

HEALTH & SOCIAL CARE MORAY

ANNUAL PERFORMANCE REPORT 2020/21



Table of Contents

| | |
|--|-----------|
| 1. Chair and Vice-chair's foreword..... | 3 |
| 2. Chief Officer's introduction | 5 |
| 3. Background to health and social care integration..... | 8 |
| 4. The Moray Integration Joint Board and Health & Social Care Moray..... | 10 |
| 5. About the Annual Performance Report | 14 |
| 6. Our response to Covid-19..... | 18 |
| 7. Our progress against the National Outcomes..... | 20 |
| 8. Measuring performance under integration..... | 40 |
| 9. Financial Performance and Best Value..... | 50 |
| 10. Looking forward – our priorities for 2021/22..... | 55 |
| Appendix 1– summary of performance against core suite of Integration indicators | 58 |
| Appendix 2 – inspections | 59 |

In line with the Coronavirus (Scotland) Act, and with the approval of the Moray Integration Joint Board, the decision was made to postpone publication of the Health & Social Care 2020-21 Annual Performance Report until 01 October 2021.

It will be available thereafter on the HSCP website at X. Printed copies will be available on request by contacting involvement@moray.gov.uk or calling 01343 567187.

1. Chair and Vice-chair's foreword

Welcome to the fifth Health & Social Care Moray Annual Performance Report.

The report shows how the resources available to Health & Social Care Moray have been used by the partnership to deliver health and social care services for the people of Moray between April 2020 and March 2021, how performance compares with previous years and with Scotland.

Normally, our report would also celebrate what we have achieved during the past 12 months. This doesn't feel appropriate this year, so instead we have used the opportunity to reflect on what has been anything but a normal year and focus on the response, recovery and renewal work undertaken.

The word that defined the year was pandemic which literally means "affecting everyone" and it is clear Coronavirus has touched and changed every aspect of our lives, testing us all.

We saw the devastating effects of Covid-19 on people around the world. We feared for the fate of the most vulnerable in our society. We learnt that the simple act of hand-washing or sanitising was critical in preventing the spread of the virus. We discovered what it meant to be stuck at home, reliant on technology to keep in contact with the outside world and to continue working and learning. We got into the habit of never leaving the house without checking we had a face mask in our pocket.

One of the toughest rules to follow was surely being told we had to keep our distance from loved ones. Yet even when we had to physically stay apart, we still came together as the community of Moray to care for and support one another.

Vaccines offered a much-needed ray of hope. December 2020 saw the arrival of the first batch of vaccine in Moray and the start of the biggest vaccination programme ever undertaken. People came forward in numbers we could hardly have imagined to take up their offer of a vaccine to protect themselves, their loved ones and their communities.

Colleagues in health and social care continued to be a presence in our communities and on the frontline, delivering essential services and providing safe and effective support and care for those with the greatest needs. Others moved from offices and bases to bedrooms, living rooms and kitchens to keep working. Many took on new or adapted roles to ensure services were there for those who needed them.

To all colleagues in all sectors across the health and care system - whether you have been working on the frontline, providing essential support from a base or working from home – we want to say thank you for your hard work and unwavering commitment which has made a huge impact on the lives of people across Moray.

The Moray Integration Joint Board is immensely proud of this partnership and the individual and collective determination and innovation of each and every one to keep essential services going and continuing caring for and supporting our citizens.

We would also like to take this opportunity to recognise and thank all of Moray's unpaid carers for the unparalleled support they have provided throughout the crisis. While we have sought to minimise the disruption to services and supports throughout and continue to do so, the individuals who rely on our services and their carers have displayed remarkable levels of fortitude and understanding of the difficulties we face.

While challenging, our experiences during the year have also been inspiring and uplifting, showing us all how much we can achieve when we pull together. We have been awed by the way our communities rolled up their sleeves to support one another - particularly during the challenges of lockdown - by volunteering and carrying out heart-warming acts of

kindness. Their dedication and hard work has been essential to the response efforts.

We continue to have a great deal of work to do to recover and renew as an organisation and have much learning to take stock of. The last year has brought into sharp relief opportunities to transform services to better meet the needs of individuals and communities, and as we continue to build back and redesign while learning to live with Covid-19, we strongly believe Moray has the will, skill and drive to come out of this stronger than before.

We recognise we are stronger when working together. We will build on the strong partnerships forged during the pandemic across the public, independent, voluntary and community sectors, work alongside our local communities and learn lessons from the lived experience people share with us as we continue on our journey to ensure people have access to the services and support they need to experience improved health and wellbeing outcomes.



Councillor Shona Morrison, Chair



Dennis Robertson, Vice-chair

Moray Integration Joint Board

2. Chief Officer's introduction

It is something of an understatement to say that the past year has been the most challenging we have ever faced in health and social care – and in every other sector. Throughout the response to Covid-19, and our recovery and remobilisation phases, we have continued to use the strength of the partnership of Health & Social Care Moray to work together for the good of the people and communities who need our services.

Dedication and commitment

It has without doubt been challenging navigating through the usual demands and pressures on our health and care system with the added complexity of Covid-19 infections, precautions and restrictions while maintaining our services as far as possible and establishing new ways to care for our residents and support our communities and partners.

I want to start by acknowledging the huge efforts of colleagues across the health and care system. For more than a year now, folk have been going above and beyond, day after day, to respond to the ongoing coronavirus situation. Their dedication and commitment has been remarkable.

Colleagues on the frontline led on protecting people from harm, ensuring person-centred care and providing the best possible services to our citizens with the restrictions and challenges that Covid-19 created. This was amid much early uncertainty about the virus and despite fears to their own health and the health of those they live with. They had to make rapid adjustments in an ever changing environment, working in full personal protective equipment (PPE), adhering to strict infection prevention and control measures and carrying out regular testing.

Responding to the pandemic

From the start, the partnership refocussed and reorganised its resources to protect key areas of operation. A large number of rapid changes had to be made to working practices. Changes that would have previously taken months to design and implement were accomplished in days or weeks. The changes also brought about service improvements which ensured we could continue to deliver quality health and care services in a safe manner for those that needed them at home, in care settings and in hospital.

The demands on care homes during the pandemic have been enormous. It is recognised that adults living in care homes often have multiple health and care needs and are frail with varying levels of dependence. Many are inevitably at greater risk of a poor outcome if they were to contract Covid-19. We have worked in real partnership with the owners and managers of Moray's care homes to protect residents and staff.

We worked hard to keep our patients, clients and staff safe, changing working practices in line with national guidance and ensuring people had access to personal protective equipment (PPE). We moved to remote working and service delivery where appropriate to minimise footfall in buildings and face-to-face contacts. This has improved access for many patients and clients, although we recognise that this has been a difficult change for some folk.

Our Covid vaccination programme has been a really successful example of partnership working across staff groups and with our communities. There was a significant response to our call for help, including folk who had retired or left health work, who returned to help vaccinate, making a huge difference to how quickly we responded when vaccines became available. The uptake rates of the vaccine are high, and the community have worked with us to make that happen.

Command structures were established to enable strategic, tactical and operational decision making across the wider system. Staff wellbeing was prioritised as we moved from response to remobilisation and recovery. Our plans focused on living with the risks of Covid-19 through delivery of the testing and vaccination programmes and supporting the safe return of suspended services.

The National Day of Reflection on 23 March 2021 marked the anniversary of the first lockdown and we paused to think about those we had lost during the year, whatever their cause of death, and to acknowledge the sacrifices so many have endured over the past 12 months. It was an opportunity to look back over the 12 months, acknowledge how far we had come, the sacrifices we have made and to start looking ahead to better times to come.

Working in partnership

We are fortunate that the good work taken forward by the partnership in previous years meant we were in a strong place to respond to the challenges we experienced and continue to experience. Of course, the pandemic has inevitably impacted on our service planning, delivery and performance this year while we worked in an agile and rapid manner to redesign services at pace and scale and create new and innovative ways to deliver them.

During the pandemic we had to stop doing some of the things we routinely did. As we moved into recovery and remobilisation we needed to consider whether we re-started and returned to these again in the same way or perhaps continued to take a different approach to what we did before. Out of necessity we also found ways of doing things differently. We have learnt a lot as we continue to assess the practicality and effects of the new working practices and to identify, refine and embed those which have delivered real benefits.

I look forward now to leading the partnership as we emerge from the pandemic, working together to shape what that future looks like as we strive to achieve the best health and care system which offers high quality, person-centred, safe and

sustainable services which enable our communities to enjoy better health and wellbeing.

Our key objectives set out in the Strategic Plan for the Integration Joint Board have not changed. The pace of meeting those objectives has quickened, and as we emerge from the pandemic we must keep up that pace to meet the new challenges we face.



**Simon Bokor-Ingram, Chief Officer
Health & Social Care Moray**

3. Background to health and social care integration

National Context

The way in which health and social care services are managed changed in 2016 when legislation brought together health and social care in to a single integrated system.

The legislation created 31 integration authorities in Scotland which now have responsibility for the budget, strategic planning and commissioning of services which were previously managed separately by NHS Boards and Local Authorities.

Integration aims to improve care and support for people who use services, their carers and their families by ensuring services:

- ✓ Are joined up and easy for people to access
- ✓ Take account of people's individual needs
- ✓ Take account of the particular characteristics and circumstances of different service users in different parts of the city
- ✓ Respect the rights and dignity of service users
- ✓ Take account of the participation by service users in the community in which service users live
- ✓ Protect and improve the safety of service users
- ✓ Improves the quality of the service
- ✓ Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services
- ✓ Anticipate people's needs and prevent them arising
- ✓ Make the best use of facilities, people and resources

Local context

NHS Grampian and Moray Council agreed to integrate all community-based adult health and social care services and some hospital-based services. Responsibility for these services was delegated to a new body, the Moray Integration Joint Board (IJB), which was established in 2016.

The services which have been integrated and now come under the Moray IJB include:

| ADULT CARE SERVICES | COMMUNITY HEALTH SERVICES |
|--|---|
| <ul style="list-style-type: none"> • Social Work Services for adults and older people; • Services and support for adults with physical disabilities and learning disabilities; • Mental Health Services; • Drug and Alcohol Services; • Care at Home and Community Support • Carers support services; • Respite provision • Social Care Assessment • Equipment and telecare; • Day services/opportunities • Occupational Therapy services • Aspects of housing support including aids and adaptations. | <ul style="list-style-type: none"> • District Nursing; • Primary Medical Services (GP practices); • Out of Hours Primary Medical Services; • Public Dental Services; • Ophthalmic Services; • Community Pharmacy Services; • Community Geriatric Services; • Community Learning Disability Services; • Community Mental Health Services including inpatient beds; • Community Drug and Alcohol Services • Community Palliative Care; • Allied Health Professional Services. |

There are six services, based within the acute sector, which are delegated to the three Grampian Integration Joint Boards for the purpose of Strategic Planning as they are the specialties with the highest levels of unscheduled care. . These services are:

1. Accident and Emergency services provided within hospitals;
2. Palliative care;
3. Care of the elderly;
4. Respiratory medicine;
5. General medicine;
6. Emergency Department.

Community Services 'hosted' by Moray on behalf of the NHS Grampian Boards are:

1. Primary Care Contracts
2. Out of Hours Service Primary Care (GMED)

Children and Families Health Services are 'hosted' by the Moray IJB. The full list of delegated services can be found in the [Scheme of Integration](#).

4. The Moray Integration Joint Board and Health & Social Care Moray

The Moray IJB is made up of voting and non-voting members:

- Voting members: three elected members from Moray Council and three Non-executive Directors of the Board of NHS Grampian.
- Non-voting members: professional advisors including the Chief Officer, Chief Finance Officer, Chief Social Work Officer and Clinical Leads, and also stakeholder members representing patients and service users, unpaid carers, the Third Sector and staff.

There were a number of changes to the Moray IJB membership during the year.

Jonathan Passmore, Chair of the Board, and Councillor Tim Eagle both stepped down from the IJB. They were replaced by Professor Nick Fluck, NHS Grampian Non-Executive Board and Councillor Frank Brown, Moray Council, elected member. Dennis Robertson became Chair in September 2020.

Pamela Dudek, Chief Officer, took up a secondment to NHS Highland in April 2020 and was then appointed to the post of Chief Executive in August 2020. Simon Bokor-Ingram arrived on secondment from his post as Director of Community Health and Social Care and Chief Officer of the Shetland Islands IJB. He was appointed to the Chief Officer post in January 2021.

Dr Graham Taylor stepped down as joint Clinical Lead in September 2020. Jane Ewen, Nurse Director Excellence and Innovation, NHS Grampian, replaced Dr June Brown as a professional adviser to the Board

Governance

The Board continued to operate in an open and transparent manner during the pandemic. Due to rapid advancement in digital technology availability, the Board was able to establish online meetings immediately and the original timetable was fulfilled. The March 2021 meeting was the first to be webcast.

All but one of the scheduled Audit Performance and Risk Committee meetings were held as timetabled during 2020/21. An interim arrangement was agreed for the operation of the Clinical and Care Governance Committee whereby the Chair of the Committee received monthly updates on the key issues arising during the pandemic response.

Decisions taken by the Board during the year included:

| | |
|----------------|--|
| March 2020 | The Chief Officer (or Interim Chief Officer) was granted delegated authority to take decisions in respect of matters that would normally require Board approval, if the Board was unable to meet. |
| July 2020 | The Annual Performance Report for 2019/20 was approved. |
| September 2020 | The temporary suspension of care packages was ended and the eligibility criteria reverted to meeting both critical and substantial need. The Standards Officer and Depute were re-appointed. The delegated authority granted to the Chief Officer was revoked. |
| November 2020 | The Audited Annual Accounts for the financial year 2019/20 were approved. The Public Sector Climate Change Duties Report was submitted to Sustainable Scotland Network. Charges for services for 2021/22 were approved and recommended to Moray Council for approval and inclusion in the budget setting processes. |
| January 2021 | An increase to the voting membership was approved, subject to consultation and ratification by the Scottish Government. The updated Learning Disability Strategy was approved along with proposed housing projects for people with a learning disability. The governance framework was approved. The Annual Report of the Chief Social Work Officer 2019-2020 was accepted. |
| March 2021 | Funding was approved to scale up the Discharge 2 Assess Team on a permanent basis. Commissioning of an outcomes-based care at home service was agreed. An implementation plan for the National Whistleblowing Standards was approved. |

Agendas, reports and minutes for the Moray Integration Joint Board and its two committees (Audit, Performance and Risk, and Clinical and Care Governance) are available using the website link below.

<https://moray.cmis.uk.com/moray/CouncilandGovernance/Committees.aspx>

The Strategic Plan 2019-2029

The Moray IJB's second Strategic Plan, Partners in Care, was developed in partnership with our stakeholders and published in 2019. It sets out the vision for a Moray where:

“We come together as equal and valued partners in care to achieve the best health and wellbeing possible.”

The Strategic Plan sets out the high level priorities for the health and social care partnership to focus on for the next 10 years to deliver improved health and wellbeing outcomes. These are:

• Building Resilience

Enabling people to take greater responsibility for their own health and wellbeing

There is a commitment to improve overall health and wellbeing and prevent ill-health of the people of Moray. Positive health and wellbeing, prevention, early intervention and harm reduction will continue to be promoted. People need to get the right levels of information, advice and support to maintain their independence and reduce the instances of them having to engage with services at points of crisis in their life.

• Home First

Supporting people to live as independently as possible at home or in a homely setting

There is a commitment to continue to invest in communities for services to be delivered locally and support people to be maintained safely at home, avoid unnecessary hospital attendance or admission, and to be supported with early discharge back home after essential specialist care.

• Partners in Care

Enabling people to have greater choice and control over decisions affecting their care and support

There is a commitment to ensure patients, people who receive services and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve.

Health & Social Care Moray

Through our strategic priorities, our ambition is to create a health and social care system that is accessible, caring, person centred, safe and sustainable. We need to ensure we can continue to provide health and social services to those who need them most, at the appropriate time, in the appropriate place. We want to transform the way we do things so that more people can access the support they need to live healthy, independent lives.

The Strategic Plan drives the work of the partnership of Health & Social Care Moray. This is the delivery arm of the Integration Joint Board with Moray Council and NHS Grampian employees work together with organisations across the Third and Independent Sectors to deliver integrated services.

Responding to the challenges of Covid-19 has resulted in the opportunity to accelerate work to achieve the Moray IJB's ambitions as set out in the Strategic Plan, particularly around the Home First agenda.

Health & Social Care Moray works to achieve improved health and wellbeing outcomes for individuals and communities, and achieve the core aims of integration to:

- improve the quality and consistency of services for patients, carers, service users and their families;
- provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so;
- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

The Chief Officer is supported by the Senior Management Team and wider System Leadership Team.

The partnership reports quarterly to the Moray IJB on a range of performance measures to highlight areas of good performance and areas where improvement action is required.

5. About the Annual Performance Report

Integration Authorities are required by legislation to report on the Core Suite of Integration Indicators within their Annual Performance Reports. These national indicators are intended for consideration within the wider context of health and social care and to help identify areas for improvement to aid with strategic planning.

The Annual Performance Report describes our performance in a number of different ways, recognising that information is used and understood differently by different audiences. It presents how the Partnership has:

- Worked towards delivering against our three strategic priorities by highlighting areas of key activity and good practice
- Performed in relation to the nine National Health and Wellbeing Outcomes
- Performed in relation to the National and Local Indicators
- Performed financially

The National Health and Wellbeing Outcomes

There are nine National health and Wellbeing Outcomes that seek to measure the impact that integration is having on people's lives.

They are high level statements of what health and social care partners are striving to achieve through integration, and ultimately through improvement across health and social care.

| | | |
|---|---|---|
| 1 |  | People are able to look after and improve their own health and wellbeing and live in good health for longer. |
| 2 |  | People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. |
| 3 |  | People who use health and social care services have positive experiences of those services, and have their dignity respected. |
| 4 |  | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. |
| 5 |  | Health and social care services contribute to reducing health inequalities. |
| 6 |  | People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. |
| 7 |  | People who use health and social care services are safe from harm. |
| 8 |  | People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. |
| 9 |  | Resources are used effectively and efficiently in the provision of health and social care services. |

National and Local Indicators

We present a range of key performance indicators to evidence our progress during 2020/21:

- National Core Integration Indicators;
- National and Local Indicators;
- Ministerial Strategic Group (MSG) Indicators.

The indicators have been developed from national data sources to enable comparisons between Integration Authority areas and with Scotland. There are 23 indicators in total.

There are nine indicators based on the Health and Care Experience Survey and 10 other measures mainly using health activity, community and deaths information. The remaining four indicators cannot be reported as national data is not available or there is not yet a nationally agreed definition. Each indicator acts as a measure of progress against at least one outcome.

Financial Performance

We have set out an overview of our financial performance for 2020/21 and by comparison with the preceding year as trend data.

It includes not only the total amount spent by the Partnership in the course of the year, but also the total amount and proportion of spend broken down by the various services to which the money was allocated. We have identified whether there has been an under or overspend against the planned spending for the year and, if this is the case, an assessment as to why this occurred.

Locality Planning

The Performance Report Regulations require that each performance report includes a description of the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of services and the proportion of the Partnership's total budget that was spent in relation to each locality

The Partnership has appointed four Locality Managers who will lead on the development of Locality Plans with partners including patients, service users, carers and the third and independent sectors. Each Locality Plan will be updated annually to show how the Strategic Plan is being implemented locally to ensure services and any redesign work reflects local priorities, needs and community issues.

Inspections

Health and Social Care services delivered by statutory and non-statutory providers in Moray are monitored and inspected in a range of ways to give assurance about the quality of people's care.

The Partnership's commissioning officers apply contract monitoring processes to services commissioned to deliver health and social care while Service Managers monitor internal service delivery. This work is reported through the Board's Clinical and Care Governance Committee.

Normal programmes of inspection by external bodies were suspended during the pandemic but they continued to carry out scrutiny. The type of scrutiny was based on risk or intelligence, taking the form of self-evaluation, virtual scrutiny and on-site inspection.

Inspections carried out during 2020/21 are listed in Appendix 2.

6. Our response to Covid-19

The national situation

In January 2020, the World Health Organisation (WHO) announced that a new respiratory illness in Wuhan, China, was associated with a novel (new) coronavirus called Covid19.

As the virus spread around the world and reached Europe, it became clear that mortality varied across age groups with the elderly appearing to be at particular risk as were those with certain health conditions.

Scotland confirmed its first case in early March 2020 and by 23 March - the start of the first national lockdown - the deaths of 16 people had been linked to the virus. In the year since, more than 9,800 deaths where coronavirus was mentioned on the death certificate had been recorded.

Lockdown placed stringent restrictions on every day activity. People were required to stay at home unless they had a key role (which included many NHS and Social Care staff) or for essential purposes, such as shopping and once a day exercise. Legislation allowed for enforcement and fines for non-compliance.

Scotland began the first of four phases to exit lockdown at the end of May when an initial easing of lockdown restrictions began.

Coronavirus remained a significant threat to public health and measures to limit its spread continued, including requirements to observe social/physical distancing and avoid crowds, to adopt strict hand washing, to wear a face covering unless except, and to self-isolate and book a test if experiencing symptoms.

In November 2020 a new five-tier local lockdown levels system was put in place, based largely on the prevalence of the virus, including the number of positive cases. Due to concerns around the emergence of a new, more transmissible variant of the virus, from Boxing Day the country moved into the tightest Level 4 restrictions, which included the closure of non-essential retail and hospitality. Scotland moved into its second lockdown on 5 January 2021.

The Scottish Government published an updated strategic framework in February 2021 setting out the plan to restore, in a phased way, a return to a more normal life for the country while at the same time suppressing the virus to the lowest level possible and keeping it there.

The picture in Moray

For much of 2020 Moray had the third lowest infection rate of any Scottish local authority and typically recorded 6-8 cases per week, per 100,000 of population. As a result, Moray was placed in Level 1 in the first review of Scotland's Covid alert system in November.

Moray, however, began to experience a significant increase in cases in early 2021. To drive down community transmission, in February testing began of people who experienced no symptoms to identify those with virus who had the potential to infect others.

The initial response

Following direction from the Scottish Government, in March 2020 Health & Social Care Moray started its emergency response to the pandemic. Many planned services were suspended whilst others rapidly changed their delivery model and huge numbers of staff began working from home. Many members of the workforce were redeployed to assist with anticipated high levels of demand and activity.

The command and control structure was embedded. To meet the requirement for robust and continuous planning, the HSCM Covid Response Group of service managers and system leads met daily and linked directly to Local Authority and NHS arrangements to ensure a co-ordinated tactical and operational multi-agency response for Moray and Grampian.

In the emergency response phase, there were a number of key priorities to be addressed.

- **Ensuring the most vulnerable residents with critical care and support needs stayed safe and well in the community**
- **Supporting those in the community who were shielding, self-isolating or vulnerable**
- **Supporting the workforce to continue to safely deliver essential services**
- **Supporting those in the community effected by coronavirus**

Our actions performance in relation to these is reported in section 7 of this report.

Recovery and re-mobilisation

The Re-mobilisation Plan developed by the Moray, Aberdeenshire and Aberdeen City Health & Social Care Partnerships and NHS Grampian, set out a whole-system approach to safely restarting services whilst living with Covid-19.

The plan drew on learning from the innovation and reform accelerated during the initial response phase to support the priorities of keeping residents safe through work with statutory, third sector and independent sector partners.

The partnership remained focused on strategic priority of Home First. The approach of aiming to avoid hospital admissions where appropriate and minimise hospital delayed discharge, was key to creating the capacity and pathways required to sustain care delivery through winter, including any further waves of Covid-19.

7. Our progress against the National Outcomes

Community health and wellbeing

National Health and Wellbeing Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Strategic priority: Building Resilience: Supporting people to take greater responsibility for their own health and wellbeing

Covid priorities: Supporting those in the community who were shielding, self-isolating or vulnerable; and supporting those in the community effected by coronavirus

The health and wellbeing of the people of Moray is central to the work of the health and social care partnership. One of the priorities of the Moray Integration's Joint Board's strategic plan is to work collaboratively with partners and communities to progress approaches which enables individuals to take greater responsibility for their own health and wellbeing. This will support them to live longer and healthier lives.

Living through a global pandemic has had a huge impact on the health and wellbeing of Moray's citizens. The resilience of individuals, households and communities will determine how well we recover from the wide range of impacts, and the length of time this will take, and ongoing work is required to fully understand the long-term impacts.

Everyone had to adapt their lives and follow the national restrictions put in place to reduce the devastating spread of Covid-19. We have all had to change our behaviour, such as wearing a face covering whilst shopping and keeping our distance from others.

As the number of people with Covid-19 symptoms in Scotland grew, Health Boards were asked to set up community clinical hubs and assessment centres as part of a comprehensive front line community response for people struggling to manage their symptoms at home.

Grampian Covid-19 Hub has been set up by the Out of Hours Service Primary Care (GMED) Service with support from management and clinical lead teams from three partnerships and continues to be staffed by clinicians from across the system. Calls made day or night to NHS 24 by members of the public whose symptoms failed to improve, were initially assessed and information forwarded to the hub using existing infrastructure. Staff at the hub then contacted the individuals by phone and provided advice on how best to manage their symptoms and continue to self-isolate at home, gave an appointment to attend the centre for further assessment or arranged a GMED home visit. The initial telephone assessment was complemented by the NHS Near Me video consulting platform when required.

During an 11 month period, the Community Response Team (CRT) carried out 72 rapid response assessments (completed within a 2 hour timeframe) for patients too unwell to attend the centre which was based at The Oaks in Elgin, enabling it to dovetail with the CRT, the Out of Hours Primary Care Service (GMED) and Grampian Covid Hub. The team also undertook training in relation to providing care and support to Covid-19 end of life patients at home.

Given the impact of Covid-19 on the most vulnerable in society, the adult seasonal flu immunisation programme had a key role in preventing ill health in the population and minimising further impact on NHS and social care services. Flu vaccinations in Grampian moved away from a model based on GP delivery to delivery through dedicated teams. The Moray Immunisation Team developed and delivered the core programme to all eligible groups with particularly focus of those aged 65 years and over, those aged 18-64 in clinical risk groups and pregnant women. The extended programme offered vaccination to frontline health and social care workers, including Independent Contractors, unpaid and young carers.

The National Immunisation Programme was maintained during the pandemic with pre-school immunisations moved out of general practice and carried out in school settings by the Immunisation Team.

Moray's first mobile community testing site opened in Keith in February to provide free testing for members of the public with no symptoms associated with Covid-19 but who could be infectious and spreading the virus without knowing it. This pop-up testing unit will moved between Moray towns in an effort to drive down community transmission.

The national Covid-19 vaccination programme is the biggest in history. It represented a huge logistical challenge requiring scaling up the workforce, inviting large numbers to get vaccinated safely, transportation and storage of the vaccines.

Since early December 2020, when the Covid-19 vaccine first became available in Grampian, vaccination teams – including nursing and medical staff, care workers, GPs, returning workers, admin staff and volunteers – have worked together to protect people in Moray from the virus.

The roll-out of the programme prioritised those most at risk, beginning with the first of two doses care home residents and staff and frontline health and care workers to lower the risk of them getting Covid-19 or transmitting it to the people they care for and support. Teams from general practice and community nursing led the vaccination effort for the over 80s and people who were housebound.

January saw the first appointments offered at newly opened mass vaccination centre in Elgin. The Fiona Elcock Centre is named in memory of a much-missed and valued colleague who was an immunisation nurse and died very suddenly at the end of 2020. The delivery of first and second doses had continued into 2021/22.

Amidst all the challenges, there have been many positives, most notably the response from the people of Moray. Since March 2020 there has been an unprecedented movement in community resilience and increase in community capacity. Neighbours connected and looked out for one another more than usual and informal groups in local areas mobilised to use community-centred approaches to identify and support individuals and families in need, particularly the isolated and excluded.

Much of this work was co-ordinated by community planning partners including the partnership's community development team, Moray Council's community support unit and tsiMORAY, which included support for the Grampian Humanitarian Assistance Centre (HAC). It began operation to coordinate resilience partnership, third sector and community resources for people on the shielded patients list (the extremely vulnerable at higher risk) and for members of the wider public experiencing difficulties due to the Covid-19 restrictions such as collecting shopping and medications. In its first week, the helpline responded to over 600 people across Grampian and connected them to appropriate support.

Our Volunteer Service experienced increased interest in volunteering, including a number of people furloughed from their jobs, to support people known to health and social care services. During the year 131 volunteers were matched with clients to take the number of current volunteers to 183. They supported 291 clients – 170 who were in need of a social buddy and 121 who required one or more volunteer to act as their community alarm responder.

All volunteers were provided with national Covid-19 guidance, PPE and guidance cards for safe procedures during community alarm call outs as appropriate. Training moved online which gave greater accessibility and reduced travel time and costs.

The team had to find different ways to meet 77 potential volunteers and used video calls and outdoor meetings to get to know people and explore volunteering opportunities. Adapting the buddy roles was a challenge due to restrictions on face to face visits, most of the clients and their buddies maintained contact by phone in the early stages. As some restrictions were lifted in the summer of 2020 over 50% were able to visit clients in gardens and outside spaces.

There was a marked increase in the number of community alarm responder referrals, including via the Home from Hospital Team based at Dr Gray's Hospital. The rise may in part have been due to neighbours, friends or family who would normally have filled the role having to shield.

Community Development Team supported 80 people to access digital devices and training, to enable them to make use of digital services and video consultations. Devices have also been supplied to care homes.

The Bow community café in Elgin run by Arrows, a Quarriers support service which provides a resource of practical help for individual and their families dealing with

substance or alcohol misuse in Moray. The service receives funding from the Moray Alcohol and Drug Partnership.

The café is supported by volunteers and Moray Food Plus who facilitate donations from local supermarkets. The food recovery initiative allows the café to prepare and provide quality meals and fresh baking to customers. While the café was closed, volunteers, staff and catering colleagues redeployed by Moray Council worked together and between April and September provided 6,970 three course meals to families, people who were shielding, older people, single person households, people who experiencing physical and/or mental health difficulties and people that found themselves in financial hardship.

The NHS Grampian virtual Psychological Resilience Hub launched just days after the first lockdown was imposed and was the first of its kind in Scotland. Members of the public and health and care staff from all sectors who were struggling with the impact of the pandemic could refer themselves to the hub. Clinicians and trained volunteers provided psychological first aid aimed at reducing distress, preventing further psychological harm and reducing presentations to front line services

The Hopeman Community Minibus was a lockdown lifeline to locals with medical appointments and then began supporting vaccination runs. Community members from Burghead, Cummingston and Hopeman joined forces last August to form a new committee in response to the transport issues experienced by coastal residents following the temporary closure of the GP surgeries in Burghead and Hopeman and reductions to the already limited public transport timetable.

They made use of an underused mini bus to establish a volunteer-led door-to-door service which enabled people to continue accessing their health centre, hospital, optician and podiatrist appointments. Additional funding was secured through Health & Social Care Moray's Health Improvement Fund to meet growing demand for the service and the committee has worked closely with the medical practice to co-ordinate appointment times.

We continued our work to promote healthier lifestyles and active ageing. Community health and wellbeing groups managed by the partnership including Be Active Life Long (BALL) Groups for older people and the Walk Moray project which delivers health walks in communities across Moray, had to suspend or adapt activities in line with the Covid-19 restrictions, which online sessions helping to combat social isolation and promote physical activity.

With many services suspended and venues temporarily changes, technology was used to support conversations with individuals in making positive changes in their health-behaviour and lifestyle, such as smoking, diet, alcohol consumption and physical activity.

The NHS Grampian virtual Psychological Resilience Hub launched just days after the first lockdown was imposed and was the first of its kind in Scotland. Members of

the public and health and care staff from all sectors who were struggling with the impact of the pandemic on their mental health could refer themselves to the hub. Clinicians and trained volunteers provided psychological first aid aimed at reducing distress, preventing further psychological harm and reducing presentations to front line services

Primary care services are often the first point of contact in the healthcare system. The primary care services of general practice (GP), community pharmacy, dental, and optometry (eye health) all had to adapt ways of working during the year.

Since the end of June 2020, Community Optometry has worked hard to remobilise whilst adapting to a new world of PPE and more stringent hygiene and infection control and prevention measures. Initially permitted to only deal with emergency and essential eye care, the scope of services was expanded to review routine eye care patients as well.

Early on in the response to Covid-19, community pharmacies quickly implemented systems to remain open for face-to-face services, working hard to complement system transformation and ensure patients received their medication. Community pharmacies were also key in delivering the flu vaccination programme.

General practice was never stood down but delivery methods rapidly changed to maintain infection control in GP practices, keep patients and staff safe, and allow general practice staff to continue delivering care should they need to self-isolate.

The majority of consultations were delivered remotely by telephone or using two emerging platforms unless it was clinically appropriate for the patient to be seen face-to-face. These were the secure NHS video calling platform Near Me and eConsult, a form-based online consultation platform that collects the patient's medical or administrative request and sends it through to their GP practice to triage and decide on the right care for the patient.

2020/21 saw a full take-up and scale-up of Near Me video calling by all GP practices in Moray with a 915% increase in consultations from the previous year (459 to 4200) and a 1173% rise in consultation hours delivered using the platform (58,000 to 690,200).

Person-centred approaches to independent living and building a good life

National Health and Wellbeing Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live as independently as possible at home or in a homely setting in the community

National Health and Wellbeing Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

National Health and Wellbeing Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Strategic Priority: Home First – Supporting people to live as independently as possible at home or in a homely setting

Strategic Priority: Choice & Control – Supporting people to make choices and take control over decisions affecting their care and support

Covid priority: Supporting those in the community effected by coronavirus

We have presented Outcomes 2-4 collectively as they underpin the way in which we plan, design and deliver our services.

Lockdown was a particularly difficult and isolating time for those with health and care needs and their families as their usual services were suspended, community facilities closed their doors and support from those out with their household was restricted. Carers had little to no respite from their role.

Business continuity plans were enacted within all services as health and social care moved to critical function in response to Covid-19.

The **Access Team** continued to provide a single point of contact for all initial requests for care and support. Daily duty social work systems, out of hour's services and Adult Protection responses were all maintained.

Mental health services in Moray remained open during the pandemic to ensure people in crisis had access to mental health assessment, care and treatment. Emergency (seen same day) and urgent (seen within 7 days) referrals were triaged and prioritised by a newly-formed Urgent Care Team. The in-patient wards - Ward 4 at Dr Gray's Hospital and Muirton at Seafeld Hospital - continued to provide services.

An **Enhanced Discharge Hub** was set up to focus efforts to free up hospital beds and arrange care at home or a homely setting for older people and others in need of support.

Members of the Hospital Discharge, Reablement, Care at Home and Commissioning teams worked together to support the care system to adapt to the increased pressure placed on it by Covid-19, with many people requiring continued support for daily living even if they had not contracted the virus.

To increase capacity in care at home services, Social Work teams worked with service users and their families to review low-level packages of care and seek agreement for temporary variations. The process of assessment and reassessment was overseen by Consultant Social Work Practitioners. Any variation to a package of care was reassessed in a maximum timescale of 12 weeks or sooner if triggered by the service user or the team.

The adjustment in packages ensured HSCM maintained an ability to meet all critical needs whilst having the capacity to continue with hospital admission avoidance and early hospital discharge in order to protect the acute hospital bed capacity.

Additional bed capacity was created with the opening of Duffus Wing – an unused section of Spynie Care Home in Elgin – to support the discharge of individuals who no longer required acute care but were not in a position to return home. The 17-bed intermediate social care facility was staffed by teams deployed from the council and NHS working in partnership with staff from local providers Cornerstone and Mears. The wing was operated by Health 7 Social care Moray from April until the end of September.

While the majority of building-based day services had to close temporarily, the Burnie Day Centre in Buckie continued to provide a critical service for adults with learning disabilities, with staff making adaptations to the service to ensure the provision of excellent day care and support that was safe, fun and meaningful.

We engaged with providers of services and supported them to continue to offer virtual day opportunities using online platforms. The options to provide support and services online have opened up the opportunity to increase choice to people who may not want to attend a traditional building-based service.

To encourage people to approach meeting their outcomes in creative ways following the suspension of their usual services, Social Work reviews were undertaken with a focus on the full range of self-directed support (SDS) options discussions to promote greater choice and control.

The SDS Team developed 'Talking Heads' videos where people spoke about their experience of using SDS creatively. These included: the purchase of a greenhouse to meet an unpaid carer's outcome of having a break from caring for her family member; the purchase of a laptop to enable an individual to continue with online yoga and music sessions; and the purchase of gym equipment to continue with at-home fitness sessions while gyms were closed.

Many other services continued to be delivered face-to-face such as care at home and community nursing, and in supported living and residential care settings.

Enhanced support was provided to commissioned services with a particular focus on care homes. Care homes have a vital role to play in providing a safe, caring environment for people to live, but are a high risk setting for coronavirus due to the vulnerability of residents and the institutional setting.

From March, a range of structures and processes were put in place to support and maintain good engagement with care home providers in Moray and to offer assurance to the partnership around care homes' ability to cope with additional pressures placed on them. This include the establishment of a multi-disciplinary oversight group.

The collaborative approach including daily contact with the commissioning team to monitor PPE supplies and staffing levels and to signpost to updated national guidance and legislation. There were open lines of communication with the Chief Nurse to offer clinical guidance and support on areas including use of PPE and educational needs. A consultant social work practitioner and lead nurse were seconded to provide support and carry out onsite visits. Weekly information returns were made to the Scottish Government.

Building on the success of delivering virtual consultations during the Covid-19 pandemic, systems and processes are being established to ensure this method of service delivery is embedded, sustained and used widely across our health and social care partnership.

Since January 2021, a core group of early adopter social workers have been using **Near Me**. The primary driver was to reduce the backlog of outstanding reviews with residents in care homes which could not be held face to face due to restrictions on entering the homes. This group has also been starting to use video calling for other social work interactions and the work has informed processes to embed Near Me as an additional tool which affords a more personal approach than being undertaken by telephone.

Social workers have so far reported that the experiences have mostly been positive for all parties. One of the most positive aspects reported so far has been the ability to include other participants such as family members who do not live locally or are unable to travel due to restrictions as well as the ability to review out-of-area placements as far away as England. In the first three months of use around 1800 miles of travelling has been saved.

Transformation work is being progressed under the Home First programme working to maintain people safely at home, avoiding unnecessary hospital attendance or admission, and supporting early discharge back home after essential specialist care.

There is wide recognition that outcomes for people who are cared for closer to home are better and we believe that expanding the range of services available to people at home will be of immense benefit to individuals, their families and the wider community.

Home First was launched in June 2020 as part of the Grampian-wide health and social care response to the 'living with COVID' phase of the pandemic. All three Health & Social Care Partnerships are working together with the acute services sector of NHS Grampian to break down barriers between primary and secondary care and to deliver more services in people's homes or close to people's homes.

In support of a whole system approach to reducing the number of people delayed in hospital when they are clinically ready to leave, the Discharge to Assess workstream was successfully taken forward into a six month pilot project.

Discharge to Assess supports the rapid discharge of patients who are medically ready to leave hospital and appropriate to have their functional needs assessed among the familiar surroundings of their own home. People are supported through comprehensive physiotherapy and occupational therapy assessment and the provision of timely rehabilitation to maximise their independent living skills.

An element of the Discharge to Assess project was to review the pathway to enable early identification of people for whom discharge to assess would be appropriate so that admission could be avoided and people could return home with appropriate support.

The targeted functional approach results in more people remaining independent after a hospital admission or attendance, and a reduced dependency on formal care services. During the six month test, 48 patients aged between 64 and 96 were supported by the team to return home to continue their recovery. All 48 recorded improved assessment scores in their gait, balance and mobility leading to a reduced risk of falls. 88% of patients agreed their functional performance had improved.

Funding was approved to scale up the project to full implementation from August 2021.

The **Delayed Discharge** programme has required a whole system approach as discharge is a complex process. It involves many different members of staff and the components of the discharge process cover a number of different services.

The focus of this work is on the following four parts of the system: admission avoidance; discharge planning/process; community hospital transfers; and provision of care in the community.

A Delayed Discharge Focus Group has been meeting regularly to address these issues by identifying and progressing actions. Since the action group began meeting in October 2020 there has been a sustained reduction in the number of delayed discharges in Moray.

Hospital at Home is a short-term targeted intervention that provides a level of acute hospital care in an individual's own home that is equivalent to that provided within a hospital. The Moray programme is at scoping stage and meetings are taking place with clinicians and service managers to agree and identify components of a hospital

at home model that takes in to account the remote and rural aspects of service delivery in Moray.

Health improvement approach to Respiratory Conditions is a programme providing the opportunity for individuals to self-monitor their health and wellbeing within their home and local communities. It enables professionals to access information and training so they can best support individuals within their own home and local community, and promotes and develops community support and resilience to support individuals within their local communities.

Two initial tests of change were completed with patient cohorts from Forres and Buckie. Where appropriate the patients were given further information on how to self-manage their condition and have been referred on to one of the established respiratory pathways.

Health and Social Care Moray worked in partnership with Moray Council Sport and Leisure Service to launch a new Respiratory Programme dedicated to those living with or at risk of respiratory disease. Based on physical activity and behavioural change, healthcare professionals were able to refer patients to either the core Pulmonary Rehabilitation Programme or to a new Physical Activity Programme.

Reducing Inequalities

National Health and Wellbeing Outcome 5 - Health and social care services contribute to reducing health inequalities

Whilst the last year has required a concerted focus on meeting the challenges of a pandemic, positive steps have continued to be taken to incorporate and further develop equalities into our policies and processes, and our teams have actively engaged in meeting the needs of people with protected characteristics despite the complexities that Covid has created.

The Equality Act 2010 introduced a Public Sector Equality Duty, which requires us to pay due regard to the need to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations between people with one or more protected characteristics, both in relation to our commissioning responsibilities and our workforce. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership (only with regards to eliminate discrimination), pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Moray Council and NHS Grampian recognise their responsibility as community planning partners, service providers and employers to encourage the fair treatment of all and are committed to the principle of equality of opportunity.

We recognise that due to a range of dimensions - including personal characteristics; lifestyle factors; social networks; living and working conditions; and socio-economic and environmental conditions - some communities experience health inequalities. Health inequalities are the avoidable and unjust differences in health between people or groups of people.

The pandemic has and the necessary lockdown restrictions to control its spread have had an impact on our health, the economy and how we function as a society, with everyone being affected in some way. This has replicated existing health inequalities with the burden falling on the most vulnerable, the most deprived and the more marginalised, and, in some cases, has increased them.

These determinants of health require to be addressed in line with national public health priorities as part of wider Community Planning Partnership activities that focus on prevention and inequality in order to protect and improve the health and wellbeing of Moray residents.

A short life working group was established in early 2021 to review and refine the partnership's Equality and Mainstreaming Outcomes and provide a basis for reporting performance and demonstrating implementation across the partnership's services. The refocused outcomes are:

1. Everyone across Moray (including those who share a protected characteristic and those who do not) has the opportunity for good health and wellbeing across their lifespan.

This outcome seeks to empower individuals to take charge of their own health and wellbeing; be active, make positive choice and feel connected within their communities. It also recognises that wider inequalities that effect health and wellbeing as well as the need for prevention and early intervention to mitigate health consequences.

2. Everyone across Moray (including those who share a protected characteristic and those who do not) has equitable access to Health and Social Care services and are supported to live as independently as possible.

This outcomes will support people to have access to person-led health and social care services and the help they need to make informed decisions about their care and support so they can feel more in control of their lives.

3. Health and Social Care staff understand the needs of people with different protected characteristics, are able to support them and promote diversity in the work they do.

This outcome focuses on workforce development. Awareness will be raised among staff of issues affecting health equalities and they will receive training appropriate for their roles. Opportunities for personal well-being, development and learning are to be developed for all employees.

In delivering on the Strategic Plan, we work to take account of: the particular needs of different service users; the particular needs of service-users in different parts of the area in which the service is being provided; and the particular characteristics and circumstances of different service-users.

Through our 'planning with people' engagement work, we are proactive in ensuring that equality, diversity and inclusion are a priority when we are designing, planning and commissioning services and respect the voices of the diverse communities we serve.

Supporting Carers

National Health and Wellbeing Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

Three in five of us will be carers at some point in our lives, supporting family members, friends or neighbours whose lives are affected by disability, physical or mental ill-health, addiction or frailty.

Unpaid carers in Scotland represent a larger workforce than the paid health and social care support workforces combined. They are among our key partners in care and contribute significantly to achieving the ambitions of our Strategic Plan. Recognition of the value they bring and representation of their experiences and views are central to the planning and delivery of services and supports for carers and those they care for.

During the Covid-19 pandemic, the responsibilities of unpaid carers have increased considerably. There are more unpaid carers than ever before, and most of those who provided unpaid care before the pandemic are now spending more time providing care for another person.

Carers who took part in a series of engagement sessions during January and February 2021 led by Health & Social Care Moray and supported by Quarriers Carers Support Service (Moray), reflected on the significant impact the role continues to have on their own health and wellbeing.

As well as their caring situation, they were also dealing with anxieties resulting from the Covid-19 such as transmission and finances. Restrictions and shielding had stripped away the support networks carers normally have, leaving many feeling even more lonely and isolated. The closure of community facilities and suspension of social care services amplified the pressure on carers by increasing the hours they spent in a caring role and in many cases leaving them without any respite from their responsibilities.

Advice and guidance which detailed the situations in which unpaid carers may require personal protective equipment (PPE) was published by the Scottish Government and promoted by the partnership. A local PPE hub was set up to support unpaid carers to access supplies of PPE if their normal supply routes were unavailable.

Unpaid carers aged 16 to 64 were invited to come forward for the Covid-19 vaccination as part of priority group 6. Letters were sent out in February 2020 to those registered with their GP as an unpaid carer or in receipt of carers' benefits. There was also the opportunity to self-register via an online portal or through the Covid-19 Vaccination Helpline.

Carers support service

Quarriers Carer Support Service (Moray) – the commissioned carers support service – focused on continuing to provide information and support, achieving a seamless transition from office to home working, and introducing a range of remote supports and activities to stay in touch with carers.

The staff team called registered carers to let them know they weren't alone and reassure them of the service's ongoing availability. They targeted carers considered to be most vulnerable, offering additional support where possible.

Quarriers secured significant additional funding for emergency responses to carers' need for breaks, financial support, shopping and wellbeing. Funding was also secured to accelerate the service's IT development plan and equipped workers with the devices and software packages needed to work effectively from home.

Quarriers moved to greater reliance on IT, doorstep visits, outdoor meetings and walks, and completed Adult Carer Support Plans over the phone or by video call. Carer support activities moved online and new creative options were introduced to keep carers connected, with learning, social, craft and networking opportunities available.

The service increased information flow to and from Health and Social Care Moray, keeping the service and carers updated with developments, and reporting on the impact on carers of the pandemic.

Quarriers has worked closely with Health and Social Care Moray to create an Adult Carer Support Plan providing an overview of a carer's life and the impact of their caring role. During the 2020/21 completing support plans was a challenge and there has been backlogs in assessing carer eligibility for additional supports and a lack of service availability to meet carers' outcomes.

During the reporting period:

- 248 new referrals were received
- Over 14,000 contacts were made
- 1068 carers were supported
- 332 Adult Carer Support Plans were offered and 102 were completed
- 255 counselling sessions were delivered
- 55 Adult Short Breaks were awarded
- 40 Adult Respite Awards were made
- 17 online sessions were delivered to 63 participants
- 142 people took part in the Open Doors activity programme
- 4000 newsletters were distributed, 22,500 e-newsletters and 2000 Covid fact sheets.

Safe Services

National Health and Wellbeing Outcome 7 - People using health and social care services are safe from harm.

One of the principles for Moray's integrated health and social care system is to protect and improve the safety of people who make use of services. Staff are focused on ensuring people are kept safe from harm.

All areas of service are linked into the Clinical and Care Governance Group which provides a platform to identify and respond to governance issues at a local operational level. The governance group seeks assurance that safe, effective, person centred care is delivered by HSCM by receiving and scrutinising regular reports from all services including hosted services.

It determines any issues which require to be escalated to the Board's Clinical and Care Governance Committee.

During the year, reports were presented on issues including:

- Child and Adult Protection;
- Out of Hours Primary Care Service (GMED) and Grampian Covid Hub;
- Use of Spynie Care Home (Duffus Wing);
- Enhanced oversight of care homes;
- Adverse events and complaints;
- Deaths involving coronavirus

The Clinical Risk Management (CRM) Group continued to meet every two weeks to discuss adverse events, complaints and risks. The group comprises of senior management, clinical leads, chief nurse and relevant service managers/ consultants.

Contract monitoring was conducted virtually by the Commissioning Team which monitors externally provided services alongside Social Work and Adult Protection colleagues and the Care Inspectorate. Performance issues are addressed through jointly negotiated service improvement action plans.

The Partnership directly provides a number of services including care at home, day services and housing which are subject to a rolling programme of internal audit. Independent inspection from the Care Inspectorate was largely paused during the pandemic in order to assess care home arrangements.

Staff and services retain a focused approach to child and adult protection and require to be suitably trained and supported to confidently deliver positive outcomes for those who may be subject to harm.

The partnership has continued preparations for the anticipated Care Inspectorate Adult Support and Protection (ASP) thematic inspection. A self-evaluation exercise was undertaken with members of the Moray Adult Protection Committee and representatives of the Moray ASP partner agencies. The findings from this and a case file audit supported the development of an Improvement Action Plan.

Due to competing priorities and the global pandemic, a delay occurred in developing and implementing the improvement plan. Consequently, for the plan to be achievable in line with competing priorities, the focus was agreed to prioritise improvements in policy, processes, and procedures.

Phase 1 of the plan focused on the review of the core ASP process with the aim of ensuring that it adequately reflects multi-agency input and covers the whole ASP process including monitoring and review. Phase 1 also covers NHS Grampian requirements to produce and facilitate a pan Grampian approach for Initial Referral Discussions (IRDs). The outcome is to offer a consistent response across Grampian. This is fully supported by the NHS Grampian Public Protection Officer.

The improvement plan has achieved the milestones of creating a robust screening tool, mapped and developed processes and procedures for ASP across a whole systems approach whilst working in partnership with NHS Grampian to develop a pan Grampian IRD process for Health. These improvements require testing and further reviewing through staff consultation prior to being adopted as business as usual.

To address limited capacity for social work to screen referrals and drive forward the improvements required by the processes in the Access Team, Covid finances have been directed to the recruitment of 3.5 full time equivalent (FTE) social work staff for a nine month period to support the improvement plan.

We are continuing work to further adopt and embed a trauma informed culture across the workforce, supporting staff and partners to embed a trauma informed approach across all services and aspects of the organisation.

Effective Organisation

National Health and Wellbeing Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

National Health and Wellbeing Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

Covid priority: Supporting the workforce to continue to safely deliver essential services

Our workforce has been responsive and flexible, stepping up to the challenges of a global pandemic. Many were redeployed into new roles such as running the PPE Hub, Covid Hub or returned to work to support our existing workforce and the Covid-19 vaccination programme.

The impact of the pandemic on the NHS and Local Authority as employers and on their employees has been far reaching with new ways of working rapidly introduced.

Like many others, staff had to contend with the impact of lockdown and restrictions, home schooling and additional caring responsibilities. While some services were suspended and staff redeployed to support areas of focus, others were stretched beyond capacity in the effort to meet rising demand. Colleagues were tested in terms of functional practices, IT and home-working

In addition, the impact on the physical and mental health of workers has been brought to the fore, with individuals having to cope with new and incredibly difficult challenges. This included the care of people who had or may have had Covid-19 infection, putting them at increased risk of contracting the virus themselves.

In the face of unprecedented demand across the health and social care system, national measures were introduced to maintain an appropriate supply and improve the distribution of masks, aprons, gloves and other crucial items of PPE direct to those on the frontline who needed it.

In Moray, deliveries were received at NHS and Local Authority points for onward distribution and collection. The social care hub was established at a day centre in Elgin where services had been suspended. Redeployed council employees worked to ensure staff across in house services and external providers, along with personal assistants and unpaid carers, had access to PPE through an efficient packing and distribution system.

Staff worked to the national guidance on the use of personal protective equipment (PPE), donning and doffing, cleaning and waste management.

Workforce health and wellbeing has never been more important. NHS Grampian and its partner Health and Social Care Partnerships recognised the importance of prioritising the wellbeing and recovery of staff across the system as the country moved on from the Coronavirus (COVID-19) pandemic.

Protecting the mental health and wellbeing of health and social care staff – whether they worked on site, in the community or from home – was a priority. Enhanced resources promoting physical and psychological wellbeing, self-care and personal resilience were put in place nationally with the launch of the National Wellbeing Hub and We Care website for NHS Grampian and partnership staff. Both offered a wealth of resources for individuals and for managers to help them support their staff through the challenges brought by the pandemic.

A symptomatic key worker testing programme was developed and a drive-through testing facility set up at Linwood in Elgin, initially staffed by redeployed members of the partnership's Public Health Team. Staff critical to the delivery of frontline services had rapid access to testing, as did members of their immediate household, to allow them to be released from isolation guidance on confirmation of a negative test.

The testing team provided a seven day a week service that included the roll out of testing to residents and staff in care homes reporting a single suspected or confirmed case of Covid-19 and testing of people in the community prior to a planned hospital admission. The Community Response Team carried out swabbing of individuals moving from home to residential care.

Partnership workplaces were risk assessed and measures brought in to limit capacity, reduce movement of people and ensure physical distancing. Guidance was provided on infection control measures including hand washing/sanitisation, respiratory hygiene, cleaning and decontamination.

Improved communication was essential during the year. Every effort was made to ensure staff were sighted on and adhered to the latest government guidance which was frequently updated. NHS Grampian issued a daily brief and the partnership a weekly brief, both of which were communicated to staff through the line management structure.

Staff have acknowledged that they have felt empowered to make rapid decisions and implement change with the removal of bureaucracy.

Social media was used to highlight and celebrate the work of staff. The partnership's Facebook page increased its number of 'likes' from 1,613 to 3,570 over the year and followers grew from 1,870 to 4,078.

Staff working in health and social care were touched as each week the public demonstrated their support for keyworkers by gathering on their doorsteps, in their

streets and outside workplaces for the Clap for Carers national round of applause. For months, people stopped at 8pm on a Thursday to reflect on the lives lost to Covid-19 and also the many lives saved, as well as the contribution of many to keep public services going.

Our staff also received numerous kind donations from generous and thoughtful local businesses, community groups and individuals to help support them through the challenges they faced. From hot meals and drinks to hand cream, sweets, treats to scrubs, the gifts always raised spirits and boosted morale.

International Nurses' Day is celebrated around the world each year on 12 May. In 2020 the day also marked the 200th anniversary of the birth of Florence Nightingale, the founder of modern nursing and pioneer of infection control. It was marked in Moray with deliveries of specially decorated cupcakes to nurses along with a message of thanks and appreciation from Moray and Grampian Nursing Leads.

Health & Social Care Moray joined the international celebrations for World Social Work Day 2021 in March, a day that recognises the achievements of the profession and the contribution social workers make in their communities. Against the backdrop of a constantly developing situation, social work teams have responded with dedication and resilience in order to continue to safeguard the vulnerable from harm and support people with social care needs to experience positive personal outcomes.

Staff awards

Maggie Taylor, Team Leader for the East Moray Older Adult Community Mental Health Nursing Team, was recognised for the dedication, commitment and excellence she brings to her role. She received The Queen's Nursing Institute Scotland (QNIS) Long Service Award that is presented to nurses who have been working in the community for 21 or more years, delivering care to people in a range of settings including their own homes, schools, community hospitals, care homes and GP practices.

Keith Mackay, Senior Charge Nurse at Stephen Hospital in Dufftown, was presented with an award and medal to mark his dedication to his profession after 44 years' service with NHS Grampian. In a letter of congratulations, Professor Amanda Croft, who was then Chief Executive of NHS Grampian, said the long-service milestone marked a lifetime achievement of loyalty, hard work and commitment.

Use of resources

As a public organisation, the partnership has a duty to optimise the use of its resources. These resources include staff, buildings, information and technology.

Our workforce has been responsive and flexible, stepping up to the challenges of a global pandemic. Many were redeployed into new roles such as running the PPE

Hub or returned to work to support our existing workforce and the Covid-19 vaccination programme.

In recent years, digital technology has played an increasingly important role within the health and care sector. At the beginning of 20/21 our parent organisations had the Herculean task of enabling remote and Covid-19-safe working for NHS and Moray Council employees

The partnership's ability to work effectively with much of its workforce based at home, working remotely and conducting business via virtual means, relied on technological capability.

ICT Services mounted an urgent response to enable as many staff as possible to do this, sourcing, building and distributing large volumes of laptops and mobile phones although orders were delayed due to the national demand and supply issues. Virtual meetings were enabled using Microsoft Teams and consultations and reviews via the secure NHS video platform Near Me. ICT service desks dealt with increased volumes of requests from home workers.

Within Moray we have seen increasing demand for our services which has added significant financial challenges across the health and social care sector. In response to this, we have focused on further unlocking the benefits of whole system flow and partnership working which has enabled us to more effectively enhance the efficiency and quality of service provision.

Winter / surge planning is a critical part of operational business to ensure business continuity during a potentially pressured time of the year. It was anticipated that the winter period 2020/21 would bring significant pressure to the health and care system across Grampian.

The winter plan reflected considerable cross system working on unscheduled care that had accelerated since the spring. It focused on key areas to ensure early prevention and response to minimise potential disruption to services and ensure that we continued to provide safe and effective care for our population. Meetings with sector leads were arranged to review respective plans, key themes, gaps and opportunities to optimise cross-system capacity. Services reviewed their business continuity plans and prioritisation of critical functions.

A Moray Covid-19 Outbreak Control Plan was developed which built on existing health protection plans and puts in place measures to contain any outbreak and protect the public's health. The plan set out how Moray Council, NHS Grampian, businesses, voluntary agencies and local communities are working together to prevent, manage, reduce and suppress outbreaks of Covid-19 in Moray.

Moray is fortunate to be an area rich in assets and strengths. We have a vibrant Third sector, which includes charities, social enterprises and voluntary groups, delivers essential services, helps to improve people's wellbeing and contributes to

economic growth. During the year it played an even more vital role in supporting communities at a local level.

Financial performance and best value is detailed in Section 10 of this report.

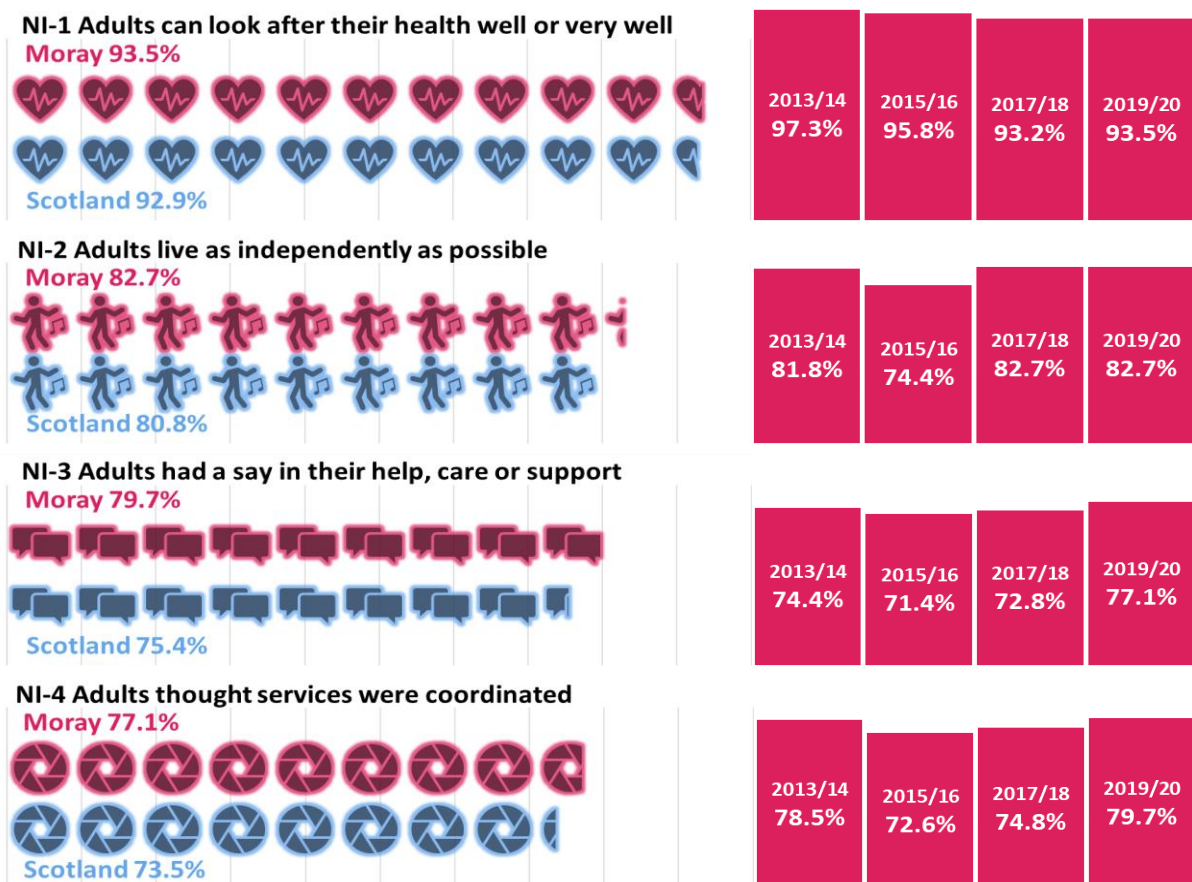
8. Measuring performance under integration

Source: <https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-13-july-2021/>

The Core Suite of 23 National Integration Indicators were published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 Outcome Indicators are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 Data Indicators are derived from Partnership operational performance data.

Outcome Indicators

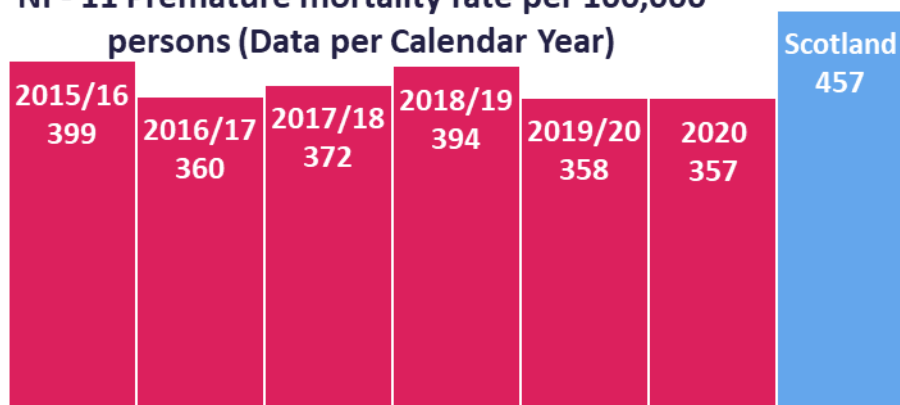




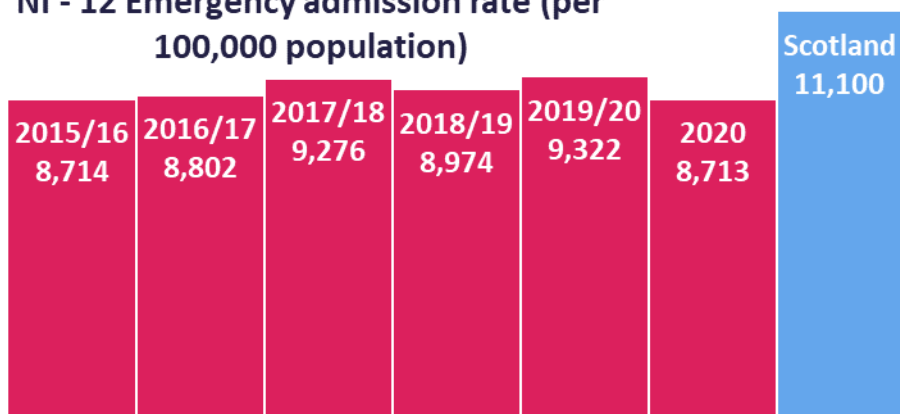
Due to various changes in the 2019/20 HACE survey wording, indicators 2, 3, 4, 5, 7 and 9 are no longer comparable to previous years. Of those Moray has performed close to or above the Scottish average in all but one, NI-9 (Percentage of adults supported at home who agree they felt safe).

Of those that do have comparable data over the four years, NI-1 (Adults who can look after their health well or quite well) and NI-6 (People with positive experience of care with their GP Practice) are decreasing in line with a wider Scottish trend (NI-1 tracking above average and NI-6 tracking just below average).

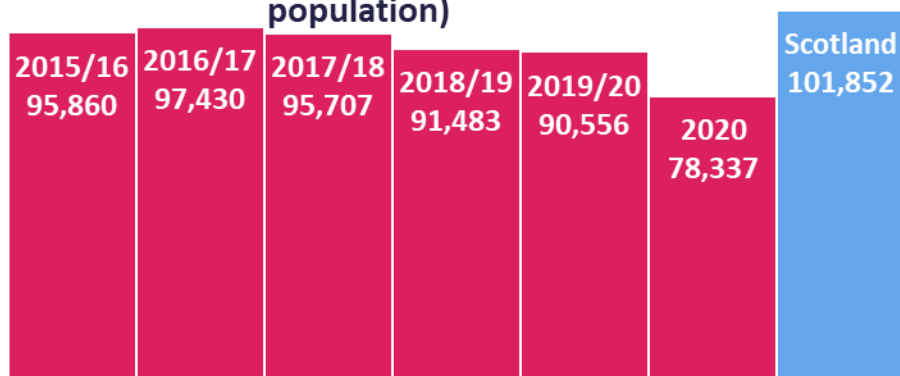
NI-8 (Carers who feel supported to continue in their caring role) has decreased 8.8% in Moray. Despite a decreasing trend across Scotland, Moray is now 2.6% below Scottish average, compared to 2.5% above in 2017/18.

Data Indicators**NI - 11 Premature mortality rate per 100,000 persons (Data per Calendar Year)**

Moray continues to perform well in this measure.

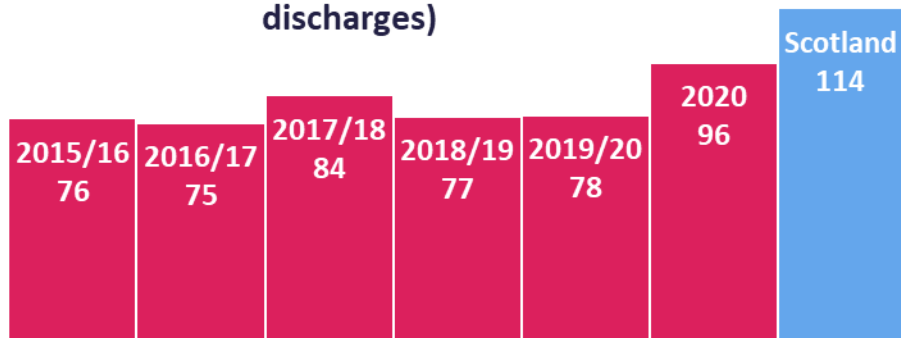
NI - 12 Emergency admission rate (per 100,000 population)

Moray continues to perform well in this measure.

NI - 13 Emergency bed day rate (per 100,000 population)

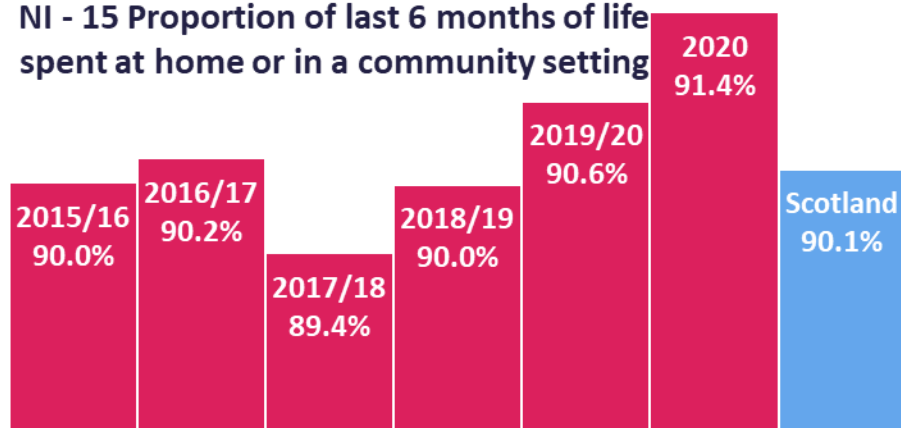
Moray has had a decrease in its Emergency Bed Day rate. Performance in this measure continues to perform well.

**NI - 14 Emergency readmissions to hospital
within 28 days of discharge (rate per 1,000
discharges)**



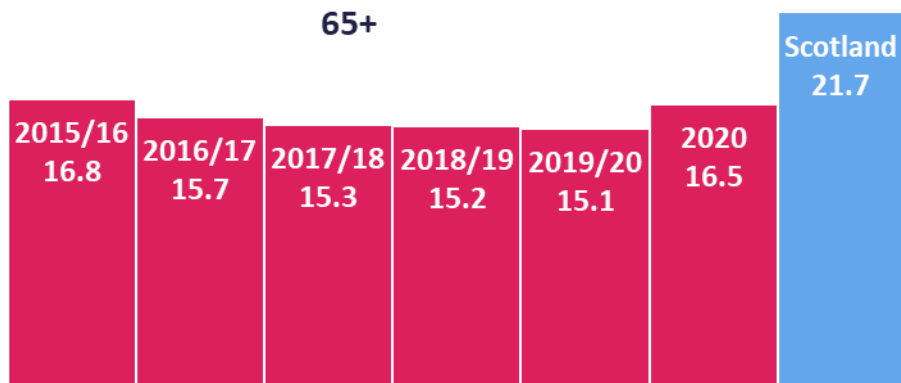
Despite an increase in this measure for Moray, the rate of re-admissions remains within the top quartile across Scotland.

**NI - 15 Proportion of last 6 months of life
spent at home or in a community setting**



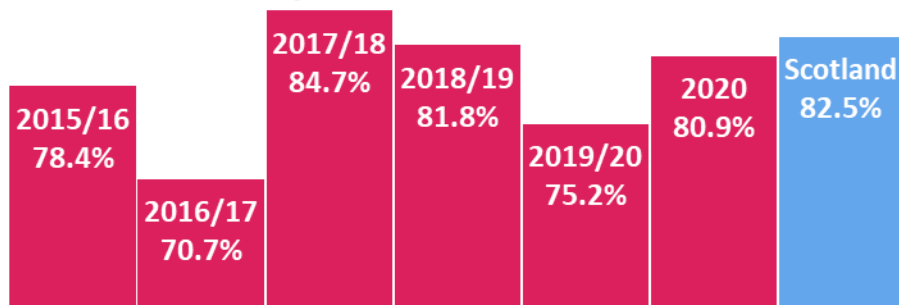
Moray continues to perform very well in this measure.

**NI - 16 Falls rate per 1,000 population aged
65+**



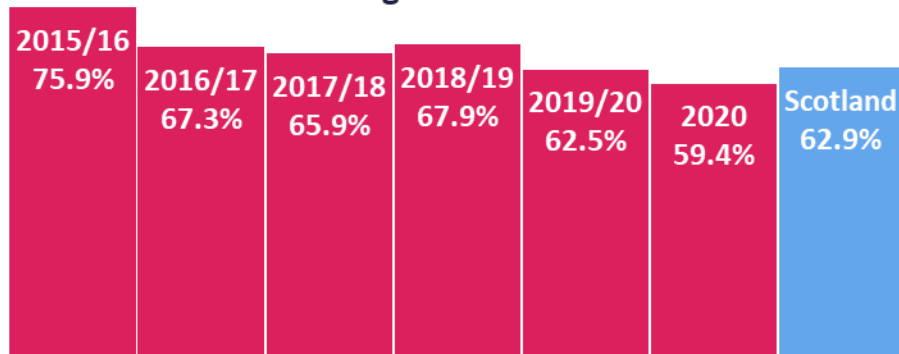
Moray has the third lowest falls rate in Scotland but this measure did have a small increase in 2020.

**NI - 17 Proportion of care services graded
'good' (4) or better in Care Inspectorate
inspections**



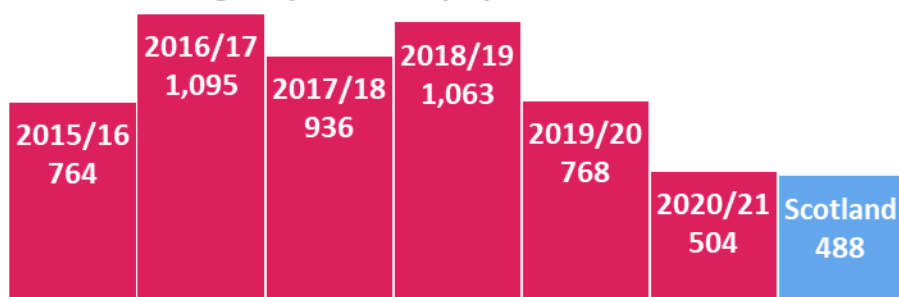
While Moray was below the Scottish average performance in this measure, it has improved significantly from 2019/20.

**NI - 18 Percentage of adults with intensive
care needs receiving care at home**



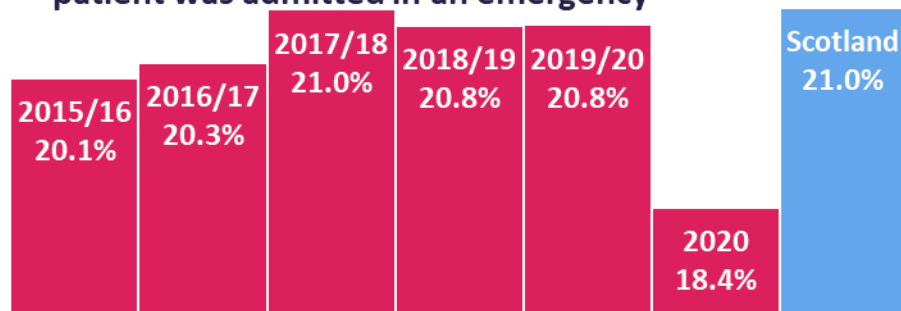
Moray has had a decreasing trend in this indicator since it was introduced and has now been below the Scottish average for two years in a row.

**NI - 19 Number of days people aged 75+
spend in hospital when they are ready to be
discharged, per 1,000 population**



In the last two years this measure has shown good improvement in Moray.

NI - 20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency



Despite a significant reduction in this measure, Moray continues to track at just under 3% below the Scottish average which it has done since this measure was put in place.

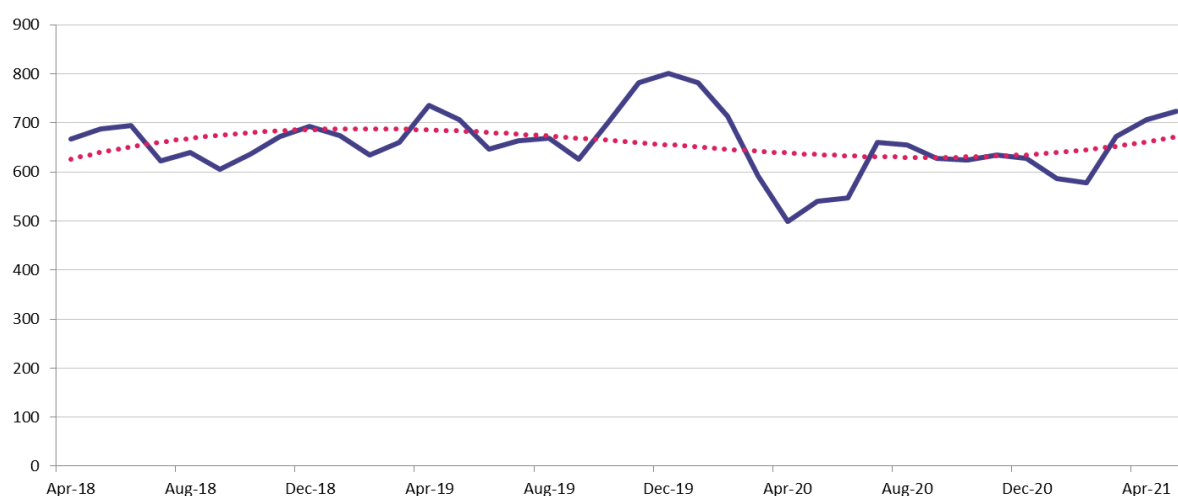
Ministerial Strategic Group (MSG) Indicators

Data Release Note: Some figures have been released in this Excel workbook ahead of National Statistics publications. Where this occurs data may be used to report your own partnership's position, which local data could also support, however data must not be published for peer partnerships / Scotland.

The only measure to not have this warning is the Delayed Discharge Bed Days.

Moray continues to perform well in all MSG measures

Emergency Admissions: Moray, All Ages

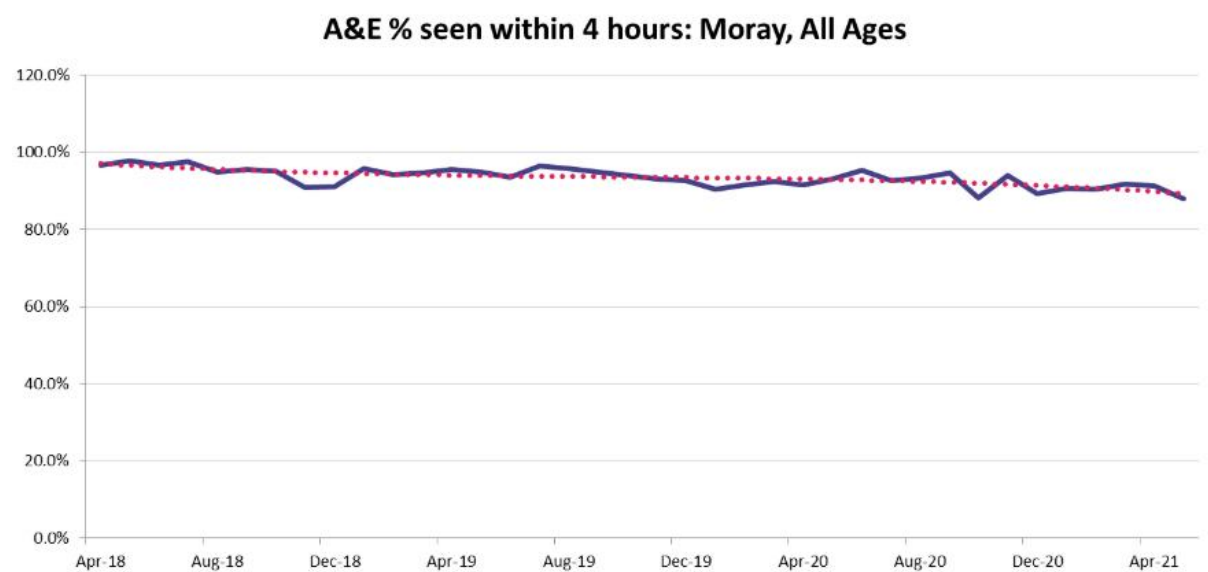
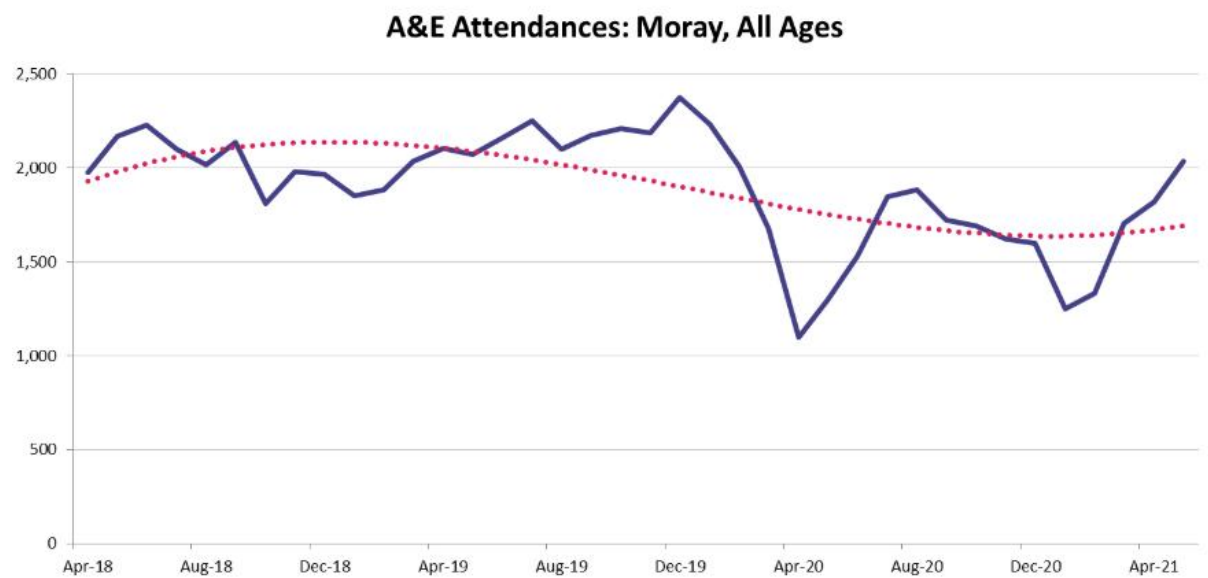
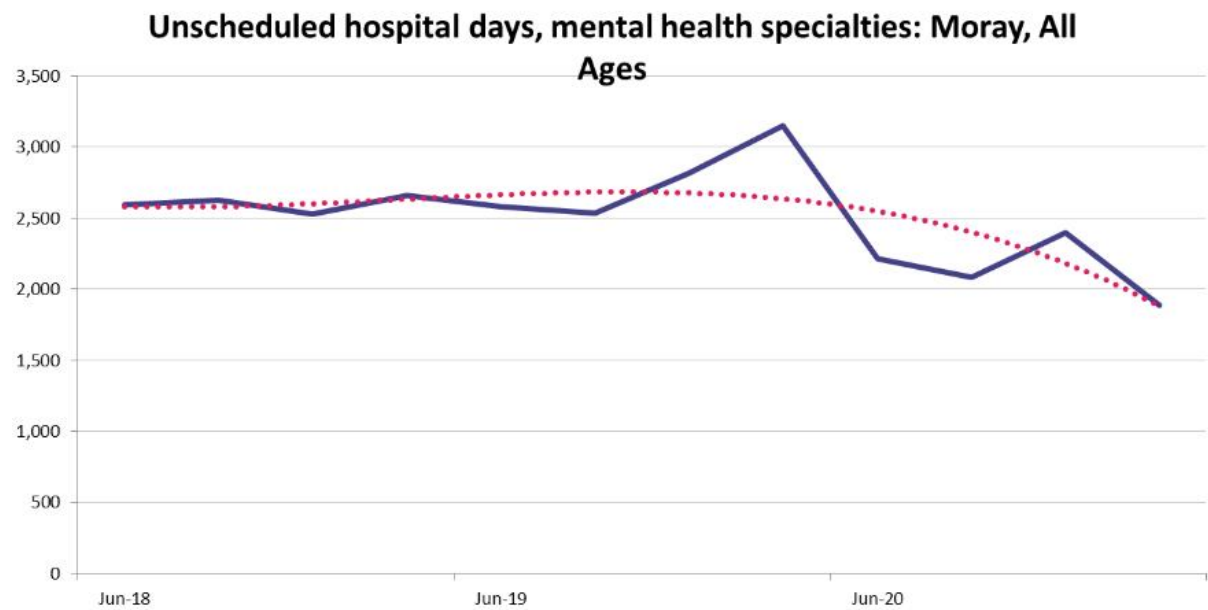


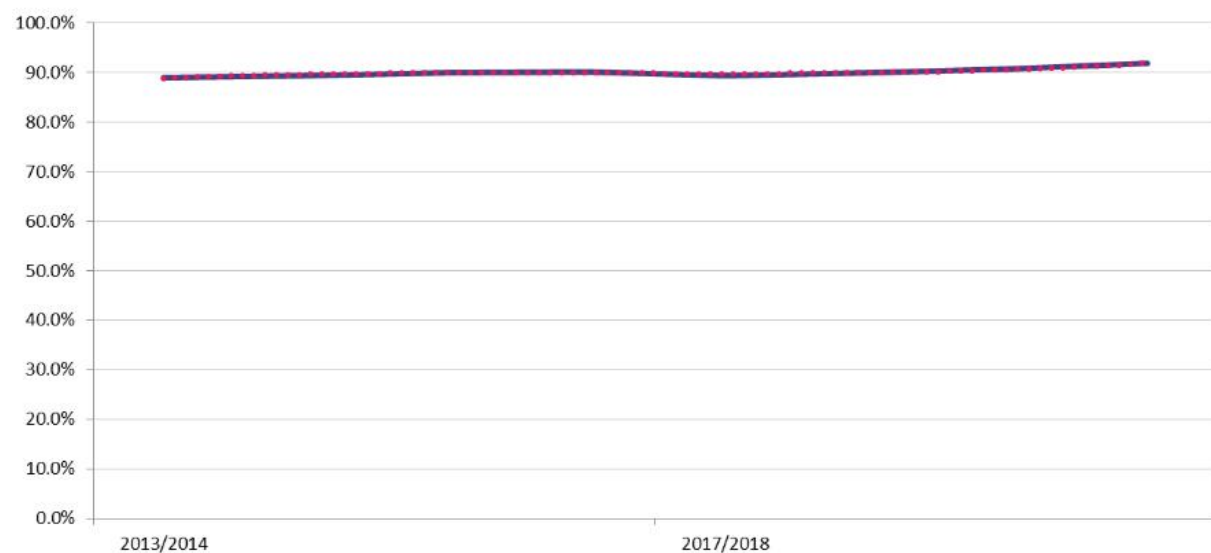
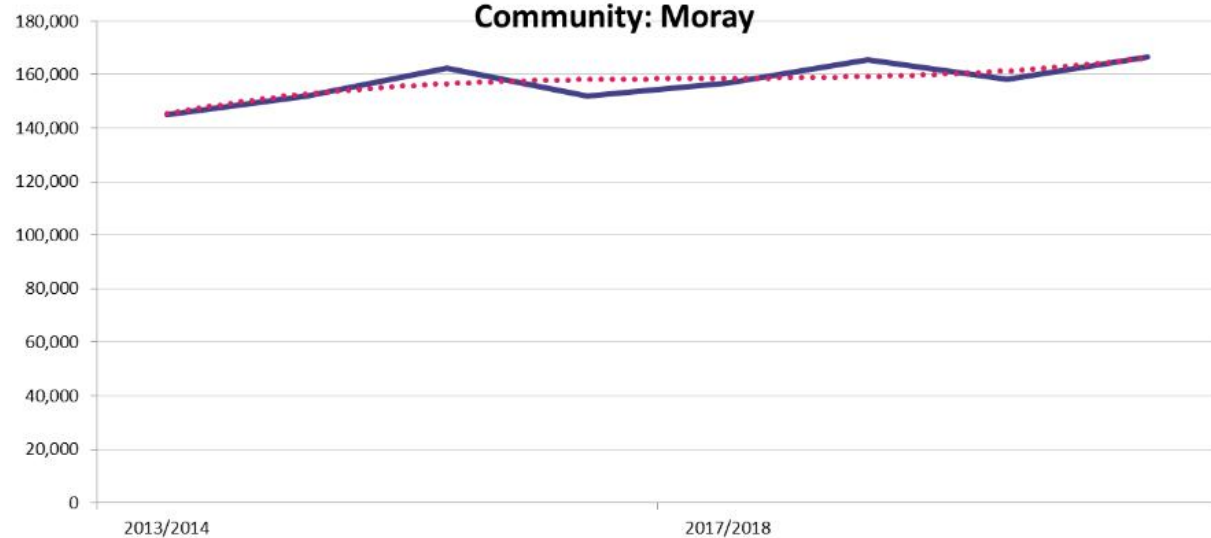
Number of admissions from A&E: Moray, All Ages

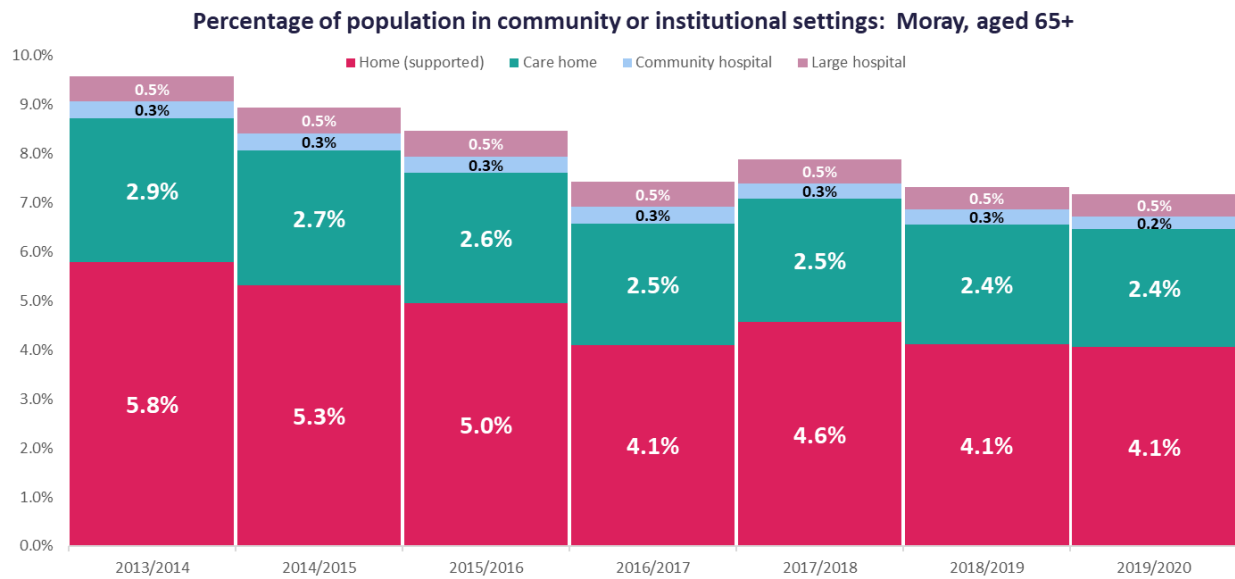


Unscheduled hospital days, acute specialties: Moray, All Ages





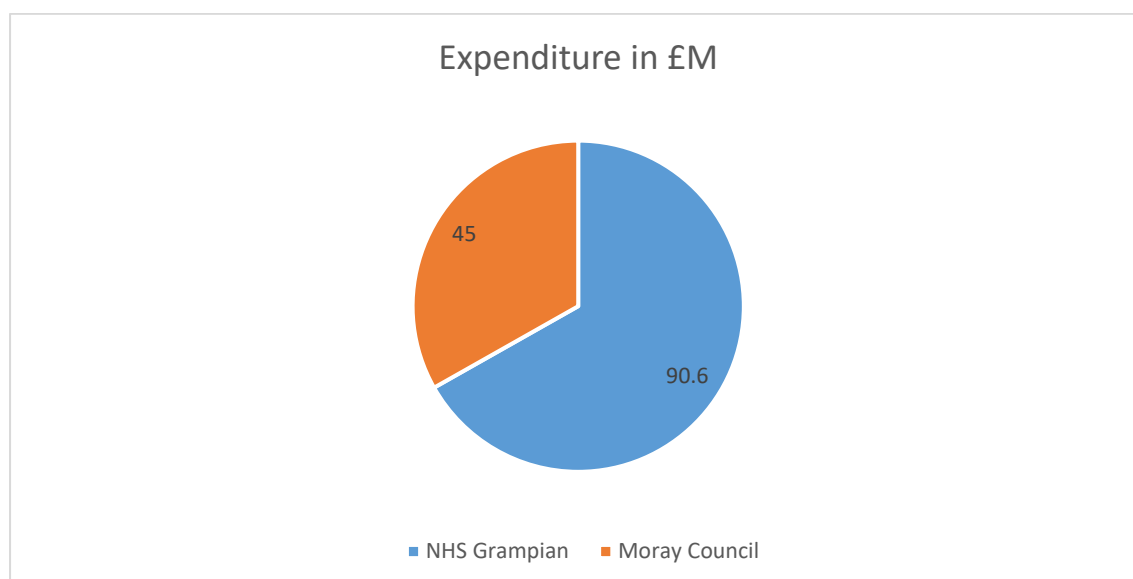
Delayed discharge bed days (All reasons): Moray, 18+**Percentage of last six months of life spent in Community: Moray****Number of days during last six months of life spent in Community: Moray**



9. Financial Performance and Best Value

Financial Governance

The Moray Integration Joint Board (MIJB) has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set a revenue budget by the 31st March each year. The funding of the MIJB revenue budget is provided by NHS Grampian and Moray Council. It is then the responsibility of the MIJB to direct the funding in a way that best supports the delivery of the Strategic Plan in accordance with the functions that have been delegated. The total level of funding provided to the MIJB at the start of the 2020/21 financial year was £135.6 million. In addition, the MIJB had a remaining reserve at the start of the year of £0.187million which was earmarked for the Primary Care Improvement Plan. This reserve is held in line with the Scottish Government Transformation Programme. The split of funding can be analysed as follows:



Financial Performance

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives is asked to consider the financial position at a given point and any management action deemed necessary to ensure delivery of services within the designated financial framework. From the mid-point in the financial year, the Board are presented with financial information that includes a forecast on the likely financial outturn at the end of the financial year.

In March 2020 a balanced revenue budget for the 2020/21 financial year was presented to the MIJB supported by a financial recovery plan of £1.9 million to align service delivery with the approved level of funding. The progress against the recovery plan is reported at quarterly intervals throughout the year as part of the

regular financial monitoring process. Through in-year reporting of the recovery/savings plan progress, it was evident that whilst some small elements were delivering according to plan, other areas, were falling significantly short and with the impact of the Covid 19 pandemic on expenditure, Scottish Government made available additional funding to support the underachievement of savings totalling £1.4 million. The MIJB concluded the financial year in an underspend position due to additional funding being made available for Covid 19 related expenditure and unachieved savings. The additional funding is advance payment and has been carried forward in General Fund Reserves. The level of reserves as at 31 March 2021 is £6.3 million. £4.5 million is required to be earmarked and used for specific purposes and the remaining £1.8 million is a general reserve that will be used to support the 2021/22 revenue budget.

An expenditure summary is provided below:

| Service Area | <u>2019/20</u> <u>Budget</u> | <u>2019/20</u> <u>Actual</u> | | <u>2020/21</u> <u>Budget</u> | <u>2020/21</u> <u>Actual</u> | <u>Variance</u> <u>Fav/</u> <u>(Adverse)</u> |
|--|---------------------------------|---------------------------------|--|---------------------------------|---------------------------------|--|
| Community Hospitals | 5,092 | 5,466 | | 5,348 | 5,587 | (239) |
| Community Nursing | 4,778 | 4,738 | | 5,175 | 4,853 | 322 |
| Learning Disabilities | 7,062 | 7,481 | | 7,968 | 8,546 | (578) |
| Mental Health | 8,372 | 8,568 | | 8,680 | 8,649 | 31 |
| Drug & Alcohol | 1,116 | 1,048 | | 1,176 | 1,143 | 33 |
| Adult Protection & Health Improvement | 148 | 151 | | 151 | 152 | (1) |
| Care Provided In-House | 15,959 | 15,514 | | 16,397 | 15,183 | 1,214 |
| Older People's Services | 16,789 | 18,636 | | 17,930 | 19,835 | (1,905) |
| Intermediate Care & Occupational Therapy | 1,555 | 1,736 | | 1,510 | 1,497 | 13 |
| Externally Provided Care | 8,972 | 9,060 | | 8,413 | 8,067 | 346 |
| Community Services | 7,860 | 7,712 | | 8,144 | 7,725 | 419 |
| Administration and Management | 3,296 | 2,933 | | 4,363 | 3,904 | 459 |
| Primary Care Prescribing | 16,905 | 17,573 | | 17,626 | 17,451 | 175 |

| Service Area | <u>2019/20 Budget</u> | <u>2019/20 Actual</u> | | <u>2020/21 Budget</u> | <u>2020/21 Actual</u> | <u>Variance Fav/ (Adverse)</u> |
|-----------------------------------|---------------------------|---------------------------|--|---------------------------|---------------------------|--|
| Primary Care Services | 16,757 | 16,555 | | 17,669 | 17,541 | 128 |
| Hosted Services | 4,291 | 4,671 | | 4,427 | 4,526 | (99) |
| Out of Area Placements | 669 | 807 | | 669 | 808 | (139) |
| Improvement Grants | 925 | 933 | | 938 | 613 | 325 |
| Total Core Services | 120,546 | 123,582 | | 126,584 | 126,080 | 504 |
| Strategic Funds & Other Resources | 2,018 | 1,055 | | 12,540 | 6,702 | 5,838 |
| Set Aside | 12,252 | 12,252 | | 12,620 | 12,620 | 0 |
| Total Net Expenditure | 134,816 | 136,889 | | 151,744 | 145,402 | 6,342 |

Main reasons for variances against budget 2020/21

Older People Services and Physical & Sensory Disability - This budget was overspent by £1.9m at the end of the year. The final position includes an overspend for domiciliary care in the area teams, which incorporates the Hanover complexes for sheltered housing in Forres and Elgin. The ageing population and local demographics also contributes to this overspend.

Care Services Provided In-House – This budget was underspent by £1.2M at the end of the year. The most significant variance being due to the Care at Home services for all client groups. Supported Living services are also underspent. Staff transport across all the services and client transport under day services are also contributing to the underspend. This was due to Covid-19 and related restrictions

Learning Disabilities – The Learning Disability (LD) service was overspent by £0.6m at the end of 2020-21 where pressures continue to be experienced in supporting people with complex needs and the transition of individuals moving from being cared for by their families to living more independently creates additional costs that have to be met. The whole system transformational change programme in learning disabilities can help ensure that every opportunity for progressing people's potential for independence is taken, and every support plan is scrutinised prior to authorisation, that expenditure is appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support.

Administration & Management – This budget was underspent overall by £0.5m at the end of 2020-21 and refers primarily to an adjustment relating to staffing budgets, meaning staffing underspends were greater than the staff savings target applied.

Other Community Services – Other Community Services was underspent by £0.4m. This relates to underspends in Allied Health Professionals which includes underspends in Speech and Language Therapy and Podiatry where ongoing difficulties are being experienced in recruitment. This is partially offset by overspends in Occupational Therapy, Dietetics and Physiotherapy. There were also underspends in Community Dental services mainly arising from staffing, Specialist Nursing services and Public Health. The underspends are offset in part by an overspend in Pharmacy which is related to staff costs which are expected to continue.

Financial outlook and best value

One of the major risks that continues to face the MIJB and its ability to deliver the services delegated to it within the context of the Strategic Plan is the uncertainty around the funding being made available from the partners and the Scottish Government. This is set against a back-drop of a changing demography which increases the demand and complexity for our health and social care services. In addition, we are faced with a need to rapidly transform services in line with the integration agenda and also as we continue to respond to and remobilise through the current pandemic. The balance in continuing to provide services and plan for transformation is a difficult combination, however, the Home First agenda has escalated programmes such as Discharge to Assess during the year with clear support and commitment being provided by the Board. There is an on-going commitment to provide care to those in the greatest need while providing those services within the resource available.

The MIJB governance framework comprises the systems of internal control and the processes, culture and values, by which the MIJB is directed and controlled. It demonstrates how the MIJB conducts its affairs and enables the MIJB to monitor progress towards the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of cost-effective services.

The MIJB ensures proper administration of its financial affairs through the appointment to the Board of a Chief Financial Officer, in line with Section 95 of the Local Government (Scotland) Act 1973.

For the 2021/22 financial year there will be a continued focus on financial recovery that will have to be considered alongside transformational development. Covid19 continues to impact on delivery of services with work to remobilise being a priority. It is therefore key to ensure consideration of opportunities at every juncture to ensure the MIJB can remain within the limits of the funding being made available through NHS Grampian and Moray Council.

Financial Reporting on Localities

The financial reporting for 2020/21 is not currently reported at locality level. This continues to be a work in progress and remains a priority for development. A recently implemented management structure has secured 4 Locality Managers who are all now in post and work is underway to align budget responsibility to locality areas.

10. Looking forward – our priorities for 2021/22

Recovery and renewal

Covid-19 has been the biggest challenge the health and care system has faced in living memory. It is essential that lessons continue to be learned from this experience – whether from the extraordinary contributions of staff and volunteers, the rapid progress achieved in digitising and transforming service delivery, or from the shortcomings and inequalities brought sharply into focus.

Demand pressures will continue to extend to all hospital and community services which must respond to the health impacts coronavirus and the care and support needs of those whose mental and physical health and wellbeing has deteriorated as a result of delayed presentations or gaps in routine care, or as a consequence of social restrictions and lockdown measures.

Concerns remain over new and more transmissible variants of coronavirus and future outbreaks of infection, which could lead to many more cases of long Covid and make catching up with the backlog of routine NHS care even more challenging. Looking ahead to winter, a potential surge in respiratory viruses could cause widespread ill health and put pressure on the NHS which will be operating with fewer beds because of infection control measures. Planning is already advanced for delivery of the 2021/22 adult flu programme.

In Moray we are continuing to build on the whole system, integrated approaches seen during the pandemic. A system leadership and management approach is in place with the senior management team membership for health and social now revised to incorporate community and acute leaders, and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system

Comprehensive engagement and collaboration with partners and communities will generate further learning to bring about positive change and renewal as we move towards the new models of care which are central to the Moray IJB's long term strategic intent.

Strategic planning

The key pieces of work outlined in the Strategic Commissioning Plan published in 2019 remain our priority but the operating models for our services have inevitably changed as a result of the pandemic.

The Strategic Planning and Commissioning Group will refresh, reform and lead the ongoing implementation of the Strategic Plan. Redesign and transformation will see significant pieces of work taken forward over the coming year, including the requirement for Locality Plans.

Locality Planning

Financial reports are now being produced by locality. These are reviewed regularly by the teams. Improvements continue to be made and regular finance meetings have been established. A Home First and Localities Project Manager has been appointed to support this work further over the next 12 months

Home First

We continue to drive forward our Home First approach to ensure home is always considered first with a range of community-based services offering alternatives to traditional hospital care in order to support people through times of crisis to regain their independence.

We are developing the provision of Hospital at Home services for older people with frailty to provide a short-term, targeted intervention that gives a level of acute hospital care in an individual's own home that is equivalent to that provided within a hospital.

Our bed-based services should be available to those who need them most, and be able to provide the right level of care for those who cannot have their care and support needs met in any other environment. Our intermediate care beds should provide targeted, outcome focussed, rehabilitation goals that support and prepare people to return to their home

Following the success of the pilot, Discharge to Assess will be in place from August 2021. This supports the rapid discharge of people who are medically ready to leave hospital and appropriate to have their functional needs assessed among the familiar surroundings of their own home.

Home-based care and support is a key enabler to people remaining as independent as possible at home within their communities. Work is underway to move away from the "time and task" model to help care workers take an outcomes-focused approach to their practices

Social care reform

The Independent Review of Adult Social Care, commissioned by the Scottish Government and independently chaired by Derek Feeley, sets out a bold and ambitious vision that, if fully implemented, has the potential to transform the lives of people with social care needs, unpaid carers and the wider adult social care sector.

The review makes 53 individual recommendations across 8 key themes: a human rights based approach; unpaid carers; the case for and operation of a National Care Service; a new approach to improving outcomes – closing the implementation gap and managing quality; models of care; commissioning for public good; fair work; and, finance.

If fully implemented, the recommendations will have significant implications for Moray IJB and the Health and Social Care Partnership, NHS Grampian, Moray Council and wider community planning partners, and initial assessment of potential implications have been carried out.

Whilst a number of the recommendations require significant legislative and structural change at a national level, some aspects are already being progressed by the IJB and partnership in the short-term such as those relating to further enhancing human-rights, equality and fairness as key aspects of our social care and social work practice.

Unpaid carers

The partnership recognises the essential contribution young and adult carers make to their communities in Moray – even more so throughout the Covid-19 pandemic. They are an important resource that requires the right support and services to be available.

A new Carers Strategy will be developed in 2021/22 which will be informed by the experiences of Moray's carers and the needs and aspirations they identify.

Digital change

There was rapid acceleration of digital change over the pandemic and we will continue to embed and accelerate policy and practice to support digital innovation while recognising the importance of actions to prevent digital technologies entrenching or widening health inequalities.

A significant future challenge will be the analogue to digital switchover. Around for decades, analogue lines are now harder to maintain making them less reliable. By 2025 telephone companies in the UK are switching off analogue telephone services and replacing them with digital internet protocol (IP) technology.

We currently use in-house telephone lines to connect people who receive a telecare service to the alarm receiving centre. All current telecare unit will require to be replaced with ones which will work with the digital phone lines.

Budget control

For the 2021/22 financial year there will be a continued focus on financial recovery that will have to be considered alongside transformational development. Covid-19 continues to impact on delivery of services with work to remobilise being a priority.

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 continually review spend, identify additional savings and track progress on transformational redesign so that corrective action and appropriate disinvestment can be supported.

Appendix 1– summary of performance against core suite of Integration indicators

| | Indicator | Title | 2013/14 | 2015/16 | 2017/18 | 2019/20 | Scotland | Trend | | |
|--------------------|-----------|--|---------|---------|---------|---------|----------|-------|----------|------------|
| Outcome indicators | NI - 1 | Percentage of adults able to look after their health very well or quite well | 97% | 96% | 93% | 93% | 93% | | | |
| | NI - 2 | Percentage of adults supported at home who agreed that they are supported to live as independently as possible | 82% | 74% | 83% | 83% | 81% | | | |
| | NI - 3 | Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided | 78% | 73% | 75% | 80% | 75% | | | |
| | NI - 4 | Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated | 74% | 71% | 73% | 77% | 74% | | | |
| | NI - 5 | Percentage of adults receiving any care or support who rate it as excellent or good | 81% | 79% | 80% | 81% | 80% | | | |
| | NI - 6 | Percentage of people with positive experience of care at their GP practice | 84% | 86% | 80% | 77% | 79% | | | |
| | NI - 7 | Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality | 82% | 83% | 79% | 79% | 80% | | | |
| | NI - 8 | Percentage of carers who feel supported to continue in their caring role | 43% | 38% | 39% | 31% | 34% | | | |
| | NI - 9 | Percentage of adults supported at home who agreed they felt safe | 82% | 79% | 84% | 79% | 83% | | | |
| | NI - 10 | Percentage of staff who say they would recommend their workplace as a good place to work | NA | NA | NA | NA | NA | | | |
| | | | | | | | | | | |
| | Indicator | Title | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020 | Scotland | Sparklines |
| Data indicators | NI - 11 | Premature mortality rate per 100,000 persons (Data per Calendar Year, Latest 2019) | 399 | 360 | 372 | 394 | 358 | 357 | 457 | |
| | NI - 12 | Emergency admission rate (per 100,000 population) | 8714 | 8802 | 9276 | 8974 | 9322 | 8713 | 11,100 | |
| | NI - 13 | Emergency bed day rate (per 100,000 population) | 95860 | 97430 | 95707 | 91483 | 90556 | 78337 | 101,852 | |
| | NI - 14 | Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) | 76 | 75 | 84 | 77 | 78 | 96 | 114 | |
| | NI - 15 | Proportion of last 6 months of life spent at home or in a community setting | 90.0% | 90.2% | 89.4% | 90.0% | 90.6% | 91.4% | 90.1% | |
| | NI - 16 | Falls rate per 1,000 population aged 65+ | 16.8 | 15.7 | 15.3 | 15.2 | 15.1 | 16.5 | 21.7 | |
| | NI - 17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 78.4% | 70.7% | 84.7% | 81.8% | 75.2% | 80.9% | 82.5% | |
| | NI - 18 | Percentage of adults with intensive care needs receiving care at home | 75.9% | 67.3% | 65.9% | 67.9% | 62.5% | 59.4% | 62.9% | |
| | NI - 19 | Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) | 764 | 1,095 | 936 | 1,063 | 768 | 504 | 488 | |
| | NI - 20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an | 20.1% | 20.3% | 21.0% | 20.8% | 20.8% | 18.4% | 21.0% | |
| | NI - 21 | Percentage of people admitted to hospital from home during the year, who are discharged to a care | NA | NA | NA | NA | NA | NA | NA | |
| | NI - 22 | Percentage of people who are discharged from hospital within 72 hours of being ready | NA | NA | NA | NA | NA | NA | NA | |
| | NI - 23 | Expenditure on end of life care, cost in last 6 months per death | NA | NA | NA | NA | NA | NA | NA | |

Appendix 2 – inspections

To meet the duties placed on it by the Coronavirus (Scotland) (No. 2) Act and subsequent guidance that it must evaluate infection prevention and control and staffing, the Care Inspectorate amended its quality framework for care homes to support this process.

This enabled the Care Inspectorate to conduct targeted inspections that were short, focused and carried out with colleagues from Health Improvement Scotland and Health Protection Scotland, to assess care and support during the Covid-19 pandemic.

All care homes in Moray are independently owned with one run by a charitable trust.

The following information is taken from the fortnightly reports to the Scottish Parliament on Care Inspectorate inspections and the grades published on the website [here](#).

| Service name: Cathay nursing home, Forres | | | |
|---|--|-----------------------------|-----------------------|
| Service provider: Care Concern Limited | | | |
| Service type: Care home for older people. Registered to provide care to 41 people | | | |
| Date of report | People's health and wellbeing | Infection control practices | Staffing arrangements |
| 12 June 2020 | Adequate | Adequate | Adequate |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Adequate | | |
| 01 Apr 2021 | Good | Good | Good |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Good | | |
| | How good is our leadership? | | |
| | Good | | |
| <p>An inspection was carried out on 12 June 2020. Staff were observed to be wearing PPE in line with good practice. Inspectors found that social distancing was not being practiced consistently within the home. National guidance on hand washing, laundry management, waste disposal and cleaning was not always followed. Cleaning of the home was only carried out between 8am and 3pm.</p> <p>On some occasions, people did not receive the right level of support as staff were not available to help them. People's care plans included sufficient information to provide the right care. Staff asked for advice from healthcare professionals in response to people's changing health needs. People were supported to keep in touch with their families.</p> <p>Inspectors carried out a further visit to the service on 27 July 2020. Staff were receiving improved training and support to understand and consistently implement</p> | | | |

infection prevention and control guidance. This had led to improved outcomes for people living in the care home.

The home was clean and tidy and PPE and hand washing facilities were available. However, some practices were observed that were not in line with current guidelines. This related to the cleaning of equipment, the management of used linen, cleaning equipment used and keeping accurate cleaning records.

An unannounced inspection of the service was carried out on 30 and 31 March 2021. Inspectors observed kind and compassionate interactions between people. Staff were familiar with people's needs and preferences. People were able to move freely around the home and were supported to remain active. People had been supported to maintain contact with family and friends through phone calls and other technology. People were enjoying visits in their own rooms. Feedback from families was positive.

Staff were knowledgeable about the signs and symptoms of Covid-19 and infection prevention and control. Staff had enough information to meet people's needs and care for them safely.

The care home was clean and clutter free, yet homely. There were good systems for cleaning and infection prevention and control, and inspectors observed safe staff practices.

Improvements were planned for the laundry room to help prevent the spread of infection. Enhanced cleaning schedules were in place. Cleaning and decontamination of reusable equipment was in line with guidance. PPE supplies were readily available and used in line with guidance.

There were enough staff to meet people's health and care needs. There was a staffing contingency plan to help manage staff shortages. Staff described feeling valued and well supported. They were empowered to make decisions that had positive health outcomes for people.

Service name: Spynie (Care Home), Elgin

Service provider: Intobeige Ltd

Service type: Care home for older people. Registered to provide care to 56 people

| Date of report | People's health and wellbeing | Infection control practices | Staffing arrangements |
|----------------|--|-----------------------------|-----------------------|
| 28 May 2020 | Good | Good | Good |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Not assessed | | |

An inspection was carried out on 28 May 2020. Inspectors observed compassionate, warm care being given to people living in the home.

The care plans viewed demonstrated that people and their relatives and carers were involved in reviewing their health care needs at regular intervals. They were person-centred, and reflected people's individual rights, choices and wishes. This included information on people's preferences for, and support required to maintain

contact with those important to them, and ways they can remain active and engaged.

Staff were observed to actively engage with people, and for those living with dementia, staff assisted them to practice social distancing to support their overall safety and wellbeing. Staff used hand-held devices to monitor and record people's health and care needs. The home had implemented virtual surgeries and Near Me consults to minimise personal contact and promote people's safety.

Although not assessed the service demonstrated an overall performance evaluated as good for health and wellbeing.

Inspectors observed that the home was clean and that infection control practices supported a safe environment for both people experiencing care and staff. Staff were well informed on the importance of hand hygiene. The home had a good supply of PPE and staff were observed to wear this in line with guidance.

Although not assessed the service demonstrated an overall performance evaluated as good for infection control.

There was visibly good staff numbers within both units. Registered Nurses were rostered across all shifts and led the delivery of quality nursing care. The home had appointed a Clinical Lead who promoted people's health through the appropriate use of health and risk assessments.

Staff encouraged people to maintain contact in various ways including Skype, iPads, social media and telephone.

The home had developed a preparation plan for COVID-19 which included a comprehensive training schedule.

Although not assessed the service demonstrated an overall performance evaluated as good for infection control.

| Service name: Lythe Home, Cullen | | | |
|---|--|-----------------------------|-----------------------|
| Service provider: Lythe Home | | | |
| Service type: Care home for older people. Registered to provide care to 32 people | | | |
| Date of report | People's health and wellbeing | Infection control practices | Staffing arrangements |
| 28 July 2020 | Adequate | Adequate | Adequate |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Adequate | | |
| 04, 08 Feb 2021 | Unsatisfactory | Unsatisfactory | Unsatisfactory |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Unsatisfactory | | |
| An inspection was carried out on 27 July 2020. Inspectors reported that people living in the service appeared well and were being supported to implement social distancing during lockdown. Garden visits had commenced and there was a focus on helping people maintain contact with their families. | | | |
| Cleaning schedules had been increased and laundry services were found to be of a good standard. Staff were correctly using PPE and adhering to good infection | | | |

prevention and control practice. However, the infection prevention and control policy had not been updated to include Health Protection Scotland Covid-19 Information and Guidance for Care Home Settings.

The number of staff on duty was sufficient to meet people's needs. Staff morale was good and they felt supported. It was found that not all staff had completed training in infection prevention and control.

Inspectors visited again on 16 September 2020 and were satisfied that people were being supported to engage in a range of activities. They found significant progress in ensuring fluids were available to everyone. Systems were in place to monitor those who were at risk to help ensure they remained hydrated. The service had taken positive action to progress training for staff in infection prevention and control.

Inspectors carried out an unannounced inspection of the care home on 4 February 2021, with NHS Grampian present on the first day. They had significant concerns about the cleanliness and repair of the home, infection control practices, unsafe use of cleaning chemicals and a lack of domestic staff. A letter of serious concern was issued to the provider detailing the concerns.

Inspectors visited the service on 8 February and found that while some of the areas of serious concern had been progressed, there remained significant areas of concern that posed a risk to people's health, safety and wellbeing. Due to the provider's failure to address the significant concerns, the Inspectors issued an improvement notice on 12 February. The Lythe Home was closed by the provider in March 2021.

Service name: Speyside (Care Home), Aberlour

Service provider: Parklands Group Ltd

Service type: Care home for older people. Registered to provide care to 41 people

| Date of report | People's health and wellbeing | Infection control practices | Staffing arrangements |
|----------------|--|-----------------------------|-----------------------|
| 31 Jul 2020 | Good | Adequate | Adequate |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Adequate | | |

An inspection was carried out on 27 July 2020. The design of the home enabled physical distancing. The general environment was clear from non-essential items and clutter to allow for effective cleaning. Staff carrying out housekeeping and cleaning in the service were familiar with required decontamination processes specific to Covid-19.

Although Inspectors saw staff wearing appropriate PPE, they did not consistently wear or dispose of their PPE correctly when entering, leaving, or moving between rooms. There was clear signage above hand washing sinks however, the hand washing sinks and hot water supply in the staff toilets were not suitable, making it difficult for staff to wash their hands safely and correctly.

Many people were socially distancing in their rooms. People who preferred to be in the communal areas were patiently supported and reminded to distance.

The care plans reviewed had sufficient information to enable staff to meet people's health and care needs overall. People's care and support needs during the Covid-19 pandemic were recorded in an electronic Covid-19 care plan.

People benefited from the use of technology to stay in touch with people that were important to them. There was good support from staff to do this, using different methods such as video and phone calls. Relatives confirmed that the service had provided innovative ways to support them to keep in touch.

Service name: Weston View Care Home, Keith

Service provider: Craigard Care Ltd

Service type: Care home for older people. Registered to provide care to 40 people

| Date of report | People's health and wellbeing | Infection control practices | Staffing arrangements |
|----------------|--|-----------------------------|-----------------------|
| 16 Nov 2020 | Adequate | Good | Adequate |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Adequate | | |

Inspectors visited on 11 and 12 November and found that people experienced warm and compassionate care. They were supported to maintain contact with family and relatives, although access to the internet was limited for some people who were in isolation.

Families did not always feel informed about their relative's care. Essential visits were in place. Care staff were familiar with people's choices and preferences. Personal plans contained information about people's preferences but required more regular updating.

Communal areas were adapted to support people to maintain physical distance. People were spending more time in their bedrooms. The environment was clean and uncluttered with enhanced cleaning schedules in place. Stocks of PPE were good and used appropriately. Senior staff monitored infection prevention and control measures.

Staff received regular online training and were knowledgeable about how Covid-19 should be managed. Staff followed safe hand hygiene guidance. Staff testing for Covid-19 was undertaken in line with guidance.

A follow-up inspection was carried out on 16 December 2020, using virtual technology, to monitor progress need to improve the assessment, evaluation and recording of skin damage, pressure ulcers and wounds. Inspectors found that most staff had completed training to improve their knowledge, competence and practice in skin and wound care. Care plans had been brought up to date and now contained details which directed staff and enabled them to better meet people's health and skin care needs.

| Service name: Meadowlark, Forres | | | |
|---|--|-----------------------------|-----------------------|
| Service provider: Renaissance Care Ltd | | | |
| Service type: Care home for older people. Registered to provide care to 57 people | | | |
| Date of report | People's health and wellbeing | Infection control practices | Staffing arrangements |
| 02 Dec 2020 | Good | Adequate | Good |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Adequate | | |
| <p>Inspectors visited on 01 and 02 December 2020 and noted people were supported by staff who were familiar with their choices and preferences. They were supported to socially distance, remain active, and take part in one-to-one activities. People and their families kept in touch and indoor and outdoor visits were supported in line with guidance.</p> <p>Care plans were person-centred and had sufficient detail to enable staff to meet people's needs. However, people's health and care were not consistently evaluated and not all relatives were involved in reviewing people's care.</p> <p>The home was clean, tidy and well maintained. While a program of refurbishment had commenced, toilets, wet rooms and sluices were yet to be completed. Floor and ceiling damage within these areas made cleaning difficult and increased the risk from infection. Enhanced cleaning schedules were in place. Cleaning and decontamination of re-usable equipment was in line with guidance. PPE supplies were good and readily accessible. PPE use and disposal were in line with guidance.</p> <p>There were sufficient staff to meet people's health and care needs. Staff had completed infection prevention and control and Covid-19 training, but there had been no formal evaluation of staff practice.</p> <p>The home had a contingency plan to support the service if care staff were absent because of illness, self-isolation or exclusion following a positive Covid-19 test.</p> | | | |

| Service name: Wakefield House Care Home, Cullen | | | |
|---|--|-----------------------------|-----------------------|
| Service provider: Craigard Care Ltd | | | |
| Service type: Care home for older people. Registered to provide care to 30 people | | | |
| Date of report | People's health and wellbeing | Infection control practices | Staffing arrangements |
| 29 Jan 2021 | Good | Adequate | Good |
| | How good is care and support during the Covid-19 pandemic? | | |
| | Adequate | | |
| An inspection of the care home using virtual technology was carried out on the 27 and 28 January. Inspectors reported that staff knew about people's likes and dislikes and people were supported in a caring and warm manner. Staff helped | | | |

people to use technology and other methods to maintain contact with relatives.

Families felt informed about their relatives' care.

There were enough staff to meet people's needs. People were supported to remain active and one-to-one activities were taking place. Care plans were person-centred, up to date and had enough detail to enable staff to meet people's needs.

Communal areas were adapted to support people to maintain physical distance.

While the environment was clean, communal and staff areas needed to be decluttered and improvements to the décor and general environment were needed.

The laundry area was small and poorly ventilated, and infectious and clean laundry was not kept separate.

There were enhanced cleaning schedules for frequently touched areas. PPE stocks were good and used appropriately and staff followed safe hand hygiene guidance. Infection prevention and control measures were regularly monitored.

Staff received regular training and were knowledgeable about how Covid-19 should be managed. Staff testing for Covid-19 was undertaken in line with guidance.

If you would like a copy of this document in another language or format, or if you require the services of an interpreter, please contact Health & Social Care Moray on XXX or email involvement@moray.gov.uk



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