(c) Financial implications
None directly associated with this report.

(d) Risk Implications and Mitigation
None directly associated with this report.

(e) Staffing Implications
None directly associated with this report.

(f)   Property
None directly associated with the report.

(g)   Equalities/Socio Economic Impact
As this is a performance monitoring report, an Equality Impact Assessment is not required. This report does not deal with actions which may impact adversely on groups with protected characteristics.

(h)   Climate Change and Biodiversity Impacts
Impacts detailed in section 4.3 of the report and in **Appendix 1.**

(i)   Directions
None directly associated with the report.

(j)   Consultations
Consultation on this report has taken pace with Moray SMT, who are in agreement with the content of this report.

6.   CONCLUSION

6.1. This report recommends that the MIJB consider and approve the draft submission (Appendix 1) to the Sustainable Scotland Network.

Author of Report: Trish Morgan
Background Papers: held be the author
Ref:

PART 1	Profile of Reporting Body			
1a	Name of reporting body			
	Provide the name of the listed body (the "body") which prepared this report.			
	Moray Integration Joint Board			
1b	Type of body			
	Select from the options below			
	Integration Joint Boards			
1c	Highest number of full-time equivalent staff in the body during the report year			
	739.63	THIS MUST BE COMPLETED		
1d	Metrics used by the body			
	Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.			
	Metric	Units	Value	Comments
	Please select from drop down box			
1e	Overall budget of the body			
	Specify approximate £/annum for the report year.			
	Budget	Budget Comments		
	£154,181,850	Funding is provided by NHS Grampian and Moray Council. Staff of Health and Social Care Moray (circa 1,000) are employed by NHS Grampian or Moray Council		
1f	Report type			
	Specify the report year type			
	Report type	Report year comments		
	Financial	£154,181,850.00	THIS MUST BE COMPLETED	
1g	Context			
	Provide a summary of the body's nature and functions that are relevant to climate change reporting.			
	The staff of IJB and Health and Social Care Moray operate from buildings owned or leased by NHS Grampian or Moray Council and any information relating to energy, emissions or waste will be included in their respective returns. The IJB promote the use of Pool cars for work travel. These are owned by NHS G and Moray Council and use fuel that will be reported via the NHS Grampian and Moray Council returns. Staff of IJB / Health and Social Care Moray operate within the policy and procedures of their employing organisations for property, infrastructure, waste, fuel,			

procurement and business travel.
Many staff are required to work closely with colleagues in other areas in Grampian so the use of Microsoft Teams is promoted to save time, travel costs and emissions. The Partnership promotes a flexible and hybrid approach to working patterns where possible and ICT kit has been provided for those staff who work from home. It is not possible to ascertain the increase in fuel usage for individual homes, however, there will have been a reduction in travel to work emissions. We continue to identify options and innovations for using digital solutions for service delivery where possible to reduce travel and emissions and health inequalities. Attend Anywhere (Near Me) has been rolled out to all GP Practices in Moray

Public Sector Report on Compliance with Climate Change Duties 2023 Template							
PART 2	**Governance, Management and Strategy**						
	Governance and management						
2a	**How is climate change governed in the body?**						
	Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements. Provide a diagram / chart to outline the governance structure within the body.						
	Whilst the accountability and responsibility sits with Moray Council and NHS Grampian. MIJB and Moray HSCP will strive to ensure all staff are aware of climate change and carbon reduction aims and targets as identified in respective employing organisations' policies. To encourage awareness of behaviour changes of staff working within HSCM to reduce carbon footprint through further adoption of policies by: -reduce their travelling to meetings and client contacts where possible -making use of video conferencing or Attend Anywhere technology if available -consider further development of use of existing ICT applications and to explore opportunities for reducing travel for staff/patients/clients within Moray -take part in pilot programmes for new ICT technology -reducing waste where possible and ensuring appropriate use of recycling bins and a						
	<Insert Diagram Here or Attach File>						

2b	How is climate change action managed and embedded in the body?					
	Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.					
	not applicable					
	<Insert Diagram Here or Attach File>					
	Strategy					
2c	**Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?**					
	Provide a brief summary of objectives if they exist.					
	Wording of objective	**Name of document**			**Document Link**	
2d	**Does the body have a climate change plan or strategy?**					
	If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.					
	No, the Moray IJB does not have a specific plan or strategy for climate change. The accountability and responsibility for climate change governance lies with NHS Grampian and Moray Council (the statutory bodies). Please refer to their Climate Change Duty Reports for information. MIJB continues to work with partners to identify opportunities to operate more sustainably and efficiently. MIJB will also discuss Climate Change impact on any new plans. There is a strong strategic plan for investment in the area - the Moray Growth Deal - and linked to this is the local climate change strategy and Community Wealth Building agenda (ref Partners in Care 2022 - 32					
2e	**Does the body have any plans or strategies covering the following areas that include climate change?**					

	Provide the name of any such document and the timeframe covered.						
	Topic area	**Name of document**	**Link**	**Time period covered**	**Comments**		
	Adaptation						
	Business travel						
	Staff Travel						
	Energy efficiency						
	Fleet transport						
	ICT						
	Renewable energy						
	Sustainable/renewable heat						
	Waste management						
	Water and sewerage						
	Land Use						
	Other (please specify in comments)						
	Please select from drop down box						
	Please select from drop down box						
2f	**What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?**						
	Provide a brief summary of the body's areas and activities of focus for the year ahead.						

	Whilst the accountability and responsibility sits with Moray Council and NHS Grampian. MIJB and Moray HSCP will strive to ensure all staff are aware of climate change and carbon reduction aims and targets as identified in respective employing organisations' policies. To encourage awareness of behaviour changes of staff working within HSCM to reduce carbon footprint through further adoption of policies by: -reduce their travelling to meetings and client contacts where possible -making use of video conferencing or Attend Anywhere technology if available -consider further development of use of existing ICT applications and to explore opportunities for reducing travel for staff/patients/clients within Moray -take part in pilot programmes for new ICT technology -reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste					
2g	**Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?**					
	If yes, please provide details of the key findings and resultant action taken.					
	(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.					
	Not applicable					
	Further information					
2h	**Supporting information and best practice**					
	Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.					
	The Moray IJB will support parent organisations to achieve the targets set.					

NO ENTRY IN SECTION 3

PART 4	**Adaptation - please do not include information in this part on measures that solely reduce emissions with no implications for climate adaptation. These are climate mitigation measures which should be reported in the Emissions tab.**			
	Assessing and managing risk			
4a	**Has the body assessed current and future climate-related risks?**			
	If yes, provide a reference or link to any such risk assessment(s).			

	The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. Moray Council has identified climate change on its Corporate Risk Register - assessment developed by a group that included consultation with SEPA, Scottish Flood Forum, Adaptation Scotland and Moray Council. Other impacts of climate change such as flooding are included in the Business Continuity plans for services, and NHS Grampian's Resilience Plan. We will continue to work with our partners to identify opportunities to operate more efficiently and sustainably.
4b	**What arrangements does the body have in place to manage climate-related risks?**
	Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.
	The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. If specific climate change risks are identified for delivery of the services by the Moray IJB, they will be recorded on either Service or Corporate Risk Registers and will be managed in accordance with the Risk Management Policy. The Moray IJB will consider whether climate risks/issues should be taken into account in the future and it is incorporated into the standing papers of the IJB.
	Taking action
4c	**What action has the body taken to adapt to climate change?**
	Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme ("the Programme").
	There has been a review of guidance notes for Managers in relation to Risk Registers to include the need for consideration of the impact of climate change on service delivery, as identified in information provided by NHS Grampian and Moray Council. Climate change and sustainability are included as standing items for new business.
4d	**Where applicable, what contribution has the body made to helping deliver the Programme?**
	Provide any other relevant supporting information
	The Moray IJB understand the effects of climate change and their impacts on the natural environment. It supports a healthy and diverse natural environment with the capacity to adapt, sustain and enhance the benefits, and goods and services that the natural environment provides. It understand the effects of climate change and their impacts on buildings and infrastructure networks and provides the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure. It also looks to Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.
	Review, monitoring and evaluation
4e	**What arrangements does the body have in place to review current and future climate risks?**

	Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).			
	The accountability and r responsibility for climate change sits with Moray Council and NHS Grampian. Risk Registers and assessments are reviewed on an annual basis as a minimum. Moray Council and NHS Grampian will review their arrangements and notify the Chief Officer or Senior Management Team of any actions that require to be taken. This would then be communicated via the System Leadership Group to Services for action. It understands the effects of climate change and their impacts on people, homes and communities and is looking to increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events. It supports our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.			
4f	**What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?**			
	Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).			
	The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.			
	Future priorities for adaptation			
4g	**What are the body's top 5 climate change adaptation priorities for the year ahead?**			
	Provide a summary of the areas and activities of focus for the year ahead.			
	The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.			
	Further information			
4h	**Supporting information and best practice**			
	Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.			
	The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.			

PART 5	**Procurement**			
5a	**How have procurement policies contributed to compliance with climate change duties?**			
	Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.			
	The Moray IJB does not have its own Procurement Policy but follows and complies with NHS Grampian and Moray Council policies. The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.			
5b	**How has procurement activity contributed to compliance with climate change duties?**			
	Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.			
	The Moray IJB does not have its own Procurement Policy but follows and complies with NHS Grampian and Moray Council policies. The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.			
	Further information			
5c	**Supporting information and best practice**			
	Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.			
	The Moray IJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies. The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.			

PART 6	**Validation and Declaration**			
6a	**Internal validation process**			
	Briefly describe the body's internal validation process, if any, of the data or information contained within this report.			
	This report has been reviewed by the Senior Management Team and approved by the Moray IJB prior to submission to Sustainability Scotland Network			
6b	**Peer validation process**			
	Briefly describe the body's peer validation process, if any, of the data or information contained within this report.			
	Not applicable			

6c	External validation process			
	Briefly describe the body's external validation process, if any, of the data or information contained within this report.			
	The Senior Management Team completes the validation process			
6d	No Validation Process			
	If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.			
	This report has been reviewed by the Senior Management Team and approved by the Moray IJB prior to submission to Sustainability Scotland Network			
6e	Declaration			
	I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.			
	Name:	Patricia Morgan		
	Role in the body:	Service Manager		
	Date:	20/09/2023		

MINUTE OF MEETING OF THE AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 29 June 2023

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

PRESENT

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

APOLOGIES

Mr Sean Coady, Mr Stuart Falconer, Mr Graham Hilditch

IN ATTENDANCE

Also in attendance at the above meeting were the Chief Internal Auditor, Angela Pieri, External Auditor (Grant Thornton) and Democratic Services Manager.

1. Declaration of Member's Interests

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

2. Unaudited Annual Accounts

A report by the Interim Chief Financial Officer informed the Committee of the Unaudited Annual Accounts of the Moray Integration Joint Board (MIJB) for the year ended 31 March 2023.

Following consideration the Committee agreed to note:

i)   the unaudited Annual Accounts prior to their submission to the external auditor, noting that all figures remain subject to audit;

ii) the Annual Governance Statement contained within the unaudited Annual Accounts; and

iii) the accounting policies applied in the production of the unaudited Annual Accounts, pages 46 to 47 of the accounts.

3.   Local Code of Corporate Governance - Update

A report by the Interim Chief Financial Officer provided the Committee with an opportunity to comment on the updated sources of assurance for informing the governance principles as set out in the Chartered Institute of Public Finance (CIPFA) /Society of Local Authority Chief Executives (SOLACE) 'Delivering Good Governance in Local Government Framework document. Also for information the self assessment of good practice as set.

Mr Murray highlighted that the Audit Performance and Risk Committee had not been included in the table at Principle F of Appendix 1. The interim Chief Financial Officer, apologised for the omission and confirmed that she would ensure Appendix 1 was updated to include Audit, Performance and Risk Committee.

Following consideration the Committee agreed to:

i)   note the content of the report;

ii)   note the sources of assurance utilised in reviewing and assessing the effectiveness of the MIJBs governance arrangements;

iii)   approve the updated Local Code of Corporate Governance which supports the Annual Governance Statement in Appendix 1; and

iv)   approve the self assessment of good practice, in Appendix 2.

MINUTE OF MEETING OF THE AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 29 June 2023

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

PRESENT

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

APOLOGIES

Mr Sean Coady, Mr Stuart Falconer, Mr Graham Hilditch

IN ATTENDANCE

Also in attendance at the above meeting were the Chief Internal Auditor, Interim Planning and Strategy Lead, Mr John Campbell, Service Manager and Democratic Services Manager.

1. Declaration of Member's Interests

The Committee noted that there were no declarations of Member's interests.

2. Minute of the meeting of 30 March 2023

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

3. Action Log of Meeting of 30 March 2023

The action log of the meeting of 30 March 2023 was discussed and updated accordingly.

4. Quarter 4 Performance

A report by the Interim Strategy and Planning Lead updated the Audit, Performance and Risk Committee on performance as at Quarter 4 (January to March 2023).

Mr Riddell expressed concern about the staff sickness levels and asked for more detail on what is being done in regards to staff wellbeing.

Following consideration, the Committee agreed to note:

i)   the performance of local indicators for Quarter 4 (January to March 2023) as presented in the Performance Report at APPENDIX 1; and

ii)   the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1.

5.   Internal Audit Section - Update

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

Following consideration the Board agreed to note the audit update.

6.   Internal Audit Section Completed Projects

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

Following consideration the Committee agreed to note the audit update.

7.   Strategic Risk Register

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

Following consideration the Committee agreed to note the Strategic Risk Register included at Appendix 1.

8.   Internal Audit Annual Report 2022-23

A report by the Chief Internal Auditor provided the Audit, Performance and Risk Committee with details of internal audit work undertaken relative to the Moray Integration Joint Board (MIJB) for the financial year ended 31 March 2023, and the assurances available on which to base the internal audit opinion on the adequacy of the MIJB's systems of internal control.

Following the audit carried out during 2022/23 the Chief Internal Auditor is only able to provided limited assurance that the MIJB has adequate systems of governance and internal control. He further raised concern about the progress of the implementation of the recommendations provided.

Mr Riddell echoed the Chief Internal Auditor's concerns and highlighted the issue of following through on issues. As a Board assurances need to be given that actions are being carried out but he felt at the moment for some issues, this is not being received. He further added that the issues should be escalated to the Board to highlight the issues to them.

In response, the Chief Officer agreed that the issues should be escalated.

Mr Murray suggested that there should be a report back to the Committee on what was found and what has been done to address the issues.

Following further consideration the Committee agreed:

i)   to note the contents of the annual report at Appendix 1;

ii)   a further report to come back to the Committee to identify the issues and what has been done to address them; and

iii) escalate the issues to the Moray Integration Joint Board.

9.   Resilience in Care at Home May 2023

A report by the Provider Services Manager updated the Audit, Performance and Risk Committee on work being done in Care at Home to address the Unmet Need in Moray.

Following consideration the Committee agreed to note:

i)   the actions being taken in Care at Home to address the unmet needs in Moray; and

ii) the increasing demand on the Care at Home Service.

10.   Directions Update

A report by the Interim Chief Financial Officer informed the Board of the issues Directions of the Moray Integration Joint Board (MIJB) for the period 1 October to 31 March 2023.

11.   Improvement Plan for Adult Social Care Commissioning

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

Following consideration the Committee agreed to:

i)   note the improvement plan attached at Appendix 1; and

ii) approve the contents of the plan.

MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 25 May 2023

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

PRESENT

Mr Ivan Augustus, Professor Siladitya Bhattacharya, Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Mr Sean Coady, Ms Sonya Duncan, Mr Graham Hilditch, Councillor Scott Lawrence, Mr Derick Murray, Ms Deborah O'Shea, Ms Fiona Robertson, Ms Elizabeth Robinson

APOLOGIES

Professor Duff Bruce, Dr Robert Lockhart, Dr Malcolm Simmons, Ms Tracy Stephen, Mrs Val Thatcher, Mr Kevin Todd

IN ATTENDANCE

Also in attendance at the above meeting were Ms Sonya Duncan, Corporate Manager, Mr Sean Coady, Head of Service, Ms Rosemary Reeve, Interim Primary Care Development Manager and Tracey Sutherland, Committee Services Officer.

1. Chair

The meeting was chaired by Mr Derick Murray.

2. Declaration of Member's Interests

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

3. Minutes of meeting of 23 February 2023

The minute of the meeting of 23 February 2023 was submitted and approved.

4. Action Log - 23 February 2023

The Action Log of the meeting of 23 February 2023 was discussed and updated.

5.   Strategic Risk Register Report

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

Following consideration the Committee agreed to note the Strategic Risk Register included at Appendix 1.

Ms Elizabeth Robinson joined the meeting during the consideration of this item.

6.   Primary Care Minor Surgery Report

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

During consideration Mr Murray moved adding an additional recommendation to seek a report back to the Clinical and Care Governance Committee with possible solutions to the issues highlighted.

As there was no one otherwise minded the Committee agreed:

i)   to note the current position of the Primary Care Minor Surgery Service which is delivered from the Dr Grays site;

ii)   to note the impact on Moray patients; and

iii)   a report to be written for the next meeting of Clinical and Care Governance Committee with possible solutions identified for the issues highlighted.

7.   Q4 Complaints Report

A report by the Clinical and Care Governance Group Co-Chairs informed the Committee of complaints reported and closed during Quarter 4 (1 January 2023 - 31 March 2023).

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

8.   Duty of Candour Annual Report 2021-22 Report

A report by the Chief Nurse - Moray, submitted for information to the Committee the contents of Duty of Candour Report for Health and Social Care Moray for the year 2021/22.

Following consideration the Committee agreed to note the contents of the report and the attached Duty of Candour Annual Report.

9.   Clinical and Care Governance Group Exception Q4 Report

A report by the Clinical and Care Governance Group Co-Chairs informed the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 4 of 2022/23 (1 January to 31 March 2023).

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

10. Adult Support and Protection Multi Agency Improvement Plan Report

A report by the Head of Service/Chief Social Work Officer updated the Committee on progress against the Adult Support and Protection Multi-agency Improvement Plan, since the last update provided in February 2023.

Following consideration the Committee agreed to note:

i)   the multi-agency improvement plan and progress to date;

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

iii) that a further update will be provided to the next Committee meeting.

11. Clinical and Care Governance Update Report

A report by the Chief Nurse - Moray informed the Committee of the progress relating to the refresh of the clinical and care governance structure within Health and Social Care Moray.

Following consideration the Committee agreed to note the content of the report and the associated outcomes and recommendations therein.

12. Items for Escalation to MIJB

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