



Moray Integration Joint Board

Thursday, 28 January 2021

remote locations via video conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **remote locations via video conference**, on **Thursday, 28 January 2021** at **09:30** to consider the business noted below.

AGENDA

- 1 Welcome and Apologies**
- 2 Declaration of Member's Interests**
- 3 Minute of Meeting of the Moray Integration Joint Board 5 - 12**
dated 26 November 2020
- 4 Action Log of the Meeting of the Moray Integration Joint 13 - 14**
Board dated 26 November 2020
- 5 Chief Officer Report 15 - 20**
Report by the Interim Chief Officer
- 6 Moray Integration Joint Board Increase of Voting 21 - 26**
Membership Report
Report by the Interim Chief Officer
- 7 Learning Disability Strategy 27 - 56**
Report by Charles McKerron, Interim Manager, Learning Disability

8	Housing for People with a Learning Disability	57 - 64
	Report by Charles McKerron, Interim Service Manager, Learning Disability	
9	Home First in Moray	65 - 88
	Report by Sean Coady, Head of Service	
10	Jubilee Cottages Elgin - Pilot Project	89 - 96
	Report by Lesley Attridge, Locality Manager	
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12	Annual Report of the Chief Social Work Officer 2019-2020	123 - 134
	Report by the Chief Social Work Officer	

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Dennis Robertson (Chair)

Councillor Shona Morrison (Vice-Chair)

Nicholas Fluck (Voting Member)

Mr Sandy Riddell (Voting Member)

Councillor Frank Brown (Voting Member)

Councillor Theresa Coull (Voting Member)

Councillor John Divers (Voting Member)

Professor Caroline Hiscox (Ex-Officio) Roddy Burns (Ex-Officio)

Ms Tracey Abdy (Non-Voting Member)

Mr Ivan Augustus (Non-Voting Member)

Ms Elidh Brown (Non-Voting Member)

Mr Sean Coady (NHS) (Non-Voting Member)

Ms Karen Donaldson (Non-Voting Member)

Jane Ewen (Non-Voting Member)

Mr Steven Lindsay (Non-Voting Member)

Mr Chris Littlejohn (Non-Voting Member)

Ms Jane Mackie (Non-Voting Member)

Dr Malcolm Metcalfe (Non-Voting Member)

Mrs Val Thatcher (Non-Voting Member)

Dr Lewis Walker (Non-Voting Member)

Simon Bokor-Ingram (Non-Voting Member)

Clerk Name:

Clerk Telephone: 01343 563014

Clerk Email: committee.services@moray.gov.uk



MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 26 November 2020

remote locations via video conference,

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Simon Bokor-Ingram, Ms Elidh Brown, Mr Sean Coady (NHS), Councillor Theresa Coull, Jane Ewen, Nicholas Fluck, Mr Steven Lindsay, Ms Jane Mackie, Dr Malcolm Metcalfe, Mr Sandy Riddell, Mr Dennis Robertson, Dr Lewis Walker
Councillor Frank Brown (for Councillor Tim Eagle), Councillor Sonya Warren (for Councillor Shona Morrison)

APOLOGIES

Ms Karen Donaldson, Councillor Tim Eagle, Mr Chris Littlejohn, Councillor Shona Morrison, Mrs Val Thatcher

IN ATTENDANCE

Also in attendance at the above meeting were Maggie Bruce, Audit Scotland, David Pflieger, NHS Grampian, Ian MacDonald, Locality Manager, Dr Peter Kelly, Joyce Johnston, Interim Head of Integrated Children's Services, Pamela Cremin, Integrated Service Manager, Claire Power, Locality Manager, Jeanette Netherwood, Corporate Manager; Fiona McPherson, Public Involvement Officer, Heidi Tweedie, Moray Wellbeing Hub, Isla Whyte, Interim Support Manager, Marjorie Kennie, Administrator and Moira Patrick, Democratic Services Manager as Clerk to the Meeting.

1 Welcome and Apologies

Mr Sandy Riddell welcomed everyone to the meeting and advised that Mr Robertson was experience some technical difficulties in connecting to the meeting and had asked that he take the chair meantime. Apologies were noted.

2 Declaration of Member's Interests

Mr Sandy Riddell declared a personal interest in Agenda Item 13 'Progress on the Implementation of the Carers (Scotland) Act 2016'.

3 Minute of Meeting of 24 September 2020

The minute of the Meeting dated 24 September 2020 was submitted and approved.

4 Chair of Meeting

Mr Dennis Robertson joined the meeting at this juncture and took the chair.

5 Action Log of the Meeting of the Moray Integration Joint Board dated 24 September 2020

The Action Log of the meeting dated 24 September was discussed and updated accordingly.

Councillor Theresa Coull joined the meeting at this juncture.

6 Minute of Meeting of the Clinical and Care Governance Committee 27 August 2020 (for noting)

The Minute of the Meeting of the Clinical and Care Governance Committee dated 27 August 2020 was submitted and noted.

7 Chief Officer Report

A report by the Interim Chief Officer informing the Moray Integration Joint Board (MIJB) of activities that support the delivery against the IJB's strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. The report also outlined the key work for the Partnership that includes the implementation of Home First, alongside preparations for winter, responding to the ongoing COVID-19 pandemic, and budget control.

During discussion in relation to the Flu Vaccination programme, Dr Walker advised the meeting of issues raised by staff within local GP Practices where they had been subject to considerable abuse from the public that had been directed to them via the telephone, Facebook and other forms of social media. He further advised that this related to a lack of understanding by the public of the roll out of the flu vaccination programme and that whilst the communication issued had been resolved concern remained in relation to the forthcoming COVID vaccination programme and hoped that GP practices would be allowed to undertake some of the cohorts for the COVID programme.

The Chair stated his disappointment in hearing about the issues faced by staff and that this highlights the importance of good, clear and concise public communication. He further stated that he would raise the issues with the Depute Chief Executive of NHS

Grampian. He noted his sincere thanks to all staff who have shown a tremendous amount of resilience.

Following further discussion in relation to Operation Home First it was agreed that a further report be brought to the Board in January 2021 which would include information in relation to the role of carers, resourcing and education programme.

Thereafter the MIJB agreed:

- i. to note and comment on the content of the report;
- ii. that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, and
- iii. that a further report in relation to Operation Home First be submitted to the meeting in January 2021.

8 Revenue Budget Monitoring Quarter 2 for 2020-21

A report by the Chief Financial Officer provided the Board of an update of the current Revenue Budget reporting position as at 30 September 2020 and provided a provisional forecast position for the year end for the MIJB budget. The report also sought the Board's approval for issue, the Direction arising from the updated budget position shown in Appendix 4 of the report.

During discussion concern was raised in relation to proper governance as it was considered that the hosted services listed within Appendix 2 of the report was not comprehensive in that it did not show those services where, whilst not hosted, there is a shared liability across the 3 Integrated Joint Boards and it was agreed that this issue be discussed by the Audit, Performance and Risk Committee.

During further discussion clarification was sought in relation to how over/underspends were being reported and whether overspends were being mitigated by the underspends or if a resolution was being sought.

In response the Chief Financial Officer advised that some re-alignment of the budget was needed in order for these to be managed better.

The Chair asked if it would be possible that further reports include a small narrative in relation to the points raised which would provide an explanatory note for public understanding. This was agreed.

Thereafter the Board agreed to:

- i. note the financial position of the Board as at 30 September 2020 is showing an overspend of £60,863 on core services;

- ii. note the provisional forecast position for 2020/21 of an overspend of £301,708 on total budget;
- iii. note the progress against the recovery and transformation plan,
- iv. note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 July to 30 September 2020 as shown in APPENDIX 3;
- v. approve for issue, the Direction arising from the updated budget position shown in Appendix 4 of the report;
- vi. that the issues raised in regard to services with shared liability be referred to the Audit, Performance and Risk Committee for further consideration, and
- vii. that future reports include a small narrative in relation to the points raised which would provide an explanatory note for public understanding

9 Order of Business

The meeting agreed to alter the order of business and take Agenda Item 11 ' Moray Prescribing Report' following Agenda Item 7 'Revenue Budget Monitoring Quarter 2 for 2020-21 in order to allow Mr David Pleger to attend another meeting.

10 Moray Prescribing Report

A report by the Acting Lead Pharmacist informed the Board of the effect of COVID on primary care prescribing.

Mr David Pflieger gave a presentation to the meeting outlining the key matters relevant to the report and thereafter responded to questions.

Following consideration the Board agreed:

- i. to note the contents of the report regarding the potential factors contributing to the uncertainty within primary care prescribing and the aim to refocus all Moray prescribers on best practice prescribing, and
- ii. that copies of the presentation slides be circulated to the Board in due course.

11 External Auditors' Report to those Charged with Governance

A report by the Chief Financial Officer asked the Board to consider the reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2020. The report outlined the work carried out by Audit Scotland during 2019/20 as detailed in Appendices 1 and 2 of the report.

Maggie Bruce, External Auditor provided a summary of the key issues within the audit report at Appendix 1 and referred in particular to the assurance sought at paragraph 7 of the Appendix. She also noted her thanks to the Chief Financial Officer for her support throughout the process.

The Chair stated that he was reassured in regard to the work that had gone into what he considered a very good report and expressed his thanks to everyone involved.

Following further discussion the meeting noted that the signing of the Accounts would be done remotely using the DocuSign facility.

Thereafter the Board agreed to note the reports from the External Auditor as detailed in Appendices 1 and 2 of the report.

12 2019-20 Audited Annual Accounts

A report by the Chief Financial Officer provided the Board with the Audited Annual Accounts for the year ended 31 March 2020.

Following consideration the Board agreed to approve the Audited Annual Accounts for the financial year 2019/20.

13 Charging for Services

A report by the Chief Financial Officer invited the Board to consider the charges for services for the 2021/22 financial year.

Following consideration the Board agreed to:

- i. adhere to the request of the Moray Council that the MIJB recommend to them, the charges for the services delivered within the delegated functions;
- ii. approve the charges set out at Appendix 1 for recommendation to Moray Council for approval and inclusion into their budget setting processes;
- iii. note the recommended charges will be subject to assessment for the socio-economic impact and reported back to the MIJB where there is significant impact and no mitigation; and

- iv. note a review of non-means tested charges will be undertaken during 2021 and a report will be presented to the MIJB in due course.

14 Progress on the Implementation of the Carers (Scotland) Act 2016

Mr Riddell, having declared an interest in this item, remained in the meeting and took part in the discussion.

A report by the Chief Social Work Officer/Head of Service Strategy and Commissioning informed the Board of progress to date to implement the Carers (Scotland) Act 2016 into everyday practice in line with the duties encompassed within the Act and Key areas for development.

Following consideration the Board agree to note the:

- i. progress to date in relation to the Carers Act;
- ii. developments highlighted to ensure that key duties and requirements within the Act are embedded in Moray; and
- iii. considerable amount of flexible and creative responses adopted by Quarriers in terms of maintaining direct carer support throughout the Covid19 situation.

15 Moray Mental Health Services

A report by the Head of Service Strategy and Commissioning informed the Board of mental health service remobilisation status and plans for inpatient and community mental health services and provided assurance of access to mental health assessment, care and treatment for the population of Moray.

A report by the Head of Integrated Services informed the Board of mental health service remobilisation status and plans for inpatient and community mental health services and provided assurance of access to mental health assessment, care and treatment for the population of Moray.

Following consideration the Board agreed:

- i. to note the action taken to remobilise mental health services;
- ii to note the risks and mitigation against remobilisation aspects,
- iii that a briefing be arranged for the MIJB members on the position on Mental Health Officers, and
- iv that a full report on Mental Health Services be presented to the Board in March 2021.

16 Delegation of Children and Families and Justice Social Work Services

A report by the Interim Chief Officer provided the Board with an update on progress in relation to the proposed delegation of Children and Families and Justice Social Work to the Moray Integrated Joint Board.

Following consideration the Board agreed to note:

- i. the indicative timeline in relation to the proprietary work proposed for the delegation of children and families and justice social work to MIJB;
- ii. the Programme Board terms of reference; and
- iii. that further updates will be provided to the Board as the project continues to progress.

17 Public Sector Climate Change Duties Reporting Submission 2019-20

A report by the Interim Chief Officer provided the Board with the draft Moray Integration Joint Board (MIJB) Climate Change Duties Report submission for 2019/20 for approval.

Following consideration the Board agreed to approve the submission as detailed in Appendix 1 of the report to Sustainable Scotland Network for the reporting year 2019/20.

18 Communication

The meeting agreed that all agenda items and any issues relating to the Moray Integrated Joint Board should be provided in the first instance to the Chair, Vice Chair, Chief Officer and the Corporate Manager.

19 Forres Locality Pathfinder Project - Varis ACU and FNCT Service Review

A report by Iain Macdonald Locality Manager informed the Board on the progression of the redesign of Health and Social Care services in the Forres Locality.

Following consideration the Board agreed:

- i. to note progress on the journey of transforming Health & Social Care services in the Forres Locality based on the information provided within this report; and

- ii. that the Locality Manager continue to progress the Organisational Change process and implement the service redesign as outlined in Section 4 of the report.

20 Improving the Cancer Journey

A report by the Interim Chief Officer informed the Board of the decision not to progress the Macmillan grant funding application at this time.

Following discussion the Board agreed to note the decision made not to enter into an application for grant funding at this time.

21 Closure of Meeting

The Chair closed the meeting at 12.49pm.



MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 26 NOVEMBER 2020

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log Dated 25 May 2020	MSG Improvement Action Plan – has not currently been prioritised, this will be taken forward through discussion at a MIJB development session	Feb 2021	Chief Officer
2.	Action Log Dated 26 Jun 2020	<p>Department of Public Health Annual Report 18-19 & A Healthier and More Active Future for The North East of Scotland 2019-2022 Strategy Report with a detailed plan of approach be provided to the MIJB in 6 months time.</p> <p>Jubilee Cottages, Elgin - Pilot Project - Report to be brought to the meeting in January 2021 to review use of the cottages.</p>	<p>Jan 2021</p> <p>Jan 2021</p>	<p>Chris Littlejohn</p> <p>Chief Officer</p>
3.	Action Log Dated 30 Jul 2020	Specialist Housing for People with Learning Disability - Timeline for the additional information to be available for the Board to be brought to future meeting of the IJB	Jan 2021	Chief Officer

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
4.	Action Log dated 24 September 2020	Children's Social Work Services and Home First - Agreed that development session be arranged to discuss including Children's Social Work Services in the Homefirst approach.	tbc	Chief Officer
5.	Chief Officers Report	<p>Operation Home First – more detailed report to next meeting to address issues raised relating to role of carers, support for GPs, enhanced discharge capacity, looked after children and education component.</p> <p>Flu Vaccination Programme – issues raised regarding the need for clear, concise public communication to be advised to NHS Grampain.</p>	<p>Jan 2021</p> <p>Immediate</p>	<p>Sean Coady</p> <p>Chief Officer</p>
6.	Revenue Budget Monitoring Quarter2 for 2020/21	Report to be submitted to Audit, Performance and Risk Committee providing further detail regarding governance relating to other services that carry a joint liability in terms of budgetary responsibility.	Mar 21	Chief Financial Officer
7.	Moray Prescribing Report	Copies of the presentation slides to be circulated to the Board	tbc	David Pflieger
8.	Moray Mental Health Services	<p>Briefing to be arranged for IJB Members on the position on MHO</p> <p>Full report on MHS to IJB in 3 month's time.</p>	<p>tbc</p> <p>Mar 21</p>	Jane Mackie



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021

SUBJECT: CHIEF OFFICER REPORT

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

- 1.1** To inform the Board of the Interim Chief Officer activities that support the delivery against the Moray Integration Joint Board's strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Key work for the Partnership includes the implementation of Home First, alongside preparations for winter, responding to the ongoing covid pandemic, and budget control.

2. RECOMMENDATION

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

- i) Note and comment on the content of the report; and**
- ii) Agree that transforming services to meet the aspirations of the MIJBs Strategic Plan remains a priority, with a temporary focus on a narrow set of objectives being a necessity in response to the covid pandemic/**

3. BACKGROUND

Operation Home First

- 3.1** Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development to meet our aspirations set out in the Strategic Plan. The reduction of delayed discharges and the increased use of technology for consultations are two examples, where we had aspirations but the pace was slow.
- 3.2** The strong relationships that exist in North East Scotland between key partners has enabled a swift and cohesive set of responses to how services have been delivered, and challenges met. Whole system leadership has built

the common approach, with rapid and decisive decision making within the limits of delegated authority.

3.3 The Home First principles include:

- Building on the initial response
- Maintaining agile thinking and decision making
- Retaining our ability to respond to Covid related demand, and winter surges in demand
- Using a home first approach for all care where that is safe to do so
- Utilising available technology to widen and ease access to services
- Avoidance of admission
- Removing delays for discharge from hospital
- Maintaining safe services for those Shielding
- Removing barriers between primary and secondary care, with as much care as possible in communities

3.4 Work is being co-ordinated and driven by the 3 health and social care partnerships and acute services, with a local programme of work in Moray sitting within that framework, supported by local clinicians, practitioners and managers.

3.5 The work on reducing delayed discharges from hospital has seen some dramatic improvements in performance resulting from positive interventions. Further work is required to continue the improvement journey and to reduce delays where the downward trend has halted. A paper on today's agenda on the future use of Jubilee Cottages is part of the narrative on reducing delays.

3.6 Key performance indicators and data to identify the impacts of change are in development and will be used to demonstrate progress in all the areas of work. A commission has been developed by the Chief Officers, with staff resources being funded through the NHS Grampian remobilisation plan.

Winter Planning and Operation Snowdrop

3.7 The Health and Social Care Partnership has contributed to the NHS Grampian winter plan, ensuring that our local planning fits the Moray context and is cognisant of lessons learned from previous winters. NHS Grampian has developed the plan under the title "Operation Snowdrop". In response to the challenges in the system, Operation Snowdrop moved to level 4 of the Civil Contingencies approach on Tuesday 5 January 2021.

3.8 Operation Snowdrop aims to concentrate the whole organisation effort on a discrete number of activities to ensure that our finite workforce capacity is directed at the most urgent issues. Operation Snowdrop at level 4 comprises the following:

- Staff Health & Wellbeing
- Critical & Protected Services
- Test & Protect
- Vaccination
- Surge & Flow

- 3.9 NHS Grampian managed the first wave of COVID-19 under Operation Rainbow (civil contingencies level 4) and moved to a revised leadership structure as it exited this phase. As the demand on the system rose, it moved to a 'hybrid model' where there was a combination of activities managed through level 2 & level 3 of the civil contingencies approach.
- 3.10 NHS Grampian created a surge and flow plan for the 'winter period' in 2020/21 which created a mechanism to deal with normal winter pressures alongside COVID-19. The Scottish Government has also prioritised a number of other critical functions, for example, the delivery of the COVID-19 vaccination programme and the delivery of the Test & Protect programme. NHS Grampian moved to Operation Snowdrop in November 2020 to approach the period from November 2020 through to May 2021; this was undertaken in the hybrid model with levels 2 and 3 of civil contingencies in place.
- 3.11 The latest intelligence now predicts that, for January-March 2021, there will be an unprecedented demand on the system which appears to exceed the capacity of our staff cohort to deliver the wide range of services currently in place. On this basis NHS Grampian have moved to level 4 Civil Contingencies, on a planned basis, for a discrete period of time to ensure enough staff capacity to deliver on the agreed priorities.
- 3.12 Silver Command will be staffed on a continuous basis, for at least an initial 3 months, with a combination of an Executive from the Clinical Triumverate (Medical, Nursing and Public Health) and a Chief Officer from the Health and Social Care Partnerships. Bronze Control in Moray has been stepped up to respond to the increasing flow of communication, which will have shorter deadlines for action. This will have a temporary impact on the capacity of the Partnership and the focus will be in line with the priorities set out.

Flu Vaccination Programme

- 3.13 Our Chief Nurse is leading the local flu vaccination campaign, and despite the administrative challenges across Grampian at the start, we are exceeding trajectory for most cohorts and continuing to offer opportunities for people to get immunised.

Covid Vaccination Programme

- 3.14 By the end of December 2020 all care home residents along with staff had been offered the first dose vaccine. Second dose vaccines will be administered at the 12 week interval following first dose, in line with the Chief Medical Officer direction. Front line staff in Moray, across health and social care, have been offered vaccinations. Our Local Lead is planning for the vaccination of further cohorts, including the completion of wave 1, and the start of wave 2. This is the most challenging and complex vaccine programme delivered to date, and is supported by a number of clinical leads and managers, and drawing on the experience of our Chief Nurse and the flu campaign.
- 3.15 The Fiona Elcock Vaccination Centre in Moray will be handed over to the vaccination team and ready for use on Monday 25 January. Outreach clinics will run initially from Forres, Speyside, Buckie and Keith for a day a week

each, with the capacity to delivery close to 200 vaccines a day. A transport gap analysis is being completed to ensure access for all communities.

- 3.16 Volunteers will support the running of the Fiona Elcock Vaccination Centre. Military support will complete the Standing Operating Procedures for the centre.
- 3.17 We continue to vaccinate new admissions to care homes, and offer care home staff the vaccine both at work and at scheduled clinics.
- 3.18 Vaccinating of housebound aged over 80 is underway, with completion by 22 February in line with the national timetable.
- 3.19 Additional vaccinators, clinical support staff and administrators have been recruited. We will continue to add to our workforce ahead of increasing vaccine supply.

Budget Control

- 3.20 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 in the Health and Social Care Partnership are meeting regularly to review spend, and to track progress on transformational redesign so that corrective action can be supported. Additional winter and covid related funding will offset the effects of needing to focus on more immediate priorities in response to the pandemic, however the risks associated with less long term planning remain.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 We remain in a pandemic response phase, and are stepping up quickly where that is required. In parallel, there is the opportunity to accelerate work to achieve the MIJB ambitions as set out in the Strategic Plan, and Home First is the programme designed to do that.
- 4.2 The challenges of finance have not gone away, and the underlying deficit must be reduced. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only cover additional expenditure, and the Partnership faces a potentially difficult winter.
- 4.3 Transformational change, or redesign, that provides quality and safe services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.

5. SUMMARY OF IMPLICATIONS

- (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan
“Moray Partners in Care 2019 – 2029”**

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

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

(b) Policy and Legal

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

(c) Financial implications

There are no financial implications arising directly from this report. Our Mobilisation Plan was approved, and the Chief Finance Officer reports regularly on variations to plan to ensure that the Scottish Government are sighted on additional costs arising from COVID-19.

The key drive of Operation Home First is to secure quality and capacity. More efficient ways of working will cost less, allowing re-investment in services. There is a link between the aspirations of Home First and the set-aside, and also the potential to shift planned hospital outpatient activity to community settings. Staff and or finance will need to follow the patient in order to adequately resource the community setting.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

Staff remain the organisation's greatest asset, and we must continue to engage with all sectors to ensure full involvement, which will create the best solutions to the challenges we face.

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Consultations

Any major service change will be subject to proper consultation. There are no direct implications arising from this report.

6. CONCLUSION

The MIJB are asked to acknowledge the significant efforts of staff, across in-house providers, externally commissioned services, the Independent and Third Sector, who are supporting the response to the COVID-19 pandemic, and the drive to create resilience and sustainability through positive change.

Author of Report: Simon Bokor-Ingram, Interim Chief Officer



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021

SUBJECT: MORAY INTEGRATION JOINT BOARD – INCREASE OF VOTING MEMBERSHIP

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Board of the outcome of the request for additional voting members to be appointed to Moray Integration Joint Board (MIJB) from each partner organisation (Moray Council and Grampian Health Board).

2. RECOMMENDATION

2.1 The MIJB are requested to;

- i) note the approval for the additional voting members of the MIJB,
- ii) approve the change to Section 3.1 of the Health and Social Care Integration Scheme set out in paragraph 4.5;
- iii) instruct the Interim Chief Officer to conduct a consultation exercise and follow due process, to present this amendment to the Scottish Government for ratification, at the earliest opportunity, for the reasons stated in 4.6; and
- iv) consider and agree the representation on Audit, Performance and Risk and Clinical Governance Committee as set out in APPENDIX 1

3. BACKGROUND

- 3.1 The Public Bodies Joint Working (Scotland) Act 2014 (“the Act”) and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out requirements about the membership of an Integration Joint Board.
- 3.2 The Moray Integration Joint Board (MIJB) is a legal entity that binds Grampian Health Board (GHB) and Moray Council together in a joint arrangement. The

voting membership of the MIJB reflects equal participation by GHB and Moray Council to ensure that there is joint decision making and accountability.

- 3.3 The Order requires that the Local Authority and Health Board put forward a minimum of three voting member nominees each. In terms of the approved Integration scheme, as reviewed in 2018, it was agreed that there would be 3 voting members from each organisation. The Health Board and Local Authority may agree that they will each nominate a larger number than this.
- 3.4 At the MIJB meeting on 24 September 2020 (para 13 of the minute refers), the Board agreed to instruct the Interim Chief Officer to submit a request to each partner organisation for one additional voting member from each party. It was agreed an increase in voting members, if approved by Moray Council and GHB, would provide greater resilience and wider scrutiny across MIJB and its committees.
- 3.5 In the reports to the partner organisations the following paragraph was included :-
- An increase in voting members, if approved by Moray Council and GHB, would require an amendment to section 3.1 of the Health and Social Care Integration Scheme that was previously agreed by the MIJB at their meeting on 26 April 2018 (para 10 of the minute refers).*

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 A report was presented to Moray Council on 28 October 2020 to request an increase in voting membership to MIJB by one was unanimously agreed and the request to provide an additional member was approved (para 13 of the minute refers).
- 4.2 At the Special Meeting of Moray Council on 17 November 2020, it was agreed the additional voting member to MIJB is Councillor John Divers. Councillor Ryan Edwards was appointed as substitute member of the MIJB (para 5 of the minute refers).
- 4.3 A report was presented to the GHB on 3 December 2020 to request an increase in voting membership to MIJB by one. This was unanimously agreed however the minute has yet to be ratified so cannot be referenced. The representative from GHB has not yet been identified and will be notified in due course.
- 4.4 Following the agreement by the Moray Council and GHB to the amendment to the Integration Scheme it is necessary to follow due process, with a period of a 4 week consultation on the change prior to submission to the Scottish Government for ratification.
- 4.5 The consultation will be on the change to wording as follows:-

“3.1 The arrangements for appointing the voting membership of the IJB in accordance with the IJB Order are as follows:-

*3.1.1 The Council shall nominate ~~three~~ **four** councillors; and*

3.1.2 NHS Grampian shall nominate ~~three~~ **four** non-executive directors (if unable to do so then it must nominate a minimum of ~~two~~ **three** non-executive directors and one executive director).

- 4.6 The reasons for requesting additional members was to increase resilience and provide wider scrutiny across the Board and committees and the proposed membership of each is set out in **Appendix 1**.
- 4.7 It should be noted that the change of Chair for MIJB will take effect in April 2021.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning “Moray Partners in Care 2019-2029”

In line with the MIJB Integration Scheme, prepared in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Effective governance arrangements support the delivery of strategic plans, and an increase in voting membership of the IJB will strengthen that governance.

(b) Policy and Legal

Complies with the terms of the Integration Scheme.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

The additional voting members will reduce the risk that there will be insufficient scrutiny of business and lessen the risk of meetings not taking place due to a failure to achieve quoracy.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed as a direct result of this report.

(h) Consultations

Consultation on this report has taken place with, the Interim Chief Officer; and Democratic Services Manager, Moray Council, who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

6.1 This report sets out the changes in membership of the MIJB and its committees.

Author of Report: Jeanette Netherwood, Corporate Manager.

Background Papers: with author

Ref:

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Statutory Voting Members

NOTE:

Voting Members (and substitutes) are appointed for 3 years, Health Board and Council need to consider after 3 years, but can re-appoint the same Members

Chair and Vice-Chair of Board rotate every 18 months, next due **1 April 2021** (other Chairs change at same time). Chair of APR committee should not be from the same partner organisation as the Chair. No time limit in for Chair of CCG (appointed 31 January 2019).

		Date Appointed	Re-Appointment Due
Mr Dennis Robertson (Chair IJB)	Non-Executive NHS Board Member	14 May 2019	14 May 2022
Cllr Shona Morrison (Vice-Chair IJB)	Moray Council	5 May 2017 (became Chair 13 June 2018)	13 June 2021
Cllr Theresa Coull (Chair APR)	Moray Council	19 December 2019	19 December 2022
Cllr Frank Brown	Moray Council	12 February 2020	12 February 2023
Mr Sandy Riddell (Chair CCG)	Non-Executive NHS Board Member	5 November 2018	5 November 2021
Mr Nick Fluck	Non-Executive NHS Board Member	24 September 2020	24 September 2023
Cllr John Divers	Moray Council	To be confirmed by Scottish Government	
To be advised	NHS Board Member	To be confirmed by Scottish Government	

Statutory Non-Voting Members

Ms Tracey Abdy	Chief Financial Officer, Moray Integration Joint Board
Mr Ivan Augustus	Carer Rep
Ms Elidh Brown	TsiMORAY
Mr Simon Bokor-Ingram	Interim Chief Officer, Moray Integration Joint Board
Mr Sean Coady	Head of Service, Health and Social Care Moray
Ms Karen Donaldson	UNISON, Moray Council
Dr Jane Ewan	Nurse Director – Excellence and Innovation, NHS Grampian
Mr Steven Lindsay	Staff Partnership Rep, NHS Grampian
Mr Christopher Littlejohn	Deputy Director of Public Health, NHS Grampian
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Deputy Medical Director, NHS Grampian
Mrs Val Thatcher	Public Partnership Rep
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services

Substitute Voting Members

		Date Appointed	Re-Appointment Due
Cllr Louise Laing (sub for Cllr Morrison and Coull)	Moray Council	19 December 2019	19 December 2022
Cllr Sonya Warren (sub for Cllr Morrison and Coull)	Moray Council	13 June 2018	13 June 2021
Cllr Tim Eagle (sub for Cllr Brown)	Moray Council	13 June 2018	13 June 2021
Ms Heidi Tweedie (sub for Elidh Brown)	Third Sector	1 May 2018	1 May 2021
Cllr Ryan Edwards (sub for Cllr Divers)	Moray Council	28 January 2021	28 January 2023

Non Statutory Advisers

Dr Ann Hodges	Consultant Psychiatrist, NHS Grampian
Ms Pauline Merchant	Clinical Governance Coordinator, HSCM
Mrs Jeanette Netherwood	Corporate Manager, HSCM
Mrs Liz Tait	Professional Lead for Clinical Governance, NHS Grampian
Mr Atholl Scott	Chief Internal Auditor, Moray Integration Joint Board

Standards Officer

		Date Appointed	Re-Appointment Due
Alasdair McEachan, Standards Officer	Moray Council	1 October 2020	31 March 2022
Aileen Scott, Depute Standards Officer	Moray Council	1 October 2020	31 March 2022



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021

SUBJECT: LEARNING DISABILITY STRATEGY

**BY: CHARLES MCKERRON, INTERIM SERVICE MANAGER,
LEARNING DISABILITY.**

1. REASON FOR REPORT

- 1.1. To inform the Board of the update to the Moray Learning Disability Strategy, Our Lives, Our Way 2013-2023 to ensure that it is aligned with the Moray Integration Joint Board Strategic Plan, Moray Partners in Care 2019 – 2029. The report also asks the Board to approve the updated Strategy and agree the development of an implementation plan.

2. RECOMMENDATION

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

- i) approve the updated Learning Disability strategy aligned to the MIJB Strategic Plan.**
- ii) agree that the Learning Disability Service with the Learning Disability Forum develop an Implementation Plan based on the 6 Improvement Themes set out in the strategy and linked to the priorities set out in the MIJB's overarching Strategic Plan.**

3. BACKGROUND

- 3.1. At its meeting on 9 October 2013 the Moray Council adopted the Moray Learning Disability Partnership Board, Commissioning and Delivery Plan 'Our Lives, Our Way' 2013-2023. This is a strategic plan that was developed by the Learning Disability Partnership Board. The Board included people with learning disabilities and carers; people from the Moray Council, NHS and service providers. The strategic plan was developed by a process of co-production.
- 3.2. The Learning Disability strategic delivery plan developed in 2012/13 has 9 strategic outcomes including; -

- Have real choice and control over their lives
 - Live more independently with opportunities to be more involved in their local communities.
 - Have a range of housing opportunities
 - Be able to make the most of their health and wellbeing
 - Have a range of employment, training and learning opportunities
 - Feel safe and secure
 - Have the right support to meet any additional needs
 - Be supported by staff who have the right understanding, skills and training
 - Have family carers who are supported to continue in their caring role
- 3.3. The updated Moray Learning Disability Strategy sets out Health & Social Care Moray's refreshed approach to working together with all our partners to improve the quality of life for people with a learning disability who live in Moray. People have told us they want to be as independent as they can within their own community and wish to have more choice and control over their lives in order to reach their full potential, with good quality support built around their individual needs and outcomes.
- 3.4. The Learning Disability Strategy follows a Human Rights Approach; people have the right to be valued as individuals and lead fulfilling lives. They have the right to good accommodation and support; to improved healthcare; to access and participate in their communities and to benefit from a fair and inclusive society, as well as contributing to the local economy.
- 3.5. The Strategic Plan of the MIJB, Moray Partners in Care, sets out the vision and priorities, which direct the planning of health and social care services for everyone in Moray. The Learning Disability Strategy has been refreshed in line with the Strategic Plan to support improvement in services for people with a learning disability in Moray in order to achieve positive change and better outcomes. The Learning Disability Strategy strategic outcomes have been mapped against the three strategic outcomes of the MIJB Strategic Plan; Building Resilience; Home First; Choice and Control. The Learning Disability Strategy is also in line with the set of National Health and Wellbeing Outcomes.
- 3.6. There has been steady progress of work under Our Lives, Our Way 2013-2023. In 2017, the Learning Disability Transformation Project was implemented to better respond to what people said matters to them and to the demographic and financial challenges facing health and social care services. Recognising the need to evolve the way we deliver services and to work differently in the future to ensure services are safe, sustainable and improve experiences. The Transformation Project led to the adoption of The Progression Model, a new model of delivering community health and social care services for people with a learning disability. This was reported to the MIJB at their meeting on 31 August 2017 (para 11 of the minute refers).
- 3.7. The Progression Model utilises continuous steps to support an individual to progress over a longer period of time to reach their potential. Support is designed so that people can learn the skills to be independent in order to help them do as much as they can for themselves. This promotes social inclusion and increases an individual's ability to become an active citizen within their own local community.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The 9 strategic outcomes of the Moray Learning Disability Partnership Board, Commissioning and Delivery Plan Our Lives, Our Way 2013 – 2023 have been mapped against the strategic outcomes of the Moray Integration Joint Board (IJB), Partners in Care 2019. The learning Disability Strategy is also in line with the set of National Health and Wellbeing Outcomes.
- 4.2. The updated Learning Disability Strategy sets out six themes for improvement:
1. To improve the planning for young people with learning disabilities transitioning from childhood to adulthood, with early involvement of parents, carers and the young people themselves;
 2. To review and redesign accommodation options, accommodation based support and day support services to modernise them, provide them locally wherever possible, make them fit for purpose and of high quality for the people who need them and ensure they are sustainable for the future;
 3. To work in partnership with NHS Grampian on the implementation of the 'Grampian-wide strategic plan for future-proof, sustainable mental health and learning disability services'.
 4. To continue to embed the principles of personalisation and Self-Directed Support, to encourage choice and independence within a framework that ensures fairness and consistency;
 5. To continue to follow the principles and recommendations set out in "*Keys to Life*", to ensure that the best possible outcomes are being met for people with learning disabilities, their families and carers, within the resources available.
 6. To ensure that our resource allocation processes are fair and consistent, and that we maximise efficiencies to secure Best Value for the people we support and the wider community.
- 4.3. In the delivery of this refreshed and updated Moray Learning Disability Strategy 2021-2024 (**APPENDIX 1**) we are committed to working together with all partners in care to develop an Implementation Plan, based on the 6 Improvement Themes set out above and linked to the priorities set out in the Board's overarching Strategic Plan. It is proposed that the implementation plan will be co-produced with the Moray Learning Disability Forum as a consequence of this updated strategy.

5. SUMMARY OF IMPLICATIONS

- (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"**

The Learning Disability Strategy is consistent with the MIJB vision and values as set out in the Strategic Plan.

(b) Policy and Legal

There are no legal implications from implementing the Learning Disability Transformation Project.

The development and implementation of the updated strategy means that policy and procedures will be revised accordingly.

(c) Financial implications

There are no immediate financial implications associated with the updated Learning Disability Strategy.

Inherent in the Strategy and as one of the 6 improvement themes is that we maximise efficiencies to secure Best Value for the people we support and the wider community

(d) Risk Implications and Mitigation

As part of the project management approach, a risk and issues log will be reviewed at each meeting associated with the implementation of the Learning Disability Strategy. All risks are escalated to the appropriate level for mitigating action.

(e) Staffing Implications

There are no staffing issues directly arising from this report. Provider Services have demonstrated their ability to recruit and maintain appropriate staff groups. In addition, there are a number of reliable external providers who we work with currently who have also demonstrated their ability to recruit and maintain appropriate staff groups.

(f) Property

There are no property issues directly arising from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

This report has been circulated to:

Jane Mackie, Head of Service and Chief Social Work Officer HSCM

John Campbell, Service Manager - Provider Services, HSCM

Tracey Abdy, Chief Financial Officer & Head of Performance and Commissioning, HSCM

Jeanette Netherwood, Corporate Manager, HSCM

Morag Smith, Senior Solicitor, Moray Council

Katrina McGillivray, Senior Human Resources Advisor, Moray Council

who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

- 6.1. The Moray Learning Disability Strategy, 'Our Lives, Our Way' 2013-2024 has been updated to ensure that it is aligned with the MIJB Strategic Plan, Moray Partners in Care 2019-2029.**
- 6.2. The strategy will build upon previous work as noted in this report to ensure that the people of Moray who have a learning disability live as independently as they can within their own community and have more choice and control over their lives in order to reach their full potential, with good quality support built around their individual needs and outcomes.**

Author of Report: Charles McKerron, Interim Service Manager, Learning Disability.

Background Papers: Appendix 1. MORAY LEARNING DISABILITY STRATEGY, 'Our Lives, Our Way' 2013-2023. Strategy update 2021-2024.



MORAY LEARNING DISABILITY STRATEGY

Our Lives, Our Way 2013-2023

**Strategy update
2021-2024**

Version 0.5

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

Involvement Officer, Health & Social Care Moray, 9C Southfield Drive, Elgin, IV30 6GR.

01343 567187

involvement@moray.gov.uk

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1. Introduction

Welcome to the updated Moray Learning Disability Strategy. It sets out Health & Social Care Moray's refreshed approach to working together with all our partners to improve the quality of life for people with a learning disability who live in Moray.

We are ambitious for everyone with a learning disability. People have told us they want to be as independent as they can within their own community and wish to have more choice and control over their lives in order to reach their full potential, with good quality support built around their individual needs and outcomes.

People have the right to be valued as individuals and lead fulfilling lives. They have the right to access and participate in their communities and benefit from a fair and inclusive society, as well as contributing to the local economy.

The Strategic Plan of the Moray Integration Joint Board (IJB), **Partners in Care 2019**, sets out the vision and priorities which direct the planning of health and social care services for everyone in Moray.

The Learning Disability Strategy has been refreshed in line with the Strategic Plan to support improvement in services for people with a learning disability in Moray in order to achieve positive change and better outcomes.

It builds on the work progressed under the current Moray Learning Disability Strategy, *Our Lives Our Way* 2013-2023, which was co-produced by people with learning disabilities and

their families working alongside people who deliver and commission services.

In 2017 we implemented the Learning Disability Transformation Project to better respond to what people said matters to them and to the demographic and financial challenges facing health and social care services.

Recognising the need to evolve the way we deliver services and to work differently in the future to ensure services are safe, sustainable and improve experiences, the Transformation Project led to the implementation of a new model of delivering community health and social care services for people with a learning disability.

The Progression Model utilises continuous steps to support an individual to progress over a period of time to reach their potential. Support is designed so that people can learn the skills to be independent in order to help them do as much as they can for themselves. This promotes social inclusion and increases an individual's ability to become an active citizen within their own local community.

In the delivery of this refreshed Moray Learning Disability Strategy 2021-2024 we are committed to working together with all partners in care to co-produce the supporting implementation plan which will detail how improvement themes will be progressed.

2. Who we are

The Moray Integration Joint Board

In 2016 the Scottish Government legislated to bring health and social care together into a single, integrated system leading to the establishment of integration authorities which are legal entities in their own right.

The Moray Integration Joint Board works to enhance delivery of joined-up health and care services to the people of Moray. It has responsibility for the funding of a range of services in the community which were previously managed separately by NHS Grampian and Moray Council. These services include:

- Social care services
- Primary care services including general practice (GPs) and community nursing
- Allied health professionals such as occupational therapists, psychologists and physiotherapists
- Community hospitals
- Public health
- Community dental, ophthalmic and pharmaceutical services
- Unscheduled care services
- Support for unpaid carers

Health & Social Care Moray

The health and social care partnership is the delivery arm of the Integration Joint Board. Moray Council and NHS Grampian employees work together to deliver services and with organisations across the Third and Independent Sectors which are a vital part of partnership working.

Most importantly, partnership working involves working closely with the people who use services, their unpaid carers and their families.

3. The Moray Learning Disability Strategy 2013-2023

[Our Lives, Our Way 2013-2023](#) is a plan to “help people with learning disabilities and family carers get more out of life”.

It was co-produced by people involved in the Moray Learning Disability Partnership – a forum facilitated by health and social care officers – who worked together to share their experiences, views and ideas in order to help shape and improve services.

The Partnership agreed the following vision statement:

“People in Moray with a learning disability will have the same choices and opportunities as everyone else. Their independence will be supported by services which are developed with them.”

Informed by what people said was important to them, the evidence base provided by the Learning Disability Strategic Needs Assessment and key drivers for change, the Learning Disability Partnership identified eight priority areas.

1. **Choice and control** – “I want to make my own decisions over how I live my life and have the right support to make it happen.”
2. **Greater independence** – “I want to choose where I live and who I live with.”
3. **A place to live** – “I want to live my life in my own community, be able to use local services and have enough money to support myself.”
4. **Better health and wellbeing** – “I want to be able to get the support I need to stay as healthy and well as I can.”
5. **Keeping safe** – “I want to be able to stay safe but to be able to choose to take some risks if that is what I decide.”
6. **Support for people with complex needs** – “If I have profound and multiple learning disabilities, mental health issues, complex needs or am on the autistic spectrum, I want to get the right support for my needs.”
7. **Staff development** – “Staff should have the skills and training they need to provide the right support to me.”
8. **Support for carers** – “Carers and professionals should work more closely together so carers can continue to support the person they care for while also having a life beyond their caring role.”

The current strategy succeeded the previous Moray Learning Disability Services Strategy from 2007.

4. Updating the Learning Disability Strategy

The updated Moray Learning Disability Strategy 2021-2024 builds on the transformation work which has been undertaken with and for people with a learning disability over the past seven years. It has been informed by ongoing engagement with stakeholders and the key national drivers which have come into force since 2013.

The document has been updated in order to sit within the overarching context of the Moray Integration Joint Board's [Strategic Plan](#) for Moray which was published in December 2019. This is the overarching strategy setting out how the Board will plan and direct delegated health and social care services using integrated budgets in order to achieve the core aims of integration.

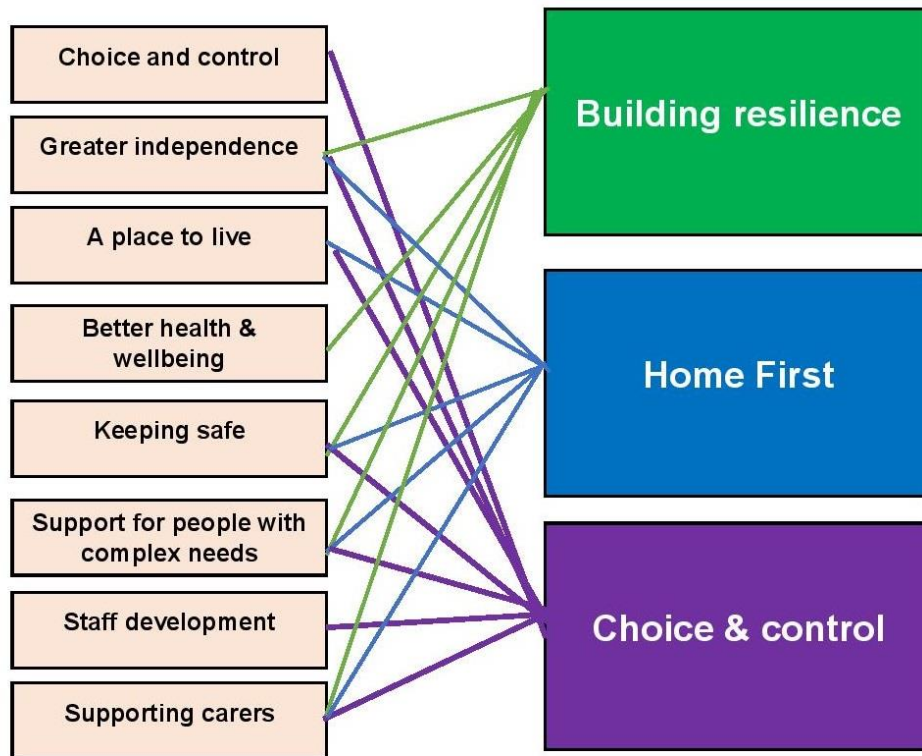
The Board's vision is to achieve:

“The best health and wellbeing possible for everyone in Moray throughout their lives.”

Three strategic priorities have been approved. These are:

- **Building Resilience:** Taking greater responsibility for our health and wellbeing
- **Home First:** Being supported at home or in a homely setting as far as possible.
- **Partners in Care:** Making choices and taking control over decisions affecting our care and support.

The priorities in the current Learning Disability Strategy (left-hand side) can be mapped to those in the Strategic Plan (right-hand side).



By working together with individuals and local communities, Health & Social Care Moray will support people to achieve the following National Health and Wellbeing Outcomes:

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, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently 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 service users.
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 reducing any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do.
9. To deliver best value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

Through this strategy Health & Social Care Moray will direct the provision of effective support for people with learning disabilities that seeks to address their personal outcomes. A focus on outcomes is key to achieving improved life chances and quality of life for people with learning disabilities, underpinned by a human rights approach.

It signals a continuation of the shift to people being more involved in their own health and care and to being able to access the right home and right support at the right time for them.

5. Who the strategy is for

People with learning disabilities have a significant lifelong condition that started before adulthood which affected their development and which means they need help to understand information, learn skills and cope independently.

We recognise that this is only part of the description – the whole person will be a family member, a parent, a friend, a colleague, a student or a citizen.

People with a learning disability have the same rights as every other member of society with same need to be treated with dignity and respect. They have the right to be valued as individuals and lead fulfilling lives. They have the right to access and

participate in their communities and benefit from a fair and inclusive society, as well as contributing to the local economy.

The Strategy is for:

- People living in Moray with a learning disability and/or autism with additional needs aged 18 years and over.
- Young people with learning disabilities in transition from school to adulthood and adults transitioning into older age.
- People with learning disabilities ordinarily resident in Moray, but who are receiving support out with the area.
- Families, carers and parents of people with a learning disability and/or autism;
- People within the partnership of Health & Social Care Moray, including Independent and Third Sector organisations, who commission and deliver services for adults with learning disabilities.
- People in Moray Council and NHS Grampian who commission and deliver universal services used by adults with learning disabilities.
- The wider Moray community.

Moray context

Moray's population has grown significantly in the past 20 years from 87,160 in 1997 to an estimated 95,820 in 2019. The population of Moray had been growing faster than the national rate and had experienced the 11th highest rate of growth amongst the 32 Scottish local authorities.

In addition to this growth the demography has also changed markedly over the past 20 years. The most significant population growth over the next two decades is projected to occur amongst older adults. This will have a significant impact on demand for our services and creates a challenging environment in which to operate whilst transforming our services.

Prevalence

The statistical information provided in this section has been obtained from Learning Disability Statistics Scotland 2019, published by the Scottish Commission for Learning Disability, which includes those adults with learning disabilities and/or on the autism spectrum who are known to local authorities in Scotland.

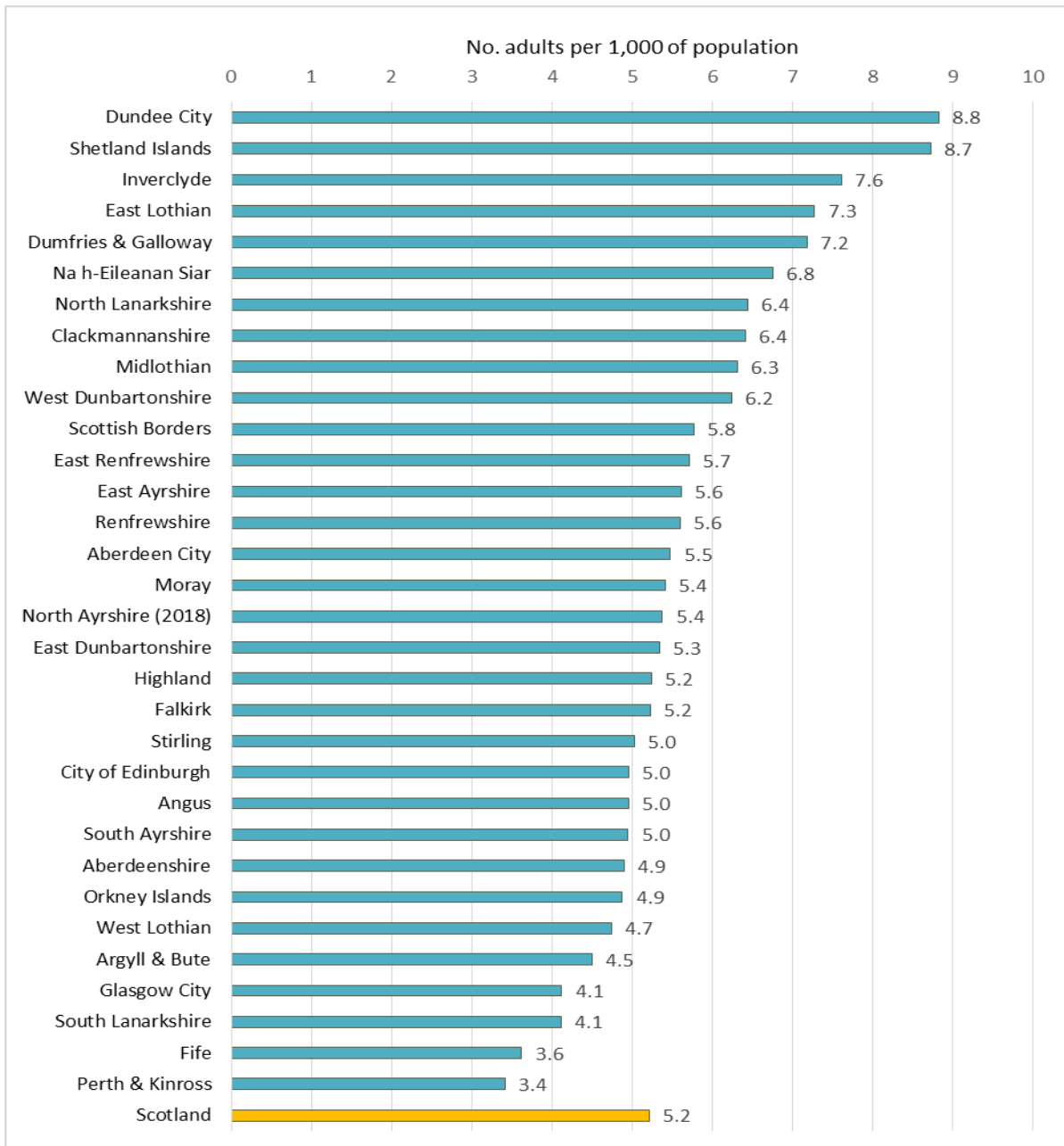
Many individuals with a learning disability may not be in regular contact with specialist health or social care services, likely largely independently or with support from family.

430 adults with a learning disability were recorded as receiving formal support ranging from low-level advice and support to extremely intensive round-the-clock care and support with specialist health input.

Of the 430 adults known to the Learning Disability Team (in 2019), 28% also had an Autism Spectrum diagnosis.

	16-34	35-64	65+	Total
Males	122	108	24	254
Females	69	83	24	176

Table 1 demonstrated that the number of adults with learning disabilities known to the Moray Learning Disability Team was just above Scotland as a whole at 5.4 per 1,000 of the population.



Living circumstances

244 (43%) of adults with a learning disability known to the team lived with a family carers. This is about the national figure of 31%.

Figures for accommodation types are as follows:

	Mainstream accommodation			Supported accommodation	Registered care home	Other	Not known	Total
	With support	With no support	Support status not recorded					
Moray	60	40	74	73	13	15	154	430

Employment and day centre support

44 adults (10%) were engaged with some form of employment opportunity – more than double the Scottish average of 4%.

72 adults (17%) attended a day centre, similar to the Scottish average. 87.5% attended for less than 30 hours per week and 12.5% for 30 hours or more per week.

6. What people with a learning disability and their families have told us

Extensive engagement with stakeholders to inform the production of the strategy **Our Lives, Our Way** included the formation of a Learning Disability Partnership. This was facilitated by staff and met regularly between 2012 and 2015 but was found to be an unsustainable model for engagement. Since then engagement has taken place on a more ad hoc basis.

Two Open Space engagement events were held in 2018 offering people the opportunity to come together to talk about the things that matters most to them. Those attending proposed the issues then led the discussion on their subject. At the end of the Open Space people voted on the importance of all the topics discussed.

Among the issues people told us mattered most to them were: making decisions; more day and evening opportunities; living and working in my community; improved communication; transport and access; consistent support.

People told us the wider community needs more education and awareness about the barriers people with a learning disability face in their every day life and what can be done to remove them. They spoke about their aspirations to be more active citizens in their communities with meaningful ways to spend their day and called for improved ways to share information about universal services and community assets.

People shared their experiences of planning for independent living and the importance of continued family support, as well as their aspiration to live more independently with the right level of support. They said they don't want staff sleeping over in their house if they didn't need them.

People said their wish to secure paid employment should be recognised and supported. They also said a learning disability should not stop people becoming a volunteer if they wished to.

There was a call for improved transition planning for young people, more advocacy support and more support for the social care workforce to develop skills and training which it was felt would improve retention rates so that people had consistency in the people who supported them.

In March 2020 a workshop was held to support collaborative discussions with families on a range of “hot topics” affecting the lives of people with a learning disability in Moray

Discussions took place around four key themes - overnight provision; homes for the future; responsive person-centred support; and the future model for services.

Relatives shared their positive experiences of SDS and direct payments as promoting choice and control. Many championed the aspirations of their loved ones for more choice about where they live and who they live with. They told us a range of accommodation options were needed to meet the different care and support needs of people who require constant support or support close by. Many families aspire to their relative taking up a secure tenancy in home of their own with on-site staff support.

It was important to families that individuals are safe and secure in their homes. People were most concerned about possible reductions in long-term support, such as the removal of waking night staff, and the risks which their loved ones could be exposed to.

Calls were made for services to involve relatives in planning and risk assessments right from the start before any decisions in changes to existing services are made. This included transition planning and moves to more independent living. Parents stressed good support plans were key.

People need access to local facilities so they can be a part of their community. Transport is an issue for many.

There was much praise for the quality of directly provided and commissioned services in Moray, however a lack of autism services was highlighted.

7. Current resources

The Learning Disabilities budget covers:

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

The staff team provides a service to adults in Moray who have a learning disability, and to their families and carers. It includes:

- Service Manager
- Consultant Practitioner
- Social Work Team Manager
- Advanced Practitioner (1WTE)
- Social Workers, Community Care Officers, Local Area Coordinators
- Community Learning Disability Nurses
- Psychologists
- Speech and Language Therapists
- Psychiatrist
- Dieticians
- Physiotherapists
- Occupational Therapists

The Learning Disability Team works closely with many other Health & Social Care Moray teams including: Internal Provider Services, Commissioning, Finance, Adult Protection, Self-directed Support and Unpaid Carers.

There are also strong links with partners Moray Council, NHS Grampian, the Third and Independent Sectors.

8. The national context

The Scottish Government's vision for people with learning disabilities and complex needs within Scotland is that everyone is supported to lead full, healthy, productive, and independent lives in their communities, with access to a range of options and life choices.

Over the past few years, there has been a significant amount of new legislation and national and local policy that has had a considerable effect on how people with learning disabilities and their carers are supported.

Demands and expectations from people have increased in terms of the quality and choice of services available, which have also come to bear on the changed policy landscape, both nationally and locally:

Legislation

Adults with Incapacity (Scotland) Act 2000 – This Act provides a framework for safeguarding the welfare and managing the finances of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, or an inability to communicate.

Mental Health Act (Care and Treatment) (Scotland) Act 2003 – This Act increased the rights and protection of people with: mental illness, learning disability and personality disorder. It introduced changes to develop community-based mental health services, involvement of service users and unpaid carers in decisions concerning treatment, and respect for the human rights of people with what are referred to as “mental disorders”. The act is currently being reviewed.

Adult Support and Protection (Scotland) Act 2007 – The Adult Support and Protection (Scotland) Act 2007 was introduced to identify and protect individuals who fall into the category of adults at risk. The Act defines adults at risk as people aged 16 years or over who: may be unable to safeguard their well-being, rights, interests, or their property; may be harmed by other people; because of a disability, illness or mental disorder are more at risk of being harmed than others who are not so affected. Having a particular condition such as a learning disability or a mental illness does not automatically mean an adult is at risk. Someone can have a disability and be perfectly able to look after themselves. For an adult to be considered at risk, all three parts of the above definition must be met.

Equality Act 2010 – The Equality Act 2010 brings together over 116 separate pieces of legislation into one single Act. Combined, they make up the 2010 Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act simplifies, strengthens and harmonises the current legislation to provide Britain with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Welfare Reform Act 2012 – The Act includes the phased introduction of Universal Credit and the phased replacement of Disability Living Allowance (DLA) with the Personal Independence Payment (PIP) for working-age adults.

The Social Care (Self-directed Support) (Scotland) Act 2013 – The Act places a duty on Partnership social work services to offer people who are eligible for social care a range of choices over how they receive their support. Self-directed Support (SDS) allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes. SDS is underpinned by the core principles of personalisation (people and families having choice and the ability to shape and control the public services they require) and co-production (equal and collaborative relationships between people, professionals and communities).

Public Bodies (Scotland) Act 2014 – This is the legislation that sets out the arrangements for the integration of certain NHS and local authority social work functions.

Carers (Scotland) Act 2016 – The Act is designed to support carers' health and wellbeing. The provisions in the Act include: a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria; a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; a requirement for each Partnership area to have its own information and advice service for carers; a requirement for the Scottish Government to prepare a carers' charter that sets out the rights of carers; a requirement to consider whether support to carers should take the form of a short break, and there must be a wide range of breaks available to carers; and the joint preparation by local authorities and health boards of local carers' strategies.

National Policy

Achieving Sustainable Quality in Scotland Healthcare – The Scottish Government's 20:20 Vision is that by 2020 everyone is able to live longer, healthier lives at home, or in a homely setting and that we will have a healthcare system where: we have integrated health and social care; there is a focus on prevention, anticipation and supported self-management; when hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm; whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions; and there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Scottish Strategy for Autism 2011 – This strategy places autism as a national priority advocating a holistic, joined-up approach and emphasising that people with autism and their carers need to be supported by a wide range of services including social care, education, housing, employment and other community-based services. In 2015 the strategy's recommendations were reframed as four strategic outcomes: A Healthy Life; Choice and Control; Independence; Active Citizenship

Keys to Life Strategy 2013 – The Scottish Government published a new national strategy for learning disability, Keys to Life, in June 2013. This 10 year strategy makes more than 50 recommendations, the majority of which relate to health. The strategy aims to address the health inequalities facing people with learning disabilities. It has a strong focus on improving health outcomes in the widest sense including prevention, health improvement activities and equal access to health services. The strategy aspires to improve the life choices and quality of life of people with learning disabilities by ensuring they are included in every aspect of community life as equal citizens and that the voice of every person with learning disabilities is heard and respected.

Coming Home 2018 – A Scottish Government report on out-of-area placements and delayed discharge for people with learning disabilities and complex needs. Seven recommendations were grouped under three key themes: Strengthening Community Services (access to crisis services; flexible support responses; family support); Developing Commissioning and Service Planning (working with children's services and transitions teams; identifying suitable housing options); and Workforce Development in Positive Behavioural Support (PBS training across the workforce; establishment of a PBS Community of Practice).

9. The need for change

Health & Social Care Moray aims to deliver high quality, safe services for our citizens. Delivery is within a context of significant and ongoing pressures including: an ageing population with significant ill health and issues of comorbidity; increasing public expectations for flexible and person centred services; and a decreasing budgetary envelope.

As such, like all health and social care partnerships across Scotland, there has been a need and a desire for Moray to review how support and care is delivered in all settings and to transform services to meet public expectations and stakeholder aspirations within a context of fiscal responsibility.

In addition, whilst care is needs led and most ensure people remain safe and well, it is also resource bound and as such delivery of all services must be done in the context of best value – ensuring that there is good governance and effective management of resources with a focus on improvement, to deliver the best possible outcomes for the public.

These challenges are perhaps most clearly evident in the areas of Learning Disability Services. Changing demographics are well rehearsed; people with a learning disability are living significantly longer but have a poorer health profile than the general population. Many will need to be supported for life.

As they grow older, people with learning disabilities have many of the same age-related health and social care needs as other people but they also face specific challenges associated with their learning disability. This includes a higher incidence of epilepsy, autistic spectrum disorder and sensory impairments.

Transition out of Children's Services can be challenging for people and their family carers when long-term placements and support from services ends and different approaches to meeting needs are applied in Adult Services.

The majority of adults with learning disabilities live with their families, usually their parents. In some instances they may be caring for an older frail parent while they, too, are getting older. Eventually, ageing family carers may reluctantly explore alternative care arrangements when they are no longer able to provide long-term care.

More serious is when family care ends suddenly through parental illness or death or when a family reaches crisis due to challenging behaviour. Due to a lack of future planning, the person may be moved inappropriately or have multiple moves.

There is a significant lack of the right mix of accommodation and skilled support staff. People are currently being maintained in expensive, out of areas placements or residing in individual or group living situations which do not meet their needs.

Staff recruitment and retention has been a key area of concern within social care, taking into account the complex nature of care models and the number and skill mix of professionals involved in meeting the needs of people that we provide services to. A particular area of concern has been within learning disabilities and meeting the needs of individuals with intensive complex care needs within Moray.

It is evident we cannot afford to do what has always been done.

10. Transforming Learning Disability Services in Moray

The IJB, through its successive Strategic Plans, has directed Health & Social Care Moray and its partners to meet these challenges through transformation of services to improve outcomes for individuals and ensure long term sustainability for health and social care services in Moray.

We must adopt new approaches and have a different conversation with individuals and their families. We must focus on people and their communities' strengths and assets. Proportionate interventions must be made when needed and intervention must happen earlier to enable individuals to have real choice to remain living in their communities.

The following section highlights some of the approaches Learning Disability Services have taken to respond to national and local drivers for change.

Self-directed Support (SDS)

Since the enactment of the Social Care (Self-Directed Support) (Scotland) Act 2013, all individuals who are eligible for long term support are assessed through the SDS processes alongside the values and principles which underpin the legislation. The legislation has enabled individuals to take greater control over their care and support, allowing them to live the life they want having their support delivered in a personalised way.

Health & Social Care Moray has made significant progress implementing self-directed support. Most supported people experienced choice and control in how they used personalised budgets and were achieving positive personal outcomes as a result.

As more people have control over the big decisions that affect their lives and the funding for their own care and support, it is important Moray has a vibrant, responsive marketplace of opportunities that provide the choice and variety individuals want. To facilitate the growth of a more diverse market, Health & Social Care Moray has begun development of a Market Shaping Strategy which will be informed by the experiences and ideas of individuals with care and support needs, families and unpaid carers

The Woodview Service

The in-house Woodview Service is recognised as a leading model of person-centred care and support for adults with severe learning disabilities and autism who exhibit a variety of complex behaviours posing a range of physical and emotional challenges.

Following the publication of a critical Care Inspectorate Report in relation to the unsuitability of an existing residential care facility in Forres (Maybank) for adults with autism, learning disabilities and challenging behaviour, the decision was taken by Moray Council in 2013 to commission a £2.5m new build development of eight bungalows, a communal area and staff office at Urquhart Place, Lhanbryde.

The underpinning premise of the project was that supporting the Maybank residents to have their own tenancy and to live in their own bungalows would have a positive impact in terms of their quality of life. In turn, this would reduce the number of incidents of harm and challenging behaviour and would result in better staff retention and recruitment rates.

In August 2017, Maybank was successfully decommissioned as a care home residence and the four service users became tenants at Woodview. Four other tenants have subsequently moved in, including people returning from out of area placements.

The current Care Inspectorate grading are:

Quality of care and support	5 (very good)
Quality of staffing	4 (good)
Quality of management and leadership	4 (good)

The Learning Disability Transformation Project

To increase the pace and impact of transformation, the Learning Disability Transformation Project was initiated in 2017 to drive forward the required improvement. The project was developed in partnership with specialist social care, health and housing advisers Alder in order to assess current provision and practice across Moray and identify a sustainable service model for the future.

The project identified that although there were many examples of effective practice in existing services, there was significant scope to improve the quality of life of people with a learning disability. Opportunities to help people achieve greater levels of independence were being missed, both in terms of living arrangements and work/leisure. Greater independence would lower future costs by reducing the level of need and hence the services required.

A number of individuals living in residential care received some form of 24 hour support, either in a staffed supported living environment or with a combination of supported living and day services. The wide variation in use of 24/7 support models suggested that, in some areas, work could be done to develop alternative, less intensive arrangements for some people.

Opportunities were being missed to use assistive technology to support people with a learning disability.

Some people with a learning disability were provided with services of a disproportionately high level relative to their current recorded needs. In particular, there was extensive use of 1:1 or higher ratio support that sometimes could not be justified. This was the result of assessment and reviews which were inconsistent and/or lacked rigour, risk averse practice and a failure to reduce services that were increased at a time of temporarily increased need when no longer necessary.

The Transformation Project focused on the change required in the way in which:

- Assessments were carried out;

- Support plans were prepared;
- Risks were managed;
- Reviews were undertaken;
- Services were provided.

Securing transformation requires ongoing system-wide change not only for Learning Disability Services but also for Commissioning, Providers of Services and on-going conversations with people who access learning disability services in Moray.

As a result of the project, a number of initiatives have been taken forward across Moray to remodel Learning Disability Services.

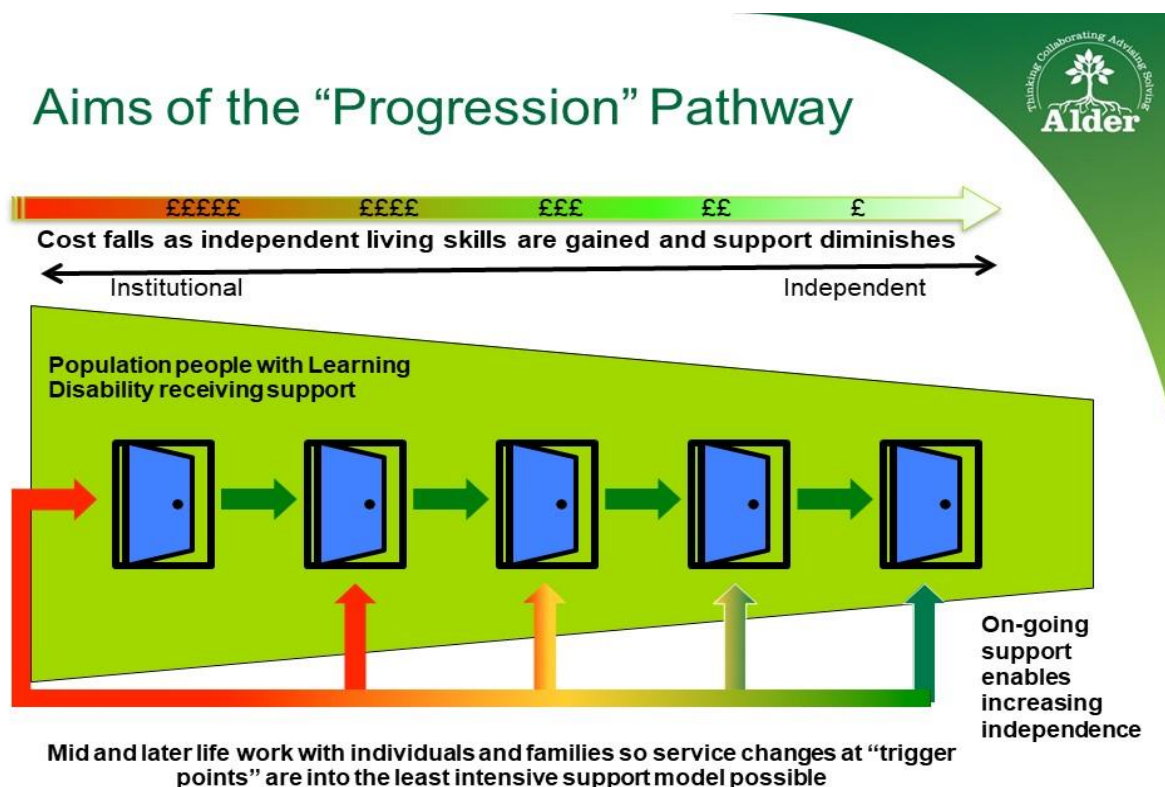
The Progression Model

A key part of the Transformation Project was to advance improved outcomes for people with a learning disability through the adoption of a Progression Model for services.

This is a conceptual model that represents different levels of independence/dependence. It can be used to show the service response to an individual's needs at a given level of need. The main use of the model is to help plan how a person can acquire, or maintain, independent living skills.

Practitioners can use the model for care and support planning. Commissioners may use it to plan the availability of services for an individual and also to assist with current and future population needs assessment.

The overall aims of the model, showing a "Progression" pathway, are shown in the figure below. Care and support planning should help people achieve the maximum level of independence to which they aspire. It is important to match the service response to current need but also to work to reduce them over time, helping individuals gain confidence and skills, and so reduce long term needs.



The model can illustrate a person's life plan in terms of their accommodation and support needs. It can also be used to describe a care and support pathway and is of particular use in pathway planning.

Progression assumes that people prefer to be less dependent rather than more and that most people with a learning disability are able to learn at their own pace. The model also takes account of the fact that people can lose skills, for example through progressive conditions such as dementia.

It is recognised that past service responses may have led to a degree of over-servicing and, on occasion, has increased dependency rather than decreased it. Reversing this requires very skilled and sensitive work with individuals, their families and their carers.

Accommodation plays a vital role in the Progression Model

Accommodation needs change over time. Care and support needs also typically change over time. Needs may increase when a person has a progressive medical condition or as a result of age related conditions. They may also decrease, as a result of treatment, recovery, or reablement, or the acquisition of new skills.

The "Progression" Model seeks to anticipate the future accommodation and support needs of a person with a learning disability. A plan for the individual is based on the long term aspirations of that individual where they can realistically see themselves at a point in the future once they have attained their maximum level of independence. Planning prompts the person to consider where they might live, how they might

spend their time, and what care and support will be required to assist them in these areas of their lives.

Once a long-term goal is set, the Progression Model requires consideration of the different steps required to help the person realise their vision of the future. This may require a number of changes in where the person lives and the nature and level of support required.

A person with a learning disability is no different to anyone else who, over the course of their life, can expect a journey that involves a number of home moves and adjustments to meet new challenges and opportunities.

Accommodation projects

The traditional model of housing and care for people with a learning disability has been the group home with one provider of care. Group homes are often a source of tension because of the dynamics within the house. People do not have a choice in who they live with and do not always get on or even like each other.

An essential feature of the Progression Model is the availability of appropriately designed housing that will support flexibility in the delivery of care both as individuals encounter challenges in their lives and need additional support and as they increase their independence and decrease their reliance on support from health and social care services.

The cluster model of housing where a group of people live in their own tenancies in one setting with a staff base on-site, has been successfully adopted in Moray.

Following the decommissioning of a services in Fochabers, a group of people are being supported to live in individual flats with a staff team in a separate unit on site to provide both planned and responsive support.

Levels of challenging behaviour have decreased because the environment is more appropriate and the care and support provided is more flexible and responsive to their needs.

The Learning Disability Service maintains a database of people who are waiting for appropriate accommodation and support. This includes: people who are currently being maintained in expensive out of area placements; people living in family units where there is a high likelihood of current care arrangements breaking down; people living in group living situations which do not meet their needs; people who put themselves at risk through their lifestyle and life choices and place associated high demand on public services.

A number of housing opportunities, based on the Progression Model approach, have been identified in partnership with Moray Council Housing & Property Services and housing associations.

These projects seek to create the most appropriate living environment for people. Care and support would then be provided through specialist internal services or by commissioning external services.

11. The way forward

The priorities of the Learning Disability Strategy will be brought under the overarching ambitions of the IJB's Strategic Plan.

STRATEGIC PRIORITY 1- Building resilience

My Health

Research tells us that people with learning disabilities have some of the poorest health of any group in Scotland. They are considerably more likely to die at an early age than the general population - on average 20 years before. The most common causes of death for people with learning disabilities are respiratory disease, cardiovascular disease (related to congenital heart disease) and different forms of cancer. Many of the causes of learning disabilities may also lead to physical or mental ill health.

STRATEGIC PRIORITY 2 – Home First

My Home

A good quality home is at the heart of independent living. A home which provides a person with the right type of house, adapted to meet their needs in the right location, is a key requirement for those who need care and support to be able to live their lives to the full.

The great majority of people, including those with learning disabilities, already live in ordinary housing - not in hospitals or care homes - and this is where they want to stay. The need for quality housing and housing services will become more important over the next decade as a result of both the increase in the number of older people and the long standing policy objective of the Scottish Government to shift the balance of care still further away from institutional settings. Increasingly specially adapted housing is required for people who have complex and challenging behaviour. The correct environment will support appropriate management of behaviour and will minimise risk to service users and support staff.

STRATEGIC PRIORITY 3 – Partners in Care

My Life

The Independent Living in Scotland project describes independent living as 'disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not mean living by yourself, or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life

12. Our priorities for improvement in Learning Disability Services

The National Learning Disability Strategy “*Keys to Life*” provides the overall framework within which our local learning disability strategy should operate. It also needs to follow the direction of travel set by the Moray Integration Joint Board and contribute to the priorities set out in its Strategic Plan.

The document, Partners in Care, underlines the importance of working together to deliver better outcomes with and for people with learning disabilities, and their families and carers. Partnership and joint working is at the heart of how we improve the lives of people with learning disabilities and the people who care for them.

The expressed and reflected views of service-users, their families, staff and other stakeholders demonstrate that there are important service areas and processes that would benefit from improvement and these are captured in our six themes for improvement.

Improvement Themes

1. To improve the planning for young people with learning disabilities transitioning from childhood to adulthood, with early involvement of parents, carers and the young people themselves;
2. To review and redesign accommodation options, accommodation based support and day support services to modernise them, provide them locally wherever possible, make them fit for purpose and of high quality for the people who need them and ensure they are sustainable for the future;
3. To work in partnership with NHS Grampian on the implementation of the ‘Grampian-wide strategic plan for future-proof, sustainable mental health and learning disability services’.
4. To continue to embed the principles of personalisation and Self-Directed Support, to encourage choice and independence within a framework that ensures fairness and consistency;
5. To continue to follow the principles and recommendations set out in “*Keys to Life*”, to ensure that the best possible outcomes are being met for people with learning disabilities, their families and carers, within the resources available.
6. To ensure that our resource allocation processes are fair and consistent, and that we maximise efficiencies to secure Best Value for the people we support and the wider community.

13. Next steps

Each of these Improvement Themes involves a lot of work and will each need a clear action plan of its own. We need to make improvements that will modernise services, support people with learning disabilities to maximise their independence and quality of life and ensure we work together effectively. Importantly, we also need to ensure that in the face of financial pressures, we support people fairly and consistently.

As the detail is worked through, the contributions of service-users, families and carers, staff and provider organisations will be crucial to ensure we focus on the right things. We need to continue to listen, learn and understand what is important to people and to have regular conversations with people in order to inform the development and delivery of our work so that together we can achieve positive change and improve lives and outcomes.

We will offer people the opportunity – via a range of methods – to engage with us and share their experiences, views and ideas.

An Implementation Plan, based on the 6 Improvement Themes set out above and linked to the Priorities set out in the Board's overarching Strategic Plan, will be co-produced with a relaunched Moray Learning Disability Forum as a consequence of this updated strategy.

14. How we will know the strategy is making a difference

It is really important that we continue to work in partnership with people with learning disabilities, their families and carers, people who commission services and people who provide services, as we work to achieve our ambitions

We will report on progress to the Moray Learning Disability Forum on an ongoing basis and annually to the Moray Integration Joint Board's Audit and Performance Committee.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021

SUBJECT: HOUSING FOR PEOPLE WITH A LEARNING DISABILITY

**BY: CHARLES MCKERRON, INTERIM SERVICE MANAGER,
LEARNING DISABILITY**

1. REASON FOR REPORT

- 1.1. To inform the Board of progress on the development of housing for people with a learning disability and to ask the Board to agree to support the projects noted in the report.

2. RECOMMENDATION

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

- i) the housing projects noted in this report in paragraph 4.3 to 4.5 as approved and funded by the Scottish Government in accordance with Moray Council Housing Strategy and Moray Housing Need and Assessment Demand document (HNAD) are utilised for people with Learning Disability.**
- ii) that in-house support services should be used initially for people who exhibit the highest level of challenging behaviour.**

3. BACKGROUND

- 3.1. The need for appropriate housing for people with a learning disability in Moray has been embedded in Learning Disability (LD) strategy and planning for many years. In 2013, The Moray Council adopted the Moray Learning Disability Partnership Board, Commissioning and Delivery Plan 2013 – 2023 following approval by the Moray Council Health and Social Care Services Committee on 9 October 2013. This is a strategic plan that was developed by the Learning Disability Partnership Board. The board included people with learning disabilities and carers, people from the Moray Council, NHS and service providers.

- 3.2. The 2013-2023 plan has 9 strategic outcomes including; to have a range of housing opportunities and; to have the right support to meet any additional needs. An associated report on today's agenda seeks approval for an update to this strategy.
- 3.3. Subsequent work on the Transformation of Learning Disability and on the adoption and development of the Progression Model builds upon this Strategic approach. The MIJB has had regular updates with regard to the Transformation of Learning Disability and the Progression Model and the work associated with its implementation in Moray.
- 3.4. The report to MIJB on 31 August 2017 set out the transformational change project in relation to Integrated Learning Disability Services in Moray (paragraph 11 of the minute refers).
- 3.5. The report to the MIJB on the 30 August 2018 (para 10 of the minute refers), informed the Board of the progress made in implementing the Learning Disability Transformation Project Plan and the benefits that had been realised to-date. The Progression Model is set out in Appendix 1 of the August 2018 report also describes the development of a cluster model of housing for four residents and the decommissioning of their previous service.
- 3.6. The report to the MIJB on the 28 November 2019 (para 15 of the minute refers) provided an update on progress being made in implementing the Learning Disability Transformation Project. The report specifically talks about the development of LD Housing. In addition, a project overview document was submitted as Appendix 1 to the November 2019 report, which provides further detail about LD Housing and in particular a 4 to 5 year project in collaboration with the Moray Council Housing Services. Section 4.2 of Appendix 1 of the November 2019 report refers.
- 3.7. The next phase of the project will focus on getting the care and support right for the many people who are currently waiting for the right type of accommodation. We are working with our colleagues in the Moray Council Housing department and with Social Landlords. The aspiration is to have accommodation built which will meet the environmental needs of the people and which are adaptable for people with different needs. The new housing will be combined with the right level of care and support, which is flexible and adaptable to meet individual people's needs. (Section 5 of Appendix 1 of the report to MIJB on 28 November 2019 refers). It is important that we work with individuals prior to any move into new accommodation so that we can support individuals to maximise their independence and for them to get the most benefit from the new arrangements. This will be achieved by using the Progression Model through a whole pathway rather than a start when moving accommodation.
- 3.8. The Moray Learning Disability Transformation Project was started in 2017 based on emerging best practice from England and Wales. Health & Social Care Moray (HSCM) realised that adopting new ways of working and delivering support in different ways could help people with a learning disability to achieve greater levels of independence whilst ensuring the most cost effective use of financial and staff resources. The Transformation Project is based around the Progression Model, which says that with structured support over an extended period of time, people can increase their independence and decrease their reliance on support for health and social care services. This means that better

outcomes for people with a LD can be achieved with less health and social care intervention.

- 3.9. It is important to understand that many people who have a LD may need to be supported for life. For adult services this may mean providing support from age 18 until the person's death. It is also important to note that people with a LD have a high incidence of epilepsy, autistic spectrum disorder, sensory impairments and physical health conditions. They also have associated complex and challenging behaviour. The progression model offers a structured route towards greater independence and the reduction of need. This in turn offers the opportunity to reduce the level of expenditure over time and develop a more sustainable financial model.
- A higher quality of life occurs when services deliver better outcomes for people with a learning disability.
 - Better outcomes result in an eventual reduced demand for services.
 - Need is a driver of services, and therefore cost.
 - By focussing on improved outcomes, and so reducing need, we have the opportunity to reduce the level of expenditure and develop a more sustainable financial model.
- 3.10. An essential feature of the Progression Model is the availability of appropriately designed housing that will support flexibility in the delivery of care both as individuals encounter challenges in their lives and need additional support and as they increase their independence and decrease their reliance on support for health and social care services. This model has been tested with a group of people living in Fochabers who have been successfully rehoused in new build flats and their original accommodation and support service has been decommissioned. The group now live in individual flats with a staff team in a separate unit on site to provide both planned and responsive support. Initial findings are that the level of challenging behaviour presented by these people has dropped because the new environment is more appropriate and the care and support provided is more flexible and responsive to their needs. Significant financial benefits associated with this were reported to the Board on 30 August 2018 (para 10 of the minute refers).
- 3.11. The model that we have found to be most effective is the cluster model where a group of people live in their own tenancies in one setting with a staff base on-site. One provider employs and manages all of the staff. This model is used in other neighbouring local authorities and it has been successfully adopted in Moray following the decommissioning of services, and also for our most challenging and complex service users at Woodview. Within this model, every service user has their own care support and treatment plan, the number of care hours allocated to each person is clear and unambiguous. There are opportunities for sharing staff resources when people attend activities together or to provide overnight support. The service is sufficiently large to warrant on-site leadership and staff can be supported by the leader and by their peers in the event that difficult or challenging behaviour emerges. People are not living in the same property and our experience has shown that people value their own property and gain benefit from the security that this offers, they also enjoy having their own personal space. Housing costs are paid for through housing benefit and this can include a service charge for different elements of the housing support, including the staff/communal space. Staff do not need to be with people 24/7 and this is supported by the use of passive telecare sensors

and associated alarm system to alert the staff members to attend if they are needed.

- 3.12. In relation to those people for whom the further development at Woodview is proposed, it is important to note that often no effective alternative exists within Scotland, and that beds available within the UK may be in the more highly populated areas of the South of England. Placements at such distance add cost and complexity, due to travel costs for staff to review and for family members to visit. Removing a client to a placement where visits from their family are so restricted can create additional stress for them with consequent effect on behaviour. Prices and availability of such placements will vary significantly due to high demand and limited availability. Additional costs can be added to placements should difficulties arise. In such circumstances, negotiation is exceedingly challenging as no alternative will exist. The quality of such placements is hard to monitor. The risks of remote placements in a sector where there has been ongoing concerns about the quality of care should be considered when making this decision.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The Housing Projects focus on three groupings of people;
- people with a learning disability/autism who exhibit significant levels of challenging behaviour.
 - people with a learning disability/autism who do not exhibit significant levels of challenging behaviour
 - people with a learning disability who need gatekeeping support in order to manage their day to day interactions with others.
- 4.2 While the Learning Disability Housing Project will commission both in-house and external provider support, it is the intention that in-house support services will be used initially for people who exhibit the highest level of challenging behaviour. The rationale for this is that; -
- There is existing knowledge and skills in Provider Services, with the Woodview team successfully supporting people who have highly complex and challenging behaviour.
 - There is a skilled, onsite management team. Experience has shown that onsite management is essential to ensure consistency of staff behaviour with regard to supporting people with the structure and routine that is required in order to minimise complex and challenging behaviour.
 - The use of internal Provider Services minimises the risk of service failure and placement breakdown.
- 4.3. Three projects are under negotiation based on a 3 way partnership model between HSCM, Moray Council Housing Service and Grampian Housing Association Ltd. A fourth project is based on a 3 way partnership between HSCM, Moray Council Housing Service and Hanover Housing Association.
- 4.4. The first project grouping is people with a learning disability/autism who exhibit significant levels of challenging behaviour. Grampian Housing have purchased land adjacent to the Woodview site and they are designing 8 bungalow style houses, communal space and staff workspace. The intention is that this group of people will be supported by HSCM staff managed by internal Provider

Services who have demonstrated their skill and success at managing the complex group of people who live at Woodview. The development of communal space and staff workspace will also free up two of the existing buildings on the Woodview 1 site.

- 4.5. The second project grouping is people with a learning disability/autism who do not exhibit significant levels of challenging behaviour. Grampian Housing Association are designing 10 bungalow style houses which they propose will be part of a 'care village' on the Bilbohall site, a new development planned for Elgin. It is anticipated that this group will be supported by a commissioned provider of care and support services.
- 4.6. The third and fourth project grouping is for people with a learning disability who need gatekeeping support in order to manage their day to day interactions with others. These people often present as quite able however, they are vulnerable to exploitation and abuse because of their interactions with more able people who do not have their best interests at heart. Grampian Housing Association is designing a block of 12 flats with managed access to accommodate this group. This will also form part of the 'care village' noted above. It is anticipated that this group will be supported by a commissioned provider of care and support services. Hanover Housing will develop a site a Springfield in Elgin to build a block of flats with managed access also for this group of people. The exact number of flats is yet to be agreed however it is likely to be 10 or 12.
- 4.7. It is important to note that if the MIJB support the development of these projects, further negotiation will be held with the developers in order to phase the completion of the projects to ensure that the human and financial resources needed for the successful completion of these projects can be met and managed effectively.
- 4.8. There will be no costs to the IJB associated with the build of the projects and the ongoing tenancy costs will be met through housing benefit of individual tenants. A project management approach will be needed and appropriate project management support identified to take these forward.
- 4.9. The Moray Council as Planning Authority determines where new housing may be located and the Council as Housing Authority prioritises the use of Scottish Government funding in the delivery of affordable housing. The Council has already committed Scottish Government capital funding for developments at Lhanbryde, Buckie and Elgin. The Learning Disability team has the opportunity to influence the design of these developments to facilitate provision of housing most suited to delivery of specialist housing with support.
- 4.10. The recipients in scope for the projects noted in this report are all people who are either being funded now by HSCM or who will need to be funded in the near future. The Progression Model along with suitable housing is the preferred option for managing the needs of this group, and the best way of mitigating the financial risks associated with providing the care element, which can be substantial for some individuals. . The housing model designed into these projects offers the most sustainable and best value option for long term support and meets the three elements of Quality; Safety; Efficiency.
- 4.11. The Moray Council Housing Service have agreed that HSCM can have letting rights on all of the properties noted in this report.

- 4.12. Hanover Housing and Grampian Housing Association have committed to these projects. Grampian Housing have commissioned a firm of architects who have prepared designs and planning consent is being sought. Grampian Housing Association own the land at the Bilbohall site and are purchasing the land adjacent to Woodview. Hanover are working with Springfield Building Company architects to prepare the design for the Pinefield site.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

The legal implications from implementing the Learning Disability Housing Developments centre on the capacity of some of the tenants to sign the tenancy agreement. Intervention orders will be needed for some people and these tasks will be managed via the project management plan.

The development and implementation of the new progression operating model means that policy and procedures will be revised accordingly.

(c) Financial Implications

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

(d) Risk Implications and Mitigation

As part of the project management approach, a risk and issues log is reviewed at each meeting of the Learning Disability Housing Project Board. All risks are escalated to the appropriate level for mitigating action.

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

(e) Staffing Implications

Staff will need to be recruited to support all of the developments noted in this report in accordance with Moray Council policy. The exact nature of each staffing model will depend on the needs of the client. Provider Services have demonstrated their ability to recruit and maintain appropriate staff groups. In

addition, there are a number of reliable external providers who we work with currently who have indicated their desire and willingness to offer support for the developments for service users with lesser challenges. Working with external providers in partnership will build capacity and expertise in Moray.

(f) Property

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

(g) Equalities/Socio Economic Impact

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

(h) Consultations

This report has been circulated to:

Jane Mackie, Head of Service and Chief Social Work Officer.

John Campbell, Service Manager - Provider Services, HSCM

Rob Outram, Consultant Practitioner Complex and Challenging Needs

Tracey Abdy, Chief Financial Officer & Head of Performance and Commissioning, HSCM

Jeanette Netherwood, Corporate Manager, HSCM

Fiona Geddes, Senior Housing Officer – Strategy, Moray Council

Morag Smith, Senior Solicitor, Moray Council

Katrina McGillivray, Senior Human Resources Advisor, Moray Council who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

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

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

Author of Report: Charles McKerron, Interim Service Manager, Learning Disability.

Background Papers: There are no background papers.

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021

SUBJECT: HOME FIRST IN MORAY

BY: SEAN COADY, HEAD OF SERVICE

1. REASON FOR REPORT

- 1.1. The purpose of this report is to provide an overview to the Moray Integration Joint Board (MIJB) on the current status and priorities for Home First in Moray.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

- i) **notes the progress towards delivering the identified aims for Home First in Moray and confirms that this programme should remain a priority activity to meet the objectives of the Strategic Plan; and**
- ii) **requests that further reports will be brought to the MIJB as specific decisions are required.**

3. BACKGROUND

- 3.1 Operation Home First was launched in June 2020 as part of the Grampian wide health & social care response to the 'living with COVID' phase of the pandemic. All three Health & Social Care Partnerships (HSCPs) 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. We know 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.
- 3.2 The three partnerships and acute services set out a series of principles to help them deliver on these ambitious plans, and they are:
- We will adopt a principle of 'home first' for all care

- We are working within the agreed strategic direction set out by the IJBs and NHS Grampian
- We will focus on outcomes for people.
- We will ensure whole system working and improving primary/secondary care joint working
- We will maintain agile thinking and decision making
- We will support system flow and retain flexibility to respond to system surge (covid/winter)
- We will work within the constraints of segregation/shielding/physical distancing measures and a reduced hospital bed base
- We will maximise digital solutions

3.3 The ambition of Operation Home First is to **maintain people safely at home, avoiding unnecessary hospital attendance or admission, and to support early discharge back home after essential specialist care.**

3.4 At the start of the programme, there was a whole system review to identify services and programmes of transformation that could support a Home First approach.

3.5 A tabletop exercise with senior clinicians and service leads in Moray was held towards the end of May 2020. The purpose of the tabletop exercise was to identify the key areas in the system that would support a whole system approach to the strategic implementation of Home First. Following this exercise a **Home First Delivery Group** was established. It has broad representation from across the services in Health and Social Care Moray (HSCM) and has met weekly since the beginning of July. The group quickly identified key work streams, leads and working groups.

3.6 Adopting quality improvement methodology the working groups have identified key actions, developed driver diagrams, reported on progress through 3 minute briefs and strategic briefings. The work has been supported by cross system work streams of information support, evaluation, communication and engagement and workforce.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Following a further review at the start of the December 2020, these are now the key areas of focus for transformation work. More detail on all these programmes is contained in the attached action plan (**see Appendix 1**).

Whole System approach to discharge – Discharge to Assess (D2A)

4.2 Discharge to assess is an intermediate care approach for hospital in-patients who are medically stable and do not require acute hospital care but may still require rehabilitation. They are discharged home with short-term support to be fully assessed for longer-term needs in their own home. The programme is now operating as a 6 month pilot from October 2020 to March 2021. Key outcomes to date:

- 37 patients have received D2A intervention in Moray
- Average age is 85 - ranging from 69 years to 96 years

- Patients all assessed at home from all over Moray - most patients were from Elgin followed by Forres then Buckie and Lossiemouth.
- **30 of 33** patients have seen **increased scores in the functional activities**
- 23 patients have had the Canadian Occupational performance measure administered, **17 rated an increase in their performance** of activities of daily living and 6 stayed the same. Of the 23, **19 patients rated an increase satisfaction** with their performance of activities of daily living
- Of those patients where physio administered Tinetti (balance and gait measure) there has seen **an increase in scores with all those patients and for the Elderly Mobility Scale (EMS)**
- Only 3 of the 37 patients have been referred to START for care of which one patient was re-enabled and no longer requires care
- Patient satisfaction is high according to early feedback from the evaluation work.
- An advanced nurse practitioner (ANP) is supporting the programme. The ANP is completing a comprehensive geriatric assessment (CAG) in the patient's home. They are also undertaking a medication review and assessing the patient's risk of falling.

Health improvement approach to respiratory conditions

- 4.3 The aim of this programme is to provide the opportunity for individuals to self-monitor their health and wellbeing within their home and local communities, enable professionals to access information and training so they can best support individuals within their own home and local community and promote and develop community support and resilience to support individuals within their local communities.
- 4.4 The two initial tests of change with the patients cohorts from Forres and Buckie have been completed and where appropriate those patients have been given further information on how to self manage their condition and have been referred on to one of the respiratory pathways outlined in the attached action plan (**Appendix 1**). Health and Social Care Moray in partnership with Moray Council Sport and Leisure Service have started a new Respiratory Programme dedicated to those living with or at risk of respiratory disease.
- 4.5 Based on physical activity and behavioural change, healthcare professionals can refer patients to either the core Pulmonary Rehabilitation Programme or to a new Physical Activity Programme by completing the appropriate referral form. Patients also have the option to self-refer to either programme.
- 4.6 The Workstream is working closely with Grampian Commission for Evaluation to ensure a clear structure of evaluation is in place and outcomes are evidenced. The key Home First theme is people remain within their own homes. Three key areas for evaluation are: the individual, staff and the system.

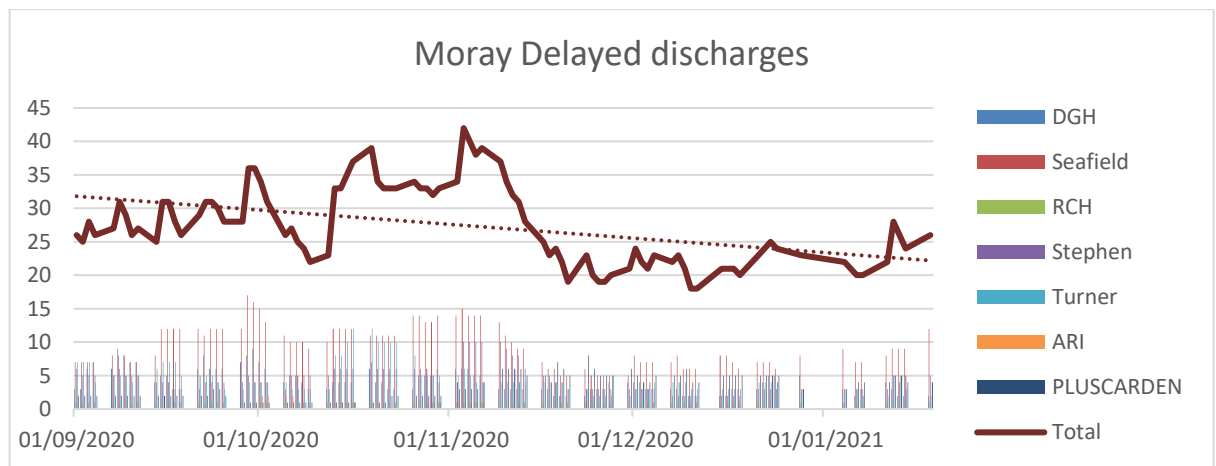
Whole system approach to discharge – Delayed Discharge

- 4.7 The delayed discharge transformation 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:

- a) admission avoidance
- b) discharge planning/process
- c) community hospital transfers
- d) provision of care in the community

4.8 A Delayed Discharge Focus Group has been meeting regularly to address these issues – identifying and progressing actions. Since the action group began meeting at the beginning of October 2020 there has been a sustained reduction in the number of delayed discharges in Moray. More details on the workstream are available in Appendix 1.



Hospital at Home

4.9 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. This programme in Moray 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.

4.10 The components of the proposed service are:

4.10.1 Upstream Assessment.

Identifying people for clinical assessment, treatment and functional improvement at a point well before their trajectory reaches crisis point and potential admission is a key preventative measure that needs adequate resourcing. Early intervention by a member of a multi-disciplinary team can prevent a crisis in the first place and will significantly reduce the utilisation of downstream resources.

Regular tabletop meetings with each Moray General Practice are key to making this strand work well.

4.10.2 Alternatives to Admission

A patient with a decompensating frailty syndrome may present in a crisis either at home or at the Front Door of Dr Gray's Hospital (DGH). Such presentations

can be assessed by a multi-disciplinary team and if clinically stable but with functional decline may be able to return home with support. This is currently happening from the Front Door of DGH with the D2A Model – see Section 4.2.

4.10.3 Safer/Earlier Discharge.

Some patients will of course still require hospital admission to stabilise and treat their clinical condition. With an Older People's Assessment and Liaison Team (OPAL) such patients can have a rapid CGA (clinical geriatric assessment) and as soon as their clinical condition and circumstances permit, can be allowed an early supported discharge under D2A. Such assessments and supports provide for a reduced length of hospital stay, a safer earlier discharge and a potential reduction in 7 and 28 day re-admission rates.

- 4.11 HSCM has been approved to take part in an Improvement Programme with Health Improvement Scotland to help develop and implement the Hospital at Home model.

Home First Communications and Engagement Framework

- 4.12 This framework sets out the approach to communicating the Home First programme across Moray and engaging in an open and honest manner with patients, service users, staff and stakeholders to inform its implementation.
- 4.13 The action log in the attached framework (**see Appendix 2**) describes progress to date. Regular staff briefings have been sent to all members of HSCM staff and 2 staff engagement sessions were held in December 2020. There are staffside representatives on the Home First Delivery Group who are actively engaging with staff on all aspects of the programme. Information on Home First is also shared through the Chief Officer's briefings and on the HSCM website.

Third Sector Action Group

- 4.14 A Third Sector Action Group was recently established to support the implementation of Home First in Moray. This group is represented on the Home First Delivery Group and will ensure there are key linkages between the community groups and the programmes of transformation, identifying areas for action and supporting communication of key messages, to facilitate the transformation programmes.

Home First and Carers

- 4.15 Under the National health and wellbeing outcomes framework, people who provide unpaid care should be supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. They should be:
- identified, consulted and actively involved in hospital discharge planning processes at an early stage
 - respected and have their expertise valued as equal partners in the provision of care through positive and meaningful relationships / interactions with practitioners

- referred / signposted to Quarriers as the local carer support service in order to access a range of support and advice
- able to exercise their right to an Adult Carer Support Plan and if eligible for support can access a personal budget

- 4.16 A representative of Quarriers, the commissioned carers support service, is a member of the Home First Delivery Group and is also a member of the Third Sector Action Group. This early engagement with carers now needs to be developed with a structured approach to ensure the action points identified above are taken forward and embedded in our Home First approach.
- 4.17 Feedback from carers is part of the evaluation framework being implemented for Home First.

Home First and Primary Care

- 4.18 The current programme for Home First in Moray is supporting a model of patient care whereby the patient does not have an ongoing acute medical condition but has a significant functional decline making living at home precarious and thus requiring some form of re-enablement. It is important that as the Home First model develops within the community that we are mindful of workload on an already stretched primary care service by incorporating adequate provision of support .
- 4.19 As mentioned in Section 3.2.4 (Hospital at Home) the aspects of service development covering upstream assessment, alternatives to admission and safer/enhanced discharge must be adequately resourced. It is anticipated the requirement will be an enhanced multidisciplinary team operating in the community, the resources for which will be identified through both re-design of current workforce and re-direction and redistribution of workload across the hospital and community interface.

Grampian Commission for Evaluation of Home First

- 4.20 A cross-system working group is collaborating with colleagues from each of the priority areas across Grampian to ensure the right information is captured to evidence the positive changes being made. The working group is headed by a Research & Evaluation Lead to oversee the implementation of this piece of work. Moray Information Support team are working closely with the Grampian Commission on key pieces of work to ensure transformational change is supported by robust evidence to allow for delivery of sustainable change going forward.

5. SUMMARY OF IMPLICATIONS

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

The aims of Home First have significant alignment to the themes of the MIJB strategic plan and in particular to the Home First theme.

(b) Policy and Legal

None directly associated with this report

(c) Financial implications

Funding has been made available on a short-term basis to enable progression of the programmes of transformation. This is being kept under review, accepting that any long term implications are required to be met within existing budget.

(d) Risk Implications and Mitigation

The risks around being unable to successfully embed a Home First approach in our culture and system will be identified on a project by project basis and mitigations identified accordingly.

(e) Staffing Implications

As the modelling for change in service delivery progresses the staffing implications will be identified and taken forward following the appropriate policies.

Short term funding has been allocated to the transformation programmes to allow them to move to pilot phase. This has facilitated some additional staff resource to be identified and attached to the programmes.

(f) Property

There are no property implications to this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

Consultations have taken place with the Home First Delivery Group, Interim Chief Officer, Chief Financial Officer, Clinical Lead, Head of Service and Corporate Manager, HSCM and Democratic Services Manager and comments incorporated.

6 CONCLUSION

6.1 Home First is the right approach to driving forward sustainable change to provide the maximum benefit to the health and wellbeing of the population in Moray.

6.2 By taking a whole system approach we can plan our services to deliver the maximum benefits to residents.

6.3 Home First will drive the changes needed to continue the shift of health and social care systems to offer more person-centred alternatives to hospital.

Author of Report: Susan Pellegrom, Project Manager
Background Papers:
Ref:



HOME FIRST ACTION PLAN DECEMBER 2020

APPENDIX 1

PROJECT 1	Discharge to Assess (D2A) – whole system approach to discharge		
Period covered:	Jan - March 2021	Current Date:	20/01/2021
Project lead(s)	Dawn Duncan	RAG Status:	Amber
Project Manager:			

SUMMARY OF PROGRESS:

Summary	<ul style="list-style-type: none"> This is a 6 month pilot project which commenced in October 2020. The aim of the project is to support people with complex needs to be discharged quickly from hospital for their rehabilitation needs to be assessed in their own home.
Challenges:	<ul style="list-style-type: none"> D2A is currently being provided as a 6-month project with seconded staff and staff working additional hours on a voluntary temporary basis. The capacity to provide this service across Moray over 7 days a week is limited by our staffing capacity and is potentially at risk should staff decide they no longer wish to participate in the project.
Achievements:	<ul style="list-style-type: none"> This project has successfully completed a test of change, providing the system with enough assurance to allow it to progress to pilot phase and allocate funding accordingly. Staff Q&A session December 2020 Programme now has 2 days/week physiotherapy support Data as at 18/01/2021 showing positive outcomes for patients

Target Date:	Description:	Status:
31/01/2021	<ul style="list-style-type: none"> Report of Pilot Evaluation to SMT 	Amber
31/03/2020	<ul style="list-style-type: none"> Full implementation of programme with appropriate staffing/resources 	

Activities over next Period:	<ul style="list-style-type: none"> Data collection via MS forms to evidence of effectiveness of interventions and semi-structured interviews with patients/staff to provide qualitative data On-going identification of patients who fit criteria and whose longer term rehabilitation needs are assessed at home Patient videos required editing Ongoing work with staff across the system to remind them of the pilot and how they can refer
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PROJECT 2	Health improvement approach to respiratory conditions		
Period covered:	Jan - March 2021	Current Date:	20/01/2021
Project lead(s)	Iain McDonald	RAG Status:	Green
Project Manager:			

SUMMARY OF PROGRESS:

Summary	<ul style="list-style-type: none"> The purpose of this programme is to improve the health and wellbeing of those individuals with long term conditions through the promotion of self-management strategies and tools. The working group has met every 2 weeks over the past 3 months. As well as reporting directly to the Home First Delivery Group the work stream is also represented at the Grampian Respiratory Cell. The Cell now meets every two weeks and promotes sharing of good practice between the three Grampian Partnerships.
Challenges:	<ul style="list-style-type: none"> The challenge is to develop capacity and resources at a locality level to support patients with respiratory conditions. The work over the next three months will be to identify, with all stakeholders including community groups and external provides a sustainable model for health improvement.

Achievements:	<p>The initial work of the work stream focused on interviews with a sample of 17 patients from Forres and Buckie localities. Patients with COPD were interviewed by Healthpoint staff to establish baseline data regarding their:</p> <ul style="list-style-type: none"> • Knowledge and access to information on respiratory conditions • Ability to access this information digitally • Who they contacted for information • Which supports proved effect <p>Some initial tests of change were then actioned with the patient sample. Follow up interviews were held mid-December 2020. The information gathered from the patient sample linked with discussions within the Work stream and at the Grampian Respiratory Cell helped to identify the priorities for the Work stream moving forwards.</p> <p>HSCM submitted a bid to the Grampian Respiratory Cell and were successful with funding for two projects: Pulmonary Rehab Virtual Activity and Physical Activity Virtual Programmes. Learning from the Forres and Buckie tests of change helped inform the structure for these programmes.</p>
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Target Date:	Description:	Status:
Jan – March 2021	<ul style="list-style-type: none"> • The Pulmonary Rehab Virtual Activity programme is an adaptation of the Core Pulmonary Rehabilitation Programme for individuals with an MRC score of 4 or 5. The Physical Activity Virtual Programme is for individuals with an MRC score of 1 or 3. Two blocks of programmes are planned where individuals can participate in one or two activity classes per week for a six week period. The first block begins 25 Jan 2021 and the second block begins March 2021. A key aspect of the programme is developing staff capacity and community resources to enable the programme to be sustainable. 	Green

Activities over next Period:	<ul style="list-style-type: none"> • The work stream is working closely with the Grampian Commission for Evaluation of Home First to ensure a clear structure of evaluation is in place and outcomes are evidenced. A Grampian wide approach is being taken to ensure learning is maximised. Three key areas for evaluation are: the individual, staff and the system. • This will include self-assessment, qualitative feedback, case studies, measurement of uptake etc

PROJECT 3	Delayed Discharge – whole system approach to discharge		
Period covered:	Jan – March 2021	Current Date:	20/01/2021
Project lead(s)	Lesley Attridge	RAG Status:	Amber
Project Manager:			

SUMMARY OF PROGRESS:

Summary	<p>There are four components to this work stream: Admission avoidance, Discharge planning process, Community hospital transfers and Provision of care in the community</p> <p>A delayed discharge focus group has been meeting twice weekly since the beginning of October, identifying and implementing changes to the discharge process. The is a complex piece of work involving teams across the system and the aim is to ensure there is sustainable processes in place to support early discharge back home and reduce delayed discharge bed days.</p>
Challenges:	<ul style="list-style-type: none"> • Scope, plan and deliver a whole system approach for discharge in Moray that is safe, properly resourced and is sustainable. • Ensure communication and engagement with members of the public and local communities is robust and key messaging is being embraced and understood.
Achievements:	<p>The system has shown a sustained reduction in the number of delayed discharges since October 2020. The following identifies key areas of improvement which have contributed to this reduction:</p> <ul style="list-style-type: none"> • Communication



HOME FIRST ACTION PLAN DECEMBER 2020

APPENDIX 1

	<p>Weekly meetings are in place to review patients on Community Hospital waiting list Locality Managers attend weekly meetings with commissioning and providers Home Care Managers and providers attend Multidisciplinary team meetings Mental Health staff attend senior charge nurse meetings Key information summary available to members of the multidisciplinary team Out of hours Social Work contact details given to Emergency Department</p> <ul style="list-style-type: none"> Improvements in pathway work Community Response Team pathway circulated to Emergency Department. Contracts with x2 new external providers in place Discharge Coordinator appointment Implementation of Social Work screening tool
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Target Date:	Description:	Status:
31/01/2021	<ul style="list-style-type: none"> Appointment of Care at Home assessor 	Red
31/01/2021	<ul style="list-style-type: none"> Traffic light system for Planned date of discharge – implementation to be reviewed 	Green
31/01/2021	<ul style="list-style-type: none"> MDT model – Ward and 5 and 7 processes under review 	
	<ul style="list-style-type: none"> Work required with patients/carers/staff to ensure focus remains on discharge goals – meetings taking place with ward staff 	
31/01/2021	<ul style="list-style-type: none"> Embed daily dynamic discharge process in existing huddles 	
14/02/2021	<ul style="list-style-type: none"> Intermediate care options – identified and information shared with MDTs. Requires ongoing education 	
14/02/2021	<ul style="list-style-type: none"> Internal care providers – issues with appointing staff 	
31/01/2021	<ul style="list-style-type: none"> Review of Marie Curie OOHs and community nursing service 	
March 2021	<ul style="list-style-type: none"> Intermediate care options –review current provider provision and ensure adequate long term provision is in place. Planning meetings taking place. 	
	<ul style="list-style-type: none"> Core discharge document review – interim measure in place to allow scripts to be completed in timely manner 	

Activities over next Period:	<ul style="list-style-type: none"> The Delayed Discharge Action Group will continue to meet regularly to review progress
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PROJECT 4	Hospital at Home		
Period covered:	Jan – March 2021	Current Date:	20/01/2021
Project lead(s)	Sam Thomas	RAG Status:	Green
Project Manager:			

SUMMARY OF PROGRESS:

Summary	The provision of a hospital at home service in Moray is at scoping stage. A steering group has been established and there is early agreement the model will encompass unscheduled care, front door and home first components of service provision.
Challenges:	<ul style="list-style-type: none"> Rurality Small health and social care partnership with limited specialist staffing resource Recruitment of staff Infrastructure - equipment
Achievements:	HSCM has been approved to take part in an Improvement Programme with Health Improvement Scotland to help develop and implement the Hospital @ Home model



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APPENDIX 1

Target Date:	Description:	Status:
April 2021	<ul style="list-style-type: none"> The current Geriatrician model for Moray is a 6 month continuity plan supported through the Dept of Elderly Medicine in Aberdeen (end point of April 30 2021). As a Key Risk It is vital that a sustainable service continues thereafter, ideally with Moray embedded within a wider Grampian model to ensure continued provision of local Geriatricians. Urgent discussions are currently underway. 	Amber
To be identified	<ul style="list-style-type: none"> Over time as the model grows there will be requirements for additional professionals such as Elderly trained ANP and AHP's. 	
To be identified	<ul style="list-style-type: none"> Equipment for Point of Care Testing and Diagnostics will be required as the Hospital at Home part of the model develops. 	
	<ul style="list-style-type: none"> Remote consultation via telephone and Near Me could change how Senior Decision Makers support on the ground health professionals from a distance. This could potentially allow for a Grampian wide model of support thus more effectively utilising resources. 	

Activities over next Period:	<ul style="list-style-type: none"> Progress on health improvement work /planning with Health Improvement Scotland
	<ul style="list-style-type: none"> Agree plan for sustainable geriatric service provision in Moray



HOME FIRST PROGRAMME



Working together to stay well at home

**Communication, engagement
and participation framework
& action plan**

Contents

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Appendix 2: Action log	Error! Bookmark not defined.

Reader information box

Name of document:	Health & Social Care Moray Home First Programme Communication, engagement and participation framework & action plan
Version:	V3
Status:	Working draft
Owner:	Susan Pellegrom, Project Manager
File location:	Social Care (T) drive and HF Teams
Produced by:	Fiona McPherson Involvement Officer
Approved by:	Home First Delivery Group
Date ratified:	
Review date:	Action log to be reviewed at each meeting

1. Introduction to Home First

Home First is a strategic priority of the Moray Integration Joint Board aiming to avoid hospital admissions and attendances where appropriate and minimise hospital delayed discharge.

Operation Home 1st is the next phase in the health and social care response to COVID-19 across Grampian to create the capacity and pathways required to sustain care delivery through winter, including any further waves of COVID-19.

Home First principles include:

- Building on the initial response
- Maintaining agile thinking and decision making
- Retaining our ability to respond to COVID-19 related demand, and winter surges in demand
- Using a home first approach for all care where that is safe to do so
- Utilising available technology to widen and ease access to services
- Avoidance of admission
- Removing delays for discharge from hospital
- Maintaining safe services for those shielding
- Removing barriers between primary and secondary care, with as much care as possible in communities

Work is being co-ordinated and driven at pace by the 3 health and social care partnerships and acute services.

The Moray programme of work sits within the Grampian framework, supported by local clinicians, practitioners and managers. Together with the Dr Gray's Hospital Transformation Programme it also makes up the Moray Transformation Programme.

2. The Moray programme approach

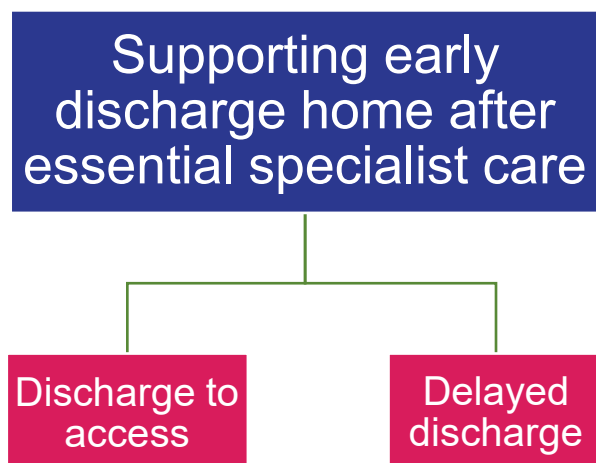
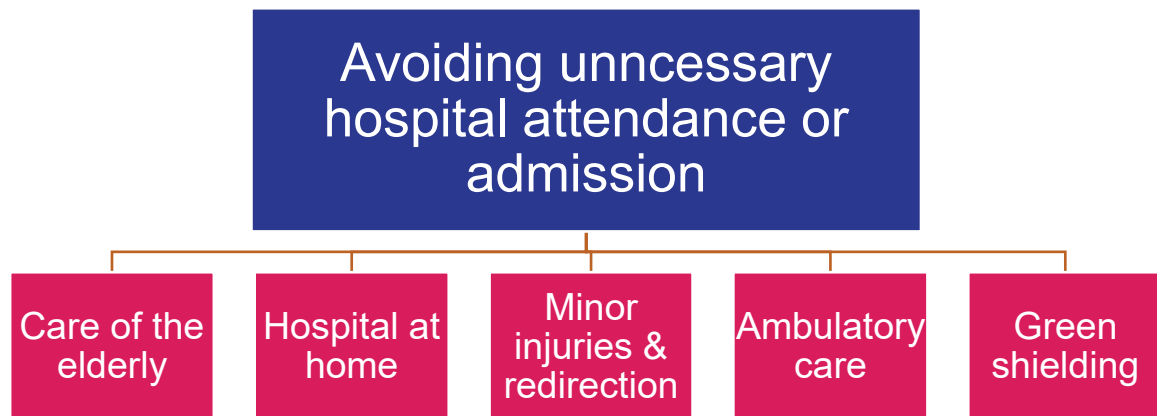
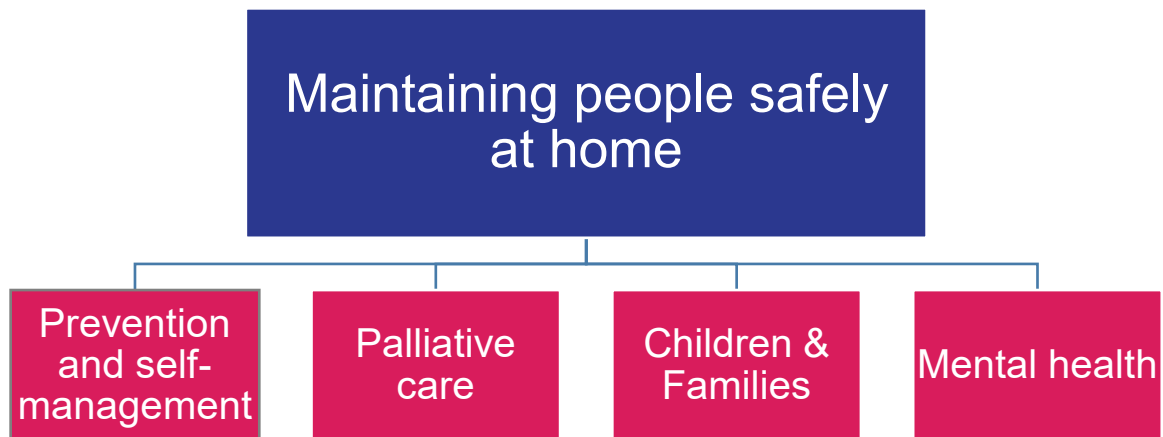
The 3 key priorities for the Moray Home First programme are:

1. Maintaining people safely at home

2. Avoiding unnecessary hospital attendance or admission

3. Supporting early discharge home after essential specialist care

11 work streams were identified during the design phase of the programme. Lead officers report to the Delivery Group on the action of the working groups.



3. Purpose of the framework

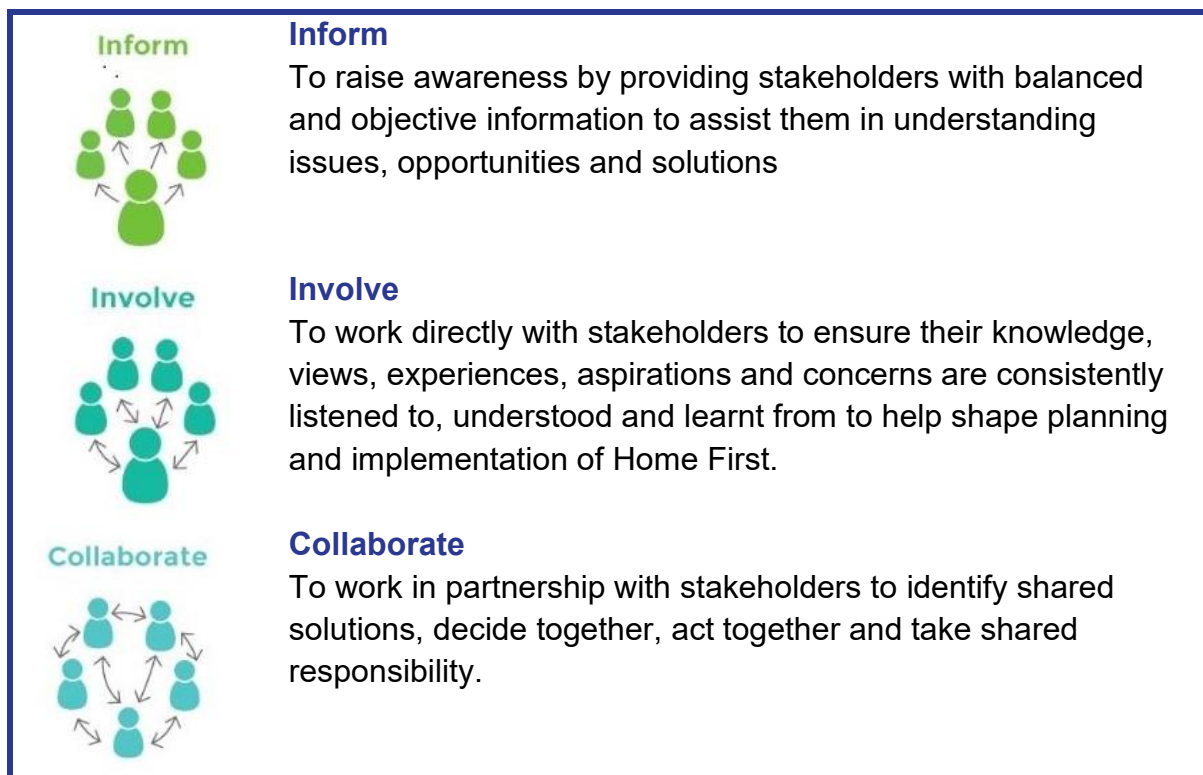
This framework sets out the approach to communicating the Home First programme across Moray and engaging in an open and honest manner with patients, service users, staff and stakeholders to inform its implementation.

It is directed by the principles and approaches set out in the Moray Integration Joint Board's Communication, Engagement and Participation Framework 2019-2022 and will align to the Moray Transformation Board's Communication and Engagement Strategy to ensure consistency of approach with the DGH Transformation Programme and maximise opportunities for whole system working.

4. Communication and engagement objectives

Effective communication, engagement and active participation is essential to ensure our health and social care services are fit for purpose and lead to better outcomes for people.

Our objectives are:



Our action plan provides an outline of activities to achieve the objectives. This is a live document and its development will be on-going to reflect the delivery of the programme.

5. Narrative and key messages



It is crucial that all those involved in delivering the transformation required by Home First are able to clearly articulate why change is needed, what this will mean for stakeholders and how they can contribute.

A central narrative will help to achieve this.

The key messages of Home First are:

- Health & Social Care Moray is committed to delivering sustainable services that provide the best care and support for people in Moray
- We need to think differently about how we deliver services to meet the changing needs of our population and the challenges of the COVID-19 pandemic
- By taking a whole system approach we can plan our services to deliver the maximum benefits to residents
- We are committed to helping people stay safe and well at home and not need to attend or stay in hospital if they can be treated at home. When they do need to be admitted we will support them to leave hospital as soon as they are clinically ready for discharge
- Home First will drive the changes we need to continue the shift of health and social care systems to offer more person-centred alternatives to hospital
- Resources will require to follow the patient
- Home First will be the default position to reduce unnecessary hospital attendance, admissions and delayed discharges.

6. Our stakeholders

We have a range of audiences to communicate and engage with and recognise that their requirements will be different. We need to use different ways to communicate with and involve them. This will help us increase the impact of our work. We will continue to develop our understanding of the “asks” or expectations of our stakeholders.

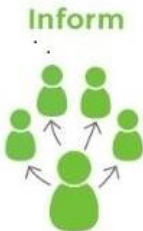
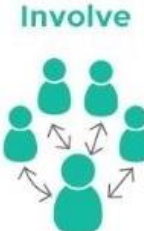
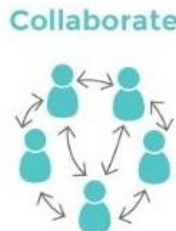
For the purposes of this document, broad stakeholder groups can be defined as:

- **Service users, patients and unpaid carers** – These are people who currently use services and those who directly support them
- **Health & Social Care Moray staff** – all partnership staff working in services delegated to the Moray Integration Joint Board

- **Other health and care professionals** – colleagues working in primary care and acute care and in the wider system across Grampian
- **Service providers** – Providers of health and social care services and support in the Third and Independent Care Sectors which may or may not be commissioned
- **Community** – Voluntary groups and organisations which support people in their localities to achieve improved health and wellbeing outcomes
- **Special interest groups** – This includes people whose circumstances mean they meet one or more of the protected characteristics of the Equality Act 2010 or could find it harder than the general population to access services
- **General public** – People who could potentially use health and social care services in the future
- **IJB members** – Voting members, professional advisors and stakeholder advisors representing patients, service users, carers, the third sector and the workforce.
- **Elected representatives** – community councillors, councillors, MSPs and MP
- **Media** – Local, regional and national media (both online and offline) that help us to tell our story and communicate with the wider public.

7. How should we communicate and engage?

We will use a variety of methods to help us meet our objectives.

OBJECTIVE			
PLEDGE	“Here’s what’s happening.”	“Here’s the issue – what ideas do you have?”	“Let’s work together to help shape and improve our services and achieve positive change.”
EXAMPLE METHODS	<ul style="list-style-type: none"> • Web site • Social media • Newsletters, briefings • Media releases • Video messages 	<ul style="list-style-type: none"> • Meetings • Focus groups • Workshops • Surveys & questionnaires • Webinar 	<ul style="list-style-type: none"> • Delivery groups • Staff forums • Public forums • Community forums • Provider forums

8. Framework delivery plan

The delivery plan is attached as Appendix 2.

9. Budget and resource

Communication and engagement activity for Home First will require to be met from within current resources.

10. Monitoring and evaluation

The Delivery Group will monitor delivery of the action plan in terms of:

- Planned and actual activity
- Feedback from stakeholders
- Media analysis (reach, tone, content)
- Website statistics
- Social media reach and feedback

Engagement activity will be continually evaluated to assess whether we are meeting our objectives, reaching all the people to need, developing our knowledge and gathering useful information.

We will continually monitor progress against the good practice principles of the National Standards for Community Engagement and act on lessons that emerge during the process.

11. Governance and risks

The Moray IJB and Moray Transformation Programme Board oversee the Home First Programme.

The Moray Home First Delivery Group will scrutinise delivery of this framework to ensure appropriate stakeholder communication and engagement is considered, planned, delivered and reviewed for all elements of the programme.

Communication and engagement risks will be held on the programme risk register.

APPENDIX 2 – Action log

Objective 1: Inform – to raise awareness of the programme by providing stakeholders with balanced and objective information to assist them in understanding issues, opportunities and solutions					
	What	How	Method	Timescale	Progress
1.1	Establish a single point for information	Create a HF section on HSCM website	Website	Oct	Completed
1.2	Develop HF brand	Develop communication toolkit - narrative, principles, FAQ, info graphics, logo	Digital pack	Oct-Dec	Logo and principles agreed at pan-Grampian level
1.3	Provide information to internal stakeholders	Produce regular HF updates Provide updates to Workforce Forum and Partnership Forum	Email - cascade	Aug-Dec	11 staff briefs issued to date.
1.4	Provide information to external stakeholders	Promote agreed narrative, including submission of articles to partner organisations	Social media Newsletters Media releases Video messages	Oct-Dec	Awaiting direction from Grampian programme
1.5	Provide information to decision makers	Produce regular HF briefings and updates for IJB, elected members	IJB reports Members briefings	Oct-Dec	HSCM CO weekly updates circulated
1.6	Develop a HF social media plan	Support workstream leads to engage with social media to boost penetration of HF messaging	Social media	Oct	Awaiting direction from Grampian programme
1.7	Celebrate success	Identify and share good news stories from all stakeholders	Website Social media Videos	Ongoing	
1.8	Keep stakeholders updated on the difference HF is making	Performance reporting	All channels		

APPENDIX 2 – Action log

Objective 2: Involve – to create understanding by engaging with stakeholders throughout the programme to ensure that issues, aspirations and concerns are consistently understood and considered

	What	How	Method	Timescale	Progress
2.1	IJB engagement	Provide presentation and Q&A at Board development session	TEAMS	Oct	Development session held on 10.09.20
2.2	Staff engagement	Develop a programme of HF engagement sessions	TEAMS sessions	Oct-Dec	2 sessions held in December. More to be planned
2.3	Third sector engagement	Identify opportunities in partnership with tsiMORAY to engage with Health & Wellbeing Forum	Virtual	Oct-Dec	Agenda item at Forum sessions
2.4	Unpaid carers engagement	Host virtual learning events in partnership with Quarriers	Virtual	Oct-Dec	Not yet progressed
2.5	Independent sector engagement	Host virtual learning events	Virtual	Oct-Dec	Not yet progressed
2.6	Community engagement	Seek opportunities to engage with existing community groups and communities of interest Host Facebook live discussion event Host virtual focus groups	Virtual	Oct-Dec	Not yet progressed
2.7	Primary Care engagement	Engage with Interface Group	Virtual	Oct-Dec	Presentations and discussions led by Project Manager

APPENDIX 2 – Action log

Objective 3: Collaborate - to work in partnership with stakeholders to identify shared solutions, decide together, act together and take shared responsibility.

	What	How	Method	Timescale	Progress
3.1	Review membership of Delivery Group	Support the recruitment of a Third Sector liaison to the Delivery Group Ensure workforce (NHS and Local Authority) representation		Oct-Dec	Third Sector liaisons contribute to the Delivery Group
3.2	Review work streams	Support the establishment of Third Sector Working Group reporting to the Delivery Group		Oct-Dec	Group established with support from Locality Manager
3.3	Review membership of work streams	Review and expand membership of work stream groups to reflect a wider range of stakeholders		Oct-Dec	Additional members recruited to the Prevention & Self-management workstream



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021

SUBJECT: JUBILEE COTTAGES, ELGIN – PILOT PROJECT

BY: LESLEY ATTRIDGE, LOCALITY MANAGER

1. REASON FOR REPORT

- 1.1. To inform the Board of the considerations for the continuing need for Jubilee Cottages, Elgin.

2. RECOMMENDATION

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

- i) consider the position of Health and Social Care Moray (HSCM) in the retaining and continuing the use of Jubilee Cottages based on information provided within this report; and**
- ii) if considering and agreeing recommendation i) and diversity on the Trust's use, instruct the Interim Chief Officer to seek approval of Moray Council's Policy and Resources Committee to progress an amendment to the Trust Deed .**

3. BACKGROUND

Original Intention

- 3.1. Jubilee Cottages were renovated to habitable residences, in March 2017, providing 6 assessment and rehabilitation units to support hospital discharge and prevent hospital admission for the elderly population of Moray. It was intended that these cottages would facilitate intensive rehabilitation for a 6-12 week period and it was anticipated that this would support up to 30 people each year.
- 3.2. At the MIJB meeting on 25 June 2020 (para 12 of the minute refers) it was agreed to defer consideration of the options in order for a further report to be bought to the Board in September 2020 with an assumption to end use of the Jubilee Cottages unless ongoing need is identified to continue the role in a broader estate context.

- 3.3. Since the last report a major initiative across Grampian “Home First” has been developed which links to one of the key strategic themes within the MIJB Strategic Plan “Moray Partners in Care”. Whilst the primary objective would be to support people to return or stay at home, there are situations where that is not always possible.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Actual

- 4.1. The intended occupancy for 5 of the cottages was identified at a total of 30 people per year, each occupancy being for a period of 6-12 weeks. The 6th cottage serving as a hub under the original scope of use.
- 4.2. Since the last report from June 2020 to December 2020, an additional 7 service users took up residence at the cottages. The overall occupancy rate based on the 5 cottages is 63.2% overall and increase of 10.2 %.

Emerging Demand

- 4.3. During the pilot there was an indication of need for the cottages to be used for more than purely rehabilitation and reablement services, that the intended scope for the usage of the cottages may need to evolve to include elements of crisis intervention. The evidence of use showed 1/3 of residents being either “homeless” or “waiting for a new tenancy”, in addition to those with “social” and “place of safety” as approval reasons.
- 4.4. Though not originally in scope, some clients’ needs were met by use of the cottages, because there was no alternative. There is a gap in existing provision for some clients, whose specific health and social care needs, combined with the crisis situation they are in, results in usual mainstream accommodation options not being appropriate. Home is not an option for these clients and their needs because they require:-
- Longer term rehabilitation
 - Input from HSCM services to stabilise situations
 - Family are no longer able to cope with them at home
 - Houses require adaptation/deep clean before the client can return home
- 4.5. The alternative accommodation available would either be dispersed homeless accommodation, which is rarely suitable or available for this client group without a considerable amount of resource, or placement in a care home. Placement in a care home is costly and utilises a bed where there is considerable demand from other client groups for whom there is no alternative.
- 4.6. In these circumstances, the short term utilisation of Jubilee Cottages and the support provided has enabled people to progress into main stream Housing Services accommodation, or to return home. The pilot has demonstrated strengthened partnership working between the Housing Needs Team, Housing Needs Occupational Therapy, Housing Support Team and Community Care Services, who worked collaboratively in meeting the needs of at least two clients who had multiple needs and were able to be supported by the most appropriate services to meet those needs.

- 4.7. The seamless support provided to these clients aided the transition from Jubilee Cottages to their own tenancies, with all agencies communicating well with each other and the clients with the shared aim of relocating these vulnerable older adults with health and social care needs into a new home and settling them in their new community.
- 4.8. Some of the clients have very complex needs and have significant support requirements and individual risk assessments are undertaken prior to consideration of use of a cottage. Support is available through the use of telecare and response teams are available from 7:30 to 22:00. Increasing referrals for the use of Jubilee Cottages has the potential to prevent unplanned admissions to care homes. For this to be progressed the criteria for admission requires to be reviewed and this is dependant on a change in the Trust deed.

Costs

- 4.9. £112,000 was allocated for the renovations costs of the cottages. Annual operating costs have been £14,820 for April 2019 to March 2020 and £10,967 for April 2020 – November 2020 (10 months) and is a budget pressure. **Appendix 1** shows the breakdown in costs over 19/20 and 20/21 to end of November 2020.
- 4.10. The pilot has demonstrated that Jubilee Cottages is meeting a specific need at a cost that is less than existing alternative options. The potential costs of predicted alternative destinations for this client group (over 50's) if Jubilee Cottages had not been available, based on a per day cost for that service/accommodation, could have equated to between £68,920 and £183,800 based on the occupation rates for the two years reviewed. If occupancy rates were to rise to the optimum occupancy rate of 80%, then the values saved on alternative costs would rise from an estimated £154,000 to £410,000 potentially is less than existing alternative options.
- 4.11. The cottages have not been utilised to their maximum occupancy levels. Further work has been undertaken in partnership with Housing Services, at the request of the MIJB meeting on 28 November 2019, building on the experiences to date, to further explore other opportunities where client need could be met through this model.
- 4.12. Reviewing the existing data showed that if the eligibility criteria for occupancy was extended to include clients aged 50 and over and to focus more on rehabilitation rather than reablement there is the potential for more suitable clients to be referred.
- 4.13. Any proposed changes to use of these properties/criteria for potential occupiers under 65, but over 50, would require to be referred to Moray Council's Policy and Resources Committee (P&R), who act as the trustees for these properties which are part of a public trust. The trust purposes require the cottages to be occupied by "poor people of respectable character who are unable to provide comfortable homes of a similar class for themselves" – there are further restrictions in the deed stating they are to be used by "old married couples", "widows not under 50 years of age", widows or elderly single females" and "old men" – legal advice has consistently been to try and align any proposed use as closely as possible with the trust purposes – any use considered by the MIJB or

the Council which is not aligned to the trust purposes would constitute a breach of the trust or require reorganisation of the trust.

- 4.12 In absence of being able to change the trust requirements to accommodate individuals as described in 4.11 then the Council's Housing position is detailed as follows:-
- The temporary accommodation team are not currently looking to add to the existing stock.
 - There is currently a portfolio of approximately 170 properties consisting of Mainstream Hostels, Supported Hostels and dispersed housing in the community.
 - As part of the Council's Rapid Rehousing Transition Plan, the intention is to reduce the amount of temporary accommodation required as applicants start to move through the homeless system at a quicker pace.
 - Plans were initially delayed due to the impact of Covid this year and an additional 28 properties were taken on, but the service is now back on track and stock levels are on a par with the pre-Covid figures. The intention is to reduce this figure by a further 20 properties by April 2022.
 - In relation to Housing legislation the trust purposes would not align with housing or homelessness legislation (therefore our Allocations and Homelessness Policies).
 - Housing legislation does not allow landlords to take into account someone's income when assessing housing need or allocating houses under the legislation therefore any prioritising of poor people over others would not be possible.
 - There would also be issues with prioritising/bypassing people on the list on the basis of age, gender or marital status.
 - In addition to this the minimum standards for square footage excludes the cottages of being able to accommodate a single person under this policy. Therefore the cottages would not be able to be let through any of the Council's Housing options.
- 4.13 If the cottages are to be retained , it would be necessary to seek approval of Moray Council's P&R Committee for the proposed changed use, which would need to be compliant with the terms of the Trust deed as set out in para 5 (b).

Meeting Individuals' Outcomes

- 4.14 Feedback from the occupants of the cottages has demonstrated high satisfaction.
- 4.15 The cottages have enabled the service to be more responsive to individual needs which has resulted in a less stressful experience for people at a time when feeling most vulnerable.
- 4.16 The cottages offer some time to get clients back on their feet both mentally and physically, combined with the opportunity for services to assess need and ability to live independently, thereby achieving many of the clients' desired outcomes.
- 4.17 If the cottages were not available it would be more difficult to deliver a holistic outcome focussed system for the individual. For those people whose original "home" was no longer available to them it would mean they would have to be taken through the normal accommodation process via housing options team,

taking into account the individual's assessed health and social care needs, which may result in delays in discharge from hospital, increased length of stay or increased accommodation costs for HSCM.

5. SUMMARY OF IMPLICATIONS

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

This report is in line with MIJB's Strategic Plan. A key policy directive within the Strategic Plan 2019 – 2029 is to strive to maintain independence for individuals and the ability to live at home.

(b) Policy and Legal

These properties are held under a Trust Deed which requires that the cottages are occupied by poor elderly individuals over 50 years of age. The trustee of the Public Trust covering the properties is the Council's Policy and Resources Committee on behalf of the Council as body corporate.

Any use of the subjects would need to be in compliance with the terms of the trust deed. The council's Policy and Resources decision of 30 August 2016 (para 18 of the minute refers) authorised the delivery of a rehabilitation service from these properties – any change to the service being delivered would need to be made by that Committee as Trustees.

(c) Financial implications

Financial implications are outlined in 4.9 and 4.10 of this report

(d) Risk Implications and Mitigation

There is a risk of creating an unmet need if it is not possible to identify other suitable accommodation for clients with assessed needs. Any use of the subjects needs to be in compliance with the restrictions contained within the Trust Deed.

(e) Staffing Implications

Staff who provide support and reablement or rehabilitation to occupants of Jubilee Cottages are part of the community teams providing support to people in their own homes in Elgin. There are no additional staff costs arising from delivery of care at Jubilee Cottages as staff are already employed to work in the Elgin area with people in their own homes.

(f) Property

There are no direct implications for property as a result of this report however if a subsequent report requires to be submitted regarding the use of the Cottages to Moray Council Policy and Resources Committee, property implications would be considered at this point.

(g) Equalities/Socio Economic Impact

An equality impact assessment has been completed for this project. The proposal assists in promoting equality of opportunity for elderly and disabled people

(h) Consultations

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-

- Chief Financial Officer, MIJB
- Legal Services Manager, Moray Council
- Corporate Manager, HSCM
- Tracey Sutherland, Committee Services Officer, Moray Council
- Senior Performance Officer, HSCM
- Head of Service, Sean Coady
- Housing Needs Manager, Moray Council
- Service Manager, Learning Disabilities
- Service Manager, Mental Health

6. CONCLUSION

- 6.1. The initial intended profile of the cottages being used for 6 week (fast track) rehabilitation has not proven to deliver on the original aim for the project. The resource accommodates those with longer term needs of a more complex housing and social care needs.**
- 6.2. Although provision of accommodation is not part of the core business for HSCM or MIJB, this pilot has demonstrated benefits to the lives and the personal outcomes of service users.**
- 6.3. The first principle is always to consider supporting people in their own homes, as outlined in the Home First agenda, but where this is not an option the annual running costs of the cottages are lower than the majority of potential alternative costs for those people who have used Jubilee Cottages, and there is clear evidence that people's outcomes are being met.**
- 6.4. Should the cottages be returned to Moray Council Estates, the properties will remain unoccupied under the terms of Housing legislation as detailed in 4.12.**
- 6.5. HSCM would conclude that despite the budget pressure, it is relatively low in comparison to alternatives and with the increased occupancy rates moves towards more financially sustainable service, and decreases the costs of alternative solutions and system impact for a wider population of Moray.**

Jubilee Cottages Expenditure

April 2019 - March 2020 = Full Year		2019/20	April 2020 - November 2020 = 8 months		2020/21
Description		Actual to Date	Description		Actual to Date
Property Costs			Property Costs		
Rent and Rates		6,370.00	Rent and Rates		6,370.42
Maintenance of Grounds		145.69	Maintenance of Grounds		131.98
Energy Costs		3,309.34	Energy Costs		1,576.27
Cleaning		1,547.47			
Property Costs Total		11,372.50	Property Costs Total		8,078.67
Supplies & Services			Supplies & Services		
Equipment and Furniture		119.12	Equipment and Furniture		397.47
Materials		129.39	Materials		14.36
Supplies & Services Total		248.51	Supplies & Services Total		411.83
Administrative Costs			Administrative Costs		
Telephones		2,118.79	Telephones		1,667.72
Other Admin Costs		1,080.90	Other Admin Costs		808.89
Administrative Costs Total		3,199.69	Administrative Costs Total		2,476.61
TOTAL		14,820.70			10,967.11



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021

SUBJECT: GOVERNANCE FRAMEWORK

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To present the draft Health and Social Care Moray Governance Framework for approval and implementation.

2. RECOMMENDATION

- 2.1 **It is recommended that the Moray Integration Joint Board (MIJB);**

- i) **consider and approve the draft Governance Framework at APPENDIX A to this report, and**
- ii) **note that the framework will be reviewed on a regular basis and an update provided to the Board on any proposed significant amendments.**

3. BACKGROUND

- 3.1 The MIJB was formally established in 2016 following the enactment of Scottish Government legislation to formally integrate health and social care services ([Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)). The MIJB is a legal entity established under the 'Body Corporate' model for health and social care integration. As a Joint Board it brings together equal representation from the Health Board and Local Authority and includes representation from other stakeholders to ensure the interests of the Third and voluntary sectors, primary care, staff, service users and carers are considered. This is to ensure joint decision-making and accountability in the planning and delivery of health and social care services to the communities within the respective areas.
- 3.2 The Integration Scheme for Moray describes the formal arrangements for how the planning and delivery of services will be organised and managed within

Moray to deliver improved outcomes for the individuals who receive care and support across health and social care.

3.3 The Integration Scheme further describes the regulatory framework governing the MIJB, its members and duties in line with the provisions of the 2014 Act. This includes:

- Functions delegated to the MIJB by Moray Council and NHS Grampian
- Responsibilities of the MIJB and membership arrangements
- Chief Officer role and reporting/accountability arrangements
- Clinical and professional governance and leadership arrangements
- Financial management arrangements including role of the Chief Finance Officer.

3.4 This Framework does not replace, but rather serves as a supplementary paper to the Moray Integration Scheme and existing governance documents pertaining to the MIJB (see Appendix 1 of **APPENDIX A** to this report, for summary of key references)

3.5 This Framework describes the overarching governance principles and how the complex landscape for the MIJB, Health & Social Care Moray (HSCM) and partners is navigated. This document underpins the delivery of the MIJB Strategic Plan, “Partners in Care” approved in November 2019 (para 13 of the minute refers) along with other key governance documents:-

- Organisational Development Plan
- Medium Term Financial Framework
- Communication and Engagement Strategy
- Performance Management Framework
- Workforce Plan

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 There has been a delay in progressing this work due to the impact of Covid on priorities for staff and on the governance processes being adopted. During the lockdown that commenced in March 2020 NHS Grampian, Moray Council and HSCM adopted a command and control approach to lead their organisations to meet national priorities.

4.2 Interim governance arrangements were put in place during this time. The Chief Officer and Chair of MIJB implemented revised governance arrangements for MIJB including the delegation of authority to the Chief Officer. The agenda items for MIJB were reduced, Audit Performance and Risk Committee was suspended, with essential business being reported through the MIJB and Clinical and Care Governance was overseen by the Chair of the committee receiving monthly briefings on key aspects to provide assurance that services remained safe and of an appropriate standard.

4.2 Following the Clinical and Care Governance workshop held in January 2020, work on the governance framework had commenced. The output from this workshop has been developed and was initially taken forward by the clinical governance group. This has developed further and the scope of the meeting now encompasses Clinical and Care Governance which reports into the Clinical and Care Governance Committee.

- 4.3 This draft framework was discussed at the Development Session of MIJB held in December 2020 and comments have been incorporated into the document attached in **Appendix A**.
- 4.4 It is recognised that this is an area that will continue to evolve as the MIJB continues to mature and as the long term impacts of the Covid pandemic and the response are realised, therefore the framework will be reviewed on a regular basis and an update will be provided to the Board on any significant amendments.

5. SUMMARY OF IMPLICATIONS

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

This framework sets out the principles that will support the delivery of the Moray Strategic Plan – “Partners in Care 2019 – 2029”

(b) Policy and Legal

None directly associated with this report

(c) Financial implications

None directly associated with this report

(d) Risk Implications and Mitigation

This framework will reduce the potential risk of inconsistency of approach by providing clarity of roles and responsibilities and will assist with communication of the principles to be adopted in relation to governance throughout HSCM, MIJB and relationships with partner organisations and stakeholders.

(e) Staffing Implications

None directly associated with this report

(f) Property

None directly associated with this report

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required as the report does not deal with actions which may impact adversely on groups with protected characteristics.

(h) Consultations

Consultation on this framework have taken place with the Senior Management Team and service managers of HSCM, Head of Legal and Democratic Services and Democratic Services Manager, Moray Council and MIJB members and comments received have been incorporated into the framework and this report.

6. CONCLUSION

- 6.1 The Governance Framework attached at Appendix A is intended to describe the roles and responsibilities within HSCM, MIJB and links with partner organisations. It sets out the commitment to provide assurance mechanisms for partners and stakeholders regarding the provision of safe, efficient and effective services within a structure designed to demonstrate good governance, accountability and transparency in decision making and delivery of the MIJB strategic objectives.**

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: held by author
Ref:



Health and Social Care Moray

Organisational Governance Framework

FINAL DRAFT

Version 0.7

January 2021

This document is also available in large print and other formats and languages, upon request. Please contact hscmcorporate@moray.gov.uk

Version History

Revision Date	Summary of Changes (Descriptive summary of the changes made)	Officer
15/12/20	Draft version 0.6 for IJB Development Session	J Netherwood
18/1/21	Final Draft - Comments received following consultation December 18 2020 to 8 January 2021 incorporated	J Netherwood

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PART 1: INTRODUCTION

1.1 Purpose

The purpose of this Governance Framework is to set out the detail of the organisational governance, risk and performance management arrangements in place within the Health and Social Care Moray (HSCM) to support and provide assurance to the Moray Integration Joint Board (IJB) through its committee and group sub-structures. This in turn will ensure there is clarity and transparency of organisational management systems and decision-making processes.

1.2 Background

The Moray IJB was formally established in 2016 following the enactment of Scottish Government legislation to formally integrate health and social care services ([Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)).

The IJB is a legal entity established under the 'Body Corporate' model for health and social care integration. As a Joint Board it brings together equal representation from the NHS, the Council, and other partners representing the interests of the Third Sector, staff, service users and carers. This is to ensure joint decision-making and accountability in the planning and delivery of health and social care services to the communities within their area.

The strategic direction, vision and priorities of the IJB are set out in its Strategic Plan which also must support delivery of the Scottish Government's [9 National Health and Wellbeing Outcomes](#).

The Health and Social Care Partnership represents the operational arm of the organisation with responsibility for the management of its staff, services and resources in order to improve outcomes for people who use health and social care services in line with the direction set by the IJB through its strategic plan.

1.3 Regulatory Framework

The [Integration Scheme for Moray](#) describes the formal arrangements for how the planning and delivery of services will be organised and managed within Moray to deliver improved outcomes for the individuals who receive care and support across health and social care.

The Integration Scheme further describes the regulatory framework governing the IJB, its members and duties in line with the provisions of the 2014 Act. This includes:

- Functions delegated to the IJB by Moray Council and NHS Grampian
- Responsibilities of the IJB and membership arrangements
- Chief Officer role and reporting/accountability arrangements
- Clinical and professional governance and leadership arrangements
- Financial management arrangements including role of the Chief Finance Officer.

‘Directions’ are the legal means by which the IJB directs the Council and NHS to deliver services in accordance with its strategic plan and within the integrated budget held by the IJB.¹

The IJB has a legal obligation to comply with certain acts and orders as set out in the [Standing Orders](#) of the IJB.

This Framework does not replace, but rather serves as a supplementary paper to the Moray Integration Scheme and existing governance documents pertaining to the IJB (see **Appendix 1** for summary of key references).

1.4 Scope

1.4.1 Principles and Approach

“Governance is the over-arching structure and strategy that provides accountability and direction, and that influences our behaviours and cultures”³

This document describes the structures and processes in place within HSCM to support and provide assurance to the IJB in relation to the governance and management of services, risk and performance:

- i) Assurance of Compliance
 - Compliance with standards and regulation, communication and escalation of concerns and risk
- ii) Assurance of Improvement, Innovation and Transformation
 - Improving services, measuring and sustaining improvement.
 - Challenging work patterns, innovation, redesign and transformation.

¹ Scottish Government (2020) ‘Directions from integration authorities to health boards and local authorities: statutory guidance’. Source: <https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/>

In developing this document consideration has been given to available frameworks developed within the public sector and of relevance to integration authorities.² This includes the following set of principles adopted by the Scottish Government³ in demonstrating good governance:



This framework covers the organisational governance arrangements for the planning and delivery of health and social care services for adults and older people for which the Moray IJB is responsible.

Within the scope of services delegated to the IJB are the Hosted Services. Hosted Services are operated and managed on a Grampian wide basis. Hosting arrangements mean that one IJB within the Grampian Health Board area would host the service on behalf of all 3 IJB's (Moray, Aberdeenshire and Aberdeen City). Strategic planning for the use of the hosted services is undertaken by the 3 IJB's for their respective populations.

Moray IJB 'hosts' the management of the following Grampian-wide services on behalf of all three HSCPs in the Health Board area and these are also included within the scope of this framework:

Moray IJB

- Primary Care Contracts
- GMED

Aberdeenshire and Aberdeen City IJBs host the following:

Aberdeenshire IJB

- Forensic and custody health care
- HMP & YOI Grampian health care

² International Federation of Accountants (IFAC) and the Chartered Institute of Public Finance and Accountancy (CIPFA) (2014) '[International Framework: Good Governance in the Public Sector](#)'.

³ Scottish Government (2016) '[Good governance in the Scottish Government](#)'.

- Marie Curie managed care service and out of hours (rapid response) service
- Chronic Oedema Service
- Bladder and Bowel Specialist Service
- Diabetes Podiatry Service and Diabetes Retinal Screening Service
- Diabetes and Heart Failure Specialist Nursing Services

Aberdeen City IJB

- Sexual Health Services
- Inpatient and specialist Mental Health and Learning Disability (MHLD) Services
- Older People and Rehabilitation at Woodend (Aberdeen City) which includes:
 - Inpatient services for older people at Woodend Hospital
 - Stroke rehabilitation
 - Neurology rehabilitation
 - Horizons
 - Craig Court
 - MARS

1.4.2 Professional Accountability/Reporting Structures

In setting out the organisational governance arrangements supporting the IJB to deliver its duties and functions, this document also describes the aligned reporting structures/relationships to Moray Council and NHS Grampian where relevant. As provided in the Integration Scheme, NHS Grampian and Moray Council will continue to have in place the necessary governance structures for those services it remains responsible for.

This document does not cover, nor impact on, any of the individual professional accountability and reporting relationships within and between the HSCM and Moray Council and NHS Grampian.

Professional accountability and professional standards are held by specific roles within the partner organisations namely the Board Medical Director, the Board Director of Public Health and the Board Director of Nursing, Midwifery and Allied Health Professionals within NHS Grampian, and the Chief Social Work Officer within Moray Council. These arrangements have remained in place following implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.⁴

1.4.3 Children's Services

Children's health services are not formally delegated to MIJB and governance remains with NHSG, however HSCM has responsibility for some aspects of children's health services (health visiting and school nursing), and works closely with multi-agency partners in the planning and delivery of these services to improve outcomes for children and young people and ensuring compliance with GIRFEC principles⁵.

⁴ NHS Grampian 'Clinical Professional Assurance Framework: Health Professionals' (May 2018, V13).

⁵ Getting It Right For Every Child (GIRFEC) in Moray <https://www.gov.scot/policies/girfec/principles-and-values/>

Children and Families Social work services are not currently delegated to MIJB however they are being managed by the Chief Officer on behalf of the Council, in a shadow arrangement, with a view to their formal delegation. A program of work is progressing with a view to the proposal being presented to the partners for consideration in March 2022.

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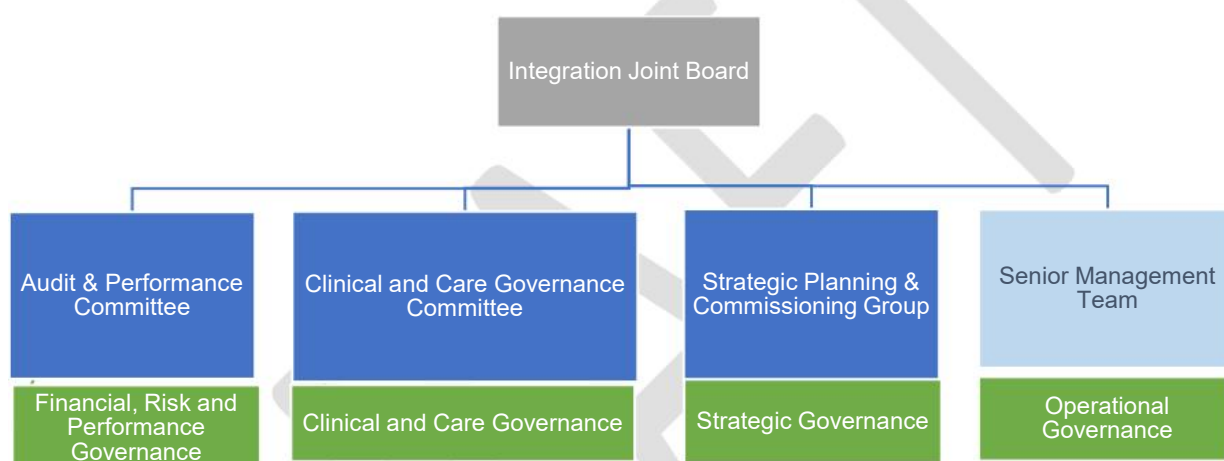
PART 2: ORGANISATIONAL GOVERNANCE FRAMEWORK

2.1 Integration Joint Board (IJB)

The detail of the IJB's duties and Board governance arrangements are as set out in the Moray Health and Social Care [Integration Scheme](#), which was reviewed and approved in 2018.

The Integration Scheme provides that the IJB will establish such Committees it requires to assist with the planning and delivery of integrated services. Internal governance is in place via a sub-committee structure which supports and provides assurance to the IJB, thereby enabling it to fulfill its governance and scrutiny responsibilities, as illustrated by diagram 1.

Diagram 1: Moray IJB and Reporting Structures



The above structure is a simplified representation of arrangements; it is recognised that there is an inter-dependency between all four strands of governance and that relevant parts of the structure will overlap and integrate in many areas.

The role and function of each of the sub-committees reporting to the IJB are described in further detail below. The document also describes the operational governance, risk and performance management arrangements underpinning and supporting this structure and further detail on the assurance and escalation routes are shown in **Appendix 3**.

2.2 Strategic Governance

The IJB has a duty to develop a strategic plan for the integrated functions and budgets it is responsible for. This must give regard to the integration principles in Sections 4 and 31 of the 2014 Act (describing the planning and delivery of integrated health and social care

services) and the nine National Health and Wellbeing Outcomes. The plan must be reviewed every 3 years.

Section 32 of the 2014 Act also provides that each IJB must 'establish a strategic planning group to support the strategic planning process, and must also determine the processes and procedures for the group, subject to the provisions in section 32 of the 2014 Act'.

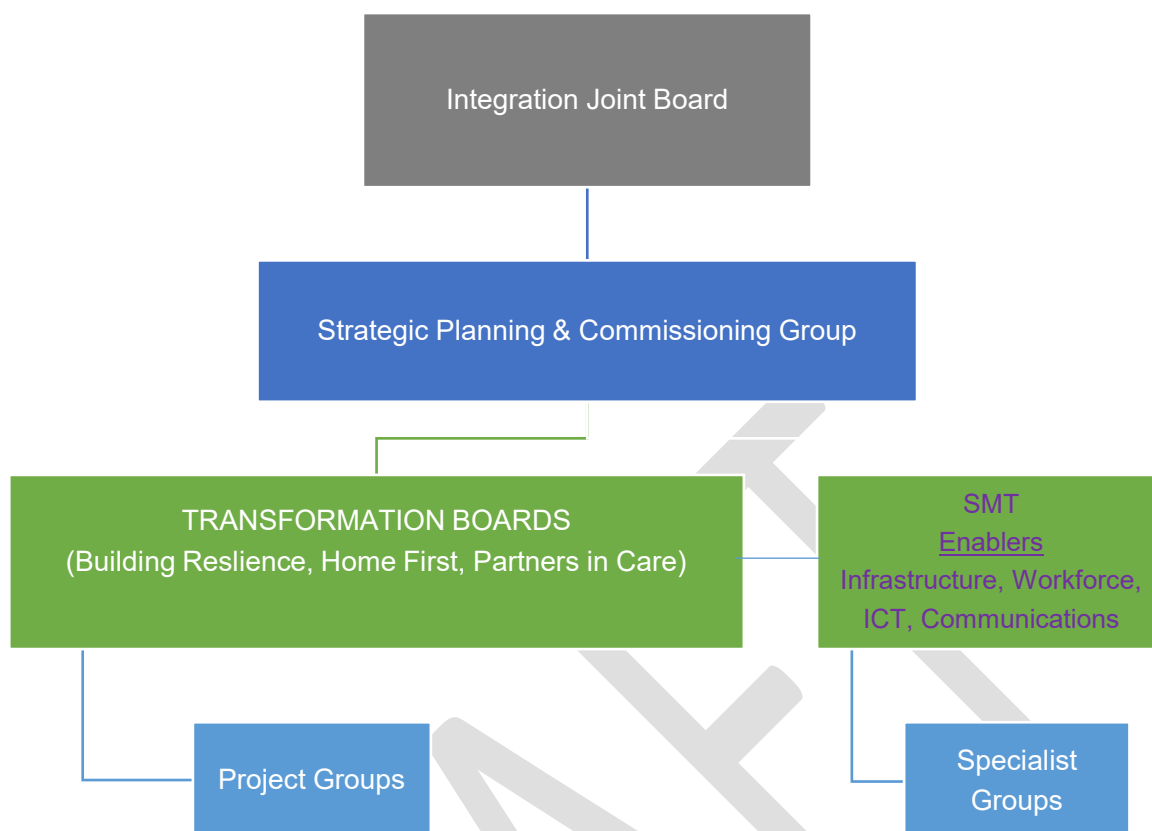
The HSCM Strategic Planning & Commissioning Group (SPCG) was established to have oversight of the development and implementation of the MIJB Strategic Plan. It comprises multi-disciplinary representation from across HSCM, Third Sector, Dr Gray's, public representatives, NHS Grampian, Clinical Lead in Primary and Secondary Care, external provider representatives, care homes, private sector, Trade Unions/Staff Side, Locality representation and Housing.

Under the SPCG's Terms of Reference its core remit and responsibilities are to:

- Develop the Strategic Plan, promote the values and priorities in the Strategic Plan, establish the Transformation and Implementation plan and review the Strategic Plan on an annual basis.
- To develop and review the Strategic Framework and Implementation Plan that will optimise opportunities to integrate commissioning and service delivery.
- To take into account the views of localities to develop sustainable ways of ensuring locality representation and provide a forum for feedback on progress with development of Locality Plans.
- To ensure that all existing contracts put in place by Moray Council and NHS Grampian are reviewed and that necessary stakeholders are brought together to complete the review and agree a process for the future, which will be set out in a Joint Commissioning Strategy that will be brought to the Board for approval.
- Provide the governance structure for reporting progress from sub-groups specifically the service-specific and project groups reporting through the Transformation Boards.
- Monitor and co-ordinate implementation of the Programme Board plans.

The organisational reporting arrangements to the SPCG are illustrated overleaf.

Diagram 2: Strategic Planning and Commissioning Group and Reporting Structures



As illustrated in Diagram 2, HSC Moray is in the process of establishing transformation boards who will have oversight of the programmes of work to drive forward the delivery of the outcomes identified in the Strategic Plan themes: Building Resilience, Home First and Partners in Care

Each programme has an identified Lead Manager with responsibility for its implementation, ensuring co-ordination of approach across a complex range of interdependent projects. This includes a responsibility to ensure other relevant parts of the organisational governance structure (financial, clinical/care, infrastructure and staff governance) are integrated in to programme board/project processes.

Transformation Boards will have defined scopes and specific project groups will progress work strands including identification of options and associated appraisals to facilitate decision making. Projects will be supported by “enablers”, specialist teams providing Information and guidance around infrastructure, ICT and workforce and the Senior Management Team will provide oversight and prioritisation of resources. This ensures a streamlined approach and alignment of specific pieces of work to enable delivery of the HSCM’s strategic priorities.

Transformation Boards have a Terms of Reference describing its aims, purpose, and membership and reporting arrangements.

Each Transformation Board also reports through the Lead Managers to the Strategic Planning & Commissioning Group and IJB. HSCM’s Medium Term Financial Strategy is the

lynchpin for these programme plans, providing the governance framework for ensuring financial stability whilst delivering safe, effective care.

Appendix 2 illustrates the relationship between the programme boards and the strategic priorities and also identifies the important links with other plans and strategies including the Medium Term Finance Strategy, Workforce Plan and Locality Plans.

2.3 Clinical and Care Governance

The IJB has a statutory duty to ensure services directly provided or commissioned by the HSCM are safe, effective and person centred. The HSCM Clinical and Care Governance Committee was established as a formal sub-committee of the IJB to provide assurance on the systems for delivery of safe, effective, person-centred adult health and social care in Moray, in line with the Integration Scheme and the Scottish Government [Clinical and Care Governance Framework](#). It is chaired by an elected member/voting member of the IJB.

The Committee acts as a filter for any governance issues and seeks assurance on behalf of the IJB that appropriate action is being taken to mitigate clinical and adult social work governance risks. Where the Committee cannot be assured, it has the power to escalate these issues to the IJB.

The Committee meets quarterly and is updated via an assurance plan which provides an overview of internal and external audits, inspections, consultations, guidelines and standards and new legislation.

The Committee is supported by the Clinical and Care Governance Group which identifies and responds to governance issues at a local operational level and determines any issues which require to be escalated to the Committee. The CCGG seeks assurance that safe, effective, person centred care is delivered by HSCM by receiving and scrutinising regular reports from all services (including hosted services) and from each of the 4 Localities – Elgin, Forres/Lossmouth, Buckie/Cullen and Keith & Speyside. Other functions overseen by specific HSCM groups, including Clinical Risk Management, Health and Safety and Adverse Event Reporting also report through the CCGG.

The reporting arrangements are illustrated below.

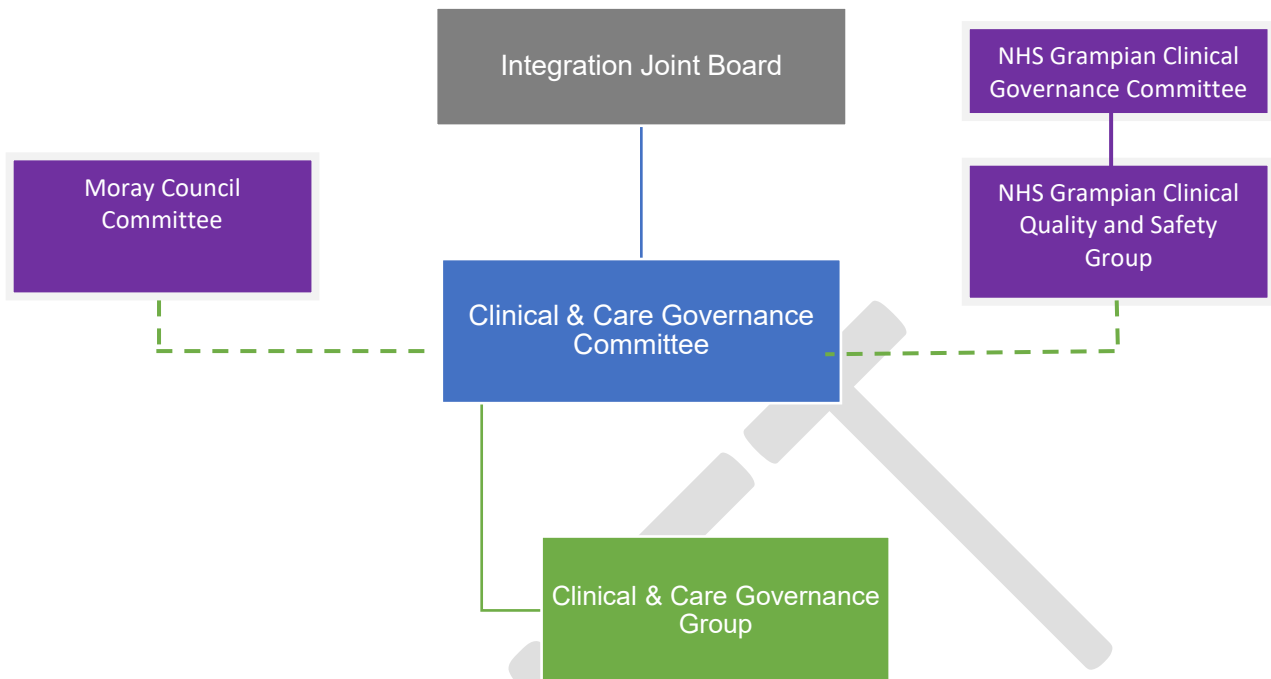
Diagram 3: Clinical and Care Governance Committee Reporting Structures

Diagram 3 indicates the important link to NHS and Council governance structures. As provided in the Integration Scheme, the IJB as well as the NHS and Council remain accountable for ensuring appropriate clinical and professional governance arrangements for their duties under the Act’.

Additionally the IJB continues to be able to receive clinical and professional advice via existing NHS structures including the NHS Grampian Area Clinical Forum (and clinical advisory structure), Managed Clinical and Care Networks, Local Medical Committee, and other appropriate professional groups.

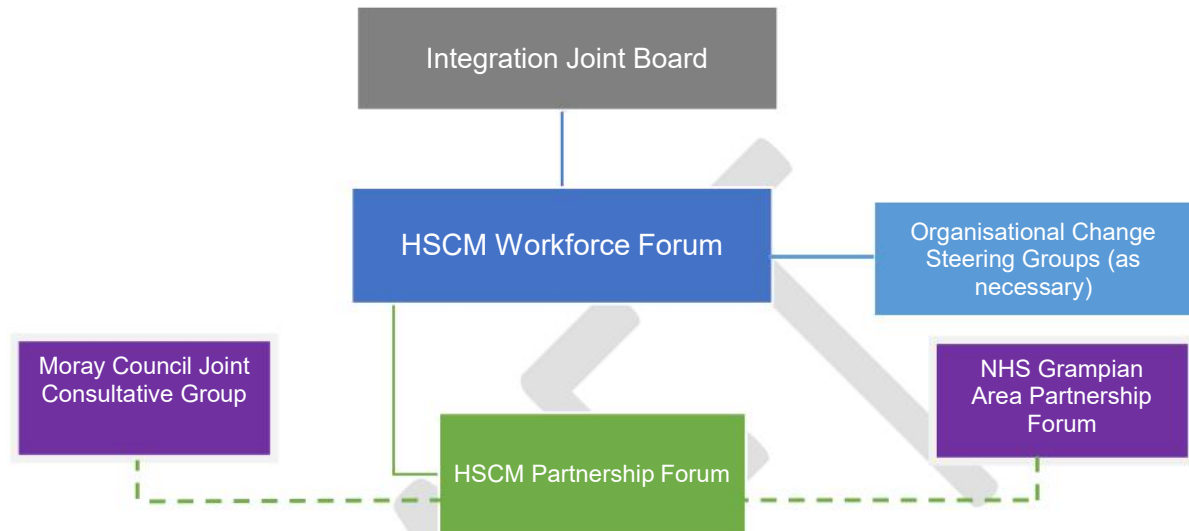
2.4 Staff Governance

The Workforce Forum provides the necessary oversight and assurance to enable both the HSCM and staff working within the HSCM to fulfil the reciprocal duties of the Staff Governance Standard as described in the Moray Integration Scheme.

The purpose of the Forum is to provide an opportunity for any workforce issues within the HSCM to be discussed in an open and constructive way, and to support the development and achievement of common goals and objectives, involving staff, managers and recognised trade unions and professional organisations. The Forum has within its scope all issues that affect those employees working under the IJB arrangements with the exception of any issues concerning terms and conditions of service or employment policy which remain the responsibility of the respective employers (i.e. Moray Council and NHS Grampian).

HSCM Sector Partnership Forum is for NHS staff and is a requirement under the Health Reform Act (2004) to ensure that we meet the Staff Governance Standards for NHS Scotland.

Diagram 4: Staff Governance Committee Reporting Structures



2.5 Financial Governance and Audit

Financial Regulations have been developed on behalf of the IJB which set out the responsibilities of IJB members, the Chief Officer and Chief Finance Officer in relation to the IJB's financial governance and management framework.⁶ The Regulations also describe the financial assurance provided through the Audit Performance and Risk Committee, and external and internal audit processes.

IJB scrutiny is delegated to the Audit Performance and Risk (APR) Committee with representation from Moray Councillors and NHS Board members. The purpose of the APR Committee is to assist the IJB to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the IJB that appropriate systems of internal control are in place to ensure that: business is conducted in accordance with the law and proper standards; public money is safeguarded and properly accounted for; Financial Statements are prepared timeously and give a true and fair view of the financial position of the IJB for the period in question; and reasonable steps are taken to prevent and detect fraud and other irregularities.

The day to day management of HSCM's financial position and financial risk is overseen by the Senior Management Team. Finance reports are presented to the IJB at every meeting.

⁶ Moray Integration Joint Board – Audit, Performance and Risk Committee, [Financial Regulations](#) (January 2018).

Annual Accounts are prepared on behalf of the IJB in accordance with relevant legislation, regulations and proper accounting practices. The purpose of the [Annual Accounts](#) is to set out the financial position of the IJB for the financial year but also to demonstrate that appropriate governance is in place regarding public funds and that the expected levels of service delivery have been achieved.

2.6 Operational Governance

2.6.1 Senior Management Team

The Senior Management Team (SMT) of HSCM meet on a fortnightly basis and provide the strategic direction and leadership for service delivery. They review and discuss the policy and guidance provided from Scottish Government or partner bodies and determine the approach and standards expected across HSCM services. They have ownership of the systems required to provide assurance, to develop and to transform service provision for the health and wellbeing of people in Moray communities.

The SMT membership is Heads of service and Chief Financial officer with Corporate Manager in attendance as advisor.

2.6.2 System Leadership Group

HSCM System Leadership Group (SLG) ensures management oversight and decision-making at a Moray-wide level. There is a monthly meeting with a focus on Core Business which encompasses oversight of operational business and matters requiring escalation or support from the wider management team. This includes issues relating to finance, service delivery, risk management, Workforce, Health and Safety, Civil contingencies, performance monitoring and implementation of IJB policy.

There is another monthly meeting, SLG Development, with a focus on new developments, communication on progress with projects and sharing of good practices.

The SLG membership is Heads of Services, Chief Financial Officer, Service Managers, Locality Managers, Corporate Manager and Clinical Leads and is chaired by the Chief Officer.

HSCM places a strong emphasis on empowering services in local service delivery and decision-making enabled by the formation of integrated multi-disciplinary teams managed and organised within localities.

2.6.3 Localities

The Locality managers have regular meeting with their Multi-disciplinary teams which provides a decision-making forum for operational locality and/or service-specific issues, which can then be escalated if necessary to HSCM System Leadership Group or Senior Management Team. There are also regular meetings with all key stakeholders in the community including independent contractors, third sector and voluntary organisations.

2.7 Risk and Resilience Management

2.7.1 Overview and Principles

The HSCM Risk Management Framework includes the IJB's Risk Appetite statement, Risk Management Policy, strategic IJB risk register and operational risk registers general day to day risk management processes which include the use of Datix to record risks.

Risk Management is a means of identifying, evaluating and controlling risks and this is a crucial task for the IJB to successfully achieve their objectives and deliver strategic plans. It is also a vital component in achieving and maintaining clinical and corporate governance.

2.7.2 Risk Reporting Structure

Risk appetite and the IJB risk register are regularly discussed by the IJB and the Strategic Risk register is presented to each Audit Performance and Risk Committee.

All IJB papers identify risks associated with the content of report and where appropriate are reflected on the IJB's strategic risk register.

The HSCM governance groups Clinical and Care Governance, Health and Safety, Workforce and Civil Contingencies review risks relating to their area on a regular basis and services monitor risks in relation to operational service delivery. Any risks rated high or very high are escalated to system leadership group for review, action and to provide a shared understanding of key issues across the system.

2.7.3 Civil Contingencies Reporting Structure

Progress on achievement of NHS standards for resilience are reported to and discussed at Audit, Performance and Risk committee.

HSCM Civil Contingencies Group reviews the progress on meeting the standards and monitors progress on the associated action plan across HSCM.

There are reporting links into NHSG Civil Contingencies Group and plans and arrangements for response are aligned to Council and NHS policy and procedures.

2.8 Performance Governance

2.8.1 Overview

Performance governance within HSCM is based on a tiered approach to provide assurance at strategic and operational levels within the HSCM, to NHS and Council partners and the Scottish Government. Ultimate accountability for and scrutiny of performance is held by the IJB.

The performance reporting framework has been developed taking cognisance of the key characteristics associated with good performance information and performance

management arrangements.^{7 8 9} The current performance reporting structure has several strands as described below.

2.8.2 IJB Performance Reporting

The IJB receives quarterly reports on HSCM's performance against a suite of local indicators and annual reports on performance against the national core integration indicators. These quarterly reports aim to provide a broad coverage of organisational activities including qualitative aspects of performance. Where HSCM's performance falls outside agreed targets these are highlighted and improvement actions agreed by the IJB. Where appropriate these reports are augmented by thematic reports to provide more qualitative and contextual data on progress and performance in particular areas of service.

On an annual basis the IJB publishes a performance report in line with [The Public Bodies \(Joint Working\) \(Content of Performance Reports\) \(Scotland\) Regulations 2014](#). Its purpose is to provide an open account of its performance in relation to planning and delivering the health and social care services it is responsible for.

In relation to performance against delivery of Strategic Plan specific objectives, Transformation Board will identify measures to ensure delivery of outputs and outcomes for each of its underpinning projects. The Programme Boards will report progress to the Strategic Planning & Commissioning Group and on a formal annual basis to the IJB.

2.8.3 Operational Reporting

A daily performance flow is in place that provides the mechanism to monitor the system and highlights any issues that may cause concern allowing a quick response if required and this is shared with the management team.

Each Service/ Locality Manager has responsibility for monitoring performance within their service and highlighting good performance along with any exceptions to SLG.

Quarterly reports to the SLG provide performance information relating to key operational and risk issues as defined by the SLG.

Performance reporting for each Locality is currently in development.

2.8.4 Reporting to NHS and Council

Quarterly performance review meetings are held with the Chief Officer of HSCM and the Chief Executives of both NHS Grampian and Moray Council. HSCM also supports and

⁷ Audit Scotland (2010) 'Best Value toolkit: Performance Management'. Source: http://www.audit-scotland.gov.uk/docs/best_value/2010/bv_100809_performance_management_toolkit.pdf

⁸ Professor Sir H. Burns (2017) 'Targets and Indicators in Health and Social Care in Scotland – A Review'. Source: <http://www.gov.scot/Publications/2017/11/4782>

⁹ CIMA (Chartered Institute of Management Accountants) Performance Reporting to Boards – A guide to good practice. Source: http://www.cimaglobal.com/Documents/ImportedDocuments/perf_reporting.pdf

contributes to the respective performance reporting and assurance frameworks in place for each parent organisation where relevant to the services the HSCM is responsible for.

2.8.5 National Performance Reporting Requirements

As noted above all IJBs' performance is assessed against a national suite of core integration indicators, which is reported on formally by the IJB through its annual performance report.

In addition, the Ministerial Strategic Group for Health and Community Care (MSG) monitors the progress of all HSCPs in Scotland towards the key objectives of integration, against a set of six performance indicators. The Moray IJB agrees objectives for each of these indicators on an annual basis with progress against targets reported to the IJB and MSG.

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APPENDICES

Appendix 1: Governance and Regulatory Framework – Key References

Moray Integration Scheme

<https://hscmoray.co.uk/integration-scheme-for-moray.html>

“Moray Partners In Care”, Moray Integration Joint Board Strategic Plan for Health and Care in Moray 2019-2029

<https://hscmoray.co.uk/strategic-plan-2019-2029.html>

Moray IJB Annual Accounts

<https://hscmoray.co.uk/annual-accounts.html>

Moray IJB Annual Performance Reports

<https://hscmoray.co.uk/performance.html>

Public Bodies (Joint Working) (Scotland) Act 2014

<http://www.legislation.gov.uk/asp/2014/9/enacted>

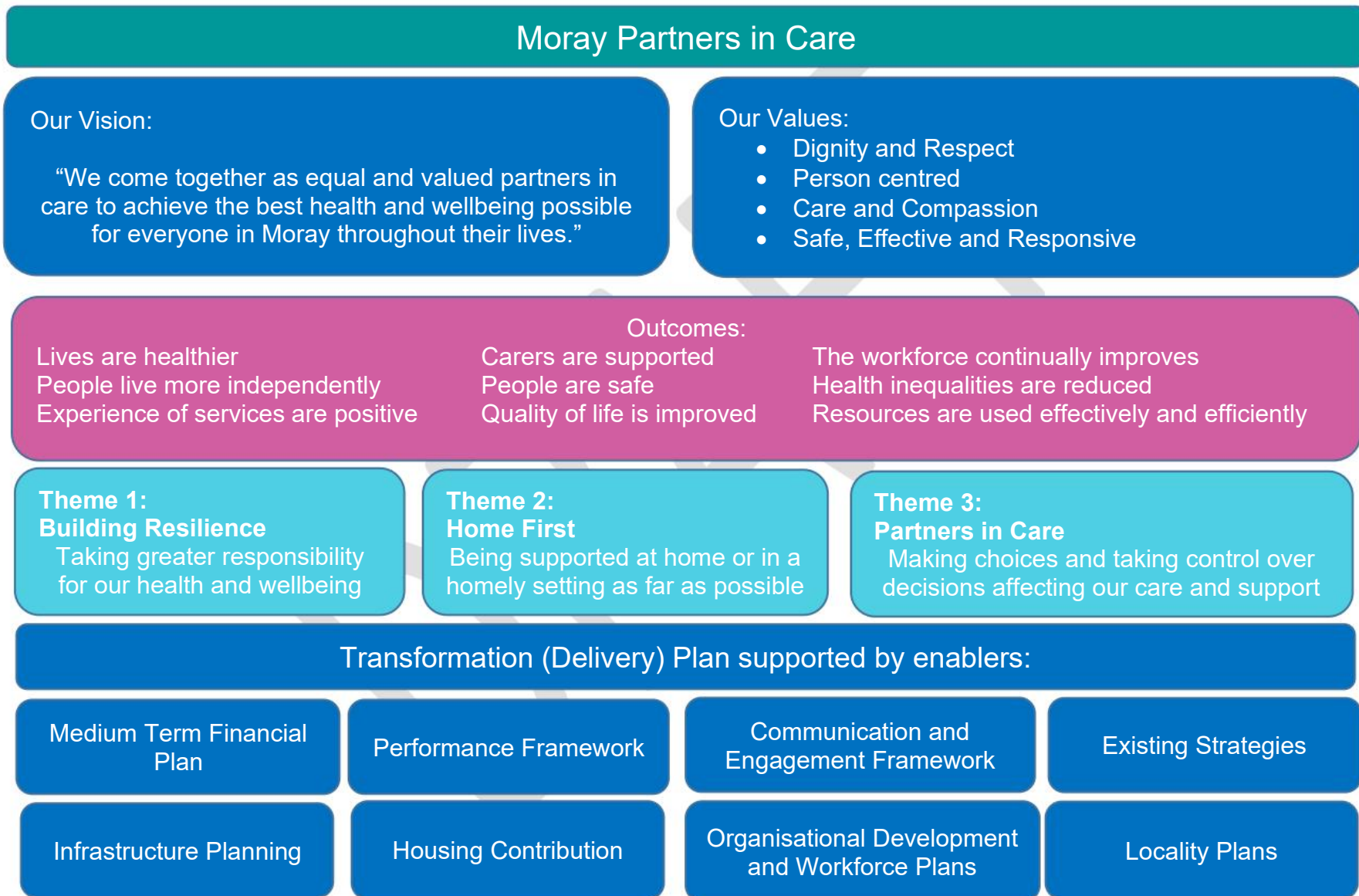
Scottish Government (2015) National Health and Wellbeing Outcomes Framework

<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>


Scottish Government (2015) Clinical and Care Governance Framework (Health and Social Care Integration)

<https://www.gov.scot/publications/clinical-care-governance-framework/>

Appendix 2: The Health and Social Care Strategy at a glance



Appendix 3: Summary of Moray IJB and HSCM Organisational Meeting Structures - Roles and Reporting Arrangements



Escalation / Assurance	Level of Decision Making	Safety & Standards	Business Effectiveness & Efficiency	Strategic Planning & Transformation
	Strategic	Moray Integration Joint Board		
	Strategic	Clinical & Care Governance Committee	Audit, Performance & Risk Committee	Strategic Planning & Commissioning Group
	Strategic / Tactical	Clinical & Care Governance Group	Senior Management Team (SMT)	Transformation Boards
	Tactical /Operational	<ul style="list-style-type: none"> Practice Governance Clinical Risk Management (CRM) 	<ul style="list-style-type: none"> System Leadership Group (SLG) - Business 	<ul style="list-style-type: none"> System Leadership Group (SLG) – Development Working Groups (tbd)
	Operational	Falls Group Infection Control HSCM Health and Safety (Clinical)	HSCM Workforce Forum HSCM Civil Contingencies Group HSCM Data Sharing & Information Governance Group HSCM Health and Safety (non-clinical) <i>Contracts & Commissioning</i> <i>Primary Care Contracts</i> Service / Team meetings	<ul style="list-style-type: none"> Home First” Development Group <ul style="list-style-type: none"> Discharge to Assess Delayed Discharge Organisational Change Steering Groups



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021

**SUBJECT: ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER
2019-2020**

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Board of the annual report of the Chief Social Work Officer (CSWO) on the statutory work undertaken on the Council's behalf during the period 1 April 2019 to 31 March 2020 inclusive.

2. RECOMMENDATION

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

3. BACKGROUND

- 3.1. In compliance with their statutory functions under the Social Work (Scotland) Act 1968, all local authorities have a CSWO. For a number of years CSWOs have produced Annual Reports about social work services, which are provided for relevant committees, Moray Council and Integration Joint Boards.
- 3.2. The Office of the Chief Social Work Adviser in the Scottish Government (OCSWA) collates an overview Summary Report based on the key content of the reports from all local authorities in Scotland. This summary would:
- be of value to CSWOs and also support the CSWA in their role of raising the profile and highlighting the value and contribution of social work services; and
 - be a useful addition to the set of information available to aid understanding of quality and performance in social work services across Scotland.
- 3.3. The Council's Social Work Services require to support and protect people of all ages as well as contributing to community safety by reducing offending and managing the risk posed by known offenders. Social Work has to manage this

together with the implications of significant demographic change and financial constraint whilst fulfilling a widening array of legal obligations and duties.

3.4. The annual report is attached at **APPENDIX 1**.

4. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019-2029”

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

(b) Policy and Legal

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

- Social Work (Scotland) Act 1968
- The Adult Support & Protection (Scotland) Act 2007
- The Community Care & Health (Scotland) Act 2002
- The Children (Scotland) Act 1995
- The Joint Inspection of Children’s Services & Inspection of Social Work Services (Scotland) Act 2006
- Adoption and Children (Scotland) Act 2007
- Looked After Children (Scotland) Regulations 2009
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Children’s Hearings (Scotland) Act 2011
- Children & Young People (Scotland) Act 2014

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

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

There are no staffing implications directly relating to this report.

(f) Property

There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as there are no changes to policy as a direct result of this report.

(h) Consultations

The following have been consulted in the preparation of this report: Corporate Management Team; Interim Chief Officer, Health & Social Care Moray, Morag Smith, Senior Solicitor (Litigation and Social Care); Head of Housing & Property and Head of Children's Services Social Work, who are in agreement with the content of this report relating to their area.

5. CONCLUSION

5.1. This report shows that Social Work in Moray is adapting and developing to meet current circumstances to better meet the needs of the local population.

Author of Report: Jane Mackie, Chief Social Work Officer

Background Papers: with author

Ref:

CHIEF SOCIAL WORK OFFICER 2019/2020 REPORT

1. Governance and Accountability

The Chief Social Work Officer in Moray sits within the Health & Social Care Partnership. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions in relation to the delivery of Social Work services. In this role, the CSWO provides professional advice and guidance to the Integration Joint Board (IJB) for adult services and to Education, Communities and Organisational Development Committee/ Full Council on matters relating to children and young people and Justice Social Work.

The CSWO meets with the Chief Executive of Moray council on any matters of concern.

The CSWO is a member of the Public Protection Chief Officers Group (COG), the Community Planning Officers Group (CPOG), the Child Protection Committee, the Adult Protection Committee, GIRFEC Leadership Group, Community Justice Partnership, and Clinical and Care Governance Committee of the Integrated Joint Board.

Internally the quality of Social Work is assured by Practice Governance meetings. Any issues are reported to the Clinical & Care Governance Committee of the IJB for adults. Posts of Consultant Social Work Practitioners are well established in Adult Services and also now in Children's Services. Consultants work with Line Managers to support Social Work in complex cases, model best practice and set practice standards in their respective areas. Consultants also undertake practice audits in Adult Social Work. A practice audit on respite use, including assessment of situations that resulted in respite use was undertaken in 19/20.

An Improvement plan for Adult Support and Protection was devised along with stakeholders during 19/20. Implementation of that plan began prior to the Covid pause on work, but restarted in September 2020.

Within Adult Services the dispersal of Social Work management arrangements means that, other than in Learning Disability, Team Managers, or first Line Managers are the most senior qualified Social Workers within the management structure. Maintaining Social Work integrity and value within the Integrated Joint Board is a high priority for the CSWO

There is an 'in principle' agreement for Children's Social Work and Criminal Justice to transfer into the IJB in 2021. Accordingly, 2020/2021 is regarded as a 'shadow' year, with the Interim Chief Officer of the IJB taking managerial responsibility for Children's Social Work and Criminal Justice through line management of the Interim Head of Children and Families and Justice Social Work.

During this shadow year papers for discussion and development have been taken to the Integrated Joint Board on the roles, function and performance of Children's social work, in addition to being tabled where applicable at Council/ Committee.

The CSWO will be participating in the project work relating to the potential delegation of children's Social Work to the Integration Joint Board.

Going forward the CSWO would like to establish regular meetings with elected members to brief on relevant and current issues.

Looking back to 2019, June 2019 saw significant changes within Children and Families and Justice Social Work. Following a senior management review within the council it was agreed to delete the post of

Director of Education and Social Care, and to propose to transfer Children, Families and Justice Social Work to the IJB. At the same time the Acting Head of Integrated Children's Services left to take up a post elsewhere in Scotland. A decision was made to split the post's responsibilities to another head of service and to have an interim head of Children and Families and Justice Social Work during the period of transition into the IJB.

The relationship between the CSWO, Head of Children's Social Work and the Care Inspectorate continues to develop to support the development of Social Work professional practice. Whilst the follow up review of Children's Services across the Community Planning Partnership, published in Jan 2019 was supportive of the progress made to date, it was clear that there was still much to do in turning intention and initial actions into lasting change. Children's Social Work have developed a modernisation and improvement plan that identifies three key aims: developing Kinship and Foster Care, embedding new models of Social Work and establishing improved commissioning practice. To this end the Care Inspectorate have agreed to support the Service in reviewing all relevant improvement and action plans, so that they can be combined with relevant improvement actions agreed.

2. Service Quality and Performance

Quality issues are considered and assured within Practice Governance. There are separate meetings for Children's Social Work and Adults. Adult Practice Governance will report any issues of system concern to the Clinical & Care Governance Committee of the IJB. Any areas of significant concern in either child or adult services which impacts on employees should also be raised with the Council as staff will remain Council employees.

Children's Social Work, now in shadow year with the IJB, may also bring a report of note to IJB but direct governance remains with the Council. Social Work matters are to be dealt with in Full Moray Council and/or Education, Communities and Organisational Development committee meetings during 2020/21.

Performance reporting and management has likewise been operating separately in children and adult services. During this shadow year attention has been given to bringing information reports to IJB. During the COVID period weekly reporting of Child and Adult Protection has begun with the Public Protection Chief Officers Group convened weekly between April and July to consider.

In Adult Services, there were 3,768 Service Agreements commissioned for 2,325 service users. 78.2% (2,947) of these agreements were for external services with 21.8% (821) for internal services. The total weekly hours show Internal care providers commissioned for 29.7% of the hours and External 70.3%.

Additionally in 2019/20; 3,871 Support Plan Reviews were completed, 2,554 Review meetings took place and 2,136 Annual Service Package Reviews were done.

A significant area of concern during 19/20 was the quality of care provided in some local care homes. Two large scale investigations were concluded just prior to the Covid lockdown period, and there were 6 homes with enhanced monitoring and improvement plans agreed. Working closely together with providers of care, commissioning and Social Work staff have seen significant improvements across Moray. There were no outbreaks of COVID in local care homes, and quality of care during the COVID period has been remarkably high.

Self-Directed Support (SDS) is an integral mechanism as to how we deliver social care. Our Local Evaluation Report was published in 2019 by the Care Inspectorate following on from the positive thematic inspection in October 2018. The key recommendations from this Report have formed the basis of our local SDS Action Plan moving forward to further embed SDS principles and values in every practice, ensuring that the people in Moray have a positive experience of Social Care delivery and personalised support to meet their outcomes. Individual's in Moray took part in a national survey at the end of 2019 into early 2020, exploring people's lived experience of SDS. Feedback was collated and developed into a national report, again delivering a set of key recommendations for local health and social care partnerships to ensure people had a positive experience of SDS. Health and Social Care Moray is using the key recommendations from these reports to build on the positive foundations for SDS which have been laid over the years.

The SDS team have been supporting Direct Payment recipients in the early stages of COVID lockdown to ensure that they remain up to date with the ever changing guidelines for Personal Assistants (PA's). Alongside this the team were actively involved to ensure that PA employers got access to the vital PPE they needed to allow their support to be delivered safely in line with Health Protection Guidelines.

Health and Social Care Moray have been working collaboratively with our local Carers Centre (Quarriers) to review process and practise for unpaid carers completing an Adult Carers Support Plan in line with the Carers Act (2016). Work was being progressed prior to COVID to review the processes already in place against our legal duties with the Act, unfortunately this work did slow during early 2020 as COVID restrictions diverted resources. Quarriers ensured that their service delivery at the start of lockdown continued, to ensure unpaid carers received the support they required. They have adopted multiple online platforms to engage with carers, alongside regular phone calls with those carers not comfortable with online platforms

The Children's Services Plan 2020-23, emphasised the need for Social Work to shift the culture and practice of Social Work to focus on helping families find solutions that will work for them, and will allow them to remain together wherever that is safe and possible.

To support this shift in culture, since August 2019, regular performance meetings have been established in in Children and Families and Justice Social Work. Whilst Criminal Justice Social work consistently meets national and local performance indicators, there is work to do in other areas. The work with The Permanence and Care Excellence team (PACE) at CELSIS (Centre for Excellence for Children's Care and Protection) has given a significant focus on planning for children, and we are beginning to see better arrangements being put in place to make sure our children have clear and permanent family relationships and homes to grow up in.

Child Protection

As at the 31 March 2020 there were 36 children whose names were on the Child Protection Register (CPR). This shows a significant drop of 21 children from the same period of 2018/19. Most recent data shows that the numbers are continuing to fall. There has been a reduction in the number of those registered during each quarter of 2019-20.

Professionals supporting families are being asked to be clear about specific risks and concerns, to ensure that plans put in place to support parents are in turn clearer and work more focussed. With the exception of one quarterly period during 2019-20 the proportion of children registered for more than 12 months has remained below the target value of 15%.

Looked After Children

The number of Looked After Children has fallen over the past four reporting years with the most noticeable drop within the last year. The number of Looked After Children has in previous years

consistently remained between 213 and 222, in the past year however the number had fallen to 188 by the end of March 2020.

Due to the significant fall in the number of Looked After Children cognisance must be taken that with smaller cohort of children proportions are more greatly affected by changes in numbers. Whilst the proportion of children looked after within a community-based setting has improved slightly from previous years it still remains significantly below our comparator authority median of 87.3%. As at 31 March 2020 Moray had 78.7% of Looked After Children within a community-based placement. The area where Moray compares poorly with our comparator Authorities is with the number of children placed within home supervision which at the end of March 2020 was 19.1% against a target of 29.3%.

The implications of this fall is that fewer children are leaving their extended families; more children are staying together as brother and sisters; fewer children are going through lengthy court processes and our foster carer families who offer care to younger children have had significantly fewer children to care for.

Whilst the numbers of children looked after in a residential placement have decreased, due to the fall in overall numbers, the proportions remain consistently high and significantly higher than our comparator median of 12.7%. At the end of March 2020 20.1% of Moray's looked after population were in residential accommodation.

The number of new foster carers and the numbers leaving the authority's scheme are balanced. September 2019 saw the launch of a new fostering scheme. The new scheme is designed to offer a range of placements, to be responsive to need, and to offer children who might otherwise have needs met in residential care.

Following service inspection by the Care Inspectorate in October, an improvement plan, approved by the Children and Young People's Committee in January 2020, is underway to raise the quality and performance and the experience of children.

The numbers of young people aged 18-21 choosing to stay in Continuing Care has increased from 2 in 17-18 to 7 in Q4 19-20. We expect young people requesting this provision to increase incrementally.

Corporate Parenting

From November 2019 we explored what we consider is a unique approach to develop our "community of schools"; using some of the extended Life Changes Trust funding (for years 2020/21 and 2021/22) together with sums allocated for raising attainment of care experienced children and young people.

Further areas for attention are for Young Carers and also for Self Directed Support. The establishment of a Young Carer strategy officer will help ensure that our responsibilities are met, and that young people can support and also feel supported with caring responsibilities. This will include access to Self-Directed Support.

3. Resources

The combined spend in Social Care in 2019/20 was £61.4 million. In 2021/21 the total budget is £63.3 million.

Moray Council are experiencing significant financial constraints that are impacting upon many council services including social care. Children and Families social work budget remains under significant scrutiny.

During 2019/20 children's Social Work made savings of £225,268. The savings were achieved by implementing a management restructure within the service. There was an addition, the underspend for 2019/20 is noted at £845,434.

Adult social care contributed £493k to IJB savings.

Informed by The Promise and looking to the future, we want to be confident that the financial commitments we make support the best quality and experience for children and families.

The spend on the out of area placements for children for the financial year 2019/2020 was £5,992,245 and was significantly less than the sum for financial years - 2018/19 and 2017/18, which respectively were £7,239,521 and £6,361,091. However there remains concern that the number and balance of Moray's children in residential care is greater than any other Scottish local authority.

4. Workforce

The period 2019/20 saw some challenges in recruitment for social care assistants / home care staff in particular.

Recruitment for Social Workers in both Adult and Children's services was not problematic. However we anticipate significant changes in senior staff over the coming two years as long serving staff with extensive knowledge and experience move towards retirement.

The most significant factor in terms of workforce was the recruitment of 3 consultant practitioner posts in children's services to support the change in social work practice required.

In Adult services a further consultant practitioner was recruited to support Social Work practice as the line management of services diversified.

Training and development was a challenge in 2019/20 due to financial constraints and staff capacity. It is fair to note that staff development requires attention moving forward to support the changes in practice required in Social Work.

The anticipation of more learning and development opportunities being made available on line has yet to materialise locally, as efforts have been focussed on managing the COVID period.

5. COVID 19

The COVID Pandemic created in Moray as everywhere else an urgent need to take action to secure the maximum wellbeing of clients, staff and the Moray population. Initially this meant that capacity in Hospitals should be made available for the anticipated surge of COVID related infections, that critical care at home be maintained for the most vulnerable clients and that staff were provided with protection via the provision of appropriate PPE.

Service users within Care at Home were assessed and those identified with a critical need or who were categorised in the shielding groups and did not cancel their own care, remained with their care unaltered. The changes to the service had a greater impact on individuals with lower needs, as they discussed the outcome of their assessment, agreed to a reduction in care, or suspending their care package, which meant they had more independence and were given ownership of their outcomes. Any individual who received an adjustment was able to contact HSCM if they felt they were struggling, or their condition worsened, and these packages were reassessed to ensure they received the appropriate level of care for support.

This resulted in 331 people with Care at Home having care packages changed. Of these 295 had a reduced service where family, friends and informal carers agreed to support where appropriate. 36 service users did require an increased service, and this was provided. Prior to this, 902 service users required 11,364 of weekly care hours and this was reduced by 1,280 care hours. Service so 11% previously committed hours were made available.

We worked closely with local care at home providers to support them throughout. In the early stages, this was particularly around provision of PPE, staffing and care availability.

Our communication with care homes and other care providers was through a dedicated post, a member of the commissioning Team who took the fulltime role of speaking with each provider often more than once daily. This role has continued throughout the COVID period and has been essential in supporting providers and building resilience in our system.

To facilitate discharge of clients from hospital and the allocation of social care resource an enhanced Discharge Hub was created that saw Home Care Managers work together with Social Work staff to review support to clients, receive communication from those wanting to suspend care and prioritise allocation of resource on a daily basis. This enabled Moray to rapidly reduce number of delayed discharges in hospital from 35 at census in March to 10 at census in June.

In the three months from March to May 2020 41 people were admitted to Care Homes. Of these 28 were from Hospital. Moray utilised 13za as a method of discharging those with incapacity to care homes only where that person was not objecting or clearly in disagreement, or there was next of kin support for the move.

Prior to COVID there was a wait for provision of care at home, collated within a brokerage list. The guidance on staff shielding saw an immediate reduction of 210 number of staff. The enhanced Discharge Hub were able to maintain care for those at critical level through daily consideration of resource demands and availability.

As time has gone however, we are experiencing an increase in referrals to Social Work teams as increasing stress in family/informal carers, find it difficult to continue. The inability to provide planned respite and day service has been particularly difficult.

A significant difficulty for Social work in both Children's and Adult services was that prior to lockdown, very few non managerial staff had access to mobile technology. The Council prioritised the needs of Social Work staff but this did cause and continues to cause operational difficulties. Teams operated shift systems to enable them to work safely out of buildings until technology was provided. Teams then rapidly developed systems of support for remote working. As we go forward social work will increasingly become a flexibly based profession and we must develop systems, processes and support mechanisms to replace the previous office based culture of Social Work.

Non-essential Social Work visits were not made, but clients and families contacted in the main by telephone. This has created some challenges for delivery of Social Work, to which frontline staff have adapted, in many and various ways, from meeting outside with clients and families to developing telephone assessments and reviews. In one of our senior leadership virtual face to face sessions, one Social Worker has commented "being a Social Worker without being social just doesn't work".

Essential protection focused visits have continued in both Adult and Child Protection with staff following relevant Health protection advice.

Social care recruitment continued early in the pandemic, but adaptations were made in the induction process for care staff, with this being reduced in time and with much delivered online.

Direct Payment care staff were supported via provision of PPE and from advice and support of our Self Directed Support Team. As a result most direct payment carers were enabled to continue to work with their clients throughout.

The Learning Disability service took particular steps to ensure the wellbeing of their clients. The complex and challenging behaviour unit, Woodview saw up to 27 staff absent at one time due to self-isolation, shielding or sickness, but the remaining staff were able to support all clients to continue to live independently with no marked increase in distress or incidents noted. Social Work staff maintained contact with the most vulnerable families and offered support where this was needed through bespoke individual arrangements.

The COVID 19 pandemic has impacted staff and services considerably and required staff to be mobilised and ready to offer a new kind of support to families in Moray. Children's services was one of those services which had to continue their core business and this threw up challenges for staff who needed to shield, who had children out of school or who were generally fearful to be in spaces with other people. There was also a requirement for Social Work to ensure that all the vulnerable children who required it, were offered a space in the hub provision provided by education.

Children were seen throughout lockdown by Social Workers, who were often one of the only professionals who still maintained that contact with families by visiting. There was an increase in food poverty throughout this time and a recognition that families would experience other types of hardship, including people living with domestic violence. Contact between family members was supported through video calls mainly and meetings continued to take place on a virtual basis. As restrictions lessened, family and community walks proved to be effective in seeing children and their parents as the weather improved.

The Criminal Justice service, in line with national guidance, cancelled unpaid work squads and suspended all unpaid work Community Orders. Staff within the unpaid work team were redeployed to help with crises work which included emergency food supplies to local communities. High risk and vulnerable people were prioritised for face visits but the majority of contact was made by telephone. MAPPA arrangements continued but meetings were held virtually using different platforms. The Moving Forward Making Changes group work programme for working with Sex Offenders was also cancelled and this initially proved

a challenge for workers as to how to work effectively with those participants. Work has since been adapted to take into account the limitations during COVID and lockdown.

An increase in calls during the pandemic to the Out of Hours service was anticipated and therefore enhanced the service by having back up staff available; however there was no evidence in an uplift of demand for the social work service out of hours. This may have been due to the online services set up elsewhere i.e. the community hubs, which was meeting the demand during daytime hours.

Mental Health Social Work worked with their Multi-disciplinary Teams to support the most vulnerable, and were able to utilise this opportunity to review their work with their clients. The Mental Health team assumed responsibility primarily for provision of Mental Health Officer rota allowing other staff to focus on their priority work. Moving forward, training for MHO's will continue to be an issue to ensure adequate staff availability is maintained.

Being able to connect more easily to national groups, particularly through the CSWO group and SWS has been a particular advantage, and had allowed us to contribute to and have an understanding of and to influence new directions, approaches and national agendas in a way that wasn't possible before with Central Belt meetings.

Most recently, many staff have begun to express feelings of stress and fatigue, relating to the increased anxiety reported to them by clients and their families, a type of social care debt, but also the pressure to increase activity, with fewer resources available in order to support Health and Social Care recovery. The CSWO has arranged with Human Resources in Moray to begin a stress assessment and recovery project to support staff in both children and adult services.

On review I would say that in Moray, Social Work services responded quickly and effectively and with compassion during this most exceptional period of time.

Summary

Social Work in Moray faced very significant challenges over the period 19/20 and then in March 2020 the incredibly difficult COVID disruption.

All Social Workers and Social Care staff worked hard to maintain critical care services during this period, often taking on at the same time new ways of working with new technology.

Inevitably, this has been stressful for Social Workers and Social Care staff. Ensuring that all staff are supported and valued in the following months is vital.

The structures of management and Governance in Moray have been fluid and changeable, particularly during this reporting period.

To ensure the best outcome for all who are reliant on Social Care services, and for those that deliver it, the priority is to ensure that all within the Governance and Leadership group recognise and value, the importance and uniqueness of Social Care and Social Work.