



Moray Integration Joint Board

Thursday, 30 March 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, 30 March 2023** at **09:30** to consider the business noted below.

AGENDA

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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 Karen Donaldson (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 Tracy Stephen (Non-Voting Member)

Clerk Name:	Tracey Sutherland
Clerk Telephone:	07971 879268
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MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 26 January 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, Councillor Tracy Colyer, Councillor John Divers, Ms Karen Donaldson, Ms Sonya Duncan, Mr Stuart Falconer, Mr Graham Hilditch, Councillor Scott Lawrence, Mr Derick Murray, Ms Deborah O'Shea, Mr Sandy Riddell, Mr Dennis Robertson

APOLOGIES

Mr Roddy Burns, Ms Jane Ewen, Professor Caroline Hiscox, Dr Paul Southworth, Mrs Val Thatcher

IN ATTENDANCE

Also in attendance at the above meeting Brian Howarth, External Audit, Location Manager and Chief Nurse, Aberdeenshire Health and Social Care Partnership, Iain MacDonald, Locality Manager, Interim Strategy and Planning Lead, Practice Manager, Moray Coast Medical Practice and Peter McLean.

1. Chair

The meeting was chaired by Mr Dennis Robertson.

2. Order of Business

The Chair sought agreement from the Board that Items 8 and 9 would be taken after item 4 on the agenda to allow the External Auditor to attend another meeting. This was unanimously agreed.

3. Declaration of Member's Interests

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

4. Minute of Meeting of 24 November 2022

The minute of the meeting of 24 November 2022 was submitted and approved.

5. Action Log - 24 November 2022

The Action Log of the meeting of 24 November 2022 was discussed and updated accordingly.

6. External Auditors Report to Those Charged with Governance Report

A report by the Interim Chief Financial Officer requested the Moray Integration Joint Board (MIJB) consider and note the reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2022.

The External Auditor introduced the report and highlighted a change which had been made to Note 3 - Events after the Reporting Period and it now read:

The unaudited accounts were issued by Deborah O'Shea, Interim Chief Financial Officer on 30 June 2022 and the audited accounts were authorised for issue on 26 January 2023. Events taking place after this date are not reflected in the financial statements or notes.

The Scottish Government on the 16 January 2023 advised the IJBs of the intention to request that unspent monies in the earmarked Covid reserves are to be returned as they were for specific purposes and are not to be used to fund day to day expenditure. The amount for Moray IJB is £6.2 million. The accounts have not been adjusted for this amount, as the technical advice provided by CIPFA confirms that this is not an adjusting event but a disclosure in the 2021/22 accounts.

In December 2022 the IJB was notified of costs relating to two out of area placements. Following receipt of the Scottish Government decision on ordinary residence for the first placement, the IJB is due to pay £0.7 million covering the period from October 2018 to 31 March 2022. The surplus on provision of services and reserves are overstated by this amount but the annual accounts have not been adjusted as this amount is not considered material. The IJB has not accepted responsibility for the second placement and this is considered to be a contingent liability until the individual's ordinary residence is agreed or determined by the Scottish Government.

Councillor Lawrence confirmed that the Audit, Performance and Risk Committee had agreed to recommend the accounts to the Board for approval.

The Board joined the Chair in thanking the External Auditor and following consideration the Board agreed to note the reports from the External Auditor within Appendices 1 and 2.

7. Audited Annual Accounts 2021-22

A report by the Interim Chief Financial Officer submitted to the Board the Audited Annual Accounts for the year ended 31 March 2022.

Following consideration the Board approved the Audited Annual Accounts for the financial year 2021/22.

8. 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.

Following consideration the Board agreed:

- i) note the content of the report; and
- ii) that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, with a focus on key objectives as we remobilise from the Covid-19 pandemic, along with a look ahead as we continue to develop our strategic planning.

9. Membership of Board and Committees

A report by the Corporate Manager informed the Board of changes to Membership. This is due to the appointment to the vacancies of Chief Social Work Officer, Non Primary Medical Services Lead and ongoing recruitment of the GP Vacancy.

Following consideration the Board agreed to note the:

- i) confirmation of appointment of members to the Integration Joint Board;
- ii) confirmation of appointment of members to the Clinical and Care Governance Committee; and
- iii) updated membership of the Board and Committees attached at Appendix 1.

10. Aberdeenshire Hosted Services

A report by the Location Manager and Chief Nurse, Aberdeenshire Health and Social Care Partnership informed the Board of the current position in relation to the services where Aberdeenshire Integration Joint Board are the 'host' Integration Joint Board (IJB).

Following consideration the Board agreed to note the current position in relation to the services where Aberdeenshire Integration Joint Board are the 'host' IJB.

11. Lossiemouth Locality Community Consultation

A report by the Locality Manager informed the Board of the outcome of the community consultation activity relating to the development of health and wellbeing services within the Lossiemouth locality with a particular emphasis on the future model of General Medical Services (GMS).

The Chair proposed a short adjournment in order to agree the wording for amendments to the recommendations in the report. This was unanimously agreed.

On the resumption of the meeting and following lengthy consideration the Board agreed:

- i) to note the position statement of Moray coast Medical Practice on not returning to work in the branch surgeries;
- ii) to note the community Consultation Report and the community views on the continued closure of the branch surgeries;
- iii) note the sustainable model of service delivery recommended by Health and Social Care Moray;
- iv) approve 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. . Further reports will be provided that describe the development of health and care provision across the Lossiemouth Locality in partnership with the local community; and
- v) to work with partners to establish a sustainable transport solution, such as a Coastal Dial a bus and/or an alternative that will meet the needs of residents attending medical appointments

12. Moray Scheme of Integration Report

A report by the Interim Strategy and Planning Lead informed the Board of progress in relation to updating the Scheme of Integration to reflect the decision to delegate Children and Families and Justice Social Work Services to Moray Integration Joint Board (MIJB).

Following consideration the Board agreed:

- i) approve the amendments to the Integration Scheme;
- ii) the submission of the Integration Scheme to the Scottish Government for final approval subject to approval by Moray Council and NHS Grampian at their meetings on 2 February 2023; and
- iii) the implementation of the transition of the statutory responsibility of Children's Services from Moray Council to the MIJB following the final Scottish Government approval.

13. Recruitment Challenges and Opportunities in Moray

A report by the Interim Strategy and Planning Lead informed the Board of challenges and opportunities for the recruitment and retention of staff in Moray.

Following consideration the Board agreed the priorities contained in section 4.2.1 of this report.

14. Reserves Policy Review

A report by the Interim Chief Financial Officer sought approval from the Board on its Reserves Policy.

Following consideration the Board agreed:

- i) to approve the Reserves Policy as detailed in Appendix 1; and
- ii) that the next review will be no later than March 2024.



MEETING OF MORAY INTEGRATION JOINT BOARD

Thursday 26 January 2023

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 30 MARCH 2023
1.	Lossiemouth Locality Community Consultation	Further reports will be provided that describe the development of health and care provision across the Lossiemouth Locality in partnership with the local community	June 2023	Locality Manager	Scheduled
2.	Ministerial Strategic Group Improvement Action Plan Update Report	An update from the Chief Financial Officer will be provided in a further twelve months' time	January 2023	Chief Financial Officer	Deferred to May 2023
3.	Locality Planning Update	Local Councillors to be invited to meet with Locality Managers – progress update at January IJB	January 2023	Locality Manager	Locality Managers met with elected members on 16 February 2023



MINUTE OF MEETING OF THE AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 24 November 2022

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

PRESENT

Mr Simon Bokor-Ingram, Mr Sean Coady, Councillor John Divers, Ms Sonya Duncan, Mr Stuart Falconer, Mr Graham Hilditch, Councillor Scott Lawrence, Mr Derick Murray, Ms Deborah O'Shea, Mr Sandy Riddell

APOLOGIES

Mr Neil Strachan

IN ATTENDANCE

Also in attendance at the above meeting were the Chief Internal Auditor and Tracey Sutherland, Committee Services Officer.

1. Declaration of Member's Interests

Mr Riddell declared that he is Chair of the Mental Welfare Commission. There were no other declarations of Members' interests in respect of any items on the agenda.

2. Minutes of meeting of 25 August 2022

The minute of the meeting of 25 August 2022 were submitted and approved.

3. Action Log of Meeting of 25 August 2022

The Action Log of the meeting of 25 August 2022 was considered and updated accordingly.

4. Quarter 2 Performance Report

A report by the Corporate Manager updated the Audit, Performance and Risk Committee on performance as at Quarter 2 (July to September 2022).

Following consideration the Committee agreed to note the performance of local indicators for Quarter 2 (July - September 2022).

5. Internal Audit Section - Update Report

A report by the Chief Internal Auditor provided the Committee with an Internal Audit update.

Following consideration the Committee agreed to note the audit update.

6. 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 on November 2022.

Following consideration the Committee agreed to:

- i) note the updated Strategic Risk Register included as Appendix 1; and
- ii) note the Strategic Risk Register will be further refined to align with the transformation and re-design plans as they evolve.

7. Internal Audit Section Completed Projects Report

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

Following consideration the Committee agreed to note the audit update.

8. Directions Monitoring Report

The Interim Chief Financial Officer joined the meeting for the consideration of this item.

A report by the interim Chief Financial Officer informed the Committee of the issued Directions of the Moray Integration Joint Board for the period 1 April to 30 September 2022.

Following consideration the Committee agreed to note the Directions issued in the first six months of 2022/23.



MINUTE OF MEETING OF THE AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 26 January 2023

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

PRESENT

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

APOLOGIES

Mr Sean Coady

IN ATTENDANCE

Also in attendance at the above meeting were Brian Howarth, Audit Scotland and Tracey Sutherland, Committee Services Officer.

1. Chair

The meeting was chaired by Councillor Scott Lawrence.

2. Declaration of Member's Interests

There were no declarations of Members' interests in respect of any items on the agenda.

3. External Auditors Report to Those Charged with Governance Report

A report by the Interim Chief Financial Officer requested the Committee to consider the reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2022.

The External Auditor advised the Committee that amendments had been made to Note 3 - Events after the Reporting Period and it now read:

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January 2023. Events taking place after this date are not reflected in the financial statements or notes.

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Following consideration the Committee noted the reports from the External Auditor within Appendices 1 and 2.

4. Audited Annual Accounts 2021-22

A report by the Interim Chief Financial Officer submitted the Audited Annual Accounts for the year ended 31 March 2022.

Following consideration the Committee agreed to recommend to the Moray Integration Joint Board the Audited Accounts for the financial year 2021/22.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 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.

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, with a focus on key objectives as we remobilise from the Covid-19 pandemic, along with a look ahead as we continue to develop our strategic planning.**

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 HSCM. A minor revision will see the portfolio broadened ensuring it emphasises a whole system approach with work stream specific key performance indicators (KPIs) a requirement going forward. Recent efforts have also concentrated on tackling delayed discharges, with a two-phase plan currently in operation, phase 1 completed in October (to reduce Delayed Discharges to March 2022 levels). Phase 2 is underway (to reduce delayed

discharges to 10 or below). Hospital without Walls continues to be developed and there will be opportunities for testing new concepts within the framework of the Moray Growth deal and specifically with the Digital Health and Care Innovation Centre. There are also opportunities for concept testing through non-recurrent funding agreed through the NHS Grampian Unscheduled Care Programme Board, with GMED supporting a trial of in hours support to primary care in Moray between January and March 2023, which will be fully evaluated.

- 3.2 As part of the response to the nationally predicted pressures in January, a day of care audit was carried out across all inpatient beds at Dr Gray's Hospital and all community hospitals in Moray. The audit was led by the professional leads for health and social work, and has provided a valuable insight for further improvement work. The survey reports the percentage of patients in Dr Grays and in Community Hospitals that do not need hospital care and highlights why they have not been transferred/discharged. In addition to completing the Day of Care Survey the team conducted qualitative informal interviews with staff to further understand the impact of current system pressures on staff and patients and to identify potential solutions to improve patient flow through our systems. The team undertaking the audit recognised the significant commitment of staff during this period.

Remobilisation and winter planning

- 3.3 To date the healthcare system has responded to significant surges in demand. A pan Grampian approach to manage surge and flow through the system ensures patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is significant pressure in some service areas which will require a particular focus to work through the backlog of referrals.
- 3.4 Whilst we are seeing pressure easing in some areas as staff absence rates decrease, for some services, other pressures remain. Demand for unscheduled hospital care has not diminished, and Dr Grays 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 Grays as soon as beds are available. A risk of high staff absence continues as flu and Covid continue to circulate within communities. Our daily G-OPES (Grampian Operational Pressures Escalation System) level has not changed for community services for a considerable period of time, and remains at level 3. This number relates to overall system pressure in the Moray community services, and takes account of parameters including service capacity and staffing levels. Dr Gray's Hospital has moved between G-OPES level 3 and 4, with the move up to level 4 being largely when demand at the Emergency Department has been significantly high and a commensurate pressure on the inpatient bed base.
- 3.5 Waiting times for inpatient elective surgical procedures at Dr Gray's Hospital continue to increase during the post pandemic period. As well as the physical infrastructure challenges we have experienced in Dr Gray's theatres, we have also experienced some staffing challenges that has limited our theatre capability and therefore the volume of surgical activity provided locally. As this is set to improve over the coming weeks and months, we now look to increase the levels of elective activity, however, that will need to be managed alongside

continued bed occupancy demands for acute and general medical patients. A range of initiatives are being introduced and tested as part of the wider portfolio Urgent and Unscheduled Care Improvement Plan that focuses on avoiding unnecessary hospital admissions and improving patient flow through the system. In parallel, in specialties where waiting times for 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.

- 3.6 The significant pressure on Social work/Social care continues with limited signs of any sustained improvement. Homecare staff consistently have absence rates of over 8% and some weeks more than 10%. The internal home care service is successfully recruiting staff, but these gains are offset by numbers of staff leaving. The backlog of social care (the weekly number of people awaiting assessments is consistently between 150 and 165) and inability to meet demand, with over 1,100 unmet care hours, is resulting in family carers having to shoulder an increased burden, and in its turn this leads to high demand for carer support, combined with concern from community members at levels of unmet need. The inability to meet care needs also impacts upon our ability to reduce delays from hospital. The sustained pressure on care staff is impacting on the quality of care that some providers can deliver. Interim care beds, designed to increase movement within the system, are monitored daily.
- 3.7 There has been extensive planning for winter, and for over the festive season, with the IJB approving surge plans at its November 2022 meeting. These have been put into use, and we are starting to evaluate the effectiveness of the plans, in order to refine current plans and learn any lessons. The period over Christmas and New Year saw significant pressure at the front door of Dr Gray's Hospital, with demand in excess of predictions. High patient acuity led to increased lengths of stay. Surge beds remain open in Dr Gray's Hospital and the community hospitals. Our planning and the response to pressures is scrutinised by the senior management team within the Portfolio. The NHS Grampian daily system connect (meeting at least twice daily) evaluates the daily updates from each Portfolio on how they are responding to the escalation plan, with specific actions described for Moray. The weekly NHS Grampian Chief Executive Team meeting has an overview of the whole system and directs any further response that is required.

Covid Vaccination Programme

SCHOOLS

- 3.8 Pupils have never been vaccinated with Covid vaccines within school premises, as per Education Board request. 76% of pupils received the flu vaccine within the school premises, with a further 2% vaccinated in FEVC (Fiona Elcock Vaccination Centre). 67.8% of school staff, who were in an eligible cohort, received both the flu *and* Covid vaccines within the school premises.

The offer of the nasal flu has now discontinued for children, but eligible school staff can still receive their Autumn/Winter boosters until the end of March.

No Spring boosters to be offered to schools or staff.

CARE HOMES (583 individuals)

- 3.9 This cohort was completed within the first few weeks of the Programme beginning. The care home uptake was 92.8%, once we returned to complete those who were ineligible due to time frames or illness during our initial visits.

Care home staff were also been offered their vaccines during our visits.

Care home residents are to be offered a Spring booster, commencing on 27 March 2023.

As this cohort is to be completed within the first 2 weeks of the Spring Programme, we are aiming to close the Vaccination Centre to the public during that time.

HOUSEBOUND RESIDENTS (1221 individuals)

- 3.10 This is a large cohort in respect of time and distance to be travelled. 98.2% of those on our list have received their Autumn/Winter vaccines, and this programme is now completed. We have also come across people who are needing more support, so have been liaising with GPs and Quarriers.

The housebound are also to receive a Spring booster, commencing 27 March 2023. This list has been cleansed again since the Autumn/Winter Programme and this number now stands at 804 individuals to visit.

HEALTH AND CARE WORKFORCE (5722 individuals)

- 3.11 Despite extensive communications to encourage people to come forward for vaccination, uptake of the Autumn/Winter booster remained poor, with 41.2% NHS staff and 20% Social Care staff taking up the vaccination offer. We had two Community Treatment and Care (CTAC) nurses delivering peer-to-peer vaccines within the GP Practices across Moray; the Mobile Information Bus providing clinics at Dr Grays; and visits to the Community Hospitals. The health and care workforce cohort can still attend the FEVC Mon-Sat 10.15 to 5.30 for vaccination until the end of March. No appointment is necessary.

No Spring booster to be offered.

Over 80s (5719 individuals)

- 3.12 88.5% of these individuals have now been vaccinated with their Autumn/Winter booster.

They are to be offered a Spring booster, commencing 10 April 2023. This will be delivered in a mix of appointments within the Vaccination Centre and outreach clinics, dependent on geographical address.

Other Groups

- 3.13 Over 65s (16673 individuals) had an 85.7% uptake.
Over 50s (14720 individuals) had an uptake of 62.7%.
At risk (12902 individuals) uptake was 62.3%. Their household contacts were also eligible to receive the vaccines. No percent data on this group.

The at risk group are also to receive a Spring booster, commencing 10th April 2023. However, the criteria is changing for this group, thus bringing down the

eligibility to a projected 2020 individuals to be vaccinated this coming Spring Programme.

The over 75s are also eligible to receive the Spring booster, commencing 10 April 2023. This will be offered to the 4697 individuals within this cohort. This will be delivered in a mix of appointments within the Centre and outreach clinics, dependent on geographical address.

Opportunity for vaccination will continue to be provided for all eligible cohorts, not receiving the Spring booster, up until the end of March.

- 3.14 Recognition and huge thanks to the Vaccination Team for their continued work in relation to all eligible groups within the community to ensure an effective and accessible vaccination service supporting vaccination preventable disease and completion of the Autumn / Winter programme. Whilst the Health and Care Workforce uptake remained poor, the team worked hard to encourage vaccination and offered many opportunities to allow access to vaccination in order to support uptake.

Asylum and Humanitarian Protection Schemes

- 3.15 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.
- 3.16 Moray will continue to support many 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.

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

- 3.17 A dedicated workstream 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 alongside the planned installation of a MRI scanner on the hospital site. Both the anti-ligature work and the MRI installation will directly affect the ability of Ward 4 to maintain a safe environment for patients while the works are being carried out, and alternative accommodation on a temporary basis will need to be sourced. This is proving to be challenging and a key risk to the two pieces of work being able to commence.

Dr Gray's Strategy

- 3.18 Dr Gray's Plan for the Future was approved by the NHS Grampian Board in February 2023. An implementation plan will be presented to the NHS Grampian Board in April 2023. Further information can be found here: [Plan For The Future - Dr Gray's Hospital 2023-2033 \(nhsgrampian.org\)](https://www.nhs.uk/grampian/plan-for-the-future).
- 3.19 **New build housing in Elgin and impact on primary care**
At the January 2023 IJB meeting a number of concerns were raised about the capacity of primary care to absorb additional patients as the population of Elgin increases as a result of new house building. Maryhill and Linkwood practices in particular, with already large list sizes, will come under increasing

pressure. A planning team has been created utilising a project management approach to address the future needs of citizens accessing primary care services and to explore future models of service delivery. The team outputs will be governed through Morays Infrastructure Programme Board.

Portfolio arrangements

- 3.20 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system, there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 as an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, with partners and communities rather than as individual entities. To deliver further on this whole system, integrated approach, there was a desire to transition from an organisational leadership and management model to a system leadership and management approach. The portfolio leadership arrangements continue to embed and mature. Further opportunities for the alignment of services around pathways will be led by the Chief Officer.
- 3.21 The role of designated Deputy Chief Officer has been uncovered following the departure of the previous incumbent to hold this role. The Chief Officer has completed a process to identify a successor, supported by Human Resources in Moray Council and NHS Grampian, and is pleased to report that Sean Coady, Head of Service, has agreed to take on the Deputy Chief Officer role alongside the Head of Service position.
- 3.22 The Chief Finance Officer post continues to be covered on an interim basis. The Chief Officer is working with the Council Head of Finance to review the arrangement and what longer term options are available.

Budget Control

- 3.23 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 report an ongoing balanced position for 2022/23 to the MIJB, savings will continue to be required to ensure sustainability in the years beyond.
- 3.24 Ongoing work will be required, led by the Chief Officer, with the Senior Management Team and wider System Leadership Group, to develop options that will align the budget to available resources particularly in preparation for entry to 2023/24.

Payment Verification

- 3.25 National Services Scotland (NSS) process the payments and have not been in the position to undertake the payment verification meetings since the start of Covid-19 pandemic. Their focus has been to maintain protective payments each month and because these are based on same amounts each month, there are no new claims coming through. The payment verification meetings are now recommencing and will start in ophthalmology during quarter 2,

dentistry projected for quarter 3 with medicine to be confirmed. Therefore it will be June 2023 before first audit reports are received and a subsequent update report to the Audit Performance and Risk Committee.

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 challenges of finance persists and there remains the need to address the underlying deficit in core services. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/Covid-19 funding will only cover additional expenditure in the short-term and it is important to understand the emerging landscape.
- 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.

(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 has 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.**

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



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023

SUBJECT: REVENUE BUDGET MONITORING QUARTER 3 FOR 2022/23

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To update the Moray Integration Joint Board (MIJB) on the current Revenue Budget reporting position as at 31 December 2022 and provide a provisional forecast position for the year-end for the MIJB budget.

2. RECOMMENDATIONS

2.1 It is recommended that the MIJB:

- i) note the financial position of the Board as at 31 December 2022 is showing an overall overspend of £1,297,158.
- ii) note the provisional forecast position for 2022/23 of an underspend of £4,616,187 on total budget;
- iii) note the progress against the approved savings plan in paragraph 6, and update on Covid-19 and additional funding in paragraph 8;
- iv) approve the repayment to NHS Grampian of £6,239,000 of the unused ear marked Covid reserve, as detailed in paragraph 8.3
- 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 October to 31 December 2022 as shown in APPENDIX 4; and
- vi) approve for issue, the Directions arising from the updated budget position shown in APPENDIX 5.

3. **BACKGROUND**

- 3.1 The financial position for the MIJB services at 31 December 2022 is shown at **APPENDIX 1**. The figures reflect the position in that the MIJB core services are currently over spent by £2,047,606. This is summarised in the table below.

	Annual Budget £	Budget to date £	Expenditure to date £	Variance to date £
MIJB Core Service	138,221,139	103,312,093	105,359,699	(2,047,606)
MIJB Strategic Funds	24,765,124	4,878,091	4,127,643	750,448
Set Aside Budget	12,620,000	-	-	-
Total MIJB Expenditure	175,606,263	108,190,184	109,487,342	(1,297,158)

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

- 3.3 The updated provisional forecast outturn to 31 March 2023 for the MIJB services is included in **APPENDIX 1**. The figures reflect the overall position in that the MIJB core services are forecast to be over spent by £4,222,395 by the end of the financial year. This is summarised in the table below.

	Annual Budget £	Provisional Outturn to 31 Mar 2023 £	Anticipated Variance to 31 Mar 2023 £	Variance against base budget %
MIJB Core Service	138,221,139	142,443,534	(4,222,395)	(3)
MIJB Strategic Funds	24,644,737	15,806,155	8,838,582	36
Set Aside Budget	12,620,000	12,620,000	-	-
Total MIJB Expenditure	175,485,876	170,869,689	4,616,187	3

4. **KEY MATTERS/SIGNIFICANT VARIANCES FOR 2022/23**

Community Hospitals & Services

- 4.1 Community hospitals and services are overspent by £155,571. This is due to a number of variances, including non-pay costs for Medical Supplies £30,751; energy costs £78,873 and pay costs for hospital services £108,428 (mainly in Buckie). These are offset by underspends in medical costs of £59,012 and other minor variances totalling £3,469.
- 4.2 This budget is forecasted to be £225,496 overspent by the end of the financial year as these cost pressures are anticipated to continue.

Community Nursing

- 4.3 Community nursing service is underspent by £243,058. This is due to underspends in District nursing £191,212 and Health Visitors £54,762 slightly offset in Elgin, where the team is combined with a £2,916 overspend.
- 4.4 For District Nursing the overall current underspend £191,212 relates mainly to the Varis Court Augmented Care Units (ACU's) budget, which is underspent by £215,048. The Varis budget underspend remains due to staffing vacancies of £122,478 and non-pay costs of £92,570 as a result of the organisational change process and contract with the provider yet to be concluded. The capacity in the Varis budget as a result of the organisational change will contribute to the costs for the provision of care at the four ACU's. The overspend of £23,836 in the remaining District Nursing budgets is mitigated by Scottish Government additional funding anticipated, now received to improve the overall District Nursing position.
- 4.5 For Health Visitors, vacancies, planned leave including maternity leave and retirements continue to contribute to the current reduced underspend of £54,762 across the service. Challenges remain on the recruitment and retention of qualified and experienced Health Visitors and School Nurses at a local, regional and national level. Efforts are ongoing to mitigate or minimise risk in the delivery of the Service including development of trainee positions to increase the number of qualified, skilled and experienced practitioners,
- 4.6 The overall community nursing budget are forecast to be £424,749 under spent by the end of the financial year as per the underspend detailed above.

Learning Disability

- 4.7 The Learning Disability (LD) service is overspent by £1,396,102. The overspend is predominantly due to care purchased £1,505,762 and other minor overspends totalling £11,547. This is being reduced by income received more than expected £5,437 and an underspend in clinical speech and language services, physiotherapy and psychology services of £115,770.
- 4.8 The LD Service manager and indeed all of the LD service are aware of the overspend. The overspend on care is because of various factors; there has been an increase in families unable to maintain their caring role and consequently there has been an increase in crisis intervention. There is little available accommodation and few resources to provide support for people and this results in costly standalone packages. There has also been an increase in complex and challenging behaviour following the lockdown period and this has meant an increase in the number of 2:1 staffing requirements to minimise risk. There has also been an increase in people needing day activities following the prolonged lock-down period.
- 4.9 This budget is forecast to be £2,975,041 overspent by the end of the financial year. This is due to the issues above remaining to the end of the financial year and a recently decided case of ordinary residence where Scottish Government have deemed Moray to be the place of ordinary residence and the costs will be backdated for the last five years.

Mental Health

- 4.10 The Mental Health service is currently overspent by £227,033. Clinical Nursing and other services are overspent by £66,522. The overspend is primarily due to staffing in medical services, which is partly offset by underspends across Nursing Psychology and Allied Health Professionals (AHP's).
- 4.11 The service has been unable to recruit into the older adult psychiatry post that has resulted in long-term use of a locum psychiatrist. Alternative models have been explored without success to date. In order to offset some of the overspend there has been a deliberate decision not to recruit into other non-medical posts, however this is no longer sustainable. There will be one final attempt to recruit a substantive consultant before looking to reconfigure the older adult service budget. This remains a financial risk to MIJB, which has previously been reported, due to high costs of locums compared to NHS substantive medical staff.
- 4.12 Care packages are currently overspent by £147,893 primarily due to the purchase of Nursing and Domiciliary care packages and other minor overspends totalling £12,618. There is a high cost care package due to end in April, due to a client moving into their own tenancy and this should improve the budget position for 2023/24. All Self Directed Support (SDS) packages are currently being reviewed to ensure the critical and substantial criteria is still met and reviewing indicative budgets.
- 4.13 This budget is forecast to be £326,991 overspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the end of the financial year.

Care Services Provided In-house

- 4.14 This budget is underspent by £1,881,882 this relates to underspend in staffing across all the services in this budget totalling £2,117,082 which is being reduced by an overspend of £235,200 across all the services. The main overspends relate to Internal day services of £136,366 primarily due to transport costs and less income received than expected; an overspend on staff uniforms for care at home of £19,473; £47,340 for Woodview relating to purchase of new phones and staff transport costs ; £9,969 for eco toilet at Greenfingers and other minor overspends totalling £22,052.
- 4.15 Shortages of staff and difficulties recruiting in the social care sector are having a big impact. There are long-standing problems with the recruitment and retention of social care staff. This situation has been made much worse by the pandemic and is a Scotland wide issue.
- 4.16 This budget is forecast to be £2,488,293 underspent by the end of the financial year, due to the ongoing issue of recruitment, which is expected to continue for the rest of the financial year.

Older People and Physical Sensory Disability

- 4.17 This budget is overspent by £1,839,615. This primarily relates to overspends for domiciliary care and respite care in the area teams totalling £1,277,939; permanent care £532,898 and less income received than expected of £28,778.

- 4.18 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. There is also a correlation with the care services provided in-house, since where internal staffing is not available, the use of external providers to pick up the care is required.
- 4.19 This budget is forecast to be £2,964,271 overspent by the end of the financial year due to the issues mentioned above being expected to continue.

Intermediate Care & Occupational Therapy

- 4.20 This budget is overspent by £174,497 due to purchase of Occupational Therapy (OT) equipment of £178,260 and property costs for Jubilee Cottages of £11,172. This is being reduced by minor underspends of £14,935 across the service. The overspend on OT equipment reflects the balance to enable people to remain in their homes. This budget is volatile and is difficult to forecast as it is demand led and recently there have been price increases due to the rise in inflation.
- 4.21 This budget is forecast to be £225,485 overspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the end of the financial year.

Care Services Provided by External Contractors

- 4.22 This budget is underspent by £701,513. This relates primarily to ceased contracts in Mental Health and Learning Disabilities. The Mental Health contract has been retendered with costs significantly lower than the original contract. The Learning Disabilities contract has been commissioned as a spot contract rather than a block contract and this has resulted in a net saving.
- 4.23 This budget is forecast to be £883,557 underspent by the end of the financial year, due to the above being continued to the year-end.

Other Community Services

- 4.24 This budget is underspent by £156,193 which includes underspend in Allied Health Professionals (AHP's) £106,065, Dental £160,075 and Public Health services £ 81,800 which is offset in part by overspend in Pharmacy of £159,298 and Specialist Nurses £32,449. Within this overall underspend, Public Health has had reduced activity in Health Improvement due to staff availability. For AHP's the underspend includes Dietetics and Podiatry where recruitment remains challenging and Speech & Language services where recruitment is a particular challenge on a Grampian wide basis. Dental services currently has a reduced underspend as vacancies have been filled.
- 4.25 This budget is forecast to be £96,282 underspent by the end of the financial year as underspends are addressed and includes planned purchase of essential equipment within Podiatry and Dental services in the final quarter.

Admin and Management

- 4.26 This budget is underspent by £179,077. This is predominantly due to underspends in NHS Grampian within management and business support through staff secondment and vacant posts, alongside continuing underspends in equipment, transport and administration costs. Coupled with this additional income has been received for secondment to other Health Board areas
- 4.27 This budget is forecast to be £632,815 underspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the end of the financial year as well as the vacancy target factor being exceeded by £407,660.

Primary Care Prescribing

- 4.28 The primary care prescribing budget is overspent by £1,207,067 to December 2022. Actual data indicates that the average item price has increased significantly since June. The continuing price increase has been attributed to the impact of short supply causing an increase in prices. This is spread across a range of products and mitigation measures. In addition actual volume of items increases to November have been higher year to date than 21/22 following period of increased volumes in 21/22. The estimated position has been adjusted to include an overall 3.75% volume increase to December.
- 4.29 This budget is forecast to be £1,750,000 overspent by the end of the financial year taking into account the volume increase continuing and further impact of recent price increases impacting on spend in the final quarter of the year.

Primary Care Moray

- 4.30 This budget is underspend by £58,772 to December. The main overspend on enhanced services remains broadly consistent. From July, Enhanced Services resumed with a period of protection for those with lower recorded activity. This is offset where premises expenditure has reduced including spend on reduced business rates & water charges. In addition, expenditure has reduced on seniority payments and locum payments.
- 4.31 This budget is forecast to be £204,000 underspent by the end of the financial year due to the revision of expenditure for contract payments to be paid in the final quarter of the financial year.

Out of Area Placements

- 4.32 This budget is overspent by £344,072 reflecting the pattern of specialist individual placements for patients with specific Mental Health, Learning Disability or Acquired Brain Injury currently required where services are commissioned from organisations out with Grampian.
- 4.33 This budget is forecast to be £563,732 overspent by the end of the financial year due to the most recent placements being forecast to be in place until the end of the financial year.

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 & Covid in 2022/23, 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 general reserves totalling £1,257,139 which are not allocated to services but will be used towards funding the overspend and earmarked reserves totalling £15,763,577. 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. The Provisional forecast for year-end is a balance of £4,720,752 on earmarked reserves.

5.3 The Scottish Government for Moray Alcohol & Drug Partnership (MADP) and Primary Care Improvement Plan (PCIP) have reduced funding received in 2022/23 by the amount uncommitted in the carried forward ear marked reserves, which will clear the balance on these reserves for the end of the financial year.

5.4 The Scottish Government has also only given a 75% allocation of 2022/23 funding, as the first tranche of additional monies relating to Multi-disciplinary Teams with the other 25% only being allocated if the spend has actually been incurred. We have not yet spent our full allocation due to delays in recruitment and will not be receiving the final 25% funding, which equates to £182,000.

6. **PROGRESS AGAINST THE APPROVED SAVINGS PLAN**

6.1 The Revenue Budget 2022/23 was presented to the MIJB 31 March 2022 (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 2022/23 financial year. The table details progress during the third quarter against the original recovery plan.

Efficiencies	Para Ref	Full Year Target	Expected progress at 31 Dec 2022	Actual Progress against target at 31 Dec 2022
		£'000	£'000	£'000
External Commissioning	6.3	110	83	110
Total Projected Efficiencies		110	83	110

- 6.3 It should be noted that the savings budgeted from external commissioning have been met in full, therefore all savings have been realised for 2022/23.

7 IN-YEAR EFFICIENCIES / BUDGETARY CONTROL

- 7.1 Through budget monitoring processes and further investigate work, we are utilising Covid reserves to ensure core expenditure is protected as much as possible. This requires finance and operational areas to work together in effective identification that provides an audit trail.
- 7.2 The Health and Social Care Moray (HSCM) senior management team are meeting regularly to review spend, identify additional savings and to track progress on transformational redesign so that corrective action and appropriate disinvestment can be supported. The risks associated with less long term planning remain, and will need to be addressed as part of remobilisation.

8. IMPACT OF COVID – 19

- 8.1 The Scottish Government continues to support health and social care as a result of the pandemic, from the use of Covid 19 specific reserves to support the remobilisation of services. Through their guidance, the commitment is expected to end by 31 March 2023, with expenditure being gradually reduced during the year and with the support for provider sustainability being reduced on certain elements from 1 July 2022 and the cessation of support by 30 September 2022.
- 8.2 Health and Social Care Moray (HSCM) continue to provide returns to Scottish Government on the Local Mobilisation Plan (LMP) via NHS Grampian, which are now on a monthly basis. The plan for 2022/23 estimates that additional in-year spend relating to Covid 19 will be £2,422,102 to the end of the current financial year. Reported expenditure at the end of quarter 3 was £1,292,000. The costs are summarised below:

Description	Spend to 31 Dec 2022 £000's
Payment to third parties	139
Staffing	464
Provider Sustainability Payments	584
Remobilisation	98
Cleaning, materials & PPE	7
Total	1,292

- 8.3 A letter was received from the Scottish Government on the 12 September 2022 with an update on the Covid reserves. Due to a number of significant changes to Public Health policies in relation to Covid over the summer, the profile of Covid spend reduced significantly compared to when funding was provided to IJB's for Covid purposes. In response to this, the Scottish Government have announced their intention to reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. In the letter from the Scottish Government, dated 16 January 2023 (attached at

APPENDIX 3). The amount to be reclaimed is based on the month 8 return. Moray IJB has £9,016,000 in the Covid ear marked portion of the reserves and with estimated spend of £2,777,000 leaves a balance of £6,239,000 requested to be clawed back by NHS Grampian, since the Scottish Government did a negative allocation to the board to be reclaim this amount. Now NHS Grampian are requesting the value to be transferred over to them and request the Board to agree to this transfer. There will be a final reconciliation exercise between the month 8 position and final outturn in April 2023, which will result in a further claw back or a commitment to make good any deficit, resulting in no Covid reserve at the end of this financial year.

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 Moray Council and NHS Grampian procedures for the period 1 October to 31 December 2022, are detailed in **APPENDIX 4**.

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 2021/22 in an underspend position following the application of reserves. The audited reserves totalling £17,020,716 were carried forward into 2022/23, of which £15,763,577 are earmarked and £1,257,139 are a general reserve.

10.3

	£'s
Approved Funding 31.3.22	142,673,000
Set Aside Funding	12,620,000
Balance of IJB reserves c/fwd to 22/23	17,020,716
Amendment to Moray Council core	(280,982)
Amendment to NHS Grampian core	185,405
Budget adjustments Quarter 1	1,074,737
Budget adjustments Quarter 2	454,399
Revised Funding to Quarter 3	173,747,275
Budget adjustments M07-M09	
Primary Care	886,472
MDT Tranche 1	(182,000)
Childsmile & Oral Health	142,800
District Nurse Funding	76,329
Salaried Dentists	71,000

Mental Health ACT	66,742
Primary Care OOH 22-23	60,220
Mental Health Capacity Building	59,522
Mental Health Innovation Funding	34,780
Childsmile Expansion	16,000
Pharmacy Meds Pilot	10,225
Misc	6,026
Hosted Services	1,755
Prescribing Tariff Reduction	(252,883)
Pay award funding from SG	862,000
Revised Funding to Quarter 4	175,606,263

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

11. **SUMMARY OF IMPLICATIONS**

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

This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2022/23.

(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 3-10 of this report and in **APPENDIX 1**. For the period to 31 December 2022, an overspend is reported to the Board of £1,297,158 with the revised estimated forecast being an underspend of £4,616,187 for 2022/23

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

The movement in the 2022/23 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 general and earmarked reserves brought forward in 2022/23. The general reserves can be used to support any overspend on services generally across the MIJB. The earmarked reserves can only be used for specified purposes and are under review by the Scottish Government currently and elements are now expected to be recovered or used to offset current year expenditure on specific activities with reduced allocations to be received in year.

The claw back of unused portions of the ear marked reserves for Covid, PCIF and MADP reserves, reduces the amount of reserves available as well as additional pressures arising from the cost of living crisis, increasing energy bills and inflation puts a risk on the budget.

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.

(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 5.

(h) 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 31 December 2022 has an overspend of £2,047,606 and the revised provisional forecast position of £4,222,394 on core services. This is reduced by underspends in Strategic funds to give a total overspend position of £1,297,158 to 31 December 2022 and provisional underspend forecast position of £4,616,187. Senior Managers will continue to monitor the financial position closely and continue to report accordingly on progress.
- 12.2** The Scottish Government has clawed back the balance of the Covid reserve by a negative allocation to the Health Boards, based on the month 8 return, of £6,239,000. The Scottish Government has also reduced 2022/23 funding for the amount held in ear marked reserves for MADP and PCIP as well as reducing the funding available for the Multi-disciplinary teams additional funding by 25% in 2022/23.
- 12.3** The financial position to 31 December 2022 reflects the updated budget position and revised Directions have been prepared accordingly, as detailed in APPENDIX 5.

Author of Report: D O'Shea Principal Accountant (MC) & B Sivewright Finance Manager (NHSG)

Background Papers: Papers held by respective Accountancy teams

Ref:

	Para Ref	Annual Net Budget £'s 2022-23	Budget (Net) To Date £'s 2022-23	Actual To Date £'s 2022-23	Variance £'s 2022-23	Variance % 2022-23	Most recent Forecast £'s 2022-23	Variance To Budget £'s 2022-23	Forecast Variance % 2022-23
Community Hospitals	4.1	5,530,248	4,161,237	4,316,807	(155,571)	(3)	5,755,743	(225,496)	(4)
Community Nursing	4.3	5,328,107	3,980,575	3,737,517	243,058	5	4,903,358	424,749	8
Learning Disabilities	4.7	9,214,114	6,522,076	7,918,178	(1,396,102)	(15)	12,189,154	(2,975,041)	(32)
Mental Health	4.10	9,677,009	7,288,824	7,515,857	(227,033)	(2)	10,004,000	(326,991)	(3)
Addictions		1,617,582	1,223,146	1,195,644	27,502	2	1,592,083	25,499	2
Adult Protection & Health Improvement		164,232	106,382	109,037	(2,655)	(2)	166,839	(2,607)	(2)
Care Services provided in-house	4.14	20,790,073	15,399,900	13,518,018	1,881,882	9	18,301,780	2,488,293	12
Older People & PSD Services	4.17	20,543,439	15,579,826	17,419,442	(1,839,615)	(9)	23,507,710	(2,964,271)	(14)
Intermediate Care & OT	4.20	1,666,221	1,247,651	1,422,149	(174,497)	(10)	1,891,706	(225,485)	(14)
Care Services provided by External Contractors	4.22	8,972,833	6,682,994	5,981,481	701,513	8	8,089,276	883,557	10
Other Community Services	4.24	8,750,475	6,558,034	6,401,841	156,193	2	8,654,193	96,282	1
Admin & Management	4.26	2,262,187	1,787,692	1,608,614	179,077	8	1,629,372	632,815	28
Primary Care Prescribing	4.28	17,400,369	13,094,787	14,301,854	(1,207,067)	(7)	19,150,369	(1,750,000)	(10)
Primary Care Services	4.30	18,929,621	14,197,216	14,138,444	58,772	0	18,725,621	204,000	1
Hosted Services		4,685,171	3,511,979	3,574,533	(62,554)	(1)	4,777,824	(92,653)	(2)
Out of Area	4.32	669,268	493,502	837,575	(344,072)	(51)	1,233,000	(563,732)	(84)
Improvement Grants		939,600	668,025	620,622	47,403	5	839,600	100,000	11
Total Moray IJB Core		138,221,139	103,312,093	105,359,699	(2,047,606)	(63)	142,443,534	(4,222,394)	(3)
Other non-recurring Strategic Funds in the ledger		3,137,433	2,950,080	2,951,573	(1,492)	(0)	3,137,433	(0)	-
Non Recurring earmaked spend funded from IJB reserves		0	0	2,329,045	(2,329,045)		2,748,583	(2,748,583)	-
Total Moray IJB Including Other Strategic funds in the ledger		141,358,572	106,262,173	110,640,316	(4,378,143)		148,329,550	(6,970,977)	-5
Other resources not included in ledger under core and strategic:		21,507,304	1,928,011	(1,152,974)	3,080,986	0	9,920,139	11,587,164	54
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		162,865,876	108,190,184	109,487,342	(1,297,158)	0	158,249,689	4,616,187	3
Set Aside Budget		12,620,000	-	-	-		12,620,000	0	0
Overall Total Moray IJB		175,485,876	108,190,184	109,487,342	(1,297,158)	,0	170,869,689	4,616,187	,3

Funded By:	
NHS Grampian	114,652,689
Moray Council	60,833,187
IJB FUNDING	175,485,876

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

Other definitions:

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

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

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

Health Finance, Corporate Governance and Value

Richard McCallum, Director



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Riaghaltas na h-Alba
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HSCP Chief Officers
HSCP Chief Finance Officers
NHS Directors of Finance

via email

16th January, 2023

Colleagues

UPDATE ON IJB COVID RESERVES

Following my letter dated 12 September 2022, setting out an update on IJB Covid reserve balances, I am writing to provide further detail on the arrangements we will put in place to enable Covid reserves to be returned. A breakdown of the figures by Integration Joint Board is shown at **Annex A** and is based on Month 8 FPR data. This will be carried out through a negative allocation to the value of the agreed return from the relevant NHS Board back to Scottish Government with local arrangements to be agreed with regards to the transactions between the IJB and NHS Board.

We are aware of the uncertainties over the current winter period, including demand led sustainability payments and IJBs are working on the principle of Covid being funded in 2022-23. It is on this basis that the reserve adjustment is taking place. We will work with CFOs in April 2023 to complete a reconciliation exercise between the Month 8 position and final outturn.

As set out in my letter of 15 December, from 2023-24 onwards there is no additional Covid funding and costs for programmes such as Test and Protect and Vaccinations will be agreed in the coming weeks.

I appreciate the ongoing work across the sector and your ongoing collaboration.

Yours faithfully

Richard McCallum
Director of Health Finance and Governance

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Annex A – IJB M8 Covid Reserve Position

IJB	HSCP Forecast Spend at M8 (£000s)	Reserve Balance at 31 March 2022 (£000s)	Balance to be Returned (£000s)
East Ayrshire	4,362	11,363	7,001
North Ayrshire	5,058	13,321	8,263
South Ayrshire	2,989	11,713	8,724
Scottish Borders	1,662	11,048	9,386
Dumfries and Galloway	11,282	16,346	5,064
Fife	14,506	35,993	21,487
Clackmannanshire and Stirling	4,901	13,153	8,252
Falkirk	4,583	16,265	11,682
Aberdeen City	10,057	19,741	9,684
Aberdeenshire	8,844	20,405	11,561
Moray	2,777	9,016	6,239
East Dunbartonshire	3,823	9,963	6,140
East Renfrewshire	4,766	9,266	4,500
Glasgow City	20,741	65,602	44,861
Inverclyde	3,206	8,130	4,924
Renfrewshire	3,120	17,242	14,122
West Dunbartonshire	3,358	9,213	5,855
Argyll and Bute	6,899	10,489	3,590
Highland*	5,764*	16,270*	10,506*
North Lanarkshire	7,570	31,621	24,051
South Lanarkshire	15,458	33,256	17,798
Edinburgh	12,618	44,937	32,319
East Lothian	5,549	9,182	3,633
Midlothian	3,864	9,703	5,839
West Lothian	4,673	15,285	10,612
Orkney Islands	1,357	2,363	1,006
Shetland Islands	2,375	2,283	- 92
Angus	3,376	15,759	12,383
Dundee City	5,246	15,595	10,349
Perth and Kinross	5,718	15,366	9,648
Western Isles	1,299	3,388	2,089
Total	191,801	523,277	331,476

** The figures shown for Highland are notional, given the Highland HSCP has adopted a Lead Agency Model.*

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HEALTH & SOCIAL CARE MORAY**DELEGATED AUTHORITY REPORTS - PERIOD October 2022 to December 2022**

<u>Title of DAR</u>	<u>Summary of Proposal</u>	<u>Post(s)</u>	<u>Permanent/ Temporary</u>	<u>Duration (if Temporary)</u>	<u>Effective Dates</u>	<u>Funding</u>
Interim Business Support Manager - The Oaks	Interim post as a result of awaiting the outcome from Organisational Change.	37.5hrs Band 6	Temporary	6 months	ASAP	Funded within budget
Care Enabler x 3	Create 3 x care enablers	36.25 hours grade 7 x 3	Permanent		As appointed	Care at home investment funding
Social Worker (Unpaid Carers)/ Carer Practitioner	Make temporary position permanent	36.25 hours grade 9	Permanent		29/09/2022	Carers funding
ASP AND AWI ADMINISTRATION POSTS	Create additional 18.25 hours	18.25 hours grade 4	Permanent		As appointed	Funding from £22m Social Care fund
Merge support worker at MRC	Create a 36.25 hours post from two vacant posts	36.25 hours grade 4	Permanent		As appointed	Funding already in place from vacant posts
Increase volunteer support officer hours	Increase post from 25 hours to 36.25 hours	36.25 hours grade 4	Permanent		ASAP	Funding from MDT funding
Recruit package for client	Create 3.85FTE grade 4 to support package	3.85FTE grade 4	Permanent		As appointed	Funding from budget pressures

<u>Title of DAR</u>	<u>Summary of Proposal</u>	<u>Post(s)</u>	<u>Permanent/ Temporary</u>	<u>Duration (if Temporary)</u>	<u>Effective Dates</u>	<u>Funding</u>
Recruit package for client	Create 7.71FTE grade 4 and 1FTE grade 5 to support package	7.71FTE grade 4 and 1FTE grade 5	Permanent		As appointed	Funding from budget pressures
Recruit package for client	Create 1 x.35 hour grade 4 to support package	35 hours grade 4	Permanent		As appointed	Funding from budget pressures
Transfer of package from children's service to adults	10.32FTE grade 4 and 1FTE grade 5 moving over to adults service	10.32FTE grade 4 and 1FTE grade 5	Permanent		As appointed	Funding from budget pressures



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 Ref: 20230330GHB04 Ref: 20230330MC04
2.	Date Direction issued by the Moray Integration Joint Board	30.03.2023
3.	Effective date of the Direction	01.04.2022
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 last budget monitoring report for 22/23 budget outturn to MIJB on 24.11.2022
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	<i>Moray Council associated budget - £68.4 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations.</i> NHS Grampian associated budget - £74.3 million, of which £4.7 million relates to Moray's share for services to be hosted and £17.4 million relates to primary care prescribing.

		<p>An additional £12.6 million is set aside for large hospital services .</p> <p>All details contained in APPENDIX 1 to the report</p>
9.	Desired Outcomes	The direction is intended to update and reflect the budget position for 2022/23
10.	Performance monitoring arrangements and review	<p><i>Directions will be reviewed by the Audit Performance & Risk Committee on a six monthly basis for assurance. Any concerns should be escalated at the first available opportunity to the MIJB.</i></p> <p><i>An annual report of all current Directions will be presented to the MIJB</i></p>



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023

SUBJECT: REVENUE BUDGET 2023/24 AND MEDIUM TERM FINANCIAL FRAMEWORK 2023/24 – 2027/28.

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1. To agree the Moray Integration Joint Board's (MIJB) revenue budget for 2023/24 and consider the updated Medium Term Financial Framework 2023/24 to 2027/28.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

- i) note the funding allocations proposed by NHS Grampian and Moray Council, detailed at 4.6;
- ii) note the anticipated budget pressures detailed in detailed in 4.10;
- iii) approve the 2023/24 proposed savings plan at 4.14;
- iv) formally approve the uplift to social care providers as set out in 4.5 as part of the continued policy commitment made by Scottish Government in November 2021;
- v) consider and approve the updated Medium Term Financial Framework as set out in 4.18 and APPENDIX 2 and agree that a full review be carried out and presented to the MIJB before 30 September 2023.
- vi) formally approve the Revenue Budget for 2023/24 as detailed at APPENDIX 1 following consideration of the risks highlighted in 4.23; and
- vii) approve Directions for issue as set out at APPENDIX 3 to NHS Grampian and Moray Council.

3. BACKGROUND

- 3.1. On 15 December 2022 following the announcement of the Scottish Government's indicative budget for 2023-24 by the Cabinet Secretary for Finance, the Director of Health Finance and Governance wrote to Health Board Chief Executives providing details of the funding settlement for Health Boards. In Parliament on 15 December, the Cabinet Secretary set out that 2023/24 was the most challenging budget circumstances since devolution, primarily due to over a decade of austerity eroding financial settlements from Westminster, compounded by the impact of Brexit and the mini-budget.
- 3.2. The letter outlined that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over the 2022/23 agreed recurring budgets.
- 3.3. In addition and separate to Health Board funding uplifts, the health and social care portfolio, will transfer to Local Government additional funding of £100 million to support retention by beginning to embed improved pay and conditions for care workers, with Scottish Government considering that this funding requires local government to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. In addition to this further additional funding of £15 million will support the uprating of Free Personal and Nursing Care rates.
- 3.4. Scottish Government stipulated that the funding allocation to Integration Authorities should be additional and not substitutional to each Council's 2022/23 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities should be £115 million greater than 2022/23 recurring budgets.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

MIJB BUDGET

- 4.1 The MIJB is required to consider its budget in the context of economic uncertainty in relation to the ongoing increase in the cost of living and high interest rates. It is fair to say that the impact of these circumstances remains a challenge and cannot as yet be fully assessed.
- 4.2 Following the announcement of the Scottish Budget, NHS Grampian and Moray Council have notified the MIJB Chief Officer and Chief Financial Officer of the funding allocation for the forthcoming financial year.
- 4.3 On 1 March 2023, a special meeting of Moray Council agreed its 2023/24 budget for the forthcoming financial year. The Local Government settlement is for one year only but the budget was set in the context of longer term planning. The paper presented made reference to the Moray share of the additional funding that is required to be passed through from the Council to the MIJB. This is the Moray share of the reported investment in health and social care of £100 million and £15 million relating to free nursing and personal care, which equates to £2.254 million for Moray.

4.4 The NHS Grampian budget setting process is based on the principle that funding allocations to the 3 Grampian IJB's will be uplifted in line with the increase in baseline funding agreed through the Scottish Government budget settlement, with the total to each IJB being made on the National Resource Allocation Committee (NRAC) share. The draft Scottish Government budget was announced on 9 December 2021. It provides for a minimum baseline funding uplift of 2.0% to all Health Boards. The 2.0% uplift is based on an assessment of the Public Sector Pay Policy published by the Scottish Government. It should be noted that this policy does not apply in the NHS which is subject to Agenda for Change (AfC). Negotiations on the AfC pay deal has been agreed and Health Boards have revisited the funding in line with the outcome of the negotiations. The 2.0% uplift provides MIJB with an increased funding allocation on the recurring budget of £1.390 million. Formal agreement of the 2023/24 NHS Grampian financial plan will be sought at its Board on 6 April 2023.

4.5 The table below summarises the additional funding provided to Integration Authorities by Scottish Government that is passported through both Moray Council and NHS Grampian

	Route	Moray Share	Scotland Wide Allocation
		£'000	£m
£10.90 – uplift for Adult Social Care Staff *	Council (full year effect)	1,960	100.0
Free Personal & Nursing Care *	Council	294	15.0
Total via Council		2,254	115.0
Additional Health Care Support Workers	NHS Grampian (recurring)	740	30.0
Multi-Disciplinary working	NHS Grampian (recurring)	560	40.0
Total via Health Board		1,300	70.0

*this is yet to be distributed and as such is not included in the Moray Council contribution

MIJB FUNDING 2023/24

4.6 The MIJB has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set its revenue budget by 31 March each year. The funding of the MIJB revenue budget in support of the delivery of the Strategic Plan is delegated from NHS Grampian and Moray Council. The allocated funding is summarised below:

	£'000
NHS Grampian (recurring 2023/24)	84,135
NHS Grampian 2.0% uplift on Core services	1,390
NHS Grampian – Set Aside Services	13,466
NHS Grampian – SG Multi-Disciplinary Team Funding	740
NHS Grampian – SG MDT Health Care Support Workers	560
NHS Grampian – Immunisation funding	108
NHS Grampian – School nurses	180
NHS Grampian – District nurses	196
Moray Council - Core	58,101
Moray Council – Improvement Grants*	940
Moray Council – SG additional funding (share of £115M)	2,254
Moray Council – MHO funding	69
PARTNER MIJB FUNDING 2023/24	162,139

* Improvement Grants includes £0.440 million which requires to be ring-fenced as it relates to council house tenants.

HOSTED SERVICES

- 4.7 Within the scope of services delegated to the MIJB are hosted services. Budgets for hosted services are primarily based on NRAC. Hosted services are operated and managed on a Grampian-wide basis. Hosting arrangements mean that one IJB within the Grampian Health Board area would host the service on behalf of all 3 IJB's. Strategic planning for the use of the hosted services is undertaken by the IJB's for their respective populations.
- 4.8 The 2023/24 budget for Moray's share of all hosted services is £4.675 million as detailed below.

	£'000
Hosted by Aberdeen City IJB	
Intermediate Care	867
Sexual Health Services	443
Hosted by Aberdeenshire IJB	
Marie Curie Nursing	140
Heart Failure Service	55
Continence Service	122
Diabetes MCN including Retinal Screening	194
Chronic Oedema Service	46
HMP Grampian	472
Police Forensic Examiners	300
Hosted by Moray IJB	
GMED Out of Hours	1,924
Primary Care Contracts	113
TOTAL MORAY HOSTED SERVICES	4,675

LARGE HOSPITAL SERVICES (SET ASIDE)

- 4.9 Budgets for Large Hospital Services continue to be managed on a day to day basis by the NHS Grampian Acute Sector and Mental Health Service, however the MIJB has an allocated set aside budget, designed to represent the consumption of these services by the Moray population. The MIJB has a responsibility in the joint strategic planning of these services in partnership with the Acute Sector. The table below details the areas included as part of the large hospital services.

	£'000
General Medicine	6,785
Geriatric Medicine	1,058
Rehabilitation Medicine	86
Respiratory Medicine	217
Palliative Care	28
A & E Inpatient	60
A & E Outpatient	4,453
Learning Disabilities	46
Psychiatry of Old Age	97
General Psychiatry	636
TOTAL SET ASIDE BUDGET	13,466

BUDGET PRESSURES

- 4.10 Budget pressures are a major consideration for the MIJB and are an intrinsic part of the budget setting process. The additional funding highlighted in the Scottish Government budget for health and social care is welcomed and will be required to support expected budget pressures arising for adult social care uplift of £10.90 for externally commissioned services and free personal and nursing care. In previous years, both Moray Council and NHS Grampian would have supported some elements of inflation through their budget setting process, taking cognisance of the budget setting protocol agreed by the MIJB on 14 December 2017 (para 15 of the minute refers). Given the difficult budget settlement for Local Authorities and the financial pressures facing NHS Grampian, there has been no additional funding aligned to MIJB in addition to the requirement to transfer the share of the additional investment as determined by Scottish Government. There is also an expectation as we continue to re-mobilise and transform, there will be budget pressures arising in relation to what is described as the recurring deficit. It is important that any investment in building capacity is viewed in the context of historical cost pressures. The identified cost pressures below are based on estimates and remains an ongoing consideration in the financial planning. The table below outlines the anticipated budget pressure the MIJB needs to address in the forthcoming financial year:

	£'000
BUDGET PRESSURES	
Pay Inflation	1,657
Contractual Inflation & Scottish Living Wage	2,746
Prescribing & Community Pharmacy	1,924
Children in Transition	979
Learning Disability clients	440
Recurring Deficit	2,473
Hosted services	142
TOTAL BUDGET PRESSURES	10,361

- 4.11 In March 2023 following agreement at COSLA Leaders, the Scottish Government wrote to Integration Authorities providing details of the pay uplift that would apply to staff providing direct care within Adult Social Care in commissioned services. The Scottish Government settlement for 23/24 includes funding to support retention and to begin to embed improved pay and conditions for care workers, requiring local government to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services. This will cost in the region of £1.96 million and is included within the budget pressures for the forthcoming year in the table above.
- 4.12 Budget pressure for the National Care Home Contract is not yet quantified as Scottish Government and COSLA are still in negotiations around the increase for 2023/24. Funding is expected to be provided by Scottish Government at this point in time and so neither expected cost or funding has been included within this budget.

SAVINGS PLAN

- 4.13 The budget setting for 2023/24 includes a savings plan totalling £4.141 million. It is fair to say that despite continuous meetings of the Chief Officer, Chief Financial Officer and the two Heads of Service, it has been extremely challenging to identify additional savings to support the 2023/24 budget setting process. The savings being presented today were agreed at the Senior Managers Team meeting and although it will be difficult to deliver these savings, it is anticipated they should be achievable, however the focus and commitment has to be around identifying further in-year savings and savings for future years that should be brought back before the MIJB for approval to ensure future years budgeting is robust. MIJB is acutely aware of the challenges it faces surrounding both its people and financial resources which remains a focus within its decision making.
- 4.14 The table below summarises the progress made by the Health and Social Care Moray management team in identifying opportunities for efficiency. Close monitoring of progress will be considered and will be reported on a quarterly basis during 2023/24.

	2023/24
	£ 000's
Projected Efficiencies	
External Commissioning	500
Vacancy target	1,400
Reduction in the prescribing costs	400
Reduction in overspending budgets	600
Reduction in management costs	300
Reduction in overtime and review of staff rotas	800
Staff transport	136
Postages	5
Total Projected Efficiencies	4,141

BUDGET OVERVIEW

- 4.15 The MIJB Revenue Budget for 2023/24 is £167.648 million which includes £13.466 million Set Aside. The detail is provided in **APPENDIX 1** and summarised below:

	£'000
BUDGET	
Recurring Budget	137,299
Inflationary and Demand Led Pressures	5,696
Recurring Deficit	2,473
SLW & FPNC	2,192
Additional investment	6,522
Set Aside	13,466
TOTAL BUDGET	167,648
FUNDED BY	
NHS Grampian Recurring (inc Set Aside)	97,601
Moray Council (inc Improvement Grants)	59,041
Scottish Government Additional Funding (£100m)	2,254
NHS Grampian 2% uplift	1,390
MDT additional funding	1,300
Scottish Government Additional Funding (including Ring-Fenced)	553
Savings identified	4,141
TOTAL FUNDING	166,280
BUDGET DEFICIT	(1,368)
Funded from slippage on ear marked reserves	1,368

- 4.16 Earmarked reserves carried forward into 2022/23 were £17.020 million, the larger reserves relating to Covid-19, PCIF and Moray Action 15 will be exhausted in 2022/23 due to the Scottish Government clawing back the outstanding balances on these reserves. As part of the quarter 3 revenue budget monitoring, (also on this agenda) leaves an estimated carried forward balance of £4.6 million on ear marked reserves to be carried forward into 2023/24.

FINANCIAL OUTLOOK

- 4.17 Health and Social Care in Scotland continues to experience increasing demands for services in times of challenging financial settlements. An additional factor that will impact on future year's budgets will be the effects of the National Care Service. The National Care Service (Scotland) Bill was introduced by the Scottish Government in June 2022 with the intention of reforming how social care, social work and community health services are delivered in Scotland, with target implementation date of 2026. As it becomes clearer on how the recommendations are to be taken forward, an assessment of the associated financial challenge will become part of future reporting.

MEDIUM TERM FINANCIAL FRAMEWORK

- 4.18 The current Medium Term Financial Framework covers the period 2022/23 – 2026/27 and is due for review. A commitment was made to ensure a revised framework would be before the MIJB on 31 March 2023.
- 4.19 The Audit Scotland annual audit report, presented to the Board on 25 November 2021 as part of the report for those charged with governance made a recommendation that the MIJB's medium-term financial plan should be reviewed due to the impact of Covid-19 and EU withdrawal alongside the suite of supporting documents that support the Strategic Plan. Today, a broad overview is being presented at **APPENDIX 2**, however, it will be imperative to carry out a further review to ensure alignment with the recently reviewed Strategic Plan and for the delegation of Childrens Services and Criminal Justice.
- 4.20 In October 2018, the Scottish Government published it's medium term financial framework for health and social care
<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/10/scottish-government-medium-term-health-social-care-financial-framework/documents/00541276-pdf/00541276-pdf/govscot%3Adocument/00541276.pdf?forceDownload=true>. This framework outlined the future shape of demand and expenditure for health and social care services and included cost and demand projections from work undertaken by the Institute of Fiscal Studies which outlines that UK expenditure on healthcare would require to increase by an average of 3.3% per annum over the next 15 years to maintain NHS levels at 2018 levels. The report also set out that spending on social care services would require to increase by 3.9% per annum to meet the needs of an increasingly elderly population and an increasing number of younger adults living with disabilities. The Scottish Government updated its medium term financial framework in May 2022,
<https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2022/05/scotlands-fiscal-outlook-scottish-governments-medium->

term-financial-strategy-2/documents/scotlands-fiscal-outlook-scottish-governments-medium-term-financial-strategy/scotlands-fiscal-outlook-scottish-governments-medium-term-financial-strategy/govscot%3Adocument/scotlands-fiscal-outlook-scottish-governments-medium-term-financial-strategy.pdf

- 4.21 The Medium Term Health and Social Care Financial Framework was updated in March 2022, due to the recognition that there have been significant developments since the original Framework was published in October 2018, most notably the ongoing impact and future implications of the Covid-19 pandemic.
- 4.22 The review of the MIJB Medium Term Financial Framework takes account of information currently available, however it is recognised that assumptions and applied methodology will be subject of ongoing review and refinement as additional information becomes available (notably the updated Scottish Government Medium Term Health and Social Care Financial Framework) and information relating to the National Care Service / Independent Review of Adult Social Care. Given the current uncertainty, it is therefore considered necessary to review the medium term financial framework on an annual basis. The updated Medium Term Financial Framework is included at **APPENDIX 2**.

FINANCIAL RISKS

- 4.23 The budget assumptions made within this report carry a degree of financial risk, meaning that variations that may arise will impact on financial performance. Acceptance of risk is a necessary part of the budget setting process. The main risks are summarised:
- Financial Settlement – the 2023/24 financial settlement is based on one year only and the increased level of funding is required to meet policy commitments as determined by Scottish Government. There is no inflationary increase provided by Moray Council or NHS Grampian to meet pay inflation. Whilst a provision has been made for Local Authority and NHS Grampian pay increases, the NHS Public Sector Pay Policy or Local Authority pay award negotiations has not yet been agreed and there is a risk that this will exceed the provision. Whilst the benefits of longer-term financial planning are well documented in assisting the delivery of strategic priorities, at this stage, financial planning is subject to continuous change and there is a need to adapt to the changing landscape.
 - The budget pressures identified in paragraph 4.5 are based on continued discussion and assessment and through monitoring, this process is reasonably accurate. However, there remains the risk in the event that inflationary increases and demand driven pressures may exceed the anticipated cost.

5. **SUMMARY OF IMPLICATIONS**

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

The approval of a balanced budget for the MIJB is key to the delivery of health and social care services in Moray in accordance with the Strategic Plan.

(b) Policy and Legal

In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics.

(c) Financial implications

The 2023/24 revenue budget (excluding Set Aside) as detailed in **APPENDIX 1** is **£154.182 million**.

The funding allocated to the MIJB by Moray Council and NHS Grampian and through the Partner bodies from Scottish Government totals **£148.673 million** (excluding Set Aside). In addition, the savings plan for the forthcoming year totals **£4.141 million**

The notional Set Aside budget for Moray’s share of the Large Hospital Services is currently **£13.466 million**. The Set Aside budget is provided by NHS Grampian.

A balanced budget is presented displaying use of slippage in ear marked reserves of **£1.368 million**.

(d) Risk Implications and Mitigation

The revenue budget for 2023/24 is subject to the following risks:

- GP Prescribing – represents around 13% of the MIJB core budget. It is well documented that the Prescribing budget can be extremely volatile in nature with volume and price increases potentially leading to substantial adverse variances.
- Growth and demand in the system, together with service users with complex care needs are attracting additional financial challenge. These issues require to be managed within the overall resource of the MIJB.
- The need to transform at pace and drive forward opportunities arising through changes to working practice experienced through the pandemic. The risk being the ability to capture and embed in a timely manner.
- National Care Home Contract for 2023/24 has not yet been agreed and whilst funding from Scottish Government is usually

made available for this uplift, there is no agreement in place to confirm that the increase will be fully funded at this point in time.

- The implications of the cost of living crisis and current levels of inflation, which are still forecast to rise may mean the provision for inflation may not cover all the calls upon it. Price inflation may impact on areas where no provision has been made for inflationary increases and this will add pressure to budgets. Budget managers will need to control their expenditure to absorb such pressure if possible and may have to reduce service levels or identify further savings
- This report highlights the anticipated budget pressures at paragraph 4.10. It will be necessary to note that budget pressures may exceed allocation. This will be closely monitored and reported accordingly to the MIJB as part of the budget monitoring reports.

(e) Staffing Implications

There are no direct implications in this report.

(f) Property

None arising directly from this report

(g) Equalities/Socio Economic Impact

None arising directly from this report as there is no change to policy. Any subsequent changes to policy arising from proposals made within this paper will be considered appropriately.

(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 4.15 above and in **APPENDIX 3**.

(j) Consultations

Consultations have taken place with the Senior Management Team and System Leadership Group of Health and Social Care Moray, the finance teams of both Moray Council and NHS Grampian, Tracey Sutherland, Committee Services Officer and the Legal Services Manager (Moray Council).

6. CONCLUSION

6.1. Legislation requires the MIJB to set its Revenue Budget for the forthcoming year by 31 March each year. The budget presented displays a balanced position. The Section 95 Officer as Chief Financial Officer to the Board recommends the budget as presented at Appendix 1

6.2. Close monitoring of the continuing effects of the increasing demands on services will be required in order to ensure the MIJB can remain within the funding allocation provided by NHS Grampian and Moray Council.

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

JOINT FINANCE REPORT APRIL 2023 -MARCH 2024

	Para Ref	Annual Net Budget £'s 2023-24
Community Hospitals		5,500,685
Community Nursing		5,288,219
Learning Disabilities		9,312,649
Mental Health		9,457,603
Addictions		1,314,115
Adult Protection & Health Improvement		187,366
Care Services provided in-house		21,434,662
Older People & PSD Services		20,856,097
Intermediate Care & OT		1,772,507
Care Services provided by External Contractors		9,205,883
Other Community Services		8,521,853
Admin & Management		858,481
Other Operational Services		1,106,057
Primary Care Prescribing		17,400,369
Primary Care Services		18,641,673
Hosted Services		4,674,885
Out of Area		669,268
Improvement Grants		939,600
Total Moray IJB Core		137,141,973
Other Recurring Strategic Funds in the ledger		157,494
Inflationary Provision and Demand Led Pressure		7,887,691
Recurring deficit		2,473,275
Additional investment		6,521,417
Total Budget Requirementm for 2023/24		154,181,850
Set Aside Budget		13,465,540
Overall Total Moray IJB		167,647,390
Funded By:		
NHS Grampian - Core recurring		84,134,627
NHS Grampian - 2% uplift		1,390,000
Moray Council - Core recurring		58,101,306
Moray Council Imp grants		939,600
SG - £10.90 Uplift plus FP&NC uplift		2,254,000
SG Additional Funding (inc Ring-Fenced)		1,853,556
Savings Plan		4,141,000
Use of ear marked reserves slippage		1,367,761
Set Aside funding		13,465,540
IJB FUNDING		167,647,390

Item 8.



MORAY INTEGRATION JOINT BOARD

MEDIUM TERM FINANCIAL FRAMEWORK

2023/24 – 2027/28

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Introduction

Moray Integration Joint Board (MIJB) has been operating since April 2016 following the introduction of new legislation - the Public Bodies (Joint Working) (Scotland) Act 2014. The legislation was developed with the aim of reshaping the health and care system in Scotland to ensure sustainability of good quality services through a time of change where demand continues to grow, our population is ageing and our budgets are reducing. It changed the way in which health and social care services were planned and delivered by introducing a single integrated system in creating Integration Authorities. The MIJB is funded through allocations made by NHS Grampian and Moray Council.

MIJB has set out its approach for transforming the health and care system over the long term in its Strategic Plan 2022-32 and has defined its priorities for the next ten years through its Transformation Plan. The Strategic Plan is underpinned by three Strategic Outcomes

BUILDING RESILIENCE – Taking greater responsibility for our health and wellbeing

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

PARTNERS IN CARE – Making choices and taking control over decisions

This Medium Term Financial Framework (MTFF) is designed to assist the MIJB from a planning perspective based on the totality of its financial resource across health and social care in meeting the needs of the people of Moray. It will support the delivery of the Strategic Plan within the context of the significant financial challenge being faced and the continuing pressure being driven by growing demand and complexity, higher costs and increasing expectations.

Context

There are 31 Integration Authorities established between 14 health boards and 32 councils across Scotland. 30 of the Integration Authorities are separate legal entities and operate through a body corporate (Integration Joint Boards) and one area operates a Lead Agency model.

Scottish Government has been clear in that health and social care integration remains a key priority. From the outset of integration, the aim has been to shift the balance of care from large hospital settings into community based care.

In May 2018, before the pandemic, the Institute for Financial Studies and the Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years in order to maintain NHS provision at current levels and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities. These projections did not take into account the impact of COVID-19 pandemic, including long-COVID. The rate of inflation has also rose to 10%.

There are numerous measures being used to monitor the local and national progress of Integration. The Scottish Government's Ministerial Strategic Group for Health and Community Care have identified six priority areas against which progress against integration is being measured:

- Acute Unplanned Bed Days
- Emergency Admissions
- A&E Attendances
- Delayed Discharge Bed Days
- End of Life Spent at Home or in the Community
- Percentage of 75+ Population in a Community or Institutional Setting

Purpose

MIJB is focussed on improving the health and wellbeing of the people in Moray. It seeks to reduce health inequalities and drive transformational change through innovative approaches.

Medium term financial planning is an essential part of the strategic planning process that supports the MIJB to develop plans which consider the financial climate and broader economic impacts. A robust medium term financial framework will provide transparency and support informed decision making.

Inherent within the MTFF is a significant degree of uncertainty. Scottish Government funding settlements to our funding partners, Moray Council and NHS Grampian are currently on a one year only basis and have a direct impact on the funding to the MIJB. The MTFF sets out anticipated cost pressures and future funding projections based on planning assumptions and advice from our funding partners. This is an evolving model and it will be essential to refine and update at regular intervals. An in-depth review of this framework will be required during 2023/24 following the updated new Strategic Plan and the delegation of Children's Services from 1 April 2023.

Given the level of uncertainty and potential for variability, it is essential that the MIJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner over the course of this plan.

The MTFF Framework seeks to support the understanding surrounding the broader climate within which the MIJB will operate in over the medium term. There are wide-ranging factors which encompass the complexity that impacts on the financial pressures of the MIJB.

The main objectives of the MTFF are:

- To look to the longer term to help plan sustainable services, estimating the level of resources required to operate these services and deliver on the MIJB's strategic ambition.
- To estimate the level of increasing demand on services and provide a single document to communicate the financial context to all stakeholders and support partnership working.
- The MTFF includes a five-year budget forecast that will be reviewed annually to ensure our strategic priorities remain the focus in a challenging financial climate. A full review will be required following the updated Strategic Plan and delegation of Children's services during 2023.

Influencing Factors



Demographics

Moray's population has grown significantly in the past 20 years from 87,000 in 2001 to an estimated 96,140 in 2021; an increase of 10.8%. However, the population growth in Moray is slowing and it is projected that against the 2018 baseline, Moray will be one of the 14 councils in Scotland who will have had a population decline by 2028. Between 2018 and 2028 the age group +75 is projected to see the largest percentage increase at 32.4%. The largest percentage decrease is projected to be in the 0 to 15 years age group (table 1 below). Given the most significant population growth is projected to occur amongst older adults, this will have a significant impact on demand for our services and creates a challenging environment in which to operate whilst transforming our services and delivering on national and local priorities. The table 2 below illustrates the % change across the main population groups by 2028.¹ However, the 2022 census data will provide a more accurate reflection of the current population in Moray and once published will enable more accurate projections to be calculated. The census data are expected to be available in the second half of 2023.²

¹ <https://www.nrscotland.gov.uk/files//statistics/council-area-data-sheets/moray-council-profile.html>

² <https://www.scotlandscensus.gov.uk/about/2022-census/scotland-s-census-2022-what-happens-next/>

Table 1: Moray Population by Age Group – Comparison Between 2018 Estimate and 2028 Projection (NRS data)

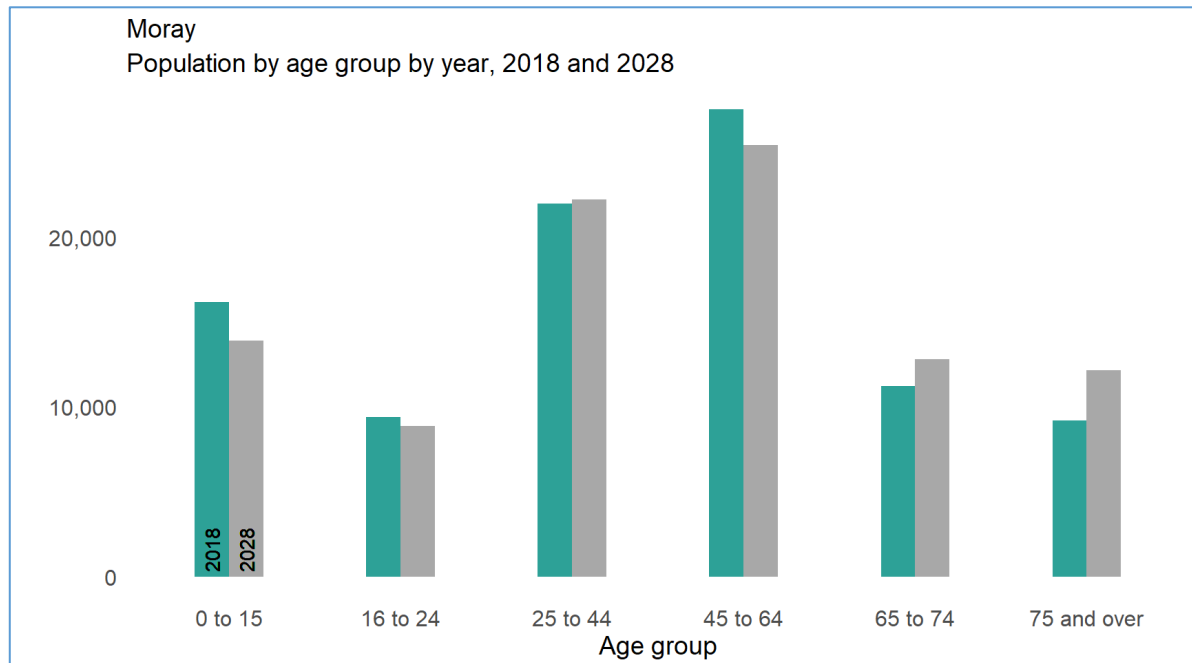
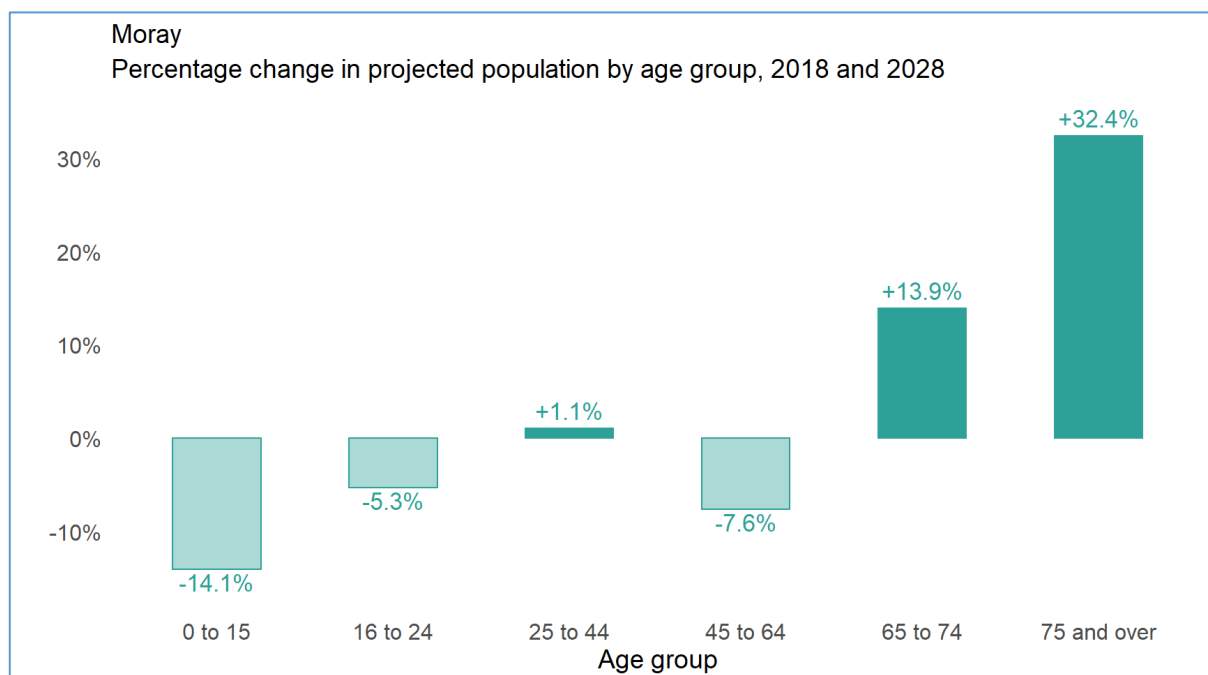


Table 2: Percentage Change in Projected Population for Moray, by Age Group, (NRS data)



This MTFE will be updated following the revised Strategic Plan; allowing our local systems to develop plans within the overall, agreed financial position and alongside service and workforce considerations.

During 2018/19, a Strategic Needs Assessment (SNA) was produced to inform and support the production of the Strategic Plan for 2019 and beyond. The SNA was developed through a short-life working group comprising of representatives from Health and Social Care Moray, The Moray Council, the Moray Health and Wellbeing Forum, NHS Information Services Division Scotland, and NHS Grampian. The SNA focused on the collation and analysis of data from a range of sources to inform the identification of priorities, and subsequent decision-making regarding service provision, ensuring the views of wider stakeholders were captured through the Moray Health and Wellbeing Forum. Through the development of locality planning, locality profiles have been identified for Moray to aid the strategic priorities. The nine areas continue to be relevant areas for Moray.

The SNA highlighted nine areas to be considered:

- **Health Inequalities** - there are continuing inequalities in health status across Moray, with an evident association between level of neighbourhood affluence and morbidity and mortality.
- **Ageing Population** - the population is predicted to continue ageing, with a growing proportion represented by adults over the age of sixty-five, and growing numbers of adults aged over eighty, with implications for increasing morbidity.
- **Chronic Disease & Multi-Morbidity** - Significant demand for health and social care services arise from chronic diseases and a growing proportion of the population is experiencing more than one condition ("multi-morbidity").
- **Mental Health** - there is significant morbidity and mortality due to mental health related issues.
- **Lifestyle** - there is significant morbidity and mortality due to lifestyle exposures such as smoking, alcohol and drug misuse
- **High Resource Individuals** - a small number of individuals require the largest proportion of spend.
- **Access** - Moray is characterised as remote and rural, and there are significant access challenges for some in the population to access health services.
- **Carers** - care activity is highly demanding of informal carers, and there is evidence of distress in the informal carer population.
- **Military and Veteran Population** - Moray's military and veteran population constitute a significant group, requiring both general health services and specific services.

In response to the SNA, the MIJB Strategic Plan was developed and set the direction and approach to prevention in addressing what is required in order to build resilience in individuals and communities to be able to maximise their health and wellbeing potential whilst ensuring services are available and fit for purpose when required.

Costs

There is a predicted rise in costs over the term of this framework of over £44 million. The key elements are in relation to pay and price inflation and the increasing number of complex care packages and the pressures on the prescribing budget.

Budget Pressures	2023/24	2024/25	2025/26	2026/27	2027/28
	£000's	£000's	£000's	£000's	£000's
Pay	1,364	1,392	1,419	1,448	1,477
Contractual	2,746	1,635	1,706	1,777	1,849
Demographics	293	296	299	302	305
Learning Disability – High Cost	440	300	300	300	300
Transitioning Children	979	750	750	750	750
Prescribing	1,924	816	849	883	918
Other	142	-	-	-	-
Recurring Deficit	2473				
Total Budget Pressures	10,361	5,189	5,323	5,460	5,599

Assumptions embedded within Budget Pressures:

Pay – 2%, in each year for both Council and NHS. Funding will be provided for health staff over and above this percentage and the assumption is that this will continue to be the case.

Contractual –7.4% in 2023/24 and 3% in each of the following years for non pay external purchasing and 3.8% in 2023/24 and 2% in each of the following years for Real Living wage and free personal and nursing care.

Demographics – 1% in each of the following years in relation to Older Peoples' services. Demand will require to be managed over the next two years.

High Cost Individuals – beyond 2023/24 we will need to consider different care models in order to ensure we can manage the related budget pressure

Transitioning Children – we know 2023/24 is expected to increase costs significantly for clients coming into the service. In the past Moray Council has provided budget at the level of £0.2 million which is not thought to be adequate going forward. For the 2023/24 financial year, no financial support is being provided by Moray Council.

Funding

The two main sources of funding for the MIJB are provided by NHS Grampian and Moray Council. In recent years, additional investment for health and social care has been provided by the Scottish Government and this is passported through either the local authority or the health board. Any future funding will be impacted by the respective financial planning processes of both organisations and the funding settlements they receive. The MTFF makes assumptions regarding future funding contributions from both Partners based on information which is currently available. Outlined below is the potential funding that will be provided over the term of this plan.

Funding Forecast	2023/24	2024/25	2025/26	2026/27	2027/28
	£000's	£000's	£000's	£000's	£000's
NHS Grampian Recurring	84,135	85,525	86,863	88,227	89,619
NHS Grampian Uplift (2%)	1,390	1,338	1,365	1,392	1,420
NHS Grampian non recurring	1,784	1,784	1,784	1,784	1,784
Moray Council Recurring	59,041	61,295	62,638	64,042	65,508
Moray Council MHO funding	69	69			
Additional SG investment	2,254	1,343	1,404	1,466	1,528
Set Aside	13,466	13,466	13,466	13,466	13,466
Total Funding Estimated	162,139	164,820	167,520	170,377	173,325

*assumes budget protocol principles are reinstated

Summary Position	2023/24	2024/25	2025/26	2026/27	2027/28
	£000's	£000's	£000's	£000's	£000's
Estimated Budget Requirement	163,507	168,636	173,830	179,230	184,769
Total Funding	162,139	164,820	167,520	170,377	173,325
Budget Surplus/(Deficit)	(1,368)	(3,816)	(6,310)	(8,853)	(11,444)

The summary position tabled above highlights that the MIJB will be required to continue to closely observe the financial constraints within which it is operating. Future funding assumes a low level of savings will be achieved each year, together with transformational redesign that we know we need to make in order to provide affordable sustainable services within the resources available. It assumes that the existing financial pressure will be addressed through the use of recurring investment provided by Scottish Government with the aim of maximising capacity and ensuring system flow as we transform the way we provide services across our whole system in an innovative way. With this in mind and assuming this can be achieved over the short-term, there still remains a deficit that will require to be addressed, again reinforcing the need to review this framework on a regular basis, updating it with the most current information available and creating a focus on the period ahead.

Risk and Sensitivity Analysis

The MTFF is a financial model based on the best available planning assumptions at the time and accordingly, has related risks associated with it. The main risks associated with this framework are:

- Impact of MIJB decisions on Partner bodies and Vice-versa
- Failure to identify a future budget pressure
- Under estimation of the cost pressures
- Under estimation of demand pressures
- Public expectation of delivered services
- Over /under estimated impact of local and national factors
- Failure to accurately forecast income sources

It is important that the MIJB is aware of these risks in determining its appetite to risk as it considers its Strategic Plan. The MIJB recognises strategic risks through its Risk Register. This is used to ensure that significant risks are identified and mitigating actions are effective in reducing these risks to an acceptable level.

Sensitivity Analysis is used to test the major assumptions being made and what the implications would be, should those assumptions change. The Financial Projections outlined in this framework are based on what is determined to be a medium case scenario for future funding. In addition to the funding element, there are risks aligned to other assumptions made in the framework around future budget pressures for the MIJB. It is important that the MIJB regularly reviews this framework, noting this is an interim review and a full refresh will be required following the new Strategic Plan that was published in 2023.

Legislative & Policy Changes

Integration Authorities are operating within a complex and changing environment where national issues are likely to have an impact on the services provided and how we deliver them locally. This environment has changed significantly and will continue to do so as a result of the Covid 19 pandemic and the ongoing effect of public health and the economic impact.

Some of the recent legislative changes impacting on integration authorities are:

- **Free Personal Care for the Under 65's** – the Scottish Government has committed to the extension of Free Personal Care to those under the age of 65 who require it, regardless of condition. This became effective from 1 April 2019. This represents a significant change to how personal care is funded and is likely, over time to increase demand for personal care across Scotland.
- **Carers Act (Scotland) Act 2016** – This legislation came in to effect on 1 April 2018 and is designed to support the health and wellbeing of carers by supporting sustainability. It places a duty on Local Authorities to provide support for carers, based on the carer's identified needs which meet local eligibility criteria.
- **Scottish Living Wage** – there is a continued commitment from Scottish Government to support the payment of the Scottish Living Wage to improve people's lives and help build a fairer society. Scottish Government has continued to provide funding to support this commitment. For the 2023/24 financial year, the uplift is set to increase to a minimum of £10.90 per hour.
- **Primary Care** – The Scottish Government has recognised the increasing demand and expectations being placed on our frontline services within primary care. In support of this and to ensure the current GP contract can be fully implemented, the Scottish Government has committed, through the Primary Care Transformation Fund additional investment of £250 million across Scotland by the end of this Parliament.
- **National Care Service** – the recommendations arising from the Independent Review of Adult Social Care which concluded in January 2021 are likely to have a major impact on how Integration Authorities are governed and how services are delivered. Confirmation and further detail are awaited and implementation is likely to be in 2026.

Demand

The impact of the Covid 19 pandemic continues to create increased pressure and demand on our health and social care system. The full extent of this impact remains unknown but we are acutely aware of the current impact on the citizens of Moray in respect of the level of unmet need we are experiencing in both assessment and delivery of care. We understand that in order to address increasing demand it will require the whole health and social care system to work together to redesign to create truly transformational services. The landscape is constantly changing as we progress through the recovery stage. We must ensure we have robust plans in order to maintain delivery of our strategic aims whilst being mindful of the flexibility that will be required as we continue to understand the broader impacts that we face as we recover and remobilise following the pandemic.

Risk

We are experiencing challenging economic conditions. The effects of the global economy in turn is impacting on the Moray population through taxation, inflation and level of earnings. The broader impact is on the funding being made available to support public spending. Scotland's funding is largely dependent on funding being received from the UK Government. The most recent 'State of the Economy' report³ from Scotland's Chief Economic Advisor was published in May 2022 and highlighted the following:

- Scotland's GDP has continued to recover from the pandemic, growing 0.4% in February, and is now 1.3% above its pre-pandemic level in February 2020;
- Scotland's labour market has remained robust at the start of the year with the unemployment rate falling to 3.2% and the number of payrolled employees rising to 29,000 above its pre-pandemic level. However, labour market conditions remain tight with low unemployment accompanied by persistently high vacancy rates and demand for staff;
- Levels of consumer and business sentiment have declined as cost of living challenges have sharpened and expectations of continued higher inflation and lower growth have set in. It is clear we are entering a difficult period for economic growth, household incomes and living standards.

³ <https://www.gov.scot/publications/state-economy-2022/>

The MIJB is facing new risks which may impact on its budget over the next few years:

- Covid 19 – there have been major changes to the profile of services and associated costs as a result of Covid 19. It is not yet known if these will be recurring in nature;
- Health Debt – we are acutely aware of what is being described as the health debt, resulting from services which were paused during the pandemic and in some instances have not fully resumed.
- National Care Service – this will have a major impact on services and how they are delivered in the coming years, the full extent of which is still uncertain.

It is important that the MIJB understands its appetite to risk to enable effective management and mitigation of the inherent risks.



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 Ref: 20230330MC05 Ref: 20230330GHB05
2.	Date Direction issued by the Moray Integration Joint Board	30.03.2023
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 last budget monitoring report for 22/23 budget outturn to MIJB on 30.03.2023 Ref: 20230330MC04 Ref: 20230330GHB04
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	<i>Moray Council associated budget</i> - £76.2 million, of which £0.4 million is ring fenced for Housing Revenue Account aids and adaptations. NHS Grampian associated budget - £78 million, of which £4.7 million relates to Moray's share for services

		<p>to be hosted and £17.4 million relates to primary care prescribing.</p> <p>An additional £13.5 million is set aside for large hospital services .</p> <p>All details contained in APPENDIX 1 to the report</p>
9.	Desired Outcomes	The direction is intended to update and reflect the budget position for 2023/24
10.	Performance monitoring arrangements and review	<p><i>Directions will be reviewed by the Audit Performance & Risk Committee on a six monthly basis for assurance. Any concerns should be escalated at the first available opportunity to the MIJB.</i></p> <p><i>An annual report of all current Directions will be presented to the MIJB</i></p>



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023

SUBJECT: MEMBERSHIP OF BOARD AND COMMITTEES

BY: CORPORATE MANAGER

1. REASON FOR REPORT

1.1. To inform the Board of changes to Membership.

2. RECOMMENDATION

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

- i) the confirmation of appointment of members to the Integration Joint Board;**
- ii) the confirmation of members to the Clinical and Care Governance Committee; and**
- iii) the updated membership of Board and committees attached at APPENDIX 1**

3. BACKGROUND

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Dr Robert Lockhart and Dr Malcolm Simmons were jointly appointed to the role of GP Lead in March 2023. Induction will be organised for spring 2023.

- 4.2. Ms Karen Donaldson has stepped down from the role of Moray Council Staff Representative on MIJB and Clinical and Care Governance Committee and this seat will now be taken by Kevin Todd.

5. SUMMARY OF IMPLICATIONS

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

Effective governance arrangements support the development and delivery of priorities and plans.

(b) Policy and Legal

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

(c) Financial implications

There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation

There are no risk implications arising as a direct result of this report.

(e) Staffing Implications

There are no staffing implications arising as a direct result of this report.

(f) Property

There are no property implications arising as a direct result of this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as the report is to inform the Board of changes required to membership of the Board and CCG Committee.

(h) Climate Change and Biodiversity Impacts

None arising from this report.

(i) Directions

None arising from this report.

(j) Consultations

Consultation on this report has taken place with Sean Coady, Head of Service and Simon Bokor-Ingram, Chief Officer, who is in agreement with the report.

6. CONCLUSION

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

Background Papers: None
Date: March 2023

Moray Integration Joint Board Vacancies – as at 30 March 2023

Moray Integration Joint Board

4 Council voting members	Tracy Colyer (Vice-Chair) John Divers Peter Bloomfield Scott Lawrence
4 NHS Grampian voting members	Dennis Robertson (Chair) Derick Murray Sandy Riddell Prof Siladitya Bhattacharya
Third Sector Stakeholder	Graham Hilditch
NHS Grampian Staff Representative Stakeholder Member	Stuart Falconer
Carer Stakeholder	Ivan Augustus
Service User Stakeholder	Val Thatcher
Moray Council Staff Representative	Kevin Todd
Chief Officer Professional	Simon Bokor-Ingram
Chief Social Work Officer	Tracy Stephen
Lead Nurse	Jane Ewen
GP Lead	Dr Robert Lockhart Dr Malcolm Simmons
Non Primary Medical Services Lead	Prof Duff Bruce
Additional Member	Dr Paul Southworth

Audit, Performance and Risk Members

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

2 Council voting members	John Divers Scott Lawrence (Chair)
2 Health Board voting members	Sandy Riddell Derick Murray
Third Sector Stakeholder	Graham Hilditch
NHS Grampian Staff Representative Stakeholder Member	Stuart Falconer

Clinical and Care Governance Members

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

	Dr Malcolm Simmons
Non Primary Medical Services Lead	Prof Duff Bruce
Additional Member	Dr Paul Southworth



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023

SUBJECT: STRATEGIC COMMISSIONING PLAN

BY: INTERIM STRATEGY & PLANNING LEAD

1. REASON FOR REPORT

- 1.1. To inform the Board on the collaborative strategic planning approaches to further enhance health and social care services.

2. RECOMMENDATION

- 2.1. **It is recommended that the Moray Integration Joint Board (MIJB) note the work being undertaken to support collaborative strategic planning.**

3. BACKGROUND

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 continues to be an enabler for greater collaboration between health and social care services with the overall aim to improve care and support for people who use services, their carers and their families. It does this by placing greater emphasis on joining up services and focussing on anticipatory and preventative care.
- 3.2. As a Moray Integration Joint Board we work together with our partner anchor organisations, including NHS Grampian (NHSG) and Moray Council (MC) to ensure the delivery of efficient, sustainable, integrated services. Whilst all partners have many individual responsibilities, there are many areas of shared responsibility which is key to achieving successful outcomes for Moray citizens.
- 3.3. The success of delivering any plan will only be possible with real and meaningful partnership working across all agencies in Moray and the wider Northeast network. Co-creating plans with citizens, colleagues and communities offers further opportunity for collaborative community participation, and engagement. This is achieved collectively by following the Scottish Community Development Centre for National Standards for Community Engagement: <https://www.scdc.org.uk/what/national-standards> and adopting the Scottish Approach to Service Design: <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

- 3.4. Whilst Moray Integration Joint Board has their own strategic plan, the development of the NHS Grampian Plan for the Future: <https://www.nhsgrampian.org/about-us/planforthefuture/> and Moray Council Corporate Plan: <http://www.moray.gov.uk/downloads/file119976.pdf> involved working closely with Health and Social Care Partnership (HSCP) colleagues to ensure all plans were consistent and aligned with Morays HSCP strategic outcomes.
- 3.5. Throughout the development process of the NHSG Plan for the Future and MC Corporate Plan, there has been considerable collaboration amongst the strategic planning leads across the system to continue improving coherence between the different organisations' strategies and plans.
- 3.6. Consistency and collaboration with Community Planning Partnerships (CPP) in the implementation and continued involvement of Local Outcome Improvement Plans (LOIP) continues to ensure that health and wellbeing is everyone's business, and to illustrate one example with supporting areas that impact health and wellbeing such as employment and housing.
- 3.7. It is recognised that a number of priorities (and metrics) within the current NHSG Delivery Plan, for example social care, substance use and primary care, does not sit within NHSG scope of responsibility and/or, there is a shared responsibility for overall delivery, particularly with the three Integration Joint Boards (IJBs), which supports the collaborative approach to shared planning. The priorities set out within the NHSG Delivery Plan have been taken from agreed Health and Social Care Partnership plans and included in response to the Scottish Government commissioning guidance. This demonstrates that shared commitment to joint working and improving outcomes for all.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

What is Working Well

- 4.1. The newly formed Grampian Planners Collaborative, in the form of informal monthly meetings, includes planning leads from all three HSCTs as well as NHS Grampian's corporate planning team to support collaborative outcomes and peer support. Work is ongoing to understand what challenges and priorities we share with our partners, which is highlighted below showcasing the number of areas where there is a high level of coherence.
- 4.2. Joint actions through an integrated approach to service planning and redesign as a mechanism to support workforce through change, growth and transformation support the role of workforce planning in a collaborative setting. This is in the context of recognising unprecedented pressure on our colleagues, and the need to ensure they are safe, well and enabled to thrive through work, and that they are empowered to innovate and make their best contribution.

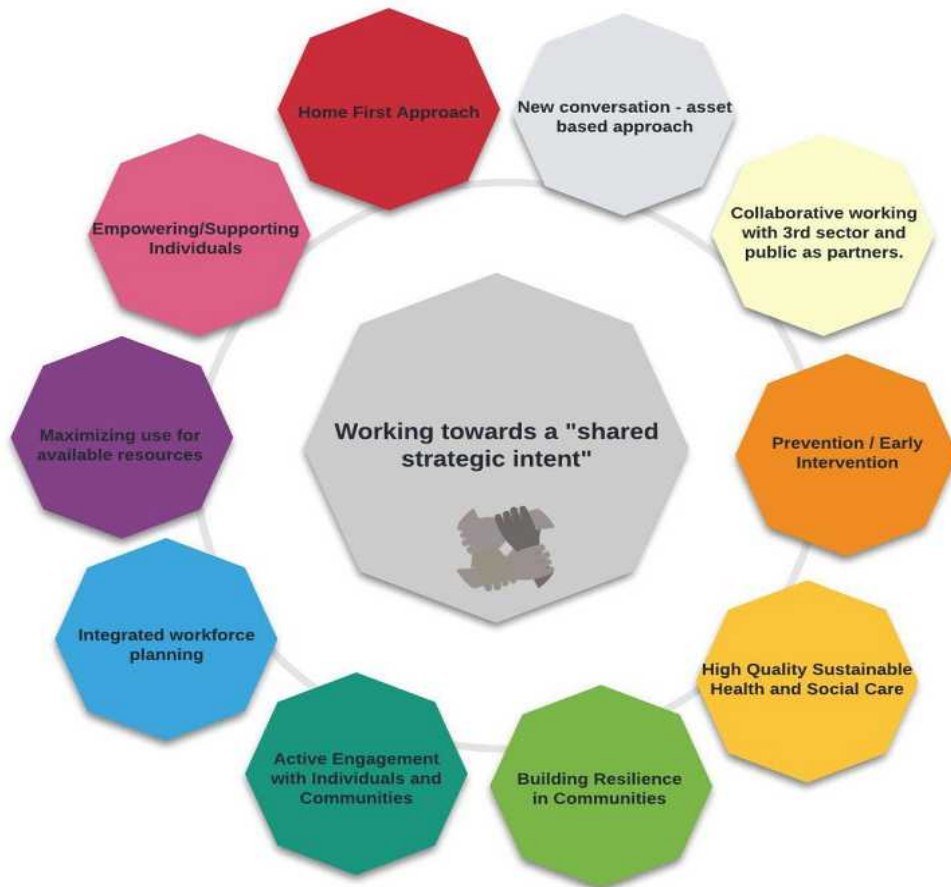


Diagram 1 – Elements towards a Shared Strategic Intent, significant commonality across all three HSCPs and NHS strategic aims/priorities

- 4.3. The co-creation approach taken for the Annual Delivery Plan for NHS Grampian and current development of a three year Delivery Plan is progressing, recognising the shared aims and actions from HSCP plans. Given the current challenges and pressures experienced in the health and social care system, the delivery plan actions are reviewed quarterly to ensure these remain the right actions which are deliverable, and make the biggest impact.
- 4.4. When responding to emerging risk and targeted requests from Scottish Government, for example, to create an unscheduled care operational plan, collaborative support and shared learnings from across the HSCPs cements the ethos of working together to focus on system wide challenges whilst implementing change at a local level.

Where We Can Improve

- 4.5. Although we have a number of significant challenges, we also have some solid foundations to build upon. We have a clear understanding of what matters most to our citizens and colleagues in Grampian, along with robust intelligence of key areas influencing health, which is highlighted through Moray Locality Plans. With strong partnership working, clear direction and shared ambitions along with dedication of our colleagues and partners, we are well placed to make suitable changes which will result in improved outcomes. The key areas that matter to citizens and colleagues from engagement regarding Plan for the

Future are below, whilst local citizen priorities will be identified through Morays Locality Plan

- Access
- Quality
- Digital Technology
- Enabling Workforce
- Empowering individuals

- 4.6. Through the development of NHSG Plan for the Future, two essential avenues for creating and delivering success were highlighted. Firstly, this involved NHS Grampian further developing relationships with Integration Joint Boards and Community Planning Partnerships (CPP). This needs to be achieved at both IJB and CPP Board level as well as officer led groups. Notwithstanding the active participation of community engagement and participation in achieving better outcomes for all. The ethos of the Plan for the Future is consistent with the broad aims of the IJBs and CPPs and work over the coming months and years will need NHS Grampian representatives to work with partners to explore how the CPP can be key in the leadership of the broader and collective aims and changes necessary to support and enable wellness in individuals, groups and communities.
- 4.7. Secondly, to ensure greater clarity and transparency regarding governance and assurance in relation to joint priority areas as a whole system approach, it is proposed by NHS Grampian that further work be undertaken with the three IJBs to 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 for responsible managers. This has involved a new approach to the NHS Grampian Performance Assurance Framework, which monitors performance against the Delivery Plan, therefore also covering the shared objectives with HSCP performance feeding into this process. Not forgetting ultimate accountability for HSCP performance is the responsibility of the three IJBs across Grampian. An aligned performance framework would be complementary, but does not replace IJBs responsibility. An example of ongoing development of consistent governance arrangements is through those services which are hosted with the responsibility of individual IJBs leading and reporting across the system.
- 4.8. From a Moray perspective, we will continue to work collaboratively with planners from across the HSCPs/Portfolios and NHS Grampian Planning team, offering shared learnings and shared resources in order to take a whole system approach to service delivery with the specific interest of local communities and individual families and citizens at our heart.

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”

HSCM Plan contributes to the aims of Moray Council, The NHS Grampian Plan for the Future and the Community Planning Partnership and aims to provide a ten-year vision for integrated health and social care services, setting out objectives for the Partnership and how it will

use its resources to integrate services in pursuit of national and local outcomes.

(b) Policy and Legal

The implementation of recommendations made in this report will ensure that the MIJB complies with legal requirements.

(c) Financial implications

No financial impacts identified.

(d) Risk Implications and Mitigation

Risk will be highlighted through the Strategic Risk register and monitored through the Audit Performance and Risk Committee.

(e) Staffing Implications

No staffing implication. Benefits to staffing through shared learning.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

None

(h) Climate Change and Biodiversity Impacts

Climate change is recognised within the Plan and is supported through the partner's plans.

(i) Directions

None arising from this report.

(j) Consultations

The following have been consulted and agree with the report where it relates to their area of responsibility: Moray Health and Social Care Senior Management Team, NHS Grampian Planners, Aberdeenshire and Aberdeen City Strategic Planner.

6. CONCLUSION

6.1. We will continue to reflect on progress over the coming months and adapt our strategic approach to planning as required, to ensure we continue to address the challenges in the system and are maximising our resources to achieve maximum impact.

Author of Report: Carmen Gillies

Background Papers: with author

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023

SUBJECT: LOCALITY PLANNING UPDATE

BY: IAIN MACDONALD, LOCALITY MANAGER

1. REASON FOR REPORT

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

2. RECOMMENDATION

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

- i) considers and notes the progress made on locality plans since the previous report on 29 September 2022; and**
- ii) requests that further progress reports be brought to the MIJB on a six monthly basis.**

3. BACKGROUND

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 section 29(3)a requires Integration Authorities across Scotland to establish Health and Social Care localities within their areas. Moray is divided into four localities to support the local implementation of the MIJB Strategic Plan.
- 3.2. Locality planning provides a framework for how MIJB intends to improve health and wellbeing. It is anticipated that locality planning will build upon the insights, experiences and resource within localities, support improvements in local networks, enable development of robust and productive professional relationships and improve the health and wellbeing outcomes. Most importantly, locality planning will support citizens and communities to support themselves.
- 3.3. Each locality plan adopts a ground level approach, empowering those living and working within a locality to play an active role in identifying the priorities for health and social care in each locality, and to shape the delivery of services for the future. Each plan is supported by locality profiles which provide demographic, public health and inequalities overviews for each locality. These profiles are used to help facilitate service planning decisions within the localities.

- 3.4. The four Moray localities and their respective locality managers are:
- Forres and Lossiemouth; Iain Macdonald
 - Elgin; Lesley Attridge
 - Speyside and Keith; Cheryl St Hilaire
 - Buckie, Cullen and Fochabers; Laura Sutherland
- 3.5. A previous report was submitted to the board on 29 September 2022 (para 10 of the minute refers) outlining progress in relation to the locality planning process; a template locality plan for the Forres and Lossiemouth Locality was included as Appendix 2 within that report. It was agreed that a draft of all four locality plans would be presented to the MIJB on 30 March 2023.
- 3.6. A short life working group titled the Locality Planning Management Group was set up to drive forward the locality planning process. This group has now disbanded and discussions are now embedded within the Senior Leadership Group agenda discussions.
- 3.7. Locality Managers use a strength and asset based approach to support the development of their respective locality plan. Through trust based relationships at the heart of developing locality networks, each locality plan aims to recognise citizens, health and social care practitioners and communities strengths and assets, creating plans which matter to their community.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. All four localities now have draft plans in place and they are included alongside this report as **APPENDICES 1** (Forres and Lossiemouth Locality), **2** (Elgin Locality), **3** (Keith and Speyside Locality) and **4** (Buckie, Cullen and Fochabers Locality).
- 4.2. The respective locality plans are being progressed at differing paces, however a shared approach based on four key themes is being used:
- Evidence driven – all four locality plans share the same format for their locality profiles and the same core health and social care data. Additional data is then sought to allow further analysis into specific themes/topics.
 - Community engagement and consultation – all four locality plans utilise community engagement and consultation information to inform the setting of priorities and the monitoring of action plans. Locality managers work closely with colleagues in Children's Service Planning and the Moray Council Communities team to share appropriate engagement and consultation responses to minimise duplication of effort and coordinate priority setting.
 - Practitioner engagement and consultation – all four locality plans utilise feedback from practitioners to inform priority setting and the monitoring of actions plans.

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

4.3. Each locality planning structure has three component parts:

- The Oversight group – a representative group of local community members and practitioners who oversee the development and monitoring of the locality plan.
- The Multi Disciplinary Team – this component focuses on the practice and quality of ‘case specific’ health and social care support to the residents living within the locality.
- The Network – this component focuses on how we share contact details and general information between the broad group of practitioners who provide health and social care support to the people living within the locality.

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

4.5. The potential exists to further connect the locality work taking place within Children’s Service Planning and within the locality work being led by the Moray Council Communities Team. Progress has been made, but the landscape remains confusing for the public and practitioners with the potential for duplication. Ongoing discussions are taking place between senior managers leading on each model to ensure a joined up approach is taken wherever possible.

Specific Locality Updates

4.6. Forres and Lossiemouth

- The locality oversight group is now well established and has strong community and practitioner representation. The role of the Multi Disciplinary Team is currently being reviewed with the aim of further strengthening this function. A local practitioner Network (virtual) is being finalised to enable sharing of contact information and promoting communication.
- Improvements in data collection continues to enable an evidence based approach to determine locality priorities.
- The Forres and Lossiemouth Locality priorities have been finalised following a period of consultation and discussion. These priorities are outlined in **Appendix 1**.

4.7. Elgin

- The Locality Oversight Group is in the process of being established, with the vision for it to be well supported with community and practitioner representation. The role of the Multi Disciplinary Team is well established within both Elgin practices and is supported and attended by a range of professionals. Progress will include a review with the aim of further strengthening this function.
- A huge amount of work has been undertaken to develop current and longitudinal local data thus enabling an evidence based approach to determine locality priorities. The priorities for Elgin will be further developed through the Locality Oversight Group.

4.8. Keith and Speyside

- The Locality Oversight Group is in the process of being established, and we plan for it to be supported by a mix of community and practitioner representation. The role of the Multi-Disciplinary Team is well established across our 4 practices and 2 Community Hospitals in the Keith and Speyside locality and is well supported, with the ability and flexibility to call on a range of other professionals as required around specific matters. We will continue to review and improve our Multi Disciplinary Teams as required to ensure that they are productive and effective. The Keith and Speyside Professionals Directory has supported Multi Disciplinary Team working and helped ensure the right people are involved in discussions and the correct actions taken.
- A lot of work has been undertaken over the last couple of years to identify what data is available, relevant and needed to enable an evidence based approach to determine locality priorities. The priorities for Keith and Speyside will be further developed through the Oversight Group and aligning with other overarching strategies and plans as appropriate.
- The Keith and Speyside Locality priorities are still in their infancy as outlined in the draft locality plan as of February 2023. Based on the evidence based data we have been able to collate to date via a large event held in Keith in 2022, surveys, and working collaboratively with other services operating across the locality. We will continue to develop the action plan as the Oversight Group develops and further events, consultation and surveys are conducted.

4.9. Buckie, Cullen and Fochabers

- Health and Social Care intelligence has been collated and evaluated, alongside locality profiles, existing plans i.e. Children Services Plan, Moray LOIP and Buckie Locality Plan 2019 - 29, which have identified cross-over themes and trends that have helped set potential priorities. The Locality Manager recognises that there has already been significant community engagement carried out and that any further engagement would unlikely result in new information at this time within Buckie. However, the aim would be to undertake community engagement within the Cullen and Fochabers localities.

- A locality oversight group is still to be established, however, similar to the Keith and Speyside oversight group the ambition is to keep this less structured and reduce the need for physical meetings. Instead, the Locality Manager sees their role as one who integrates into existing groups and will collect feedback as the locality plans are developed.
- A first draft of the Buckie, Cullen and Fochabers Locality Plan has been compiled and will be updated following further community consultation to identify the key priorities.

Finance

- 4.10. The method of recording and establishing locality budgets is under review. The Acts requires integrated authorities to show the proportion of the total budget spent on each locality. This is likely going to be an iterative process over many generations of plans, and will be closely linked to the delivery of services across the localities with the goal of moving away from historic East West split.

Performance and Evaluation

- 4.11. Both Moray Council and NHS Grampian Performance and Evaluation teams are active and valuable stakeholders of the development of the locality planning process. This has ensured they are kept up to date and available to provide guidance as the process progresses. They will remain involved to help ensure actions are appropriately monitored and any impact can be sufficiently evidenced.
- 4.12. Locality Planning Groups will be accountable to the Strategic Planning and Commissioning Group (SPCG) providing regular updates on the locality action plan implementation and performance.

5. SUMMARY OF IMPLICATIONS

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

The aims of Locality Planning in Moray is to contribute to the delivery of the MIJB strategic aims as well as the NHS Grampian Plan for the Future and Moray Council Corporate Plan.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

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

(d) Risk Implications and Mitigation

There are no specific risk implications to this report.

(e) Staffing Implications

There are no specific staffing implications to this report.

(f) Property

There are no property implications to this report.

(g) Equalities/Socio Economic Impact

There are no changes to policy as a result of this report.

(h) Climate Change and Biodiversity Impacts

There are no changes to policy as a result of this report.

(i) Directions

None directly arising from this report.

(j) Consultations

Lesley Attridge, Locality Manager (Elgin), Health and Social Care Moray
Cheryl St Hilaire, Locality Manager (Keith & Speyside), Health and Social Care Moray

Laura Sutherland, Locality Manager (Buckie & Fochabers), Health and Social Care Moray

Simon Bokor-Ingram, Chief Officer, Health and Social Care Moray

Sean Coady, Head of Service, Health and Social Care Moray

Tracy Stephen, Chief Social Work Officer

Carmen Gillies, Interim Strategy & Planning Lead, Health and Social Care Moray

Fiona Robertson, Chief Nurse, Health and Social Care Moray

Audrey Steele-Chalmers, AHP Professional/Sector Lead, Health and Social Care Moray

Robert Lockhart, Clinical Lead, Health and Social Care Moray

Bob Sivewright, Finance Manager, NHS Grampian

Deborah O'Shea, Interim Chief Financial Officer, HSCM

Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1. Locality planning will show how the Moray Integration Joint Board's Strategic Plan is being implemented locally, and how localities will respond to local needs and issues.

6.2. A further report will be presented to the MIJB on 28 September 2023.

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

Background Papers: Appendix 1 – Forres and Lossiemouth Locality Plan

Appendix 2 – Elgin Locality Plan

Appendix 3 – Keith and Speyside Locality Plan

Appendix 4 – Buckie Cullen and Fochabers Locality Plan

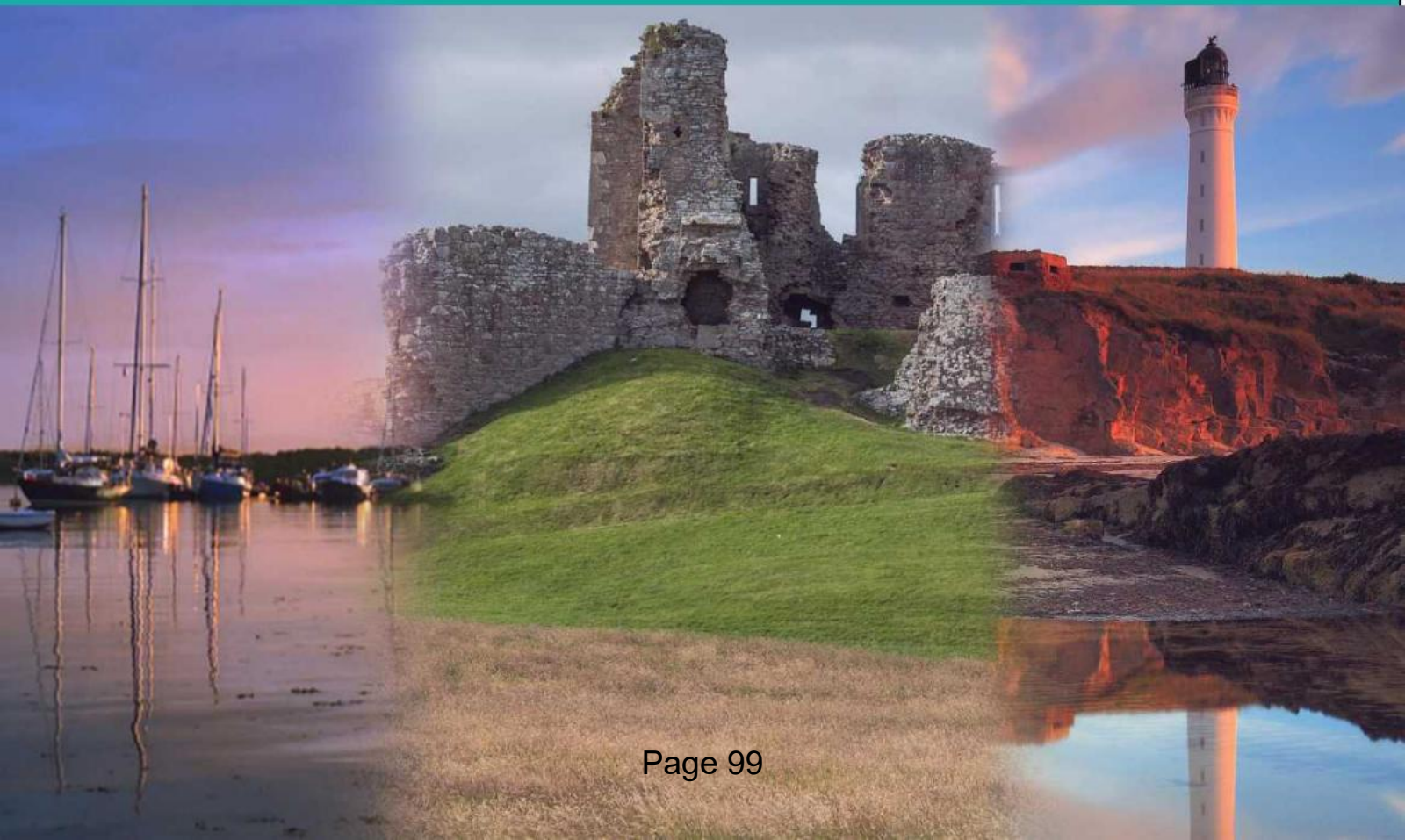
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Health and Social Care Locality Plan

Forres and Lossiemouth

2023/26



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FOREWORD

I am delighted to present this 2023/2026 Locality Plan. The actions outlined within this plan support the overarching Strategic Plan for Health and Social Care in Moray, which was widely consulted on with many stakeholders, including citizens, patients and service users.

Each of the four local areas (Elgin; Forres and Lossiemouth; Keith and Speyside; and Buckie Fochabers and Cullen) that make up the Health and Social Care Moray Partnership have developed their own specific Locality Plan with partners, including patients, service users, carers, the third and independent sectors. Within the Forres and Lossiemouth Locality Plan we have included actions and areas for improvement which are also being implemented on a region wide basis, and highlighted those more specific to Forres and Lossiemouth.

Locality Plans will be updated annually to show how the Strategic Plan is being implemented locally.

This Plan captures some of the ways that the Forres and Lossiemouth Locality will work to deliver on the strategic priorities over the next three years. This is far from an exhaustive list, but represents some of the most significant pieces of work being taken forward across Forres and Lossiemouth Locality during the lifetime of the Strategic Plan. There is a particular emphasis on equality of access and service provision, community engagement, partnership working and also in using information and data to support improvement.

The Health and Care Partnership believe that the region's people can flourish, with access to health and social care support when they need it, so it is crucial to ensure that the services delivered reflect the needs of individuals.

Forres and Lossiemouth Locality is committed to planning and designing services in partnership with local people, working in partnership with residents, staff, independent contractors and also our key partners across primary care, secondary care, health and social care, care homes, housing and the third sector providers.

I look forward to seeing the delivery of the plan which will support the provision of high quality health and social care services for the people of Forres and Lossiemouth locality.



Simon Bokor-Ingram
Chief Officer, Health and Social Care Moray

INTRODUCTION

1.1. What is a locality?

A locality is described as a small area within the Integration Authority. They are not defined by hard borders but instead represent natural communities. Localities are expressed by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres, schools and social work offices.

Moray has four localities and is supported by four Locality Managers:

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



1.2 What is Locality Planning

Locality planning empowers residents and those working in a locality to play an active role in identifying the priorities for health and social care in each of those localities and to shape the delivery of services for the future. It shows how the strategic objectives of Health and Social Care Moray (HSCM) will be delivered at a community level, acknowledging the unique wants and needs of those in each locality.

1.3 Who is the Locality Plan for?

This plan is for people living in the Forres and Lossiemouth area of Moray who currently have access to health and social care services and also for those who may require care and support in the future. Furthermore, it is aimed at people who are well and want to maintain or improve their health and wellbeing.

1.4 What is included in the Locality Plan?

A locality plan explains how health and social care services will be delivered across each locality based on the wants and needs of those living and working in it. It identifies how the strategic objectives of Health and Social Care Moray, as well as the nine Health and Wellbeing indicators as established by Scottish Government, will be met. Locality Plans identify local priorities and describe how these will be met through an action plan.

1.5 The benefits of locality planning

- Each locality has the opportunity to play an active role in service design and improvement.
- The process will increase awareness of current services and celebrate successful partnership working.
- Identify and ensure that the needs of the locality are being addressed by those who know it best.
- Create a culture where these developing relationships can lead to real change and encourages multi-disciplinary team working.

1.6 The wider picture

This plan will be one of a number plans for Health and Social Care Moray and will align with our wider strategic priorities as well as the nine national Health and Wellbeing outcomes.

The strategic plan sets out our high level priorities which provide direction for the Partnership. The commissioning strategy ensures funding is aligned to the projects that are linked to the strategic priorities. Locality planning will in turn help inform future commissioning priorities.

The national Health and Wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. The suite of nine national Health and Wellbeing outcomes focus on improving the experience and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make for individuals.

Health and Social Care Moray Themes

Theme 1: Building Resilience

Taking greater responsibility for our health and wellbeing.

Theme 2: Home First

Being supported at home or in a homely setting as far as possible.

Theme 3: Partners in Care

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

1.7 What are we hoping to achieve?

The plan is centred on the Moray Health and Social Care Vision:

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

We want to see a transformed, sustainable health and care system that manage demand for services in order to safeguard the continued delivery of high-quality care, support and treatment services for those in most need and to get the best value from our limited resource.

Key to this is the strengthening of our partnerships. By working more closely we can make the most of the assets and talents of the people, communities and organisations in Moray. We will encourage one another to consider what we can do for ourselves, what we will need support to achieve, and the areas of health and wellbeing for which we will depend on.

Success will see everyone in Moray building resilience individually and collectively to prevent poor outcomes, enable independence, and for positive life experiences to prevail.



1.8 What are the main challenges?

Locality planning is not just about redesigning health and social care services, it is about changing the perception on the delivery of health and social care and promoting ownership within communities. This change in culture and thinking is unlikely to happen overnight and instead will be an iterative process. Ensuring that people are engaged with the process from the start is key to success.

In addition, the health and social care landscape has changed significantly over the last 3 years. In some instances the COVID-19 pandemic has had a negative effect on the public's perception of service delivery. Rebuilding these relationships and growing a more resilient delivery will be paramount to the success of health and social care in Moray.

Finally, unpacking existing practice and processes across Health and Social Care Moray will take time. Historic team structures and models of delivery will need to be evaluated to see how they will operate at a locality level – ensuring they do not become cumbersome and overly bureaucratic at the expense of service delivery.

1.9 Locality Planning in Forres and Lossiemouth

In order to develop the locality plan an Oversight Group has been established to cover the Forres area and a separate group to cover the Lossiemouth area. Reporting to the Moray Health and Wellbeing Partnership the remit of the Oversight Group is to:

- Promote the values and priorities of the strategic plan for Health and Social Care Moray.
- To share locality health and social care performance and demographic data to help determine locality priorities.
- Support and empower the community members, and health and social care professionals within the locality to identify and deliver their priorities.
- To create, review and monitor the locality plan.

The Oversight Group includes a core membership, however can be supplemented by other members, groups and representatives. As such, membership should be considered fluid allowing for it to adapt to the specific needs and priorities of a locality.

Locality Oversight Group Membership - Title and Organisation	
Locality Manager, HSCM	Community Council Representatives x 7
GP	Development Trust Representative
GP Practice Manager	Community Organisation Members
Social Worker, Moray Council	Lossiemouth Locality Community Mini Bus Representative
Occupational Therapist, Moray Council	Leancoil Trust Development Officer
Occupational Therapist, NHSG	Forres Area Community Trust Representative
Physiotherapist, NHSG	Forres Area Forum Representative
Care at Home Officer, Moray Council	Findhorn Eco Village Representative
Mental Health Service Representative, NHSG	Lossie 2 to 3 Group Representative
Community Nurse Team Lead, NHSG	Area Public Health Coordinator
Community Support Unit Officer, Moray Council	Children's Services Locality Representative, Moray Council
<i>Housing Officer, Moray Council</i>	<i>Unpaid/informal carer representative</i>

1.10 The relationship with other locality initiatives

Health and Social Care Moray Locality Plans do not operate in isolation and should be considered alongside the various other locality initiatives in Moray, particularly Children Service Planning, and the work of the Moray Council Communities Team and Local Outcome Improvement Plans. Members of these groups attend the Forres and Lossiemouth Oversight Groups to ensure there is no duplication of effort, and HSCM is working closely with partners to combine resources and align planning activity where possible.

The locality plans should also align with the Primary Care Improvement Plan (PCIP). PCIP outlines how our primary care services will change and is being developed in the context of wider transformation and redesign of services across Moray including the development of effective primary care multi-disciplinary working.

As detailed in the Memorandum of understanding 6 workstream areas are operational across Moray and these continue to be developed to ensure each stream fits with patient and practice needs in the locality.

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

From 2022 - the focus has been primarily on Vaccination Transformation Programme; Pharmacotherapy and CTAC.

Work continues to be developed on all 6 and in collaboration with HSCM, NHS Grampian, Moray GP Practices and GP Sub - Committee.

1.11 What people in Moray are telling us?

Engagement and participation with those who live and work in Moray is essential to developing a good understanding of health and wellbeing priorities in the locality and what challenges and opportunities there are. Whilst engagement has been carried out on specific health and social care issues in Moray, thinking about how people living and working in each of the localities are purposefully able to participate and help to develop local plans, is at an early stage. The action plan reflects the need to dedicate more time and resources, to ensure ongoing meaningful engagement with all of the communities within Moray, building on the good work done so far.

ABOUT THE LOCALITY

This section highlights key information about the Forres and Lossiemouth Locality taken from the Forres and Lossiemouth Locality Profile which was developed by Health Intelligence Services as an information resource for the development of the locality plans. The full profiles are available on the HSCM website.

2.1 Geography

The Forres and Lossiemouth locality ranges from Lossiemouth to Brodie to Dava and includes the larger settlements of Forres, Lossiemouth, Hopeman, Burghead, Kinloss and Findhorn as well as smaller settlements including Dallas, Duffus, Dyke, Logie and Rafford.

Many of the areas retain a village feel about them and a strong sense of identity. The area is home to two armed forces bases – RAF Lossiemouth and Kinloss Barracks. The area shares much of the Moray Coast and has a historic fishing heritage. Findhorn is also home to the renowned Findhorn Foundation - a spiritual community and ecovillage. Inland the area has a strong whisky heritage with many areas supporting the supply chain through its farming sector.

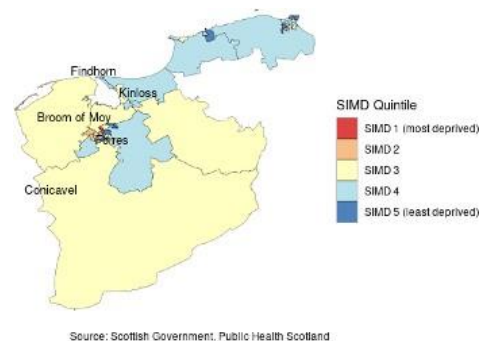
The locality also shares its borders with Highland Council and NHS Highland and benefits from services delivered in Nairn and Inverness.

2.2 Population

The Forres and Lossiemouth locality has a population of 30,033 (as at the latest 2020 census) making it the second largest of the four localities in Moray. It has a roughly equal gender ratio of male to female, with the average life expectancy of males being 79.8 years and females 83.1 years. It has the second lowest percentage of population under 65 at 22%, most likely as a result of the younger armed forces population, however the locality is seeing growth in those over the age of 65.

Of the population in the Forres and Lossiemouth locality, 1.8% live in the most deprived Scottish Index of Multiple Deprivation (SIMD) Quintile and 20% live in the least deprived SIMD Quintile. The SIMD ranks all datazones in Scotland by several factors, including; Access, Crime, Education, Employment, Health, Housing and Income.

The map opposite shows the datazones within the Forres and Lossiemouth locality coloured by SIMD quintiles.



2.3 Health and Social Care Assets

The Health and Social Care Partnership Resources in the Forres and Lossiemouth Locality are:

Service Type	Service	Number
Primary Care	GP Practices	3
	Health Centres	2
Provider Services	Forres Neighbourhood Care Team	1
	Varis Unscheduled Short Stay Flats	1
A&E	Emergency Departments	0
	Minor Injury Units	0
Residential Care Homes	Care Homes	2
	Sheltered / Very Sheltered Housing	3

As well as linking with Forres; Lossiemouth and the surrounding coastal villages also share many core services with Elgin Locality.

The Forres and Lossiemouth Locality is also in close proximity to Dr Grays Hospital, the only medical hospital in Moray.

2.4 Health and Social Care Challenges

The Forres and Lossiemouth communities are quite diverse. There are strengths and challenges that are reflected across the whole locality and there are also examples of health inequalities that relate only to a small part of each locality.

The locality has higher than average life expectancy rates in comparison to the Moray or National average, and lower than average percentage of the population with a long term health condition. The five most common long term life conditions in order of prevalence are: Asthma, Arthritis, Cancer, Coronary Heart Disease and Diabetes. All are below the Moray average, however Diabetes rates per 100,000 are above the national average.

The locality records lower than average Unscheduled Care Emergency Admissions and Unscheduled Care Bed days than the Moray or National average. The locality also records lower numbers of preventable hospital admissions than the Moray or National average.

The locality records lower than average Mental Health Emergency Admissions than the Moray or National average, however has a higher than average use of unscheduled bed days (particularly for the 18 to 44yr old category), and also records higher readmissions than the Moray average.

The locality reports a higher number of alcohol related hospital admissions than the Moray average.

Overall people reporting falls are lower than the Moray average however following a period of a decreasing trend there was a sharp increase in the number of falls reported within the locality during 2021/22

Delayed Discharges from hospital tend to be lower than other Moray localities and there tends to be less instances of people waiting for an allocation of homecare. However the numbers of people waiting for a social care assessment, or review, are proportionately higher than other localities.

Locality data allows us to subdivide the Forres and Lossiemouth Locality into 7 data zones which provides the ability to drill down into specific communities within the locality. Providing the opportunity to either take a locality wide approach or a community specific approach to address health and social care inequalities.

2.5 What are the people living and working in Forres and Lossiemouth telling us?

The people of Forres and Lossiemouth are very proud of their communities. There are many assets that promote healthy living in terms of facilities, community groups, beaches, parks and forests.

Through engagement activities, surveys and public events the community have noted the points below as priorities to improve the health and wellbeing of their local population:

- Improve access to GPs/appropriate health professionals, reduce the time spent on the telephone trying to make appointments, make support available to help people utilise online options such as e-consult.
- Increase support for children and adults mental health, promote where possible alternatives to medication to manage mental health, and to reduce the stigma that still exists around mental health. Parents are also requesting help in regards to how best to support their child's mental health.
- More help, advice and guidance to self-manage health conditions.
- People acknowledge the importance of a healthy lifestyle but indicate that they struggle to live a healthy lifestyle; in particular in relation to diet, alcohol, smoking, exercise, and sleep.
- Increased support needed to access digital technology.
- Increased support for unpaid carers, and an increase in the numbers of paid carers.

- An improved public transport network, particularly between the coastal villages and Lossiemouth. Localised services where possible; the requirement to travel to DGH & ARI for some treatments is also noted as expensive and time consuming. Transport to access public spaces could also be improved.
- Increase the opportunities to reduce social isolation, and increase access to community facilities.
- Increase options for sheltered housing within the Lossiemouth community.
- Greater access and promotion of sport & leisure facilities, wellbeing activities, outdoor gyms, community gardens, and men's shed type opportunities.
- Increase access to financial advice.
- Increase opportunities for the elderly: such as befriending programmes, buddying, neighbourhood schemes, social opportunities, and intergenerational work.
- Development and promotion of active travel and cycle paths

PEOPLE AND FINANCES

3.1 People

Health and social care teams operate across Moray and aim:

- To work collectively as a multi-disciplinary team.
- Meeting the needs of “people” must be at the core of everything they do.
- Professionals acknowledge the skills and expertise of others within the team.

The oversight group for Forres and Lossiemouth will work with the local health and social care teams, organisations and communities to review the best use of available resources and how this can be managed to support ongoing work to deliver the strategic priorities within the locality area.

Health and Social Care Moray continue to facilitate discussions with key partners and stakeholders across health and social care; developing workforce plans across our integrated teams. Evidence shows that staff who are valued, treated well and supported to give their best will deliver better outcomes for people. We commit to value our workforce and develop the changes that need to be made to ensure a high quality of service is provided. This will ensure a healthy organisational culture from a capable workforce who are then able to deliver integrated services, supported through effective leadership and management.

3.2 Finance

The 2022/23 budget for Health and Social Care Moray is £172m. Whilst some areas of the budget can be easily separated to a locality level, other areas remain Moray wide. The aim would be to divide further aspects of the budget out to localities as progress is made in the coming years. This will allow budgets to work at a more localised level better supporting the community and the people who live within that locality requiring support from H&SCM. The budget for 2023/24 is yet to be set.”

WHAT DO WE NEED TO DO?

4.1 Our Local Priorities

In accordance with the nine Health and Wellbeing outcomes set by the Scottish Government, our Health and Social Care Moray strategic themes and the various community and staff consultation and engagement events, we have identified the following key priorities for 2023 to 2025.

- To improve the mental health and wellbeing of the local population.
- To reduce the health impact of drugs and alcohol use within the local population.
- To develop and promote prevention and self-care approaches within the locality.
- To improve multi-disciplinary team working.
- To increase access to minor injury assessment and treatment.
- To develop models for engaging with the community; ensuring the communities voice is visible within locality planning and strategic planning processes.
- To improve timescales for the completion of social care assessments and reviews.
- To improve transport provision between Lossiemouth and the coastal villages.
- To improve access to appropriate health and social care services.
- To increase support for unpaid carers

ACTION PLAN

Local Priority 1				
To improve the mental health and wellbeing of the local population.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Seek more detailed information on causes of death rate 18 - 44yr olds.	Information accessed and shared with the Locality Oversight Group.	Increase in access to preventive mental health services.	June - 2023	50%
Review bed occupancy days due to mental health and reasons for this.	Information accessed and shared with the Locality Oversight Group.	Increase in information available to local practitioners.	June - 2023	50%
Facilitate a focused session with key locality stakeholders to determine additional preventive approach's to support positive mental health and wellbeing.	Preventative approaches identified and information document developed and shared with practitioners.		Sept - 2023	20%

Local Priority 2				
To reduce the health impact of drugs and alcohol use within the local population.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Gather further information in relation to drug and alcohol related hospital admissions for Forres and Lossiemouth population.	Information accessed and shared with the Locality Oversight Group.	Reduction in the number of hospital admissions as a result of drug or alcohol use.	June - 2023	10%
Review current services available locally and Grampian wide.	Services reviewed.	Increase in information available to local practitioners.	June - 2023	
Share updated information and services available with GPs and Health and Social Care Professionals.	Information document developed and shared with local practitioners.		June - 2023	

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

Ensure an individual's finance is considered in all preventive conversations through the use of Making Every Opportunity Count (MEOC) tool.	Adoption of the MEOC tool by all services involved with Social Prescribing model.	Increase citizen's awareness of financial supports.	Jun – 2023	
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Local Priority 4				
Improve Multi-Disciplinary Team working				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Review current models of Multi-Disciplinary Team working within Forres and Lossiemouth.	Review undertaken.	Improvement in Multi-Disciplinary Team working within Forres and Lossiemouth areas.	Jun – 2023	
Evaluate 'How Good Is Our MDT Working' within Forres and Lossiemouth.	Survey staff on effectiveness of current MDT working completed.		Sept – 2023	
As part of evaluation review feedback already received from patients and lessons learned.	Feedback reviewed and shared.		Sept – 2023	
Discuss and agree any improvements to current MDT model.	Information reviewed and actioned.		Sept – 2023	

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

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

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

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

Local Priority 9				
Support access to appropriate health and social care services.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Review public information regarding contacting local GP, and health and social care professionals.	Review of current information undertaken and shared with the Locality Oversight Group.	Increase in public satisfaction in accessing health and social care appointments.	April - 2023	
Promote and inform the public in regards to the current models of practice.	Public promotion campaign completed.	Improve access to health and social care services via the use of digital technology.	April – 2023	
Establish a small group to focus specifically on access to digital technology within local communities.	Group established and plan in place.		April – 2023	
Support individuals within localities to access health care support through digital technology.	Individuals identified and support provided.		Sept – 2023	
Provide specific digital technology training to local residents who require support.	Training provided and evaluated.		Sept – 2023	
Research, and equip specific sites within the locality to house digital technology to access health and social care professionals.	Sites identified, funding sought and work undertaken. Usage evaluated and shared with the Locality Oversight Group.		March – 2024	

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

HOW WILL WE KNOW WE ARE GETTING THERE?

6.1 Measuring Performance

The targets within the Locality Action Plan will be reviewed by the Locality Oversight Group on a bimonthly basis, with a more in depth review against locality performance and demographic data on an annual basis.

Regular reports from the Locality Oversight Group to the HSCM Senior Leadership Team and the Moray Integration Joint Board will help demonstrate what outcome integrating services is having for the people who access the services and support. A performance report will be developed each year as required by legislation.

7.1 Reference Documents

- Health and Social Care Moray Strategic Plan 2019 - 2029
- Health and Social Care Standards 2015
- National Health and Wellbeing Outcomes 2017
- Public Health Scotland Strategic Plan 2020 – 2023
- Scottish Public Health Observatory Profile Data for Forres and Lossiemouth Areas
- NHSG Forres and Lossiemouth Locality Profile Data
- NHSG Health and Wellbeing Profiles
- HSCM Daily Performance Data
- HSCM Healthier Lives, Healthier Communities Survey Results
- Lossiemouth Community Development Trust 5 Year Plan



Health and Social Care Moray are committed to meaningful and sustained engagement with all stakeholders.

If you would like to be added to our locality communications group please contact us and we will send you an application form. We will keep you up to date with opportunities to work with us and use your knowledge, skills and live in experience to help achieve positive change.



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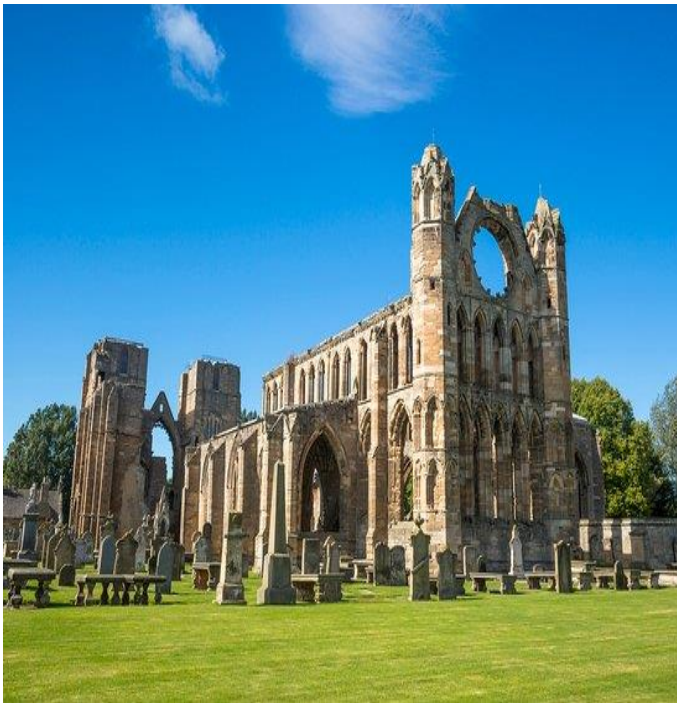
involvement@moray.gov.uk



Health and Social Care Locality Plan

Elgin

Draft 2023 / 26



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FOREWORD

I am delighted to present this 2022/2025 Locality Plan. The actions outlined within this plan support the overarching Strategic Plan for Health and Social Care in Moray, which will be widely consulted on with many stakeholders, including citizens, patients and service users.

Each of the four local areas (Elgin; Forres and Lossiemouth; Keith and Speyside; and Buckie, Cullen and Fochabers) that make up the Health and Social Care Moray Partnership are developing their own specific Locality Plan with partners, including patients, service users, carers, the third and independent sectors. Within the Elgin Locality Plan we have suggested actions and areas for improvement based on the locality work that has been undertaken to date.

Locality Plans will be updated annually to show how the Strategic Plan is being implemented locally.

This Plan captures some of the ways that the Elgin Locality could work to deliver on the strategic priorities over the next three years, whilst still in its infancy the plan will develop over the next year to come in line with the overall Strategic Plan for Health & Social Care Moray. There is a particular emphasis to ensure equality of access and service provision, community engagement, partnership working and also in using information and data to support improvement.

The Health and Care Partnership believe that the region's people can flourish, with access to health and social care support when they need it, so it is crucial to ensure that the services delivered reflect the needs of individuals.

Elgin Locality is committed to planning and designing services in partnership with local people, working in partnership with residents, staff, independent contractors and also our key partners across primary care, secondary care, health and social care, care homes, housing and the third sector providers.

I look forward to seeing the delivery of the plan which will support the provision of high quality health and social care services for the people of Elgin locality.



Simon Bokor-Ingram
Chief Officer, Health and Social Care Moray

INTRODUCTION

1.1. What is a locality?

A locality is described as a small area within the Integration Authority. They are not defined by hard borders but instead represent natural communities. Localities are expressed by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres and social work offices.

Moray has four localities and is supported by four Locality Managers:

Elgin, Lesley Attridge

Forres and Lossiemouth, Iain Macdonald

Speyside and Keith, Cheryl St Hilaire

Buckie, Cullen and Fochabers, Laura Sutherland



1.2 What is Locality Planning

Locality planning empowers residents and those working in a locality to play an active role in identifying the priorities for health and social care in each of those localities and to shape the delivery of services for the future. It shows how the strategic objectives of Health and Social Care Moray (HSCM) will be delivered at a community level, acknowledging the unique wants and needs of those in each locality.

1.3 Who is the Locality Plan for?

This plan is for people living in the Elgin area of Moray who currently have access to health and social care services and also for those who may require care and support in the future. Furthermore, it is aimed at people who are well and want to maintain or improved their health and wellbeing.

1.4 What is included in the Locality Plan?

A locality plan explains how health and social care services could be delivered across each locality based on the wants and needs of those living and working in it. It identifies how the strategic objectives of Health and Social Care Moray, as well as the 9 Health and Wellbeing indicators as established by Scottish Government, will be met. Locality Plans identify local priorities and describe how these will be met through an action plan.

1.5 The benefits of locality planning

- Each locality has the opportunity to play an active role in service design and improvement.
- The process will increase awareness of current services and celebrate successful partnership working.
- Identify and ensure that the needs of the locality are being addressed by those who know it best.
- Creates a culture where these developing relationships can lead to real change and encourages multi-disciplinary team working.

1.6 The wider picture

This plan will be one of a number plans for Health and Social Care Moray and will align with our wider strategic priorities as well as the nine national health and wellbeing outcomes.

The strategic plan sets out our high level priorities which provides direction for the Partnership. The commissioning strategy ensures funding is aligned to the projects that are linked to the strategic priorities. Locality planning will in turn help inform future commissioning priorities.

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. The suite of nine national health and wellbeing outcomes focus on improving the experience and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Health and Social Care Moray Themes

Theme 1: Building Resilience

Taking greater responsibility for our health and wellbeing.

Theme 2: Home First

Being supported at home or in a homely setting as far as possible.

Theme 3: Partners in Care

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

1.7 What are we hoping to achieve?

The plan is centred on the Moray Health and Social Care Vision:

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

We want to see a transformed, sustainable health and care system that managed demand for services in order to safeguard the continued delivery of high-quality care, support and treatment services for those in most need and to get the best value from our limited resource.

Key to this is the strengthening of our partnerships. By working more closely we can make the most of the assets and talents of the people, communities and organisations in Moray. We will encourage one another to consider what we can do for ourselves, what we will need support to achieve and the areas of health and wellbeing for which we will depend on service.

Success will see everyone in Moray building resilience individually and collectively to prevent poor outcomes, enable independence and for positive life experiences to prevail.



1.8 What are the main challenges?

Locality planning is not just about redesigning health and social care services, it is about changing the perception on the delivery of health and social care and promoting ownership within communities. This change in culture and thinking is unlikely to happen over-night and instead will be an iterative process. Ensuring that people are engaged with from the start of the process is key to success.

In addition, the health and social care landscape has changed significantly over the last 3 years. In some instances the COVID-19 pandemic has had a negative effect on the public's perception of service delivery. Rebuilding these relationships and growing a more resilient delivery will be paramount to the success of health and social care in Moray.

Finally, unpicking existing practice and processes across Health and Social Care Moray will take time. Historic team structures and models of delivery will need to be evaluated to see how they will operate at a locality level – ensuring they do not become cumbersome and overly bureaucratic at the expense of service delivery.

1.9 Locality Planning in Elgin

In order to develop the locality plan an Oversight Group has to be established to cover the Elgin area. Reporting to the Moray Health and Wellbeing Partnership the remit of the Oversight Group will be to:

- Promote the values and priorities of the strategic plan for Health and Social Care Moray.
- To share locality health and social care performance and demographic data to help determine locality priorities.
- Support and empower the community members, and health and social care professionals within the locality to identify and deliver their priorities.
- To create, review and monitor the locality plan.

The Oversight Group should include a core membership, however can be supplemented by other members, groups and representatives. As such, membership should be considered fluid allowing for it to adapt to the specific needs of a locality.

Title and Organisation	
Locality Manager, HSCM	Community Council Members
GP	Development Trust Members
GP Practice Manager	Community Organisation Members
Social Work, Moray Council	Community Nursing, NHSG
Occupational Therapists, Moray Council	Community Support Unit
Occupational Therapists, NHSG	Children's Services Locality Representatives
Physiotherapy, NHSG	Mental Health Services
Care at Home, Moray Council	Housing representative
Third sector representative	
Unpaid/informal carer representative	

1.10 The relationship with other locality initiatives

Health and Social Care Moray Locality Plans do not operate in isolation and should be considered alongside the various other locality initiatives in Moray, particularly Children and Service locality planning and the Local Outcome Improvement Plans to ensure there is no duplication of effort, and HSCM are working closely with partners to combine resources and share thinking where possible.

The locality plans should also align the Primary Care Improvement Plan (PCIP) PCIP outlines how our primary care services will change and is being developed in the context of wider transformation and redesign of services across Moray including the development of effective primary care multi-disciplinary working.

As detailed in the Memorandum of understanding 6 workstream areas are operational across Moray and these continue to be developed to ensure each stream fits with patient and practice needs in the locality.

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

From 2022 - the focus has been primary on Vaccination Transformation Programme; Pharmacotherapy and CTAC.

Work continues to be developed on all 6 and in collaboration with HSCM, NHS Grampian, Moray GP Practices and GP Sub - Committee.

1.11 What people in Moray are telling us?

Engagement and participation with those who live and work in Moray is essential to developing a good understanding of health and wellbeing priorities in the locality and what challenges and opportunities there are. Whilst engagement has been carried out on specific health and social care issues in Moray, thinking about how people living and working in each of the localities are purposefully able to participate and work to develop local plans, is at an early stage. This plan reflects the need to dedicate more time and resources and ongoing meaningful engagement with all of the communities within Moray, building on the good work done so far.

ABOUT THE LOCALITY

This section highlights key information about the Elgin Locality taken from the Locality Profile which was developed as an information resource for the development of the locality plans. The full profiles are available on the HSCM website.

2.1 Geography

The Elgin locality is inclusive of New Elgin, Alves, Milntown, Pluscarden, Birnie, Fogwatt, Longmorn and Dallas

Elgin is seen very much as the administrative centre of Moray offering a wide range of services. It is the most densely populated area of all the localities. It is surrounded by the other 3 localities all of which have their own identity. The City of Elgin straddles the River Lossie, with the suburbs of Bishopmill to the north and New Elgin to the south

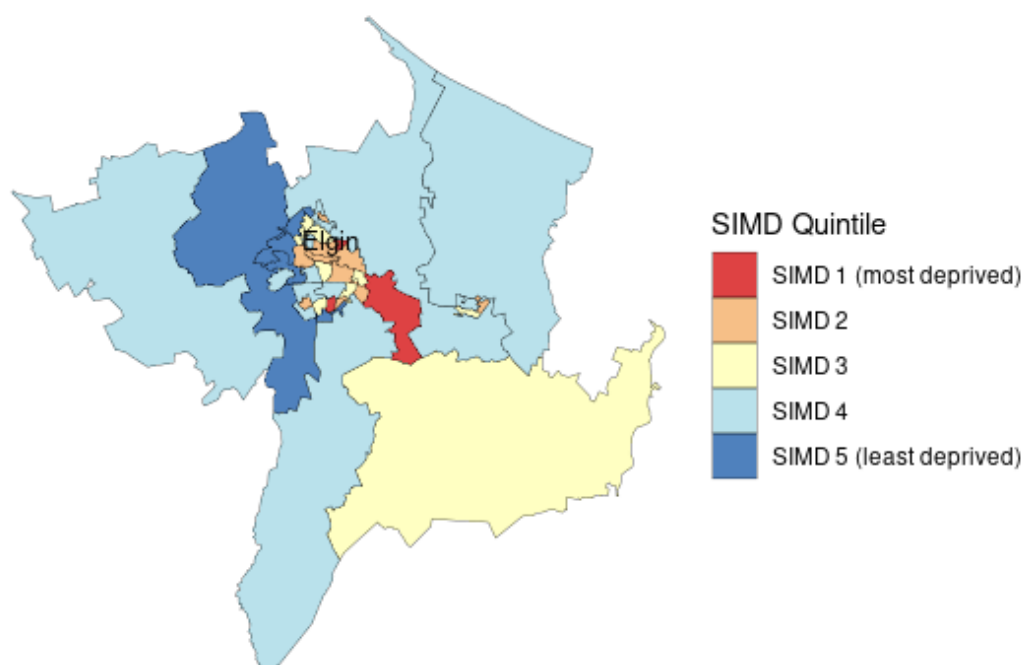


2.2 Population

The Elgin locality has a population of 30,399 (as at the latest 2020 census) making it the largest of the four localities in Moray. It has a gender ratio of male to female at 1: 1.05 with the average life expectancy of males being 78.6 years and females 82.1 years. It has the lowest percentage of population over 65 at 19%.

Of the population in the Elgin locality, 6.7% live in the most deprived Scottish Index of Multiple Deprivation (SIMD) Quintile and 17% live in the least deprived SIMD Quintile. The SIMD ranks all datazones in Scotland by several factors, including; Access, Crime, Education, Employment, Health, Housing and Income.

The following map shows the datazones within the Elgin locality coloured by SIMD quintiles.



Source: Scottish Government, Public Health Scotland

2.3 Health and Social Care Assets

The Health and Social Care Partnership Resources in the Elgin Locality

Service Type	Service	Number
Secondary Care	Acute Medical Hospital	1
Primary Care	GP Practice	2
A&E	Emergency Department	1
Care Homes	Care homes Residential & Nursing	4
Care Homes	Care Homes Residential	1
	Sheltered / Very Sheltered Housing	10
Provider services	Palliative Care Day service	1
Provider services	Day service Older People	1
Provider Services	Care at Home	1
Provider services	Community Response Team Elgin	1

2.4 Health and Social Care Challenges

The Elgin communities are quite diverse. There are strengths and challenges that are reflected across the whole locality and there are also examples of health inequalities that relate only to a small part of the whole locality. The locality identifies as North Elgin and South Elgin

The locality has lower than average life expectancy rates in comparison to the Moray average but higher than the National average, and 3% higher than the National average percentage of the population with a long term health condition. In relation to long term life conditions within the locality the five most common in order of prevalence are: Asthma, Arthritis, Cancer, Coronary Heart Disease and Diabetes. With the exception of Asthma, all are below or equal to the Moray average.

The locality records higher than the Moray average for Unscheduled Care Emergency Admission but second lowest for Unscheduled Care Bed days. Both are below the National average. The locality also records lower numbers of preventable hospital admissions than the National average.

The locality records 2nd lowest Mental Health Emergency Admissions well below the Moray or National average, however has a higher than average use of unscheduled bed days but still lower than National average.

The locality reports a higher number of alcohol related hospital admissions than the Moray average.

Delayed Discharges from hospital tend to be higher than other Moray localities and there tends to be more instances of people waiting for a care at home provision. The numbers of people waiting for a social care assessment, or review, are very similar to the Forres and Lossiemouth locality and tend to be higher than the East localities. However, there has been a notable decrease in people awaiting and Occupational Therapy assessment which is demonstrating a steady decreasing trend.

A great deal of data is available which provides the ability to drill down into specific communities within the locality. Providing the opportunity to either take a locality wide approach or a community specific approach to address health and social care inequalities.

2.5 What are the people living and working in Elgin telling us?

The people of Elgin are challenged in being able to separate out what is important to them within their specific locality versus services for the wider Moray population. There are many assets that promote healthy living in terms of facilities, community groups, parks and forests. It is also important for the people of Elgin to be able to remain in their community following an acute admission to hospital. The absence of a community hospital can make this challenging for people and their loved ones.

To facilitate engagement and discussion, below are themes to help focus setting more detailed priorities based on work captured in the Community Work Plan

- Provision of GP/Dental services
- Mental Health supports
- Infrastructures to support housing developments
- Increased awareness of community groups for both children & young people and adults

PEOPLE AND FINANCES

3.1 People

Health and social care teams operate across Moray and the principles for of the teams are:

- To be multi-disciplined.
- Meeting the needs of “people” must be at the core of everything they do.
- Professionals acknowledge the skills and expertise of others within the team.

The oversight group once established for Elgin, will work with the local health and social care teams, organisations and communities to review the best use of available resources and how this can be managed to support the ongoing work to deliver the strategic priorities within the locality area.

Health and Social Care Moray continue to hold discussions with key partners and stakeholders across health and social care developing our workforce plans across our integrated teams. Evidence shows that staff who are valued, treated well and supported to give their best will deliver better outcomes for people. We commit to value our workforce and develop the changes that need to be made to ensure a high quality of service is provided. This will ensure a healthy organisational culture from a capable workforce who are then able to deliver integrated services, supported through effective leadership and management.

3.2 Finance

The 2022/23 budget for Health and Social Care Moray is £172M. Whilst some of the budget can be split to a locality level, many of them are still running Moray wide and it is expected these split out across the localities as progress is made in the coming years. This will allow budgets to work at a more localised level better supporting the community and the people who live within that locality requiring support from H&SCM. The budget for 2023/24 is yet to be set.

WHAT DO WE NEED TO DO?

4.1 Our Local Priorities

The Elgin Locality has yet to establish the Oversight Group but work is underway to progress with this and engagement took place with Elgin Community Council in December 2022. Further engagement with the professional sector and wider community stakeholders is underway and would look to have the oversight group established by end of March 2023. This will then allow the Elgin locality to identify their key priorities which will populate the Action Plan. The Action Plan has been populated with some high level priorities to facilitate initial discussions at the first Oversight Group but will develop and change potentially following this.

The Key priorities for the Elgin Locality should be in support of the nine health and wellbeing outcomes set by the Scottish Government and our Health and Social Care Moray strategic themes

ACTION PLAN

Local Priority 1

Establishing Elgin Oversight Group with Terms of Reference

Action	Timeline	Lead	Desired Outcome	KPI	Progress %
Communicate out draft locality plan to identified members of Oversight Group	Feb 23	LA	To become established within the Elgin Locality to drive forward the key priorities identified.		
Organise and confirm date of first Oversight Group meeting	Feb 23				

Local Priority 2

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

Local Priority 3

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

Local Priority 4

Improve Multi Disciplinary Team working

Action	Timeline	Lead	Desired Outcome	KPI	Progress %
Document current models of provision within Elgin	April 23		Improvement in MDT working within Elgin area		
Evaluate 'How Good Is Our MDT Working' within Elgin	June 23				
Discuss and agree any improvements to current models	June 23				

Local Priority 5

Support access to appropriate health and social care services.

Action	Timeline	Lead	Desired Outcome	KPI	Progress %
Review public information regarding contacting local GP, and health and social care professionals			Increase in public satisfaction in accessing health and social care appointments/services		
Promote and inform public in regards to the current models of practice					
Support individuals within localities to access health care support through digital technology					

HOW WILL WE KNOW WE ARE GETTING THERE?

6.1 Measuring Performance

The targets within the Locality Action Plan will be reviewed by Locality Oversight Group on a bimonthly basis, with a more in depth review against locality performance and demographic data on an annual basis.

Regular reports from the Locality Oversight Group to the HSCM Senior Leadership Team and the Moray Integration Joint Board will help demonstrate what outcome integrating services is having for the people who access the services and support. A performance report will be developed each year as required by legislation.

7.1 Reference Documents

- Health and Social Care Moray Strategic Plan 2019 - 2029
- Health and Social Care Standards 2015
- National Health and Wellbeing Outcomes 2017
- Public Health Scotland Strategic Plan 2020 – 2023
- Scottish Public Health Observatory Profile Data for Elgin area
- NHSG Health and Wellbeing Profiles
- HSCM Daily Performance Data
- HSCM Healthier Lives, Healthier Communities Survey Results



Health and Social Care Moray are committed to meaningful and sustained engagement with all stakeholders.

If you would like to be added to our locality communications group please contact us and we will send you an application form. We will keep you up to date with opportunities to work with us and use your knowledge, skills and live in experience to help achieve positive change.

UPDATE this section



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Health and Social Care Locality Plan

Keith & Speyside

Draft 2023/26



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FOREWORD

I am delighted to present this 2023/2025 Locality Plan. The actions outlined within this plan support the overarching Strategic Plan for Health and Social Care in Moray, which was widely consulted on with many stakeholders, including citizens, patients and service users.

Each of the four local areas (Elgin; Forres and Lossiemouth; Keith and Speyside; and Buckie and Cullen) that make up the Health and Social Care Moray Partnership have developed their own specific Locality Plan with partners, including patients, service users, carers, the third and independent sectors. Within the Keith and Speyside Locality Plan we have included actions and areas for improvement which are also being implemented on a region wide basis, and highlighted those more specific to Keith and Speyside.

Locality Plans will be updated annually to show how the Strategic Plan is being implemented locally.

This Plan captures some of the ways that the Keith and Speyside Locality will work to deliver on the strategic priorities over the next three years. This is far from an exhaustive list, but represents some of the most significant pieces of work being taken forward across Keith and Speyside Locality during the lifetime of the Strategic Plan. There is a particular emphasis on equality of access and service provision, community engagement, partnership working and also in using information and data to support improvement.

The Health and Care Partnership believe that the region's people can flourish, with access to health and social care support when they need it, so it is crucial to ensure that the services delivered reflect the needs of individuals.

Keith and Speyside Locality is committed to planning and designing services in partnership with local people, working in partnership with residents, staff, independent contractors and also our key partners across primary care, secondary care, health and social care, care homes, housing and the third sector providers.

I look forward to seeing the delivery of the plan which will support the provision of high quality health and social care services for the people of Keith and Speyside locality.



Simon Bokor-Ingram
Chief Officer, Health and Social Care Moray

INTRODUCTION

1.1. What is a locality?

A locality is described as a small area within the Integration Authority. They are not defined by hard borders but instead represent natural communities. Localities are expressed by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres, schools and social work offices.

Moray has four localities and is supported by four Locality Managers:

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



1.2 What is Locality Planning

Locality planning empowers residents and those working in a locality to play an active role in identifying the priorities for health and social care in each of those localities and to shape the delivery of services for the future. It shows how the strategic objectives of Health and Social Care Moray (HSCM) will be delivered at a community level, acknowledging the unique wants and needs of those in each locality.

1.3 Who is the Locality Plan for?

This plan is for people living in the Keith and Speyside area of Moray who currently have access to health and social care services and also for those who may require care and support in the future. Furthermore, it is aimed at people who are well and want to maintain or improve their health and wellbeing.

1.4 What is included in the Locality Plan?

A locality plan explains how health and social care services will be delivered across each locality based on the wants and needs of those living and working in it. It identifies how the strategic objectives of Health and Social Care Moray, as well as the nine Health and Wellbeing indicators as established by Scottish Government, will be met. Locality Plans identify local priorities and describe how these will be met through an action plan.

1.5 The benefits of locality planning

- Each locality has the opportunity to play an active role in service design and improvement.
- The process will increase awareness of current services and celebrate successful partnership working.
- Identify and ensure that the needs of the locality are being addressed by those who know it best.
- Create a culture where these developing relationships can lead to real change and encourages multi-disciplinary team working.

1.6 The wider picture

This plan will be one of a number plans for Health and Social Care Moray and will align with our wider strategic priorities as well as the nine national health and wellbeing outcomes.

The strategic plan sets out our high level priorities which provide direction for the Partnership. The commissioning strategy ensures funding is aligned to the projects that are linked to the strategic priorities. Locality planning will in turn help inform future commissioning priorities.

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. The suite of nine national health and wellbeing outcomes focus on improving the experience and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Health and Social Care Moray Themes

Theme 1: Building Resilience

Taking greater responsibility for our health and wellbeing.

Theme 2: Home First

Being supported at home or in a homely setting as far as possible.

Theme 3: Partners in Care

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

1.7 What are we hoping to achieve?

The plan is centred on the Moray Health and Social Care Vision:

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

We want to see a transformed, sustainable health and care system that manage demand for services in order to safeguard the continued delivery of high-quality care, support and treatment services for those in most need and to get the best value from our limited resource.

Key to this is the strengthening of our partnerships. By working more closely we can make the most of the assets and talents of the people, communities and organisations in Moray. We will encourage one another to consider what we can do for ourselves, what we will need support to achieve, and the areas of health and wellbeing for which we will depend on.

Success will see everyone in Moray building resilience individually and collectively to prevent poor outcomes, enable independence, and for positive life experiences to prevail.



1.8 What are the main challenges?

Locality planning is not just about redesigning health and social care services, it is about changing the perception on the delivery of health and social care and promoting ownership within communities. This change in culture and thinking is unlikely to happen overnight and instead will be an iterative process. Ensuring that people are engaged with the process from the start is key to success.

In addition, the health and social care landscape has changed significantly over the last 3 years. In some instances the COVID-19 pandemic has had a negative effect on the public's perception of service delivery. Rebuilding these relationships and growing a more resilient delivery will be paramount to the success of health and social care in Moray.

Finally, unpacking existing practice and processes across Health and Social Care Moray will take time. Historic team structures and models of delivery will need to be evaluated to see how they will operate at a locality level – ensuring they do not become cumbersome and overly bureaucratic at the expense of service delivery.

1.9 Locality Planning in Keith and Speyside

In order to develop the locality plan an Oversight Group is being established to cover the Keith and Speyside area. Reporting to the Moray Health and Wellbeing Partnership the remit of the Oversight Group will be to:

- Promote the values and priorities of the strategic plan for Health and Social Care Moray.
- To share locality health and social care performance and demographic data to help determine locality priorities.
- Support and empower the community members, and health and social care professionals within the locality to identify and deliver their priorities.
- To create, review and monitor the locality plan.

The Oversight Group includes a core membership, however can be supplemented by other members, groups and representatives. As such, membership should be considered fluid allowing for it to adapt to the specific needs and priorities of a locality.

The list below is not exhaustive, but does give an overview of just some of the representation that would support the Oversight Group dependent on need.

Locality Oversight Group Membership – Core and other representation	
Locality Manager, HSCM	Community Council Representatives
GP	Carer Representation
GP Practice Manager	Community Organisation Members
Social Worker, Moray Council	Community Nursing, NHSG
Occupational Therapist, Moray Council	Community Support Unit Officer, Moray Council
Occupational Therapist, NHSG	Children's Services Locality Representatives, Moray Council
Physiotherapist, NHSG	Mental Health Service Representative, NHSG
Care at Home Officer, Moray Council	National and Local Third Sector
HSCM Health Improvement Team	Specialist Clinicians
Area Forum Representative	HSCM Volunteer Services
Housing Officer, Moray Council	Local Businesses
Senior Charge Nurse (SCN)	KELP Representative

1.10 The relationship with other locality initiatives

Health and Social Care Moray Locality Plans do not operate in isolation and should be considered alongside the various other locality initiatives in Moray, particularly Children Service Planning, and the work of the Moray Council Communities Team and Local Outcome Improvement Plans. Members of these group will be invited to attend the Keith and Speyside Oversight Group to ensure there is no duplication of effort, and HSCM is working closely with partners to combine resources and align planning activity where possible.

The locality plans should also align the Primary Care Improvement Plan (PCIP)

PCIP outlines how our primary care services will change and is being developed in the context of wider transformation and redesign of services across Moray including the development of effective primary care multi-disciplinary working.

As detailed in the Memorandum of understanding 6 workstream areas are operational across Moray and these continue to be developed to ensure each stream fits with patient and practice needs in the locality.

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

From 2022 - the focus has been primary on Vaccination Transformation Programme; Pharmacotherapy and CTAC.

Work continues to be developed on all 6 and in collaboration with HSCM, NHS Grampian, Moray GP Practices and GP Sub - Committee.

1.11 What people in Moray are telling us?

Engagement and participation with those who live and work in Moray is essential to developing a good understanding of health and wellbeing priorities in the locality and what challenges and opportunities there are. Whilst engagement has been carried out on specific health and social care issues in Moray, thinking about how people living and working in each of the localities are purposefully able to participate and help to develop local plans, is at an early stage. The action plan reflects the need to dedicate more time and resources, to ensure ongoing meaningful engagement with all of the communities within Moray, building on the good work done so far.

ABOUT THE LOCALITY

This section highlights key information about the Keith and Speyside Locality taken from the Keith and Speyside Locality Profile which was developed by Health Intelligence Services as an information resource for the development of the locality plans. The full profiles are available on the HSCM website.

2.1 Geography

The Keith and Speyside locality covers a vast geography and includes a mix of large and smaller settlements including Keith, Aberlour, Dufftown, Craigallachie, Rothes, Tomintoul, Glenlivet and Archiestown. Many of the areas retain a village feel about them and a strong sense of identity.

The locality also shares its borders with Highland Council and Aberdeenshire Council.

2.2 Population

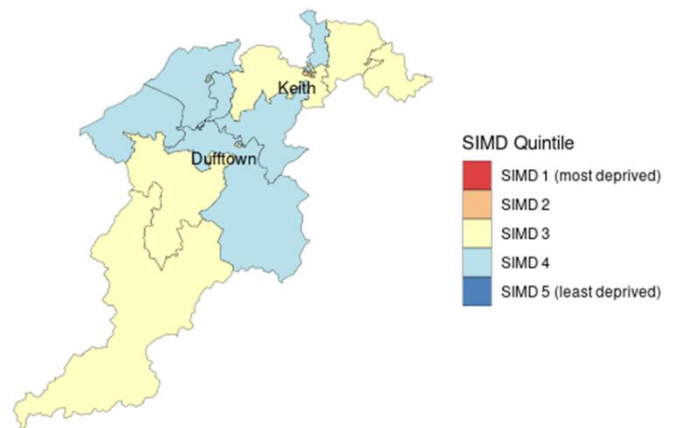
The Keith and Speyside locality is vast and has a population of 15,380 (at the latest 2020 census) making it the smallest of the four localities in Moray with regards the population, but the largest with regards geographical spread. It is home to 4 GP practices and 3 care facilities.

The Keith and Speyside locality, as mentioned above, has a population of 15,380 (as at the latest 2020 census). It has a roughly equal gender ratio of male to female at 1:0.96 with the average life expectancy of males being 79.8 years and females 83.1 years.

For the most recent time periods available, Keith and Speyside Locality had:

- A total population of 15,380 people, where 49% were male, and 25% were aged over 65.
- 0% of people lived in the least deprived SIMD quintile, and 0% lived in the most deprived quintile.

The Scottish Index of Multiple Deprivation (SIMD) ranks all data zones in Scotland by several factors, including Access, Crime, Education, Employment, Health, Housing and Income.



Source: Scottish Government, Public Health Scotland

2.3 Health and Social Care Assets

The Health and Social Care Resources in the Keith and Speyside Locality include:

Service Type	Service	Number
Primary Care	GP Practices	4
	Services and Treatment Hub	1
	2 District Nurse Team	2
	Community Response Team	1
A&E	Emergency Departments	0
	Minor Injury Units	0
Social Care	Care Homes	3
	Sheltered / Very Sheltered Housing	1
	Social Work Team	1

The Keith and Speyside Locality is also in close proximity to Dr Grays Hospital, the only acute hospital in Moray.

2.4 Health and Social Care Challenges

The Keith and Speyside communities are quite diverse. There are strengths and challenges that are reflected across the whole locality and there are also examples of health inequalities that relate only to a small part of each locality.

The locality has higher than average life expectancy rates in comparison to the Moray or National average, and higher average percentage of the population with a long term health condition in comparison to Moray and the rest of Scotland. The five most common long term life conditions in order of prevalence are: Asthma, Arthritis, Cancer, Coronary Heart Disease and Diabetes.

The locality records Unscheduled Care Emergency Admissions but a higher unscheduled Care Bed days in line with the rest of Moray and lower than the National average. The locality also records lower numbers of preventable hospital admissions than the Moray or National average.

The Keith and Speyside locality has a high percentage of the population aged 65+ in comparison with the rest of Moray and Scotland.

The locality records lower than average Mental Health Emergency Admissions than the Moray or National average, however has a higher than average use of unscheduled bed days (particularly for the 18 to 44yr old category), and also records higher readmissions than the Moray average.

The locality reports a higher number of alcohol related hospital admissions than the Moray average.

Overall people reporting falls are lower than the Moray average.

Locality data allows us to subdivide the Keith and Speyside Locality into different data zones which provides the ability to drill down into specific communities within the locality. Providing the opportunity to either take a locality wide approach or a community specific approach to address health and social care inequalities.

2.5 What are the people living and working in Keith and Speyside telling us?

Through our staff teams and other partners working across Keith and Speyside and by utilising statistical and national data, we have been able to identify some of the common themes and area we would like to address. Key priorities will be identified through our Oversight Group.

Planned events in the Keith and the Speyside areas 'Let's talk Health, Wellbeing and Communities' will provide us with a greater understanding by giving local communities the opportunity to feedback to us about what matters to them and to also meet and talk to a variety of services to raise awareness and support self-resilience and prevention. These events will also offer a networking and awareness opportunity for health and social care teams and the third sector, alongside collaborative working opportunities.

We recognise that not everyone will be able to/want to attend an event so we will ensure that these people are given the opportunity to engage through a variety of methods including QR codes/access to online versions of surveys and questionnaire, paper based versions, through our staff teams and via other representation locally.

The Keith and East Locality Project (KELP) was paused at the beginning of the Covid outbreak, but is now active again with regular meetings, workshops and engagement both in and around the Keith area and with health, social and community representation.

We will further develop our communication vehicles to support engagement and to ensure that the communities in the Keith and Speyside have adequate information to support their expectations and to have the knowledge and support to support their own wellbeing, around prevention and improving their own resilience.

We will continue to work with the services, third sector and community groups in the locality so that we have a lateral overview and are able to work together, taking a holistic approach to support, empower and develop communities and services. This includes specialist groups, service users and third sector organisations such as Carers, Dementia and Arthritis etc.

To date, and listening to what our communities and partners are saying, we have been successful in encouraging several services into the locality by offering working space in the Fleming Services Hub, which include substance misuse support, Arthritis support and a toe nail clipping service to support better foot health and falls prevention.

Working collaboratively has also allowed us to introduce 'free' and charged first aid course in the Speyside area, again to support resilience.

Some of the services and professionals utilising the Fleming Services Hub include District Nurses,

Care at Home, Community Response team (CRT), Podiatry, Occupational therapy, Physiotherapy, Health improvement team (weekly health point), Health Visitor classes, Blood Clinics, Immunisations, Renal screening, rape and sexual abuse support, Social Work, Mental Health and Dementia support. The hub allows services to be delivered closer to home for communities.

COVID has impacted communities across Moray and seen the necessity of many professions to deliver services in different ways. We are also finding ourselves in unprecedented times with staff pressures and a growing ageing population requiring medical and social care support.

Enabling people to stay healthy, build their resilience and avoid preventable accidents and illness is central to supporting resilience moving forward.

Professionals, third sector and community groups being able to work collaboratively with is also vital to ensure we have a good and 'real time' lateral overview of the what is happening across communities in order to prevent duplication of effort and make accessing information, support and services streamlined and simple for communities.

Our staff are our eyes and ears on the ground and as such can also be our voice. By ensuring that we keep our teams up to date what is happening across the locality and wider Moray area including new and current services, opportunities and plans, they can be sharing and discussing matters with their patients/clients and feed any relevant information, including suggestions, back into the locality oversight group to provide a greater understanding of what people are saying to support plans and work.

In accordance with the nine health and wellbeing outcomes set by the Scottish Government, our Health and Social Care Moray strategic themes and the various community and staff consultation and engagement events to date, we have identified the following key priorities for 2023 to 2025.

1. Working with and understanding the needs and expectations of local communities
2. Prevention, Awareness, Self-Support and improved access to services and support
3. Further development and growth of multi-disciplinary team working (MDT) to ensure that the right people are around the right matter at the right time

PEOPLE AND FINANCES

3.1 People

Health and social care teams operate across Moray and aim:

- To work collectively as a multi-disciplinary team.
- Meeting the needs of “people” must be at the core of everything they do.
- Professionals acknowledge the skills and expertise of others within the team.

The oversight group for Keith and Speyside will work with the local health and social care teams, organisations and communities to review the best use of available resources and how this can be managed to support ongoing work to deliver the strategic priorities within the locality area.

Health and Social Care Moray continue to facilitate discussions with key partners and stakeholders across health and social care; developing workforce plans across our integrated teams. Evidence shows that staff who are valued, treated well and supported to give their best will deliver better outcomes for people. We commit to value our workforce and develop the changes that need to be made to ensure a high quality of service is provided. This will ensure a healthy organisational culture from a capable workforce who are then able to deliver integrated services, supported through effective leadership and management.

3.2 Finance

The 2022/23 budget for Health and Social Care Moray is £172m. Whilst some areas of the budget can be easily separated to a locality level, other areas remain Moray wide. The aim would be to divide further aspects of the budget out to localities as progress is made in the coming years. This will allow budgets to work at a more localised level better supporting the community and the people who live within that locality requiring support from H&SCM. The budget for 2023/24 is yet to be set.”

WHAT DO WE NEED TO DO?

4.1 Our Local Priorities

In accordance with the nine health and wellbeing outcomes set by the Scottish Government, our Health and Social Care Moray strategic themes and the various community and staff consultation and engagement events, we have identified the following key priorities for 2023 to 2025.

1. Working with and understanding the needs and expectations of local communities
2. Prevention, Awareness, Self-Support and improved access to services and support
3. Further development and growth of multi-disciplinary team working (MDT) to ensure

that the right people are around the right matter at the right time

As the Locality Oversight Group develops and we continue engaging with communities, staff and professionals, we will be able to identify more specific actions and measures that we want to achieve, but all of which will sit under the above 3 priorities.

ACTION PLAN

Local Priority 1				
Working with and understanding the needs and expectations of local communities				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Events - 'Let's talk health, wellbeing and communities' events. Keith Speyside	Turnout of services, groups and public and event feedback.	Networking and familiarization of services and groups working in area. Awareness raising and education of communities and services .Prevention through raising awareness.	Aug 2022 Sept 2023	100% 10%
Surveys and Data – working collaboratively with the Communal Development Unit (CDU) and Health Improvement Team and others as appropriate to gain a holistic overview of the area, needs and expectations of the community. Keith Speyside	Surveys completed and feedback collated Utilise data available to HSCM, alongside any additional data available via CDU, Health Improvement Team and others to build a holistic overview of the locality.	Holistic overview of communities needs and expectations to support Locality Planning and collaborative working Prevent duplication of effort and work across the locality and build on joint working opportunities and alignment of plans.	July – Sept 2022 Aug – Oct 2023	75% 10%

Networks and Communication - Working and talking with other services, third sector and community groups and utilising their community networks, patients and client groups for the sharing and gathering of information.	Collaborative working opportunities and ability to share and obtain information from a variety of client groups across the locality	Being able to utilise existing networks, services and groups to share and obtain information via to support awareness and prevention.	Jan 2022 - ongoing	60%
Local Priority 2				
Prevention, Awareness, Self-Support and improved access to services and support				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Development of Oversight Group	Appropriate representation from across sectors and the community to support Locality Planning and Working	An established Oversight Group with core members and members with specific areas of interest and/or expertise, to plan, support and develop locality planning and work and drive forward key priorities identified.	April 23 - ongoing	25%
Locality Services Hub – Utilise the Fleming Hospital site to create a services hub. Housing a variety of teams and services	Multiple disciplines delivering services from the hub and preventing communities having to travel to Elgin. Specialist third sector services attracted into the locality	Services delivered nearer to home for Speyside and the wider locality, supporting prevention and living well. Improved MDT working and opportunities.	March 2022 - ongoing	60%
KELP (Keith and East Locality Project) – Determining what is required building wise to deliver GP and other services in	Application to Scottish Government to fund	A custom built building to accommodate a GP practice and other services as	Ongoing	

the locality		determined as needed through various workshops, input and feedback from across services and the community.		
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Local Priority 3				
Further development and growth of multi-disciplinary team working (MDT) to ensure that the right people are around the right matter at the right time				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Professionals Directory – an online directory with all health and social care professionals working in and across Keith and Speyside Locality. The directory also provides a communication channel for the distribution of news and updates.	People accessing the directory and utilising.	Multi-Disciplinary working opportunities, ensuring the right people are around the appropriate matters at the right time. Easier and more efficient access for professionals to contact other professionals, with direct contact details and referral processes. A communication channel to all professionals working in and across the locality.	Sept 2022	100%
Services Hub – as detailed in priority 2				
Oversight Group – Development of	An Oversight Group with key partners from across the locality	A main Oversight Group membership with other disciplines attending to support	Ongoing 2023	30%

	developed to support Locality Plans and working.	specific pieces of work and/or communities. Action plans in place for locality.		
Multi-Disciplinary Working and Opportunities - Document, evaluation and improvement of current models of multi-disciplinary team (MDT) working and meetings across Keith and Speyside	<p>An overview collated of all current MDT working and meetings operating across Keith and Speyside including Community Hospitals</p> <p>Evaluation of what works well and what could work better, through discussion</p> <p>Identification of any potential gaps or duplications to MDT working, meetings and opportunities</p> <p>Discussions and agreement of any improvements, changes and additional MDT working or meetings that might be required.</p>	<p>Efficient and effective MDT working across Keith and Speyside.</p> <p>MDT meetings relevant and timely.</p> <p>Prevent duplication of work and improve relationships and understanding across teams.</p> <p>New opportunities to work collaboratively with other services, third sector and community groups.</p> <p>Joined up working across locality boundaries to support efficiencies, effectiveness and improve outcomes as appropriate.</p>	March 2023 - ongoing	

HOW WILL WE KNOW WE ARE GETTING THERE?

6.1 Measuring Performance

The targets within the Locality Action Plan will be reviewed by the appropriate Locality Oversight Group members on a bimonthly basis, with a more in depth review against locality performance and demographic data on an annual basis.

Regular reports from the Locality Oversight Group to the HSCM Senior Leadership Team and the Moray Integration Joint Board will help demonstrate what outcome integrating services is having for the people who access the services and support. A performance report will be developed each year as required by legislation.

7.1 Reference Documents

- Health and Social Care Moray Strategic Plan 2019 - 2029
- Health and Social Care Standards 2015
- National Health and Wellbeing Outcomes 2017
- Public Health Scotland Strategic Plan 2020 – 2023
- Scottish Public Health Observatory Profile Data for Keith and Speyside Areas
- NHSG Keith and Speyside Locality Profile Data
- NHSG Health and Wellbeing Profiles
- HSCM Daily Performance Data
- HSCM Healthier Lives, Healthier Communities Survey Results
- Lossiemouth Community Development Trust 5 Year Plan



Health and Social Care Moray are committed to meaningful and sustained engagement with all stakeholders.

If you would like to be added to our locality communications group please contact us and we will send you an application form. We will keep you up to date with opportunities to work with us and use your knowledge, skills and live in experience to help achieve positive change.



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Health and Social Care Locality Plan

Buckie Locality Plan Buckie, Cullen & Fochabers Communities

Draft 2023/26



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FOREWORD

I am delighted to present this 2023/2026 Locality Plan. The actions outlined within this plan support the overarching Strategic Plan for Health and Social Care in Moray, which was widely consulted on with many stakeholders, including citizens, patients and service users.

Each of the four local areas (Elgin; Forres and Lossiemouth; Keith and Speyside; and Buckie, Cullen and Fochabers) that make up the Health and Social Care Moray Partnership have developed their own specific Locality Plan with partners, including patients, service users, carers, the third and independent sectors. Within the Buckie Locality Plan we have included actions and areas for improvement which are also being implemented on a region wide basis, and highlighted those more specific to Buckie, Cullen and Fochabers.

Locality Plans will be updated annually to show how the Strategic Plan is being implemented locally.

This Plan captures some of the ways that the Buckie Locality will work to deliver on the strategic priorities over the next three years. This is far from an exhaustive list, but represents some of the most significant pieces of work being taken forward across Buckie Locality during the lifetime of the Strategic Plan. There is a particular emphasis on equality of access and service provision, community engagement, partnership working and also in using information and data to support improvement.

The Health and Care Partnership believe that the region's people can flourish, with access to health and social care support when they need it, so it is crucial to ensure that the services delivered reflect the needs of individuals.

Buckie, Cullen and Fochabers Locality is committed to planning and designing services in partnership with local people, working in partnership with residents, staff, independent contractors and also our key partners across primary care, secondary care, health and social care, care homes, housing and the third sector providers.

I look forward to seeing the delivery of the plan which will support the provision of high quality health and social care services for the people of Buckie, Cullen and Fochabers Locality.



Simon Bokor-Ingram
Chief Officer, Health and Social Care Moray

INTRODUCTION

1.1. What is a locality?

A locality is described as a small area within the Integration Authority. They are not defined by hard borders but instead represent natural communities. Localities are expressed by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres, schools and social work offices.

Moray has four localities and is supported by four Locality Managers:

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



1.2 What is Locality Planning

Locality planning empowers residents and those working in a locality to play an active role in identifying the priorities for health and social care in each of those localities and to shape the delivery of services for the future. It shows how the strategic objectives of Health and Social Care Moray (HSCM) will be delivered at a community level, acknowledging the unique wants and needs of those in each locality.

1.3 Who is the Locality Plan for?

This plan is for people living in the Buckie, Cullen and Fochabers Locality area of Moray who currently have access to health and social care services and also for those who may require care and support in the future. Furthermore, it is aimed at people who are well and want to maintain or improve their health and wellbeing.

1.4 What is included in the Locality Plan?

A locality plan explains how health and social care services will be delivered across each locality based on the wants and needs of those living and working in it. It identifies how the strategic objectives of Health and Social Care Moray, as well as the nine Health and Wellbeing indicators as established by Scottish Government, will be met. Locality Plans identify local priorities and describe how these will be met through an action plan.

1.5 The benefits of locality planning

- Each locality has the opportunity to play an active role in service design and improvement.
- The process will increase awareness of current services and celebrate successful partnership working.
- Identify and ensure that the needs of the locality are being addressed by those who know it best.
- Create a culture where these developing relationships can lead to real change and encourages multi-disciplinary team working.

1.6 The wider picture

This plan will be one of a number plans for Health and Social Care Moray and will align with our wider strategic priorities as well as the nine national health and wellbeing outcomes.

The strategic plan sets out our high level priorities which provide direction for the Partnership. The commissioning strategy ensures funding is aligned to the projects that are linked to the strategic priorities. Locality planning will in turn help inform future commissioning priorities.

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. The suite of nine National Health and Wellbeing Outcomes focus on improving the experience and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Health and Social Care Moray Themes

Theme 1: Building Resilience

Taking greater responsibility for our health and wellbeing.

Theme 2: Home First

Being supported at home or in a homely setting as far as possible.

Theme 3: Partners in Care

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

1.7 What are we hoping to achieve?

The plan is centred on the Moray Health and Social Care Vision:

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

We want to see a transformed, sustainable health and care system that manage demand for services in order to safeguard the continued delivery of high-quality care, support and treatment services for those in most need and to get the best value from our limited resource.

Key to this is the strengthening of our partnerships. By working more closely we can make the most of the assets and talents of the people, communities and organisations in Moray. We will encourage one another to consider what we can do for ourselves, what we will need support to achieve, and the areas of health and wellbeing for which we will depend on.

Success will see everyone in Moray building resilience individually and collectively to prevent poor outcomes, enable independence, and for positive life experiences to prevail.



1.8 What are the main challenges?

Locality planning is not just about redesigning health and social care services, it is about changing the perception on the delivery of health and social care and promoting ownership within communities. This change in culture and thinking is unlikely to happen overnight and instead will be an iterative process. Ensuring that people are engaged with the process from the start is key to success.

In addition, the health and social care landscape has changed significantly over the last 3 years. In some instances the COVID-19 pandemic has had a negative effect on the public's perception of service delivery. Rebuilding these relationships and growing a more resilient delivery will be paramount to the success of health and social care in Moray.

Finally, unpacking existing practice and processes across Health and Social Care Moray will take time. Historic team structures and models of delivery will need to be evaluated to see how they will operate at a locality level – ensuring they do not become cumbersome and overly bureaucratic at the expense of service delivery.

1.9 Locality Planning in Buckie, Cullen and Fochabers

In order to develop the locality plan an Oversight Group will be established to cover the Buckie Locality. Reporting to the Moray Health and Wellbeing Partnership the remit of the Oversight Group is to:

- Promote the values and priorities of the strategic plan for Health and Social Care Moray.
- To share locality health and social care performance and demographic data to help determine locality priorities.
- Support and empower the community members, and health and social care professionals within the locality to identify and deliver their priorities.
- To create, review and monitor the locality plan.

The Oversight Group will include a core membership, however can be supplemented by other members, groups and representatives. As such, membership should be considered fluid allowing for it to adapt to the specific needs and priorities of a locality.

Proposed Locality Oversight Group Membership - Title and Organisation	
Locality Manager, HSCM	Community Council Representatives
Senior Charge Nurse	Care at Home Officer, Moray Council
GP	Area Forum Representatives
GP Practice Managers	Community Organisation Members
Social Worker, Moray Council	Community Nursing, NHSG
Occupational Therapist, Moray Council	Community Support Unit Officer, Moray Council
Occupational Therapist, NHSG	Children's Services Locality Representatives, Moray Council
Physiotherapist, NHSG	Mental Health Service Representative, NHSG
Area Public Health Co-ordinator	Housing Officer, Moray Council
Third Sector Representation	Unpaid Carer Representation

1.10 The relationship with other locality initiatives

Health and Social Care Moray Locality Plans do not operate in isolation and should be considered alongside the various other locality initiatives in Moray, particularly Children and Young Families locality planning and the Local Outcome Improvement Plans. Effort has been put in to ensure there is no duplication of effort, and HSCM is working closely with partners to combine resources and share thinking where possible.

The locality plans should also align the Primary Care Improvement Plan (PCIP) PCIP outlines how our primary care services will change and is being developed in the context of wider transformation and redesign of services across Moray including the development of effective primary care multi-disciplinary working.

As detailed in the Memorandum of understanding 6 workstream areas are operational across Moray and these continue to be developed to ensure each stream fits with patient and practice needs in the locality.

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

From 2022 - the focus has been primary on Vaccination Transformation Programme; Pharmacotherapy and CTAC.

Work continues to be developed on all 6 and in collaboration with HSCM, NHS Grampian, Moray GP Practices and GP Sub - Committee.

1.11 What people in Moray are telling us?

Engagement and participation with those who live and work in Moray is essential to developing a good understanding of health and wellbeing priorities in the locality and what challenges and opportunities there are. Whilst engagement has been carried out on specific health and social care issues in Moray, thinking about how people living and working in each of the localities are purposefully able to participate and help to develop local plans, is at an early stage. The action plan reflects the need to dedicate more time and resources, to ensure ongoing meaningful engagement with all of the communities within Moray, building on the good work done so far.

ABOUT THE LOCALITY

This section highlights key information about the Buckie Locality Profile; which encompasses Buckie, Cullen and Fochabers communities profile data which was developed by Health Intelligence Services as an information resource for the development of the locality plans. The full profiles are available on the HSCM website.

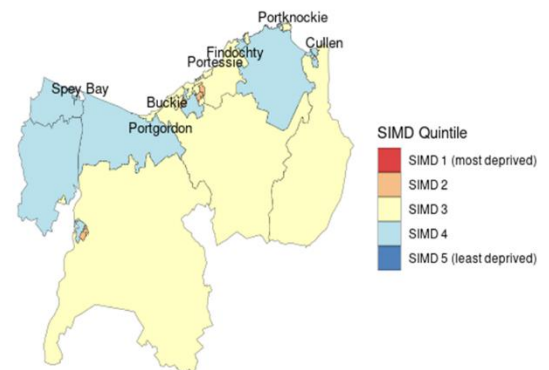
2.1 Geography

The Buckie Locality for the purposes of this plan includes, Buckie, Cullen and Fochabers communities. Many of the areas retain a village feel about them and a strong sense of identity.

2.2 Population

The Buckie Locality has a population of 19,898 (as at the latest 2020 census) making it the third largest of the four localities in Moray. It has a roughly equal gender ratio of male to female, with the average life expectancy of males being 79.3 years and females 82.4 years; which is above the Moray and National average. It has the highest percentage of population over 65 years at 25%.

Of the population in the Buckie locality, 0% live in the most deprived Scottish Index of Multiple Deprivation (SIMD) Quintile and 0% live in the least deprived SIMD Quintile. The SIMD ranks all datazones in Scotland by several factors, including; Access, Crime, Education, Employment, Health, Housing and Income. The map opposite shows the datazones within the Buckie Locality coloured by SIMD Quintile. The communities of Cullen and Fochabers are above the Moray and National average for people living in 15% most accessed deprived areas.



Source: Scottish Government, Public Health Scotland

2.3 Health and Social Care Assets

The Health and Social Care Partnership Resources in the Buckie Locality are:

Service Type	Service	Number
Primary Care	GP Practices	3
Community Hospital	Seafield Hospital	1
Provider Services	Community Response Team	1
Residential Care Homes	Elderly Care/Care Homes	3
	Other	1

Buckie, Cullen and Fochabers and the surrounding coastal villages also share many core services with Elgin Locality; including Dr Grays Hospital, the only medical hospital in Moray.

2.4 Health and Social Care Challenges

The Buckie, Cullen and Fochabers communities are quite diverse. There are strengths and challenges that are reflected across the whole locality and there are also examples of health inequalities that relate only to a small part of each locality.

The locality has higher than average life expectancy rates in comparison to the Moray or National average, and a higher than average percentage of the population with a long-term (LTC) health condition. In the financial year 2020/21 in the Buckie Locality 24% of the total population had at least one physical long-term condition. Among those who have a two or more LTC's (multimorbidity) 22% of those are under the age of 65, compared to 54% of those aged over 65. The five most common long term life conditions in order of prevalence are: Asthma, Arthritis, Coronary Heart Disease, Cancer and Diabetes. All are above the Moray and National average, apart from Asthma which is slightly below the Moray average, but above the National average.

The locality records lower than average Unscheduled Care Emergency Admissions and Unscheduled Care Bed days than the Moray or National average. The locality also records the numbers of preventable hospital admissions are equal to the Moray average and slightly lower to the National average.

The locality is in line with the Moray and National average for Mental Health Emergency Admissions, however emergency admissions in the over 65 year olds are increasing.

The locality reports the lowest number of alcohol related hospital admissions than the Moray average, a 22% decrease overall since 2015/16. However, when broken down into data zones, Buckie Central East is 50% higher than Moray Average and 29 % higher than the National Average for alcohol related hospital admissions.

The locality is higher than the Moray average for those in receipt of Carers Allowance and within the Buckie Central East, Cullen and Fochabers communities above the National average.

Deaths aged 15-44 years in Buckie Central East are 30% Higher National and 36% higher than Moray.

Emergency admissions for falls are lower than the Moray average and continues to decrease slowly since 2015/16.

Road traffic accident casualties rates are above the Moray (21%) and National (41%).

Maternal obesity is above the Moray and National average

Delayed Discharges from hospital tend to fluctuate but average out and are equivalent to other Moray localities. The number of people waiting for Occupational Therapy assessments have decreased over the last 12 months by approximately 45%. Those assessed and waiting for a package of care has remained consistent over the past 12 months and is equivalent to other the localities. Those awaiting a social care assessment is lower than other Moray localities.

The number of hours of unmet need in the community over the past 12 months is lower than other Moray localities. The number of hours for individuals assessed in Hospital for unmet need in the last 12 months reduced dramatically.

Locality data allows us to subdivide the Buckie, Cullen and Fochabers locality into 5 datazones which provides the ability to drill down into specific communities within the locality. Providing the opportunity to either take a locality wide approach or a community specific approach to address health and social care inequalities.

2.5 What are the people living and working in Buckie Locality telling us?

Buckie Central East was chosen as a pilot area for Local Outcome Improvement Planning (LOIP), extensive community consultation was undertaken during 2018/19 and resulted in a Buckie Locality Plan. The area of interest was broadened to include the whole of Buckie, with a review of the Buckie Locality Plan undertaken between November 21 and January 2022.

The people of Buckie Locality are very proud of their communities. There are many assets that promote healthy living in terms of facilities, community spirit, coastal location, parks, forests and a variety of independent shops, services and local cafes.

Through engagement activities the aim is to further engage with the communities of Cullen and Fochabers to help us build on and develop our Buckie Locality Plan.

To date the priorities below have been identified:

- Improve access to GPs/appropriate health professionals.
- Improve Health and Wellbeing (Mental and Physical Health) of all ages
- Connectivity – transport and digital access

PEOPLE AND FINANCES

3.1 People

Health and Social Care Teams operate across Moray and aim:

- To work collectively as a multi-disciplinary team.
- Meeting the needs of “people” must be at the core of everything they do.
- Professionals acknowledge the skills and expertise of others within the team.

The oversight group for the Buckie Locality will work with the local health and social care teams, organisations and communities to review the best use of available resources and how this can be managed to support ongoing work to deliver the strategic priorities within the locality area.

Health and Social Care Moray continue to facilitate discussions with key partners and stakeholders across health and social care; developing workforce plans across our integrated teams. Evidence shows that staff who are valued, treated well and supported to give their best will deliver better outcomes for people. We commit to value our workforce and develop the changes that need to be made to ensure a high quality of service is provided. This will ensure a healthy organisational culture from a capable workforce who are then able to deliver integrated services, supported through effective leadership and management.

3.1 Finance

The 2022/23 budget for Health and Social Care Moray is £172m. Whilst some areas of the budget can be easily separated to a locality level, other areas remain Moray wide. The aim would be to divide further aspects of the budget out to localities as progress is made in the coming years. This will allow budgets to work at a more localised level better supporting the community and the people who live within that locality requiring support from H&SCM. The budget for 2023/24 is yet to be set.

WHAT DO WE NEED TO DO?

4.1 Our Local Priorities

The Buckie Locality has yet to establish an Oversight Group, the aim is have this established by the end of April 2023.

The Oversight Group will build on the key priorities identified to date and ensure they support the nine health and wellbeing outcomes set by the Scottish Government and our Health and Social Care Moray strategic themes.

Priorities identified to date

- To develop models for engaging with the community; ensuring the communities voice is visible within locality planning and strategic planning processes.
- To improve access to appropriate health and social care services
- To improve Health and Wellbeing (Mental and Physical Health) of all ages
- To improve Multi-disciplinary Team working.
- To improve connectivity - transport and digital access

ACTION PLAN

Local Priority 1

Establishing Buckie Locality Oversight Group with Terms of Reference

Action	Measure of Success	Desired Outcome	Timeline	Progress %
Identify and Engage with members to establish the Oversight Group		To have a shared responsibility to respond to identified priorities to improve outcomes for the Buckie, Cullen and Fochabers Communities.		
Schedule a series of Oversight Group Meetings				
Disseminate the draft Buckie Locality Plan to the Oversight Group				

Local Priority 2

Establish models of engaging with the community and ensuring the communities' voice is visible within locally planning and strategic planning processes; building on and extending the reach of community engagement undertaken as part of the Local Outcome Improvement Plan (LOIP).

Action	Measure of Success	Desired Outcome	Timeline	Progress %
Plan a community engagement event for the Buckie Locality which promotes positive messaging, gathers views of public and other stakeholders, and contributes towards locality planning and HSCM Strategic Plan		To identify community priorities		

Local Priority 3				
To improve Health and Wellbeing (Mental and Physical Health) of all ages				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Identify gaps within current range of services available within communities				
Social Prescribing - Develop a model of provision encompassing a range of services available within communities				
Review preventative approaches to address the 5 most prevalent Long Term Conditions: Asthma, Arthritis, Coronary Heart Disease, Cancer and Diabetes				
Maximise opportunities for all via preventive approaches/conversations through the use of Making Every Opportunity Count tools/training				

Local Priority 4				
To improve Multi-Disciplinary Team (MDT) working.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Identify and review the MDT model within the Buckie Locality		Improvement in Multi Disciplinary Team working within Buckie Locality	Jun – 2023	
Evaluate 'How Good Is Our MDT Working' within Buckie Locality			Sept – 2023	
Implement improvements identified				

Local Priority 5				
Support access to appropriate Health and Social Care services.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Review public information regarding contacting local GP, and Health and Social Care professionals.		Increase in public satisfaction		
Promote and inform the public in regards to the current models of practice.				
Support individuals within localities to access health care support through digital technology.		Improve access to health and social care services via the use of digital technology		
Research, and equip specific sites within the locality to house digital technology to access health and social care professionals.				

Local Priority 6				
To improve connectivity – Transport and Connectivity				
Action	Measure of Success	Desired Outcome	Timeline	Progress %

HOW WILL WE KNOW WE ARE GETTING THERE?

6.1 Measuring Performance

The targets within the Locality Action Plan will be reviewed by Locality Oversight Group on a bimonthly basis, with a more in depth review against locality performance and demographic data on an annual basis.

Regular reports from the Locality Oversight Group to the HSCM Senior Leadership Team and the Moray Integration Joint Board will help demonstrate what outcome integrating services is having for the people who access the services and support. A performance report will be developed each year as required by legislation.

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- Scottish Public Health Observatory Profile Data for Buckie, Cullen and Fochabers Areas
- NHSG Locality Profile Data
- NHSG Health and Wellbeing Profiles
- HSCM Daily Performance Data
- Buckie Locality Action Plan 2019 – 2029 'A Better Buckie'



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If you would like to be added to our locality communications group please contact us and we will send you an application form. We will keep you up to date with opportunities to work with us and use your knowledge, skills and live in experience to help achieve positive change.



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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023

SUBJECT: DRAFT STRATEGY FOR UNPAID CARERS IN MORAY 2023-26

BY: LEAD OFFICER FOR UNPAID CARERS

1. REASON FOR REPORT

- 1.1. The Carers (Scotland) Act 2016 requires the Moray Integration Joint Board to prepare and review a local carer strategy. The purpose of this report is to present the final version of Health and Social Care Moray Carers Strategy 2023-26 and seek the approval of the Board to publish the strategy on 1 April 2023.

2. RECOMMENDATION

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

- i) Note the engagement work that has taken place to date on the Strategy;**
- ii) Instruct the Lead Officer for Unpaid Carers to launch the strategy as proposed in April 2023; and**
- iii) Instruct the Lead Officer for Unpaid Carers to report back to the MIJB on an annual basis, as a minimum, to monitor the progress of the actions within the strategy**

3. BACKGROUND

- 3.1. Unpaid carers provide vital support to the people they care for and are fundamental to Moray's health and care system. It is estimated that around 16,200 people in Moray are likely to be providing some form of care to a partner, family member, friend or neighbour who could not manage without their support.
- 3.2. The Carers (Scotland) Act 2016 requires local carer strategies to be developed which set out plans to identify carers, provide information about local support, and provide support and services. The duty to prepare local carer strategies applies to local authorities and relevant health boards but is delegated to integration joint boards.

- 3.3. Due to the pressures over the last two years, many carers are at breaking point, and in need of support. Due to the impact of the COVID-19 pandemic and the current cost of living crisis, we need to recognise the contribution made by unpaid carers and support them more than ever.
- 3.4. The National Carers Strategy has been published, outlining the national approach for unpaid carers, highlighting the value of the dedication and expertise of unpaid carers cannot be overstated.
- 3.5. The local strategy supports the national vision of Valuing, Recognising and Supporting Carers. The key strategic outcomes for Scotland include:
 - Carers are recognised and their contribution is understood and valued by society
 - Carers' voices are heard and their views and experiences are taken into account in decisions which affect them.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. To develop the all-ages Moray 2023-26 strategy, a Strategy Development Group was established which includes officers from Health and Social Care Moray, a representative from Quarriers which is the commissioned carer support service, and the MIJB carer representative. Many of the members currently represent Moray on a number of national carer organisations and forums.
- 4.2. The Strategy Development Group carried out final engagement on the strategy at the end of February into March with adult carers to gain their feedback and identify the key areas to focus on within the first year of the strategy implementation. Focus groups with young carers is to be carried out mid-March and the strategy updated to reflect their feedback. A verbal update will be given at the MIJB on 30 March following the engagement.
- 4.3. Health and Social Care Moray's Carers Strategy has three strategic priorities to be delivered on over the next three years. These are:
 - **Recognition for Carers**
We want carers to be able to say, 'I can identify as a carer. I am able to access the information and advice I need as a carer and I know and understand my rights'.
 - **Valuing Carers**
We want carers to be able to say, 'I am listened to and valued as an equal and expert partner by people working in health and social care. I am involved in the planning and delivery of services and support for myself and for the person/s I am caring for'.
 - **Supporting Carers**
We want carers to be able to say, 'I am able to manage my caring role and reduce any negative impact on my health and wellbeing. I can access the support and services which are right for me. I am able to take a break from my caring role when I need to. I am not disadvantaged because I am a carer. I am able to achieve my own goals and maintain my education and/or employment'.

4.4. The ambition of the strategy is that by 2026, unpaid carers in Moray should:

- Be able to identify themselves as a carer early in their caring journey
- Have timely access to the information and advice they need
- Know and understand their rights
- Feel listened to and valued as an equal and expert partner by people working in services
- Be fully engaged in the planning and delivery of services
- Be empowered to manage their caring role and have access to effective support which enables them to look after their own health and wellbeing
- Have access to regular and sufficient breaks from their caring role
- Be able to achieve their own goals, free from discrimination, and be able to maintain their education and/or employment as they wish.

4.5. A number of high-level actions are set out in the strategy which will be further developed into the implementation plan. This is intended to be a live document with new actions added as they are identified and indicators in place to support performance reporting.

4.6. Within the recent engagement, unpaid carers have been asked for their interest in joining a Carer Voice Group, with feedback from the engagement being updated at the MIJB meeting on 30 March 2023.

4.7. Regular monitoring of the delivery plan that will accompany the strategy will be monitored through the Carers Steering Group, the Carers Voice Group and through the Strategic Planning and Commissioning Group (SPCG).

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

Carers are more likely to experience inequality of outcome and more likely to be in poor health than people who do not undertaken a caring role. The strategy aims to enhance equality of opportunity for all carers. An Equalities Impact Assessment is attached at APPENDIX 1.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

No Direction required.

(j) Consultations

Consultations have taken place with the Carer Representative on the Board, Chief Officer, Interim Chief Financial Officer, Interim Strategy and Planning Lead, Provider Service Manager, the Senior Management Team (SMT) and Tracey Sutherland, Committee Services Officer with comments incorporated regarding their respective areas of responsibility.

6. CONCLUSION

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

6.2 Health and Social Care Moray's Carers Strategy 2023-2026 should be launched and reviewed on a regular basis, with updates given to the MIJB on an annual basis to monitor progress.

6.3 The continued involvement of people with lived experience of the caring role will ensure the strategy is fully implemented to meet the needs and

aspirations of carers in Moray. The Carer Voice Group is vital for the success of embedding the key priorities within the strategy.

Author of Report: Michelle Fleming, Self-Directed Support & Carers Officer
Background Papers:
Ref:

SECTION 1 - DO I NEED AN EIA?**DO I NEED AN EIA?****Name of policy/activity:**

Moray Carers Strategy 2023-2026

Please choose one of the following:

Is this a:

- New policy/activity?

Decision

Set out the rationale for deciding whether or not to proceed to an Equality Impact Assessment (EIA)

- Health and Social Care Moray are required to have a Carers Strategy that sets out the strategic priorities, following consultation with unpaid carers in Moray for the next three years, and detail how these will be achieved. The strategy will align with the national Carers Strategy.
- Implementation of the strategic plan is designed to improve and have a positive impact on unpaid carers, to feel recognised, valued and supported. This will be achieved through the identification of the three key priorities for Moray as identified through the carer engagement.

Date of Decision: .../.../2023

If undertaking an EIA please continue onto the Section 2. If not, pass this signed form to the Equalities Officer.

Assessment undertaken by *(please complete as appropriate)*

Director or Head of Service	Chief Officer Simon Bokor-Ingram
Lead Officer for developing the policy/activity	SDS & Carers Officer
Other people involved in the screening (this may be council staff, partners or others i.e. contractor or community)	Equal Opportunities Lead Corporate Manager

SECTION 2: EQUALITY IMPACT ASSESSMENT

Brief description of the affected service

1. Describe what the service does:

The Carers Strategy sets out how Health & Social Care Moray (HSCM) plans to deliver on its commitment to support unpaid carers of all ages in Moray over the next three years.

It will inform all other HSCM strategies and transformation plans so that meeting the needs and aspirations of carers is embedded in all services across the partnership, including those it commissions externally.

The strategy will be underpinned by an implementation plan with clear actions setting out how we will take a human rights approach to working together to improve the health, wellbeing and experiences of carers.

Our Carers Strategy has been shaped by the voice and experience of carers, and the organisations that support them, to ensure that the priorities for the future are based on what is most important.

2. Who are your main stakeholders?

Intensive consultation and engagement occurred in 2021 with unpaid carers to create the strategy and to identify the key priorities for Moray. The strategy was written following the engagement, with further consultation following the development of the draft strategy to ensure it was delivering on the areas identified by the carers

Stakeholders include:

- Unpaid carers
- Carers Support Service
- Service users
- Elected members
- Citizens of Moray
- Internal workforce

3. What changes as a result of the proposals? Is the service reduced or removed?

The Strategic plan will support to inform commissioning activity in relation to the Carers Support Service, as well as offering opportunities to explore local requirements which may emerge from collaboration with unpaid carers through regular engagement at Carer Voice Meetings.

The strategy will ensure HSCM are delivering on their duties under the Carers Act (Scotland) 2016 which extends and enhances the rights of carers. The key aim is to support carers on a more consistent basis so they can continue to care, should they wish, in good health and to have a life alongside caring.

4. How will this affect your customers?

Morays strategic plan will determine the direction for Health and Social Care Moray, focusing efforts and ensuring that all stakeholders are working towards a common goal. It will support the allocation of resources and encourage collaboration with partners across all sectors to ensure effective delivery of the strategic plan.

5. Please indicate if these apply to any of the protected characteristics		
Protected groups	Positive impact	Negative impact
Race		
Disability		
Carers (for elderly, disabled or minors)	x	
Sex		
Pregnancy and maternity (including breastfeeding)		
Sexual orientation		
Age (include children, young people, midlife and older people)	x	
Religion, and or belief		
Gender reassignment		
Inequalities arising from socio-economic differences		
Human Rights	x	

6. Evidence. What information have you used to make your assessment?

Performance data	Commissioning performance returns from Carer Support Service
Internal consultation	With the carers team
Consultation with affected groups	Engagement and consultation with unpaid carers of all ages from 2021-23
Local statistics	Local carer information/ statistics

	from Quarriers Carer Support Service, internal carer statistics
National statistics	From national unpaid carer statistics and national carer strategy
Other	

7. Evidence gaps

Do you need additional information in order to complete the information in the previous questions?

No

8. Mitigating action

Can the impact of the proposed policy/activity be mitigated? Yes/No

Please explain

N/A

9. Justification

If nothing can be done to reduce the negative impact(s) but the proposed policy/activity must go ahead, what justification is there to continue with the change?

What is the aim of the proposal?

NA

Have you considered alternatives?

SECTION 3 CONCLUDING THE EIA

Concluding the EIA

1. No negative impacts on any of the protected groups were found.	x
2. Some negative impacts have been identified but these can be mitigated as outlined in question 8.	
3. Negative impacts cannot be fully mitigated the proposals are thought to be justified as outlined in question 9.	
4. It is advised not to go ahead with the proposals.	

Decision

Set out the rationale for deciding whether or not to proceed with the proposed actions:

The aim of the strategy is to deliver improved outcomes for all unpaid carers in Moray, to ensure they are supported in their caring role, and to have a life outside of their caring roles. Moray's strategic direction has been developed through engagement with unpaid carers.

Date of Decision: .../.../2023...

Sign off and authorisation:

Service	
Department	
Policy/activity subject to EIA	
We have completed the equality impact assessment for this policy/activity.	Name: Position: Date:
Authorisation by head of service or director.	Name: Position: Date:
Please return this form to the Equal Opportunities Officer, Chief Executive's Office.	



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023.

SUBJECT: HOUSING FOR PEOPLE WITH A LEARNING DISABILITY

BY: CHARLES MCKERRON, SERVICE MANAGER

1. REASON FOR REPORT

- 1.1. To inform the Board of progress on the development of housing for people with a learning disability (LD) and to ask the Board to continue their support for the projects noted.

2. RECOMMENDATION

- 2.1 **It is recommended that the Board support the housing projects to be utilised by people with a Learning Disability as noted in this report in paragraph 4.6 to 4.10 as approved and funded by the Scottish Government in accordance with Moray Council Housing Strategy and Moray Housing Need and Demand Assessment document (HNDA).**

3. BACKGROUND

- 3.1. A report was submitted to the Moray Integration Joint Board on 28 January 2021 with regard to the development of housing for people with a learning disability (Para 9 of the minute refers).
- 3.2. The need for appropriate housing for people with a learning disability in Moray has been embedded in Learning Disability (LD) strategy and planning for many years. In 2013, The Moray Council adopted the then Moray Learning Disability Partnership Board, Commissioning and Delivery Plan 2013 – 2023 following approval by the Moray Council Health and Social Care Services Committee on 9 October 2013 (para 6 of the minute refers). This plan was updated and agreed by the Board on 28 January 2021 (para 8 of the minute refers).
- 3.3. Work on the Transformation of Learning Disability and on the adoption and development of the Progression Model builds upon this Strategic approach.
- 3.4. The Moray Learning Disability Transformation Project was started in 2017 based on emerging best practice from England and Wales. Health and Social Care Moray (HSCM) realised that adopting new ways of working and delivering support in different ways could help people with a learning disability to achieve

greater levels of independence whilst ensuring the most cost effective use of financial and staff resources. The Transformation Project is based around the Progression Model, which says that with structured support over an extended period of time, people can increase their independence and decrease their reliance on support for health and social care services. This means that better outcomes for people with a LD can be achieved with less health and social care intervention.

- 3.5. A report to the MIJB on the 28 November 2019 (para 15 of the minute refers) provided an update on progress being made in implementing the LD Transformation Project. The report specifically talked about the development of LD Housing. In addition, a project overview document was submitted as Appendix 1 to the November 2019 report, which provided further detail about LD Housing and in particular a 4 to 5 year project in collaboration with the Moray Council Housing Services.
- 3.6. It is important to understand that many people who have a LD may need to be supported for life. For adult services this may mean providing support from age 18 until the person's death. It is also important to note that people with a LD have a high incidence of epilepsy, autistic spectrum disorder, sensory impairments and physical health conditions. They also have associated complex and challenging behaviour. The Progression Model offers a structured route towards greater independence and the reduction of need. This in turn offers the opportunity to reduce the level of expenditure over time and develop a more sustainable financial model:
 - A higher quality of life occurs when services deliver better outcomes for people with a learning disability.
 - Better outcomes result in an eventual reduced demand for services.
 - Need is a driver of services, and therefore cost.
 - By focussing on improved outcomes, and so reducing need, we have the opportunity to reduce the level of expenditure and develop a more sustainable financial model.
- 3.7. An essential feature of the Progression Model is the availability of appropriately designed housing that will support flexibility in the delivery of care both as individuals encounter challenges in their lives and need additional support and as they increase their independence and decrease their reliance on support for health and social care services.
- 3.8. This model was initially tested with a group of people living in Fochabers who were successfully rehoused in new build flats and their original accommodation and support service were decommissioned. The people live in individual flats with a staff team in a separate unit on site to provide both planned and responsive support. The level of challenging behaviour presented by these people dropped because the new environment is more appropriate and the care and support provided is more flexible and responsive to their needs.
- 3.9. Two further developments have been completed; Highland Way in Buckie was opened in August 2021. It is a group of 7 housing units within a larger development of amenity housing, 6 units are occupied by people with an LD, the 7th is a communal hub, which is also used by the staff. The developer is

Hanover Housing who also provide the landlord function. The care provider was appointed following a tendering exercise.

3.10. Greenfield Circle in Elgin was opened in March 2022. Similar to Buckie, it is a group of 7 housing units within a larger development of amenity housing, 6 units are occupied by people with an LD, the 7th is a communal hub, which is also used by the staff. The developer is Hanover Housing who also provide the landlord function. The care provider was appointed following a tendering exercise.

3.11. In both of these developments, there are positive stories of people who have a significantly improved quality of life as a result of the move. Because the sites are relatively small, any anonymised case study material could be used to identify the people but officers can confirm there are positive outcomes from these projects.

3.12. The Buckie and Elgin developments are supported by the use of passive telecare sensors, which provides staff with smart phone alerts in the event of potential risk to tenants. This means that the amount of care and support needed by a tenant can be evidenced and changes in behaviour monitored; staff do not need to be with people 24/7 because the system will alert the staff members to attend if they are needed. Human rights are protected by ensuring informed consent either by the tenant themselves or by their legally appointed Guardian.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. There are 157 people in Moray with an LD who are living with their parents and many of the parents are ageing and will not be able to maintain their caring role indefinitely. We maintain a register of people who are at risk of placement breakdown for different reasons and there are 71 people who we know will need accommodation and care, 10 of these are in out of area placements, some of which are time limited. There is a risk that a number of these living situations will break down before adequate accommodation and support can be developed.

4.2. The time limited placements are; - two people in Grampian who need to be accommodated by July 2024 and who will be supported by the Woodview2 development. There are also three people in Ayr, two of whom are aged 16 and are still supported by children services and one aged 18 who is now funded by adult services. All three need to move on from their current placement by 2026. The planning for the future support of these three people is still ongoing.

4.3. The Housing Projects that are being developed focus on three groupings of people;

- people with a learning disability/autism who exhibit significant levels of challenging behaviour.
- people with a learning disability/autism who do not exhibit significant levels of challenging behaviour
- people with a learning disability who need gatekeeping support in order to manage their day-to-day interactions with others.

- 4.4. The report on 28 January 2021 noted that three projects were under negotiation based on a 3 way partnership model between HSCM, Moray Council Housing Service and Grampian Housing Association Ltd. A fourth project was based on a 3 way partnership between HSCM, Moray Council Housing Service and Hanover Housing Association.
- 4.5. The Board should note that there have been delays to all of these projects as a consequence of Covid. In addition, the cost of labour and the cost of materials have risen considerably, as has the cost of borrowing. This combination of factors has had the effect of making the developers and the builders increasingly risk averse. Partner organisations continue to be keen to support the LD housing developments however the projects need to be financially viable and achievable and due diligence will be applied to this end.
- 4.6. All partner organisations will value the continued support of the Board for the projects noted in this report, which will offer reassurance that the proposed developments will be fully utilised by people with a learning disability.
- 4.7. The first project grouping is people with a learning disability/autism who exhibit significant levels of challenging behaviour. Grampian Housing are to purchase land adjacent to the Woodview site and they have gained planning permission for 8 bungalow style houses including communal space and staff workspace as part of a larger development of housing. Grampian Housing have gone to tender for a building contractor and the submissions will be evaluated by early April 2023.
- 4.8. The second project grouping is people with a learning disability/autism who do not exhibit significant levels of challenging behaviour. Grampian Housing Association have designs for 10 bungalow style houses which they propose will be part of a 'care village' on the Bilbohall site, a new development planned for Elgin. This project has been delayed due to difficulties in achieving financial viability in the current economic environment and there is no current timescale for the commencement of this development.
- 4.9. The third and fourth project grouping is for people with a learning disability who need gatekeeping support in order to manage their day-to-day interactions with others. These people often present as quite able however, they are vulnerable to exploitation and abuse arising from their interactions with more able people who do not have their best interests at heart.
- 4.10. Grampian Housing Association has designs for a block of 12 flats with managed access to accommodate this group. This will also form part of the Bilbohall 'care village' noted above. It is anticipated that this group will be supported by a commissioned provider of care and support services. This project has been delayed due to difficulties in achieving financial viability in the current economic environment and there is no current timescale for this development.
- 4.11. Two Housing Associations have considered the viability of delivery of a block of 'gatekeeping' flats with managed access at a redevelopment site at Pinegrove, Elgin. The site is not part of a bigger development and therefore did not benefit from economies of scale. Both Housing Associations have determined that tender submissions from builders were too high and therefore not financially

viable, Housing officers are actively engaging to identify a similar provision elsewhere in the Elgin South Housing Masterplan area

- 4.12. It is important to note that there will be no capital costs to the MIJB associated with the build of these projects. The capital cost of construction will be met from a combination of Scottish Government More Homes Division grant funding and the landlords prudential borrowing repaid via rental income. The rental costs will be met through housing benefit of individual tenants. A project management approach will be needed and appropriate project management support identified to take these forward.
- 4.13. Moray Council as Planning Authority determines where new housing may be located and the Council as Housing Authority prioritises the use of Scottish Government funding in the delivery of affordable housing. The Council has already committed Scottish Government capital funding for developments at Lhanbryde, Buckie and Elgin. The LD team has the opportunity to influence the design of these developments to facilitate provision of housing most suited to delivery of specialist housing with support.
- 4.14. There will be costs associated with the provision of care and support according to the needs of the tenants. The recipients in scope for the projects noted in this report are all people who are either being funded now by HSCM or who are assessed as being at risk and who will need to be supported in the near future.
- 4.15. The Progression Model along with suitable housing is the preferred option for managing the needs of this group, and the best way of mitigating the financial risks associated with providing the care element, which can be substantial for some individuals. . The housing model designed into these projects offers the most sustainable and best value option for long-term support and meets the three elements of Quality; Safety; Efficiency.
- 4.16. The Council's Housing Service have agreed that HSCM can have letting rights on all of the properties noted in this report.

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 Learning Disability Transformation Project and the associated Housing Project is consistent with the MIJB vision and values as set out in the Strategic Plan.

(b) Policy and Legal

The Scottish Government, 'Coming Home Implementation Report, 21 February 2022. This report sets out measures to prevent delayed discharge of people with a learning disability and requires each partnership area to create and maintain a dynamic register of those people who are most at risk.

The legal implications from implementing the Learning Disability Housing Developments centre on the capacity of some of the tenants to sign the

tenancy agreement. Intervention orders will be needed for some people and these tasks will be managed via the project management plan. The development and implementation of the new progression operating model means that policy and procedures will be revised accordingly.

(c) Financial implications

The focus and priority of these new projects is on people who need a sustainable solution because their current care arrangements are unsustainable. There is a high likelihood of increased expenditure in the future for those who are living at home with an ageing family, a family under stress or where there is a high risk of service failure. The costs will be higher where there is no local provision and out of area placement has to be sought.

(d) Risk Implications and Mitigation

As part of the project management approach, a risk and issues log is in place for each project and is reviewed regularly. All risks are escalated to the appropriate level for mitigating action.

A key risk is that all of the people in scope will need to be provided with a care, support and treatment package within the next 3 – 5 years. An unplanned approach to this will result in higher costs.

There is a risk that the projects are not considered to be affordable. Mitigation is that the housing projects are designed to offer the most cost effective solution.

There is a risk that fragile or time limited placements will break down before alternative accommodation is available. The mitigation in terms of care and support is to seek out of area placements. This is not a sustainable solution, these placements are highly sought after by all commissioning agencies and are consequently expensive.

There is a risk that provider organisations will not be able to recruit and retain sufficient care staff. The mitigation is good project management and planning to offer sufficient lead times for providers to engage in recruitment.

(e) Staffing Implications

Staff will need to be recruited to support all of the developments noted in this report in accordance with Council policy. The exact nature of each staffing model will depend on the needs of the service user. Provider Services have demonstrated their ability to recruit and maintain appropriate staff groups for those people with high levels of complex and challenging behaviour. In addition, there are a number of reliable external providers who we work with currently who have indicated their desire and willingness to offer support for the developments for service users with lesser challenges. Working with external providers in partnership will build capacity and expertise in Moray.

(f) Property

There are no property issues directly arising from this report. All of the property will be owned and managed by one of the Housing Associations noted in the report. The Housing providers will have no responsibility for the provision of care and support.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required for this report as there has been no change to policy.

(h) Climate Change and Biodiversity Impacts

Climate change and biodiversity impacts are carried out by the developers and builders as part of their function.

(i) Directions

There are no directions associated with this report.

(j) Consultations

Tracy Steven, Head of Service
John Campbell, Service Manager
Fiona Geddes, Housing Strategy Development Manager
Marie Burnell, Learning Disability Team Manager
Isla Whyte, Interim Support Manager
Aileen Scott, Legal Services Manager
Lindsey Robinson, Committee Services Officer
have been consulted and their comments incorporated into the report.

6. CONCLUSION

6.1 The housing model offered by these projects offers the most sustainable and best value option for long term support.

6.2 The focus and priority of these new projects is on people who need a long term solution to meet their needs because their current care arrangements are unsustainable.

Author of Report: Charles McKerron, Service Manager

Background Papers: There are no background papers.

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023

**SUBJECT: ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER
2021-2022**

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Board of the annual report of the Chief Social Work Officer (CSWO) on the statutory work undertaken on the Council's behalf during the period 1 April 2021 to 31 March 2022 inclusive.

2. RECOMMENDATION

- 2.1. **It is recommended that the Moray Integration Joint Board consider and note the contents of this report.**

3. BACKGROUND

- 3.1. In compliance with their statutory functions under the Social Work (Scotland) Act 1968, all local authorities have a CSWO. For a number of years CSWOs have produced Annual Reports about social work services which are provided for relevant committees, full Council and Integration Joint Boards.
- 3.2. The Office of the Chief Social Work Adviser in the Scottish Government (OCSWA) collates an overview Summary Report based on the key content of the reports from all local authorities in Scotland. This summary would:
- Be of value to CSWOs and also support the CSWA in their role of raising the profile and highlighting the value and contribution of social work services; and
 - Be a useful addition to the set of information available to aid understanding of quality and performance in social work services across Scotland.

- 3.3. The Council's Social Work Services require to support and protect people of all ages as well as contributing to community safety by reducing offending and managing the risk posed by known offenders. Social Work has to manage this together with the implications of significant demographic change and financial constraint whilst fulfilling a widening array of legal obligations and duties.
- 3.4. The annual report is attached at **APPENDIX 1**. This report was completed but not formally presented to the IJB by the previous Chief Social Work Officer. The current Chief Social Work Officer is now formally presenting this report.

4. SUMMARY OF IMPLICATIONS

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

This report is in line with Moray 2026 Plan – healthier citizens, ambitious and confident young people, adults living healthier, sustainable independent lives safeguarded from harm and Council priority 4 – More of our children have a better start in life and are ready to succeed.

(b) Policy and Legal

The services referred to in this report fall within the scope of a number of important pieces of legislation including:

- Social Work (Scotland) Act 1968
- The Adult Support & Protection (Scotland) Act 2007
- The Community Care & Health (Scotland) Act 2002
- The Children (Scotland) Act 1995
- The Joint Inspection of Children's Services & Inspection of Social Work Services (Scotland) Act 2006
- Adoption and Children (Scotland) Act 2007
- Looked After Children (Scotland) Regulations 2009
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Children & Young People (Scotland) Act 2014

Significant policies and white papers that relate to these services include:

- Changing Lives, the Future of Unpaid Care in Scotland (2006)
- Delivery for Health (2005)
- All our Futures: Planning for a Scotland with an Ageing Population (2007)
- Better Health, Better Care: Action Plan for a Healthier Scotland (2007)
- Better Outcomes for Older People: Framework for Joint Services (2005)
- National Guidance for Child Protection in Scotland, The Scottish Government 2014

(c) Financial implications

There are no direct financial implications arising from this report. Future priorities will be addressed within the context of the financial planning process.

(d) Risk Implications and Mitigation

There are no risk implications associated with or arising from this report.

(e) Staffing Implications

There are no staffing implications directly relating to this report.

(f) Property

There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact

There are no issues directly arising from this report.

(h) Climate Change and Biodiversity Impacts

There are no issues directly arising from this report.

(i) Directions

None arising from this report.

(j) Consultations

The following have been consulted in the preparation of this report: MIJB Senior Management Team; Aileen Scott, Legal Services Manager; Head of Children and Families and Justice Social Work and Lindsey Robinson, Committee Services Officer, who are in agreement with the content of this report relating to their service area.

5. CONCLUSION

5.1. This report shows that Social Work, like other areas of health and social care are experiencing pressures.

Author of Report: Tracy Stephen CSWO/Head of Service

Background Papers: Attached at Appendix 1

Ref:

Annual Report by Local Authority Chief Social Work Officer for 2021-2022

1. Governance and Accountability

The governance and accountability arrangements remained unchanged through 2021/22. The planning for the delegation of children's social work to the Integrated Joint Board continued but was not concluded.

Internally the quality of social work is assured by Practice Governance meetings. Any issues are reported to the Clinical and Care Governance Committee of the IJB for adults and Council Committee for children's services. Posts of Consultant Social Work Practitioner are well established in both adult and children's services. Consultants work with line managers to support social work in complex cases, model best practice and set practice standards in their respective areas. Consultants also undertake practice audits in Adult social work.

Both adult and children's social work were subject of an internal Carefirst Audit.

A revised governance structure for Learning Disability (LD) services was established through a LD Transformation Board; all projects, proposals and areas of tension relating to LD are discussed and actions agreed.

Within Health and Social Care Moray the CSWO is part of the Senior Management Team that meets on a weekly basis. During 2021/22 this has included the Head of Children and Justice Social Work.

The CSWO also meets weekly with social work leaders in adult services.

2. Service Quality and Performance

Adult Services

The critical areas of quality and performance in adult services relate to the further period of Covid pandemic and the consequences of this, experienced through 2021/22. These can be summarised as:

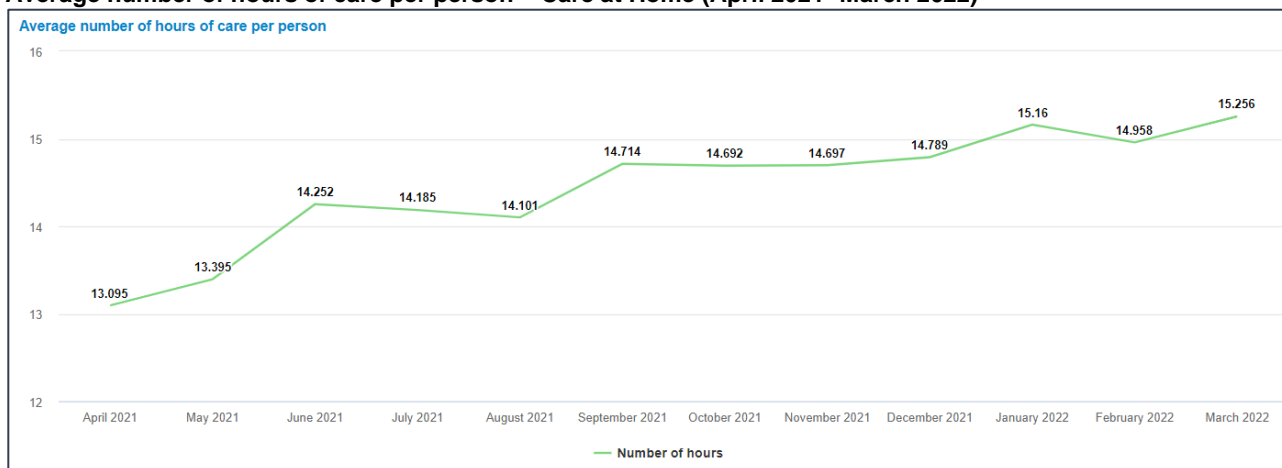
- Waiting lists for assessment, and care services post assessment
- Increase in complex and urgent situations requiring significant social work time to resolve, including adult support and protection issues.
- Pressure on care at home services, resulting in unmet need.
- Staff stress as a consequence of demand and capacity issues.

There are 6 categories of unmet need that are routinely monitored that provide an overview of the number of people waiting for a social care assessment, a package of care, or a statutory social care review. Additionally, the number of hours of care not yet provided are also monitored. A weekly summary of trends is provided for managers. Overall, the level of unmet need is much higher than it was before the pandemic, and there is nothing to suggest that unmet need will be back to more typical values in the near future. The 6 categories are:

- Number of people waiting for a social care assessment - The number of people waiting for a social care assessment overall has been static at between 140 and 150.
- Number of people assessed and waiting for a package of care - The number of people waiting for a package of care was on average 150. Approximately 85% of people are waiting in the community and the other 15% are in hospital. The numbers appear to be static.

- Number of people in receipt of a care package and waiting for a statutory social care review - While lower than the number waiting for a review last summer there is no clear indication that the numbers waiting for a social care review reduced significantly
- Number of hours of care yet to be provided for individuals in hospital - The number of hours not yet provided for people in hospital varies weekly, but has gradually risen over time from 226 hours in August to over 450 hours in March
- Number of hours of care yet to be provided for individuals in the community - There was variance throughout the year on numbers of hours required although there was a significant increase for people in the community from 266 hours in August to 778 hours at the end of January. During this time the average number of hours of care provided to individuals by the Care at Home team rose by 17% from 13.1 to 15.3 hours
- Number of hours of care assessed as needed and not provided for those in receipt of a care package - Since the start of February the number of hours of care not delivered to residents receiving a care package has risen steadily from 385 to 417 hours. This figure is much higher than in September 2021 when for 4 weeks this figure was consistently below 250 hours.

Average number of hours of care per person – Care at Home (April 2021- March 2022)



The continuing levels of unmet need noted above has contributed to high numbers of patients facing delays in being discharged from hospital.

With the LD service there were a number of overdue reviews, including Guardianship reviews.

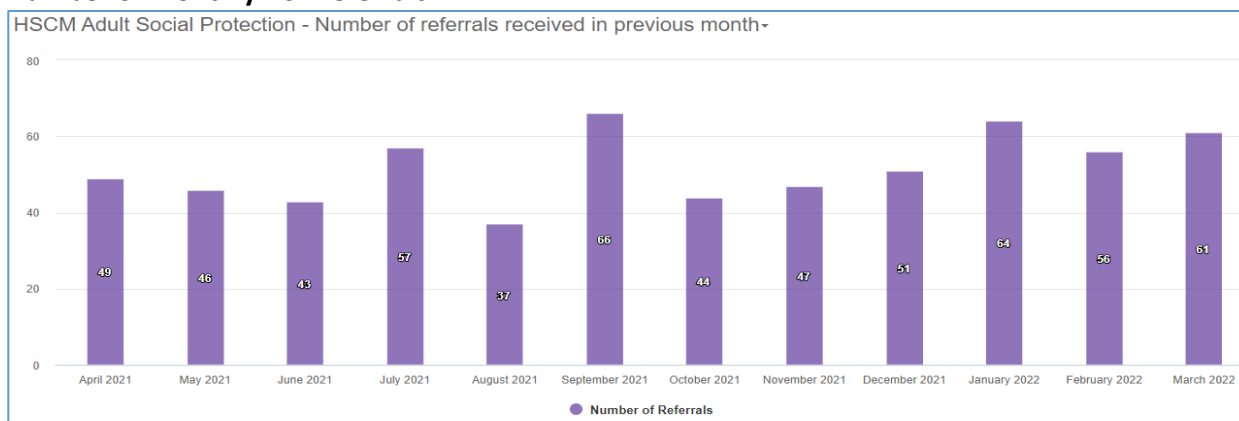
The complexity of situations facing social care, and carers in particular, is evidenced by the following table:

	Emotional wellbeing impacted (% of ACSPs completed)	Mental health impacted (% of ACSPs completed)	Physical health impacted (% of ACSPs completed)
End Mar 21	44	38	35
End Mar 22	83	60	46

That clearly shows a significant increase in the numbers of carers reporting impact on their emotional wellbeing, in particular, but across all 3 measures.

Another indication of increasing complexity is that, during the year 1st April 2021 to 31st March 2022, 557 referrals were received in Moray to the Access Social Work Team. This is an average of 50 referrals per month. It is apparent that a significant number of referrals come from Police Scotland, and relatively few are received from families, the local authority or the NHS. An increasing number of referrals are being received from our Care Homes. Whilst very small numbers have progressed to Investigation, it is indicative of the stress felt by Care Homes, and symptomatic of the increased complexity of individuals residing within the environment, leading to added pressure upon service staff.

Number of monthly ASP referrals



The introduction of Initial Referral Discussions in December 2021 allowed for increased collaboration with partners and open discussion with relevant professionals. Feedback from Social Workers has been generally positive.

Children's Services

There was significant activity in relation to practice governance within children's services to bring together findings from complaints, with family feedback and casefile audits. There was a new Service Manager in post allowing the development of processes within children's and justice services to more closely align commissioning, quality assurance and policy development. There has been an auditing exercise which will be ongoing and the learning from complaints alongside this will form the basis of learning needs analysis. There have been some challenges with children's services with regards recruitment and Placement services in particular was and is functioning with low staff numbers.

A new Service Manager was also recruited to support the Corporate Parenting agenda and to progress transitions planning and children with disabilities.

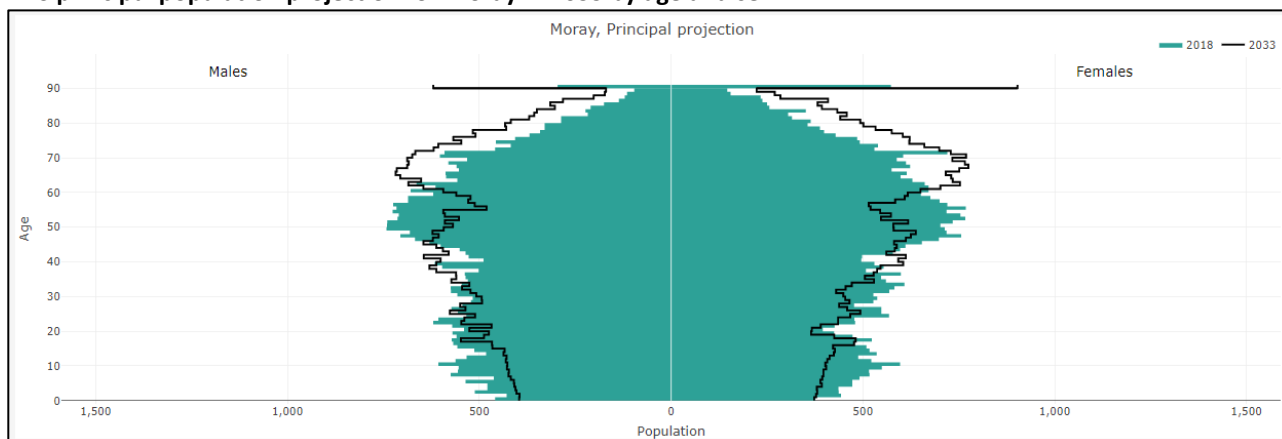
A new model for social work support has been created and plans were put in place to have a dedicated Children with Disability pod as a test of change.

Referrals for support into the children and family team steadily increased and need centres around families experiencing financial hardship alongside poor parental mental health, domestic violence and substance misuse by parents.

3. Financial Pressures

The demographic changes continue to contribute to the financial pressures experienced. Records of Scotland principal population projection for Moray and is based on 2018 data.

NRS principal population projection for Moray in 2033 by age and sex



Financial pressures are high in the Learning Disability service in particular. The service is £1.4m overspent for the last financial year; this is likely to continue into this financial year. New housing projects have been initially more expensive, especially during the settling in period. The use of smart technology is permitting the staffing of these projects to be tailored to each tenant. Day service use increased following lockdown and this is being monitored. Alternative 'day activity' approach was put in place but there will be a period of transition from building-based services to more community activities.

For children and families social work additional funding was granted to support families experiencing challenges with fuel and food costs, which was welcome support to families in need. Children's social work were able to make further savings, going forward this is unlikely to remain the status quo as services are in increasing demand.

COVID-19 enabled us to look at our external care at home resources through the work of our remobilisation meetings. This involved collaboration with those individuals who had had their services paused due to the closure of building based day services. Many individuals stressed a desire not to return to formal day support, opting for a more person centred approach in their own communities. In order to effectively deliver supports in a more person centred approach, in conjunction with our external contracts coming to the retendering date for older people's day services, a project proposal was agreed in order to utilise the funds from these contracts to support individuals in their own community. This approach has aligned itself with the Self-Directed Support (SDS) Standards introduced in March 2021 and also key recommendations within the Adult Social Care Review. This proposal was not a cost saving exercise, but one to ensure that we can deliver outcomes to individuals in a person centred and meaningful way for them, taking a strength and asset based approach.

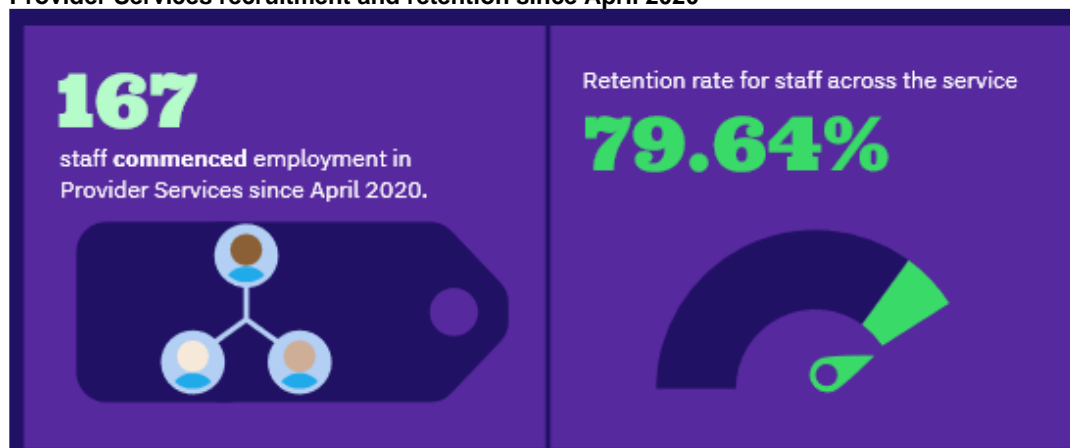
4. Workforce

Workforce Planning – staffing and recruitment issues

There was higher than usual staff absence rates amongst both council and NHS employed staff over the winter period (Figure 3). Moray Council staff absences have averaged 6.6% since May 2020, which is above the national average of 5.9%. However, for the week ending 28 January 2022, the latest data published by SOLACE, the figure for Moray rose to 10%.

A recruitment cell was established and has worked closely with Moray Council Human Resources team to bring people into HSCM. Since April 2020 167 staff have been recruited into Provider Services, of which 47 were new to the care sector and the retention rate for staff over that period is close to 80%. The retention rate for the new employees is over 85%.

Provider Services recruitment and retention since April 2020



Provider Services retention of new staff since April 2020:



Workforce Development

As at February 2020 there were 15 MHOs practicing in Moray (14.6FTE). 13.6 of these work in the daytime and 1 MHO is working out of hours. This number has been relatively stable over time but the number of staff members who are no longer on the Mental Health Act rota has reduced due to promotion which has created a strain on the service. In addition, MHO retirements in the out of hours service created a problem with availability of MHOs necessitating the use of EDCs without MHO consent.

There have been no newly qualified MHOs since 2019 and difficult in attracting social workers to the role was impacted by Covid. The 2021/22 intake of 2 candidates will increase the number of MHOs in the out of hours service and in the Mental Health Team.

The numbers of referrals to the MHO service for guardianship assessment has increased by 23% on 2020/21 and by 90% on the year 2019/20. Since the pandemic Moray has operated a waiting list for guardianship reports and this list has been growing rather than reducing.

The Scottish Government MHO capacity building funding allocated to local authorities resulted in a new workforce plan and consultation exercise. The funding was used to recruit a temporary Advanced Practitioner dedicated to MHO, focusing on Adults with Incapacity working alongside the dedicated MHO and focusing on Mental Health Act work. Since most of the MHOs work in the Mental Health Team a 0.5FTE social work was recruited to the team to increase capacity.

To enable the delivery of supports with a greater community focus, and harnessing the power of our communities, which has strengthened during Covid, a Day Opportunities test of change commenced, initially supporting those individuals who had expressed a desire not to return to formal building-based day supports. In order to achieve this, SDS Enabler roles were created to support having good conversations, listening to supporting individuals to be at the centre of how their support is delivered. Through removing care management from social work, freeing them from time and task, would not only give back valuable practitioner time but enable them to spend more time with the people they support. The SDS Enabler role is to take the agreed personal outcome and support the translation of this into a deliverable. This allows for the time required to build the community networks, to test things out and sometimes to break the outcome down into smaller, more achievable goals that can be built on over the coming weeks and months. The role of the SDS Enabler is to be the conduit between the individual and their community, whilst collaborating and support social work to achieve positive outcomes. The test of change has now become embedded in mainstream practice with the posts now permanent and the team added to, enabling demand from teams to be met. Through Day Opportunities, greater links have been created with the communities and the resources within them, through taking this approach individuals can be connected and supported to engage in the groups in their community. Support workers are linked to the Day Opportunities to support confidence building of individuals who may be apprehensive of returning to their community following periods of isolation, with a view to supporting the community connection enabling the support workers to step back.

Health and Social Care Moray are one of three test sites for the SDS standards, working alongside colleagues in Edinburgh and Shetland to try out the standards and explore what this means in practice for the wider system. Knowledge sharing is key to the test site, both with the two other partnership areas but also through attendance at the National SDS Collaboration and the Social Work Scotland Community of Practice. Taking a focused look at the SDS Standards, through the lens of worker autonomy, we have been able to challenge and question our current practice and processes, pulling together the wider parts of the system to start the catalyst for change.

Over the past year, a number of activities and service changes to Adult Support and Protection have taken place. These have included:

- New Consultant Practitioner for Adult Support and Protection
- Introduction of a new post for advanced practitioner for Adult Support and Protection
- Revised Operational Guidance
- Introduction of Initial Referral Discussions
- Council Officer Forums
- Increased Training activities and training plan
- Introduction of Quality Assurance Activities and involvement of front line practitioners
- Joint Inspection of Adult Support and Protection

The above activities and changes were undertaken at a time of considerable strain on the workforce due to the crisis in social care, lifting of covid-19 restrictions and increase of stress and distress within communities.

This change has also allowed for increased knowledge, skills and involvement for practitioners. With the introduction of IRDs, our Advanced Practitioner Social Worker have been supported to undertake the role of Chair. This has strengthened governance of Adult Support and Protection and increased Social Work presence as Lead Agency, as well as strengthened multi-disciplinary relations with our Partners.

This year has seen an increase in training and development, awareness sessions and visibility of Adult Support and Protection across adult Social Work. A multi-agency interactive session brought together partners from across Adult Services and partners to the years' summary of Adult Protection Activity using SLIDO technology, and was very well received by participants and attendees, it is hoped that further sessions will take place at the end of this year.

The Joint Inspection of Adult Support and Protection took place from February 2022. Whilst increased activity has taken place, and more structure and process introduced progress has been slow since the consultation exercise in 2019.

Presently a consultant practitioner for adult support and protection and an advanced practitioner support Adult Support and protection. Across adult services, there are approximately 40-trained Council Officers. It remains a challenge to facilitate adult support and protection activity and to adhere to timeframes due to the changing day-to-day priorities of social work practitioners, increase in complexities of cases and increase in stress and distress experienced across communities. The advent of the IRD process has assisted in focussing adult support and protection work and needs time to embed across the partnership. However, it remains the case that capacity is an issue across the breadth of Adult Social Work within the current post pandemic climate.

The workforce in children's services has faced a number of challenges this year. There have been a number of staff leaving their positions, with many moving elsewhere in the system and pressures have arisen in pockets across the service. The workforce have remained extraordinarily busy and a number of key changes to practice have been absorbed by staff working at higher than usual caseloads. There continues to be a number of critical training and development needs that will be addressed in the forthcoming years alongside a restructure of the practice model and potential delegation to the IJB.

