Moray Integration Joint Board

Thursday, 25 June 2020

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, 25 June 2020** at **09:30** to consider the business noted below.

AGENDA

1	**Welcome and Apologies**	
2	**Declaration of Member's Interests**	
3	**Minute of the Meeting of the Integration Joint Board dated 28 May 2020**	**5 - 8**
4	**Action Log of the Meeting of the Integration Joint Board dated 28 May 2020**	**9 - 10**
5	**Department of Public Health Annual Report 18-19 and a Healthier and more Active Future for the North East of Scotland 2019-22 Strategy** Report by Director of Public Health, NHS Grampian	**11 - 14**
6	**Chief Officer Report** Report by Chief Officer	**15 - 20**

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Jonathan Passmore (Chair)	Non-Executive Board Member, NHS Grampian
Councillor Shona Morrison (Vice-Chair)	Moray Council
Councillor Theresa Coull	Moray Council
Councillor Tim Eagle	Moray Council
Mr Sandy Riddell	Non-Executive Board Member, NHS Grampian
Mr Dennis Robertson	Non-Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer, Moray Integration Joint Board
Mr Ivan Augustus	Carer Representative
Ms Elidh Brown	tsiMORAY
Dr June Brown	Lead Nurse, Moray Integration Joint Board
Mr Sean Coady	Head of Service and IJB Hosted Services
Ms Karen Donaldson	UNISON, Moray Council
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Mr Christopher Littlejohn	Deputy Director of Public Health
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Deputy Medical Director, NHS Grampian
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board
Mrs Val Thatcher	Public Partnership Forum Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board

Clerk Name:
Clerk Telephone: 01343 563014
Clerk Email: committee.services@moray.gov.uk

MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 28 May 2020

Remote Locations via Video Conference,

PRESENT

Mr J Passmore (Chair), Councillor S Morrison, Councillor T Coull, Councillor Brown (substituting for Councillor T Eagle) and Mr S Riddell.

APOLOGIES

Mr D Robertson, Mr I Augustus, Dr J Brown, Dr M Metcalfe and Mrs V Thatcher.

IN ATTENDANCE

Heidi Tweedie, Moray Wellbeing Hub, Isla Whyte, Interim Support Manager, Ian MacDonald, Locality Manager and Joyce Johnston, Interim Head of Integrated Children's Services.

1 Chair of Meeting

Mr Jonathan Passmore, being chair of the Moray Integration Joint Board, chaired the meeting.

2 Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies were noted.

The Chair took the opportunity to formally welcome Mr Simon Bokor-Ingram to the Moray Integration Joint Board (MIJB) following his temporary appointment as Chief Officer. He also thanked Mr Tony Doherty, Unison Representative for his contribution to the MIJB over the years and welcomed his replacement Ms Karen Donaldson.

3 Declaration of Member's Interests

Mr Passmore declared a personal interest in item 11 Children and Families and Justice Services Social Work and advised that he would not take part in the consideration of that item and that Councillor Morrison would chair the meeting for that item.

There were no other declarations of Members' Interest in respect of any item on the agenda.

4 Minute of the Meeting of the Integration Joint Board dated 26 March 2020

The Minute of the meeting dated 26 March 2020 was submitted for approval.

The Board agreed to approve the minute as submitted.

5 Action Log of Meeting of the Integration Joint Board dated 26 March 2020

The Action Log of the meeting dated 30 January 2020 was discussed and updated accordingly at the meeting.

6 Chief Officer Report

A report by the Chief Officer informed the Board of the Interim Chief Officer activities that support the delivery against the Moray Integration Joint Board's (MIJB) strategic priorities articulated in the Strategic Plan, and the delivery against the nine Health and Wellbeing outcomes.

The Chief Officer introduced the report and paid tribute to the tremendous efforts of staff through the Covid-19 pandemic.

Following lengthy discussion where the Chief Officer answered many queries from the Board in relation to the current situation regarding the Covid-19 pandemic, the MIJB agreed to:

i. to note the update on Covid-19 as set out in sections 3.1 and 3.2 of the report; and

ii. the Strategic Leadership arrangements at Dr Gray's Hospital as set out in section 3.3 of the report.

7 Membership of Moray Integration Joint Board

A report by the Chief Officer informed the Board of proposed changes to the membership of the Moray Integration Joint Board (MIJB).

Following consideration, the MIJB agreed to note the changes to the membership as described in the report.

8 Clincial and Care Governance - Assurance Report

A report by the Chair of the Clinical and Care Governance Committee summarised the key matters considered by the Committee under the revised governance arrangements, approved by the Chair and Chief Officer, implemented during the period of response to COVID-19.

Following consideration, the Moray Integration Joint Board agreed to note the key points and assurances from the Committee outlined in section 4 of the report.

9 Finance Update

A report by the Chief Financial Officer updated the Moray Integration Joint Board (MIJB) on the current financial situation and the approach and response being taken.

During discussion surrounding business that would usually be considered at the meeting of the Audit, Performance and Risk Committee on 25 June 2020, it was suggested that this business be considered by the MIJB at its meeting on the same day. This was unanimously agreed.

The MIJB joined the Chair in commending the Chief Financial Officer in the considerable work involved in managing the financial situation of the MIJB and thereafter agreed:

i. to note the contents of the report;

ii. that business which would usually be considered by the Audit, Performance and Risk Committee on 25 June 2020 be considered by the MIJB at its meeting on the same day.

10 Performance Update Report and Proposed Future Reporting Arrangements

A report by the Chief Financial Officer informed the Board of the performance of Health and Social Care Moray (HSCM) as at May 2020 and proposed changes to the reporting arrangements for 2020/21.

During discussion surrounding the proposed performance indicators and future reporting style for performance reports, it was agreed to adopt the new style in principle however it was suggested that further consideration of the proposals be discussed at a future workshop. This was unanimously agreed.

Following consideration, the Moray Integration Joint Board agreed:

i. to note the performance in regards to the COVID-19 response of HSCM;

ii. to note for reference, the performance report and local indicators as at Quarter 3 (December 2019) in Appendix 1 and 2 of the report;

iii. in principle, to approve the draft proposed performance indicators for 2020/21 as presented in Appendix 3 of the report and, for future reporting, the draft report containing dummy data presented at Appendix 4 of the report, outlining

the proposed format of the 2020/21 quarterly performance reports, subject to a workshop being arranged to consider the proposal in more detail.

11 Forres Locality Pathfinder Project - Interim Progress Report

A report by the Locality Manager informed the Moray Integration Joint Board (MIJB) on the progression of the redesign of Health and Social Care services in the Forres Locality.

Following consideration, the MIJB 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 capacity should support the Forres Locality Manager's request to initiate a service review of the Varis Augmented Care Unit (ACU), Forres Neighbourhood Care Team (FNCT) and the Forres Community Nursing Team.

12 Children and Families and Justice Services Social Work

Mr Passmore, having declared an interest in this item, took no part in its consideration and asked Councillor Morrison to chair the Moray Integration Joint Board (MIJB) for this item. Thereafter, Councillor Morrison assumed the role of Chair.

A report by the Chief Officer informed the Board of developments in Children and Families and Justice Social Work in relation to the proposed delegation of services to the Moray Integration Joint Board.

Following consideration, the MIJB agreed to note the:

i. progress made in relation to the proposed delegation of children and families and justice social work to MIJB; and

ii. work undertaken across the Community Planning Partnership to develop the Children's Services Plan 2020-23.

13 AOCB

Mr Passmore, assumed the role of Chair for this item.

The Chair gave the opportunity for members to raise any other competent business. There was no other business raised.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 28 MAY 2020

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log Dated 26 March 2020	The self-assessment of the position in relation to Drug Related Deaths will be brought forward in due course. MSG Improvement Action Plan – has not currently been prioritised, this will be taken forward through discussion at a MIJB development session Chief Officers Report – a briefing for Elected Members in respect of the Integration Scheme Review will be arranged in due course.	June 2020 November 2020 September 2020	Chief Officer Chief Officer Chief Officer
2.	Chief Officer's Report	An update on the work being progressed through the NHSG Recovery Cell to be presented to MIJB in the summer workshop	July 2020	Chief Officer
3.	Finance Update	items which would normally be considered at Audit, Performance and Risk Committee scheduled for 25 June be considered by the MIJB where appropriate	June 2020	Chief Financial Officer
4.	Performance Update Report and Proposed Future Reporting Arrangements	The MIJB agreed that the proposed performance indicators and format be considered at a future development session.	July 2020	Chief Financial Officer

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
5.	Forres Locality Pathfinder Project – Interim Progress Report	Future report to be brought to MIJB following the approved service review of the Varis Augmented Care Unit (ACU), Forres Neighbourhood Care Team (FNCT) and the Forres Community Nursing Team.	November 2020	Locality Manager
6.	Children and Families and Justice Services Social Work	Workshop to be held outlining the Children's Services that are being considered for inclusion under MIJB.	June 2020	Chief Officer

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JUNE 2020**

SUBJECT: **DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT 18-19 & A HEALTHIER AND MORE ACTIVE FUTURE FOR THE NORTH EAST OF SCOTLAND 2019-22 STRATEGY**

BY: **SUSAN WEBB, DIRECTOR OF PUBLIC HEALTH, NHS GRAMPIAN**

1. REASON FOR REPORT

1.1. To inform the Board of the publication of the Director of Public Health annual report for 2018/19 and accompanying associated public health strategy.

2. RECOMMENDATION

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

i. note the impact of rising levels of obesity on the health of our population

ii. note the complex nature of obesity and the need for whole systems working which requires a long-term commitment, with actions across the short-, medium- and long-term.

iii. support the strategic direction as set out in 'A healthier and active future for the North East of Scotland strategic plan 2019-2022', and commit to work in partnership to develop a system-wide response to tackling obesity.

3. BACKGROUND

3.1 The Director of Public Health produces a report every year. The focus of the report is on areas requiring more attention to deliver the desired improvements in population health. Previous reports have covered issues of child poverty and community justice both of which informed subsequent action in associated partnerships.

DPH Annual Report 2019 'Obesity It's Time to Talk'

3.2 Tackling obesity and helping people to maintain a healthy weight is complex. The causes of obesity exist where we live, work and play making it difficult to choose

the healthy option. One in three of us report impulse buying unhealthy products when we see them on offer. Only a quarter of us correctly identify when someone is obese and as people who told their stories for the report expressed many find it difficult to talk about obesity. We should be able to talk openly about weight however too much emphasis is currently on individual responsibly which leads to feelings of guilt, shame and stigma. It's Time to Act – we can only tackle obesity if it becomes everybody's business and it is prioritised and embedded in everything we do. The report highlights good practice from elsewhere. Taking aspects from national and international learning we can support the Community Planning Partners, whatever their starting point, to think about how they connect and align, to strengthen action to tackle and prevent obesity. The Public Health England whole system approach is being adopted to tackle obesity elsewhere in Scotland. Moray has the opportunity to consider becoming part of the wider learning from this approach.

A healthier and more active future for the North East of Scotland

3.3 The Scottish Government's national strategies (A Healthier Future; A More Active Scotland; Type 2 Diabetes Framework) make recommendations to improve the nation's diet, increase levels of physical activity and facilitate the maintenance of healthy weight. To support the delivery of these strategies locally, colleagues across health and social care in Grampian have created an evidence-based vision for what a healthier and more active North East would look like.

3.4 This strategy offers a collective response to help prevent obesity and improve people's diet and levels of physical activity. This strategic plan compares the vision for Grampian to the current provision and outlines practical suggestions and responsibilities for all partner organisations including public, private and voluntary sector, to close this gap. A wide ranging consultation was held over the summer months and the plan has been updated to reflect feedback.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The majority of adults living in Moray are overweight or obese and this number is rising, and 1 in 5 children start their life at primary school on the same trajectory, particularly those who live in disadvantaged areas. Obesity harms health. It is the single largest cause of disease and premature death across Scotland and the North East. It reduces life expectancy by up to 10 years, increases risk of hospitalisation and contributes to a range of health conditions heart disease, cancer, mental ill-health and diabetes to name a few. If trends persist 1 in 3 will be obese by 2034 and 1 in 10 will have type 2 diabetes costing the NHS and wider society millions to treat something that is preventable. It is never too late with some studies showing that type 2 diabetes can be reversed through losing weight.

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"

Addressing obesity (healthy eating, physical activity and healthy weight) has a good strategic fit with the LOIP priority for "Healthier Children" (children get the

healthiest start in life and are supported to achieve the best possible mental health and wellbeing and there is equity for vulnerable groups).

Addressing obesity (healthy eating, physical activity and healthy weight) has a good strategic fit with two of the three strategic drivers in the IJB Strategic Plan, namely BUILDING RESILIENCE (taking greater responsibility for our health and wellbeing) and MY LIFE/MY WAY (making choices and taking control over decisions).

(b) Policy and Legal

None arising immediately from this report.

(c) Financial implications

None arising immediately from this report.

(d) Risk Implications and Mitigation

The Scottish Government and COSLA are jointly leading a national Public Health Reform – following intensive engagement including in the North East tackling obesity is one of the agreed **national** priorities to improve population health. There is an expectation that NHS Boards, HSCPs and local authorities alongside wider Community Planning Partners will work collectively to address the factors causing obesity and provide support for people to maintain a healthy weight.

(e) Staffing Implications

None arising immediately from this report.

(f) Property

None arising immediately from this report.

(g) Equalities/Socio Economic Impact

No immediate service, policy or organisational changes are being proposed.

(h) Consultations

A healthier and more active future for the north east of Scotland was developed and finalised with wide engagement and consultation.

6. CONCLUSION

6.1. The Board are asked to note the implications of rising obesity for health and social care services, and the necessity of a multi-agency 'whole system approach' to address the drivers of this.

Author of Report: Susan Webb, Director of Public Health for NHS Grampian
Background Papers:

1. https://www.hi-netgrampian.org/people-networks/healthy-weight-healthier-futures/director-of-public-health-annual-report-2018-2019/
2. https://www.hi-netgrampian.org/people-networks/healthy-weight-healthier-futures/healthier-futures/

Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JUNE 2020**

SUBJECT: **CHIEF OFFICER REPORT**

BY: **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 (MIJB) strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) Note and comment on sections 3.1 through to 3.10; and

ii) Support the arrangements set out in sections 3.11 and 3.12.

3. BACKGROUND

Covid-19

3.1 The Cabinet Secretary, in her statement to the Scottish Parliament on Tuesday 2 June, set out that the health service will remain on an emergency footing for a further 100 days. Three core tasks are set out by the Interim Chief Executive NHS Scotland following the statement to the Scottish Parliament:

- Commence work toward delivery of as many of our normal services as possible, in a safe manner, with an immediate focus on the most urgent care requirements
- Ensure capacity remains available to deal with endemic Covid-19
- Begin preparation of our health and care system for the challenges of the next 9 months and particularly the winter season

3.2 HSCM (Health and Social Care Moray) are responding in the following ways:

- Continued contribution to the NHS Grampian re-mobilisation plan. The second iteration that covers the timeframe to the end of July was submitted to the Scottish Government on 1 June.
- Keeping residents safe, through work with other statutory and third sector partners
- Remaining focused on the Home First approach, aiming to avoid hospital admissions where appropriate, and minimise hospital delayed discharges
- Using Home First as a pan Grampian and HSCM approach to securing the capacity required to meet the future challenges of Covid-19 and winter pressures

3.3 There has been further direction from Scottish Government to build on the support for care homes, and locally we are working within the framework for putting in additional support to our care homes, both from local clinicians and also Grampian Public Health, with oversight from the 3 Health and Social Care Partnerships (HSCP) Chief Social Work Officers, the Nurse Director and Medical Director.

3.4 Our Chief Nurse and Consultant Practitioner are carrying out scheduled visits to all our care homes as part of a national directive to ensure that there is support, and adequate assurance on a local and national basis that care home residents are well protected from the risk of Covid-19.

3.5 There is a daily local oversight group within HSCM for all our care homes. How we support the care homes is the key focus. This informs the pan Grampian oversight group, of which the Chief Officer is a member. This Grampian group meets on a weekly basis and signs off the weekly return to Scottish Government.

3.6 Work is continuing to develop primary care facilities for those people who are shielding so that there is a separate facility in which they can receive any necessary hands on care. There will be costs attached to this, and we will work with NHS Grampian on how we can access a revenue stream to support this.

Recovery and Renewal

3.7 As we progress through this critical phase of the Covid-19 pandemic, it is essential that whilst the priority remains to deliver services safely and effectively in what is clearly a constantly changing landscape, it is recognised that there is need to consider the recovery phase and what is widely being termed as ‘ the new normal’.

3.8 NHS Grampian have established a Recovery Cell, setting out some initial principles for consideration. Within this cell it is recognised that Recovery is wide ranging, and spans through internal NHS Grampian functions, through HSCPs and the wider community, involving all partners. This strategic response has set out its aims and objectives as follows:

- Objective 1 – Supporting Staff
- Objective 2 – Defining the new normal
- Objective 3 – Understanding health debt
- Objective 4 – Implementing the new normal and repaying the health debt

3.9 Task and finish groups have been established to progress this work and representation from HSCM has been agreed. The Home First approach and associated work streams fit within the scope of this work. The 4 Chief Officers (Acute and 3 HSCPs) have produced a video to present the Home First approach. The video is accessible at https://www.youtube.com/watch?v=5XvtMCb5jGU&feature=youtu.be

3.10 Progress is being made through a steering group in relation to the SenseMaker software developed by Cognitive Edge and supported by NHS Grampian. A small representative group for HSCM has been identified to test the software in relation to 'Leadership'. At the time of writing, clearance is awaited from information governance.

Strategic Planning

3.11 As part of the move to a Recovery Phase from Covid-19, it is important that there is a readiness to invigorate the longer term strategic planning, where the starting point will have shifted considerably from 3 months ago. Strategic Planning expertise will be crucial, and with no identified resource it is important that we move quickly to fill that gap and create the right capacity. This will strengthen our ability to be agile, and to develop a range of ambitious plans that drive quality, safety, and efficiency.

3.12 The post of Strategic Planning and Performance Lead will be advertised, and the post will report directly to the Chief Officer and will be part of the HSCM senior management team.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. We continue to be in a pandemic response phase, with the timeframe for the emergency being extended. There are a number of additional pieces of work that have arisen during this time, and staff have responded to the challenge. The Recovery and Renewal phase is work that will happen in parallel to the response, and is important as that will create the conditions conducive to operating in a "new normal", where the response to the pandemic will be over a long timeframe.

4.2. Strategic Planning is a fundamental and key MIJB function, and securing the capacity and expertise to lead key pieces of work is critical, particularly as we shift quickly to a new starting position as a result of Covid-19.

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 Financial Officer reports regularly on variations to plan to ensure that the Scottish Government are sighted on additional costs arising from Covid-19.

The recruitment of a Strategic Planning and Performance Lead will utilise the funding from an existing vacancy.

The costs of funding primary care facilities in relation to individuals who are shielding are being finalised and funding streams identified.

(d) Risk Implications and Mitigation

The report captures a number of key areas critical to the delivery of services during Covid-19, along with the actions being taken to mitigate risk.

Strategic Planning must be adequately resourced and an appropriate emphasis placed on this function in order for the MIJB to fulfil and excel in its role.

(e) Staffing Implications

Staff remains 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. Recruitment will follow due process within the policies of Moray Council and NHS Grampian. The intent is to always offer a contract with either organisation where that is possible.

(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

Consultation on this report has taken place with the Senior Management Team (SMT).

6. CONCLUSION

6.1. The MIJB are asked to acknowledge the significant efforts of staff, across in-house providers, externally commissioned services, the Independent and Third Sector, who are supporting the response to the Covid-19 pandemic.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JUNE 2020**

SUBJECT: **REVENUE BUDGET OUTTURN FOR 2019/20**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To inform the Moray Integration Joint Board (MIJB) of the financial outturn for 2019/20 for the core budgets and the impact this outturn will have on the 2020/21 budget.

2. RECOMMENDATIONS

2.1 It is recommended that the MIJB:

i) consider and note the unaudited revenue outturn position for the financial year 2019/20,

ii) consider and note the impact of the 2019/20 outturn on the 2020/21 revenue budget, and

iii) approve for issue, the Directions shown in appendices 4 and 5 to NHS Grampian and Moray Council respectively.

3. BACKGROUND

3.1 The overall position for the MIJB is that core services were overspent by £3,036,050 as at 31 March 2020. The MIJB's unaudited financial position for the financial year ending 31 March 2020 is shown at **APPENDIX 1.** This is summarised in the table below.

	Annual Budget £	Actual Expenditure £	Variance to date £
MIJB Core Service	120,546,239	123,582,289	(3,036,050)
MIJB Strategic Funds	2,017,860	1,054,689	963,171
Set Aside Budget	12,252,000	12,252,000	0
Total MIJB Expenditure	**134,816,099**	**136,888,978**	**(2,072,879)**

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

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2019/20

Community Hospitals & Services

4.1 The Community Hospitals and services budget is overspent by £373,798 to the year-end. This includes a minor £9,323 overspend on medical costs and community administration alongside £364,475 overspend for Community Hospitals. The main overspends relates to community hospitals in Buckie £214,434, Aberlour £93,635, Keith £92,218 and £702 in Forres, offset by underspend in Dufftown £36,514. Community hospitals generally continue to be challenged with staffing to the required level to run safely the bed complement. In Speyside, this includes the community hospitals in Dufftown and Aberlour where attempts to stabilise the trained staff complement have been a constant issue and the staff have been working across sites as a means of ensuring some resilience. Long term sickness has also been a factor.

4.2 The outturn for Community Hospitals and services budget is overspent by £37,368 less than previously forecast. This was primarily due to a reduction in the level of overspends for community administration and medical costs.

Learning Disabilities

4.3 The Learning Disability (LD) service is overspent by £418,675 to the year-end. The overspend is primarily due to overspends on day care £456,000 the purchase of care for people with complex needs of £276,000, which includes young people transitioning from children's services, people being supported to leave hospital and for additional adaptation to a property of £12,000 to enable the service user to remain in their own home. The increasing use of day service provision is to ensure that all service users with a level of need have structured day time activity. The LD team are aware that without appropriate structure and routine, many of our service users will exhibit challenging behaviours which are costly to manage and are not desirable from the perspective of people's life experience and human rights. Such behaviour has a big impact on carers, both family and the LD team experience indicates that the management of such behaviour is almost inevitably more expensive than a proactive approach. The provision of structure and routine through the delivery of day services is a proactive way of managing this. This is being offset by underspends on staffing of £130,905 that have existed throughout this financial year, mainly relating to physiotherapy, nursing and psychology services. As well as an underspend of £113,000 on residential and nursing care and non-recurring deferred income received of £82,000.

4.4 The outturn for the LD service is overspent by £31,998 less than previously forecast. This is only a slight difference as this service is difficult to forecast as it relies upon meeting client needs. This is primarily due to, as noted above, the cost of supporting people with complex needs. The later life transitions of people moving from the care of their families into living more independently need to be met from existing resources, and it is often at this point that the overall cost of their support increases significantly. The whole system transformational change programme in learning disabilities can help ensure that every opportunity for progressing people's potential for independence is taken, and every support plan is scrutinised prior to authorisation. The Board can then be confident that expenditure is appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support. Whilst every element of expenditure is scrutinised prior to authorisation at service manager level, it has not been possible to reduce expenditure in line with the budget, as the nature of learning disabilities means that people will require on-going, lifelong support. The current level of scrutiny will remain in place.

Mental Health

4.5 Mental Health services are overspent by £196,341 at the year end. This includes an underspend of £27,127 on assessment and care offset by overspends in clinical, nursing and other services of £223,468. This overspend includes Mental Health Act activity (£7,472) senior medical staff costs including the impact of locum usage (£159,843), Allied Health Professionals (£23,189), other staff (£14,681), cumulative other variances (£4,577), supplies and equipment (£84,868) including an efficiency target yet to be achieved of £75,000. These are offset in part by more income being received than expected (£28,880) relating to NHS Education for Scotland and by an underspend in nursing (£42,282).

4.6 The outturn for Mental Health is £90,304 more than the previously forecast. This was due in part to a high cost care package commencing at the end of the financial year and partly due to budget alignment in the year.

Care Services Provided In-House

4.7 This budget is underspent by £445,366 at the end of the year. There are numerous variances within this budget heading, the most significant are primarily due to the Care at Home services for all client groups which are underspent by £547,979. Supported Living services which include Waulkmill and Woodview are underspent by £105,566. This is being reduced by overspends in Day Services for all client groups of £185,531 which is primarily due to client transport and an over spend of £20,235 for the Barlink service and other minor overspends totalling £2,413.

4.8 The outturn for this budget is £89,579 less than previously forecast. This is primarily due to day services and is likely to continue due to a previous saving which has not yet been achieved. The staffing underspend in Care at Home and community support workers is not expected to continue at the current level in 2020/21 as we continue through the pandemic and recovery with a clear focus on the Home First approach.

Older People and Physical Sensory Disability (Assessment & Care)

4.9 This budget is overspent by £1,846,895 at the end of the year. The year-end position includes an over spend for domiciliary care in the area teams, which includes the Hanover complexes for the new sheltered housing at Forres and Elgin (£1,390,000), less income received than budgeted (£244,000), respite (£234,000), day care services (£186,000), client transport (£82,000) and other minor variances totalling £14,844. This is reduced by an underspend in permanent care (£303,949). The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer and for the new models of care being embedded with Hanover. This is also representative of the true cost of care and the growth in demand.

4.10 The outturn for this budget is £188,895 more than the previous forecast. This was primarily due to the cost of care within the community, including the new models of care provided by Hanover. Monitoring the level of spend within domiciliary care with external providers will continue and this should be in context with the underspend in internal services.

Intermediate Care & Occupational Therapy (OT)

4.11 This budget is overspent by £180,873 at the end of the year, this primarily relates to overspends on aids & adaptations (£183,327), and telecare equipment (£22,815) to facilitate people remaining in their own home. Other overspends relate to the landlord costs attributable to Jubilee cottages (£14,821) and The Bungalow (£15,340), which is being reduced by underspends in the Hospital Discharge Team and Varis/Loxa Court £55,430.

4.12 The outturn for this budget is £103,485 less than previously forecast. The improved position is due to a reduction in stock at the end of the year of £65,673 and a bigger underspend than expected for Varis/Loxa Court of £54,696. Which is reduced by an increase in purchase of aids, equipment servicing, community alarms and telecare £16,884.

Other Community Services

4.13 The other Community services budget is underspent by £147,668 to the year-end. This is due to underspends in community dental services of £122,292 mainly related to staffing, Allied Health Professionals £46,713 including an underspend in Podiatry and Speech and Language Therapy which is being partially offset by an overspend in Occupational Therapy. Specialist nurses are underspent by £28,570 including underspends at The Oaks and Continence Services. In addition, Public Health is underspent by £31,098. These underspends are offset by an overspend in Pharmacy services of £81,005 including both salaries and equipment costs.

4.14 The outturn for other Community services budget is overspent by £61,335 more than previously forecast. This was primarily due to a reduction in the underspend associated with Allied Health Professionals.

Administration & Management

4.15 There is an overall underspend of £362,171 at the end of the year. This primarily relates to the vacancy target being overachieved by £309,517 and the business support unit administration service (£108,757) mainly related to Step Down beds where the contract with service provider was put on hold. An overspend exists in the Admin & Management service (£56,104) mainly relating to the impact of Sure Start as services have continued to be delivered where funding has been withdrawn and this offset in part by an underspend in management salaries.

4.16 The outturn for this budget is £11,293 worse than previously forecast. This was primarily due to the vacancy target outturn in comparison to an earlier forecast.

Primary Care Prescribing

4.17 The primary care prescribing budget is reporting an actual over spend of £668,007 for the twelve months to March 2020. The budget to March includes now includes uplift of £556,000 identified from within Moray IJB 19/20 funding resources and now allocated to prescribing. This addresses in part the recommendation made to Grampian Medicines Management group on 10 January 2018 and to MIJB on 29 March 2018, in which an uplift to budget was recommended (£1,200,000). This was not implemented due to availability of funding at that time. This out turn includes a volume increase of 2.1% which reflects the national prescribing pattern after a period of two years where volume increase has been negligible. On top of this overall 2.1% increase a further adjustment has been made to include the Impact of Covid 19 in March where volume increase in Month was estimated at 20%. Additional funding allocation was received from the Scottish Government to offset this impact in March although this is planned to be recovered in 20/21 as offsetting decrease in volume is expected in April. Other national factors include, variance in prices arising from shortage in supply and the timing and impact of generic medicines introduction following national negotiations also impact on the position. Locally, medicines management practices continue to be applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspective.

4.18 The outturn is £689,993 better than previous forecast for this budget was an overspend of £1,358,000 but this is mainly attributable to the funding allocation £556,000 made. The continuation of effective local medicines management practices has limited the negative impact of external factors on this budget.

Primary Care Services

4.19 Primary Care services are underspent by £201,826 overall. The main cost pressures still to establish Enhanced Services. Enhanced Services contracts are used by Scottish Government as a key mechanism to enable a shift in the balance of care from the specialist sector through targeted activity and improved local access across a range of intermediate treatment and diagnostic services. The overspend in Enhanced Services is offset by under spend in Board Administered funds (BAF) which includes the impact of reduced Seniority payments, professional payments and other entitlements due and in Premises expenditure.

4.20 The outturn for this budget was consistent with previous forecast.

Hosted Services

4.21 For Moray recharges hosted services, the position overall is an over spend of £380,594. There are a range of services within the overall recharge which includes overspends on Intermediate Care, HMP Grampian, Police forensic and GMED, which is reduced by underspends in Diabetes & Retinal screening, Sexual Health and Heart Failure services. Within the total the main overspend relates to GMED service (£305,381). Work continues across Grampian to ensure performance is monitored and reported to assist improved management of hosted services.

Out of Area Placements

4.22 This budget was overspent by £137,670 at the year end, this is due to the number of specific individual placements required and activity not being uniform throughout the year as service relates to individual need.

5. STRATEGIC FUNDS

5.1 Strategic Funds is additional Scottish Government funding for the MIJB, they include:

- Integrated Care Fund (ICF);
- Delayed Discharge (DD) Funds;
- Additional funding received from NHS Grampian during the year which may not been fully utilised during 2019/20, some of which may be needed to be funded in future years; and
- Provisions for earmarked reserves, identified budget pressures, new burdens and savings that were expected at the start of the year.

5.2 At the end of the financial year there was slippage on Strategic Funds of £963,171 which has reduced the overall overspend to £2,072,879.

5.3 During the 2018/19 financial year, Scottish Government allocated funding in respect of the Primary Care Improvement Fund, to be used by integration authorities to commission primary care services and support the Government's Mental Health Strategy. The Scottish Government made a commitment to ensuring full sums would be invested and spent on the priorities identified in support of this and to assist planning, a guarantee was made that any in-year slippage would be made available in full in subsequent years; and that any allocations made during the year should be considered as earmarked recurring funding and used for these specific purposes in future years. The result of which has meant the MIJB is required to retain a general reserve for the purposes of earmarking these funds. At the end of the 2018/19 financial year this was at a level of £256,863. The overall impact on the MIJB reserves shows a reduction of £70,171, that being £256,863 at 1 April 2019 to £186,692 as at 31 March 2020.

5.4 After consideration of earmarked reserves and application of slippage on Strategic Funds, the MIJB financial position resulted in an overspend of £2,072,879 which, in accordance with the Integration Scheme has to be met by additional funding from NHS Grampian and Moray Council proportionate to the original investment, regardless of which arm of the budget the overspend occurred. This has been agreed with the Deputy Director of Finance, NHS Grampian and Chief Financial Officer, Moray Council as 63%: 37% respectively which translates to £1,305,914 NHS Grampian and £766,965 Moray Council.

6. CHANGES TO STAFFING ARRANGEMENTS

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

6.2 The staffing arrangements are noted in **APPENDIX 3** as dealt with under delegated powers for the period 1 Jan to 31 March 2020.

7. IMPACT ON 2020/21 BUDGET

7.1 The actual out-turn for the 2019/20 Core Services budget year is an overspend of £3,036,050. The variances against the budget have been reviewed and classified as one-off or likely to be recurring. The overall position is summarised below:

Area	Para Ref	Recurring	Non-Recurring
		£	£
OVERSPEND			
Staff	7.2	(2,982,831)	0
Purchasing of Care	7.3	(373,000)	(175,484)
Income	7.4	(116,469)	(15,000)
Supplies & Services	7.5	(203,365)	(12,000)
Property costs	7.6	(223,000)	0
Client transport	7.7	(172,000)	0
Aids & Adaptations	7.8	(39,000)	(30,883)
Other	7.9	(845,788)	0
Sub-total		**(4,955,453)**	**(233,367)**
UNDERSPEND			
Staff	7.2	846,686	535,363
Purchasing of Care	7.3	0	314,000
Income	7.4	78,660	0
Supplies & Services	7.5	58,713	3,000
Property costs	7.6	71,347	66,000
Client transport	7.7	0	0
Aids & Adaptations	7.8	0	0
Other	7.9	48,524	130,479
Sub-total		**1,103,929**	**1,048,842**
TOTAL		**(3,851,525)**	**815,475**
Net Overspend			**(3,036,050)**

7.2 Staff turnover can incur both under and overspends. Underspends can be attributed to the process of recruitment, which adds a natural delay, with posts being filled by new staff at lower points on the pay scale and in some circumstances the nature of the positions have been challenging to recruit to. The Council has recognised this turnover and had set as part of the budget process a vacancy factor saving, which has been met for numerous years. Overspends can be due to the use of bank staff to provide required cover for vacancies/sickness and from the historic incremental drift and efficiency targets imposed.

7.3 The purchasing of care overspend relates to the purchase of domiciliary care by the area teams and the underspend relates to care in a residential setting. The demographics show that Moray has an ageing population and the spend on external domiciliary care is increasing in relation to both increasing hours of commissioned care and the number of packages of care. This also reflects the shift in the balance of care to enable people to remain in their own homes for longer and the new models of care being introduced with Hanover.

7.4 The under recovery of income budgets is apparent across a number of service headings. It is very difficult to predict the level of income accurately as client income is subject to the contributions policy which is based on a client's financial assessment. Income recovery on all care at home services continues to reduce as well as income from permanent care placements from deferred income. The income will continue to reduce due to recent legislation in relation to the Carers Act and free personal care for under 65's.

7.5 Supplies and services overspend relates mainly to purchases of medical supplies, medical equipment and maintenance cost of equipment. The underspends relate to administration and transport costs.

7.6 The underspend in property costs include savings on energy and accommodation budgets following the relocation from Spynie premises and the closure of Leanchoil. This is being reduced by a recurring overspend related to the on-going costs of maintaining Jubilee Cottages and the day care services facilities.

7.7 Client transport costs are overspent in numerous service headings, which are due to increased hire, and costs for individual clients. There is growth in client transport due to the corresponding increase in the Shared Lives service.

7.8 Aids and Adaptations overspend relates to all areas of aids, servicing, stair lifts and major adaptations due to an increase in demand and to help support people to remain in their own homes.

7.9 Other category relates to minor variances across the services but also includes the recurring overspend relating to Primary Care Prescribing which is expected to continue as well as the Hosted service, which includes GMED overspend.

7.10 The financial results for 2019/20 show that underlying financial pressures on both the NHS and Council budgets remain, with the MIJB assuming responsibility for the budgets of the delegated functions and are expected to prioritise services within the budgets directed to it by Moray Council and NHS Grampian.

7.11 Through in-year reporting of the recovery plan progress it was evident that whilst elements of it were delivering according to plan, other areas, in particular Community Hospitals and Prescribing were falling significantly short and additional pressures were being experienced in other areas of the budget. This was acknowledged in the preparation of the revenue budget 2020/21, resulting in a revised recovery and transformation plan.

7.12 Whilst the 2020/21 revenue budget position as reported to the Board on 26 March 2020 (para 11 of the minute refers) presented a balanced budget position, it has been highlighted that due to the current pandemic, there are risks to the delivery of the recovery and transformation plan inherent in the budget setting. The estimated underachievement of savings has already been reported to Scottish Government through the mobilisation planning process and the Senior Management Team are actively addressing the emerging situation to implement alternative measures to limit the financial pressure. Updates on the recovery and transformation process will be provided to the Board during 2020/21 through financial reporting processes and additional development session as appropriate.

8. UPDATED BUDGET POSITION

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

8.2 The MIJB, for the second year running has concluded the financial year in an overspend position following the application of reserves. In line with the Integration Scheme, the funding Partners were called upon to meet this overspend in an agreed proportion. Communication has remained paramount throughout the year so the effects of the MIJB overspend could be built into the financial planning of NHS Grampian and Moray Council. These additional contributions are also show in the table below:

	£'s
Approved Funding 28.3.19	**128,938,000**
Amended directions from NHSG 10.7.19	46,457
Balance of IJB reserves c/fwd to 19/20	256,863
Revised funding at start of Quarter 2	2,074,935
Revised Funding to Quarter 1	131,316,255
Revised funding at start of Quarter 3	1,656,825
Revised Funding to Quarter 2	**132,973,080**
Revised Funding to Quarter 3	**134,029,717**
Budget adjustments M10-M12	
Prescribing	295,509
Moray Alliance	134,117
Primary Care	132,077
Hosted Recharges	28,899
Mental Health Action 15	28,000
COVID 19	16,951
Misc	2,640
GP Premises Improvement Funds	(51,573)
Moray CAMHS	(101,001)
Revised funding for set aside	487,000
NHS Earmarked Reserves Creditor Balance 19/20	455

Balance of IJB reserves c/fwd	(186,692)
Revised 2019/20 Financial Year Funding	**134,816,099**
NHS Grampian 63% Share of Overspend	1,305,914
Moray Council 37% Share of Overspend	766,965
Total Funding 2019/20	**136,888,978**

8.3 In accordance with the updated budget position, revised Directions have been included at **Appendix 4 and 5** for approval by the Board to be issued to NHS Grampian and Moray Council.

9. 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 consistent with the objectives of the Strategic Plan and includes 2019/20 budget information for services included in MIJB in 2019/20.

(b) Policy and Legal

In accordance with the MIJB Integration Scheme and in the event that the recovery plan is unsuccessful at the year-end, uncommitted reserves held by the MIJB have been used to address the budget overspend.

Following the application of remaining uncommitted reserves, the funding partners were asked to meet the remaining over spend proportionately with their share of the baseline payment.

(c) Financial implications

The unaudited financial outturn for 2019/20 for the MIJB core budgets is £3,036,050 overspend. The financial details are set out in sections 3-7 of this report and in **APPENDIX 1**.

The estimated recurring overspend of £3,851,525 as detailed in para 7 will impact on the 2020/21 budget.

The movements in the 2019/20 budget as detailed in paragraph 8 have been incorporated in the figures reported. The additional payments made by the NHS Grampian and Moray Council to address the remaining overspend of £2,072,879 are £1,305,914 and £766,965 respectively.

(d) Risk Implications and Mitigations

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

The year-end overspend position has worsened since the previous forecast, which continues to give cause for concern going forward. The general reserve was depleted in 2018/19. A recovery and transformation plan formed part of the balanced revenue budget for 2020/21. Due to the impact of the current pandemic, it is now anticipated that this will not be delivered in full. Considerations are being given to alternative measures that can be established to support the identified gap. There is a need for constant scrutiny around this rapidly changing situation and reporting to the Board will inform throughout 2020/21

(e) Staffing Implications

There are no direct implications in this report.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there are no changes to policy resulting from this report.

(h) Consultations

The Chief Officer, the Senior Management Team, Service Managers and the Finance Officers from Health and Social Care Moray have been consulted and their comments have been incorporated in this report as appropriate.

10. CONCLUSION

10.1 This report identifies Moray IJB's unaudited final out-turn position on the Core Budget of an overspend of £3,036,050 at 31 March 2020 and identifies major areas of variance between budget and actual for 2019/20.

10.2 The impact of the provisional outturn on the 2020/21 budget, of a recurring overspend of £3,851,525 is detailed in paragraph 7.

10.3 NHS Grampian and Moray Council have made additional payments to the MIJB in accordance with the Integration Scheme to address the residual overspend of £2,072,879.

Author of Report: D O'Shea Principal Accountant (MC) & B Sivewright Finance Manager (NHSG)
Background Papers: Papers held by respective Accountancy teams

MORAY INTEGRATION JOINT BOARD

FINAL UNAUDITED JOINT FINANCE REPORT APRIL 2019 - MARCH 2020

	Para Ref	Annual Net Budget £'s 2019-20	Budget (Net) To Date £'s 2019-20	Actual To Date £'s 2019-20	Variance £'s 2019-20	Variance To Budget at 31.12.19 £'s 2019-20
Community Hospitals	4.1	5,091,849	5,091,849	5,465,647	(373,798)	(411,166)
Community Nursing		4,777,743	4,777,743	4,737,512	40,231	66,236
Learning Disabilities	4.2	7,062,339	7,062,339	7,481,014	(418,675)	(450,673)
Mental Health	4.3	8,372,339	8,372,339	8,568,680	(196,341)	(106,037)
Addictions	4.4	1,116,280	1,116,280	1,048,380	67,899	96,050
Adult Protection & Health Improvement		148,136	148,136	151,200	(3,064)	100
Care Services provided in-house	4.5	15,958,917	15,958,917	15,513,551	445,366	534,945
Older People & PSD Services	4.6	16,788,670	16,788,670	18,635,565	(1,846,895)	(1,658,000)
Intermediate Care & OT	4.7	1,555,292	1,555,292	1,736,165	(180,873)	(284,358)
Care Services provided by External Contractors	4.8	8,972,185	8,972,185	9,060,023	(87,838)	(183,000)
Other Community Services	4.9	7,859,665	7,859,665	7,711,996	147,668	209,003
Admin & Management	4.10	3,295,492	3,295,492	2,933,321	362,171	373,463
Primary Care Prescribing	4.11	16,904,737	16,904,737	17,572,743	(668,007)	(1,358,000)
Primary Care Services	4.12	16,757,336	16,757,336	16,555,510	201,826	203,000
Hosted Services	4.13	4,290,892	4,290,892	4,671,486	(380,594)	(276,569)
Out of Area	4.14	669,268	669,268	806,938	(137,670)	(111,732)
Improvement Grants	4.15	925,100	925,100	932,556	(7,456)	0
Total Moray IJB Core		120,546,239	120,546,239	123,582,289	(3,036,050)	(3,356,737)
Other Recurring Strategic Funds in the ledger		676,965	676,965	340,164	336,801	214,942
Other non-recurring Strategic Funds in the ledger		685,643	685,643	714,525	(28,882)	30,334
Total Moray IJB Including Other Strategic funds in the ledger		121,908,848	121,908,848	124,636,978	(2,728,130)	(3,111,461)
Other resources not included under core and strategic		655,251	655,251	0	655,251	1,413,040
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		122,564,099	122,564,099	124,636,978	(2,072,879)	(1,698,421)
Set Aside Budget		12,252,000	12,252,000	12,252,000	-	0
Overall Total Moray IJB		134,816,099	134,816,099	136,888,978	(2,072,879)	(1,698,421)

Funded By:

NHS Grampian	91,820,342
Moray Council	43,182,449
NHS Earmarked Reserves 19/20	(186,692)
IJB FUNDING as at 31 March 2020	**134,816,099**
ACTUAL EXPENDITURE to 31 March 2020	**136,888,978**
IJB (DEFICIT) as at 31 March 2020	**(2,072,879)**

Description of MIJB Core Services

1. Community Hospitals/Medicine/Support related to the four community hospitals and support in Moray.

2. Community Nursing related to Community Nursing services throughout Moray, including District Nurses Team and Health Visitor Teams.

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

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

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

6. Adult Protection and Health Improvement

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

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

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

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

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

12. Admin & Management budget comprises of :-
    - Admin & Management staff infrastructure
    - Business Support Contribution to the Chief Officer costs
    - Target for staffing efficiencies from vacancies

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

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

15. IJB Hosted, comprises of a range of services hosted by IJB's but provided on a Grampian wide basis. These include:-

    - GMED out of hours service.
    - Intermediate care of elderly & rehab.
    - Marie Curie Nursing Service – out of hours nursing service for end of life patients
    - Continence Service – provides advice on continence issues and runs continence clinics
    - Sexual Health service
    - Diabetes Development Funding – overseen by the diabetes Network. Also covers the retinal screening service
    - Chronic Oedema Service – provides specialist support to oedema patients
    - Heart Failure Service – provided specialist nursing support to patients suffering from heart failure.
    - HMP Grampian – provision of healthcare to HMP Grampian.

16. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian

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

Other definitions:

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

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

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

APPENDIX 3

HEALTH & SOCIAL CARE MORAY

DELEGATED AUTHORITY REPORTS - PERIOD JANUARY 2020 – MARCH 2020

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Pharmacy Technicians	Technician for PCIF Pharmacotherapy implementation	4.8 WTE 180hrs Band 5	Perm	N/A	Feb 2020	Primary Care Improvement Fund
Pharmacists	Pharmacist for PCIF Pharmacotherapy implementation	2.3 WTE 86.25 hrs Band 7	Perm	N/A	Feb 2020	Primary Care Improvement Fund
Immunisation Nurse	Vaccination programme for PCIF implementation	1.0 WTE 37.5 hrs Band 5	Perm	N/A	Mar 2020	Primary Care Improvement Fund

MORAY INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

GRAMPIAN HEALTH BOARD is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan.

Services:	All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget:-	£67.4 million, of which £4million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing. An additional £12.2 million is set aside for large hospital services.

This direction is effective from 25 June 2020.

MORAY INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

MORAY COUNCIL is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan

Services:	All services listed in Annex 2, Part 2 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget:-	£55.1 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations.

This direction is effective from 25 June 2020.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JUNE 2020**

SUBJECT: **STRATEGIC RISK REGISTER – JUNE 2020**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To provide an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated June 2020.

2. RECOMMENDATION

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

i) consider and note the updated Strategic Risk Register included in APPENDIX 1;

ii) consider and approve the draft risk appetite statements outlined in APPENDIX 2

iii) note the Strategic Risk Register will be further refined to align with the transformation plans as they evolve.

3. BACKGROUND

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

3.2 The MIJB Strategic Risk Register is attached to this report at **APPENDIX 1** and sets out the inherent risks being faced by the MIJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks.

3.3 Risk scores are weighted, based on assessment according to their likelihood and corresponding impact, as per Section 5 of the MIJB Risk Policy.

3.4 The Strategic Risks received an initial review to ensure they align to the Moray Partners in Care 2019 – 2029 strategic plan which was agreed at MIJB on 28 November 2019 (para 13 of the minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Risk Management Framework is under review and a development workshop for MIJB members took place in February 2020. This workshop was led by Alan Ross, Senior Risk Management Consultant from Zurich Insurance Company, who collated the output from this session as a Draft Risk Appetite Statement, which is included at **APPENDIX 2**.

4.2 The impact of Covid-19 has delayed the development of transformation plans. The work to develop change plans has accelerated with the North East Partnership Group giving priority to the embedding of a Home First approach, in line with our Strategic Plan, as we prepare for potential further waves of Covid-19 and winter pressures. Home First involves a whole system approach, and the work includes the acute sector to make the change enduring. As plans evolve, the Strategic Risk Register will be updated to ensure that it reflects any barriers to realising the ambitions we are not enacting to achieve the vision set out in our Strategic Plan.

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 MIJB requires effective governance arrangements for those services and functions delegated to it and Risk Management systems are integral to this.

(b) Policy and Legal

As set out in the terms of reference, the Board has responsibility to provide assurance of the adequacy of the risk management framework.

There are no legal implications arising from this report.

(c) Financial implications

There are no direct financial implications arising from this report however the Board should note the failure to manage risks effectively could have a financial impact for the MIJB.

(d) Risk Implications and Mitigation

This report forms part of the governance arrangements for identifying and managing strategic risks of the MIJB.

(e) Staffing Implications

There are no additional staffing implications arising from this report. Senior Management Team have considered areas of high risk and are seeking to redeploy staff to address these as a matter of urgency.

(f) Property

There are no property implications arising 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.

(h) Consultations

Consultations have been undertaken with the Senior Management Team and Chief Internal Auditor and comments have been incorporated in this report.

6. CONCLUSION

6.1 This report and appendices contains proposed risk appetite statements that, when approved, will underpin the MIJB approach to strategic decision making.

6.2 The report also outlines the current position in relation to the impact of Covid-19 on progress with transformation plans, and recommends the Board note the revised and updated version of the Strategic Risk Register.

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

Appendix 1

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT 10 JUNE 2020

RISK SUMMARY

1. The Moray Integration Joint Board (MIJB) does not function as set out within the Integration Scheme, Strategic Plan and in-line with Standing Orders and fails to deliver its objectives or expected outcomes.
2. There is a risk of MIJB financial failure in that the demand for services outstripping available financial resources. Financial pressures being experienced by the funding Partners will directly impact on decision making and prioritisation of MIJB.
3. Inability to recruit and retain qualified and experienced staff to provide safe care whilst ensuring staff are fully able to manage changes resulting from integration.
4. Inability to demonstrate effective governance and effective communication and engagement with stakeholders.
5. Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.
6. Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.
7. Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level.
8. Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of inability to resolve data sharing and data security requirements.
9. Requirements for support services are not prioritised by NHS Grampian and Moray Council.

RISK RATING	**LOW**	**MEDIUM**	**HIGH**	**VERY HIGH**
RISK MOVEMENT	**DECREASE**	**NO CHANGE**	**INCREASE**	

The process for managing risk is documented out with the MIJB Risk Policy.

1		
Description of Risk: *Political*	The Integration Joint Board (IJB) does not function as set out within the Integration Scheme, Strategic Plan and Scheme of Administration and fails to deliver its objectives or expected outcomes.	
Lead:	Chief Officer	
Risk Rating:	Low/ medium/ high/ very high	**MEDIUM**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**
Rationale for Risk Rating:	The strategic plan has been reviewed and new plan launched in December 2019. Membership of IJB committees has been stable and the majority of members have attended several cycles of meetings. **Due to the ongoing Covid 19 response, normal business has suspended and emergency arrangements have been implemented for IJB with with weekly meetings of Chair/Vice Chair and Chief Officer. Interim arrangements have been implemented for briefings to Clinical & Care Governance Chair and Audit, Performance and Risk items are considered at the IJB meetings.**	
Rationale for Risk Appetite:	The MIJB has zero appetite for failure to meet its legal and statutory requirements and functions.	
Controls:	• Integration Scheme. • Strategic Plan “”Partners in Care” 2019 to 2029 • Governance arrangements formally documented and approved. • Agreed risk appetite statement. • Performance reporting mechanisms. • Consultation with legal representative for all reports to committees and attendance at committee for key reports.	
Mitigating Actions:	Induction sessions are held for new IJB members. IJB voting member briefings are held regularly. Conduct and Standards training held for IJB Members July 18 with updates provided by Legal Services as appropriate. SMT regular meetings and directing managers and teams to focus on priorities. Regular development sessions held with IJB and System Leadership Group Strategic Plan has been developed. New management structure is in place and wider system re-design and transformation governance structures being developed for implementation at the same time. The work that has been	

	progressed through need arising from the Covid19 response has escalated developments in some areas as a matter of priority. This has been done thorugh collaborative working with partner organisations and the third sector.
Assurances:	• Audit, Performance and Risk Committee oversight and scrutiny. • Internal Audit function and Reporting • Reporting to Board.
Gaps in assurance:	None known
Current performance:	Scheme of administration is reported when any changes are required. An initial meeting has been held with legal advisors to establish the governance requirements for the review of the integration scheme in relation to the proposed delegation of Children's and Criminal Justice Services. Report presenting the Strategic Plan, Communication Strategy, Organisational Development and Workforce Plans, Peformance Framework and the draft Transformational Plan were presented and approved at MIJB on 28 November 2019 Report on Standards Officer agreed by IJB March 2019
Comments:	Strategic Planning and Commissioning Group approved the generic Terms of Reference and Chairs of the transformation boards at the meeting on 19 December 2019. It was intended thatthese boards wouldbe established by April 2020 however this work has been on hold due to Covid19 and is being restarted but will incorporate the changes Covid is causing on ways of working.

2		
Description of Risk: *Financial*	There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.	
Lead:	Chief Officer/Chief Financial Officer	
Risk Rating:	Low/ medium/ high/ very high	**VERY HIGH**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**
Rationale for Risk Rating:	Previous funding cuts from Moray Council have been significant 2017/18 (£1.3m) and 2018/19 (£1.759m Gross). The 2019/20 settlement saw additional investment for health and social care. Although this was passed through to the MIJB there remains a significant funding gap as much of the new investment related to new commitments. Financial settlements are set to continue on a one year only basis, which does not support sound financial planning Demand on services continues to rise and the IJB has no remaining reserves to be utilised other than a reserve of £0.187M as at 1 April 2020, earmarked for the Primary Care Improvement Fund as directed by Scottish Government	

	At the end of Qtr 4 in the 2018/19 financial year the IJB had an overspend of £1.2m This deficit was requested to be funded by the partners in the agreed proportionate split as per the Integration Scheme. This resulted in NHSG contributing £751k and Moray Council £441k. The recovery plan has been developed and was agreed with the Finance Directors in the partner organisations and presented to the MIJB in November 2018 and continues to be monitored throughout the 19/20 financial year. The draft annual accounts are currently being produced. The reported deficit as at 31.3.20 is an overspend of £2.073M, for the 2nd consecutive year, NHSG and Moray Council are required to meet this deficit, for 19/20 the amounts are £1.306M and £0.767M respectively. In addition to existing financial challenges, the Covid-19 pandemic brings with it additional financial burden, which as yet is not quantifiable. The Chief Financial Officer has introduced processes for recording the costs of Covid -19 which are being monitored weekly. Regular discussions are taking place with Scottish Government and financial returns in support of Mobilisation Plan are being made ar regular intervals. There is a risk to the delivery of the MIJB 19/20 savings plan – this has been highlighted to Governement, the IJB and the Senior management team are working to address through other actions.
Rationale for Risk Appetite:	MIJB recognises the pressures on the funding partners but also recognises the significant range of statutory services and nationally agreed contracts it is required to deliver on within that finite budget. MIJB has expressed a zero appetite for risk of harm to people. Covid-19 places additional risk on the MIJB finances
Controls:	Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation. Corrective action has been implemented through correspondence with budget holders and increased scrutiny at senior management level. Recovery Plan agreed and being monitored regularly. In October 2019, the MIJB approved the Medium Term Financial Framework that aims to support delivery of the Strategic Plan. The CFO and Senior Management Team are working to address the budget shortfall. A revised Financial Framework will be developed to support the emerging situation
Mitigating Actions:	Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group. The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations continue following the 2019/20 outturn position and as we respond to the COvid-19 pandemic. Chief Officer and CFO will continue to engage with the partner organisations in respect of the financial position throughout the year with a focus on the savingsplan. Cross partnership finance meetings have been put in place on a quarterly basis with partner CEOs, Finance Directors and the Chair/Vice Chair of the IJB.

	The MIJB is acutely aware of the recurring overspend on its core services and continues to work to address this underlying issue.
Assurances:	MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.
Gaps in assurance:	None known
Current performance:	Budget Outturn for 2019/20has seen an overspend after consideration of strategic funds of £2.073m. This was met by NHSG and MC in the agreed proportions of 63% / 37% respectively as per the Integration Scheme. Plans are being progressed in relation to service planning and financial review during 2020/21.
Comments:	Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge and forecast overspend as we progress through the current pandemic. Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place.

3		
Description of Risk: *Human Resources (People):*	Inability to recruit and retain qualified and experienced staff to provide safe care, whilst ensuring staff are fully able to manage change resulting from Integration	
Lead:	Chief Officer	
Risk Rating:	Low/ medium/ high/ very high	**HIGH**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**
Rationale for Risk Rating:	Exisitng issues with some front line services experiencing difficulties with recruitment to vacancies requiring specific skills and experience have not changed and this continues to place pressure on existing staff. In particular there is a significant issue around attracting people to work in Care at home teams. Workshops have been held in all localities but to date there has not been the increase in applications that is needed. The decision as a result of Covid19 to change the eligilbity criteria to critical has reduced pressure on Care at home as there are less clients being provided a service. The difficulty with recruitment and retention of staff to caring roles is experienced by Care Homes and this can lead to an impact on HSCM teams where additional support may be required by the contractors. Covid 19 has the potential to cause severe disruption to staffing as Test, Trace and Isolate is implemented and managers are working as far as possible to mitigate any potential impact of a positive test result.	

	The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. Council services are still determining what elements of service provision need to reduce and we are working with these services to establish our level of support.
Rationale for Risk Appetite:	The MIJB is acutely aware of the lean management team in place and the strain this can place on the wider system.
Controls:	Management structure in place with updates reported to the MIJB. Organisational Development plan in place and Workforce Plans are being updated to align to the new strategic plan. Continued activity to address specific recruitment and retention issues. The chief social worker has reviewed the situation with managers and has employed a Consultant Practitioner to develop options for addressing some of the particular issues affecting social work services in Moray. Management competencies continue to be developed through Kings Fund training although this is suspended due to Covid19. Communications Strategy was approved in November 2019 and is being implemented. Council and NHS performance systems in operation with HSCM reporting being further developed and information relating to vacancies, turnover and staff absences is integral to this. This has been expanded to collate details of staff shielding or isolating so arrangements can be made to utilise staff resources as effectively as possible. SMT review vacancies and approve for recruitment
Mitigating Actions:	System re-design and transformation. Support has been provided from NHSG with transformation and our co-ordinated working with Dr Grays in a one system – one budget approach through the Moray Alliance. Organisational Development Plan and Workforce plan has been updated and was approved by MIJB in November 2019.All Locality Managers are now in post with effect from January 2020. Joint Workforce Planning is being undertaken albeit it suspended at present andthe joint workforce forum which was re-established in September 2019 was suspended in March but will meet again later this month Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position. Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.
Assurances:	Normally there is operational oversight by Moray Workforce Forum and reported to MIJB. However currently the HSCM Response Group is overseeing matters arising as a result of Covid19 response. Organisational Steering Group oversees any potential organisational change
Gaps in assurance:	Joint or single system not yet agreed for incident reporting.
Current performance:	iMatter survey undertaken during July 2019 across all operational areas showed improvement in response rate although there are still some teams that require to engage. Managers have worked with teams and developed action plans with

	64% completed by the deadline in comparison to 50% in previous year. The Systems Leadership Group will be taking forward the implementation of the Organisational Development.
Comments:	Staffing issues are owned by the Systems Leadership Group who will work collaboratively across the system to seek opportunities to make jobs more attractive where it has proved difficult to recruit. There has been considerable efforts by both NHS Grampian and Moray Council to provide staff for redeployment to frontline services in HSCM and we continue to be supported by some of these staff in key areas such as PPE Stores.

4		
Description of Risk: *Regulatory:*	Inability to demonstrate effective governance and effective communication and engagement with stakeholders.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	**MEDIUM**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	Locality planning assessed as medium in relation to ability to work at the pace required and current workforce capacity. Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives.	
Rationale for Risk Appetite:	The MIJB has a low risk appetite to failure.	
Controls:	Communication and Engagement Strategy approved November 2019 Annual Governance statement produced as part of the Annual Accounts 2018/19 and submitted to External Audit by the statutory deadline Performance reporting mechanisms in place and being further developed through performance management group. Community engagement in place for key projects areas such as Forres and Keith with information being made available to stakeholders and the wider public via HSCM website.	
Mitigating Actions:	Schedule of Committee meetings and development days in place and implemented. Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17. Annual Performance Report for 2018/19 published in August 2019.	

	Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled.
Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. Summary reports of minutes of MIJB meetings are submitted to Council committee and NHS Board.
Gaps in assurance:	Progress on implementation of the Communication and Engagement Strategy has been impacted by the Covid 19. Emergency governance structure is in place so this does not provide the normal levels of engagement.
Current performance:	Communications Strategy was reviewed approved by IJB November 2019. Annual Performance Report 2018/19 published August 2019. Audited Accounts for 2018/19 were publicised by deadline 30 September 2019 Due to Covid19 there have been increased levels of briefings to staff, the public and Chair/Vice Chair of MIJB with a focus on the key elements of the response. Staff have been involved in co-ordinating services for and communicating with shielded and vulnerable people.
Comments:	A communication cell was established as part of the Local Resilience Partnership response with representation from Councils, HSCP and NHSG. This is being led by Aberdeen City Council and is an example of the collaborative working that has been taking place. This forum provides assurance that messages to all stakeholders are consistent. It also ensures that there is support for our Communications Officer and resilience provided with the access to other communication officers.

5		
Description of Risk: *Environmental:*	Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	Due to the response requirements for Covid 19 progress has been made in a number of areas. SMOC information is updated, control room guidance updated and expanded, control centre protocols were implemented and remain in place and management teams have responded in an agile, responsive and collaborative way under very challenging conditions.	

	HSCM did not have a collectively approved list of critical functions at the start of the response however this was quickly completed and used to prioritise allocation of resources to the response. This list will be further developed to ensure it is robust for any type of disruptive event.
Rationale for Risk Appetite:	The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act and work with partner organisations to meet these obligations.
Controls:	Winter/Surge Plan updated and has been tested alongside NHSG plans for winter and officers have participated in exercises. HSCM Civil Contingencies group established and meeting regularly to address priority subjects. NHS Grampian Resilience Standards Action Plan approved (3 year). Business Continuity Plans in place for most services although overdue a review in some areas .
Mitigating Actions:	Information from the updated BIA/BCP has informed elements of the Winter Plan (Surge plan). A Friday huddle is in placewhich gathers the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend. NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources.
Assurances:	Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.
Gaps in assurance:	Recent experience has highlighted the need for additional staff to be trained to be control centre managers, loggists and general awareness of response structures and meeting protocols. This will be incorporated into training schedules going forward. Some table top exercises have been completed but the intended programme for 2020 will require to be rescheduled once we are out of response phase.

	Progress has been made however further work is required to address the targets in the implementation plan that have not been met and the Resilience standards as identified by the NHSG Civil Contingencies Group. Pandemic flu plans will require to be updated with the learning from this incident
Current performance:	Many services have business continuity arrangements and some are overdue for an update. Work has progressed in identification of a critical functions list for agreement by System Leadership Group that will inform planning arrangements going forward. There will need to be changes made to business continuity plans following the implementation of additional ICT resources in services which have provided a greater deal of resilience for some services and functions – albeit reliant on electricity supply. Annual report on progress against NHS resilience standards was reviewed by APR committee in January 2020.
Comments:	Once the response phase is complete the HSCM Civil Contingencies group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to System Leadership Group.

6		
Description of Risk: *Reputational*	Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	**MEDIUM**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	Considered medium risk due to the reporting arrangements being relatively new	
Rationale for Risk Appetite:	The MIJB has some appetite for reputational risk relating to testing change and being innovative. The MIJB has zero appetite for harm happening to people.	
Controls:	Clinical and Care Governance (CCG) Committee established and future reporting requirements identified High and Very High operational risks are reviewed by System Leadership Group monthly and a review of all risks will be undertaken as part of the risk management framework. Complaints and compliments procedures in place and monitored. Clinical incidents and risks are being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner. Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee. Reports from external inspections reported to appropriate operational groups and by exception to SMT for subsequent reporting to CCG or Audit Performance and Risk Committee as appropriate.	
Mitigating Actions:	This risk is discussed regularly by the three North East Chief Officers. Additional resource has been allocated to support the analysis of information for presentation to CCG committee Process for sign off and monitoring actions arising from Internal and External audits has been agreed	
Assurances:	Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny.	
Gaps in assurance:	Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues.	

Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. A summary of inspections was included in the Annual Performance report for 2018/19
Comments:	No major concerns have been identified for HSCM services in any audits or inspections this year.

7		
Description of Risk: *Operational Continuity and Performance:*	Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	Potential impacts to the wide range of services in NHS Grampian and Moray Council commissioned by the MIJB arising from reductions in available staff resources as budgetary constraints impact. Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service. As a result of a number of actions taken to respond to Covid19 including the opening of Duffus Wing and the interim change for Care at Home services to only be delivered to those people assessed with eligibility criteria as critical, the level of delayed discharges have decreased significantly.	
Rationale for Risk Appetite:	Zero tolerance of harm happening to people as a result of action or inaction.	
Controls:	Performance Management reporting framework. 2019 to 2029 “Partners in Care” Strategic Plan approved and Transformation Plan being developed. Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities. Best practice elements from each body brought together to mitigate risks to MIJB’s objectives and outcomes. Chief Officer and SMT managing workload pressures as part of budget process.	

Mitigating Actions:	Service managers monitor performance regularly with their teams and escalate any issues to the Performance Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system. Key performance data is being circulated daily to all managers in a "Performance Flow" dashboard to ensure any potential issues are identified quickly so action can be taken.
Assurances:	Audit, Performance and Risk Committee oversight. Operationally managed by service managers, receiving reports from Performance management group (which has a specific focus on performance). Strategic direction provided by Systems Leadership Group. HSCM Response Group was established and meets regularly to review the key performance information and actions that are required to deliver the priority services.
Gaps in assurance:	Development work in performance to establish clear links to describe the changes proposed by actions identified in the new Strategic Plan is on hold, but will re-commence shortly as plans for recovery are developed.
Current performance:	Covid19 has impacted on all areas of the service and work is underway to take the learning and experience gained during the response to collate performance information in dashboards to support mangers interpret the impact of Covid19 on their services, now and going forward. There are likely to be changes to ways of working and this may also have impact on the performance information required.
Comments:	Work has progressed with development of performance monitoring and reporting of key performance indicators for locality managers.

8		
Description of Risk: *ICT*	Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of inability to resolve data sharing and data security requirements.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	**MEDIUM**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	Corporate Information Security policies in place and staff are required to complete training and confirm they have read, understood and accept the terms of use.	
Rationale for Risk Appetite:	MIJB has a low tolerance in relation to not meeting requirements.	
Controls:	Computer Use Policies and HR policies in place for NHS and Moray Council and staff are required (through and automated process) to confirm they have read these every 6 months PSN accreditation secured by Moray Council Guidance regularly issued to staff. Guidance on effective data security measures issued to staff.	
Mitigating Actions:	Integrated Infrastructure Group established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters. Linkages to Infrastructure board and Information sharing groups have been established albeit these meetings are not taking place regularly. Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings are held regularly. They will have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.	
Assurances:	Strict policies and protocols in place with NHS Grampian and Moray Council.	
Gaps in assurance:	Protocol for access to systems by employees of partner bodies to be documented. Information Management arrangements to be developed and endorsed by MIJB. Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed.	
Current performance:	Training programme to be developed on records management, data protection and related issues for staff working across and between partners.	
Comments:	Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.	

9		
Description of Risk: *Infrastructure*	Requirements for support services are not prioritised by NHS Grampian and Moray Council.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**INCREASING**
Rationale for Risk Rating:	Changes to processes and necessary stakeholder buy-in still bedding in. Moray Council is undertaking a Property review of office and depot accommodation and the potential impact for HSCM services requires consideration. The output was anticipated in October 2019 however due to changes with roles and responsbilities within the Council it is not yet clear when the outcomes will be available for consultation. The changes required to places of work as a result of Covid19 will restrict the number of people that can use an office. These decisions are being made by NHSG and Moray Council and we await their assessment of what facilities we will have available. ICT infrastructure service plans in NHS Grampian and Moray Council are not yet visible to HSCM and development of communication and engagement process is required. Moray Council, in predicting a budget deficit for the current financial year have implemented special arrangements to ensure only essential expenditure is incurred. This includes the consideration to the deferring of projects already in the Capital plan. ICT resources are required for Council employed staff to enable them to work from home where the offices is not an option. The equipment is not yet readily available and it is likely to be 12-14 weeks before a resolution is available.	
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.	
Controls:	Chief Officer has regular meetings with partners Infrastructure Programme Board established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT. Process for submission of projects to the infrastructure board has approved and implemented to ensure appropriate oversight of all projects underway in HSCM.	
Mitigating Actions:	Dedicated project Manager in place – monitoring/managing risks of the Programme	

	Membership of the Board reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities. Process for ensuring infrastructure change/investment requests developed Infrastructure Manager linked into other Infrastructure groups within NHSG & Moray Council to ensure level of 'gatekeeping'. Dr Grays site development plan is being produced collaboratively with input from NHSG and HSCM management.
Assurances:	Infrastructure Programme Board functions to provide robust governance and assurance that proposed projects have a robust business case and meets requirements of the respective partner organisations. This board reports to Strategic Planning and Commissioning Group.
Gaps in assurance:	Further work is required on developing the process for approval for projects so that they are progressed timeously. Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort. Attendance at Infrastructure Board by NHS Grampian officers has reduced resulting in discussions at meetings being incomplete. Premises, Infrastructure and Digital Manager post that provides additional leadership in relation to major infrastructure projects is currently vacant.
Current performance:	The Infrastructure Board is currently suspended. Its purpose is for highlights/exceptions to be taken to SLG for communication and information purposes. Attendance at the Infrastructure Board meetings has reduced and the purpose and scope of this meeting is being reviewed as part of the governance arrangements relating to the developing Transformation Boards.
Comments:	Existing projects will be reviewed as part of the development of the transformation plans for the Strategic Plan to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. Contact has been made with Council ICT and discussions are underway regarding scoping specific support requirements of HSCM.

Moray Integration Joint Board DRAFT Risk Appetite Statement

Overview

Improving public services and innovating requires managed risk taking. Higher risk appetite can result in greater achievement but taking on too much risk can result in operational failures, financial losses, and damage to reputation. Taking on too little can mean an organisation misses opportunities to improve, and becomes unsustainable in the long term.

This statement sets out the Board's appetite for different types of risks. In reality most decisions the Board makes will involve balancing more than one type of risk.

The risk appetite statement can be useful in two ways:

1. When considering the best response to risks to the Strategic Plan, as set out in the Strategic Risk Register
2. When making specific key decisions and the risk implications of accepting or rejecting a course of action

Defining an organisation's risk appetite can help:

- Ensure the organisation is only taking a level of risk – and the type of risks – it is comfortable with to achieve its goals
- Ensure the risks are commensurate to the opportunity or reward to be gained
- Provide a framework for decision making: significant decisions can be taken with consideration to how it will affect the level or risk the organisation is expose to, and if this is acceptable or not
- Enable staff to make judgements about which risks are acceptable in pursuing goals & which are not
- Ensure the response to specific risks is proportionate

ZURICH

Appetite Statement

Table 1 sets out in broad terms the range of the Board's appetite for different types of risk. Example behaviours are set out in Appendix 1. The boundaries should be read with the appetite statements below.

Table 1 – Risk Appetite Boundaries

Risk Type	Appetite			
	Averse	Cautious	Open	Hungry
People Risks - Safety				
Regulatory Risks				
Transformation				
Operational Continuity & Performance – Moray Priorities				
Operational Continuity & Performance – Non-Moray Priorities				
Reputation – Stakeholder Confidence				
Reputation – Quality of Service				
Reputation – Financial Management				
Financial – Meeting Annual Budget				
Financial – 5% Overspend				
Political Risk				

Risk Appetite Statements

People Risks – Safety

Safety risks that could result in harm to service users, staff or the public are inherent in Health & Social Care services. The safety of individuals is paramount therefore standards of safety management and clinical care have to be high, and the Board will continue to seek assurances this is the case.

The Board's ambition is for health & social care to be people centred. This means supporting people in decision making about their own health & care, which may expose individuals to higher risk where they make an informed decision.

The Board will also seek to balance individual safety risks with collective safety risks to the community.

Regulatory Risks

The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist, or are contradictory.

We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.

Transformation

The Board has a high appetite for risks associated with delivery of the Transformation plan. The following should be considered when accepting these risks:

- We understand and can mitigate other risk types that may arise, e.g. safety or financial within appetite
- Service users are consulted and informed of changes in an open & transparent way
- We will monitor the outcome and change course if necessary

Operational Continuity & Performance (2 Categories)

The Board is cautious to open about risks that could affect outcomes that are priorities to people in Moray. There is a slightly higher appetite to risks that may mean nationally set outcomes – that are not a high priority in Moray - are not met.

This will only be accepted where there is a clear rationale, and preferably also a way of demonstrating what the IJB is doing to meet the aspiration the outcome was created for.

Reputation (3 Categories)

The Board is cautious to open about risks that could damage relationships with different stakeholders. It recognises many of our aspirations depend on effective collaboration, coproduction and partnership working with a range of stakeholders. The appetite also recognises that while the aspiration is to be a co-operative partner, some partners will not be able to move at the same pace as us all the time.

We will seek to protect relationships in the long term and will not set out to antagonise stakeholders deliberately. For example, we must not be seen to exclude or prevent participation in the design of services where there is an appetite to do this.

We must be mindful that repairing relationships is easier when there is already a well of goodwill to draw on, and that further damage to an already damaged relationship will not be conducive to good long term outcomes.

Financial (2 Categories)

The Board recognises the financial constraints all partners are working within. While we are cautious to open about accepting financial risks this will be done:

- Where a clear business case or rationale exists for exposing ourselves to the financial risk
- Where we can protect the long term sustainability of health & social care in Moray

Political

The Board recognises the political and media response to new ways of working or outcomes can help or hinder innovation and improvement. While this should not stop innovation or working in different ways the Board is keen to ensure political and media risks are considered thoroughly and appropriate mitigation and communication strategies are in place.

Appendix 1 – Risk Appetite Descriptions

Table 1 – Behaviours Associated with Appetite

Risk Appetite	Typical Organisational Attitude or Behaviours
1. Low	**Risk Averse or Minimalist** • Preference is for ultra-safe actions that will not result in a loss of reputation, credibility or money • Innovation is avoided unless it's forced upon us • All reasonable steps will be taken to manage the risk; prepared to be bureaucratic and tightly control processes • Avoid any action that could lead to a legal challenge or breach of regulatory framework
2. Medium	**Cautious with Risk** • Preference is for actions that are unlikely to result in a loss of reputation or credibility • Innovation is generally avoided, and will only be entered into if all stakeholders are committed, and success is virtually guaranteed • Prepared to accept the possibility of only limited financial loss
3. High	**Open to Risk** • Willing to stick our neck out and risk our reputation but only if steps have been taken to reduce the risk • Innovation is supported, but only if clear benefits are demonstrated and we are confident in our success • Prepared to invest for reward and accept moderate financial losses are possible • The likelihood of this risk happening and the consequences are such that we're happy to live with it
4. Very High	**Hungry for Risk** • Willing to accept increased scrutiny from stakeholders and a loss of credibility if things go wrong • Innovation is pursued, we are willing to break the mould to deliver organisational goals even if failure is a possibility • Prepared to invest knowing significant financial losses are possible, or that innovation may fail to deliver the anticipated benefits

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JUNE 2020**

SUBJECT: **QUARTER 4 (JANUARY – MARCH 2020) PERFORMANCE COVER REPORT**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) on its performance as at Quarter 4 (January – March 2020).

2. RECOMMENDATION

2.1 It is recommended that the MIJB consider and note:

i) the performance of local indicators for Quarter 4 (January – March 2020) as presented in the Performance Report at APPENDIX 1;

ii) the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1;

3. BACKGROUND

3.1 The purpose of this report is to ensure the MIJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.

3.2 **APPENDIX 1** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by the Board.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Local Indicators are assessed on their performance via a common performance monitoring Red, Amber, Green (RAG) traffic light rating system.

RAG scoring based on the following criteria:	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within agreed tolerance.
RED	If Moray is performing worse than target by more than agreed tolerance.
▲ – ▼	Indicating the direction of the current trend.

4.2 The detailed performance report for quarter 4 is attached in **APPENDIX 1.** Moray has 14 local indicators. Five of the indicators are green, one is amber, 3 indicators are showing as red and 5 have no data this quarter due to temporary re-allocation of resources as a result of the COVID-19 Pandemic.

4.3 As the report is intended to address only the performance up to the end of March, much of the impact of the COVID-19 pandemic is not addressed directly here but will impact on future reports (starting with quarter 1 2020/21) as further information is validated and published. Many indicators do have uncharacteristic figures in March due to preparations being made and the onset of the pandemic and where possible this has been referenced.

4.4 The table below (Figure 1) gives a summary and the historical trend of the RAG status by indicator since quarter 1 2019/20.

Figure 1 – Performance Summary

Code	Barometer (Indicators)	Strategic Theme	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	Target	RAG
DD	Delayed Discharge	Red - Worsening Trend						
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	2: HOME FIRST	27	28	33	35	25	R▲
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	2: HOME FIRST	768	751	971	1,208	781	R▲
EA	Emergency Admissions	Green - Worsening Trend						
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2: HOME FIRST	2,117	2,097	2,112	2,173	2242	G▲
EA-02	Emergency Admissions rate per 1000 population for over 65s	2: HOME FIRST	177	179	184	183	182	A▼
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	2: HOME FIRST	123	123	126	125	127	G▼
AE	Accident and Emergency	Green - Improving Trend						
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	1: BUILDING RESILIENCE	64.1	66.3	69.1	60.7	62	G▼
HR	Hospital Re-Admissions	Green - Improving Trend						
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients	1: BUILDING RESILIENCE	7.41%	8.27%	9.82%	6.16%	7.5%	G▼
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	1: BUILDING RESILIENCE	4.28%	4.53%	5.77%	3.45%	3.5%	G▼
UN	Unmet Need	N/A						
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	N/A	Data only for first year	N/A
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	N/A	Data only for first year	N/A
OA	Outstanding Assessments	N/A						
OA-01	Number of Reviews Outstanding at monthly snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	N/A	Data only for first year	N/A
MH	Mental Health	Red - Stable Trend						
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	1: BUILDING RESILIENCE	73%	78%	20%	20%	90%	R -
SM	Staff Management	N/A						
SM-01	NHS Sickness Absence (% of Hours Lost)	1: BUILDING RESILIENCE	3.9%	3.8%	4.7%	N/A	4%	N/A
SM-02	Council Sickness Absence (% of Calendar Days Lost)	1: BUILDING RESILIENCE	7.7%	8.8%	8.0%	N/A	4%	N/A

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"

Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the MIJB will "monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis" (para 5.2.2 of the Moray Integration Scheme refers).

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

None directly associated with this report.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required for the Performance Framework because there will be no impact, as a result of the report, on people with protected characteristics.

(h) Consultations

Interim Chief Officer, MIJB; Committee Services Officer, Moray Council; Service Managers where their respective areas are relevant to this report, Health and Social Care Moray; Service Manager, Performance and Workforce; IJB Corporate Manager.

6. CONCLUSION

6.1 This report requests the MIJB comment on performance of local indicators and actions summarised in Section 4 and expanded on in APPENDIX 1.

Author of Report: Bruce Woodward, Senior Performance Officer
Background Papers: Available on request
Ref:

PERFORMANCE REPORT

QUARTER 4 2019/20

(1ST JANUARY 2020 – 31ST MARCH 2020)

1. TABLE OF CONTENTS

2. PERFORMANCE SUMMARY

COMMENTARY

Performance within Health and Social Care Moray as demonstrated by the agreed indicators up to the end of quarter 4 of the financial year 2019/20 is generally positive. There are number of indicators (5) that currently have no data available either due to the COVID-19 pandemic interrupting operations and data collection or redirection of resources resulting in analysis and collation of data being delayed.

As the report is intended to address only the performance up to the end of March, much of the impact of the COVID-19 pandemic is not addressed directly here but will be in future reports as further information is validated and published. Many indicators do have uncharacteristic figures in March due to preparations being made and the onset of the pandemic and where possible this has been referenced.

DELAYED DISCHARGE - RED

Up until the end of March the numbers of delayed discharges at census date had been increasing and had hit a high of **43** in February 2020 against a target of **25** and only reduced to **35** in March due to the initial measures put in place to prepare for the COVID-19 pandemic. There is a similar pattern in bed days occupied by delayed discharges which ended at **1,208** against the **781** target.

Further to the onset of the COVID-19 pandemic there has been a national focus on Delayed Discharges in an effort to free up capacity in hospitals. This has resulted in a dramatic reduction in both measures and further information on actions undertaken and results achieved were outlined in Section 5 of the Performance Update Report and Proposed Future Reporting Arrangements presented to the board on 28 May 2020.

EMERGENCY ADMISSIONS - GREEN

Moray continues to perform well in the three measures relating to Emergency Admissions. The Emergency Admission rate per 1,000 population for over 65s is above target of 182, and is marginally lower than quarter 3 (184) at 183.

ACCIDENT AND EMERGENCY - GREEN

The A&E Attendance rate per 1000 population reduced significantly in the final quarter of 2019/20. The monthly data suggests that while the March data was impacted by the COVID-19 pandemic reaching the lowest number of attendances since February 2018 there was a reduction from December through January and into February.

HOSPITAL READMISSIONS - GREEN

While the two indicators in this measure are both below target for this quarter the general trend for both 7 and 28 day readmissions has been increasing steadily over the past 18 months. This increase can be attributed entirely due to an increase in the percentage being readmitted within 7 days of discharge and the percentage being readmitted from 8 to 28 days of discharge is in fact decreasing.

While COVID-19 will impact these figures an investigation and further analysis of the figures behind this measure is now underway and will be expanded upon in the quarter 1 2020/21 Performance Report.

UNMET NEED – NO DATA

The indicators relating to this barometer are in development and will be in place for the quarter 1 2020/21 report.

OUTSTANDING ASSESSMENTS – NO DATA

The indicators relating to this barometer are in development and will be in place for the quarter 1 2020/21 report.

MENTAL HEALTH - RED

For the last two quarters only **20%** of patients commenced Psychological Therapy Treatment within 18 weeks of referral. As reported previously there have been significant capacity issues in adult mental health but after a two year vacancy a new psychologist is now in post and this should begin to address and improve waiting times to be back in line with target.

At the outset of Covid-19 all psychological therapies staff across Grampian were redeployed to support the Psychological Resilience Hub while still delivering critical functions within their own areas.

The majority of Moray staff have now been released from this function and are working on triaging their waiting lists in line with Scottish Government guidance. We would anticipate an improvement in these figures in the coming months as we consider a new way of working within the service.

STAFF MANAGEMENT – NO UPDATE

Due to the increased workload within HR departments in responding to the COVID-19 pandemic, data regarding this measure has not been made available at the time of writing this report.

INDICATOR SUMMARY

Moray currently has 14 local indicators. Of these 5 are Green, 1 is Amber and 3 are Red. The remaining 5 indicators currently have no data due to being new and under development or due to no resource available within the relevant service to collate and provide the data. Those that are under development will be updated and presented in the quarter 1 2020/21 Performance Report.

Figure 2 – Performance Summary

Code	Barometer (Indicators)	Strategic Theme	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	Target	RAG
DD	Delayed Discharge	Red - Worsening Trend						
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	2: HOME FIRST	27	28	33	35	25	R▲
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	2: HOME FIRST	768	751	971	1,208	781	R▲
EA	Emergency Admissions	Green - Worsening Trend						
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2: HOME FIRST	2,117	2,097	2,112	2,173	2242	G▲
EA-02	Emergency Admissions rate per 1000 population for over 65s	2: HOME FIRST	177	179	184	183	182	A▼
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	2: HOME FIRST	123	123	126	125	127	G▼
AE	Accident and Emergency	Green - Improving Trend						
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	1: BUILDING RESILIENCE	64.1	66.3	69.1	60.7	62	G▼
HR	Hospital Re-Admissions	Green - Improving Trend						
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients	1: BUILDING RESILIENCE	7.41%	8.27%	9.82%	6.16%	7.5%	G▼
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	1: BUILDING RESILIENCE	4.28%	4.53%	5.77%	3.45%	3.5%	G▼
UN	Unmet Need	N/A						
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	N/A	Data only for first year	N/A
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	N/A	Data only for first year	N/A
OA	Outstanding Assessments	N/A						
OA-01	Number of Reviews Outstanding at monthly snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	N/A	Data only for first year	N/A
MH	Mental Health	Red - Stable Trend						
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	1: BUILDING RESILIENCE	73%	78%	20%	20%	90%	R -
SM	Staff Management	N/A						
SM-01	NHS Sickness Absence (% of Hours Lost)	1: BUILDING RESILIENCE	3.9%	3.8%	4.7%	N/A	4%	N/A
SM-02	Council Sickness Absence (% of Calendar Days Lost)	1: BUILDING RESILIENCE	7.7%	8.8%	8.0%	N/A	4%	N/A

3. DELAYED DISCHARGE

Trend Analysis

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to 43 people at the February 2020 census. This is comprised of 43 delays in total, 7 of which are for Code 9 reasons (Adults with incapacity) and 36 for Health and Social Care reasons.

Post quarter 4 update: As at the end of May 2020 operational data has the number of Delayed Discharges at 14. Data in relation to Delayed Discharges is being reported to senior management on a daily basis.

Operational Actions and Maintenance

Prior to COVID-19 HSCM were already committed to reducing the time patients spent delayed in hospital who did not need to be in hospital whilst also increasing the accessibility of systems delivering safe, legal and person-centred discharge.

Following a whole system workshop held in July 2019 it was agreed a wider system approach was required. A prioritised action plan was taken forward from the outcomes of this session with actions including:

- Social Workers prioritising the assessment of those in hospital and extra resource directed to the Hospital Discharge Team. The Team Manager is also carrying out assessments.
- Care homes have been engaged in providing interim care. The Commissioning Team were in talks with providers as they were able to refuse to take on new residents even when they might have space.
- An alternative to keeping guardianships in hospital is to have an NHS contract with care homes. The commissioning process was being applied to investigate and source this extra resource.
- Extra focus was being put on ensuring that minor adaptations are carried out for those in hospital.

Narrative for the indicators below does not include data beyond the end of March 2020 as verified and published data for this will be presented in the Quarter 1 2020/21 Performance Report which covers the period of April to June 2020.

Action Timescales

At the onset of the COVID-19 pandemic in Scotland there was a clear instruction from Scottish Government to reduce Delayed Discharges to free up capacity in hospitals. This superseded all previous planning and accelerated a number of initiatives.

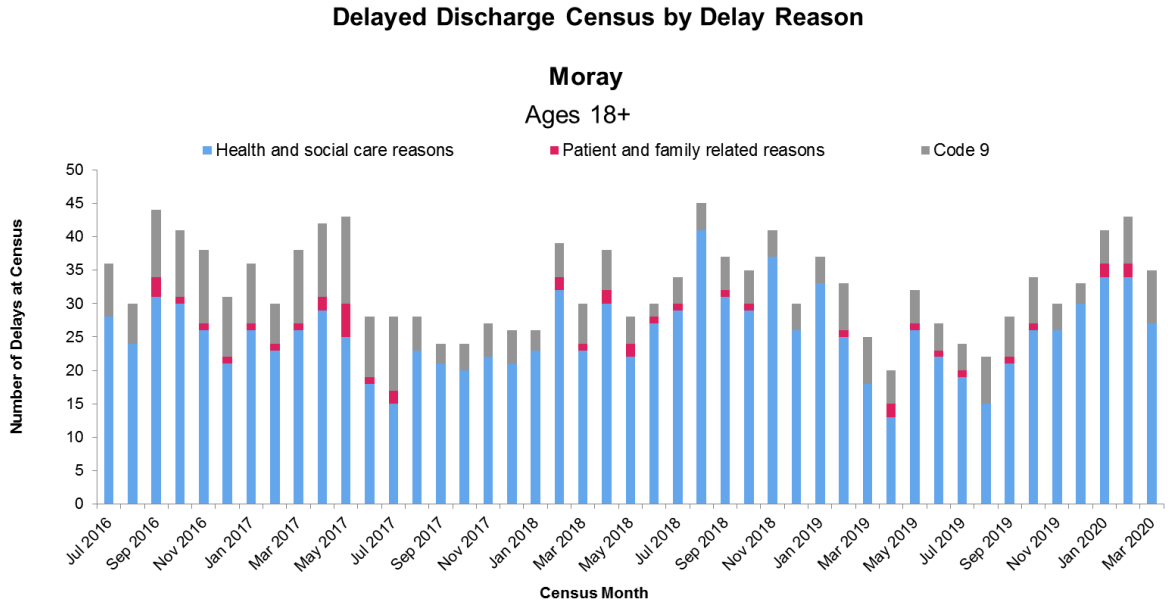
Actions undertaken and the results of which are outlined in Section 5 of the Performance Update Report and Proposed Future Reporting Arrangements presented to this board on 28 May 2020. The last week of March falls into this period and the reduction in both measures is evidenced in the data.

DD-01: NUMBER OF DELAYED DISCHARGES (INCLUDING CODE 9, CENSUS SNAPSHOT, AT END OF QUARTER)

Purpose	Reliably achieving timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated and harm free care.		
Strategic Priority	2: HOME FIRST	**Linked Indicator(s)**	DD-02
National Health & Wellbeing Outcomes		2, 3, 5, 7	

Target (+10%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
25	32	27	28	33	35	R▲

Figure 1



Indicator Trend

The number of people Delayed at Census Date has varied over the last 3 years between 25 and 40, with some peaks of 45. More recently a low of 20 was achieved in April 2019 but this appears to have been a one-time occurrence and there has been a steady but significant increasing trend with February 2020 having 43 people delayed at census date. This is the third highest figure recorded in the three years since the change in data definition.

The March 2020 figure is reduced, at least in part, due to onset of accelerated actions in preparation for the expected COVID-19 crisis in the last week of that month.

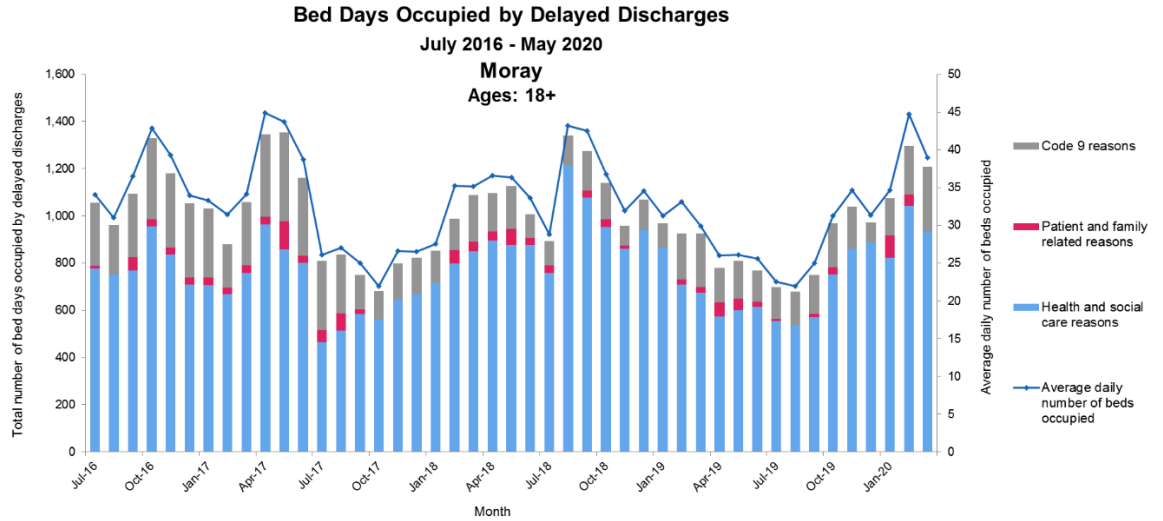
Scotland Trend	Quarter 4 data in Scotland has a similar peak in Jan and Feb 2020.
Peer Group	Performance varies across the peer group with some peaks in Jan and Feb 2020 but the general trend is not as pronounced in those cases and is often decreasing.
Data Frequency	Monthly
Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Public Health Scotland

DD-02: NUMBER OF BED DAYS OCCUPIED BY DELAYED DISCHARGES PER QUARTER (INC CODE 9) PER 1000 18+ POPULATION

Purpose	This monitors the number of people delayed in hospital once medically fit for discharge. Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation.		
Strategic Priority	2: HOME FIRST	**Linked Indicator(s)**	DD-01
National Health & Wellbeing Outcomes	2, 3, 5, 7		

Target (+5%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
781	673	768	751	971	1,208	R▲

Figure 2



Indicator Trend

This indicator has been steadily increasing since August 2019 and was at its highest level since August 2018 in February 2020. As with DD-01 there was a decrease in March 2020 which reflected the measures being put in place in response to Covid-19.

Scotland Trend	Scotland has not varied significantly in this indicator since July 2019 and while there was a small bump in bed days in Jan/Feb 2020 it was not as dramatic as that seen in Moray.
Family Group	Performance varies across the peer group but the general trends are not as pronounced in those cases and is often decreasing.
Data Frequency	Monthly
Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS

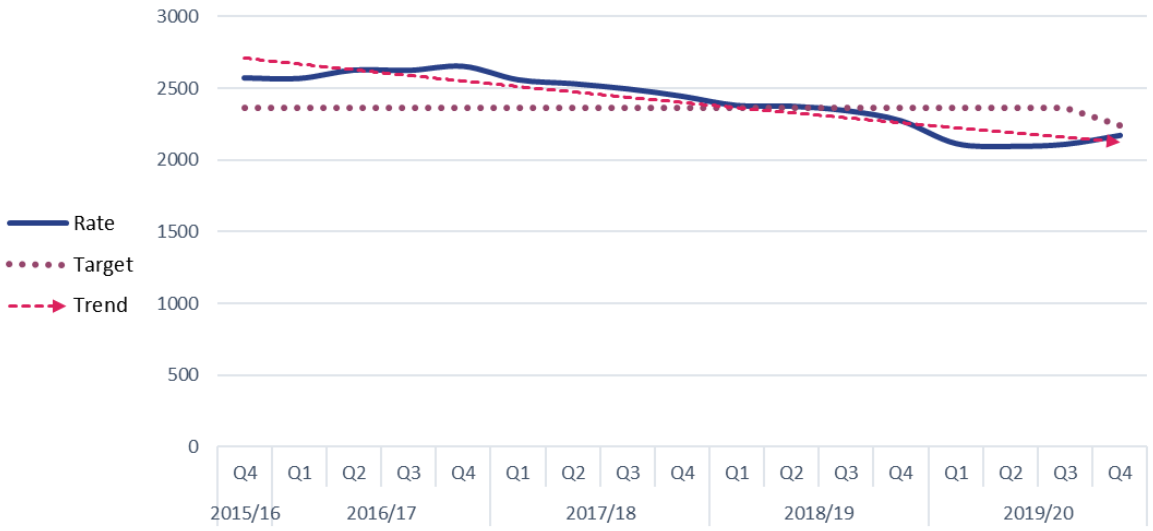
Trend Analysis
The three indicators that fall under this barometer all show generally positive quarterly figures. The emergency admissions rate for those over 65 and the rate of emergency occupied bed days have both had slight increases they do compare favourably to the 2018/19 rates. The increasing admissions rate combined with an even smaller increasing number of people being admitted would suggest that those who are admitted have been admitted more times than previously. This is mirrored in the Emergency Re-Admissions Barometer indicators. The number of emergency bed days has not, however, increased. During the COVID-19 pandemic there will be an expected decrease in the attendances.
Operational Actions and Maintenance
No actions have been outlined to specifically improve this measure.
Action Timescales
No timelines have been set to address this measure.

EA-01: RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65S PER 1000 POPULATION

Purpose	UC-E1, E2 and E3 are all interconnected and provide a narrative when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.		
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	EA-02, EA-03
National Health & Wellbeing Outcomes	1, 2, 3, 5		

Target (+5%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
2,242	2,149	2,117	2,097	2,112	2,173	G▲

Figure 3 - Rate of emergency occupied bed days for over 65s per 1000 population



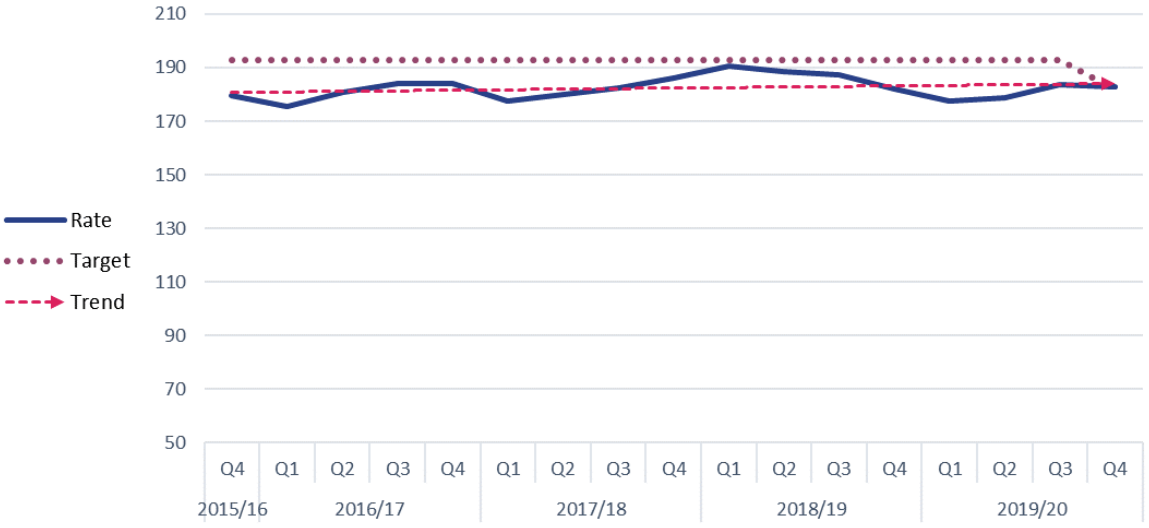
Indicator Trend

There has been a decreasing trend in this indicator over the past 4 years and despite small increases in the last two quarters the quarter 4 2020 figure is still below any quarter prior to 2019/20 and is still below the target of 2,242.

Scotland Trend	Not Available
Peer Group	Not Available
Data Frequency	Quarterly
Last Reported	Quarter 4 2019/20
Next Update Due	June 2020 for quarter 1 2020/21 data
Source	Health Intelligence

EA-02: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S						
Purpose	UC-E1, E2 and E3 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**		EA-01, EA-03	
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+5%)	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
182	**182**	**177**	**179**	**184**	**183**	**A▼**

Figure 4 - Emergency Admissions rate per 1000 population for over 65s



Indicator Trend
This indicator has had a generally increasing trend and despite a small decrease this quarter is now tracking above the new target of 182.

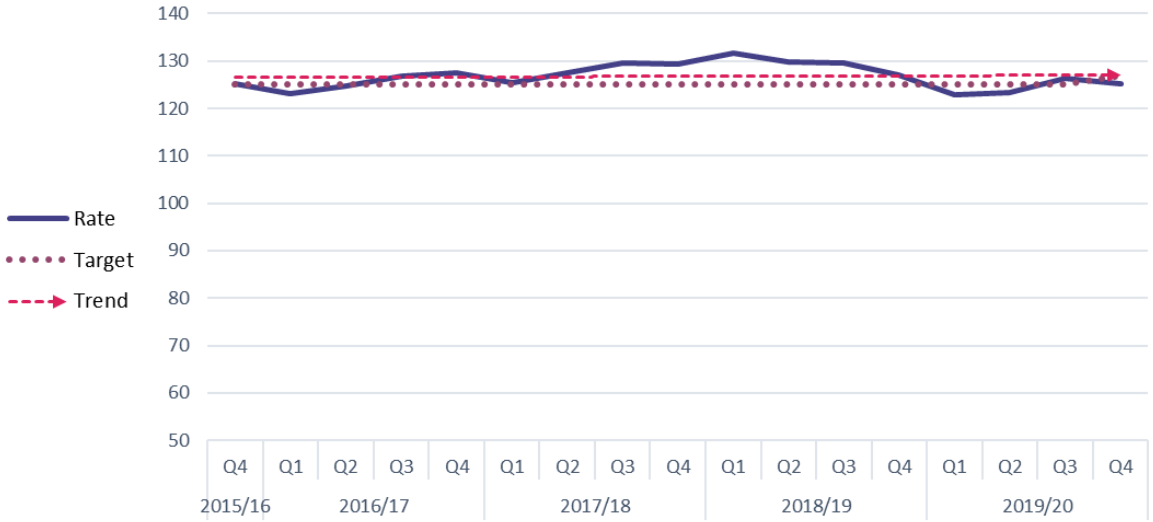
Scotland Trend	Not Available
Peer Group	Not Available
Data Frequency	Quarterly
Last Reported	Quarter 4 2019/20
Next Update Due	June 2020 for quarter 1 2020/21 data
Source	Health Intelligence

EA-03: NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION

Purpose	UC-E1, E2 and E3 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.		
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	EA-01, EA-02
National Health & Wellbeing Outcomes	1, 2, 3, 5		

Target (+5%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
127	127	123	123	126	125	G▼

Figure 5 - Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population



Indicator Trend
There has not been any significant movement in this measure in the last year and while the recent trend might show an increase the rate is still lower than all reported quarters prior to 2019/20.

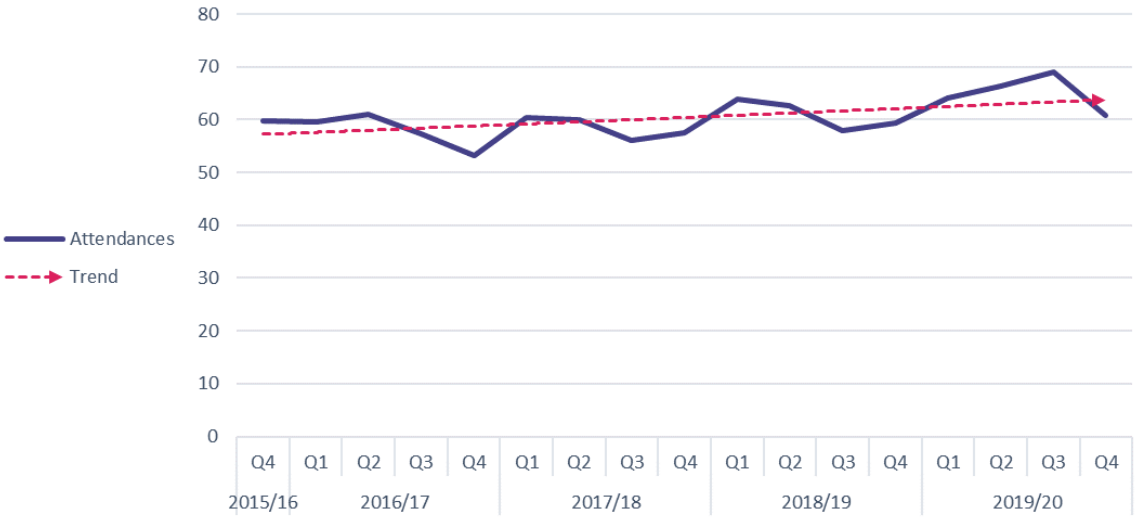
Scotland Trend	Not Available
Peer Group	Not Available
Data Frequency	Quarterly
Last Reported	Quarter 4 2019/20
Next Update Due	June 2020 for quarter 1 2020/21 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

Trend Analysis
There has been a very definite increasing trend in the rate of those attending the ED and this peaked in December 2019. It is likely this figure would not have decreased as significantly as it did in quarter 4 but it is likely the COVID-19 pandemic had some impact on this. Up until now the steady increase in attendances across Scotland has been attributed to an ageing population. Moray has a larger 65+ population than the Scottish average and this will impact local figures.
Operational Actions and Maintenance
The MIJB Transformational Plan 2019-29 has Unscheduled Care as a key aim, stretch goal and actions underway include shifting unnecessary unplanned hospital activity to preventative, ensuring appropriate, responsive service delivery as locally as possible and as specialist as necessary and positive team co-ordination.
Action Timescales
No timescales for improvement have been identified.

AE-01: A&E ATTENDANCE RATES PER 1000 POPULATION (ALL AGES)						
Purpose	A greater system-wide understanding of how people access emergency care, and why certain choices are made, will allow local health systems to develop intelligence about avoidable attendances at emergency departments and target their responses.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**		HR-01, HR-02	
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+10%)	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
62	59.4	64.1	66.3	69.1	60.7	G▼

Figure 6 - A&E Attendance rates per 1000 population (All Ages)



Indicator Trend	
This indicator has been increasing at a steady rate for the past 4 years with predictable seasonal variance up until a significant increase in Q3 2019/20 when a decrease was expected.	
Scotland Trend	Nationally, Scotland has had a steadily increasing number of attendances to A&E over the past 4 years with the same seasonal variances as Moray.
Peer Group	Unknown
Data Frequency	Monthly
Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Public Health Scotland

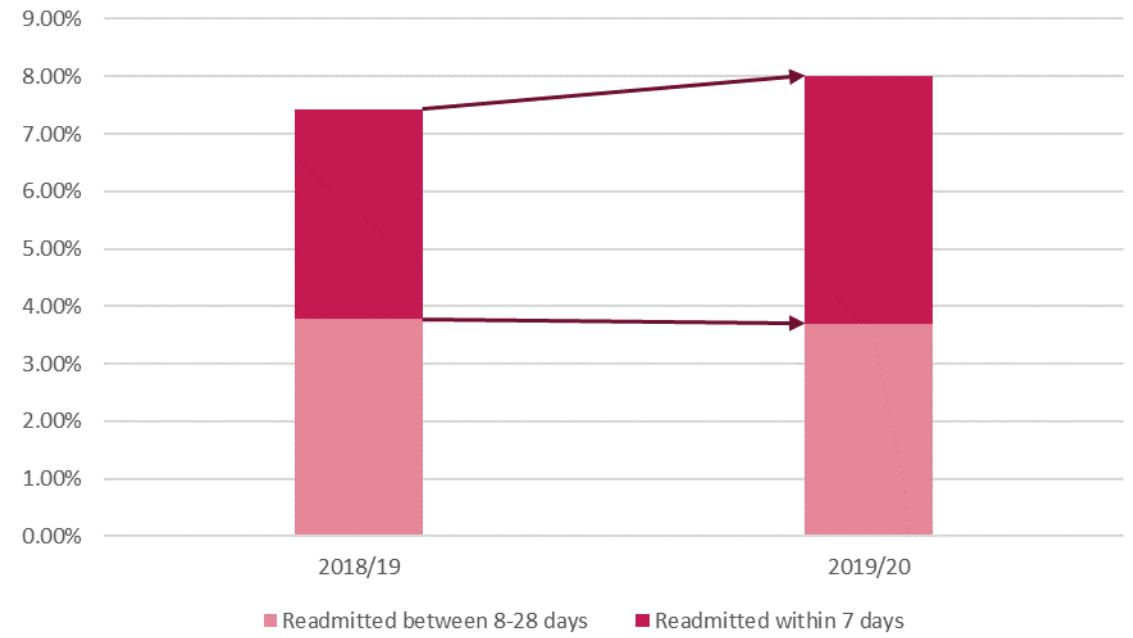
6. HOSPITAL READMISSIONS

Trend Analysis

The number of readmissions to hospital has increased from 2018/19 to 2019/20. The percentage of discharges that were readmitted within 28 days increased 0.59% to 8.01% in 2019/20. The percentage of those who were discharged and readmitted within 7 days increased at a greater rate of 0.66% to 4.31%.

When mapped against each other it is clear that the increase in readmissions is entirely due to those being readmitted within 7 days, whilst a reduction can be seen in those being readmitted between 8 and 28 days.

Figure 7 - Hospital Readmissions within 28 days



Operational Actions and Maintenance

Reducing re-admissions requires a cross system approach and is addressed in the Unscheduled Care stretch goal in the MIJB Transformational Plan 2019-29. Key actions that will impact this measure include positive team co-ordination to ensure appropriate care and available housing and adaptations are in place on initial discharge.

Action Timescales

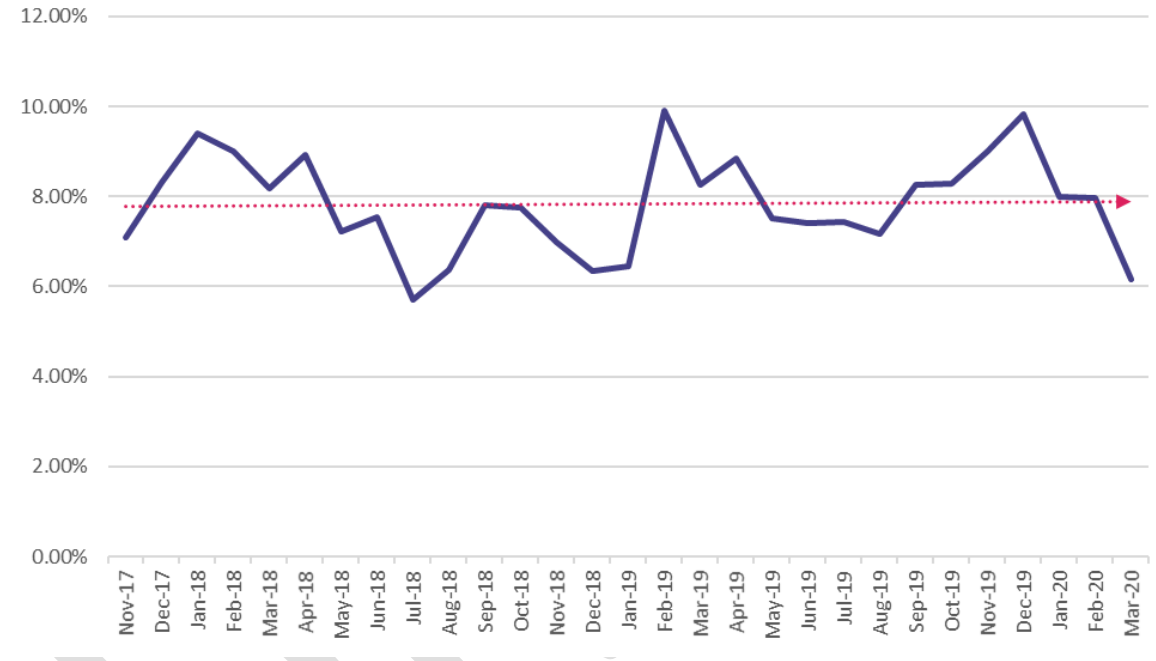
An update will be made in the quarter 1 2020/21 Performance Report.

HR-01: PERCENTAGE OF EMERGENCY READMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS (DR GRAY'S)

Purpose	Readmissions are often undesirable for patients and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway including during initial hospital stays, transitional care services and post-discharge support.		
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	HR-02, AE-01
National Health & Wellbeing Outcome	1, 2, 3, 5		

Target	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
For Info	**8.18%**	**7.91%**	**7.60%**	**9.06%**	**7.44%**	**N/A**

Figure 8 - Percentage of Emergency Readmissions to hospital within 28 days - Moray Patients



Indicator Trend

This measure has varied significantly over the past two years and aside from the dip in the March figures and what appears to be a seasonal variance there is an increasing trend in the percentage of those discharged who are then readmitted within 28 days. The increase from 2018/19 to 2019/20 is 7.43% to 8.01%. This translates to an extra 118 people being readmitted to hospital after being discharged in year.

Scotland Trend	Unknown
Peer Group	Unknown
Data Frequency	Monthly
Period Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Health Intelligence

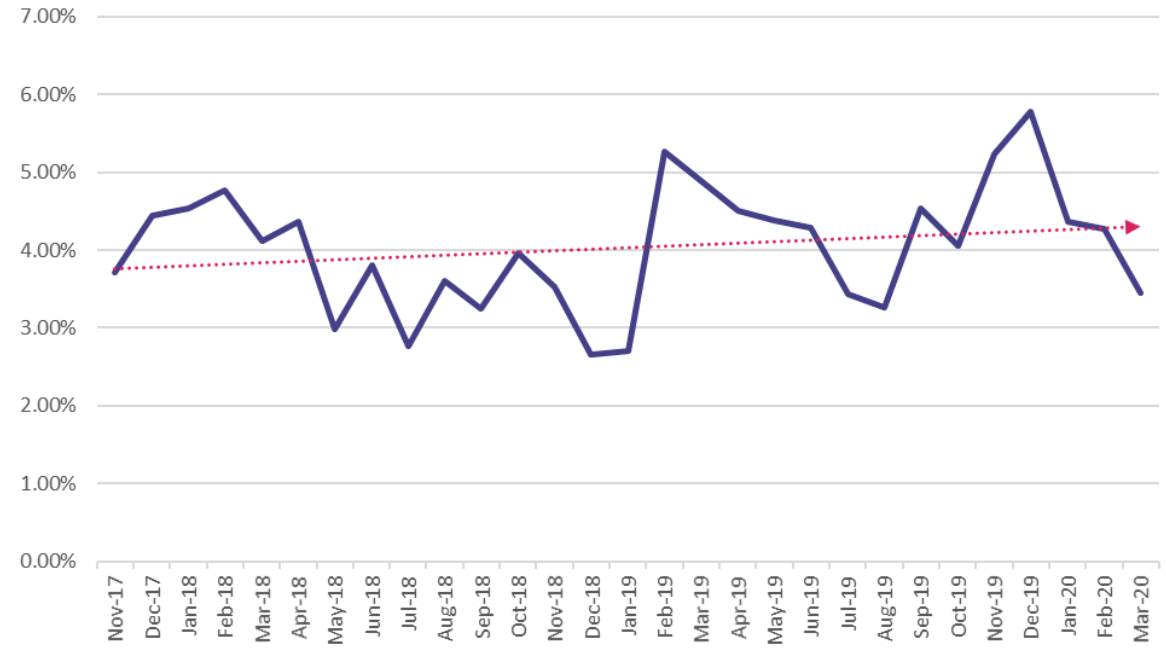
HR-02: PERCENTAGE OF EMERGENCY READMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS (DR GRAY'S)

Purpose	Readmissions are often undesirable for patients and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway including during initial hospital stays, transitional care services and post-discharge support.

Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	HR-01, AE-01
National Health & Wellbeing Outcome	1, 2, 3, 5		

Target	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
For Info	**4.26%**	**4.39%**	**3.72%**	**5.04%**	**4.06%**	**N/A**

Figure 9 - Percentage of Emergency Readmissions to hospital within 7 days - Moray Patients



Indicator Trend

As with the 28 day measure this indicator has varied significantly over the past two years and aside from the dip in the march figures and what appears to be seasonal variance there is an increasing trend in the percentage of those discharged who are then readmitted within 28 days. The increase from 2018/19 to 2019/20 is 3.65% to 4.31%. This translates to an extra 113 people being readmitted to hospital after being discharged in year.

This means that of the 118 extra discharges being readmitted within 28 days, only 5 of them were readmitted outside of 7 days (8 to 28 days).

Scotland Trend	Unknown
Peer Group	Unknown
Data Frequency	Monthly
Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Health Intelligence

7. UNMET NEED

Trend Analysis
Data not available for reporting
Operational Actions and Maintenance
The data for this measure is currently being recorded and a system is being put in place to validate and ensure regular reporting.
Action Timescales
It is expected the data will be in a state to report on in time for the quarter 1 2020/21 report.

UN-01: NUMBER OF LONG TERM HOME CARE HOURS UNMET AT WEEKLY SNAPSHOT

Purpose	It is important to monitor the number of people who require long term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**		UN-02	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
For Info	ND	ND	ND	ND	ND	**N/A**

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Data Frequency	Monthly
Last Reported	N/A
Next Update Due	June 2020
Source	TBC

UN-02: NUMBER OF PEOPLE WITH LONG TERM CARE HOURS UNMET AT WEEKLY SNAPSHOT						
Purpose	It is important to monitor the number of people who require long term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**		UN-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
For Info	ND	ND	ND	ND	ND	**N/A**

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Data Frequency	Monthly
Last Reported	N/A
Next Update Due	June 2020
Source	TBC

8. OUTSTANDING ASSESSMENTS

Trend Analysis
Data not available for reporting
Operational Actions and Maintenance
The data for this measure is currently being recorded and a system is being put in place to validate and ensure regular reporting.
Action Timescales
It is expected the data will be in a state to report on in time for the quarter 1 2020/21 report.

OA-01: NUMBER OF OUTSTANDING ASSESSMENTS (COMMUNITY CARE REVIEWS, SUPPORT PLANS…)

Purpose	Those awaiting assessments are at risk of not receiving the service they require in good time and can then put pressure on other, more resource primary and acute services.					
Strategic Priority	3: PARTNERS IN CARE		**Linked Indicator(s)**			
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
For Info	ND	ND	ND	ND	ND	**N/A**

Indicator Trend	
No Data	
Scotland Trend	Not Available
Peer Group	Not Available
Data Frequency	Monthly
Last Reported	N/A
Next Update Due	June 2020
Source	TBC

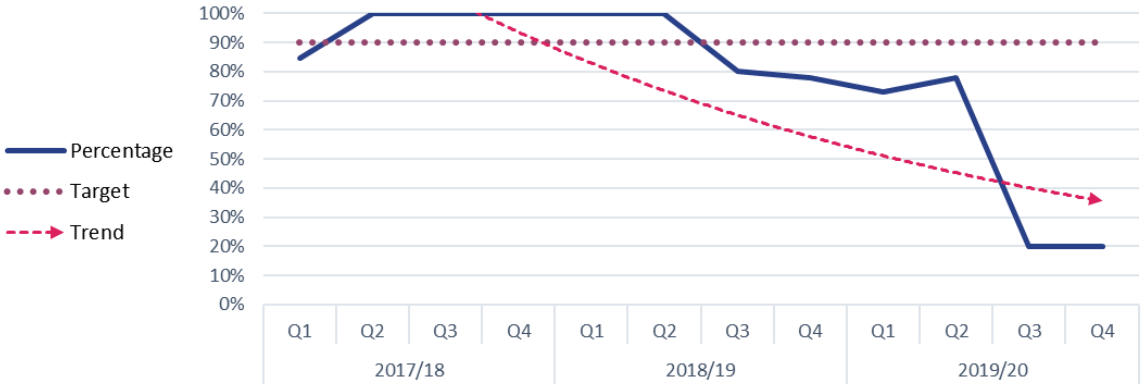
9. MENTAL HEALTH

Trend Analysis
The indicator under this measure has been decreasing rapidly over the last year and is currently at an all-time low of only 20%.
Operational Actions and Maintenance
As reported previously there have been significant capacity issues in adult mental health but after a two year vacancy a new psychologist is now in post and this should begin to address and improve waiting times to be back in line with target. At the outset of Covid-19 all psychological therapies staff across Grampian were redeployed to support the Psychological Resilience Hub, alongside delivering critical functions within their own areas. The majority of Moray staff have now been released from this function and are working on triaging their waiting lists in line with Scottish Government guidance.
Action Timescales
We would anticipate an improvement in these figures in the quarter 3 2020/21 figures as we consider a new way of working within the service.

MH-01: PERCENTAGE OF PATIENTS COMMENCING PSYCHOLOGICAL THERAPY TREATMENT WITHIN 18 WEEKS OF REFERRAL			
Purpose	Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.		
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	
National Health & Wellbeing Outcome		1, 2, 3, 5	

Target (-5%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
For Info	78%	73%	78%	20%	20%	R -

Figure 10 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)



Indicator Trend	
This indicator has seen a dramatic decrease in the past two quarters after hovering 20% below target for a year.	
Scotland Trend	Unavailable
Peer Group	Unavailable
Data Frequency	Quarterly
Last Reported	Quarter 4 2019/20
Next Update Due	June 2020 for quarter 1 2020/21 data
Source	Health Intelligence

10. STAFF MANAGEMENT

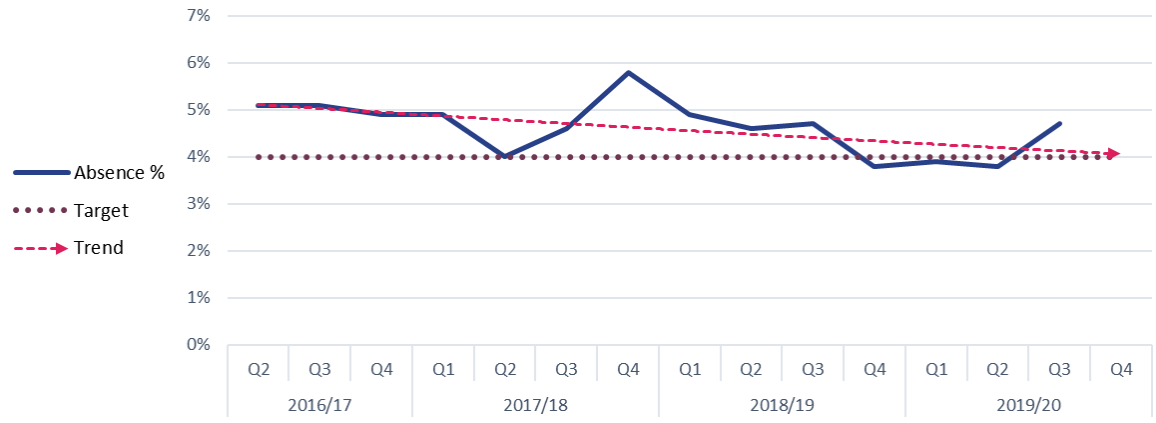
Trend Analysis
Prior to the Covid-19 pandemic absence figures within HSCM have been outside of target, particularly within the council. NHSG had hit target two quarters in a row the most recent data has the absence rate at 4.7% against a target of 4.0%
Operational Actions and Maintenance
Currently there are no actions underway to address this.
Action Timescales
It is expected that an update for both indicators will be available for the quarter 1 2020/21 Performance Report.

SM-01: NHS SICKNESS ABSENCE % OF HOURS LOST

Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.		
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	SM-02
National Health & Wellbeing Outcome	8		

Target (+10%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
4%	3.8%	3.9%	3.8%	4.7%	No Data	No Data

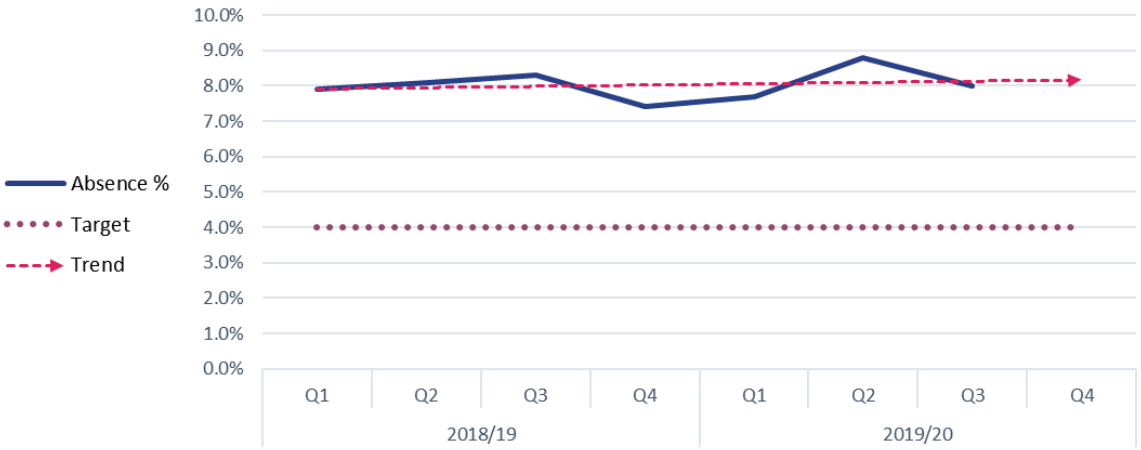
Figure 11 - NHS Sickness Absence % of Hours Lost



Indicator Trend	
Despite an increase in quarter 3 there is still a decreasing trend in this indicator.	
Scotland Trend	Unknown
Peer Group	Unknown
Data Frequency	Quarterly
Last Reported	Quarter 3 2019/20
Next Update Due	August 2020 for quarter 4 and quarter 1 2020/21 data
Source	Health Intelligence

SM-02: COUNCIL SICKNESS ABSENCE (% OF CALENDAR DAYS LOST)						
Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**	SM-01		
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
For Info	**7.4%**	**7.7%**	**8.8%**	**8.0%**	**No Data**	**No Data**

Figure 12 - Council Sickness Absence (% of Calendar Days Lost)



Indicator Trend
This indicator remains well above target and even though there was a decrease in quarter 3 the trend is still an increasing one.

Scotland Trend	Unknown
Peer Group	Unknown
Data Frequency	Quarterly
Period Last Reported	Quarter 3 2019/20
Next Update Due	August 2020 for quarter 4 2019/20 and quarter 1 2020/21 data
Source	Council HR

APPENDIX 1: KEY AND DATA DEFINITIONS

RAG SCORING CRITERIA

GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within specified tolerance.
RED	If Moray is performing worse than target but outside of specified tolerance.
▲ – ▼	Indicating the direction of the current trend.

PEER GROUP DEFINITION

Moray is defined as being in Peer Group 2 in the Local Government Benchmarking Framework

Family Group 1	**Family Group 2**	Family Group 3	Family Group 4
East Renfrewshire	**Moray**	Falkirk	Eilean Siar
East Dunbartonshire	**Stirling**	Dumfries & Galloway	Dundee City
Aberdeenshire	**East Lothian**	Fife	East Ayrshire
Edinburgh, City of	**Angus**	South Ayrshire	North Ayrshire
Perth & Kinross	**Scottish Borders**	West Lothian	North Lanarkshire
Aberdeen City	**Highland**	South Lanarkshire	Inverclyde
Shetland Islands	**Argyll & Bute**	Renfrewshire	West Dunbartonshire
Orkney Islands	**Midlothian**	Clackmannanshire	Glasgow City

APPENDIX 2: STRATEGIC PRIORITIES

1. THE HEALTH AND SOCIAL CARE STRATEGY AT A GLANCE

WE ARE PARTNERS IN CARE

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

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

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

THEME 1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing

THEME 2: HOME FIRST - Being supported at home or in a homely setting as far as possible

THEME 3: PARTNERS IN CARE - Making choices and taking control over decisions affecting our care and support

TRANSFORMATION (DELIVERY) PLAN supported by enablers:

Medium Term Financial Plan | Performance Framework | Locality Plans | Existing strategies | Infrastructure Planning | Housing Contribution | Organisational Development and Workforce Plan | Communication & Engagement Framework

APPENDIX 3: 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 OR 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 PEOPLE WHO USE THOSE SERVICES.

5 - HEALTH AND SOCIAL CARE SERVICES CONTRIBUTE TO REDUCING HEALTH INEQUALITIES.

6 - PEOPLE WHO PROVIDE UNPAID CARE ARE SUPPORTED TO LOOK AFTER THEIR OWN HEALTH AND WELLBEING, INCLUDING TO REDUCE ANY NEGATIVE IMPACT OF THEIR CARING ROLE ON THEIR OWN HEALTH AND WELL-BEING.

7 - PEOPLE USING HEALTH AND SOCIAL CARE SERVICES ARE SAFE FROM HARM.
8 - PEOPLE WHO WORK IN HEALTH AND SOCIAL CARE SERVICES FEEL ENGAGED WITH THE WORK THEY DO AND ARE SUPPORTED TO CONTINUOUSLY IMPROVE THE INFORMATION, SUPPORT, CARE AND TREATMENT THEY PROVIDE.

9 - RESOURCES ARE USED EFFECTIVELY AND EFFICIENTLY IN THE PROVISION OF HEALTH AND SOCIAL CARE SERVICES.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JUNE 2020**

SUBJECT: **DRUG RELATED DEATHS**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To update the Moray Integration Joint Board (MIJB) about Drug Related Deaths in Moray 2019 and into 2020.

2. RECOMMENDATION

2.1. It is recommended that the MIJB consider and note:

i) the Drug Related Death figures for Moray for 2019 and up to 31 May 2020 (2017 and 2018 data added for context); and

ii) the approach to be taken to review all drug and alcohol related deaths in Moray; the newly implemented Multi Agency Risk System to anticipate and mitigate high risks for individuals receiving a service from Moray Integrated Substance Misuse Service; and the impact these approaches anticipate in reducing harm and drug related deaths going forward.

3. BACKGROUND

3.1 Moray has had a variable trend of Drug Related Deaths:
Calendar year 2017 – 8 deaths
Calendar year 2018 – 17 deaths
Calendar year 2019 – 12 deaths

3.2 For calendar years 2017 – 2019 these figures have been nationally verified as drug related deaths.

3.3 For year 2020 up to 31 May 6 people who were known to services have died. Three of these will not be classified as drug related deaths – for example a person may be receiving a service from Moray Integrated Drug and Alcohol Service but died due to other causes e.g. accident or physical illness. There is

also a time delay for categorising deaths reliant on post mortem reporting and national reconciling / verification of drug related deaths. This recording delay is more evident in 2020 due to COVID-19 processes.

3.4 The figure of 3 deaths up to the 31 May 2020 (subject to verification by Scottish Government), is the same as for the same period in 2019, against 8 in 2018.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 A new process of Multi Agency Risk System (MARS) commenced in January 2019 following the increased trend of drug and alcohol related deaths in 2018. The meeting purpose is to:

- To share current / relevant information between practitioners and agencies;
- To establish multi-disciplinary / multi-agency risk management plans for people;
- To analyse the risk of serious harm and identify the risks (e.g. previous self-harm or attempts at suicide; previous near fatal overdose or more than one overdose; adverse experiences and impact on individuals (bereavement etc.); poor compliance / motivation; contact with criminal justice services).
- To proactively identify risk management strategies and activities to be implemented in line with professional role and competence; to mitigate against risk(s);
- To address any obstacles to the delivery of risk management plans and uninterrupted service provision.

4.2 There is pre meeting information sharing by agencies and practitioners. Meetings are chaired and meeting notes held confidentially. The frequency of meetings will be demand led.

4.3 Moray Integrated Substance Misuse Service follow a review process of all the cases open in service for shared learning and debrief.

4.4 Clinical governance will be assured to Moray Clinical Governance Group by completing and submitting the Moray Quality Assurance Reporting Template on a quarterly basis. This includes: reporting of risks; adverse events; learning outcomes from adverse events reviews (drug related deaths); good practice; external reviews of service; people's experience of the service – complaints / care experience.

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"

Moray Drug and Alcohol Partnership Delivery Plan 2018-2021 (reviewed and revised June 2019)

(b) Policy and Legal

Improved governance – review and reporting of all drug and alcohol related deaths.

Delivery in line with Rights, Respect and Recovery 2018 – Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.

(c) Financial implications

There are no financial implications. The Adverse Event Review Process and Multi Agency Risk System approach are undertaken by existing staff and multi-agency partners.

(d) Risk Implications and Mitigation

As detailed above at Section 4.

(e) Staffing Implications

There are no staffing implications.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

Review of all drug and alcohol related deaths including those people who have died while receiving a service (but may not be a drug or alcohol related death); Participating in Multi Agency Risk System with partners. Greater surveillance of risks and how to mitigate these. Learning for all partners.

(h) Consultations

Paul Johnston, Alcohol and Drug Partnership Manager, Lynsey Murray, Team Manager, Moray Integration Drug and Alcohol Service and Tracey Sutherland, Committee Services Officer, Moray Council. Comments have been incorporated in this report.

6. CONCLUSION

6.1 The approach to reviewing drug and alcohol related deaths and participating in Multi Agency Risk System will enable Moray to be better placed to learn from drug related deaths; reduce harm to individuals and manage risks for individuals receiving a service. These approaches should reduce Drug Related Deaths in the future.

Author of Report: Pamela Cremin, Integrated Service Manager, Mental Health and Substance Misuse Service

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 25 JUNE 2020**

SUBJECT: **JUBILEE COTTAGES, ELGIN – PILOT PROJECT**

BY: **LESLEY ATTRIDGE, LOCALITY MANAGER**

1. REASON FOR REPORT

1.1. To inform the Board of the options appraisal undertaken in relation to the future use of Jubilee Cottages, Elgin.

2. RECOMMENDATION

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

i) consider the options appraisal at Appendix 1 for the Jubilee Cottages in this report;

ii) consider the position of Health and Social Care Moray (HSCM) in the preference for Option A of the options appraisal; and

iii) if considering and agreeing Option A, approval would be required from Moray Council's Policy and Resources Committee.

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 28 November 2019 (para 16 of the minute refers) it was agreed that Health and Social Care Moray (HSCM) would present an options appraisal to the Board setting out options in relation to the future use of the cottages.

3.3. Whilst the main objective would be to support people to return or stay at home, that is not always possible. The project group established relevant admission criteria, licence to occupy and operational guidance for the operation of the cottages. The cottages were furnished and telecare provided, as required, to maximise the rehabilitation process for service users. There was also provision for care, for those that required this as part of their re-ablement, from the Independent Living Team (ILT) now known as Short Term Assessment and Rehabilitation Team (START) and the Pitgaveny Team.

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. This has not proved to be the case – since the last report from June 2019 to February 2020, an additional 4 service users took up residence at the cottages. The overall occupancy rate based on the 5 cottages is 43%.

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. This has led to the options appraisal being completed in partnership with Housing which was a MIJB recommendation

4.4. Though not originally in scope, some clients’ needs were met by the cottages because there was no alternative. A gap in provision exists 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 before the client can return home

4.5. The alternative accommodation would either be dispersed homeless accommodation, which is rarely suitable or available for this client group without a considerable amount of resource. Placement in a care home is costly and utilises a bed where there is demand from other client groups.

4.6. In these circumstances the 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 that was able to be provided to these clients aided the transition from Jubilee Cottages to their own tenancies with all agencies communicating well with one another and the clients all working to the one aim of relocating vulnerable older adults with health and social care needs into a new home and settle them in their new community.

4.8. Some of the clients have very complex needs. 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 would require to be reviewed and individual risk assessments would need to be undertaken prior to consideration, as the cottages are not 24 hour care (however support can be provided through the use of telecare and response teams available from 07:30 to 22:00).

Costs

4.9. £112,000 was allocated for the renovations costs of the cottages. Annual operating costs are forecast to be £13,640 per year which is a budget pressure.

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. If the eligibility criteria for occupancy was extended to focus more on rehabilitation rather than reablement there is the potential for more suitable clients to be referred. This would require considering over 50's. If an occupancy rate of 80% was achieved then the requirement to spend on other more expensive accommodation options would be reduced. 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. The pilot has also identified further need for an emergency care facility that can be used instead of care homes for suitable clients. The costs for operation of some or all of the cottages and reducing some use of care homes is an area for further evaluation.

4.13. The findings of the Care 'in between' project (led by The Glasgow School of Art) provides evidence-based opportunities that would transform the way care needs are met in the future in Moray. Care needs identified included practical, social and clinical support and the findings across the project suggested that practical and social needs could be met at home if appropriate support could be provided.

4.14. Opportunities such as a 'Care Community Connector' role, changing culture by shifting conversations to 'wellness' across the system, and a range of more immediate changes in relation to the pathway of care 'in between' (including collecting baseline information and initiating early assessment at the point of admission) were suggested as ways to alleviate pressure across the system but require significant decision-making, leadership and ownership if these are to be realised. Through the theme of 'practising person-centred care' a number of solutions were identified by participants around how practical and social support could be provided and these have been translated into a roadmap to guide HSCM in future developments. Future work also suggests exploring care homes as places of intermediate care in partnership with local providers who are open to conversations regarding the future role of care homes in this space. Embracing a culture of 'destination home' (outlined in the conclusion of the report) aligned to the strategic theme of 'home first' could also enable significant transformation across the system which would have implications for the type of care, support and resulting infrastructure required for care 'in between'. The full report is available here: https://futurehealthandwellbeing.org/care-in-between

4.15. If the cottages are to be retained for option appraisal A or B highlighted in **Appendix 1**, it would be necessary to report to Moray Council's P&R Committee for their approval of 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

4.16. Feedback from the occupants of the cottages has demonstrated high satisfaction

4.17. 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.

4.18. 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.

4.19. 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
- Tracey Sutherland, Committee Services Officer, Moray Council
- Senior Analyst, HSCM
- Head of Service, Sean Coady
- Housing Needs Manager, Moray Council
- The Glasgow School of Art
- Service Manager, Learning Disabilities

6. CONCLUSION

6.1. The initial intended profile of the cottages being used for 6 week (fast track) rehabilitation has not proven to be viable and would now not be in keeping with the emerging strategic priority of "Home First".

6.2. Although provision of accommodation is not part of the core business for HSCM or MIJB this pilot has demonstrated the value that is being added 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, 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. HSCM would conclude that option appraisal A would provide a more financially sustainable service due to increasing the occupancy rate and decreasing the costs of alternative solutions and system impact for a wider population of Moray.

Author of Report: Lesley Attridge, Locality Manager
Background Papers: with author
Ref:

Option Appraisal – Jubilee Cottages, Elgin **Appendix 1**

Issue for Resolution	To look at whether H&SCM continue to utilise the cottages for service users known to HSCM			
Objectives	Providing an alternative solution for care in between for the Moray population who requires support form HSCM under critical and substantial eligibility criteria			
	Option A	**Option B**	**Option C**	**Option D**
Scope of Solution	Joint housing option	Provide Homeless Temporary Accommodation	Utilise Unscheduled Short Stay(USS) placements with in care homes	If there is no future need for these, hand back to Council Estates
Constraints	Applying the temp accommodation policy given the size of the cottages. Housing have dispersed homeless accommodation within communities and are currently meeting the demand through the Rapid Housing Transition plan with caveat around more complex cases (HSC needs).	The cottages could be let under the Temporary Accommodation Policy as temp accommodation doesn't have the same standard requirements of Scottish Assured Tenancies (SAT) Current trust requirements of the "elderly" "Common good" element attached to the cottages – this may limit the potential tenancy income	Care homes are registered for over 65 therefore not inclusive of the population Delays in obtaining variations to Care inspector registration therefore delays in meeting crisis intervention requirements. Availability of beds	
Dependencies	Service users are reluctant to move on from the cottages when a suitable property if found.		High risk if individuals becoming institutionalised and unable to return home as a result	

Risks / Impacts on Other users	The homeless service users who also have complex HSC needs are not met easily through this process Policies would require to be implemented if service users refuse to move on form the cottages into more suitable long term accommodation. Trust requirements would need to consider ability to use the cottages for under 65 HSCM cannot manage rental income and therefore this would need to be managed via housing		Care home owners are not in agreement of unplanned admissions under USS. Risk that availability is consumed by a client group who require a less supportive environment but are assessed to meet the resource as opposed to personal outcomes. More vulnerable users are unable to have their needs met as a result of availability being occupied by a less dependent client group. Provides a limited range of options under SDS and choice and control	HSCM would require to meet the needs of those identified as requiring alternative accommodation via option B or C Reduce potential benefits for recovery, reablement and rehab
Service Requirements met	Yes - Hospital admission avoided Early discharge promoted Reduce system impact on other services eg homecare and care home placements Service user outcomes Need for ground floor due to mobility issues and Housing don't have a lot of these types of tenancies. Provides a more inclusive range of options in line with SDS and choice and control	Yes - Need for ground floor due to mobility issues and Housing don't have a lot of these types of tenancies.	No - Promotion of rehab and reablement very much curtailed utilising this option.	No – limits the option available under SDS and choice and control

Affordability	Recovery through tenancy charge to cover maintenance under the Temp Accommodation charging policy including housing management fee.		The is not a sustainable model	This would reduce the financial costs associated with the cottages but increase costs elsewhere in the system as outlined in the report
Benefits / Improvement Opportunities	More inclusive provision to wider more diverse population.	More inclusive provision to wider more diverse population.	None	None
Quantitative	Increased occupancy rates			
Cash Releasing	Yes		No	
Non Cash Releasing				Yes
Qualitative	Meets service user outcomes for the wider population			

Issue for Resolution	To look at whether H&SCM continue to utilise the cottages for service users known to HSCM			
Objectives	Providing an alternative solution for care in between for the Moray population who requires support from HSCM under critical and substantial eligibility criteria			
	Option E	**Option F**		
Scope of Solution	Continue with the status quo.	Cottages are part of the accommodated respite		
Constraints				
Dependencies		Service users are reluctant to move on from the cottages when a suitable property if found/return home		
Risks / Impacts on Other users	Continue under the existing trust requirements			
Service Requirements met	No – not inclusive of a more diverse range of the population			
Affordability	More cost effective model than option C			
Benefits / Improvement Opportunities	Continues to meet the needs of limited client group across Moray	More inclusive provision to wider more diverse population. Trust requirements are met in relation to older people		
Quantitative				

Cash Releasing				
Non Cash Releasing				
Qualitative				