MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 25 July 2019

Inkwell Main, Elgin Youth Café

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board Audit, Performance and Risk Committee** is to be held in **Inkwell Main, Elgin Youth Café**, **Francis Place, Elgin, IV30 1LQ** on **Thursday, 25 July 2019** at **13:00** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

MEMBERSHIP

Councillor Dennis Robertson (Chair)   Executive Board Member, NHS Grampian
Councillor Tim Eagle   Moray Council
Councillor Louise Laing   Moray Council
Mr Sandy Riddell   Non-Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Elidh Brown   tsiMORAY
Mr Steven Lindsay   NHS Grampian Staff Partnership Representative

ADVISORS

Ms Tracey Abdy   Chief Financial Officer, Moray Integration Joint Board
Ms Pamela Gowans   Chief Officer, Moray Integration Joint Board
Mr Atholl Scott   Chief Internal Auditor, Moray Integration Joint Board

Clerk Name: Caroline Howie
Clerk Telephone: 01343 563302
Clerk Email: caroline.howie@moray.gov.uk

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 28 March 2019

Inkwell Main, Elgin Youth Café, Francis Place, Elgin, IV30 1LQ

PRESENT

Ms Tracey Abdy, Councillor Tim Eagle, Ms Pam Gowans, Councillor Louise Laing, Mr Steven Lindsay, Mr Sandy Riddell, Mr Atholl Scott, Mrs Susan Webb

APOLOGIES

Ms Elidh Brown

IN ATTENDANCE

Ms Heidi Tweedie (substituting for Ms Elidh Brown); Ms Maggie Bruce, Senior Audit Manager, Audit Scotland; Ms Jeanette Netherwood, Corporate Manager; Mr Bruce Woodward, Senior Performance Manager and Mrs Caroline Howie, Committee Services Officer, Moray Council, as clerk to the meeting.

1   Chair of Meeting

The meeting was chaired by Mrs Susan Webb.

2   Declaration of Member's Interests

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

3   Minute of Meeting dated 13 December 2018

The minute of the meeting of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 13 December 2018 was submitted and approved.

4   Action Log of Meeting dated 13 December 2018

The action log of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 13 December 2018 was submitted and discussed and it was noted that, other than the following, all actions due had been completed:

  i.   Item 4 - Audit Scotland - Update Report on Health and Social Care Integration - self assessment information yet to be received from the Government, therefore to be presented to the next meeting; and

  ii.   Item 5 - Payment Verification Assurance Update - not completed, due date moved to next meeting.

5   Quarter 3 (October - December 2018) Performance Report

A report by the Chief Financial Officer updated the Committee on performance as at Quarter 3 (October - December) 2018/19.

The Committee was advised that Delayed Discharges are on the increase, despite ongoing work to reduce this. This had previously been a winter issue but is now an issue all year round.

Discussion took place on the key issues raised, namely Delayed Discharges, Complaints, Sickness Absences, Psychological Therapy Treatment Waiting Times, Smoking Cessation and Alcohol Brief Interventions.

During discussion the Chair requested a report to the next meeting on Delayed Discharges to allow more focus on requirements.

Sickness absence within NHS staff was noted to be consistently red. The Chair requested a report to the meeting in September 2019 as she was of the opinion time would be required to investigate this prior to reporting to Committee.

The Chair stated it would be helpful if the Committee could see further information on the performance reporting developments of Alcohol Brief Interventions and sought a report to the next meeting.

Thereafter the Committee agreed to:

  i.   note the performance of local indicators for Quarter 3 (October - December 2018) as presented in the summary report at appendix 1 of the report;

  ii.   seek a report on Delayed Discharges for consideration at the meeting in July 2019;

  iii. seek a report on Alcohol Brief Interventions for consideration at the meeting in July 2019; and

  iv.   seek a report on NHS staff sickness absence for consideration at the meeting in September 2019.

## 6	Strategic Risk Register - March 2019

A report by the Chief Officer provided an overview of the current strategic risks, along with a summary of action which are in place to mitigate those risks, updated as at March 2019.

During discussion Committee were supportive of the information provided in the report but was of the opinion that timescales required to be revisited and requested a further report, including updated timescales, be provided to the next meeting.

Thereafter the Committee agreed to:

i.	note the updated Strategic Risk Register; and

ii.	seek a further report, including updated timescales, to the meeting in July 2019.

## 7	External Audit Plan for the Year Ending 2018-19

A report by the Chief Financial Officer informed the Committee of the Auditor's Annual Plan for 2018/19.

Following discussion the Committee agreed to note the contents of the External Auditor's Annual Plan for 2018/19.

## 8	Internal Audit Update

A report by the Chief Internal Auditor provided an update on progress towards delivery of the internal audit plan for 2018/19 year and on work being undertaken to inform the 2019/20 programme of internal audit work.

Following discussion the Committee agreed to note the:

i.	contents of the update report; and

ii.	internal audit reporting protocol as outlined in appendix 1 of the report.

## 9	NHS Grampian Internal Audit Reports

A report by the Chief Internal Auditor informed the Committee of the outcomes from two recent internal audit reports prepared by PricewaterhouseCoopers, the appointed Internal Auditor for NHS Grampian.

Discussion took place on the content of the report and it was stated it was important to be clear on reporting structures for the varying parts of the system. It was further stated that information in respect of staffing should be presented to this Committee, however patient safety information should be dealt with at the Clinical and Care Governance Committee.

Thereafter the Committee agreed to note the findings and recommendations from the internal audit report.

MEETING OF MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

THURSDAY 28 MARCH 2019

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log of Meeting dated 13 December 2018	Item 4 – Audit Scotland – Update Report on Health and Social Care Integration – self assessment information yet to be received from the Government, to be presented to the next meeting.	Jul 2019	T Abdy
		Item 5 – Payment Verification Assurance Update – not completed, due date moved to next meeting.	Jul 2019	P Morgan
2.	Quarter 3 (October – December 2018) Performance Report	Report on Delayed Discharges to be provided to the next meeting.	Jul 2019	T Abdy
		Report on Alcohol Brief Interventions to be provided to the next meeting.	Jul 2019	T Abdy
		Report on NHS staff sickness absence to be provided in September.	Sept 2019	T Abdy
3.	Strategic Risk Register – March 2019	Further report to the next Committee to include updated timescales.	Jul 2019	P Gowans

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 JULY 2019**

SUBJECT: **QUARTER 4 (JANUARY – MARCH 2019) PERFORMANCE REPORT**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Audit, Performance and Risk Committee on the performance of the Moray Integration Joint Board (MIJB) as at Quarter 4 (January – March) 2018/19.

2. RECOMMENDATION

2.1 **It is recommended that the Audit Performance and Risk Committee consider and note:**

i) **the performance of local indicators for Quarter 4 (January – March 2019) as presented in the summary report at APPENDIX 1;**

ii) **the detailed analysis of the local indicators that have been highlighted as requiring further analysis as contained within APPENDIX 2; and**

iii) **that a review of local indicators is underway and a report with recommendations will be presented to the next committee.**

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 the The National Core Suite of Integration Indicators which have been developed from national data sources to ensure the measurement approach is consistent across all partnerships in Scotland.

3.3 **APPENDIX 2** identifies local indicators that are linked to the strategic priorities of the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by this Committee.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1 National Indicators have been released for 2018/19. Indicators are presented in **APPENDIX 1**. Indicators NI1 to NI10 are outcome indicators based on questions in the biennial health and care experience survey. There was no survey done in 2017/18 with the next survey due to be run during 2019/20.

4.2 The one indicator where Moray is showing as Red is Delayed Discharge related (NI-19 Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population). A separate report is being presented in relation to Delayed Discharges.

4.3 Indicators NI12, 13, 14, 16 and 20 are currently being reviewed by Information Services Division (ISD) and are likely to change. Therefore the figures in **APPENDIX 1** for these indicators and all the Scottish averages are provisional and will be updated when the final figures are provided by ISD.

4.4 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 (Where there is no target, previous quarter is used):*	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within 5% tolerance.
RED	If Moray is performing worse than target by more than 5%.
▲ – ▼	Indicating the direction of the current trend.

4.5 The performance information for quarter 4 is attached in **APPENDIX 2.** Moray has 17 local indicators 11 of which are green, 2 amber and 4 indicators showing their status as red.

4.6 Of the 7 red indicators in Q3, 3 are now green and 4 remain red (one of these is L14 which is only updated yearly so no change was expected). There was 1 amber indicator in Q3 which remains amber but is showing an improvement (L09 65+ Emergency Admissions). Of the 9 green indicators in quarter 3, 8 remain green, one is now Amber (L12 – A&E Attendance Rates per 1000 population (All Ages), this is due to the current nature of the measures without targets being measured on previous quarter's performance (See 4.8)).

Summary of indicators
Qtr 3 2018/19
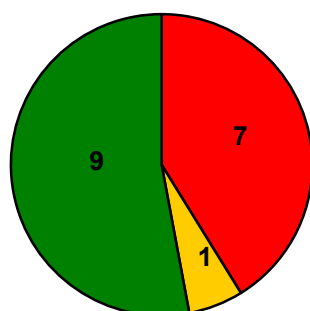
Summary of indicators
Qtr 4 2018/19
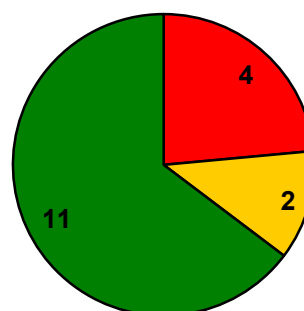
■RED ■AMBER ■GREEN

■RED ■AMBER ■GREEN

4.7 Indicators which are RED (not meeting local targets and outwith tolerances) at quarter 4 have been highlighted by the Performance Team with the relevant Service Managers. An investigation into the reasons why the indicator is red has been undertaken and potential remedial actions have been identified, discussed and implemented to improve performance where possible. **APPENDIX 3** provides exception reporting and supplementary information which explains the background to current performance and the management action being undertaken to address the underlying issues.

4.8 Narrative on the low number of Alcohol Brief Interventions (ABIs) has been provided in **APPENDIX 3** and further to that the Grampian Alcohol and Screening Brief Intervention Strategy has been provided as **APPENDIX 4**. The implementation plan for this strategy is currently being worked on with the intention of being published in late 2019.

4.9 A review of local indicators is being undertaken to establish if the indicators submitted to this committee remain an appropriate and representative indication of emerging strategic priorities. Review of the targets that have been set and determining if those without require targets or should be presented as information only. Progress and recommendations on this matter will be reported to the next committee.

5. **SUMMARY OF IMPLICATIONS**

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**

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**

Appendix 3 highlights some of the difficulties being experienced in staff recruitment and sickness absence and the subsequent impact on service delivery. Further detailed analysis is being undertaken and management are exploring additional approaches and solutions to address this issue

(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

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 Officer, MIJB
- Caroline Howie, Committee Services Officer
- Service Managers, Health and Social Care Moray
- Corporate Manager

6.   CONCLUSION

6.1   This report requests the Audit, Performance and Risk Committee comment on performance of local indicators and actions summarised in the highlight report (APPENDIX 3).

6.2   Progress on the review of Indicators to be brought to the next Audit, Performance and Risk Committee.

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

Moray Core Suite of National Integration Indicators - Annual Performance

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated bi-annually. Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly. Data for indicators 10, 21, 22 and 23 are not yet available.

	Indicator	Title	Previous score 2015/16	Current score 2017/18	Scotland 2017/18	RAG
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	93%	93%	G ▼
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	74%	83%	81%	G ▲
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	73%	75%	76%	A ▲
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71%	73%	74%	A ▲
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	79%	80%	80%	G ▲
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	86%	80%	83%	A ▼
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83%	79%	80%	A ▼
	NI - 8	Total combined % carers who feel supported to continue in their caring role	38%	39%	37%	G ▲
	NI - 9	Percentage of adults supported at home who agreed they felt safe	79%	84%	83%	G ▲
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

	Indicator	Title	Previous score	Current score	Scotland (provisional)	RAG
Data indicators	NI - 11	Premature mortality rate per 100,000 persons *(European age-standardised mortality rate per 100,000 for people aged under 75)*	360 *2016*	372 *2017*	425	G ▲
	NI - 12	Emergency admission rate (per 100,000 population)	9,269 *2017/18*	8,842 *2018/19*	TBC	G ▼
	NI - 13	Emergency bed day rate (per 100,000 population)	96,050 *2017/18*	85,623 *2018/19*	TBC	G ▼
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	84 *2017/18*	75 *2018/19*	TBC	G ▼
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89% *2017/18*	90% *2018/19*	89%	G ▲
	NI - 16	Falls rate per 1,000 population aged 65+	15 *2017/18*	15 *2018/19*	TBC	G –
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85% *2017/18*	87% *2018/19*	82%	G ▲
	NI - 18	Percentage of adults with intensive care needs receiving care at home	67% *2016*	65% *2017*	61%	G ▼
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	936 *2017/18*	1,093 *2018/19*	805	R ▲
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22% *2017/18*	19% *2018/19*	TBC	G ▼
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	

Item 5

RAG scoring based on the following criteria

G	*If Moray is performing the same or better than the Scottish average.*
A	*If Moray is performing worse than the Scottish average but within 5% tolerance.*
R	*If Moray is performing worse than the Scottish average by more than 5%.*
▲ – ▼	*Indicating the direction of the current trend.*

Moray Health and Social Care Partnership: Performance at a Glance Quarter 4 (January to March 2019)
Local Indicators

RAG scoring based on the following criteria (Where there is no target, previous quarter is used)	
G	If Moray is performing better than target
A	If Moray is performing worse than target but within 5% tolerance
R	If Moray is performing worse than target by more than 5%
▲ – ▼	Indicating direction of current trend

Item 5

ID.	Indicator Description	Source	Q4 (Jan-Mar 18)	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Target	RAG Status
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	2444	2380	2375	2344	**2274**	2360	**G▼**
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	186	191	189	187	**182**	193	**G▼**
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	NHS - PMS	129	132	130	130	**127**	125	**A▼**
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS	38	42	45	41	**37**	-	**G▼**
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS	32	32	39	35	**32**	35	**G▼**
L12	A&E Attendance rates per 1000 population (All Ages)	NHS	57.6	63.8	62.6	58.0	**59.4**	-	**A▲**

	R	If Moray is performing worse than target by more than 5%
▲	− ▼	Indicating direction of current trend

ID.	Indicator Description	Source	Q4 (Jan-Mar 18)	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Target	RAG Status
L13	A&E Percentage of people seen within 4 hours, within community hospitals	NHS	100% (624)	100% (825)	100.0% (681)	100.0% (564)	**100% (563)**	98%	**G -**
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	ISD	Reported Annually		90.7% (2015/16)	66.7% (2016/17)	2017/18 not available yet	70%	**R▼**
L15	Smoking cessation in 40% most deprived after 12 weeks	NHS	49	30	20	**29**	Q3 is most recent this is always a qtr behind	-	**G▲**
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	100.0%	98.0%	100%	100.0%	**100.0%**	90%	**G -**
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	95.3%	100%	100%	100.0%	**100.0%**	90%	**G -**
L18	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCP)	NHS	-	206	221	166	**125**	259	**R▼**
L19A	Number of complaints received and % responded to within 20 working days - NHS	NHS	68.4% (19)	50% (8)	54.5% (11)	50.0% (18)	**54.2% (24)**	-	**G▲**
L19B	Number of complaints received and % responded to within 20 working days - Council	SW	-	-	100% (6)	100% (6)	**100 (3)%**	-	**G -**
L20	NHS Sickness Absence % of Hours Lost	NHS	5.8%	4.9%	4.6%	4.7%	**3.8%**	4.0%	**G▼**
L21	Council Sickness Absence (% of Calendar Days Lost)	SW	-	7.9%	8.1%	8.3%	**7.4%**	5.9%	**R▼**
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	NHS	100.0%	100.0%	100.0%	80.0%	**78.0%**	90%	**R▼**

L07   **Rate of emergency occupied bed days for over 65s per 1000 population**

Financial Year

2015/16	Q4	2571
2016/17	Q1	2567
	Q2	2625
	Q3	2623
	Q4	2651
2017/18	Q1	2558
	Q2	2531
	Q3	2495
	Q4	2444
2018/19	Q1	2380
	Q2	2375
	Q3	2344
	Q4	2274
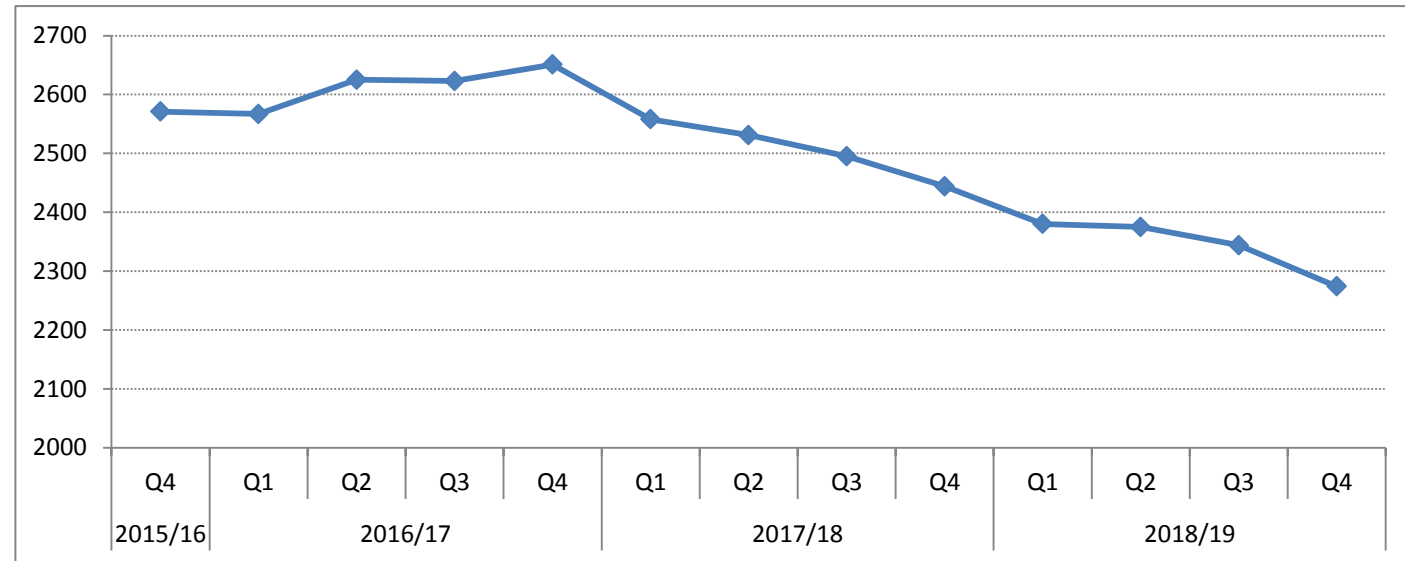
L08   **Emergency Admissions rate per 1000 population for over 65s**

Financial Year

2015/16	Q4	179.6
2016/17	Q1	175.6
	Q2	180.7
	Q3	183.9
	Q4	184.0
2017/18	Q1	177.7
	Q2	180.1
	Q3	182.4
	Q4	186.0
2018/19	Q1	190.5
	Q2	188.6
	Q3	187.2
	Q4	181.9
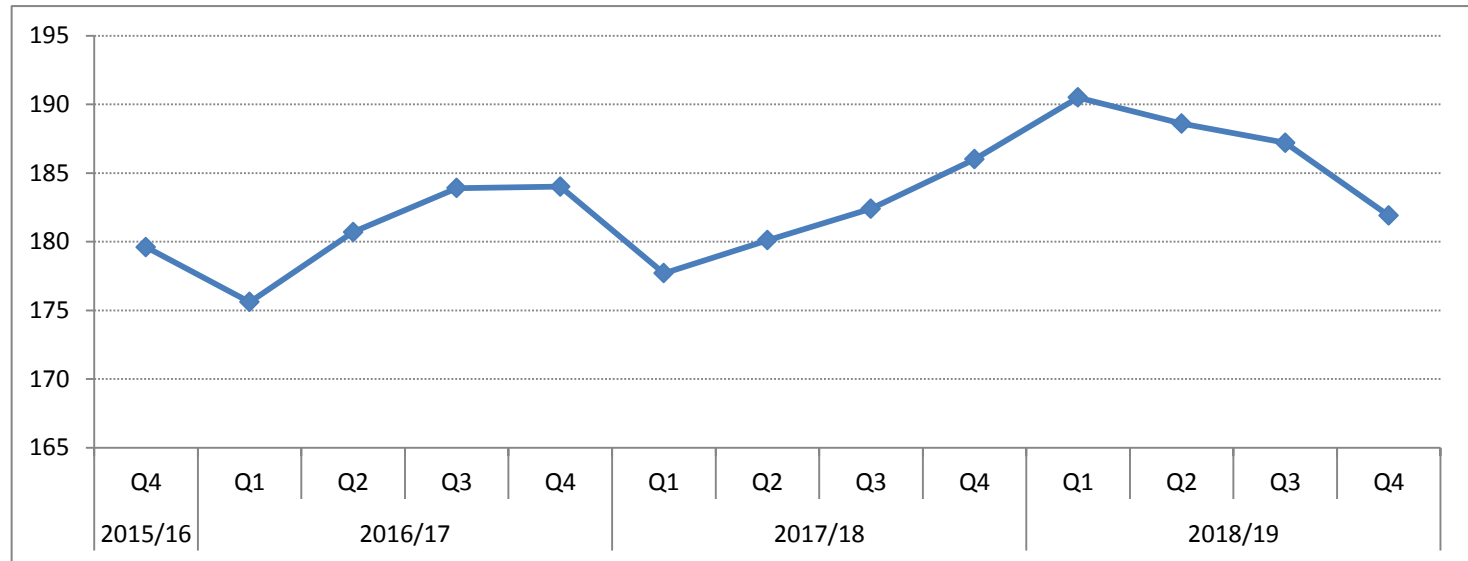
L09   **Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population**
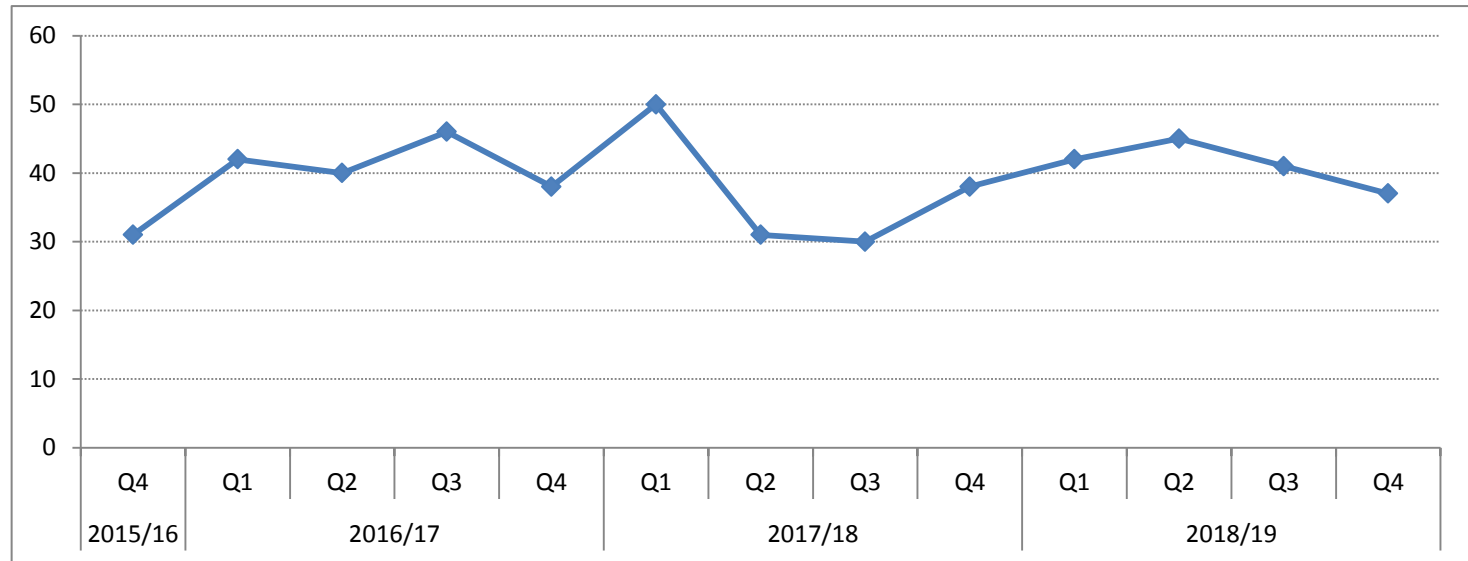
Financial Year

2015/16	Q4	125.1
2016/17	Q1	123.1
	Q2	124.8
	Q3	126.9
	Q4	127.4
2017/18	Q1	125.4
	Q2	127.6
	Q3	129.5
	Q4	129.3
2018/19	Q1	131.6
	Q2	129.9
	Q3	129.7
	Q4	127.1
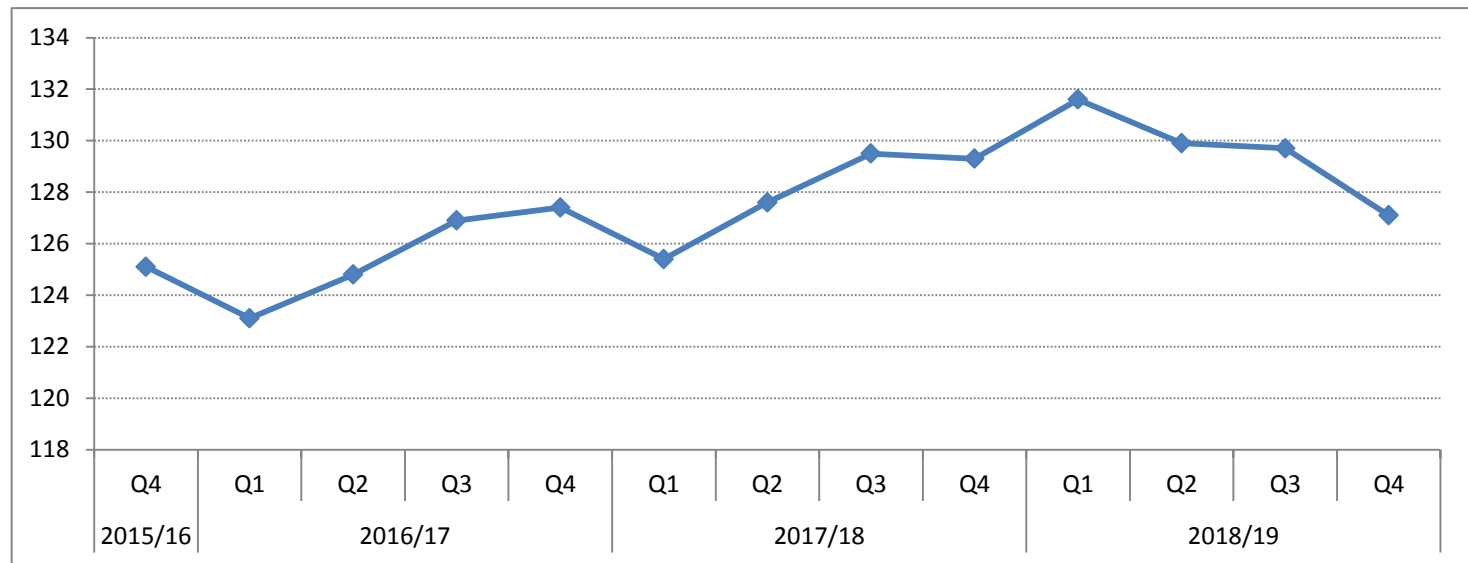
L10 Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population
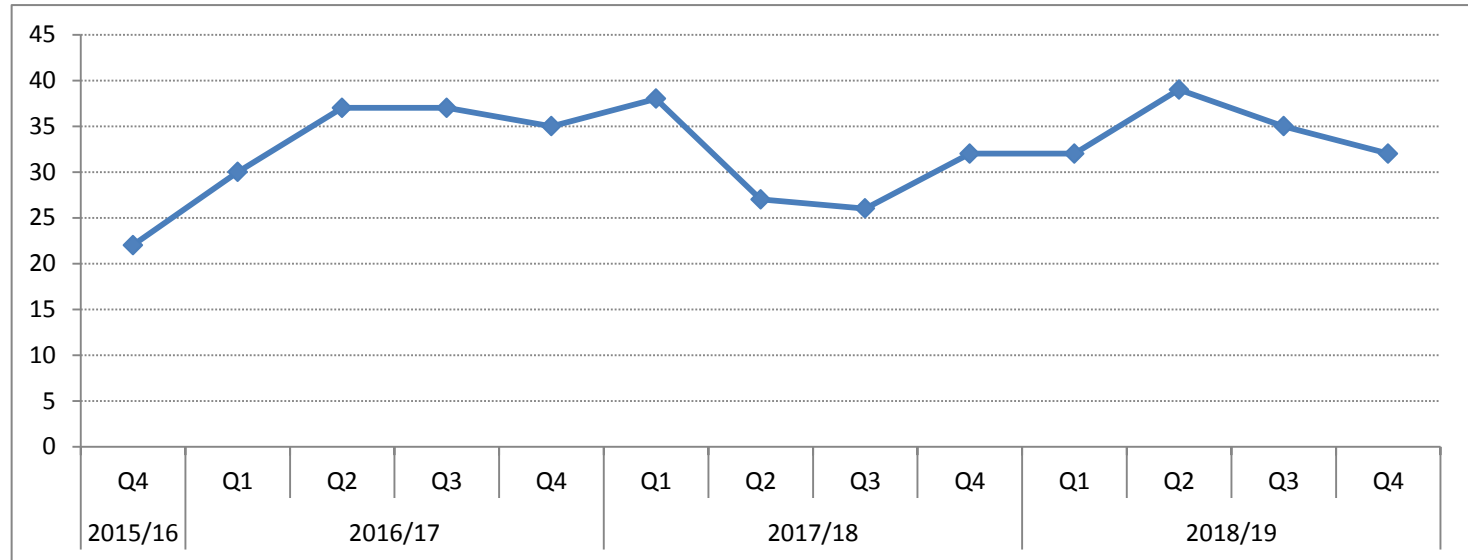
Financial Year

2015/16	Q4	31
2016/17	Q1	42
	Q2	40
	Q3	46
	Q4	38
2017/18	Q1	50
	Q2	31
	Q3	30
	Q4	38
2018/19	Q1	42
	Q2	45
	Q3	41
	Q4	37

L11   Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)
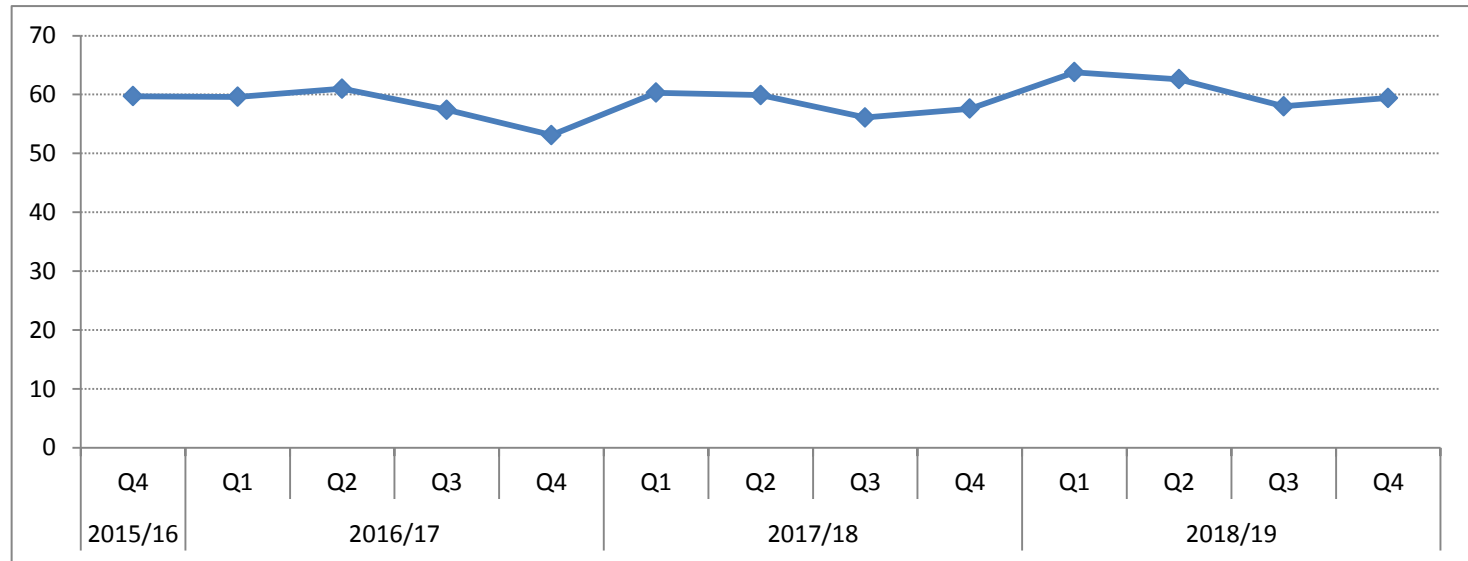
Financial Year

2015/16	Q4	22
2016/17	Q1	30
	Q2	37
	Q3	37
	Q4	35
2017/18	Q1	38
	Q2	27
	Q3	26
	Q4	32
2018/19	Q1	32
	Q2	39
	Q3	35
	Q4	32

L12   **A&E Attendance rates per 1000 population (All Ages)**

Financial Year

2015/16	Q4	59.7
2016/17	Q1	59.6
	Q2	61.0
	Q3	57.4
	Q4	53.1
2017/18	Q1	60.3
	Q2	59.9
	Q3	56.1
	Q4	57.6
2018/19	Q1	63.8
	Q2	62.6
	Q3	58.0
	Q4	59.4

L13   A&E Percentage of people seen within 4 hours, within community hospitals

Financial Year

2015/16	Q4	100.0%
2016/17	Q1	100.0%
	Q2	100.0%
	Q3	100.0%
	Q4	100.0%
2017/18	Q1	100.0%
	Q2	100.0%
	Q3	100.0%
	Q4	100.0%
2018/19	Q1	100.0%
	Q2	100.0%
	Q3	100.0%
	Q4	100.0%
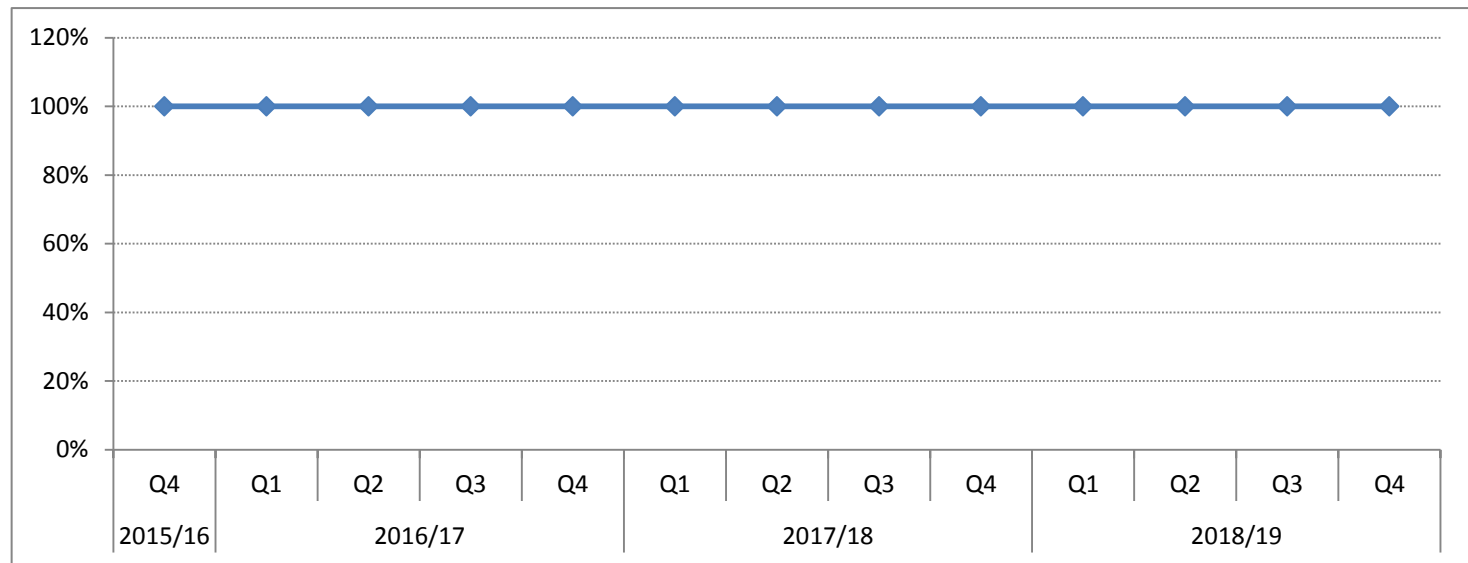
L14   **Percentage of new dementia diagnoses who receive 1 year post-diagnostic support**
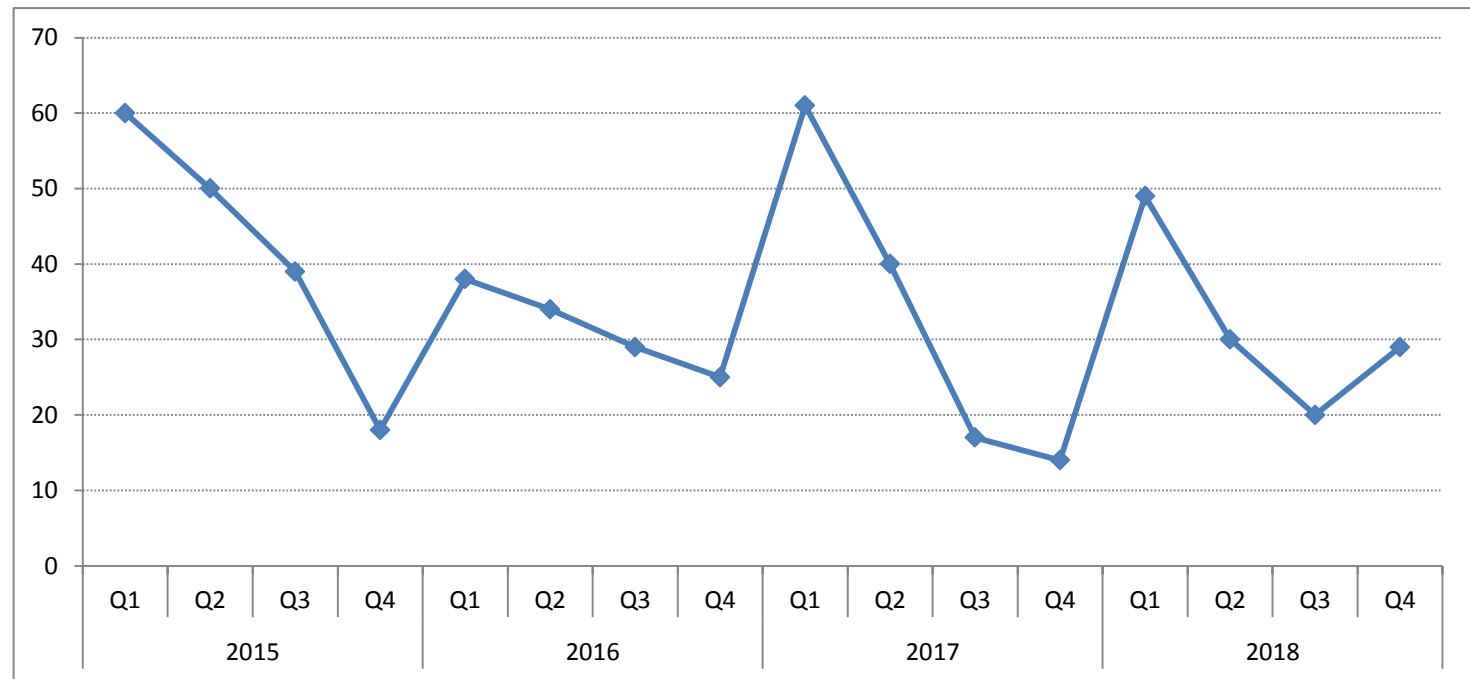
Financial Year

2014/15	94.9%
2015/16	90.7%
2016/17	66.7%
2017/18	
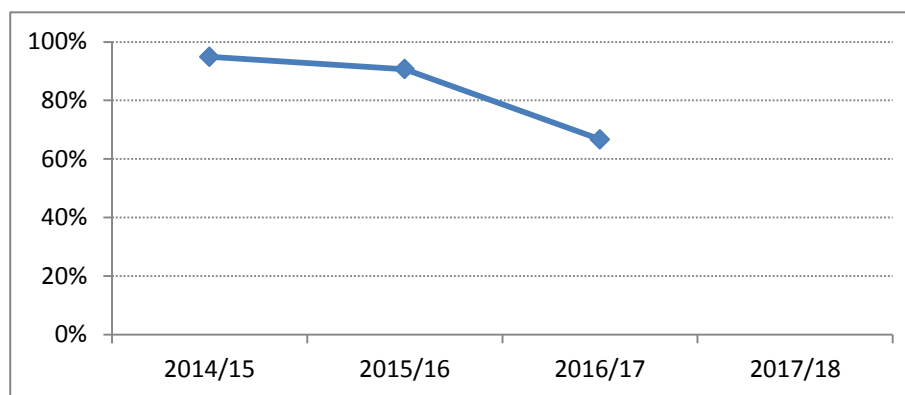
L15   **Smoking cessation in 40% most deprived after 12 weeks**

Calendar Year

Year	Quarter	Value
2015	Q1	60
	Q2	50
	Q3	39
	Q4	18
2016	Q1	38
	Q2	34
	Q3	29
	Q4	25
2017	Q1	61
	Q2	40
	Q3	17
	Q4	14
2018	Q1	49
	Q2	30
	Q3	20
	Q4	29
2019	Q1	
	Q2	
	Q3	
	Q4	

L16   Percentage of clients receiving alcohol treatment within 3 weeks of referral

Calendar Year

Year	Quarter	Value
2015	Q1	
	Q2	
	Q3	
	Q4	
2016	Q1	
	Q2	
	Q3	
	Q4	
2017	Q1	100.0%
	Q2	98.6%
	Q3	100.0%
	Q4	100.0%
2018	Q1	100.0%
	Q2	98.0%
	Q3	100.0%
	Q4	100.0%
2019	Q1	100.0%
	Q2	
	Q3	
	Q4	
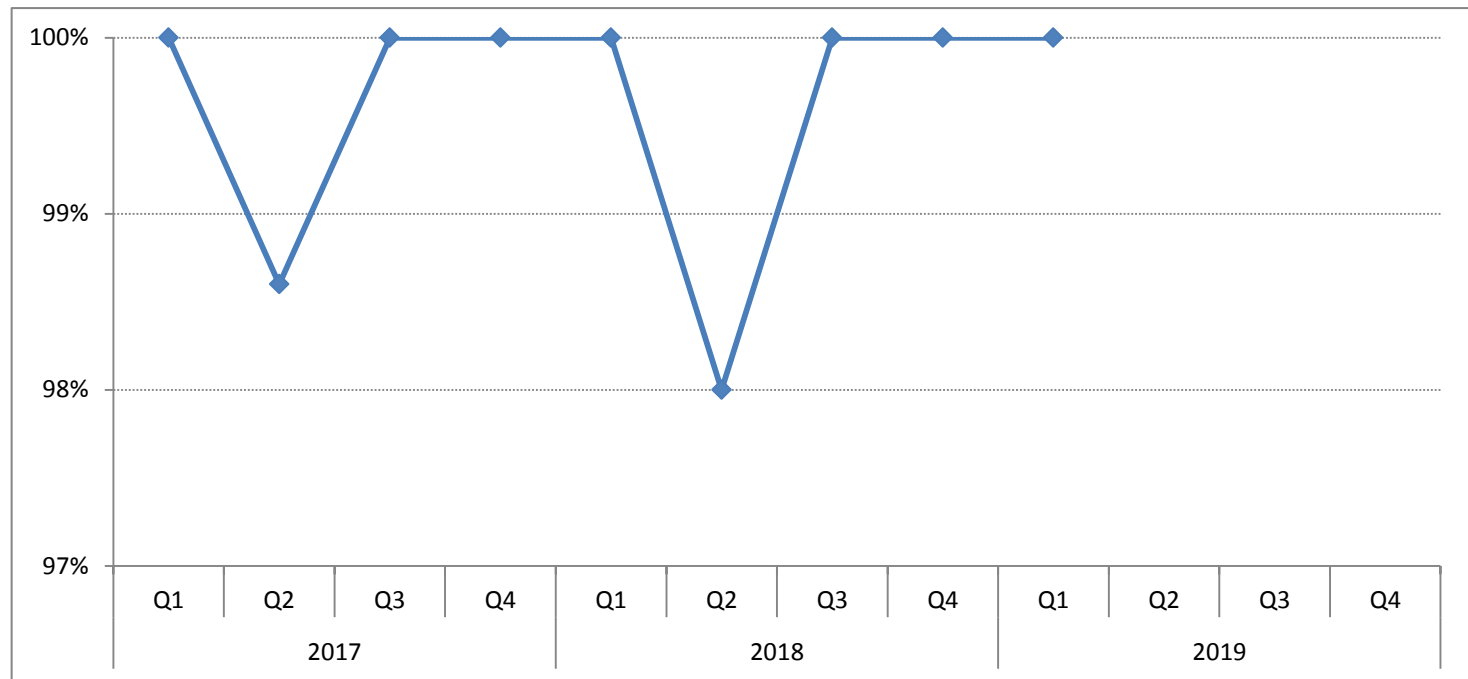
L17   Percentage of clients receiving drug treatment within 3 weeks of referral

Calendar Year

Year	Quarter	%
2015	Q1	
	Q2	
	Q3	
	Q4	
2016	Q1	
	Q2	
	Q3	
	Q4	
2017	Q1	100.0%
	Q2	100.0%
	Q3	100.0%
	Q4	100.0%
2018	Q1	95.3%
	Q2	100.0%
	Q3	100.0%
	Q4	100.0%
2019	Q1	100.0%
	Q2	
	Q3	
	Q4	
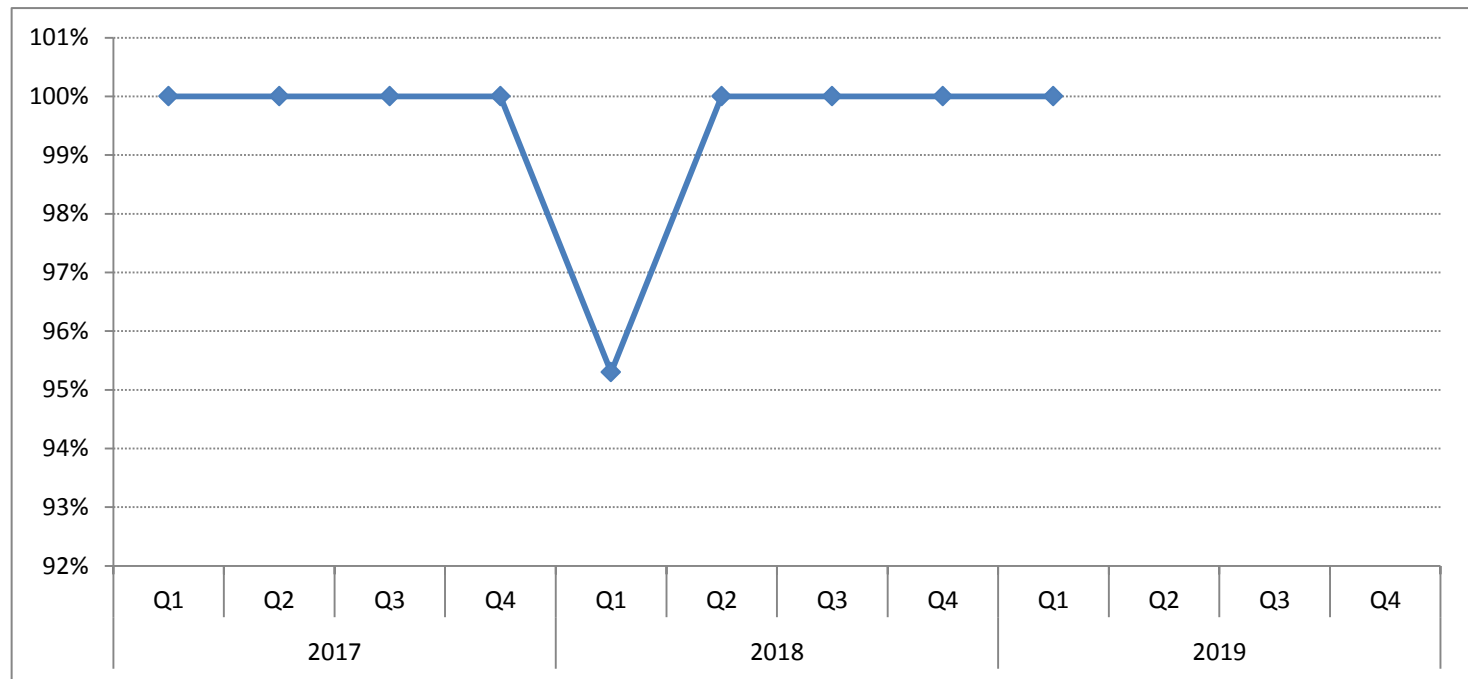
L18   Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCP)

Financial Year

|		
2017/18*	Q1	66
	Q2	59
	Q3	106
	Q4	142
2018/19	Q1	206
	Q2	221
	Q3	166
	Q4	125
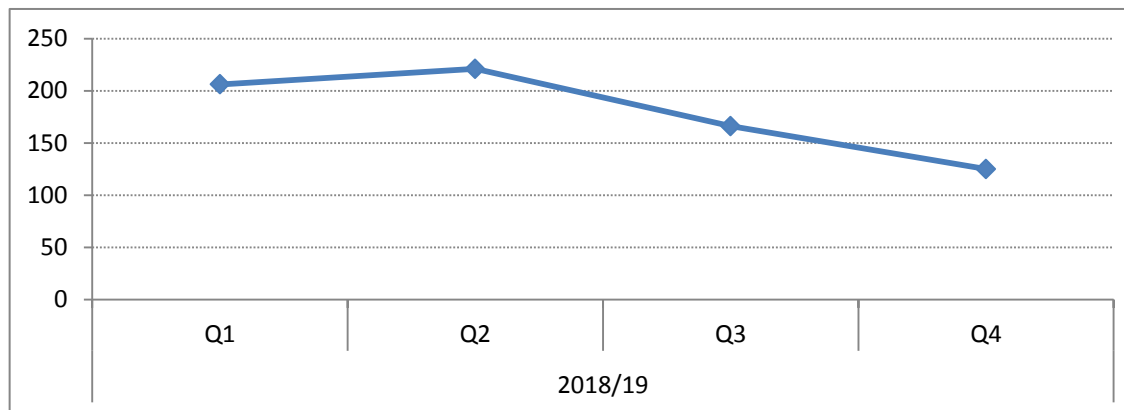
* Prior to 2018/19 only ABIs done in GP practices were recorded at partnership level, therefore previous years are not comparable

L19a   Number of complaints received and % responded to within 20 working days - NHS

Financial Year		Total number	Done in 20 days	
2017/18	Q1	10	2	20.0%
	Q2	14	8	57.1%
	Q3	10	1	10.0%
	Q4	19	13	68.4%
2018/19	Q1	8	4	50.0%
	Q2	11	6	54.5%
	Q3	18	9	50.0%
	Q4	24	13	54.2%
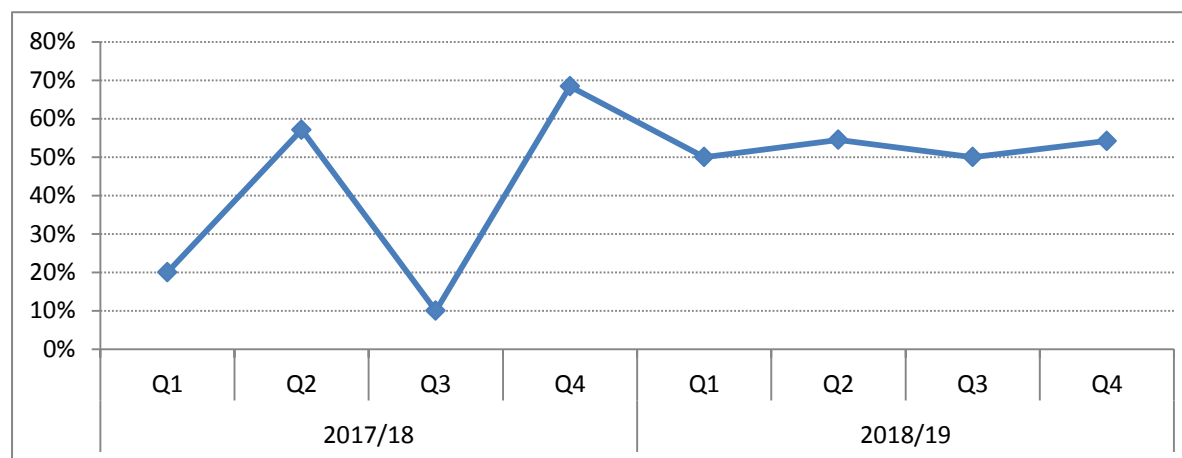
L20   **NHS Sickness Absence % of Hours Lost**

Financial Year

	Q2	5.1%
2016/17	Q3	5.1%
	Q4	4.9%
	Q1	4.9%
2017/18	Q2	4.0%
	Q3	4.6%
	Q4	5.8%
	Q1	4.9%
2018/19	Q2	4.6%
	Q3	4.7%
	Q4	3.8%
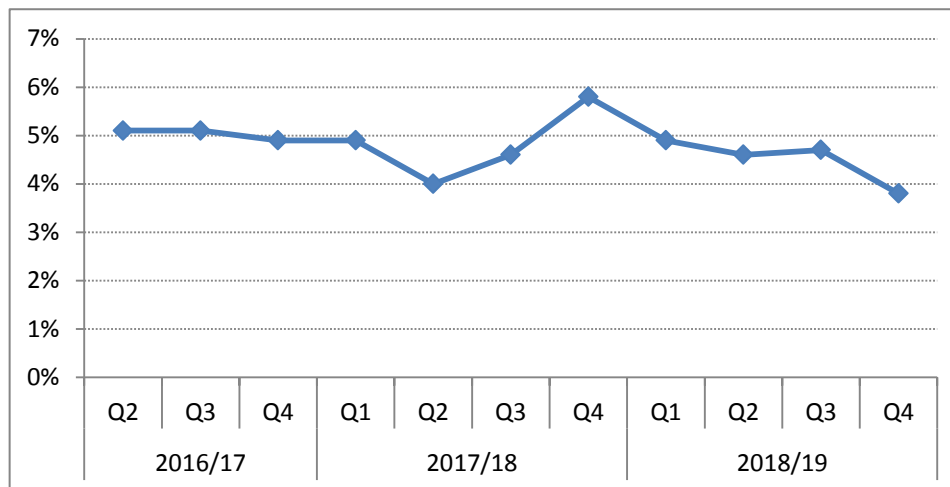
L21   Council Sickness Absence (% of Calendar Days Lost)

Financial Year

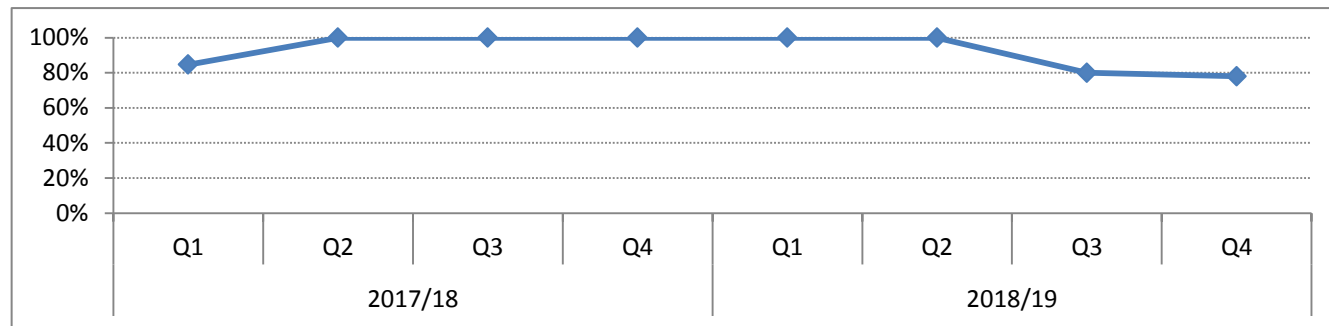|		
2018/19	Q1	7.9%
	Q2	8.1%
	Q3	8.3%
	Q4	7.4%
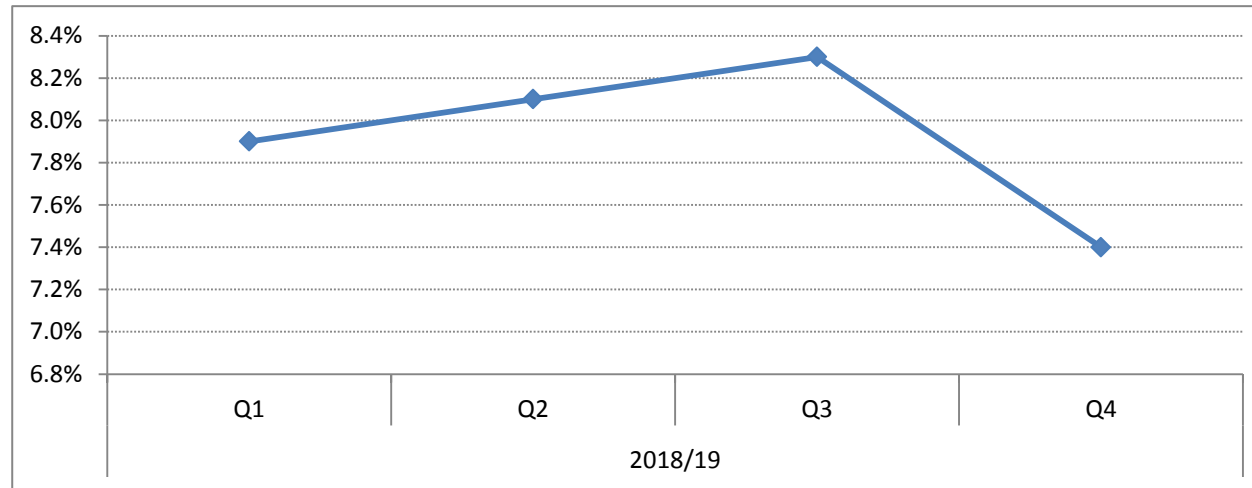
L41   Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)

Financial Year

2017/18	Q1	84.6%
	Q2	100.0%
	Q3	100.0%
	Q4	100.0%
2018/19	Q1	100.0%
	Q2	100.0%
	Q3	80.0%
	Q4	78.0%

HSCM Q4 PERFORMANCE ANALYSIS

Indicators not Achieving Target in Q4 (RED)

L14 Percentage of new dementia diagnoses who receive 1 year post-diagnostic support

(No update on this measure from Q3, below is the narrative as given in Q3)
Management figures (not yet officially published) show Moray at over 95% for this measure in 2017/18. This is a significant increase on 66.7% in 2016/17 and is higher than the Scottish Average and our neighbours in Aberdeenshire and Highland as well as other comparators (Stirling and Angus). Following publication of this data, more accurate comparison will be possible.

In 2016/17 there was a change in the management of the service from Alzheimers Scotland Post Diagnostic Support (PDS) Link Worker to the Community Mental Health Team who have two Support Workers undertaking PDS on a part time basis and Community Psychiatric Nurses provide services for those who require more complex follow up. Data regarding this service is now collected and monitored monthly. The raw numbers of those who have undergone PDS have risen from 29 in 2016 to 135 in 2018 (currently only calendar year figures are available) which show that the current system is able to provide support within the 12 months for more people.

L18   Number of Alcohol Brief Interventions being delivered *(includes ABIs in priority and wider settings where data can be aligned to HSCPs)*

The target for Moray is a very ambitious target. It is, however, also noteworthy that there are some key settings where alcohol screening and brief interventions take place - for example in the emergency department of Dr Gray's Hospital. In DGH, implementation of alcohol screening has been led by the Emergency Department physicians. This has been done because it is in line with best practice recommended by the college of emergency medicine. They have implemented a local protocol and use "drink more than you think scratch cards" to screen for alcohol related attendances. They provide feedback and a leaflet based on the score. Technically this would count as a brief intervention, however these are not counted due to the substantial additional work that it would create and have no plans to put in place a counting scheme as it risks destabilising this clinical practice.

Nevertheless the performance is falling short of the target. In early 2019, a strategy for Alcohol screening and Alcohol brief intervention was taken to the Moray Alcohol and Drug Partnership (ADP) and approved for implementation (Refer to **APPENDIX 4**). The action plan is continues to be developed with ADP partners taking a lead role in implementation. Areas that are being developed include - antenatal settings, integration with self-management approaches (taking a holistic approach to self-management), justice settings etc. A more detailed action plan is being developed and worked up by the ADP and will support the LOIP priority on alcohol.

L21   Council Sickness Absence (% of Calendar Days Lost)

The percentage of days lost in the council contracted staff is recorded as 7.4% which is a reduction from Q3 but still above the council target of 5.9%.

Fig 7 Council Sickness Absence (% of Calendar Days Lost)
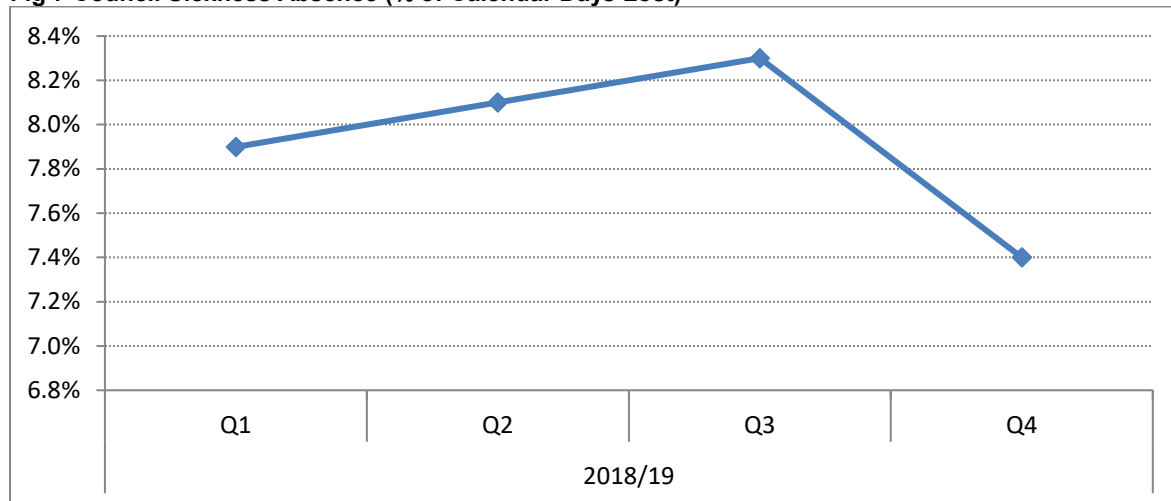
Absence management remains a standing item on the agenda of the monthly Provider Services management meeting, specific actions have already been undertaken by the internal homecare services management team which are starting to yield results.

- This has included a 100% staff retention rate at Woodview as the service has expanded to over 100 staff.
- Homecare has seen a reduction in long term sickness due to individuals now receiving 1:1 return to works, where originally telephone interviews were being used.
- Monitoring processes are in place across the whole of Provider Services, as part of a KPI system that has been developed and is focusing on WTE staff absence for each service, several of which have returned 0% absence rates for the last quarter.

Whilst the return to work interviews ensure consistency across the service and compliance with current policies; the process further supports staff to open up about issues that they may need support with and further is supporting teams that are relied on to fill the pressures that long term absence creates.

L41   Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral

Mental Health Services have identified three areas where improvements can be made and below are those areas and actions being undertaken:

Staff vacancies – the adult mental health psychology team have carried a 1.0 whole time equivalent (wte) clinical psychology vacancy since July 2018. Interviews for this post are taking place on 26 June 2019.   Following interview, a 0.48 wte band 6 primary care psychological therapist has been appointed, awaiting confirmation of start date. This post is for 6 months due to availability of funding.

Referrals – referrals into primary care and secondary care are being reviewed and active management of waiting lists is taking place.   Psychotherapy referrals

increased again in May 2019 but the team continues to meet the target for patients treated within 18 weeks due to active waiting list management.

Resource allocation – across adult and primary care teams there has been prioritisation of the longest waits rather than patients waiting to be seen in their geographical catchments.

Fig 8: Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral*
*The number of patients in this cohort is under 10 so cannot be shared publicly.
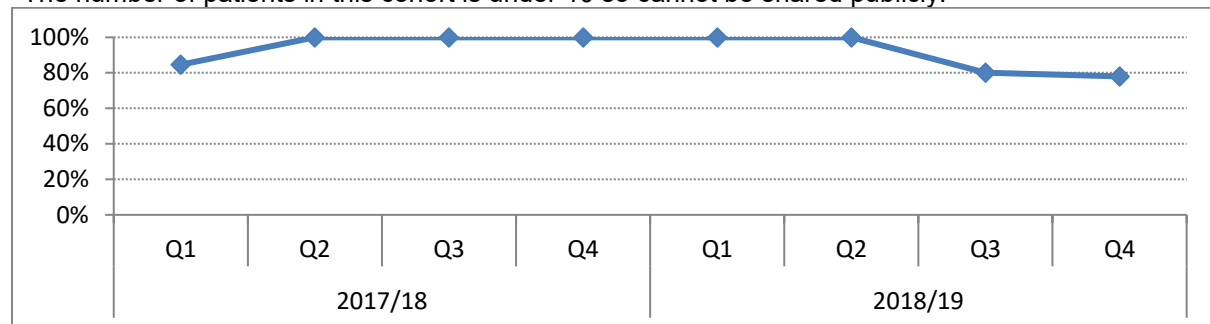
Grampian Alcohol Screening and Brief Intervention Strategy 2018 - 2021

Our vision for success is that in 2021

Alcohol screening part of the day-to-day practice of frontline staff and volunteers who work with people who are at risk of experiencing harm from alcohol. People are offered information, advice and support which help them change their behaviour or address the underlying reasons which contribute to high risk alcohol consumption.

The public health system's role in preventing alcohol harm through screening and brief intervention

- The public who make choices about their lives and are affected, informed and influenced by the social, physical, cultural and political environment around them
- The voluntary and community sector – influences people's choices by providing information, services, volunteering opportunities, employment.
- Health and social care workers, primary care – influence people's choices during planned and unplanned contacts, provide information and services. Responsible for prevention and self-management of chronic disease approaches.
- Criminal justice service providers – influence people's choices during contact, provide information, routes into treatment and care
- Industry – particularly in the context of providing employment and efforts to improve employee wellbeing

1

Grampian Alcohol Screening and Brief Intervention Strategy 2018 - 2021

Tara Shivaji, CPHM, NHSG, Approved by the Grampian ABI strategic Group 13.09.2018

Our health today, why we need to improve

The UK Chief Medical Officer published recommendations on low risk alcohol consumption in 2016. High risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term.

Low risk consumption as no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units. Pregnant women and those planning a pregnancy are recommended to not drink any alcohol at all.

Source: NHS Grampian, DPH annual report 2017

Alcohol is one of five lifestyle behavioural risk factors which contribute to the majority of the burden of chronic and non-communicable disease. Clustering of lifestyle risk factors is associated with higher risk of premature disease development and mortality[1]. Research within Grampian into the clustering of lifestyle risk factors indicates that these are spread unevenly through the population, increased multiple lifestyle risk factors were observed in men and in people from socioeconomically deprived neighbourhoods.

Alcohol screening

Screening is a process that differentiates people who have, or are at risk of having, a condition from those who do not. In the alcohol screening, the objective is to identify:

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- People whose consumption presents risk of harm to themselves or others
- People who are beginning to experience problems and signs of alcohol dependence.

Alcohol screening should identify both high risk drinking, a pattern of regular excessive or occasional high intensity drinking that increases the risk of alcohol-related harm, and alcohol dependence, or alcoholism. A range of validated screening tools exist which offer professionals and others a systematic way of asking about alcohol.

Alcohol Brief Intervention

There is no formalised definition of an alcohol brief intervention (ABI).It is generally described as:

a short, evidence-based, structured conversation about alcohol consumption with a person that seeks to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and their risk of harm.
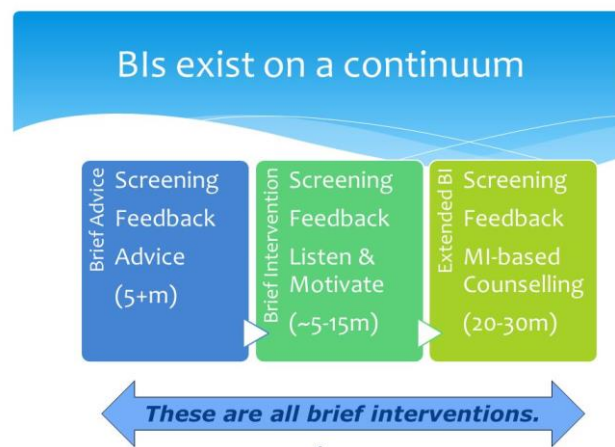
Source: Dr Niamh Fitzgerald, http://slideplayer.com/slide/10629505/

Where will the impact of the alcohol screening and brief intervention be seen?

Impact of alcohol screening

Systematic alcohol screening within services and agencies who work directly with people will lead to an improved identification of individuals who are probably alcohol dependent and require additional support. We would expect to see an increase in referrals to alcohol services from partner agencies implementing systematic alcohol screening.

Impact of ABIs

In 2014, NHS Health Scotland recommended ABIs as a prevention best buy[2].

Evidence of effectiveness in primary care

3

Grampian Alcohol Screening and Brief Intervention Strategy 2018 - 2021

Tara Shivaji, CPHM, NHSG, Approved by the Grampian ABI strategic Group 13.09.2018

The 2007 Cochrane review by Kaner, individuals who received an ABI consumed an average of four fewer units of alcohol per week one year after the intervention[3]. The evidence base has been challenged by the publication of large pragmatic trials where no or a modest minimal effect was demonstrated[4] suggesting that the efficacy observed in trial environments does not necessarily translate to effectiveness in practice. The pragmatic trials showed that patients in the control group who received screening and usual care had significant reductions in their drinking, suggesting that the active ingredient of ABI programmes might be screening itself rather than the intervention that follows.

*Evidence of effectiveness in Emergency Departments and Unscheduled Care Settings*

The evidence base for accident and emergency settings is small and includes interventions like personalised mail feedback (rather than structured conversations in the department) which show a small but significant effect associated with reduced consumption at 1 year[5].

Evidence of effectiveness in wider settings

The National Institute for Health and Care Excellence (NICE) recognises the limitations of the evidence base but identifies social care, criminal justice, sexual health and other community or voluntary sectors already engaged with the wider alcohol risk reduction agenda as appropriate settings[6].

Evidence Base on clustered lifestyle risk factors

Clustering has a significant effect on life expectancy and contributes to the inequalities seen. Addressing the clustering of risk factors and, at the same time, addressing their determinants is necessary to reduce inequality and improve population health[7]. Unhealthy behaviours do not respect organisational boundaries, and some of the best partnerships on addressing multiple risk factors occur when local authorities, the NHS and other partners set up formal referral routes between them.

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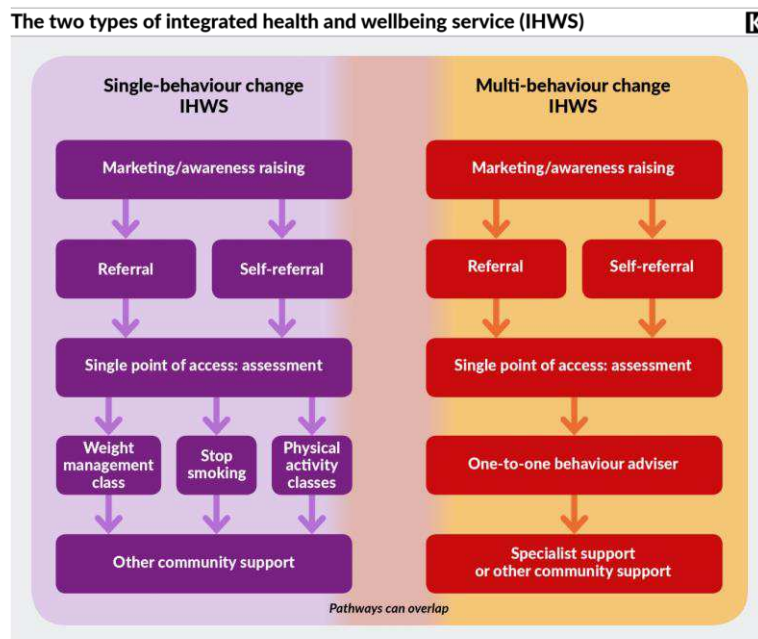
Source: Kings fund (2018)[8]

Intended impacts of ABIs

In supporting an individual to reduce their risk of experiencing harm, an ABI is an intervention which contributes to

- Primary prevention (in the prevention of Foetal Alcohol Spectrum Disorder)
- Secondary prevention of the development of health conditions or social impacts associated with high risk alcohol consumption
- Self-management of long term conditions and reduced risk of health complications

Our achievements to date

Scottish Government requirements for ABI delivery are contained within the Local Delivery Plan (LDP) standard (2018/19). NHS Grampian, Aberdeen City, Aberdeenshire and Moray ADP (and by virtue of the partnership link IJBs) are required to continue to embed ABIs into routine practice.

The target number of ABIs allocated to NHS Grampian is 6658. A minimum of 5326 interventions must be delivered in the priority settings of accident and emergency, primary care and antenatal care. The recent growth in ABI numbers is attributable to development of ABI capacity in wider settings.

5
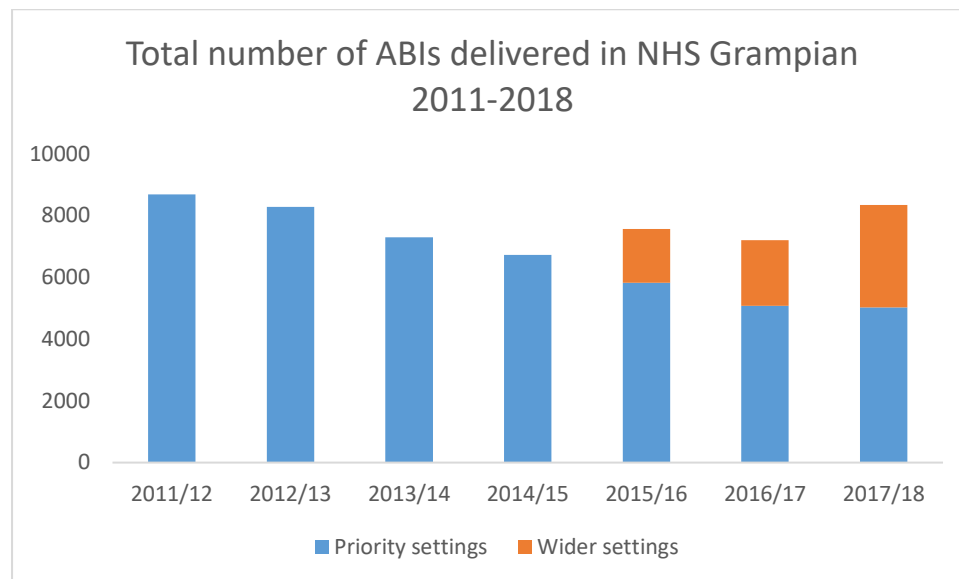
Source: NHS Grampian, ISD return 2017/18

Most ABIs are delivered in primary care, although there is significant variation between practices which does not directly correspond to variation in need or rates of alcohol related deaths or rates of alcohol related hospital admissions. Primary care is the only setting where practitioners are paid for each ABI recorded as delivered under a locally enhanced service.

New and emerging opportunities

Making Every Opportunity Count (MEOC)

NHS Grampian has developed an overarching sustainable and inclusive approach for partnership working that makes real our shared commitment to enabling prevention and self-management. The framework (below) maximises opportunities for people, places, systems and services. It acts as a guide to the nature and scope for conversation and action, creating an environment where it is normal to ask about people's wellbeing. Framing the conversation as an opportunity to raise awareness about risk enables the person using services make an informed choice. It puts people first and starts to take account of the clustering of lifestyle risk factors and the associated socio-economic circumstances which shape them. Alcohol screening and brief interventions are an integral part of this approach which has been adopted by a number of partner agencies.

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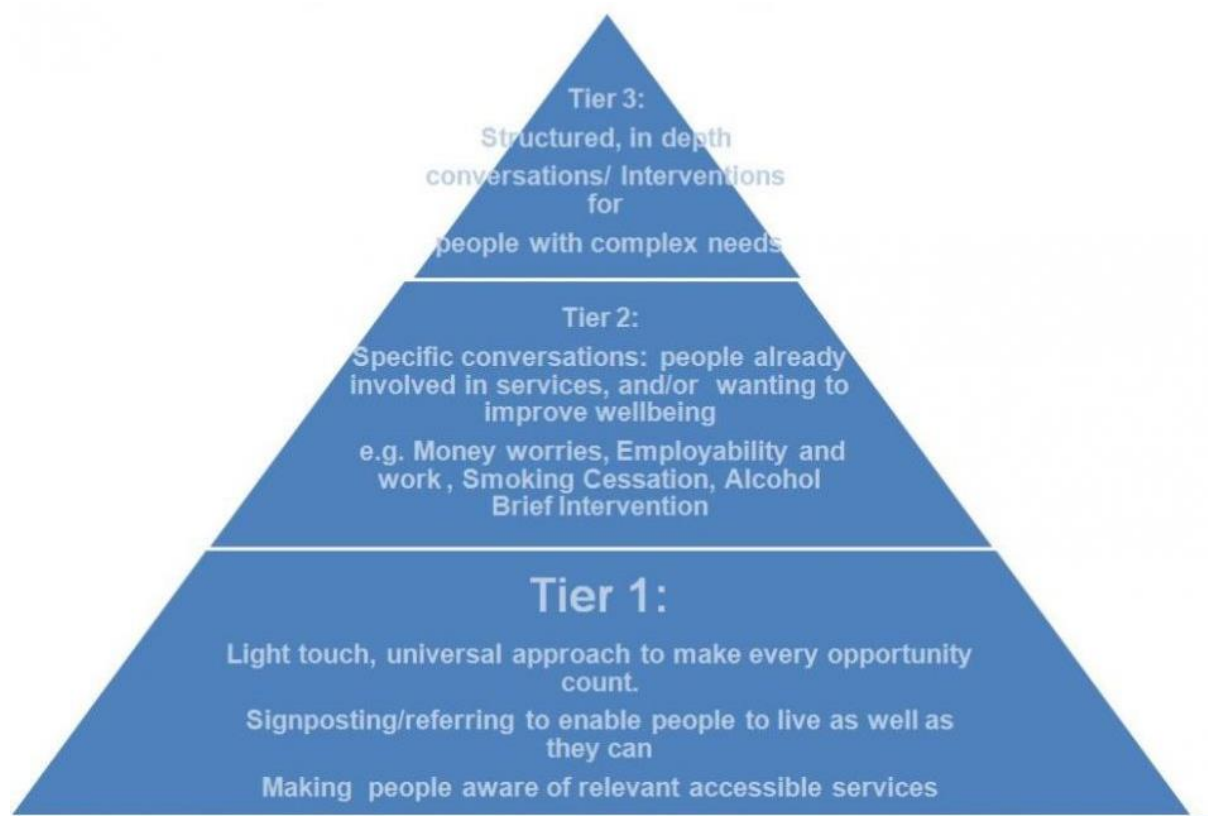
Source: NHS Grampian, Making Every Opportunity Count (MEOC)

Alcohol Brief interventions are a tier 2 intervention under the NHS Grampian MEOC approach. Alcohol screening can be delivered at tier one followed up by signposting or referral to a service that offers tier 2 interventions or at tier 2.

Tier 3 interventions are those offered by specialist substance misuse services and our commissioned partner providers (ADA, Turning Point and Arrows). This level of intervention is necessary for individuals with high scores on alcohol screening suggestive of alcohol dependence or other problematic alcohol use. ABIs are not clinically indicated in these individuals.

What the MEOC approach permits is recognition of the referral pathways and signposting needs of our partners involved in screening and brief interventions, not just to specialist services but to other organisations which may be able to provide support with some of the issues underlying high risk alcohol consumption.

Recognition of alcohol as a local priority

Alcohol has been identified as a priority by health and social care partnerships in a number of locality plans (health and social care). The issue of alcohol has also been identified by some community planning partnerships as a local outcome improvement priority (LOIP) and as a key improvement indicator for priority local areas. The relationship between alcohol and criminal justice services and settings has been recognised by some community justice partnerships. This recognition should be supported by public health teams to turn into local

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ownership and leadership to continue to develop the alcohol screening and brief interventions program via partnerships. The implications for alcohol screening and brief intervention are that we will work with partners from housing, Police Scotland, Criminal Justice Social Work, HMP Grampian, Care providers and others to embed alcohol screening in appropriate assessment tools. We will look to build on the existing work at locality level of MEOC and look at ways of providing more intense support for those requiring level two or three interventions.

General medical services contract 2017

The general medical services (GMS) contract in 2017 set out the future direction and role of general practitioners and the wider primary care support team. The implication for the Alcohol screening and ABI programme as we go forwards is that alcohol should become part of the self-management agenda, consistent with the approach set out in the NHS Grampian and HSCP Clinical Strategies. We will engage with the wider primary care team to identify the relevance of raising the issue of alcohol within the context of their contact with a patient and look to move away from a GP led model of delivery. To ensure systematic approaches to self management, we will work with House of Care and other self-management initiatives to ensure that alcohol is considered and staff are able to support patients improve their wellbeing through changing their relationship with alcohol.

8

Implementing Alcohol Screening and brief interventions facilitators and barriers

This information was collected by the Grampian Alcohol Brief Intervention Strategic Group. ABI trainers, existing providers were questioned on a one to one basis about facilitators and barriers to alcohol screening and ABI implementation in practice

Barriers to implementing alcohol screening and brief interventions

- Asking about alcohol seen as invasive, fear of offending patient / client and ultimately compromising trust
- The links between alcohol and patient / client presentation are not clear so an ABI perceived as 'additional' and outside of normal business
- Excessive focus on targets
- Poor recording practice, focused on reporting to meet target. Report does not reflecting the reality of delivery and undermines the confidence of the individual or organisation
- Perception that intervention is time intensive in relation to overall workload and other commitments and pressures
- ABI currently 'process heavy', overly complex, 'standalone' and inflexible, a perception reinforced by the current training model.

Facilitators to implementation

- Regular presentation-led opportunities to link condition or situation directly with alcohol consumption in a way that is flexible and amenable to practitioner's professional judgement
- Separate the screening from the rest of the consultation and ask patients to complete themselves
- Creating a climate where patients/ clients are conditioned to expect to be asked, regularly about lifestyle factors
- When practitioners develop the necessary skills, confidence and practice experience to identify and support clients with broader factors that may affect alcohol consumption (e.g. advising a pregnant woman whose partner is not supportive of her not drinking)
- Support and advice from peers who have more experience of screening and delivery
- Integrating alcohol assessment into standard assessment templates
- Identifying situations where patients and professionals find it acceptable to ask about alcohol
- Using recording to drive improvement, rather than respond to a target

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- Clarity about which services patients / clients can be signposted or referred to, when and how.
- Framing the conversation as an opportunity to raise awareness about risk and enable the patient / client to make an informed choice.

How are we going to achieve our vision of embedded and sustainable alcohol screening and brief intervention?

The core themes of our strategy are

Create an environment where it is normal to ask about alcohol

Western medical culture is traditionally focused on disease management and "quick fixes" that "medicalise society's problems" rather than adopting a more biopsychosocial approach. Greater awareness of who is at risk (including family and people around the patient) and embedding assessment into routine assessments can help normalise the alcohol question.

Participatory approaches that engage those delivering ABIs may also be helpful in creating a culture of reflection and an environment where asking about alcohol is the norm.

Higher consumption amongst higher paid staff, reluctance to engage maybe be conscious or subconscious. It is important to raise awareness about these barriers and present alcohol screening and brief intervention as an opportunity for a patient to make an informed decision about their health and wellbeing. It is also important to present messages about the normality of low risk drinking to further reinforce this approach and highlight the abnormality and unacceptability of drinking in a high risk way.

Ask more

It is possible that engaging patients in a discussion about their alcohol use, within the context of the specific professional relationship stimulates behaviour change. Numerous validated screening tools exist such FAST, AUDIT, AUDIT-C, PAT etc. Where possible, a formal screening instrument, validated for that particular context, should be used to ensure a systematic approach and consistency. Ideally this should be embedded into routine assessment tools, where appropriate to do so.

In primary care, health professionals have found it difficult to implement screening questionnaires broadly in routine practice. Getting comfortable with asking a question about alcohol consumption is an important first step in addressing the under-detection of high risk alcohol consumption[9]. This approach would be consistent with a level one light touch conversation in the MEOC framework.

Build trust and acceptability with patients / clients

When embedding alcohol screening and brief intervention in any context where professionals are concerned about compromising the patient/ client relationship, a possible

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solution is to initially target presentations where alcohol assessment is widely known to be acceptable to the general public. In primary care, these scenarios include new patient registrations, health assessments / checks, chronic disease assessment and care planning, mental health assessment and care planning[9], medication review.

Build on the assets of the professional team

Many roles are linked to health and wellbeing and there are some existing settings where the team structure and dynamic will change. For example, the 2018 Scottish GP contract describes a broad multidisciplinary team supporting primary care, each having a specific but complimentary role to another. Raising professional's awareness about the impact of alcohol consumption on their specific area or role is necessary to achieve buy in. The roles of team members are particularly relevant to the management of multiple clustered lifestyle risk factors and addressing health inequality. The MEOC framework should act as a guide to the nature of conversation and professional action indicated.

Use recording to drive quality improvement.

Understanding the number of ABIs delivered in the context of a system or organisation can be helpful in driving change. This would allow the organisation to assess, the meaning of the number of ABIs delivered, as a percentage of all eligible presentations[9]. This could provide a more effective stimulus for improvement than centrally allocated targets. Quality improvement methodology such as PDSA and others could be used to drive focused efforts of improvement. To support sustainability, the learning generated from improvement cycles should: inform adaptation and evolution of the ABI programme, it should also be shared with others[10], a role that the ABI leads within HSCPs could take on.

Some organisations find tracking individual performance (the number of ABIs delivered by a specific individual) helpful for stimulating discussion and change. It may be helpful in identifying examples of positive deviance that could serve as peer support or a champion in that setting.

Sustainability

The focus of sustainability in this context include concepts such as: 'sustainable programmes', 'sustainable practice', 'sustainable capacity' and 'sustainable outcomes'. Commitment and support from multiple levels of management within the host and its partner organizations is critical for sustainability[10]. A sustainable initiative is one that is responsive to the needs of the community and **evolves** and adapts as evidence emerges[10], this strategy and associated action plan should be reviewed after 3 years.

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Grampian Alcohol Screening and Brief Intervention Strategy 2018 - 2021

Tara Shivaji, CPHM, NHSG, Approved by the Grampian ABI strategic Group 13.09.2018

What are we going to do over the next three years

2018-2019

Seek endorsement of the alcohol screening and brief intervention strategy from management and leadership groups

Undertake tests of change with wider primary care team members, housing services, care providers, emergency department practitioners

Provide one to one support to general practice to make the links between long term condition self-management, alcohol screening and brief intervention.

Provide support to partners developing alcohol screening and brief intervention approaches in their organisations or groups

Increase trainer capacity

2019-2020

Undertake a test of change for embedding systematic alcohol screening within the acute health care sector

Scale up tests of change undertaken in previous years

Provide support to partners developing alcohol screening and brief intervention approaches in their organisations or groups

Embed alcohol screening and brief intervention across criminal justice social work and improve coverage within police custody

Plan evaluation of sustainability of current approach

2020-2021

Conduct evaluation of sustainability

Develop revised strategy

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[1] Buck D Clustering of unhealthy behavioural risk factors over time. Kings Fund (2012)

[2] *Best Preventative Investments for Scotland – what the evidence and experts* say, NHS Health Scotland, 2014

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[4] Beich A, Gannik D, Saelan H, Thorsen T. Screening and brief intervention targeting risky drinkers in Danish general practice – A pragmatic controlled trial. Alcohol 2007;42(6):593–603.

Kaner EF, Bland M, Cassidy P, et al. Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): Pragmatic cluster randomised controlled trial. BMJ 2013;346:e8501.

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[5] Havard A, Shakeshaft A, Sanson-Fisher R. Systematic review and meta-analyses of strategies targeting alcohol problems in emergency departments: interventions reduce alcohol-related injuries. Addiction 2008;103:368–76;

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[7] https://www.kingsfund.org.uk/publications/articles/transforming-our-health-care-system-ten-priorities-commissioners

[8] https://www.kingsfund.org.uk/publications/tackling-multiple-unhealthy-risk-factors

[9] Tam, CWMichael, Andrew Knight, and Siaw-Teng Liaw. "Alcohol screening and brief interventions in primary care-evidence and a pragmatic practice-based approach." Australian family physician 45.10 (2016): 767.

[10] Whelan, Jillian, et al. "Cochrane update: predicting sustainability of intervention effects in public health evidence: identifying key elements to provide guidance." Journal of Public Health 36.2 (2014): 347-351.

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REPORT TO: AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 JULY
             2019

SUBJECT: INTERNAL AUDIT UPDATE

BY: CHIEF INTERNAL AUDITOR

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

1.1   To provide an update on audit reports issued as part of the delivery of the
      agreed audit plan for 2018/19.

2.   <u>RECOMMENDATION</u>

**2.1   It is recommended that the Audit, Performance and Risk Committee
      considers and notes the contents of this update report.**

3.   <u>BACKGROUND</u>

3.1   In line with the approved internal audit plan for the year, internal audit projects
      were completed in respect of

      •   **Contributions Policy**: Where applicable, service users are required to
          make a contribution toward the costs of agreed care packages. This
          audit reviewed a sample of financial assessments for service users to
          confirm the correct and consistent application of the contributions policy.
          The audit report Executive Summary and Action Plan is provided as
          Appendix 1.

      •   **Payroll testing:** this work was twofold regularity testing of payroll costs
          across various service areas taking in issues such as starters leavers,
          accuracy of financial coding etc. through to a review of payroll system
          access controls. The audit report Executive Summary and Action Plan is
          provided as **Appendix 2.**

3.2   The outcomes from these audits, already reported to the council's Audit and
      Scrutiny Committee, conclude the planned work agreed for the 2018/19
      financial year. In respect of the current year programme some discussion has
      taken place with Moray Integration Joint Board (MIJB) management around
      topics to be covered in year. In addition to revisiting progress being made
      around the commissioning and procurement of learning disabilities services,

management have requested further work to be carried out in relation to care homes and residential nursing (excluding assessment criteria), adaptations governance and equipment. The scope for each individual audit has yet to be worked up.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 This report provides an update on audits progressed in relation to the planned work for 2018/19; and notes the work taking place to inform planned audits and audit assurances that will be provided for the incoming financial year.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Internal audit work supports good governance and assists in securing appropriate systems of internal control.

(b) Policy and Legal

Internal audit provides independent assurances in line with Integrated Resource Advisory Group guidance.

(c) Financial implications

No direct implications.

(d) Risk Implications and Mitigation

Audit reports highlight risk implications and contain recommendations for management to address as a means of mitigating risk.

(e) Staffing Implications

No implications.

(f) Property

No implications.

(g) Equalities/Socio Economic Impact

An equality impact assessment is not required as there will be no impact on people with protected characteristics as a result of consideration of this report.

(h) Consultations

The Chief Officer has been consulted in respect of this report, any comments have been considered in writing the report.

6.   CONCLUSION

6.1   This report provides the Committee with the final reporting on projects from the 2018/19 internal audit plan and notes that preparation work to inform internal audit coverage for the current financial year remains under consideration.

Author of Report: Atholl Scott
Background Papers: Internal audit files
Ref: MIJB/ap&rc/250719

AUDIT REPORT 19'029

SOCIAL CARE - CONTRIBUTIONS POLICY

EXECUTIVE SUMMARY

The annual audit plan for 2018/19 provides for an audit review to be undertaken of the application of the Contributions Policy. The Contributions Policy applies to Self-Directed care and support charges for non-residential services accessed by adults. The Policy defines services within remit and the calculation basis for contributions a service user may be required to make, based on their ability to pay. The Contributions Policy takes into account national legislation for Self-Directed Support, COSLA guidance on charges for non-residential social care services and Department for Work and Pensions regulations with regard to income rates.

The scope of the audit was to review a sample of financial assessments for service users with varied circumstances, and who access a range of care and support services, to confirm the correct and consistent application of the Contributions Policy. This has involved evidencing care and support assessments and ensuring contributions for services have been based on current needs, confirming the prompt undertaking of financial assessments and verifying the assessments align with the Contributions Policy and are correctly calculated and evidenced.

The audit has assessed whether the resultant contributions derived from the financial assessment process are accurate and has followed through the recovery process to confirm contributions assessed as due have been recovered in full from the service user. The process for reviewing contributions at appropriate intervals has also been covered within the scope of the audit.

The vast majority of audit testing has been undertaken with the Community Care Finance Team. Reference has also been made to other officers within the service such as the Direct Payments Team and Social Work Teams, as required, to fully test sample cases selected.

The main issues raised for management consideration arising from the review are as follows:-

- The Contributions Policy in use at the time of the audit is stated to apply for the period from January 2016 to April 2017. A formal review is overdue and is required to reflect changes in national legislation and to consider any areas of local discretion in the policy which it may be beneficial for the service to revise. A major change in policy is forthcoming with the introduction of free personal care for all adults with qualifying needs from April 2019. This will reduce contributions from service users with the withdrawal of this previously chargeable service for those under pension credit age.

- A potential weakness in control exists with the use of a variety of separate systems within the process and no reconciliation of content between these systems. Support needs and packages of supported persons are recorded on

Carefirst, financial assessments are recorded in Excel spreadsheet format and invoicing of contributions is undertaken through the Council's Financial Management System. Due to the manual nature of elements in the process there is potential for a service user to be assessed but not referred for financial assessment or a financial assessment undertaken but no contribution set up for invoicing. Going forward a practical solution is required to give assurances that all chargeable service users are referred for financial assessment, financially assessed and contributions invoiced, on presenting to the service and when any change in support occurs.

- Under Self Directed Support legislation, a supported individual has a number of options available for managing their care package. Where a service user is to receive a Direct Payment to manage their care, or where the service user chooses their care provider but the arrangements for provision are made by Social Care, there is the option within the Contributions Policy to pay the service user / service provider net of the service user's assessed contribution. This net payment basis is not commonly used in practice with the majority of support costs being paid gross and the service user then invoiced for their contribution. This is not best practice for cash flow management and carries the increased risk of being exposed to non-payment of contributions in addition to incurring administration costs of recovery. Current practice and policy in this area need to be further considered alongside the needs of service users.

Recommendations: Social Care: Contributions Policy

Risk Ratings for Recommendations							
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**		**Responsible Officer**	**Timescale for Implementation**
Key Control:							
5.01	A comprehensive review of the Contributions Policy is required to take into account changes in legislation and allow the opportunity for decisions to be made on local discretion areas within the policy, taking into account the challenging financial position facing public services.	High	Yes	The comprehensive review of the policy will be completed once key issues regarding Self Directed Support are considered at the SDS Steering Group on 17th July 2019.		Commissioning & Performance Officer	31/07/2019

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
Key Control: All contributions are assessed in line with the policy, correctly calculated and substantiated, and levied consistently on chargeable service users.						
5.02	Consideration should be given to the implementation of regular reconciliation checks to provide assurance that the complete database of chargeable service users have been referred for financial assessment, assessment undertaken and any established contribution towards care and support packages invoiced.	High	Yes	The Community Care Finance Team will work with Social Work Teams to ensure all clients receiving chargeable services are referred for financial assessment (see 5.03 below). Annual reviews are in place for service users paying a contribution for their care package and the Community Care Finance Officer will implement a quality assurance programme within the team to analyse maintenance and compliance with the review process.	Community Care Finance Officer	31/07/2019

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
5.03	All relevant officers should be reminded of the need to inform Community Care Finance of new care and support packages, changes to support levels and cessation of support where chargeable services are involved, to ensure correct and valid financial contributions are levied. The Direct Payments Team must also be notified of changes where Option 1 Self-Directed Support has been chosen for support management, to ensure payments to the service user remain correct and valid.	High	Yes	Meetings with the relevant officers have been arranged as part of the CareFirst Finance Project and will ensure accurate recording supports the implementation of the project.	OT & Intermediate Care Service Manager	31/07/2019

	Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**	
5.04	On policy review, consideration should be given to the implications of gross and net payment methods, given current policy and practice are not in alignment. Any subsequent revision to policy or practice regarding payment basis should take into account the need to meet service user expectations under SDS, whilst minimising costs to the organisation.	High	Yes	The decision to incorporate a requirement to pay net rather than gross has been made at Practice Governance Board on 21st May 2019 and will be incorporated into the revised policy.	Commissioning & Performance Officer	31/07/2019	

	Risk Ratings for Recommendations					
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
5.05	When a review of an earlier financial assessment is deemed appropriate, rather than the undertaking of a new full financial assessment, the standard review process checklist document should be appropriately completed ensuring there is formalisation of the performance of review, the date undertaken and by whom.	Low	Yes	The Community Care Finance Officer will implement a quality assurance programme with the Financial Assessment Officer to analyse performance and ensure compliance.	Community Care Finance Officer	31/07/2019

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
5.06	Consideration should be given to notifying all service users of their continued contribution levels where an annual file review has been undertaken. Whilst this does involve administrative effort, it provides clarity for the service user and can act as a reminder to notify any circumstance changes which may have occurred since the prior contribution assessment.	Low	Yes	Agreed this would be beneficial for service users. The review process will be amended to include further communication with service users at the end of their budget period. This process will commence in line with recruitment to the team in June / July 2019 and further redesign.	Community Care Finance Officer	30/09/2019

AUDIT REPORT 19'032

PAYROLL – ACCESS CONTROLS

EXECUTIVE SUMMARY

The annual audit plan for 2018/19 provided for a review to be undertaken of access controls to the Council's payroll application software. The audit reviewed the controls governing user access rights and thereafter the administration and monitoring of user activity. The Chartered Institute of Public Finance and Accountancy (CIPFA) Information Technology Control Matrices and the International Standards Organisation (ISO) Information Security Standards were used in the development of an audit programme for this review. In addition to user access, an overview was also undertaken of payroll data storage and back-up arrangements.

The Council's Payroll Software Application is supplied by a company called MHR (formerly Midland HR). The system went live in 2017, and prior to this point a Project Working Group was established to ensure its effective implementation. The software was configured to meet the requirements of each system 'user type'. The system has a dual function to meet the requirements of two main service areas i.e. Payroll and Human Resources. Each 'user type' is allocated specific access rights that allow access to particular functions within the system. The level of access ranges from 'read only' to full 'system administrator' access.

The audit found that the nominated system administrator (a senior payroll officer) was managing system user access effectively. This ensures access entitlements remain current where roles change and for new starts and leavers in the payroll and HR teams. Application software controls were also found to enforce minimum password entry requirements. The following areas were identified where further development of controls and governance arrangements should be considered:-

- While testing noted that any specific processing action by an authorised user could be reconciled to an audit trail, further development is recommended to the risk based audit log reporting function within the system to highlight any exceptional user actions that would merit specific investigation.

- The software is structured on a hierarchical basis to ensure so far as is practicable that individual user profiles can be developed that restrict access only to data required for a particular job role. User type access profiles had been determined upon implementation in 2016, and a review to ensure these remain relevant would be prudent now that the system has been operational for some time.

- It was noted that the system administrator access is limited to certain officers within the Payroll Section and ICT, and system support personnel external to the Council. A review should be undertaken of all system administrator users to ensure access requirements remain appropriate and have been assigned to an individual rather than to a generic service user.

Recommendations: Payroll Access Controls

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium		Less critically important controls absent, not being operated as designed or could be improved.	Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
Key Control: Appropriate controls exist in the management and administration of access controls within the Payroll System.						
5.1	Access required to the iTrent system by the Council's Information Technology Section should be based on an individual's user identity rather than on a generic access log in function.	Medium	Yes	Individual user access will be set up for officers from the Information Technology Section requiring access to the iTrent System	Senior Payments Officer	31st July 2019
5.2	Phase 3 Consultants should be asked to provide a current listing of individual officer access requirements and to inform the Council immediately of any changes to this listing.	Medium	Yes	No further access required by officers from Phase 3 Consultants. User access profiles will be deleted.	Senior Payments Officer	31st July 2019
	Midland HR should be asked for provide details of the individual who will require access to the Council's		Yes	All generic users log in access will be deleted. Future iTrent access will be based on individual	Senior Payments Officer	31st July 2019

		Risk Ratings for Recommendations					
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium		Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**		**Responsible Officer**	**Timescale for Implementation**
	Payroll iTrent System. Access should then be provided to an individual rather than a generic log in for the company.			user requirements.			
5.3	Audit Log functions within the iTrent system should be further explored with the view to develop standard reports that will allow the reporting of user activity within the system.	High	Yes	Midland HR and other Local Authority users will be contacted to enquire whether the audit log function can be further developed to produce monitoring reports on user activity.		Assistant Payroll Manager	31st August 2019
5.4	A review should be undertaken of user access profiles within iTrent to ensure that officers are only allocated access to information and functions required to undertaken their duties.	Medium	Yes	.		Assistant Payroll Manager/ Senior Payments Officer	31st March 2020
5.5	Service Managers should be	Medium	Yes	A reminder will be sent		Senior	31st August 2019

		Risk Ratings for Recommendations					
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium		Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**		**Responsible Officer**	**Timescale for Implementation**
	reminded that the System Administrator should be informed immediately of any changes in officer responsibilities that will effect access requirements to the ITrent System.			to all Service Managers to request that the Senior Payments Officer is informed immediately, of any such changes.		Payments Officer	
5.6	An appropriate time period should be established where the iTrent system forces a user to change their password in order to maintain access to the system.	Medium	Yes	Agreed; however Midland HR is to issue a system update that will provide an additional function to remind users to change their password.		Assistant Payroll Manager/ Senior Payments Officer	To be implemented after system update by Midland HR
5.7	Further investigatory work is required to explore the archive functions within iTrent. The transfer of information to Archives within iTrent should provide an additional facility for the storage of data.	Low	Yes	Midland HR and the Council's Information Technology Section will be consulted to resolve the issue of the system deleting data held within the Archive function.		Senior Payments Officer	31st August 2019

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.		Low	Lower level controls absent, not being operated as designed or could be improved.
No.	**Audit Recommendation**	**Priority**	**Accepted (Yes/ No)**	**Comments**	**Responsible Officer**	**Timescale for Implementation**
5.8	System Administration level access should not be used for the processing of payroll data but for the overall management of the iTrent System.	Medium	Yes		Senior Payments Officer	Immediate

REPORT TO: AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 JULY
             2019

SUBJECT: INTERNAL AUDIT – ANNUAL REPORT

BY: CHIEF INTERNAL AUDITOR

1.   REASON FOR REPORT

1.1   This report provides the Audit, Performance and Risk Committee with details
      of internal audit work undertaken relative to the Moray Integration Joint Board
      (MIJB) for the financial year ended 31 March 2019, and the assurances
      available on which to base the internal audit opinion on the adequacy of the
      MIJB's systems of internal control.

2.   RECOMMENDATION

**2.1   It is recommended that the Audit, Performance and Risk Committee
      considers this report and notes the audit opinion based on work
      undertaken during the 2018/19 year.**

3.   BACKGROUND

3.1   The Scottish Government guidance issued through the Integrated Resources
      Advisory Group (IRAG) required the IJB to establish adequate and
      proportionate internal audit arrangements and for internal audit to provide
      annual assurance on the overall adequacy and effectiveness of the framework
      of governance, risk management and control.

3.2   This report provides committee with information on work completed relative to
      the annual audit plan approved by this committee at its meeting on 27
      September 2018 (para 8 of the Minute refers) which, together with assurances
      from the Health Board and Council described below, informs the internal audit
      opinion on the MIJB's internal control framework for the financial year
      2018/19.

3.3   The annual audit plan noted that the operational delivery of services by the
      Health Board and Council as principal partners of the IJB would continue
      during the year and accordingly be covered by their respective internal audit
      arrangements. It further noted that in terms of providing audit assurances to
      the IJB:

- There would be an annual audit plan specific to the MIJB and reports on topics included in that plan would be presented to the IJB's Audit, Performance and Risk Committee to provide assurances on the selected areas.

- Grampian Health Board and Moray Council for their own respective interests would agree their own audit plans, and where these audit reports contained information relevant to the MIJB, these would be presented to the MIJB Audit, Performance and Risk Committee as an additional source of assurance.

3.4 The requirement for the Internal Audit Manager to deliver an annual internal audit opinion is contained within the Public Sector Internal Audit Standards (PSIAS), which are mandatory for use by local authorities and associated bodies. The audit opinion informs the annual governance statement published as part of the MIJB annual accounts.

3.5 The PSIAS requires the Chief Internal Auditor to confirm the organisational independence of Internal Audit, and that there has been no limitation to the scope of internal audit work completed. This can be confirmed, noting the planned work in relation to Learning Disabilities (LD) was scaled back by agreement with management pending its progress of a review of how LD services were being commissioned.

3.6 The PSIAS also requires Internal Audit to participate in an external quality assessment (EQA) at least once every five years. This was completed in year as part of a peer review process by the Internal Audit Manager from Fife Council. The assessment identified a number of areas of good practice and the report concluded that the service generally conforms to the PSIAS. The review identified a number of areas for improvement and an action plan has been developed to be taken forward for implementation during 2019/20. A separate item on this agenda provides the detailed results from the PSIAS review.

3.7 A summary of the findings arising from the audit projects is summarised as follows:

Subject and Scope	Objective	Outcomes
Commissioning of Services – Learning Disabilities	To provide assurances that progress is being made to reconfigure services in a manner aligned to meet the needs of service users.	Internal audit has noted work ongoing in this area with a number of contracts having been reviewed and services reprovisioned. A recent Care Inspectorate thematic review of self-directed support in Moray also highlighted the learning disability transformation project as a 'good example of a strategic approach to

Subject and Scope	Objective	Outcomes
		delivering whole system change with Health, Social Work and wider partners'. Further Internal audit work to assess progress will be completed during 2019/20.
Payroll testing	To confirm the veracity of employee costs and ensure appropriate controls are in place.	Subject to annual review on the grounds of materiality, a focus this year has been on system access controls. Processing high volumes of sensitive and personal data, it is important to have assurances that data security and access arrangements are robust. Payroll testing of data for samples of employees across various services including social care facilities was concluded in satisfactory terms.

Subject and Scope	Objective	Outcomes
Contributions Policy	To confirm the correct and consistent application of the contributions policy.	The Contributions Policy applies to Self-Directed care and support charges for non-residential services accessed by adults. The scope of the audit was to review a sample of financial assessments for service users with varied circumstances, and who access a range of care and support services, to confirm the correct and consistent application of the Policy,

Subject and Scope	Objective	Outcomes
		The main issues raised for management consideration arising from the review covered the need for a policy update to reflect legislative change, performing additional checks to ensure completeness of information and, in cases where the MIJB is both making a social care payment and recovering a service user contribution, arranging to set off one against the other.
Governance review	To ensure compliance with CIPFA/SOLACE guidance and the MIJB's local code of corporate governance.	This involved a review of the annual governance statement and the local code with comments being provided to the Chief Financial Officer ahead of their finalisation and reporting to the Board.
Subject and Scope	Objective	Outcomes
Self Directed Support (SDS)	Participation in the national study and development group to provide specialist advice around the roiling out of SDS policy and procedures.	Social Care in Moray was an early adopter of Self Directed Support and a steering group was formed to develop policy and practice in this area. Internal audit's interest has primarily been from a financial control perspective, specifically around the accounting for public funds issued as direct payments. Advice has also been given in respect of individual cases where recovery of funds has been required.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 All planned internal audit projects have been progressed as intended. In addition, a meeting has been held with Senior Managers and Chief Internal Auditors across the three north east councils to look at how audit assurances can be developed as the IJBs mature. The need for collaborative working across audit and inspection, first considered after the IJBs were formed, remains, with the intention to progress an assurance mapping exercise to aid disclosure of areas where audit work should be focussed.

Opinion

4.2 Based on the work completed as outlined in this report the Chief Internal Auditor is of the opinion that reasonable assurance can be placed on the adequacy and effectiveness of the MIJB framework of governance, risk management and internal control in the year to 31 March 2019.

The opinion is based on a number of sources:

- Internal audit work completed during the year in line with the agreed audit plan in relation to the MIJB and relevant areas within Moray Council.
- Review of the arrangements for reporting to the Board and the Audit, Performance and Risk Committee specifically relating to governance and the management of risk.
- Internal audit reports relevant to the MIJB prepared by PricewaterhouseCoopers, the appointed internal auditors for NHS Grampian.

4.3 In addition, PricewaterhouseCoopers has provided an annual assurance opinion on its work for NHS Grampian during 2018/19 and a copy of this has been requested to cover those elements of the IJB delivered using Health Board funding.

5. SUMMARY OF IMPLICATIONS

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**

Audit assurances support good governance which is integral to the delivery of strategic plans for the Moray area.

(b) **Policy and Legal**

No implications

(c) **Financial implications**

No implications

(d) Risk Implications and Mitigation

No direct implications

(e) Staffing Implications

None

(f) Property

None

(g) Equalities/Socio Economic Impact

An equality impact assessment is not required as there will be no impact on people with protected characteristics as a result of consideration of this report.

(h) Consultations

This report has been discussed with the Chief Officer of the IJB and any comments made have been considered in writing the report.

6. CONCLUSION

6.1 This report provides a summary overview of the nature and extent of audit work carried out during the year, and informs the annual internal audit opinion on the internal control environment operating within the IJB.

Author of Report: Atholl Scott
Background Papers: Internal Audit files
Ref: ijb/ap&rc/250719

REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 JULY 2019

SUBJECT: STRATEGIC RISK REGISTER – JUNE 2019

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 as at June 2019.

2.   RECOMMENDATION

2.1   **It is recommended that the Audit, Performance and Risk Committee consider and note the:**

i)   updated Strategic Risk Register; and

ii)   amended action log

3.   BACKGROUND

3.1   The strategic risk register is reviewed regularly 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 Moray Integration Joint Board (MIJB) Strategic Risk Register is attached to this report as **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 any mitigation actions being taken to reduce the impact of the risks.

3.3   Following consideration of the Strategic Risk Register report at the meeting of 28 March 2019 (para 6 of the draft minute refers) the committee requested that timescales be reviewed to ensure that they were aligned to the amended timeline for the developing Strategic Plan and associated documents. The Action Log has been amended and is now attached as **APPENDIX 2**. This action log is owned and progress monitored by Senior Management Team.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

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

4.2 Changes such as inclusion or removal from the register are agreed by the Chief Officer and Senior Management Team before submission to Audit, Performance and Risk Committee for review.

4.3 Strategic Risks will be reviewed as the new Strategic Plan for 2019-2022 is developed and this document will be revised accordingly.

5. **SUMMARY OF IMPLICATIONS**

   (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**

   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, this Committee 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 Committee 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 IJB.

   (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 Chief Financial Officer and Chief Internal Auditor and comments have been incorporated in this report.

6. CONCLUSION

6.1 This report recommends the Committee note the revised and updated version of the Strategic Risk Register.

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

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT JUNE 2019

1

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 whilst ensuring staff are fully able to manage changes resulting from integration.

4. Inability to demonstrate effective governance and effective communication with stakeholders.

5. Inability to deal with unforeseen external emergencies or incidents as a result of inadequate emergency planning and resilience.

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. Risk of major disruption in continuity of ICT operations including data security being compromised.

9. Requirements for ICT and Property 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	**HIGH**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**
Rationale for Risk Rating:	Membership of IJB committees has been stable and the majority of members have attended several cycles of meetings. Moray Council political balance has remained consistent since July 2018. The strategic plan is due for renewal and as the strategic objectives and expected outcomes are integral to this the risk is high until the strategic direction is approved.
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 2016 to 2019. - 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 SMT regular meetings and directing managers and teams to focus on priorities. Regular development sessions held with IJB, Operational Management Team and SMT Strategic Plan is being developed for implementation. New organisation structure and wider system re-design and transformation governance structures being developed for implementation at the same time and will be presented to IJB in October 2019 for consideration
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. Report outlining the development of the transformation plan and the Strategic Planning and Commissioning Group providing oversight was presented and approved by MIJB on 29 November 2018. Report on Standards Officer agreed by IJB March 2019
Comments:	Draft Performance Management Framework, aligned to strategic planning and resources was presented to MIJB (Jan 18). Framework is under further development and Implementation is being progressed through HSCM Performance meetings. The Framework will continue to be developed as we confirm our new organisational structure and alignment to the new Strategic Plan will be a key focus. A report will be submitted to MIJB in October 2019 as part of the suite of reports outlining the direction and governance arrangements for the IJB.

2	
Description of Risk: *Financial*	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
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 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. At the end of Qtr 4 in the 2018/19 financial year the IJB had an overspend of £1.2m This deficit was requested from 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 that was agreed with the Finance Directors in the partner organisations and presented to the MIJB in November 2018 and will continue to be monitored closely.
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.
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 to be monitored regularly. Service reviews have commenced and outcomes will be reported as appropriate.
Mitigating Actions:	Risk remains that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB and Senior Management Team. The Chief Officer and Chief Financial Officer (CFO) have continued to engage in the budget setting processes of both NHS Grampian and Moray Council ahead of the 2019/20 budget setting to ensure the MIJB perspective is considered as part of the budget setting processes of the Partners. This MIJB has seen a definite benefit as a result of this process in the 2019/20 budget setting process. 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 progress of the recovery plan. Quarterly partnership meetings with a focus on finance have been put in place 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. In addition to the Recovery Plan, service reviews will be carried out during 2019/20 to ensure services are prioritised in accordance with the Strategic Plan whilst working within the funding allocated.
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 2018/19 saw an overspend after consideration of strategic funds of £1.2m. 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 2019/20.
Comments:	Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge and forecast overspend. 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 whilst ensuring staff are fully able to manage change resulting from Integration
Lead:	Chief Officer
Risk Rating:	Low/ medium/ high/ very high	**MEDIUM**
Risk Movement:	Increase/ decrease/ no change	**INCREASING**
Rationale for Risk Rating:	Some front line services are experiencing difficulties with recruitment to vacancies requiring specific skills and experience, and this places pressure on existing staff. 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. Some social work services are experiencing high levels of sickness absence and difficulties with recruitment with associated impacts on service delivery.
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 and Workforce Plans have been developed and aligned with service priorities. Continued activity to address specific recruitment and retention issues. The chief social worker is reviewing the situation with managers and considering options for addressing the particular issues affecting social work services. Management competencies are being developed. Communications Strategy developed and approved in June 2017 with the associated commitments identified for action Incident reporting procedures in place per NHSG and Moray Council arrangements. Council and NHS performance systems in operation with HSCM reporting being further developed. 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. The Management Structure has been progressed and an update was presented to the MIJB meeting on 28 March

	2019. The Management Structure was then presented to Moray Council Full Council for information at the meeting on 27 June 2019 and agreement reached to progress the joint recruitment to posts that would not be filled through organisational change. Work is now progressing to facilitate the consultation process. Joint Workforce Planning and re-establishment of the joint workforce forum in July 2019. 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:	Operational oversight by Moray Workforce Forum and reported to MIJB. Organisational Steering Group is overseeing the management structure review
Gaps in assurance:	Joint or single system not yet agreed for incident reporting. Organisational Development Plan presented and approved at MIJB in January 2018 is overdue for update. Workforce plan is due for update – to be reported to MIJB in October 2019 Communications strategy is due for update – to be reported to MIJB in October 2019
Current performance:	iMatter survey undertaken during July 2018 across all operational areas. Insufficient responses from some services has meant that action plans have not been developed. The survey for July 2019 has just been undertaken and whilst there was an improvement in response rate there are still teams that need to progress. This is to be addressed through Senior Management Team and Systems Leadership Group, the new joint group replacing the previous OMT.
Comments:	Regular reporting and management control in place The Workforce plan will be developed and aligned with the strategic plan 2019- 2022

4		
Description of Risk: *Regulatory:*	Inability to demonstrate effective governance and effective communication 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:	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 taking place. Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17. The second Annual Performance Report published in August 2018. Lessons learnt were incorporated into the approach for the production of the 2018/19 Report which is on target for publication by 31 July 2019.
Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. Internal audit of Health Governance was been carried out by PricewaterhouseCoopers. The findings will be reported to a future meeting of the Audit, Performance and Risk committee following scrutiny by NHSG Audit Committee.
Gaps in assurance:	Discussions at the development session held by Clinical and Care Governance Committee on 29 November 2018 identified areas to be covered at Committee in future reports. A programme of reports to Clinical Governance Group has been developed and exception reports will be submitted to CCG Committee.
Current performance:	Communications Strategy developed and approved by MIJB in June 2017. Annual Performance Report 2017/18 published August 2018. Draft Annual Performance Report 2018/19 due for publication on 31 July 2019 Draft Annual Accounts (2018/19) published by the statutory deadline of 30 June. Audited Accounts for 2017/18 published 27 September 2018
Comments:	NHS Grampian System Leadership Team are developing their framework for governance and HSCM are fully engaging and participating in this process. HSCM are progressing with setting out the Governance framework for their functions across services (ie Health and Safety, Civil Contingencies, Risk Management, Performance Management etc) and linkages with NHS and Council groups to facilitate communication flows. PwC Internal Audit of Health Governance completed

5	
Description of Risk: *Environmental:*	Inability to deal with unforeseen external emergencies or incidents as a result of inadequate emergency planning and resilience.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**INCREASED**
Rationale for Risk Rating:	Resilience standards and implementation plan agreed however progress is behind target. Potential impact of Brexit is being assessed at a National level and have highlighted key areas for assessment. Work is being undertaken by NHS Grampian and Moray Council to assess potential issues on workforce and potential impacts resulting from supply chain disruption (medical supplies, energy/fuel supplies) as well as potential for increased civil disruption. It is likely Scottish Government will establish the same arrangements that were in place from 18 March for EU exit when a date is provided by UK Government. The Grampian Emergency Planning unit that has provided specialist advice, support and planning resource for Emergency Planning across Grampian is being disbanded in August. This may impact on response mechanisms for the Moray Council but the details have yet to be advised. HSCM Business Impact Analysis and Business Continuity plans are largely overdue for update
Rationale for Risk Appetite:	The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act.
Controls:	Surge Plan in place and has been tested alongside NHSG plans for winter. Lead Officer identified working alongside Emergency Planner. Local resilience plan developed. NHS Grampian Resilience Standards Action Plan approved (3 year). Business Continuity Plans in place for most services. Surge Plan developed and approved by MIJB 29 November 2018
Mitigating Actions:	HSCM resilience group met 31 May and agreed the recommendation that all BIA and BCP to be updated by 31 July 2019. Information from the updated BIA/BCP will inform elements of the Winter Plan (Surge plan).

	Pandemic awareness briefing by Maha Saeed, Consultant Lead, held 12 December for service managers across HSCM. Pandemic plan in draft and requires 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:	Programme and implementation of Table top exercises for business continuity. Table top exercises scheduled to test command and control arrangements in HSCM (2 September 2019) and loss of systems (18 November 2019) in the first instance. Some progress has been made however further work 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. In addition to preparation for normal business continuity arrangements, the three HSCP in Grampian were requested by NHSG Civil Contingencies group to complete their pandemic flu plans by end of April 2019. This has been progressed however cannot be finalised until the Scottish Government provide guidance on specific issues. These matters are included in a document that is to be released for consultation in the next couple of months.
Current performance:	Many services have business continuity arrangements however the majority are overdue for an update. These updates will include consideration of the impact of a Pandemic following the briefing session held on 12 December 2018. Annual report on progress against NHS resilience standards to be submitted to a future meeting
Comments:	The HSCM resilience 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 Links for operational Risk Registers being further developed Complaints procedure in place. Clinical risks 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. 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 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. Internal Audits by Price Waterhouse Cooper on Health and Safety Governance and Unscheduled Care Discharge Process have not raised any significant issues.

Comments:	Report was published in June 2019 for the Self-Directed Support Thematic review by the Care Inspectorate that took place during October 2018. The report makes very positive comment on the progress being made and the level of understanding of the staff at the core of this service. An area for further development was highlighted in regard to training of staff going forward and for increasing Health staff knowledge about the process and signposting opportunities.

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	**MEDIUM**
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 and currently there is no reduction in the levels being experienced.
Rationale for Risk Appetite:	Zero tolerance of harm happening to people as a result of action or inaction.
Controls:	Performance Management reporting framework. 2016-19 Strategic Plan and Implementation Plan developed and approved. Performance regularly reported to MIJB. Revised Scorecard being developed. 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	Service managers monitor performance regularly with their teams and escalate any issues to the Performance

Actions:	Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system. Performance Management Group are reviewing key performance indicators across HSCM services to align with the revised strategic plan. A key area of focus where performance data is below target relates to Delayed discharges. These indicators and associated performance information are monitored closely locally via weekly "huddle" meetings and there is a monthly focus on aspects of unscheduled care. In addition HSCM have contributed information to a review by Chief Officers Group Health and Social Care Scotland, working with Scottish Government, in relation to reducing Delayed Discharges. A workshop is to be held on 23 July 2019 with representatives from all services involved in elderly patient care in hospital and on into the community to work collaboratively to identify potential opportunities for improvement.
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.
Gaps in assurance:	Development work will be undertaken to establishing clear links to performance that describe the changes proposed by actions identified in the new Strategic Plan
Current performance:	Close monitoring and performance management in place. The process for production of the Strategic Plan 2019-22 is underway and will facilitate further linkages across operational, Local and National Performance Indicators with progress in delivery of the National Outcomes as a clear focus.
Comments:	Regular and ongoing reporting. Work is progressing with performance monitoring and reporting with key performance indicators and appropriate owners being identified in Mental Health, Drug and Alcohol and Provider Services. Development of the Ministerial Steering Group indicators and links to local indicators that underpin them is underway.

8	
Description of Risk: *ICT*	Risk of major disruption in continuity of ICT operations, including data security, being compromised
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. Impact of Brexit may result in disruption to energy supplies which could impact on continuity of ICT operations in the short term
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 Business Continuity Plans being updated to fully reflect ICT disruption. 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. 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.
Current performance:	Training programme to be developed on records management, data protection and related issues for staff working across and between partners.
Comments:	Business Continuity arrangements are being reviewed with ICT colleagues in NHS and Moray Council with a focus on prioritisation of critical systems and the potential impact of loss of energy and consequential impact on ICT

9	
Description of Risk: *Infrastructure*	Requirements for ICT and Property 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 **NO CHANGE**
Rationale for Risk Rating:	Changes to processes and necessary stakeholder buy-in still bedding in. 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. Interim Premises, Infrastructure and Digital Manager in place to provide additional leadership in relation to major infrastructure projects.
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	Further work is required on developing the process for approval for projects so that they are progressed timeously.

assurance:	Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort.
Current performance:	The Infrastructure Board meets regularly and highlights/exceptions are taken to OMT for communication and information purposes.
Comments:	Existing projects will be reviewed as part of the development of the new Strategic Plan process to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities.

Strategic Risk – Action Log

Risk	Action required	Lead	Target	Comment
1. **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.**	Develop to final approved Performance Management Framework, aligned to the new Strategic Plan will be a key focus.	Chief Financial Officer	Initial target March 2019 Revised date ~~27 June 2019~~ 31 Oct 2019	Document to be presented as part of governance surrounding the new Strategic plan in October 2019
2. **Inability to recruit and retain qualified and experienced staff whilst ensuring staff are fully able to manage change resulting from Integration**	Update Organisational Development Plan (presented to MIJB in January 2018) and present to MIJB	Heads of Service	~~30 June 2019~~	Initial intention was to have a dedicated resource however recruitment was not successful. External resource has been identified and initial focus is required on the management restructure with the OD and workforce plan thereafter
	The Workforce plan will be developed and aligned with the strategic plan 2019- 2022	Heads of Service	~~September~~ 31Oct 2019	As above
	Services experiencing staffing resource issues due to sickness absence or vacancies are escalating matters to Heads of Service for action	Heads of Services	ongoing	This is a complex problem and a more detailed analysis of the issue and the impacts across the system is being collated for System Leadership Group. This will facilitate a prioritised and targeted approach for action

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3.	Inability to demonstrate effective governance and effective communication with stakeholders.	Programme of future reports for Clinical and Care Governance Committee to be developed	Professional Lead for Clinical Governance / Heads of Service	June 2019	Schedule of reports has been set for Clinical Governance Group with exception reporting to Clinical and Care Governance committee.
		Communications Strategy developed and approved by MIJB in June 2017 – to be reviewed and updated	Chief Officer	~~June 2019~~ 31 October 2019	As part of the Alliance funding a new communications officer started in April 2019. Revised strategy to go to MIJB in October 2019.
		Governance Frameworks documented and communicated for:- • Clinical Governance • Health and Safety • Civil Contingencies • Risk management • Performance management • Staff Governance	Corporate Manager	 28/2/19 31/3/19 31/7/19 31/10/19 30/10/19 31/8/19	**In Progress** Clinical Governance and Health and Safety frameworks are completed. Risk Management, Staff Governance and Civil Contingencies are progressing. Civil Contingencies requires input from partner organisations and this is being progressed through a local resilience group with representation from Moray Council, Dr Grays, NHSG and HSCM
4.	Inability to deal with unforeseen external emergencies or incidents as a result of inadequate emergency	Programme of implementation of table top exercises for business continuity to be established and implemented	HSCM Civil Contingencies Group (CCG)	31/7/19	
		Identification of staff resource to	SMT	31/3/19	**completed**

planning and resilience.	progress outstanding BC arrangements			
	Completion of major infectious disease/pandemic plans	Corporate Manager / HSCM CCG	30/4/19	**In progress** Discussion held with colleagues in Aberdeen City and Aberdeenshire to ensure consistent approach. NHSG to provide some further guidance and services are updating BC plans and this information is required to populate the critical functions list.
5. **Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.**	Process for sign off and monitoring actions arising from Internal and External audits is being set out as part of the HSCM governance arrangements.	Corporate manager / Chief Internal Auditor	31/3/19	**Process completed and implemented**
6. **Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level.**	Development work will be undertaken to establishing clear links to performance that describe the changes proposed by actions identified in the new Strategic Plan	Chief Financial Officer / Corporate manager / Service Managers	31/10/19	**In progress**
7. **Risk of major disruption in continuity of ICT operations, including data security, being compromised**	Protocol for access to systems by employees of partner bodies to be developed.			Staff are able to access systems where appropriate, the protocol requires to be documented

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 JULY 2019**

SUBJECT: **PUBLIC SECTOR INTERNAL AUDIT STANDARDS – EXTERNAL QUALITY ASSESSMENT OF INTERNAL AUDIT**

BY: **CHIEF INTERNAL AUDITOR**

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

1.1   To provide the Moray Integration Joint Board (MIJB) with details of a recent external quality assessment undertaken on the council's internal audit service.

2.   <u>**RECOMMENDATION**</u>

2.1   **It is recommended that the Audit, Performance and Risk Committee considers and notes the report and the action plan prepared to address the issues raised in the external quality assessment of internal audit.**

3.   <u>**BACKGROUND**</u>

3.1   The Local Authority Accounts (Scotland) Regulations 2014 at paragraph 7 require that 'a local authority must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing'.

3.2   The recognised standards adopted by all public bodies are the Public Sector Internal Audit Standards, (PSIAS) developed by standard setters including the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Chartered Institute of Internal Auditors. The standards include a requirement for an External Quality Assessment (EQA) of internal audit once every five years, and for the findings to be considered at a meeting of a council committee. The information is also relevant to the internal audit work conducted for the MIJB.

3.3   Through the Scottish Local Authorities Chief Internal Auditors' Group which the council participates in, and in line with the Standards, it was agreed that the EQA requirement could be met through a peer review process. This required each Chief Internal Auditor to undertake an assessment at another council and receive an assessment in return. It was agreed by the group that to avoid any potential conflicts of interest reviews would not be carried out at

or by a neighbouring authority. Fife Council was selected to undertake the assessment of Moray Council.

3.4   The assessment involved the Audit Manager and an Auditor from Fife and took place over two days in early February 2019. It involved the review of a portfolio of evidence, interviews with the Chair of the Audit and Scrutiny Committee, the Chief Executive, and the Corporate Director (Corporate Services) responsible for internal audit, as well as discussions and file reviews involving all staff in the audit team. A copy of the report detailing the audit findings together with an action plan containing recommendations is provided as **Appendix 1**.

3.5   The inspection was thorough and the report gives a useful external perspective of how the service performs as well as providing advice on areas where compliance with the standards can be strengthened. There is a couple of areas highlighted around audit planning where there is a need to do more to evidence the basis for selection of planned audit topics otherwise for the most part the recommendations will be readily implemented subject to time being made available to do so. Overall the positive comments around Moray Council audit working paper and reporting processes were welcomed as an endorsement of the combined efforts of all staff in the team.

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

4.1   Participation in the EQA process provides an independent assessment of Internal Audit's application of the standards expected of public sector internal audit. The provision of this report to the recipients of internal audit services provides transparency around the results of the assessment and of the actions proposed to secure service improvement.

5.   SUMMARY OF IMPLICATIONS

   (a)   Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

      No direct implications

   (b)   Policy and Legal

      Completion and reporting results of the external review secures compliance with the relevant statutory requirements and auditing standards.

   (c)   Financial implications

      No implications

   (d)   Risk Implications and Mitigation

      The findings from the independent review of internal audit mitigate the risk that the service operates without regard to the applicable professional standards.

(e)   Staffing Implications

None

(f)   Property

None

(g)   Equalities/Socio Economic Impact

An equality impact assessment is not required as there is no impact on people with protected characteristics as a result of consideration of this report.

(h)   Consultations

This report has been discussed with the Chief Officer of the IJB, any comments have been considered in writing the report.

6.   CONCLUSION

6.1   This report provides the Audit, Performance and Risk Committee with a summary of findings arising from an external quality assessment of Moray Council's internal audit service.

Author of Report: Atholl Scott, Internal Audit Manager
Background Papers: Public Sector Internal Audit Standards
                                     Self-Assessment Evaluation
Ref: ijb/ap&rc/250719

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Moray Council

EXTERNAL QUALITY ASSESSMENT

OF THE

INTERNAL AUDIT SERVICE

Final Report

5 April 2019

Index and Report Distribution List

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Date of Visit	**5 – 6 February 2019**
Draft Report Issued	**26 February 2019**
Management Response Received	**2 April 2019**
Final Report Issued	**5 April 2019**

Draft Issued to:	**Atholl Scott, Internal Audit Manager**
Final Issued to	**Atholl Scott, Internal Audit Manager**
	Stakeholder Interviewees: Roddy Burns, Chief Executive, Denise Whitworth, Corporate Director (Corporate Services) Councillor Marc Macrae, Chair, Audit and Scrutiny Committee

1. EXECUTIVE SUMMARY

1.1 Introduction

The Public Sector Internal Audit Standards 2013 (PSIAS) require that an independent external quality assessment of compliance against the PSIAS (EQA) should be undertaken at least once every 5 years. This report has been prepared following a review of compliance with the PSIAS and the International Professional Practices Framework (IPPF) on which the PSIAS has been based. The purpose of this report is to provide an overview of Moray Council's arrangements for the operation and management of its Internal Audit service.

In terms of the PSIAS, the Internal Audit Manager performs the function of the Chief Audit Executive (CAE) and this terminology is referred to throughout this report. The PSIAS also refers to "the Board", for the purpose of this report the Board is the Audit and Scrutiny Committee of Moray Council.

The report details the findings from the EQA undertaken in February 2019, by the Service Manager, Audit & Risk Management of Fife Council.

1.2 Scope and Limitations

The methodology for this EQA, takes the form of a validated self-assessment. As such we have undertaken the following work in arriving at our opinion:

- review of the latest self-assessment and supporting evidence provided by the Chief Audit Executive (CAE);

- canvassed the opinions of key stakeholders such as Chair of the Audit and Scrutiny Committee and members of the Council's Corporate Management Team;

- undertook a series of tests using a standard checklist and undertook a review of guidance and process documents and a sample of files.

We have not undertaken any specific work to assess the effectiveness of the Council's Audit and Scrutiny Committee. Our view as to the extent of compliance with the PSIAS cannot be taken as any assurance on the strength of the control environment within Moray Council.

1.3 Areas of Good Practice Identified

- Good overall level of compliance with PSIAS and IPPF;

- The Internal Audit Charter is clear, concise and easy to follow. The purpose, authority and responsibility of Internal Audit, Senior Management and the Board is appropriately set out;

- Functional and administrative reporting lines for the CAE are appropriate;

- The Internal Audit team is appropriately qualified and experienced. It was acknowledged by key stakeholders that the team was knowledgeable and professional. All members of the team are aware of the professional and ethical standards required;

- Working papers system is effective for recording the Internal Audit work and reaching conclusions;

- Reports are concise and easy to follow.

1.4 Conclusion and Main Findings

The overall conclusion is arrived at following completion of the comprehensive EQA Checklist and based on the work we have undertaken, it is our opinion that the Internal Audit Service **generally conforms** with the PSIAS. 4 of the 13 Assessment areas 'Fully Conforms', 7 'Generally Conforms' and 2 'Partially Conforms'. Our review has highlighted a few areas where improvements can be made, these being:

- The PSIAS requires reports to the Audit Committee to be submitted directly by the CAE. The reports are presented in the name of the Corporate Director, although the CAE is recorded as the author of the report.

- While Internal Audit staff are clearly aware of the Code of Ethics and do notify of potential conflicts of interest, there are no formal processes in place to evidence this.

- Informal processes have developed for planning and recording of training, and employee development records are not up-to-date. Formal processes should be put in place to evidence these areas and the documentation updated.

- The Fraud Policy and the Audit Manual have not been reviewed recently.

- Work programmes are not approved at set up, or if adjustments are made during the audit, meaning there is no evidence of agreement to proceed.

- There is a lack of evidence of how the audits are selected, and no mechanism to record reliance placed on other sources of assurance.

- The PSIAS 2400.2 requires that audit reports state that the audit has been 'conducted in accordance with PSIAS'. This is not currently included in audit reports.

- The PSIAS requires the CAE to present reports to the Board on the internal audit activity's performance relative to its Audit Plan and other matters. Performance measures are not reported to Audit and Scrutiny Committee during the year or in the Annual Report. Performance reporting is to Policy and Resources Committee as part of the Corporate Services performance management framework.

A detailed evaluation of each 'Standard' can be seen in Appendix A of the report.

2.   FEEDBACK AND EQA FINDINGS

2.1   Purpose, Authority and Responsibility – Action Plan reference 3.1

The PSIAS 1000.2 requires the CAE to periodically review the internal audit charter and present it to senior management and the board for approval. The internal audit charter contents were discussed with the Corporate Director, Corporate Services, prior to submission to the Audit and Scrutiny Committee (ASC), but were not communicated to other members of the Corporate Management Team (CMT).

2.2   Organisational Independence – Action Plan reference 3.2, 3.3 and 3.4

The PSIAS 1100.1 requires the CAE to present to the Audit Committee on the internal audit activity's performance relative to its Audit Plan and other matters. Reporting on audit activity is not included in the Annual Report, and while progress against plan is notified in the Report on the Work of the Internal Audit Section, this does not include performance measures. Performance reporting is to Policy and Resources Committee as part of the Corporate Services performance management framework.

The PSIAS 1100.1 requires reports from the CAE to be submitted to the Audit Committee directly by the CAE. Moray Council protocol requires all reports to Committee to be presented by a Director or Head of Service, therefore, while the CAE is the author of the reports, they are submitted to ASC in the name of the Corporate Director, Corporate Services.

The PSIAS 1100.4 suggests that the CAE's performance appraisals may include feedback from the Chief Executive and the Chair of the Board. Performance appraisals with the line manager do not currently include such feedback.

2.3   Individual Objectivity – Action Plan reference 3.5

The PSIAS 1100.6 requires that adequate arrangements are in place to inform individual auditors of their responsibilities in relation to potential conflicts of interest and promote impartial and unbiased behaviours. While it is accepted that staff notify of perceived conflicts of interest informally and are aware of the need to comply with the Code of Ethics and the Council's Code of Conduct for Employees, there is no formal process for reminding audit staff of their obligations in this regard.

2.4   Proficiency – Action Plan reference 3.6

The PSIAS 1200.5 requires confirmation that up-to-date job descriptions exist that reflect roles and responsibilities and that person specifications define the required qualifications, competencies, skills, experience and personal attributes. An up-to-date job description was available for the auditor role, but the CAE and Senior Auditor roles require updating.

2.5   Continuing Professional Development – Action Plan reference 3.7

The PSIAS 1200.10 requires that audit staff participate in a programme of continual professional development. There are no standard training plans, recording of training is not consistent, and records are not up-to-date.

2.6   Planning and Co-ordination – Action Plan reference 3.8 and 3.9

The PSIAS 2000.2 requires the Audit Plan to be developed using an appropriate methodology. The approach is outlined in the Audit Plan report to ASC, but the use

3

of an audit planning checklist may be beneficial in evidencing the areas considered in producing the Audit Plan.

The PSIAS 2000.3 requires the risk-based Action Plan to take account of other sources of assurance and suggests this is likely to be evidenced by an assurance mapping exercise. No Assurance map is currently in place, but there are plans to look at assurance sources in 2018/19.

2.7   Policies and Procedures – Action Plan reference 3.10

The PSIAS 2000.12 requires internal audit policies, procedures and guidance documents to be up-to-date and reviewed regularly. The Fraud Policy and the audit manual require updating.

2.8   Engagement Planning – Action Plan reference 3.11 and 3.12

The PSIAS 2200.4 and 2200.5 require work programmes to be approved prior to the commencement of the engagement, and when any adjustments are subsequently made to the work programme. Approval is not currently formally documented.

The PSIAS 2200.6 requires, for audit engagements for parties outside the organisation, a documented agreement detailing roles and responsibilities of internal audit and the client and operational arrangements, such as access to engagement records, distribution of reports etc. No Service Level Agreement is in place and no reference is made to external bodies in the Internal Audit Charter.

2.9   Communicating Results of Engagements – Action Plan reference 3.13

The PSIAS 2400.7 suggests that audit reports should state that the engagement has been conducted in conformance with the PSIAS. Audit reports do not refer to the PSIAS.

2.10   Risk Management – Action Plan reference 3.14

We were able to confirm that the Internal Audit function is highly regarded and respected throughout the Council. It would enhance Internal Audit's planning and risk management if the Chief Audit Executive was able to attend the meetings of the Senior Management Team.

We would like to thank all staff and Members of Moray Council for the co-operation and goodwill we received during our review.

Avril Cunningham, FCCA   MIIA
Service Manager, Audit and Risk Management Services
Fife Council

26 February 2019

3.   ACTION PLAN

Ref. No.	Recommendation	Priority	Management Comment	Manager Responsible	Date to be Completed
3.1	The CAE should discuss any future updates of the internal audit charter with all members of CMT prior to submission to ASC for approval.	2	Agreed; in the past the charter has been discussed with the Corporate Director (Corporate Services) and in future will be taken through CMT	CAE	Dec 2019
3.2	The CAE should report on performance against the audit plan in the Annual Audit Report and provide ASC regularly with the results of key performance indicators.	2	Agreed, this can be incorporated into future reports to the Audit and Scrutiny Committee. Presently IA performance reporting is to Policy and Resources Committee along with other Corporate Services teams	CAE	Jun 2019
3.3	Audit reports should be submitted to ASC directly by the CAE.	2	Not agreed, currently council Financial Regulations require the Corporate Director (Corporate Services) to secure the provision of an internal audit service for the council. Also there are no provisions in the Scheme of Delegation to the Internal Audit Manager for a departure from current policy that requires committee reports to be issued in the name of a director or head of service. This will be reviewed again when the constitutional documents are next due for updating.	Corporate Director (Corporate Services)/CAE	By March 2020

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3.4	Consideration should be given to seeking feedback from the Chief Executive and the Chair of the ASC for future CAE appraisals	3	Agreed, this will be done when the next appraisal (as part of the Employee Review and Development Programme) of the CAE is undertaken	Corporate Director (Corporate Services)/CAE	Sep 2019
3.5	The processes for documenting potential conflicts of interest and for retaining evidence of auditor knowledge of, and compliance with, the Code of Ethics should be formalised.	2	Agreed, this will be straight forward to implement and provide evidence that staff acknowledge the need to adhere to the audit code of ethics alongside professional codes and the council's code of conduct for employees	CAE	Apr 2019
3.6	Job descriptions for CAE and Senior Auditor posts should be up-dated.	3	Agreed, low priority but should be updated to reflect any changes in the roles	CAE	Nov 2019
3.7	A formal approach to planning and recording training should be put in place, and Employee Development Review Forms updated.	2	Agreed, a central training record will be developed –staff hold their own CPD records and to date this has not been seen as a priority	CAE	May 2019
3.8	An Audit Planning Checklist should be used to evidence the areas considered for inclusion in the Audit Plan.	2	Agreed, audit plans are derived from various sources as described in the audit plan report presented to Committee annually. The checklist will detail the sources consulted when determining items for inclusion in the plan	CAE	For 2020/21 plan
3.9	An Assurance Map should be developed to document the approach to using other sources of assurance.	2	Agreed, this would be a useful exercise to bring together the sources of assurance the internal audit team may be able to place reliance on and it is proposed this is developed over the next year	CAE	For 2020/21 plan

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3.10	The Fraud Policy and the Audit Manual should be updated, and thereafter regular reviews scheduled.	2	Agreed, the Fraud policy is being updated and the audit manual will be refreshed to reference changes to practice following purchase of new audit software	CAE	Jun 2019 Dec 2019
3.11	Work Programmes should be approved prior to commencement of the audit, and if any adjustments are made during the audit.	2	Agreed in part, for established and recurring audit areas e.g. schools where the parameters of the audit are known in advance. In other areas the audit scope may be developed as the audit progresses depending on initial findings There is currently a dialogue around this which will be recorded in our systems.	CAE	May 2019
3.12	In the absence of a separate documented agreement, reference should be made to engagements for parties outside the organisation in the Moray Council Internal Audit Charter.	3	Agreed, this links to 3.1 above and reference to the MIJB and GVJB will be added into charter on its next update	CAE	Dec 2019
3.13	Audit reports should state that the engagement has been 'conducted in accordance with PSIAS'.	2	Agreed, this will now be added, given the results of this EQA review.	CAE	Apr 2019
3.14	The CAE should routinely attend the Senior Management Team meetings.	3	Agreed in part, this is an added demand on CAE time and having access to the meeting agendas and attending where appropriate is the preferred option.	Corporate Director (Corporate Services)/CAE	Apr 2019

Key to Grading of Recommendations
Priority: 1 – Critical, 2 – Requires addressing, 3 – Good Practice, 4 – Value for Money

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SUMMARY OF CONFORMANCE WITH THE PSIAS – Appendix A

Reference	Assessment Area	Fully Conforms ⭐	Generally Conforms ✅	Partially Conforms ⚠️	Does Not Conform 🛑
Section A	Definition of Internal Auditing		✅		
Section B	Code of Ethics	⭐			
Section C	**Attribute Standards**				
1000	Purpose, Authority and Responsibility	⭐			
1100	Independence and Objectivity		✅		
1200	Proficiency and Due Professional Care			⚠️	
1300	Quality Assurance and Improvement Programme			⚠️	
Section D	**Performance Standards**				
2000	Managing the internal Audit Activity		✅		
2100	Nature of Work	⭐			
2200	Engagement Planning		✅		
2300	Performing the Engagement	⭐			
2400	Communicating Results		✅		
2500	Monitoring Progress		✅		
2600	Communicating the Acceptance of Risks		✅		

8

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 JULY 2019**

SUBJECT: **DELAYED DISCHARGES**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Audit, Performance and Risk Committee of Moray performance in regards to Delayed Discharges and actions being undertaken to address the performance within this area.

2. RECOMMENDATION

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

i) **note the performance of of Health and Social Care Moray (HSCM) in regards to Delayed Discharge; and**

ii) **consider and note the actions that have been outlined, with a report on the outcome of the workshop on 23 July 2019 to be brought to a future meeting.**

3. BACKGROUND

3.1. The purpose of this report is to provide further analysis on the current Delayed Discharge performance as requested by this committee on 28 March 2019 (para 5 of the draft minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. HSCM are committed to reducing the time patients spend delayed in hospital who do not require to be in hospital whilst also increasing the acessibility of systems delivering safe, legal and person-centred discharge. There is unnecessary risk to health and wellbeing for people delayed when medically fit for discharge and also serious questions in regards people's liberty. Reducing delays also brings benefits such as; more efficient use of hospital and community-based resources; reducing costs and increasing service capacity.

4.2. A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date. (Extensive documentation on the Delayed Discharge definition and methodology behind the process, coding and data capture can be found at: https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/docs/Delayed-discharge-Data-Definitions-Recording-Manual-FINAL.pdf)

4.3. The number of Bed Days Occupied by Delayed Discharge has varied over the past 3 years with a categorisation of being related to "Health and Social Care reasons" representing the majority. However, despite the Scotland wide difficulty in recruiting carers (Shortage Occupations List 2018 - Para 47) impact on the delayed discharge figure, this coding is the default value when data is entered in TrakCare (the IT system that captures all the data within the NHS hospital settings) and often will not represent the reality in Moray. Whilst the latest figure is one of the lowest since July 2016, the volatility of the measure requires constant monitoring and action (Fig 1):

4.4.
Fig 1

Bed Days Occupied by Delayed Discharges
July 2016 - April 2019
Moray
Ages: 18+
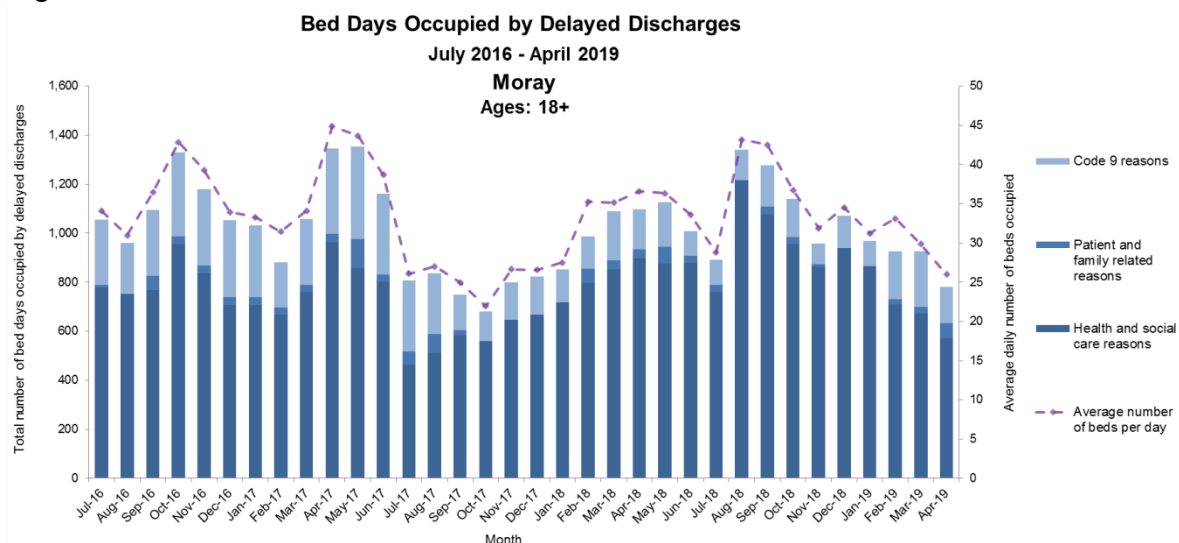
4.5. Moray has had a decreasing trend in the number of Bed Days occupied by Delayed Discharges since August 2018. While the raw figures (Fig 2) might show the current position to be in line with our comparators and neighbours (The Scotland figure is not comparable here as it is over 40,000 a month) the standardised number of Bed Days Occupied by Delayed Discharges a month per 1,000 population is a better measure for comparison showing Moray (Fig 3) as high and initially a target of meeting the Scottish Average should be considered:

Fig 2

Number of Bed Days Occupied a Month
Moray vs Comparators

Fig 3

Number of Bed Days Occupied a Month Per 1,000 Population
Moray vs Scotland and Comparators
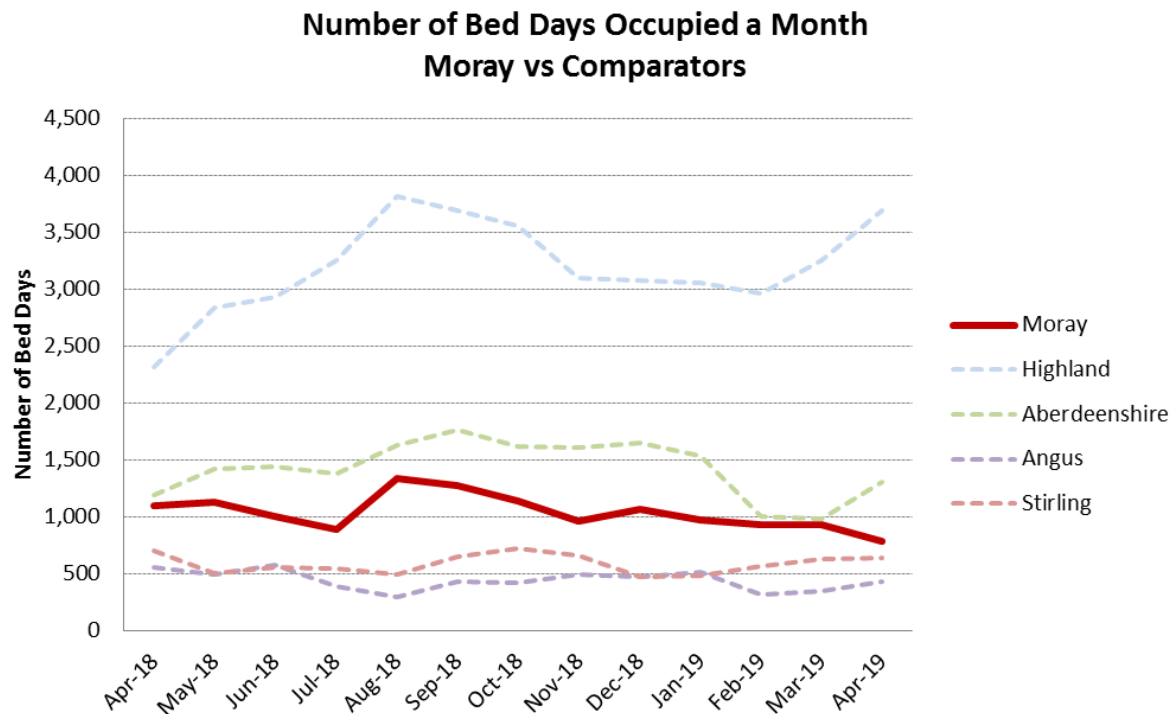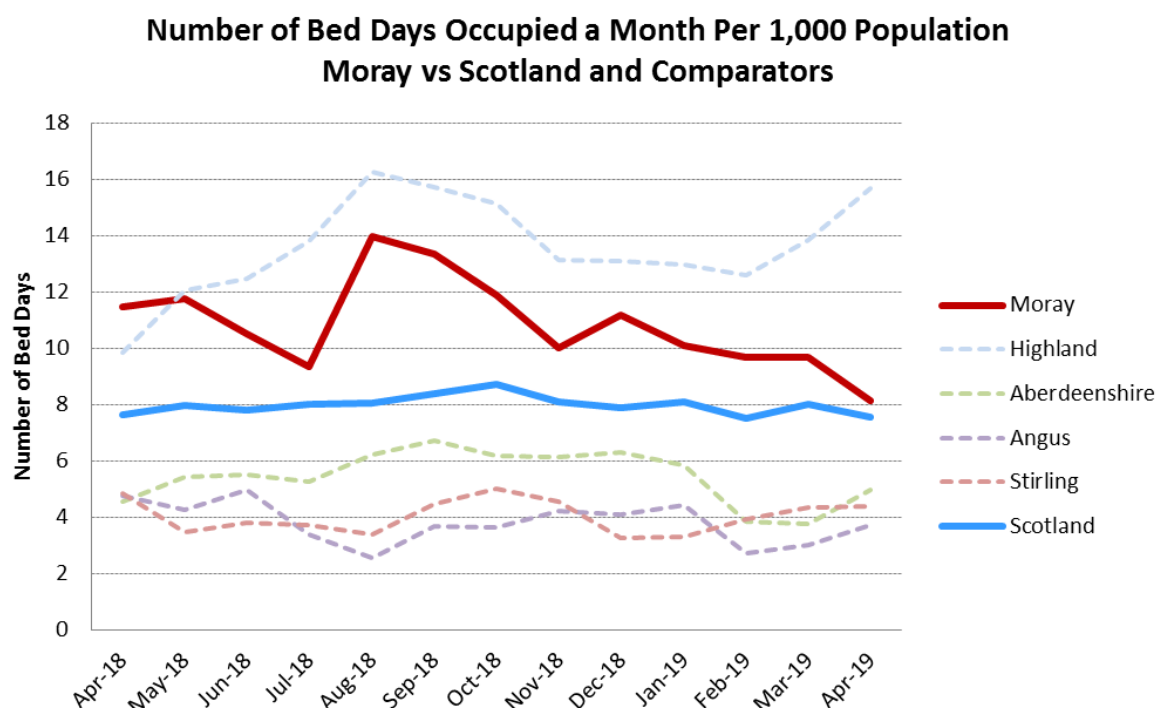

4.6. In order for Moray to bring the above figure down to the consistent Scottish average of 8 days per 1,000 population in a month **the total number of Bed**

days occupied by Delayed Discharges a month would need to be under 732 for this measure.

4.7. The improved performance in the above measure is mirrored in the number of people Delayed at Census Date and the latest figure in April 2019 was the lowest in the last 3 years with only 20 recorded (Fig 4):

Fig 4

Delayed Discharge Census by Delay Reason
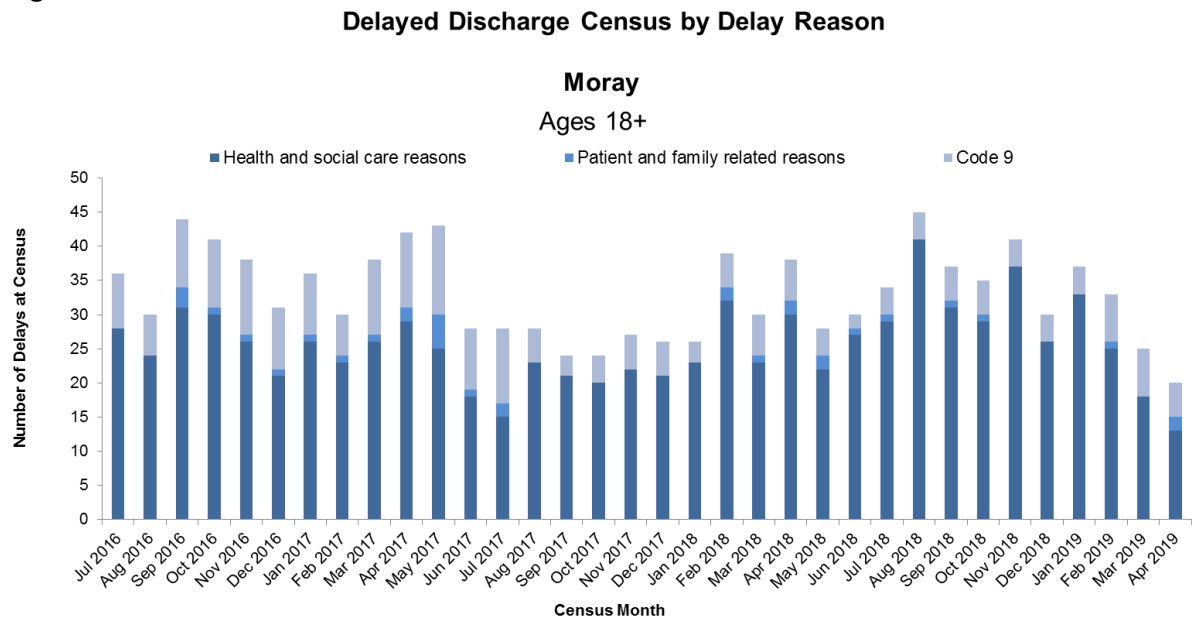
Moray
Ages 18+

4.8. As Delayed Discharge raw figures can vary greatly from one month to the next the following shows the yearly average of the monthly census figures for Moray, Scotland and its comparators (Fig 5):

Fig 5

2018/19 Average Monthly Delayed Discharges at Census Date
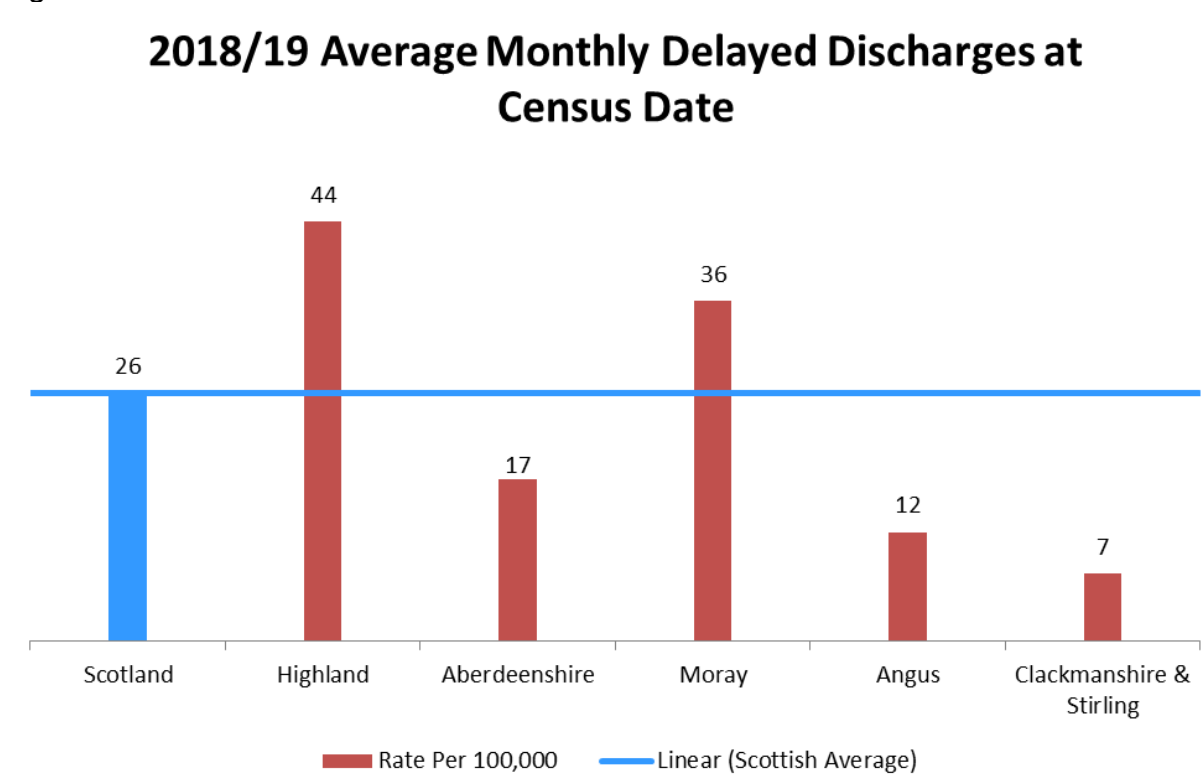
4.9. In order to be able to compare figures across different populations a rate per 100,000 population of the 2018/19 monthly average is derived which has Moray averaging 36 delayed discharges a month per 100,000 population. In order to bring this number down to under the Scottish average of 26 **Moray would need**

to set a target of 25 Delayed Discharges at the Monthly census. This level has been met in March (25) and April (20) 2019 which demonstrates the impact the work that has been done already is having.

4.10. HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital.

4.11. Following a recent operational performance meeting it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.

4.12. Through discussions at Performance Management Group, a facilitated process mapping session was undertaken by a small group of practitioners from across the partnership. They agreed that there should be further detailed work underpinned by a strong, collaborative, open and enabling leadership within a whole system approach and identified key improvement areas for further development as being :
- Continued focus on recruiting home care staff
- Early referral, home first and adults with capacity
- Focused work on first 36 hours of admission
- Discharge to assessment process
- Intermediate care
- Hospital from home

4.13. This will form the basis of a whole system workshop scheduled for 23 July 2019 that will have representatives from all services involved to identify the issues and potential solutions for Moray. A prioritised action plan will be collated from the outcomes of this session.

5.   **SUMMARY OF IMPLICATIONS**

(a)   **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**
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
The report highlights the historical performance Moray has in regards to Delayed Discharges and the actions being undertaken to address this.

(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 its purpose is to underpin the strategic direction for the service and there will be no differential impact, as a result of the report, on people with protected characteristics.

(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:-

- Head of Service,
- Chief Financial Officer,
- Caroline Howie, Committee Services Officer
- Corporate Manager

6.   CONCLUSION

6.1   This report recommends that the Audit, Performance and Risk Committee note and comment on the update on delayed discharge performance of HSCM and the actions that are underway and planned in addressing poor performance.

6.2   The current level of delayed discharge is higher than HSCM would be comfortable accepting and there is a very clear focus and prioritisation from all services involved to reduce these figures.

Author of Report: Bruce Woodward
Background Papers: Available on request
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 JULY 2019**

SUBJECT: **ANNUAL PERFORMANCE REPORT 2018/19**

BY: **CHIEF OFFICER**

1. **REASON FOR REPORT**

1.1 To request the Audit, Performance and Risk (APR) Committee consider and approve the draft Annual Performance Report 2018/19.

2. **RECOMMENDATION**

2.1 **It is recommended that the committee:-**

   (i) **note the approach taken to produce the 2018/19 Annual Performance Report;**

   (ii) **notes the constraints on reporting of data relating to national indicators identified in paragraph 4.2 of this report;**

   (iii) **considers any feedback arising from the consultation process; and**

   (iv) **approves the Report in APPENDIX 1 to be formatted for publication by 31 July.**

3. **BACKGROUND**

3.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Authorities must produce annual performance reports and publish by 31 July each year. Under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 (Scottish Statutory Instruments 2014, No. 326) and associated guidance, the performance report must cover a number of specific matters. These requirements are set out below and are included within the 2018/19 report.

3.2 Demonstration of how Health and Social Care Moray (HSCM) has performed against the National Health and Wellbeing Outcomes, within the context of the Strategic Plan and Financial Statement as presented within the report. To support this, a set of Core Integration Indicators have been developed by the

Scottish Government and the Board is expected to report upon performance using these and other locally specified indicators. The report is expected to include a comparison of performance in the last 5 years, where possible, or if the time period is less include all years since establishment. The MIJB Annual Performance Report includes a comparison during the period since establishment, that being 1 April 2016.

3.3   A summary of financial performance for the current reporting year, along with comparisons for the same time period as above, that should include the total spend by service, details of any underspend/overspends and the reasons for these.

3.4   An assessment of performance in relation to best value.

3.5   Description of the arrangements which have been put in place to involve and consult with localities and an assessment of how they have contributed to the provision of services.

3.6   Details of any inspections carried out by Healthcare Improvement Scotland and The Care Inspectorate relating to the functions delegated by Moray Council and Grampian Health Board.

3.7   The previous Annual Performance Report can be viewed at the following link: https://hscmoray.co.uk/uploads/1/0/8/1/108104703/ijb_annual_report_2017-18_final.pdf

3.8   It was agreed by Moray Integration Joint Board on 27 June 2019 (para 21 of the draft minute refers) that the draft document would be circulated to all Board members and Strategic Planning and Commissioning Group members for consultation with any feedback or comments being collated and provided to this committee. This committee was also given delegated authority to approve the annual performance report for publication by 31 July 2019.

3.9   Due to time constraints resulting from a number of factors it has not been possible to send out the fully designed version of the Annual Performance report however a sample of the design format was circulated with the draft report for comment.

4.   **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1   This report covers performance across HSCM, and highlights specific pieces of work to demonstrate positive performance against a variety of objectives and performance indicators. These include:-
   - HSCM Strategic Priorities
   - National Outcomes for Integration
   - National Core Indicators
   - 6 National Outcomes for Integration
   - Local indicators

4.2   Due to completeness issues in other areas in Scotland, the Information Services Division (ISD) who are responsible for the publication of data for Scotland have advised that data for the following national indicators cannot be used to report on full year performance;

National Indicator	Description
12	Emergency Admission Rate per 100,000 population for adults
13	Emergency Bed day rate (per 100,000 population)
14	Readmission to hospital within 28 days (per 1,000 population)
20	Percentage of Health and care resource spent on hospital stays where the patient was admitted in an emergency

4.3 Data for other indicators can be used to March 2019 but marked as provisional. In addition national indicators 1 to 10 will not have changed since 2017/18 because the survey is carried out biannually and the next survey results will be published for inclusion in 2019/20 annual performance report.

4.4 There is a large amount of performance data available to support the report, however it is not possible to include it all within the public facing report so specific highlights have been chosen which reflect areas that have been of particular focus.

4.5 The items for focus were identified through proposals from performance management group and operational management group. There is a continued effort to strengthen the links between the Strategic Plan, implementation plans and related performance monitoring reports, to facilitate production of future Annual Performance reports. This matter will be taken forward as part of the process for the new Strategic Plan.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016-2019

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan 2016-2019.

Annual performance reports will be of interest to Grampian Health Board and Moray Council in monitoring the success of the integrated arrangements that they have put in place and in considering whether or not there is a need to review the Integration Scheme.

(b) Policy and Legal

Over and above the prescribed information, it is open to the Board to include any additional information within its annual report as it thinks appropriate.

(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 as there are no changes to policy arising from this report and therefore there will be no differential impact on people with protected characteristics.

(h) 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:-

- Caroline Howie, Committee Services Officer
- Chief Financial Officer, MIJB
- Service Managers across HSCM

6. CONCLUSION

6.1 This report recommends the Audit, Performance and Risk Committee approves the Draft Annual Performance Report 2018/19 for publication by 31 July 2019.

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

[HEALTH AND SOCIAL CARE MORAY logo]

[Suitable picture demonstrating health and care]

Annual Performance Report
2018-19

CONTENTS

WELCOME FROM CHAIR AND CHIEF OFFICER, MORAY INTEGRATION JOINT BOARD

Health and Social Care Moray ("the partnership") formed in April 2016, bringing together health and care services across the area under the direction of a new public body the Moray Integration Joint Board.

Welcome to the 3rd Annual Performance Report 2018-19 for Health and Social Care Moray. The last year has continued to demonstrate significant work across the partnership as we strive to deliver better outcomes for the people of Moray. As a relatively new organisation we have worked hard to understand the potential of these new arrangements and had some significant changes emerge in the way in which we deliver support particularly in the area of mental wellbeing. We see this aspect of care as critical on many levels in achieving better outcomes. The approaches range from engagement with community led activities through to how we deliver formal services.

This report sets out progress in a number of areas and is set out in the context of the 9 national health and wellbeing outcomes, those outcomes by which we are measured on a alongside other partnerships across Scotland.

Our workforce is made up of those working in the public services and those working for the third and independent sector. We are continually impressed by the commitment they demonstrate on a daily basis in what can be extremely challenging circumstances. We are thankful for all that they do. We remain committed to supporting teams to work collaboratively together for the good of the people in all of our communities. Our services will continue to strive to be of high quality, accessible for those most in need and sustainable for the future.

The people of Moray continue to be fantastic allies by challenging us, holding us to account and enlightening us to the power of community. We are ever grateful for this. Whilst we still have a lot of learning to experience although we have made some headway in working positively with communities towards positive outcomes whilst recognising we have a way to go in this.

We are committed in these challenging times to deliver the best services possible for the people of Moray whilst supporting communities and individuals to be resilient in a way that enables them to have choice and control of their lives, feeling equipped to reach their true potential.

[Photo 2 Pam Gowans]

[Photo 2a Shona Morrison]

INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 is the legal framework underpinning health and social care integration in Scotland. This legislation requires the Integration Joint Boards (IJB) to produce annual performance reports that assesses their performance in planning and carrying out their functions in respect of the delivery of health and social care services locally, improving outcomes for the people of Moray. This report is the third Annual Performance Report of MIJB and is produced to meet these obligations and to provide an opportunity for our local community to have an overview of the progress being made during the year.

The Moray Integration Joint Board (MIJB) was established 1 April 2019. MIJB has the responsibility for the planning and delivery of all community based adult health and social care services in the area. It also has the strategic planning responsibilities in respect of emergency care required by people often ending in admission to the acute hospital locally, Dr Grays or in Aberdeen Royal Infirmary. The MIJB also manages (referred to as hosting) on behalf of Aberdeenshire and Aberdeen City IJB, the pan-Grampian services relating to GMED, the service that provides out of hours general medical care and Primary Care Contracts the team who service all the contracts for General Practice, Community Pharmacies, Optometrists and Dentists.

In-line with the expectations explicit in the legislation and Scottish Government guidance, the report considers our performance from several different perspectives:

- The progress we have made in achieving the nine National Health and Wellbeing Outcomes and the related key priorities of the MIJB;

- Making our Strategic Plan a reality;

- The views of other people based on service user feedback, carers and external organisations who inspect and regulate our services;

- The way in which we have managed our finances and delivered best value

STRATEGIC CONTENT

Scottish Government's strategic vision "**by 2020 everyone is able to live longer healthier lives at home, or in a homely setting**" and that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self- management.
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back to their home or community environment as soon as appropriate with minimal risk of re-admission.

The MIJB Strategic Plan 2016-2019 is currently under review, this plan set out the local context in response to the national strategic direction with a vision seeking to enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals. The strategic outcomes set out in this plan were that:

This strategic approach is supported by an ambition to encourage a more mutual relationship between those who deliver services and those in receipt of services as well as working with local communities. We are keen to ensure a better integration with those assets and activities in neighbourhoods that can support positive health and wellbeing. We have also set up a mechanism referred to as the Moray Alliance; this planning mechanism will have a focus on improvement and redesign of services, bringing together key stakeholders in the pathways of care to do so. The aim here is for an ethos of collaboration, planning together to ensure best fit for the people of Moray.

All of this direction is underpinned by the findings of a report published in 2011 referred to as the Christie Commission after the author. This report set out the case for change and the urgent requirement for the delivery of health and social care to change in order to respond to the growing demand for services as a result of the population changes, the reduction in the working age population, the economic landscape and the need to prioritise those most in need.

WHAT DO WE KNOW ABOUT THE MORAY POPULATION IN RELATION TO HEALTH AND WELLBEING?

Historically Moray tends to have a health profile that is better than the Scottish national average.

Overall Moray has:

- above average educational attainment at S4 level, smoking rates

- average levels of employment (albeit below average income), alcohol-related mortality,

- below average levels of crime, homelessness, alcohol-related hospital admissions,

- significantly better health condition prevalence rates than the average across Scotland regarding – emergency admissions, over 65s multiple emergency admissions, new cancer registrations and admissions for Chronic Obstructive Airways Disease (COPD), Chronic Heart Disease (CHD) and asthma.

- average incidents of traffic accident casualties, and worsening access to services overall.

- the population of Moray is ageing with a significant increase in the proportion of over 50 year olds and a reduction in 29 to 40 year olds predicted in the next 10 years.

WHAT HAVE WE ACHIEVED SO FAR?

The Strategic Plan outlines the key strategic outcomes to achieve the shared vision for change.

This report is a summary of progress during 2018/19 in achieving the principles outlined above. In also reviews and analyses performance in relation to the 9 National Outcomes for health and social care whilst highlighting some of the specific project work undertaken.

Key areas of focus during 2018/19:

- Transformation Programme in Learning Disabilities Services through the application of the progression model.

- Transforming Primary Care including the implementation of the new General Practice Contract for Scotland and Out of Hours care

- Developing Acute Care for the Elderly in the context of our wider older peoples pathways of care

- Implementing the new Carers Act 2018

- Continued developing on housing based initiatives supporting people to live independently with a range of personal challenges or health and care needs.

- Continued focus on Health Improvement and active communities

- Continued implementation of our Good Mental Health for All strategy

- Continued implementation of enabling approaches such as Self-Directed Support, and Shared Lives

PROGRESS

Across the outcomes of wellbeing there are areas of notable progress in the provisional figures for 2018/19:

- The number of total emergency acute hospital admissions remain well below the Scottish rate.

- Readmission rates although slightly increasing are below Scottish rates.

- The Falls rate (per 1,000 population) has been maintained despite an increase in 65+ population for Moray, and remains below the Scottish rate..

- Continued improvement in the proportion of care services graded "good" or above.

CHALLENGES

Where we have more challenging areas of performance these relate to:

- Whilst there is a shift in the balance of care of older people into community settings, demand for services is increasing due to the increase in the proportion of 65+ population overall, and people living longer with complex conditions.

- The national trend shows an increase in the number of suicides, in particular those of young men taking their own lives that are not known to services. In our new strategic plan we will be considering the wider Community Planning Board collaborative effort with communities, as we implement the new Suicide Strategy for Scotland, assessing the position in Moray and what action is required above what is already on offer.

- The growth in the levels people, who live with a learning disability, transitioning from children's services into adult services. This provides challenges in the form of supply and demand of services, for staffing and accommodation, alongside the costs associated with the packages of care required to deliver the positive outcomes of living well and living longer.

- The number of delayed discharges from hospital continues to be volatile, however there has been progress in reducing the number of days delayed over the past year and it is anticipated that this trend will continue.

- Finances continue to be challenging with a picture of increasing pressures against a decreasing budget.

- Workforce supply, recruitment and retention continue are of ongoing concern with a reducing number in the working age population, outward migration of young people in Moray and low unemployment locally. This is compounded by the fact that nationally there a shortages in key professional groupings.

NATIONAL OUTCOMES

The National Health and Wellbeing Outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. These outcomes provide a strategic framework for the planning and delivery of health and social care services and they focus on the experiences and quality of services for people using these services, carers and their families. We have used this framework as the basis for our performance report and further detail is provided in pages X – Y

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 and at home or in a homely setting in their community.
3.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5.	Health and social care services contribute to reducing health inequalities.
6.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and 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.

National indicators have been developed to underpin each outcome and performance is highlighted in the pages that follow. The information for indicators 11 to 20 are to be updated, however information for 2018/19 has not been released by Information Services Division (ISD) for publishing, with the exception of indicators 15, 16 and 19. Scotland comparator information is also not yet available for publishing for 2018/19.

Health and Care Experience (HACE) survey, a survey issued to a random sample of patients registered with a GP in Scotland, is undertaken nationally every two years. Therefore information for indicators 1 -10 for 2014/15, 2016/17 and 2018/19 is not available.

Please note * *RAG = Green performance is better than Scottish average, Amber performance is worse that Scottish average but within 5% tolerance, Red performance is worse that Scottish average by 5%.*

1.	People are able to look after and improve their own health and wellbeing and live in good health for longer.

This national outcome is truly incorporated in our vision "to enable the people of Moray lead independent healthy and fulfilling lives…"

We are working together with partners to facilitate people being independent and leading the lives they choose, maintaining good health and wellbeing.

No.	National Indicator	2015/16	2016/17	2017/18	Scotland 2017/18	2018/19	RAG*
1	Percentage of adults able to look after their health very well or quite well **	96%	N/A	93%	93%	N/A	G
11	Premature mortality rate	399	360	372	440	N/A	G
12	Emergency Admission Rate per 100,000 population for adults	8,673	8,775	9,269	12,192	not yet available	G

HOW DID WE DO?

93% of adults surveyed in Moray believe they are well able to look after themselves, which is in line with the Scottish average.

The premature mortality rates remains significantly lower than the Scottish average. The emergency admission rate is among the lowest rates for Scotland and is well below the Scottish average.

Reducing drug related harms through training and promotion of Naloxone has been a focus in 2018/19. 120 people were trained in use of Naloxone kits, an increase of 74% against a target of 5%. 120 kits were subsequently supplied, of which 60 were new, an extremely positive increase.

WHAT DID WE DO?

Residents of Moray are provided with a wide range of support options to enable them to look after their own wellbeing with a number of projects and initiatives undertaken during 2018/19.

healthpoint
WALK IN FOR INFORMATION

In 2018 to maximise opportunities, increase reach and provide a flexible, holistic, person centred approach, the **healthpoint** and **Smoking Advice Service** merged. **The new merged service provides access to:**

- Specialist Smoking Cessation Support
- Practical ways to improve health and health concerns
- Support groups and organisations
- Self-care/self-management, through National Campaigns such as the 'Winter Chest' campaign which provided information on early warning signs of 'flare ups' for those with existing chest conditions, how to manage and access treatment to avoid exacerbations.
- NHS services
- Long term conditions e.g. Diabetes & Asthma
- Free condoms

The new merged healthpoint service is available within the community, GP practices throughout Moray and Dr Gray's Hospital.

Since the merger in 2018 we have increased delivery of our community healthpoint outreach service by 24% reaching local communities and workplaces, with 89% of those accessing the service being of working age and older people.
Outreach enquires relate to:

- nutrition and physical activity 43%;
- alcohol and smoking 30% and
- Healthpoint/NHS services 27%.

The 1:1 service is a very welcome addition to the community, for our partners and population, complementing the existing helpline and text service.

Feedback includes:

> Easily accessible to patients

> If people have to travel to a service in Elgin probably won't go, but as it's in the area – much more likely to attend.

To deliver the community outreach service we work in partnership. One of our key partners is the Department of Work and Pensions, who utilise our Mobile Information Bus to reach rural communities such as Tomintoul to provide advice on health and wellbeing, employment and income/fuel maximisation.

Case Study 1

Carol has a chronic chest condition and was referred for smoking cessation support. Carol found the service to be flexible and easy to access, bringing along her husband. The couple have now reached their '12 week' quit and are now accessing the service for weight management.

Case Study

Sharon is accessing the outreach heath point service in her GP practice for smoking cessation support. Sharon is a carer for elderly parents who both have dementia which has had an impact on her financial situation. With healthpoint advisor support, Sharon has been referred to Quarriers and the income maximisation team and now has the confidence to access these services that she was previously unaware of. Sharon continues to cope with her smoking cessation journey.

Case Study 3

To enhance Kevin's journey to independent living, his carer accompanied and supported him to access the healthpoint service for weight management advice.

Kevin has now successfully lost 25% of his body weight, attends the gym and has learned to cook from scratch.

Kevin's confidence has soared, he used to lie in bed and worry what problems the day would bring, but now he sees 'everyday as an adventure'.

[Mobile bus photos]

MORAY WELLBEING HUB CIC ACTIVITY FOR HSCM

In 2018-19 Moray Wellbeing Hub Community Interest Company (CIC), worked as a resource to support local services delivering health and social care.

The organisation is a Moray based social movement and enterprise that looks to harness lived experience of life challenges to create change. Empowering community members as active citizens and connecting partners in health and social care, and wider, for values focused collaboration to make Moray more mentally wealthy.

Projects co-designed and delivered in partnership include:

- **Mental Health Pathways in Moray**:
  Creation of a new tool to help GPs and community members understand and discuss their options in mental health in Moray, both with support and alone. Co-designed by a majority of people with lived experience of mental health challenges (survey showed 77%). Our training around this tool is becoming a key component to how we can support community members to self-manage and help others. Partners involved – HSCM Public Health and Mental Health teams, Moray Coast Medical Practice, tsiMORAY, Scottish Recovery Network, Health & Social Care ALLIANCE. Further developments underway are a children, young people

and families version, with other versions such as around drug and alcohol issues to be created in 2019.

- **'Wellness College' brand**:
Peer-led self-management courses 2018 - over 120 over 16s attended, results show increased self-management ability and decreased self-stigma.
Qualitative feedback includes "(I gained) more understanding of my feelings, emotions - feel in a better place to deal with, and achieve things."

Training for Trainers - 15 peers completed Peer2Peer course enabling them to run support groups and provide mentoring

- **Social movement**:
29 Champions joined in 2018 so there are now 176 people actively involved. Evaluation shows increased connection, hope, ability to give and receive support for those involved.
"Hopefully sharing my own experiences with mental health in the past contributes to the creation of a growing openness to speak about issues, and inspire others to accept that it is ok to talk."

- **Supporting the workforce with training for HSCM staff**:
52 dental and GP admin staff trained by peer-trainers. Feedback received identified an increase in confidence, hope, knowledge and willingness to share own experiences.
"(I will) talk more to those around about my own and their mental health… to not be afraid to talk" Participant, Dental Training.

- **Adding value to HSCM services and events**:
Supporting partnership and coproduction through pop-up cafes at events (House of Care GP community events / Scottish Services Directory event), sharing volunteers and facilitators for strategic engagement.

NEW SAMH SERVICE

The new SAMH contract was launched with the adult mental health service as of the 1st of April 2019 integrating SAMH as third sector partners with the Integrated Mental Health Service.

Prior to the commencement of the new contract we had the commissioning process (going out to tender to engage a service in a contract) we worked with SAMH as the existing providers engaged in testing out new ways of working, thus assisting us to understand what a new and improved service needed to look like. This involved listening to feedback from the community and partner agencies working collaboratively with the hospital and community mental health teams capturing the highlights of "what matters?" through the Making Recovery Real Conversation Café events. This feedback included insights such as people wanting to be supported in their own homes as much as possible, for any necessary inpatient stays to be as brief as possible and to have support to access their local communities and the resources within them more successfully.

Initial feedback is very positive and the service is facilitating more timely discharge and helping to prevent admissions to inpatient care by providing alternative options of intensive support.

DISTRESS BRIEF INTERVENTION LAUNCH

Joint work with Penumbra continues in regards to the Distress Brief Intervention (DBI) project.   The DBI initiative emerged from the Scottish Governments work on suicide prevention as a component of the national mental health strategy showing that people in distress require improved co-ordination across agencies and quicker access to support with an emphasis on more consistency in the compassion they receive.

Associated Partnership has been awarded from the Scottish Government Initiative run in Aberdeen with Penumbra and this is a huge boost to Moray in terms of having access to already developed and effective resources.   1st Response Moray training is underway and will launch operationally in July 2019.

MAKING RECOVERY REAL PARTNERSHIP REBRAND

The Making Recovery Real Partnership in Moray continues with representation from the community, third sector, NHS and Local Authority colleagues. A celebration event was held in the spring to mark the works undertaken so far and to invite a greater representation from community members in how we take forward our strategic goals in Moray.

[Possible **Photo** moray well being hub page and search up - Reflection: Making Recovery Real in Moray – A Celebration, 17th April 2018]

To support and promote independence, positive health and wellbeing for older people in Moray, a range of community initiatives and programmes continue to be developed with the aim of promoting; independence, choice, reducing social isolation by increasing community connections and promoting the use of local assets.

The success of our staff and the partnerships created in Moray have been recognised nationally.

BOOGIE IN THE BAR – SUCCESSFUL PARTNERSHIP

The glitter ball has been shining brightly again during 2019 for the award winning day time Boogie in the Bar. To date there have been 5 discos with 640 participants with £1,100 funds raised being reinvested into local community groups.

Boogie in the Bar has been recognised nationally through the "**Age Scotland Patrick Brooks Award for the Best Partnership Work 2019"**
[PHOTO]

This award is for partnership working that has made an outstanding contribution to addressing the needs of older people.

Partners included: Moray Council, NHS, Scottish Ambulance, Scottish Fire and Rescue, Joanna's Night club, Quarriers, Alzheimer's Scotland, Brivic plc, Moray Care Homes, community groups.

https://www.youtube.com/watch?v=pbk_6NlrBv4

These events continue to support the older people in Moray to increase their physical activity whilst enjoying a 'boogie'. Health and Wellbeing campaigns are promoted at each disco and featured topics have ranged from Falls Prevention, Dementia awareness, role of the unpaid carers, sexual health, Making Every Opportunity Count (MEOC).

COMMUNITY CAPACITY BUILDING

The Community Development Team use the asset based community development approach focusing on people as their biggest assets as community connectors

- **Assets** – getting to know people in their own communities
- **Building** – build positive and trusted relationships with one another over time
- **Communication** – encourage and support through positive conversations
- **Developing** – support the development and confidence of people in their community as they become skilled and effective community champions

Testimonials regrading personal outcomes and benefits to service are collected and demonstrate real positive impacts for participants.

In 2018-19 CWDT supported **32** independent groups including

- 21 BALL groups

- 12 Social groups including Men's Sheds,
- 3 specialised health and wellbeing groups

This equates to over 1178 people each week accessing community resources

Year	No. of Groups	No. of People
2015-16	41	820
2016-17	49	1160
2017-18	52	1230
2018-19	**36**	**1178**

During this year the number of groups that could be directly supported by CWDT reduced due to available capacity. However CWDT worked with Hanover Sheltered Housing staff, take forward developing social contacts and connections for their residents. CWDT supported the Hanover staff with building links with external support by providing contacts and connections, to integrate tenants with groups that already exist in the community.

CASE STUDY

Charlene is a tenant at Linkwood View. For the last 3 months, Charlene has been attending Elgin Duellist Fencing Club members for an extra night of fencing we hold at Linkwood View. Although Charlene has a learning disability she's achieved a lot and will be looking to join our main club night on Thursdays.

[photo 5 Charlene]

SOCIAL RETURN ON INVESTMENT (SROI)

Increasing Mens sheds has been a key focus for 2018-19 for the CWDT

A study has proven that a community Men's Shed project yields a 10:1 return on investment. For every £1 spent an equivalent £10 is saved. It is fair to say that the outcomes of a Men's shed mirrors the community groups developed throughout Moray.

Additional savings occur as the CWDT support those who require community transport (Dial M) and collaborate with third sector organisations to support individuals through befriending and volunteering, incurring no additional transport costs.

The CDWT works differently across boundaries and is currently collaborating with a third sector organisation to secure funds to increase growth of groups across Moray. A recent report in the Press & Journal identified that there was a boogie in the bar in BUCKIE….this demonstrates community capacity building and self-care self-management in practice!

SINGING EXERCISE & TEA GROUP

Working in partnership with Dance North has allowed the 3 SET groups to continue to grow in Moray. With funding being awarded from the NHS Grampian Endowment Fund the partnership allows trained dance facilitators to deliver gentle seated exercise to music for 34 people weekly.

The 3 groups offer a safe place to develop new friends whilst exercising and sharing memories, reducing social isolation and creating connected communities.

SET group participate quotes "this group is better than any medicine"

[Poster 1]

BE ACTIVE LIFE LONG (BALL) GROUPS

BALL Groups are unique to Moray and originated in 2005. They were created out of the need to improve mental and physical activity amongst the over 60s in order to keep them connected to their communities and to prevent, reduce or significantly delay the need for formal care services. The growth of participants in Moray continues to grow year on year with over 780 people attending BAKLL groups through Moray on a weekly basis.

The Institute for Research and Innovation in Social Services (IRISS) documented the value of the BALL group's by studying the methodology, interviewing BALL group's participants and providers as well as showcasing Moray as a positive example of community social Work. [Poster 2]

As a result of the report, Kirkwall now has 3 BALL groups established due to shared learnings and telephone support from the CWDT to Voluntary Action Orkney.

[Photo 4 - Duffus BALL group participating in indoor activities]

DOT BALL GROUP PROVIDER [photo 3 of Dot]

"*It's just wonderful – you see them coming in kind of timid and shrunken and after three or four weeks they're striding along. You wouldn't believe the difference it makes and it can spread into all areas of their life. It's as though someone has lit a light inside them.*"

2.	**People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

One of our strategic outcomes is "Supporting people to live independently at home or in a homely setting for as long as possible will always be our default position" and the work that has been carried out with partners under Strategic Housing Implementation Plan (SHIP) for Moray demonstrates that commitment.
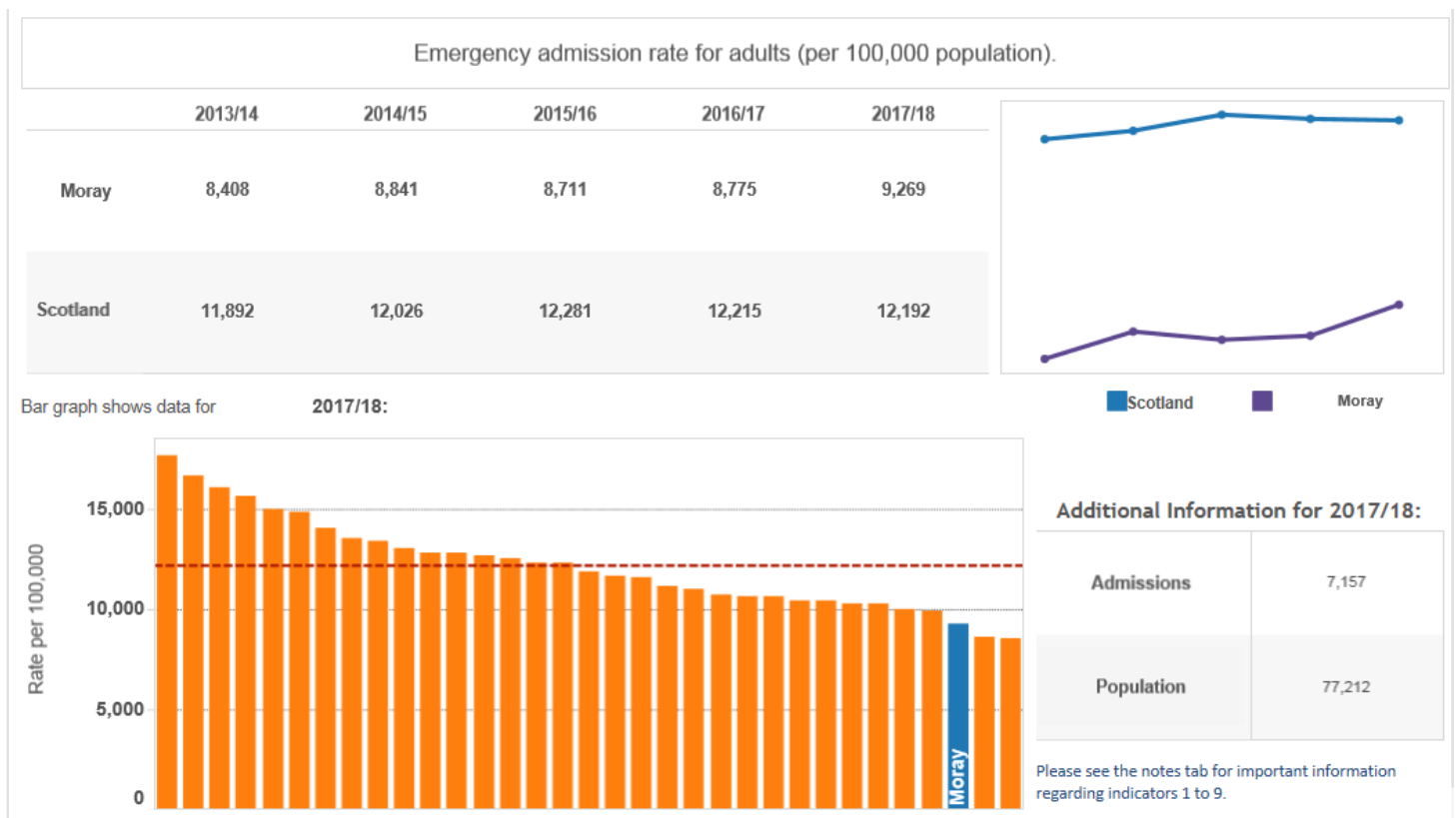
The SHIP has been developed from an assessment of forecasts of future needs for Moray in terms of accommodation requirements, and Moray Council, HSCM and partners are working to build appropriately to meet these requirements. We have also established a strong partnership with a housing association and this has enabled the delivery of extra care facilities that allow people to live independently in their own tenancy with the care on site. More detail of these initiatives are in the examples further on in this report.

In the event of people finding themselves in hospital our aim is to get you back home as soon as you are medically fit, particularly for the older population. The evidence is clear that extended hospital stays often lead to people losing their confidence, mobility and as such their independence. Preventing delays in discharge remains a focus in Moray and new initiatives are showing encouraging signs of positive impact for future.

No.	National Indicator	2015/16	2016/17	2017/18	Scotland 2017/18	2018/19	RAG*
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible**	74%	N/A	83%	81%	N/A	Gu
3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	73%	N/A	75%	76%	N/A	Au
5	Total % of adults receiving any care or support who rated it as excellent or good	79%	N/A	80%	80%	N/A	Gu
12	Emergency admission rate (per 100,000 population)	8,711	8,775	9,269	12,192	not yet available	Gd
13	Emergency Bed day rate (per 100,000 population)	96,114	97,461	96,050	123,160	not yet available	Gd
14	Readmission to hospital within 28 days (per 1,000 population)	76	74	84	103	not yet available	Gd
15	Proportion of last 6 months of life spent at home or in a community setting	90%	90%	89%	88%	90%	Gu
19	Delayed discharge bed days	764	1,095	936	762	1,093	Ru

HOW DID WE DO?

Moray has performed well in terms of low emergency admissions and is well below the Scotland average.

Emergency admission rate for adults (per 100,000 population).

	2013/14	2014/15	2015/16	2016/17	2017/18
Moray	8,408	8,841	8,711	8,775	9,269
Scotland	11,892	12,026	12,281	12,215	12,192

Bar graph shows data for 2017/18:

Additional Information for 2017/18:

Admissions	7,157
Population	77,212

Please see the notes tab for important information regarding indicators 1 to 9.

Emergency Admission to hospital rates are well below the average at National and Grampian level, and whilst there was an increase during 2017/18 provisional figures for 2018/19 show a promising reduction.

This is an area of work that is monitored closely by Moray IJB and Health and Social Care Moray as an indication of the progress in preventing unscheduled admissions to hospital.

In addition the length of time those emergency admissions stay in hospital is monitored via the Emergency bed day rate. As shown below Moray has continued to maintain its position nationally and 2018/19 provisional figures indicate a notable decrease.
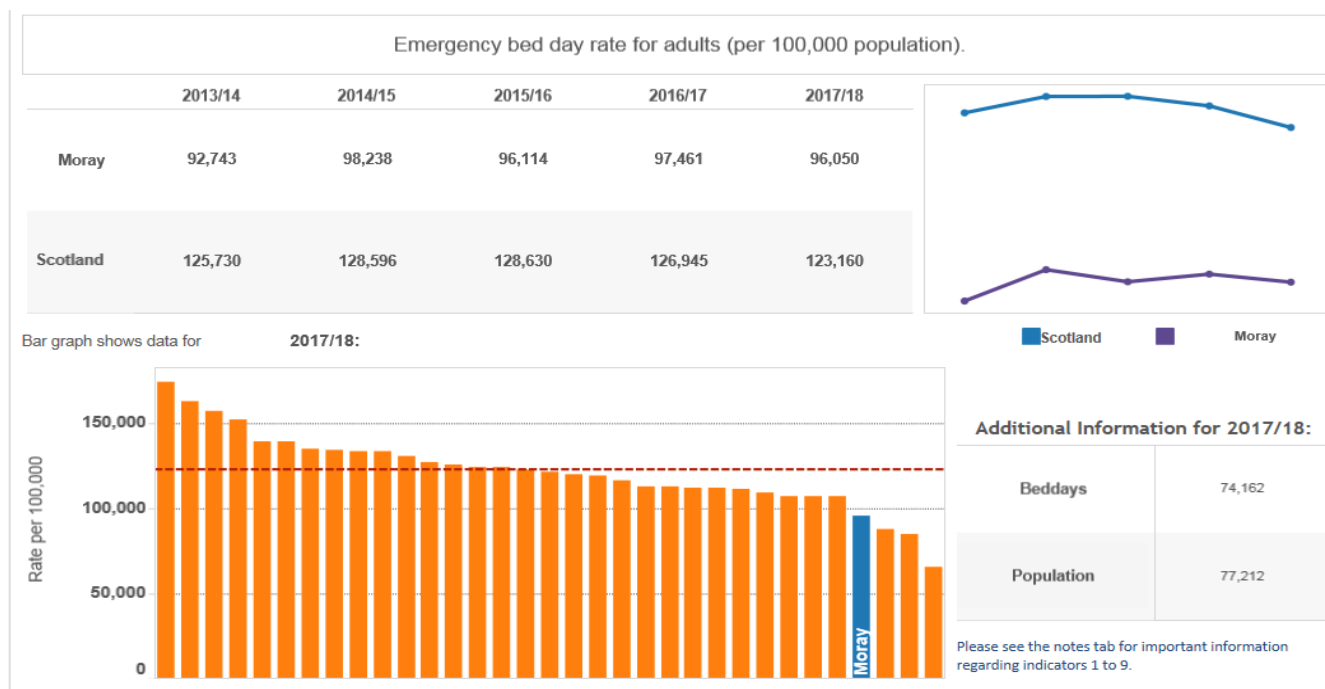
The rate of emergency occupied bed days for over 65's per 1000 population continues to reduce from previous years as shown below:

Year	Apr – Jun	Jul – Sept	Oct – Dec	Jan – Mar
2017-18	2558	2531	2495	2444
2018-19	2381	2375	2344	2274

DELAYED DISCHARGES

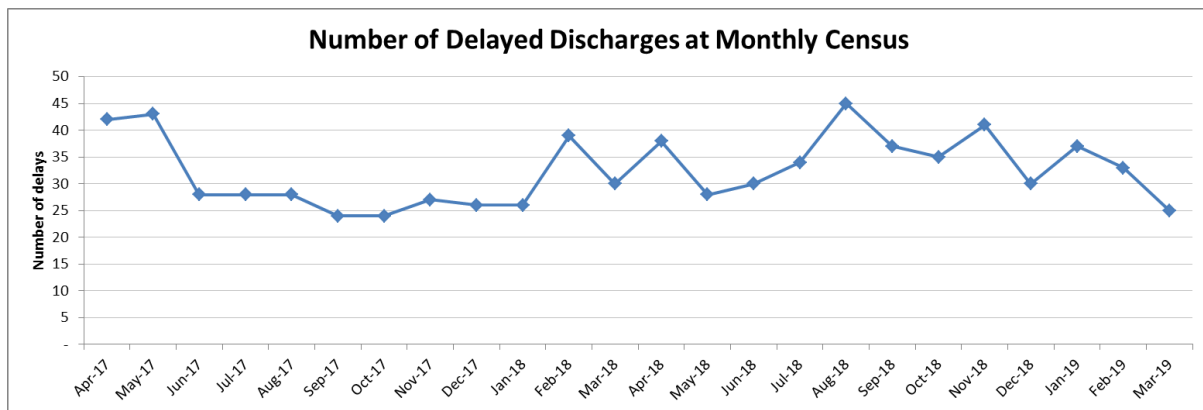A key target for MIJB is to reduce the number of Moray residents that are ready to be sent home from hospital but have been delayed in this process. This is often referred to as a 'delayed discharge'. Historically the number of people affected by delayed discharge in Moray ranges between 22 and 32 in a year. Delays can occur due to a number of factors that can be complex in nature. There has been continued focus from teams across the health and care system to ensure that people can leave hospital with appropriate support when they are fit to do so. The monthly census figures are showing a reduction from a highest point of 45 in August last year to a low of 25 in March this year.

Overall there was an increase in 2018 in the number of delays from a monthly average of 30 in 2017/18 to 34 in 2018/19. The reason for delay increased in relation to "waiting for care arrangements" and decreased in relation to "waiting for assessment". The majority of delays were between 3 days and two weeks and whilst the number of delays for Dr Grays and beds in the community halved in 2018/19 compared to 2017/18, delays in Community hospitals increased by 15% over the same period.

Number of Delayed Discharges at Monthly Census

A line chart titled "Number of Delayed Discharges at Monthly Census". The y-axis is labelled "Number of delays" and ranges from 0 to 50. The x-axis shows months from Apr-17 to Mar-19. Approximate values: Apr-17 42, May-17 43, Jun-17 28, Jul-17 28, Aug-17 28, Sep-17 24, Oct-17 24, Nov-17 27, Dec-17 26, Jan-18 26, Feb-18 39, Mar-18 30, Apr-18 38, May-18 28, Jun-18 30, Jul-18 34, Aug-18 45, Sep-18 37, Oct-18 35, Nov-18 41, Dec-18 30, Jan-19 37, Feb-19 33, Mar-19 25.

WHAT DID WE DO?

Acute Care of the Elderly Unit, Dr Grays Hospital ACE Unit

Part of our approach to improving how we work with frailty in older people has been championed by the Geriatricians and the wider team in Dr Grays. This successful approach is being looked at in terms of spread across the community hospitals and in the planning how our integrated multi-disciplinary teams will work at a neighbourhood level moving forward.

In the 18 months that this 10 bedded ward has been in place 640 patients have been treated with an average length of stay of 7.4 days. There is a daily Geriatrician led ward round and daily access to Physiotherapy, Occupational Therapy and Social Work staff, with referrals to other services such as dietician or pain team as required. There is a weekly "relative's clinic" and 85% of families meet a consultant. A Frailty Assessment Tool is used to identify appropriate patients and Physicians, Site Nurses, Site & Capacity team have been trained in identifying frailty.

Currently 66% patients are discharged home, with 24% to a community hospital. Links in the community have been strengthened with monthly hour long meetings with GP practices focussing on ACE Unit discharges and Frailty identification. The Geriatricians lead case conferences with the multi-disciplinary teams in community hospitals and undertaken scheduled ward rounds with GPs.

Delayed discharges remain a challenge with 32.5% of patients experiencing a delay awaiting care or transfer to community hospital and the 28 day readmission rate is currently about 10%. These are areas of close scrutiny and actions will continue to reduce these figures.

6 essential actions for improving unscheduled care in Grampian

This programme of work seeks to support the overall functioning of the hospital in terms of "flow". This means how people travel through the hospital from home and back again. The actions contained within this programme seek to optimise all of the different parts of the pathway to ensure the quality of the journey for the person is high and the efficiency of the system is optimised. The Scottish Government team associated with this programme undertook a site visit to Dr Grays Hospital on 8 February 2019. They were very impressed with the work that has been progressed by the Unscheduled Care Group (the integrated team who support this activity). The

daily safety huddle and the defined improvement programme set out clear plans for the patient. This process relates to both general emergency and discharge processes as well as delayed discharges.

Caring delivered at home, or homely environment

One of our strategic priorities is to facilitate clients being able to remain in their own homes and be supported in the community. When clients are supported at home this increases the potential for client satisfaction and reduces the use of care home places, so saving associated costs.

During 2018 there was a review of operational efficiency through the analysis of data to monitor quality and performance at various stages through the process of service delivery. Through this review Services now have a greater understanding of their information and how it relates to operational efficiency and performance improvement. As a result of the review:-

- Closer monitoring of over or under delivery has led to practitioners reviewing packages
- Increased turnaround in identifying individuals requiring more or less support
- Improved communication from front line staff to care officers and senior managers.

Customer satisfaction surveys are issued to service users annually and any areas form improvement are identified and acted upon. Of the 497 questionnaires issued, 180 were received giving a response rate of 36%.

99% of people had confidence in the staff that support and care for them, with 97% rating the quality of care and 95% rating the experience of the service as excellent or good. These results show maintenance of the high standards established in previous years.

Feedback showed that support to enable people to meet their health and wellbeing **outcomes**, such as being able to live at home as **independently** as possible and improving their **quality of life**, was valued.

How well does the service help you?	% positive			
	Aug 2016	May 2017	Sept 2017	July 2018
The service supports me to live as independently as possible	93%	89%	94%	98%
The service helps me to maintain/improve my quality of life	89%	93%	100%	98%
The service meets my care and support needs	91%	91%	98%	96%
I have a say in how my care and support is provided	82%	82%	89%	88%
The service helps me feel more safe and secure	85%	86%	92%	93%
I am confident the quality of the service is being monitored	85%	95%	81%	93%

I am satisfied with how the service is run	83%	87%	92%	90%

Overall **satisfaction** with the service has continued and many people indicated they could not identify areas for improvement. However issues were identified in relation to time pressures for staff, at times poor continuity of care a variation in the quality of care dependant on who their carer was. These issues have been considered by the management team and actions have been implemented to address them.

A core principle of the **Moray Drug and Alcohol Partnership (MADP)** is to enable engagement into treatment, care and support ensuring consistency of access to alcohol and drug service provision across Moray. Supporting community services in meeting the needs of those using services where alcohol or drug use is a factor.

An example of what can be achieved was demonstrated at the **Moray Connect More event.** This event was co-produced by a team of people with lived/living experience volunteers, and. agency staff.
Circa 100 delegates from across Moray attended the event to celebrate and promote partnership working across statutory, third sector and community projects; enabling a range of easily accessible services and supported, aimed at reducing harms and promoting recovery to link up, share idea and support those with lived and living experience to engage in and be part of service design and delivery.

Technology Enabled Care (TEC)

We have an established, mainstream Telecare service that is very much part of the care planning process.

In our **extra care facilities** various TEC items have been introduced. Internal door alarms alert staff when someone leaves their room at night thus reducing the need for staff to actually be in the property overnight, providing more independence for tenants whilst keeping them safe;

- For people who have Epilepsy audio and visual monitors are used to check for seizure activity so that staff do not have to be present all the time.

- A staff call system is in place, to help staff call for assistance when required, reduces the requirement for large number of staff to be permanently present in people houses.

A project is underway to assess the most effective way to make use of **Attend Anywhere** to improve access to services in GP Practices. Working with a small number of GP practices opportunities to implement use of video consultations into everyday business are being identified. The outcomes of the project will be evaluated and adoption of agreed developments will be rolled out across all GP practices. Opportunities for use of this technology are also being tested outside of Primary Care for example in Quarriers Drug & Alcohol Service. Developments are also underway in secondary care, to include VC links to appropriate consultant/out-patient appointments at major hospitals in the future.

As part of a pan-Grampian project funding has been secured for use of "Florence" which is an assistive technology for self- care of blood pressure monitoring.   A plan

is being developed for making this technology available across all 73 GP practices in Grampian.

SUPPORTED ACCOMMODATION

Woodview

Previous annual performance reports have featured the construction of the £2.5m new build of 8 bungalows for people with autism and challenging behaviour at Urquhart Place, Lhanbryde. This project was a "first" because HSCM provides the landlord function for these properties and we were able to tailor the accommodation to the needs of the tenant whilst ensuring the accommodation is sustainable for future use.

All the units were occupied by June 2018 and initial results have been extremely positive with a stable workforce, significant reduction in medication required and number and level of incidents. Before the move to the new accommodation, in 2016, there were on average 85 incidents per service user. In the first full year at Woodview the average number of incidents has reduced by 70% to 24 incidents per user.

In September 2018 the Care Inspectorate completed its first inspection of this housing support service and the report findings were very positive, with no requirements or recommendations.

Care Inspectorate Findings- September 2018	
Quality of Care & Support	5 – Very Good
Quality of Staffing	4 - Good
Quality of Management and Leadership	4 - Good

Extracted from a letter from a family to Woodview staff:-

"His house was a close to perfect as we could get it. We didn't replicate the hospital but we had taken all the important parts. I know some staff looked at the house and were unsure that parts of it were the right thing to do, I knew the first time I walked in on the 27th before Michael even arrived that he would be safe and enjoy his space. I think now everyone recognises how much we all got right in his house and how much it was designed with Michael at its heart.

*Such a year for us as a family, visiting on our birthdays, a family picnic at Duffus Castle, sitting, spending the day with Michael in **HIS** kitchen around **HIS** table.*

Brunch club, Halloween, Christmas parties, taking Michael out as a family on our own, a family Christmas, Alison being able to just jump on a bus and spend a day with Michael.

We stepped into the unknown a year ago. The unknown has been so positive. If we could have wished on New Years day 2018 for a perfect year and a perfect move, our dreams of what that would look like would not been as good as the year we have had. The most important highlight of the year is seeing Michael growing as a young man in his house we have never seen such a marked positive change in Michael as we have in the last year.

Every member of staff should share that pride for a job that goes beyond "well done", words cannot express that well enough".

Loxa Court

On 9th July 2018, building work started on a new Hanover (Scotland) Housing Association Ltd extra care housing development at Spynie, Elgin. Following suggestions put forward by the local community, this development has been named Loxa Court.

Commissioned by Health & Social Care Moray, Loxa Court is divided into a main three storey building, currently designated for extra care, and in the grounds two cottages and a further six two storey blocks.

Working in partnership with Health & Social Care Moray, Hanover Housing colleagues have designed the building primarily to support older people. However, the design of the building will also offer supported accommodation for people with a range of other health or social care needs.

The start of building work on this 44 unit new build follows the completion of the highly acclaimed Varis Court (Forres) and Linkwood View (Elgin) developments by Hanover (Scotland) Housing Association Ltd.

While Health & Social Care Moray have commissioned the development and Hanover Housing will be the landlords, Allied Health Care were awarded the contract to provide care and support.

Loxa Court will receive its first tenants in the Autumn of 2019.

Development of Multi-Disciplinary Team (MDT) in Forres

The partnership approach Hanover (Scotland) Housing ltd, to lease 5 of the 33 extra care units at the development in Varis Court has continued, with the Moray Integration Joint Board (MIJB) agreeing to fund the units for another year to November 2019. This is to continue with the purpose of testing new models of delivering health and care interventions and informing how health and social care services could be redesigned in the future for the Forres locality area. The nursing team providing 24 hours of care, 7 days a week at Varis Court with a strong re-ablement and recovery focus and they also provide support for people in their own homes in the community.

The nursing team are part of the multi-disciplinary team working with the two GP practices in Forres to prevent people requiring to be admitted to hospital by providing early interventions, or to support people in their own homes when they come out of hospital.   During 2018 the MDT were co-located in Forres Health Centre to enable them to work closer together to support older peoples care at a local level.
They have become a key component in health and care system in Forres and it has proved popular with patients who have experienced them.

Positive benefits have been noted and a full evaluation and the longer term clarity on how this integrated model fits into the wider system will be assessed and reported to MIJB by December 2019.

No.	National Indicator	2015/ 16	2016/ 17	2017/ 18	Scotland 2017/18	2018/ 19	RAG*
3.	**People who use health and social care services have positive experiences of those services, and have their dignity respected.**						

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

We work alongside those people who use our services, those who deliver our services, carers, families and the wider public, to ensure that the way in which we conduct our business is from a basis of mutual respect.

We have a number of mechanisms for recording feedback including; direct feedback from those using our services, complaints, compliments, investigations and feedback through community councils, local elected members and the public through community engagement events held by ourselves and other partners. We are keen to ensure that the services we shape, have an human rights based approach, ensuring choice and control that in itself should result in a positive experience, where dignity and respect prevail.

No.	National Indicator	2015/ 16	2016/ 17	2017/ 18	Scotland 2017/18	2018/ 19	RAG*
4	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	71%	N/A	73%	74%	N/A	G▼
6	Percentage of people with positive experience of accessing their GP practice	86%	N/A	80%	83%	N/A	Ad
15	Proportion of last 6 months of life spent at home or in a community setting	90%	90%	89%	88%	90%	G −
17	Proportion of care services graded "good" or above in Care inspectorate inspections	78%	71%	85%	85%	87%	G ▲

The national GP survey is only carried out every two years so figures are not available for 2018/19

HOW DID WE DO?

93% of people surveyed considered they were able to look after their own health very well or quite well, which is in line with the Scottish average.

There was a slight reduction from previous years to 73% of people who felt that their services were well co-ordinated, however there was an increase to 80% of those who felt that the services provided were excellent or good.

In addition the majority of people surveyed and supported at home (84%) advised that they felt safe, which is just above the national average.

There has been a continued increase in "care services graded good or above" with the majority of our in house services averaging a score of 5 across all elements.

Complaints and compliments

The number of complaints received are very small in comparison to the level of contacts that are carried out every day with 24 complaints for health related services and 25 for Social care services being received during the year. Whilst the number is relatively small, the time taken to respond is an issue for health related complaints, with 54% being responded to within the target of 20 days. This can related to the complexity of the complaint however the process will be reviewed to establish any improvements that can be made. Any feedback from those experiencing our services is important and is monitored closely to strive to achieve the levels of care and standards required.

There were 3 complaints referred to the Ombudsman, 1 was not investigated by the ombudsman and 2 were not upheld. For one of these complaints a member of staff had reflected on the assessment of patients presenting with such symptoms and the Ombudsman advisor had identified this as clear evidence of ongoing learning and reflection to inform future practice.

Currently there is no formal mechanism to record compliments but this is an area under consideration for future.

WHAT DID WE DO?

As we strive to be a learning organisation seeking customer feedback and engagement is an integral part of service delivery.

Feedback from those receiving services is actively sought through a variety of media including annual customer satisfaction surveys, or when carrying out assessments or reviews. The information is then used to prepare action and development plans that are produced collaboratively with service users;

Cedarwood is a day centre for adults with learning disability. They issue service user and carer questionnaires annually with the most recent having a 71% and 57% respective response rate. Of the responses from service users 100% liked attending and enjoyed the activities. Of the responses from Carers 90% rated the service good or above and were happy with communication and relationships with keyworkers. Comments for improvements related to written communication and welcoming in the morning. These results are discussed at team meetings and group sessions.

Greenfingers is part of our Employment Support Services team, providing training and work experience for people with a learning disability, on the autistic spectrum or in recovery of a mental health condition, using the therapeutic benefits of horticulture and Green spaces. The service gather information from trainee reviews which is fed into their monthly comments and complaints discussions. They engage with the public via open days and pop up sales, gathering feedback from trainees, staff, visitors and volunteers on what they do and how they could improve. They have also been involved in forestry-based tasks over the past year and received very positive feedback from the Forestry Commission, who have committed to a further two years of financial support as a result.

4.	**Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

Improving people's quality of life by reducing social isolation and connecting people to their communities is an area of focus, given the emphasis based on evidence of the impact of positive mental wellbeing on people's health overall. Supporting those with long term conditions by developing a variety of approaches to self-care and self- management ensuring people and their families/carers are able to develop confidence in managing their conditions. This can result in people not having unnecessary admissions to hospital and importantly being able to live their life to the full regardless of their condition.

No.	National Indicator	2015/16	2016/17	2017/18	Scotland 2017/18	2018/19	RAG*
6	Percentage of people with positive experience of the care provided by their GP practice	86%	N/A**	80%	83%	N/A	A ▼
7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	83%	N/A**	79%	80%	N/A	A ▼
12	Emergency admission rate (per 100,000 population)	8,673	8,734	9,269	12,192	Not yet available	G ▼
14	Readmission to hospital within 28 days (per 1,000 population)	76	74	84	103	Not yet available	G ▼
19	Delayed discharge bed days	764	1,095	936	762	1,093	R▲

HOW DID WE DO?

National GP survey results for people's feelings of a positive experience in relation to services provided have shown decreases on previous years' results and are below the Scottish average.

However survey results collated for clients, who have support plans and who are requested to provide feedback on their experience, demonstrate that there is a high level of satisfaction with their involvement.

Year	2017	2018
No. of Clients surveyed	1,463	1,155
Reponses received	59%	64%
Agree they feel satisfied with their level of involvement	99.6%	99.45%

Note -The reduction in the number of clients surveyed is due to a redesign of process in Learning Disabilities.

WHAT DID WE DO?

New GP Contract and the Primary Care Improvement plan (PCIP)

The new contract has gone through its first year of a 3 year programme of implementation in Moray. We have a PCIP that sets out the actions and stages of implementation to support the changes initiated through this new national contract.

Our PCIP has key priority areas to be considered and delivered against, as part of the national process. For the people of Moray the aim is to improve the way in which people access and receive those services traditionally contained within the GP Practice setting. We have many professionals trained to high levels of expertise and we are building on the idea of a much broader multi-disciplinary team with a range of skills. This means that where people may have traditionally expected to a Doctor they may now see other professionals, supporting our ability to disperse the workload and improve access to the right care, at the right time by the right person.

Progress in the 6 priority areas of the PCIP are;

- Vaccination Transformation Programme – Short life working group established to develop Moray's model of delivery, this is now agreed and a full business case from Vaccination transformation Programme Board and funding for future years is currently being considered.

- Pharmacotherapy services – all practices have received additional Pharmacy input and are currently recruiting to new posts.

- Community Treatment and Care Services – review of work loads of Primary Care Nursing services, development of a new phlebotomy service, identifying links with NHS Grampian's Elective Care Project

- Urgent Care (advanced practitioners) – work is progressing regarding understanding of existing workloads and skill mix required for multi-disciplinary teams, tests of change in localities re response to urgent care needs at home and responses to emergency unscheduled care needs in the community.

- Additional Professional roles – Current evidence that musculoskeletal (MSK) health issues are the most common cause of repeat GP appointments and account for 20-30% of demand in general practice. Moray model has been developed to have physiotherapists working collaboratively with primary care multi-disciplinary teams to embed a MSK service in practice teams and will be

tested over 12 months. The subsequent evaluation will inform implementation for a Moray-wide service.

- Health and Wellbeing Workers- each GP practice has direct access to a Mental Health Link worker for Distress Brief Interventions. Dementia/Frailty co-ordinators are in place in 2 GP practises and further are planned for recruitment.

Considerable progress has been made during 2018-19 to establish the framework and governance requirements to deliver key objectives of Health & Social Care's PCIP, allowing for flexibility whilst ensuring adherence to the core aims and principles of the new contract. Within Moray we are well engaged with the local GP practices in planning and prioritising our planned activity.

- The PCIP Core group has close working relationships with the Moray GP Practice managers group and produces monthly newsletters providing updates that are circulated to the wider Primary Care teams.

- Workshops have taken place on MSK, Mental Health/Action 15 and further workshops are planned for the remaining priorities.

- Public engagement around developments associated with the PCIP has taken place with members of the PCIP core group attending local community groups. There is however a requirement and plans to increase the activity in this area.

Transformational Change in Learning Disabilities

A key project underway continues to focus on delivery of transformational change in Learning Disabilities, in relation to increasing levels of independence in the community with the intention to further improve people's quality of life.

The Progression Model: a person-centred developmental approach that seeks to support each adult with a learning disability to achieve their aspirations for independence though focusing on outcomes over time. It is a relational change from traditional care management approaches by focussing on the individuals' hopes and choices, using these as the basis to co-develop care and support plans that enable each person to reach their potential. This requires a different model of integrated assessment; risk enablement; commissioning; contract modelling; social care and housing market development.

Progression Model in practice - Case study

Leaving home is a big step for anyone and for adults with a learning disability it brings many additional challenges.

The Community Learning Disability Team works closely with both internal and external service providers to embrace the ethos of progression and enable people to learn the skills needed to have greater choice and control over how they live their lives.

The team supported Kyle and his mum when a tenancy became available in a shared living arrangement where all tenants receive support from Cornerstone. He moved in with an agreed progression-focused Support Plan designed to provide him with opportunities to develop his independent living skills as he works towards his long term goal of living independently.

Over the past 18 months Kyle has been supported to develop his cooking, housekeeping and independent travel skills. People who know him have noticed real changes in his confidence and decision making and his achievements were crowned when he won the Skills and Learning Award at this year's Learning Disability Awards held in Glasgow.

[Photo 10 of Kyle with award]

Self-Directed Support

The ethos of SDS is intertwined within the Health and Social Care Standards, My Support, My Life to ensure that individuals experience high quality care and support right for them, that they are fully involved in all decisions about their care and support and have confidence in the people who care and support for them.

The Self-Directed Support (SDS) team provide support and advice both internally and externally as to the functions of SDS in line with the legislation. This includes the delivery of training, information and advice to frontline staff, other internal staff; including Integrated Children's Services (ICS) and advice to external organisations. Information and briefing sessions are delivered to local community and user groups on the key aspects of SDS.

The current demand of the service has been steadily increasing over the years, this is in line with the requirement for practitioners to explain the nature and effect of all of the options of SDS. This has directly contributed to the increase of Direct Payment recipients and the increase in demand for support and financial monitoring. The expected trend is for a steady increase over the next 3-5 years especially with the development of the Carers SDS with an unknown prediction as to the number of carers who may be eligible. This is due to there being many unpaid carers who have not referred themselves to the Quarriers service and identified as an unpaid carer.

Financial Year	Total Number of DP recipients Supported by SDS team
2015/16	171
2016/17	199
2017/18	212
2018/2019	219 + 6 carers
Present (June 2019)	229 + 15 carers

The SDS team carry out an annual service user evaluation as to their experience of the team which allows for the success of the team to be monitored and areas of improvement to be identified from a service user perspective
A Thematic Review of SDS was undertaken by the Care Inspectorate in October 2018 and the final reports of the local (6 partnerships were part of the thematic

review of which we were one) and national reports published on the Care Inspectorate and Healthcare Improvement Scotland website on 27th June. The evaluation identifies that the Moray partnership has been working consistently since 2010 to understand, develop and implement self-directed support and had demonstrated commitment and innovation in seeking to provide and delivery flexibility, choice and control form supported people.

Moray has made significant progress implementing self-directed support with supported people experiencing choice and control in how they used personalised budgets and that there were established approaches for collecting feedback about their outcomes. There was evidence there was good public access to information and social supports and services, with effective signposting and early intervention and prevention. Social Work staff understood the values and principles of SDS and were motivated and supported in their delivery of these principles. The 3 tier model adopted by Moray partners in care provides a good structure for responding to needs. Its approach to stimulating market activity had resulted in a more varied range of services and micro-providers providing support in communities.

Recommendations for improvement were made relating principally to developing performance management information and evaluation, provision of independent advocacy, developing Health staff knowledge to support delivery, ensuring regular reviews are undertaken to maximise opportunities for ongoing choice and control and to develop ongoing training and learning development opportunities for staff on SDS. These will be taken forward in an action plan.

Shared Lives

Providing individual tailored support, to meet assessed needs, in a home environment setting is the aim of our Moray Shared Lives Service.
The service supports adults over the age of 18 years with:

- Dementia;
- Physical Disabilities;
- Mental Ill Health;
- Learning Disabilities; and
- Social Isolation.

The service provides:

- Day Support;
- Respite & Short Breaks; and
- Long Term Placements.

Moray has a well-developed bespoke Day Care service where Shared Lives carers support one or two people and will tailor activities according to their interests. A respite service is offered to unpaid carers of family members for periods of 24hrs and developments are underway to provide Long Term Placements that involve people living in the Shared Lives carer's home and being considered a family member.
136 service users are supported in a Shared Lives setting each week however there are 32 referrals outstanding at present. The waiting times can vary as they depend

on various elements such as individual client's needs, carer availability, geography, carer skills and home setting.

The service has membership with Shared Lives Plus, who support partnerships to implement or develop Shared Lives. Shared Lives Plus undertook an audit during 2018 and determined that Shared Lives provided a positive impact for people living with Dementia in Moray.

This is an area for future development over the next 5 years with the aim to redirect resources from traditional Day Care services and enable the provision of more bespoke services.

5.	Health and social care services contribute to reducing health inequalities.

Access to key services, public spaces and retail centres is much poorer in Moray than Scotland generally, recognised locally as a result of limited public transport connections across a very rural area. There is also a profile of "in-work" poverty resulting from predominantly low wage economy placing additional pressures on families in general. Ability to access health and care services is a key area of focus, not just in terms of Moray services, but also for those where people have to travel further for services delivered from Aberdeen Royal Infirmary and beyond where very specialist services are required but not available within this Health Board. Innovative solutions are actively being sought through the use of technology to ensure clients have access to the services they require when they require it, this is a shift in how we do business and requires support both for those delivering services and those in receipt to adjust to a new way of working.

Alcohol and drug use can have an extremely harmful impact on individuals and their families. The objective for Alcohol & Drug Partnership's (ADP- a group of key partners working to support change and improvement in this arena) in the Local Outcome Improvement Plan (LOIP), which underpins community planning arrangements in Moray, is to look at the population's relationship with Alcohol. A broad based public health approach is adopted to understand what the evidence tells us in terms of positive interventions at a community level. To take this work forward the ADP are undertaking an exercise of mapping the landscape of Moray with the aim of coming up with some key actions to support responsible use of alcohol. This seeks to understand the broad population profile and general health as well as those most in need, where alcohol can be a prominent feature alongside other health behaviours which are harmful. The community planning partners offer an opportunity for wider service support across the public, private and third sector in tackling a range of issues that require approaches beyond traditional health and social care interventions, with more of a focus on prevention.

No.	National Indicator	2015/16	2016/17	2017/18	Scotland 2017/18	2018/19	RAG*
11	Premature mortality rate	399	N/A	360	440	372	G u

Local Indicators	2018/19 Qtr 1	2018/19 Qtr 2	2018/19 Qtr 3	2018/19 Qtr 4	Target	RAG
L16 percentage of clients receiving alcohol treatment within 3 weeks of referral	98%	100%	100%	100%	90%	G
L17 Percentage of clients receiving drug treatment within 3 weeks of referral	100%	100%	100%	100%	90%	G

HOW DID WE DO?

Access to Psychological Therapies: Moray Mental Health have met the 18 week Referral to Treatment Time Standard 100%

The target for treatment within 3 weeks following referrals for Drug and for Alcohol patients is being met and exceeded.

WHAT HAVE WE DONE?

We recognise the challenges of service delivery in rural locations and are taking forward project to allow clients to receive services in their local areas. Further work will be taken forward to understand the opportunities of Attend Anywhere – econsult as a means of addressing remote access to services. This technology is currently being rolled out and work is underway to consider how this become part of normal business in health and care and potentially beyond eg. Welfare.

BABY STEPS Baby Steps Health and Wellbeing programme for pregnant women with a BMI ≥ 30 is now in its second year, with 12 cycles of the 8 week midwife led programme being delivered. Baby Steps is a fun, free interactive programme that aims to support women take small steps towards a healthier pregnancy, which includes gentle exercise and practical food skills.
[photo 6]

To evaluate the impact on the women's health and wellbeing; the wellbeing wheel is used, which is completed by the women on week, 1, 4 , 8 and in the post-natal period,

The data collated clearly demonstrates a 100% of women who attended reported:

- An increased awareness of the risks of having a BMI and how to reduce these risks
- An increase in knowledge and confidence and how to take steps to improve health and wellbeing
- An increase in awareness of support available within the community
- Feeling healthier and more active
- A clearer understanding of how to interpret food labels.

BABY STEPS has been recognised on a National and Local level winning the following awards:

Baby Steps secured best poster at the **Faculty of Public Health Conference** (2018) in category 1 for 'visual impact, clarity of content and contribution to public health'.

Laura Sutherland (Acting Health & Wellbeing lead), Kirsteen Carmichael (Baby Steps Midwife) and Dr Catherine Calderwood (Chief Medical Officer for Scotland).

Children and Young Peoples Improvement Collaborative Quality Improvement award for excellence in the Early Years 2018.

The Baby Steps Team collecting the CPIC award from John Swinney (Deputy First Minister)

Celebrating Excellence: Kirsteen Carmichael (midwife) has also been recognised for her role in Baby Steps receiving the inspiring **NMAHP award** (2019).

Inkwell Choice Award in 2019 for community engagement and partnership working.
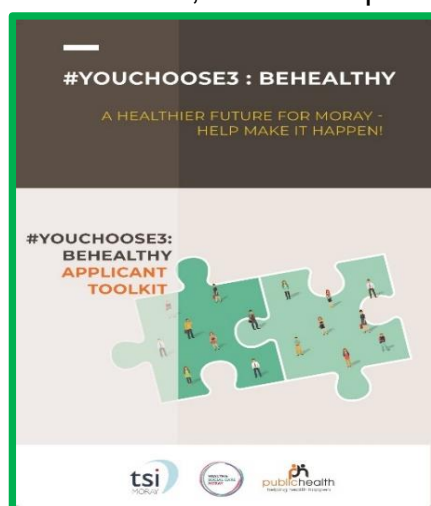

#YOUCHOOSE3- BEHEALTHY: A "FRESH" APPROACH

By exploring new and innovative ways to improve health and wellbeing we aim to engage, work with and support communities. Through participatory budgeting communities can access small grants.

In collaboration with tsi MORAY #YouChoose 3: BeHealthy invited applications for funding between £200 and £2000 which focused on the outcomes and vision of 'A Healthier Future – Scotland's Diet & Healthy Weight Delivery Plan'.
BeHealthy aimed to create a healthier Moray through supporting projects that promote healthier food choices, access to healthy, affordable, local foods, and give opportunities to gain practical cooking skills.

The impact of this piece of work has been wide ranging. The 9 projects that were funded not only promoted healthier food choices but also wider health issues e.g. general wellbeing, mental health, isolation, ACE's, making recovery real, self-management and reducing health inequalities. The projects represented all life stages from children to older adults and also intergenerational work.

BeHealthy has given the opportunity for the local communities to have an active say and to play an active part in decisions affecting their health but also projects that are meaningful. Moreover these projects have been community led promoting local connections, skill development and peer learning.

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.**

A key strategic objective for Health and Social Care Moray (HSCM) is to have people cared for at home, if they wish, for as long as possible. HSCM recognise the significant input that families and carers contribute in supporting people to live at home. As the proportion of older people increases there will be increasing demand for carers so engagement to establish what carers need to support them in their caring role has been, and will remain a key focus with the learning informing actions taken forward.

No.	National Indicator	2015/16	2016/17	2017/18	Scotland 2017/18	2018/19	RAG*
8	Percentage of carers who feel supported to continue in their caring role	38%	N/A	39%	37%	N/A	G ▼
18	Percentage of adults with intensive care needs receiving care at home		67%	65%	61%	Not yet available	G ▼

HOW DID WE DO?

Despite a slight reduction from 67% to 65%, Moray continues to perform above the Scottish average (61%) in the measure relating to adult with intensive care needs receiving care at home. In the survey conducted nationally the percentage of carers who feel supported has dropped in the last two years, although the rate at 39% is above the national average.

The number of referrals for adult carers remains above the average from previous years and there was an 8% increase in the number of registered adult carers from last year taking the number to 1,526. Of these new referrals 36% were self-referrals and 64% were identified via support from health professionals.

An annual survey was sent to all carers registered with Quarriers Carer Support Service in Moray andthe response rate was slightly higher than last year at 4% but still lower than we would like . Of the 65 responses received 94% rated overall support as good/excellent. The service was recognised as responsive, providing relevant information and having staff who were knowledgeable, supportive, helpful and respectful.

WHAT DID WE DO?

Accessibility to Carers support services in local areas is a challenge due to the rurality of Moray, however progress is being made and respondents rating local area provision as "good" increased from 48% to 56%. More use is being made of digital communication methods, including text, and this will be developed to make further inroads to improve accessibility.
In the last quarter of 2018/19 there were fewer carers identified as requiring;
Intensive support – those carers in complex situations requiring frequent contact for

a 12- week period with a named worker to support them to identify outcomes and take action to achieve them; **Active support** – those carers with significant caring roles requiring short term targeted support and more carers identified as requiring **Low** or **information** support.

All registered carers are being built into a scheduled review programme to ensure that Adult Carer Support Plans are completed within the next three years. The level of support required is reassessed as part of this process.

Consistency of processing timescales for final assessment of Adult Carer Support plans submitted from Quarriers to HSCM are proving unpredictable, with carers experiencing delays of 6 months or more in receiving decisions about their eligibility for additional support. This is an area for improvement and a review of the referral process has been undertaken with an implementation plan to ensure achievement of the outcomes of the Carers Act being defined. The intention is to have a dedicated worker to take this forward.

Attendance at Carer peer support cafés is increasing and text reminder to café sessions are proving successful in encouraging carers to attend where they receive support and information in an informal setting on subjects ranging from dental hygiene to emergency planning.

Poster Carer peer support café

Training courses in First Aid and manual handling have been provided and staff are undertaking training to deliver "Before I Go", a workshop programme that has proven beneficial in helping individuals and families to prepare for their own death and that of their loved ones.

Young Carers
The documents and processes linked to introducing a Young Carer Statement (YCS) for Moray were finalised by March 2018. Two temporary Family Wellbeing Workers (Young Carers) have been appointed to conduct a Test of Change in two specific shool areas, leading ultimately to the rollout of the Young Carers Statement in Moray.

Referrals for young carers remain low however with the introduction of the YCS, and the increased profile in the Test of Change areas is it anticipated that there will be an increase in the coming year.

POSTER Cafes for Unpaid Carers

Volunteer Development

The Scottish Government vision for Scotland is one where every one of its people can contribute towards, and benefit from, making Scotland a better place to live and work; where volunteering is an integral element of this and is valued and recognised across all sectors as an expression of an empowered people and a force for change; and where anyone who wants to volunteer can do so readily. In Moray, with limited workforce and finance, we have managed to address the number of requests for volunteers at a steady rate. When the service started in 2012 there had been 88 requests for volunteers over an 8 month period. By 2018, this had expanded to 168

requests over an 11 month period. Currently we support 223 clients, with 77 alarm responders and 146 in a "Buddy" role.

To celebrate 'Volunteers Week' a Tea Party was held in Elgin Town Hall in June 2018 where 100 people attended. The success of the service is celebrated each year through an annual event and the service provided by volunteers is recognised and acknowledged.

Celebrating Volunteers Week at a Tea Party in Elgin Town Hall attended by 100 people. Thanks was expressed by the Convener of Moray Council

[Volunteer Development Photo 1]

Quotes form clients and volunteers
Home Buddy

Volunteer - "It has saved my sanity and given me purpose"

Client – ' it's great having someone come for a chat each week, it would be wonderful if everyone had someone to talk to'

Social Buddy for Lady in Care Home

Client - I am thoroughly enjoying the company, it is nice to get out of the care home. We have been up to the shops. It is really beneficial. She is a lovely person

Exercise Buddy

Client – 'its great having a buddy to do exercise with. We go for walks in the park and swimming and sometimes the gym. I feel more fitter, healthier and motivated'

Volunteer for Gentleman in Care Home (First Outing)

"Just to let you know that the trip out went well, he met up with his old snooker pals, wasn't fit for snooker but he managed a game of pool with me and we had a few games of dominoes. It was a good day out. He won't remember it tomorrow bless but fresh air and time out is a good thing"

Shopping Buddy

Client – 'she isn't just a buddy, she is a friend and a lifeline. She helps me to make good choices when we are out shopping'.

7.	People using health and social care services are safe from harm.

We aim to ensure that people are protected, safe and secure in which ever environment they are, be it at home, hospital or other care accommodation. We develop and carry out our working practices support this aim often referred to as our governance arrangements.

No.	National Indicator	2015/16	2016/17	2017/18	Scotland 2017/18	2018/19	RAG*
9	Percentage of adults supported at home who agree they felt safe	79%	N/A	84%	8 3%	N/A	G ▲
11	Premature mortality rate per 100,000 persons (people aged under 75)	399	360	Not yet available	(2016/17) 425	Not yet available	G ▼
14	Readmission to hospital within 28 days (per 1,000 population)	76	74	84	103	Not yet available	G ▼
16	Falls (rate per 1,000 population aged 65+)	17	16	15	23	Not yet available	G -

HOW DID WE DO?

The national survey records 84% adults agreeing they felt safe, an increase from 2015/16. According to locally collated information 98% of people with support plans feel safety needs are completely or partially met which is in line with previous year's performance.

The total number of Adult at Risk referrals to Moray Council from April 2018 to March 2019 was 968 (an increase of 40% on referrals compared to 2016/17). Following screening 220 referrals were passed to the Adult Protection Unit for further scrutiny.

WHAT DID WE DO?

We address this outcome through our governance arrangements, which highlight areas where additional attention is required to help people remain safe from harm.

Clinical care and governance Committee

The Clinical and Care Governance Committee (C&CGC) of the MIJB is responsible for quality assurance of care, demonstrating compliance with statutory requirements and providing the mechanism of assurance that systems are safe.

Clinical Governance Group and Practice Governance Group have been developed to provide surveillance of the operational system, informing the C&CGC of any issues or areas of concern. All risks, complaints and compliments are reviewed at the weekly Clinical Risk meeting to ensure processes are followed accurately and consistently and opportunities for shared learning are identified. Significant reviews are undertaken for any Adverse Events and Duty of candour incidents are reported in a separate annual report. (web address)

Adult support and protection

Effective partnership and collaborative working is essential in protecting adults at risk of harm. Work in this area is overseen by the Moray Adult Protection Committee (MAPC) until recently had the NHS Grampian Adult Protection lead as interim Convenor however appointment of a permanent independent Convenor is underway.

During 2018/19 enhanced governance support was provided from the Moray Chief Officers Group. This group consists of the local Police Commander and Chief Executives of NHS Grampian and Moray Council and provides additional leadership, direction and scrutiny of local adult protection services. They undertook a review of the Terms of Reference of the MAPC as part of a review of the governance support.

Although Moray was not one of the areas subject of the Thematic Inspection of Adult support and Protection, the subsequent report recommendations, examples of good practice and areas of improvement are being considered along with the output of a self-evaluation exercise undertaken in early April 2019. These areas will be the basis for a reviewed Improvement Action Plan, to be enacted prior to the forthcoming Care Inspectorate Inspection.

National Mental Health Strategy

Action 15 of the National Mental Health Strategy has enabled funding of the Distress Brief Intervention Service run by Penumbra, extra mental health workers in A&E and new roles of Dementia / Frailty Co-coordinators to be rolled out across all GP practices in Moray.

Suicide - local action plan.

In Moray the number of suicides is low, however every occurrence is considered so that understanding of individual circumstances assists thoughtful learning and application of retrospective suicide prevention strategies. Suicide prevention work has been taken forward through the multi-agency mental health and wellbeing partnership "Making Recovery Real Moray Partnership" with a focus on delivery of the Moray Mental Health Strategy "Good Mental Health for All 2016-26) and examples of this work are:-

- A H&SC Moray Suicide Prevention Group meets regularly to implement the identified suicide prevention work.

- Moray Wellbeing Hub hosted a partnership project that has developed an interactive online tool aimed at empowering adults in Moray and those that support them, including GPs, to better communicate and navigate the services and supports that help mental health locally. This includes how to access services quickly; also rapid signposting to crisis and suicide prevention services – 'ask once and get the right help fast'. The tool can be found on the Hub home page here: http://moraywellbeinghub.org.uk/mhpathways/

- A male suicide worker has been appointed in the mental health commissioned service (Penumbra) and works as part of the Mental Health and Wellness Centre.

- A Mens Shed project is being delivered by Moray Wellbeing Hub that focusses specifically on men's mental health and wellbeing.

Occupational therapy falls pathway

Following successful bids to 6 Essential Actions for Improving Unscheduled Care initiatives during 20-16/17 and 2017/18 permanent funding has now been allocated by HSCM to continue with Occupational Therapy (OT) in the emergency department (ED) at Dr Grays Hospital.

Some of the project key aims were to prevent unnecessary admissions, provide multi factorial assessment in the ED over 7 days, establish an integrated falls pathway to prevent falls-related hospital admissions and maximise the OT contribution to reduce overall lengths of stay in hospital.

Results have been significant:-

In 2015 there were:

- 5 referrals to OT from ED. During the project November 2016 to November 2018 there were 1,203 referrals of which; 445 (37%) were discharged directly home,

- 142 (12%) were in ED "Out of Hours" and were assessed and referred for follow up telephone assessment, and

- 430 (36%) were referred as a result of a fall. A self-management falls prevention group has been piloted and is to be rolled out across Moray.

The OT in ED has contributed to reduction in admissions, positively impacting on bed availability and providing significant cost savings, and enabling many patients to get back to their own homes, staying mobile and independent.

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.

Health and Social care services are continually developing in line with the strategic vision of the IJB. Staff are required to maintain existing services whilst implementing significant changes, which presents real challenges that need to be recognised and supported. We aim to actively support the wellbeing of our staff to ensure they feel confident, competent and be professional whilst performing the job they care about.

Local Indicators	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Target	RAG
Number of complaints received and % responded to within 20 working days - NHS	4.9%	4.6%	4.7%	**3.8%**	4.0%	G▼
Number of complaints received and % responded to within 20 working days - Council	7.9%	8.1%	8.3%	**7.4%**	5.9%	R▼

HOW DID WE DO?

There is currently no national information to benchmark against.
The rate of sickness absence for NHS staff has reduced and is now in line with the national target of 4%. However rates of absence in Council staff remain high and this is due to a number of factors that are being addressed by service managers. These figures will continue to be monitored closely with the aim of reducing the rate over the coming year.

IMATTER

NHS Grampian conducted a staff survey during 2018/19 that included 1738 Health and Social Care Moray staff. The response rate was 62% which was a slight increase on the survey conducted previously. Analysis of the responses showed 24 of the 28 measures were green status, "strive and celebrate", with the remaining 4 amber status "monitor to further improve". Highest scores were returned indicating staff felt clear about duties and responsibilities, their work gave them a sense of achievement, that line managers were approachable and that they would be happy to recommend their team as a good one to be part of. Areas that had least positive feedback related to communication, involvement in decisions relating to the organisation, visibility of senior management and confidence that performance was managed well. These aspects which will the focus for improvement in the organisation development plan for 2019 and beyond.

MERIT award

Our first Staff MERIT Awards to recognise the achievements and celebrate the inspirational and innovative work of staff in the Health & Social Care
Moray partnership, took place on Tuesday 26th March 2019 at the Alexander

Graham Bell Conference Centre in Elgin.

Huge congratulations to all nominees and to the overall winners. The judging panel had a very difficult task such was the quality of the entries. Information on all the nominees was included in the awards brochure which can be found online address.
[merit award photo   ]

[names of award winners by photo]

Services were also invited to join the event by participating in the learning event – an opportunity to showcase areas they felt were of interest to the wider organisation. Feedback from participants and those attending was very positive so it will be back next year!

WHAT DID WE DO?

Healthy Working Lives

Health and Social Care Moray continued to maintain the Gold Healthy Working Lives (HWL) award for the 8th consecutive year. Moray was the first sector within NHS Grampian to achieve Gold status in 2010 and is seen as an exemplar HWL client. In recognition of this achievement Moray has been awarded gold plus status since 2013.

The accolade from Health Scotland recognises Health and Social Care Moray as an employer who strives to improve the health, well-being and safety of employees.

Many activities and initiatives were undertaken in 2018 including:
The Pedometer Challenge

The Healthy Working Lives pedometer challenge began in June 2018 with the aim of supporting staff to take part in a fun challenge to increase physical activity, which has a positive impact of health and wellbeing.

Teams took part from all sectors across Moray, with over 290 staff taking part. Over the 10 weeks of the competition over 262 million steps were taken by staff- equivalent to over 97 thousand miles - Or around the world almost 4 times!

Additionally the pedometer challenge also created an opportunity to undertake staff 'Making every opportunity Count' DIY self-checks. The self-checks helped staff to identify any health and wellbeing concerns, where upon a healthpoint advisor could signpost the staff to support services that could help.

Cycling Scotland Employee Friendly Award

In 2018 Health and Social Care Moray registered for the Cycling Scotland Employee Friendly Award as part of The Healthy Working Lives. The nationally recognised

Cycling Friendly Employer programme supports organisations to encourage cycling as a healthy, sustainable and accessible way to commute.

As part of this Health and social Care Moray actively promoted the benefits of cycling to staff, community cycling initiatives, charity cycling opportunities, and promoted active travel, including the cycle to work scheme. A successful electric bike pilot was undertaken where by staff where encouraged to use an ebike for commuting and leisure purposes; this was received well with staff keen to use the bikes again.

Building Staff Capacity

Throughout 2018 we have supported Community Planning Partners to build capacity through the provision of training that addresses key strategic objectives capacity building has had a focus on:

Alcohol Brief Intervention (ABI):

We have increased the number of trainers (including a partner from Sacro). The ABI training is delivered to a range of Community Planning Partners and has resulted in an increase in Alcohol Brief Intervention Delivery, with some areas exceeding projected targets by an additional 25%.

Helping People Change for Health (HPCH):

HPHC training has been developed by an NHS Grampian health psychologist. The training is delivered a bi-annual basis. The courses evaluated extremely well with participants demonstrating how they embed the training in their day to day practice – enhancing their skills.

Making Every Opportunity Count (MeOC):

MeOC principles and practice are embedded within Health & Social Care as part of core business. The transformative 3-tired approach is designed to support a common way of preventative working. Through this simple, flexible approach, practitioners can use the tools available; such as the DIY MOT self-check, which provides a framework for practitioners to support clients to identify any health and wellbeing concerns they may have. Once identified practitioners can signpost clients to the most appropriate support service. Working in partnership we have built on our success to date and increased the number of MeOC champions throughout Moray and with a wide range of partners.

Moray Alcohol & Drug Partnership (MADP)

With an increased focus on supporting the wider workforce across the statutory, third sector and community groups MADP put on 25 workforce development events with over 410 delegates.

We collate feedback from all seminars/conferences and workshops and use the material as part of future planning e.g. Budget planning conference in October 2018, supported the 2019/20 commissioning decisions, Licensing matters conference supports the rollout of the new licensing policy; feeding into service review and commissioning; all linked to agreed or emerging priorities.

Investing in Leadership development

Leadership development has happened at a senior management level in both the NHS and Moray Council via various programmes, in house and externally. National leadership programmes are regularly considered throughout the organisation and individuals are supported to participate. During 2018/19 there were 18 members of staff who participated in the Kings Fund 2 day System Leadership programme.

The focus of leadership development has been very much around the promotion of integration and collaborations. The expectation is to skill people up to be able to work in a different way as leaders, seeing their leadership role as going beyond their individual departments with the aim of working collaboratively with key care partnership to deliver outcomes for people. This requires much more thought on what other departments/services/partners have to offer and considering how the relationships are such that they maximise the opportunities that arise.

9.	Resources are used effectively and efficiently in the provision of health and social care services.

Given the financial pressures that are being experienced in the public sector it is imperative that every effort is made to ensure that within HSCM resources are targeted appropriately. There are huge costs associated with hospital stays and out of area placements and we need to consider the balance between impact and consequences of our prevention activity. We have finite resource, mainly of staff and we are keen to ensure that they are utilised well where they are absolutely required and that we interact with wider services and resources at community levels to ensure individuals and families have resilience to cope with the many pressures of everyday life.

In addition technology is required to support staff in delivering an increasing demand for services. Many of our buildings are old and do not reflect a modern health and care facility. We are working with other partners across the public and private sector exploring opportunities to come together and reduce costs, whilst benefiting from the opportunity that collaboration might bring in finance and resource terms.

No.	National Indicator	2015/16	2016/17	2017/18	Scotland 2017/18	2018/19	RAG*
14	Readmission to hospital within 28 days (per 1,000 population)	76	74	84	103	Not yet available	**G** ▼
19	Delayed discharge bed days	764	1,095	936	762	1,093	**R** ▲
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22%	21%	22%	25%	19%	**G** ▼

HOW DID WE DO?

The number of people waiting to be discharged from hospital when they are ready (Delayed Discharges) peaked within 2016/17 and although the figure reduced in 2017/18 it has shown an increase during 2018/19.

Local information relation to readmission rates show that there has been a slight increase in the 7 day rate however the duration is significantly reduced at 1-3 days.

The rate of emergency admissions resulting in a stay in hospital is showing a reduction on previous years, which is positive.

WHAT DID WE DO?

As well as the work that has been undertaken to improve efficiency and effectiveness of allocation of resources for direct services delivery, there are other projects being progressed that will help direct resources appropriately.

Office accommodation requirements are being reviewed in relation to development of localities, multi-disciplinary teams and their future requirements. In addition work

will be undertaken to expand the introduction of SMART working and flexible working to facilitate reduction in desk and office space requirements across all locations.

The continuation of work to review accommodation for **Day Services** identified there were alternative options for care provided from Towerview with alternative methods of meeting individual outcomes being identified through close working with individuals and their families. Individuals now receive their care in more tailored ways in a better environment for them and the building is no longer required.

We continually through our planning and operational process consider how we utilise the resources we have and through audit processes both internal and external are scrutinised on our use of public money. We have recently instigated further a collaboration across the local health and social care system including Dr Grays, a "**one system, one budget"** approach aimed at maximising the use of our collective resources through a joint approach to planning for the future. We are hopeful that this will assist further in us achieving both the right shape of services within the resources available that are able to respond to future demand.

Moray Digital Transformation Oversight Group continues to provide a focus on assessing needs and finding assistive technologies for implementation to streamline and support delivery of services. In addition to the projects currently underway we are keen to consider the broader application of "**attend anywhere"** in the context of access to welfare support.

Finance Planning and Performance

Financial Governance

The Moray Integration Joint Board (MIJB) has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set a revenue budget each financial year. The funding of the MIJB revenue budget in support of the delivery of the Strategic Plan is delegated from NHS Grampian and Moray Council. The total level of funding delegated to the MIJB for the 2018/19 financial year was £129 million. In addition, the MIJB had remaining reserves of £0.847m which have been utilised to support the existing funding shortfall. Funding can be analysed as follows:

Expenditure in £m
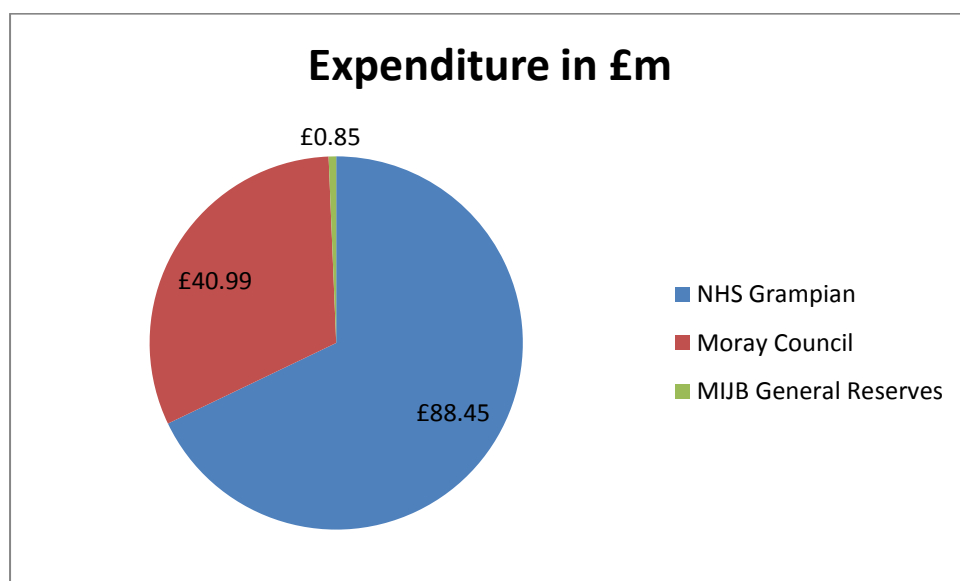
	£m
NHS Grampian	**88.453**
Moray Council	**40.99**
MIJB General Reserves	**0.847**

Financial Performance

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

In March 2018 the 2018/19 revenue budget was presented to the MIJB displaying a shortfall in funding to deliver the delegated services of £4.596m. In response to this, further work was carried out to identify additional efficiencies, resulting in an increased savings target of £1.516m. In addition, the 2017/18 financial out-turn produced non-recurring savings at a level of £0.847m, creating a general reserve

and in accordance with the Integration Scheme, this was utilised to support the 2018/19 budget position.

During the 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 and 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 as part of this funding that any underspend was required to be earmarked 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 a level of £0.257m. The result of which is a movement in total MIJB reserves with a reduction from £0.590 from £0.847m. After consideration of earmarked reserves and application of slippage on Strategic Funds, the MIJB financial position resulted in an overspend of £1.193m which, in accordance with the Integration Scheme was to be met by additional funding from the NHS Grampian and Moray Council proportionate to the original investment, regardless of which arm of the budget the overspend occurred. This translates to £0.752m NHS Grampian and £0.441m Moray Council. An expenditure summary is provided below:

Service Area	2016/17 Actual	2017/18 Actual		2018/19 Budget	2018/19 Actual	Variance Fav/ (Adverse)
Community Hospitals	5,520	5,475		5,349	5,383	(34)
Community Nursing	3,653	3,555		3,640	3,689	(49)
Learning Disabilities	5,288	6,025		6,257	6,749	(492)
Mental Health	7,405	7,447		7,286	7,720	(434)
Addictions	823	1,003		1,127	1,066	61
Adult Protection & Health Improvement	165	144		148	142	6
Care Provided In-House	13,047	13,427		15,197	14,427	770
Older People's Services	16,267	16,945		16,332	18,038	(1,706)
Intermediate Care & Occupational Therapy	1,629	1,508		1,908	2,197	(289)
Externally Provided Care	9,945	11,024		9,526	9,597	(71)
Community Services	7,169	7,143		7,178	7,110	68
Administration and Management	2,703	2,569		2,854	2,467	387
Primary Care Prescribing	17,304	17,844		16,360	17,354	(994)
Primary Care Services	14,890	15,085		15,759	15,498	261
Hosted Services	3,681	4,061		3,978	4,175	(197)
Out of Area Placements	525	658		669	650	19
Improvement Grants	930	787		924	795	129
Total Core Services	**110,944**	**114,700**		**114,492**	**117,057**	**(2,565)**
Strategic Funds	877	1,526		2,583	1,211	1,372
Set Aside	10,163	10,593		11,765	11,765	0
Total Net Expenditure	**121,984**	**126,819**		**128,840**	**130,033**	**(1,193)**

Main Reasons for Variances Against Budget 2018/19

Overall, the MIJB core services resulted in an overspend of £1.193m. Explanations of the major variances have been provided:

Prescribing – remains a significant financial pressure facing the MIJB which gave rise to an overspend in year of £0.994m. There was a low volume increase of less than 1%. The overspend reflects the more material impact of volatile external factors affecting prices. National factors include, variance in prices arising from shortage in supply and the timing and impact of generic medicines introduction following national negotiations. Locally, medicines management practices are applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from a clinical and financial perspective.

Older Peoples Services & Physical and Sensory Disability – services were overspent by £1.706m as at 31 March 2019. There are variances within this overall budget including an overspend on domiciliary care and client transport. Primarily the overspend can be attributed to a continuing increased demand on services through the ageing population that exists in Moray. The adverse variance within this overall budget heading reflects the shift in the balance of care to enable people to remain in their homes for longer.

Learning Disabilities - the Learning Disability service was overspent by £0.492m at the year-end. The overspend is primarily due to the purchase of care for people with complex needs, including young people transferring from Children's services, people being supported to leave hospital and for property adaptations to enable service users to remain in their own homes. Demographics suggest that the number of people with a learning disability will continue to increase, and whilst these people will live longer with more complex needs this creates additional financial pressure in the system.

Mental Health – services were overspent at the end of the year by £0.434m. In the main this was due to senior medical staff costs including locums, nursing and other staff. As a result of redesign and efficiency there is an anticipated reduced overspend as the number of medical sessions reduce and the mental health strategy is further implemented

Care Services Provided In-House – were significantly underspent in year at £0.770m. This primarily relates to staffing costs in the Care at Home service, Community Support workers and the challenging behaviour unit. There have been difficulties during the year in staff recruitment, however, the level underspend is not set to continue into the next financial year at the same level.

Financial Outlook and Best Value

One of the major risks facing the MIJB and its ability to deliver the services delegated to it within the context of the Strategic Plan is the uncertainty around the funding being made available from the partners and the Scottish Government. This is set against a back-drop of a changing demography which increases the demand and complexity for our health and social care services. The reduced funding levels, combined with the demographic challenges we are facing in a period of ambitious reform present defined

risks and uncertainties that require monitoring and managing on an ongoing basis. The ageing population and increasing numbers of people living with long term conditions and complex needs will generate demands which cannot be met unless alternative service delivery models are generated. There is an on-going commitment to provide care to those in the greatest need while providing those services within the resource available.

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

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

Financial Reporting on Localities

The financial reporting for 2018/19 is not currently reported at locality level. This continues to be a work in progress and remains a priority for development. At the end of 2018/19, the MIJB approved a revised a management structure that will support the work and progress surrounding locality planning.

LOCALITIES AND WORKING WITH COMMUNITIES

Working with Communities

Asking what matters, listening to what matters and doing what matters are key to the commitment the Moray Integration Joint Board and Health & Social Care Moray have to working in partnership with the people of Moray.

Engagement happens at every level, from daily person-centred conversations between people with lived experience and those who support them, to active participation in service transformation and improvement.

Among the broad range of engagement undertaken this year are:

Participatory budgeting has been supported through the #YouChoose3 funding for community projects.

Social media has been used to provide updates on a variety of topics. Our Facebook page has over 750 followers.

The website www.hscmoray.co.uk provides information on who we are, what we do and how we perform. It is also used to report on past engagement activities, promote current opportunities and enable people to provide feedback.

Workshops have been used as a forum to bring people together to share their skills, knowledge and lived experience as they work to identify solutions to key challenges. Areas for discussion have included the development of the Primary Care Improvement Plan, redesign of mental health services and the launch of the market shaping strategy for learning disability services.

A recruitment **film** to address Moray's skills shortage across a wide range of professions has been viewed more than 3,000 times and attracted world-wide interest. The six minute video, funded by Health & Social Care Moray, showed off some of the best aspects of living and working in Moray and featured professionals who have already made the move.

Open space technology has been used as a method to engage with people with a learning disability to explore the opportunities and challenges they experience in people active citizens in their communities.

Experience surveys are an opportunity to gain qualitative data from survey users on how well internal and commissioned services are performing. Results are used to support improvement work and inform commissioning decisions.

The **reference group** for strategic planning and commissioning worked through a series of workshops to review the first strategic plan and lay the foundations for the development of the new plan.

Locality Planning

Moray is considered as 2 localities, East and West as noted in the integration legislation. We have identified 4 delivery arms of service at neighbourhood level.

Work has continued to be embedded in Forres with the community and health and care professionals taking an active role in, and provide leadership for, local planning of service provision. A new model of "home first" care and support continues to evolve and led to the decommissioning of services at Leanchoil Hospital. Ongoing work thereafter with the community has presented an opportunity for a Community Asset Transfer, the first of it's kind for NHS Grampian.

A key focus for 2019/20 will be to deliver the Initial Agreement for the new Health Centre at Keith. Following on from the Keith and Speyside Strategic Needs Assessment we have put in place a process to work with the local communities and those surrounding communities affected to specify the requirements to meet the needs of the communities,, noting a much wider ambition to consolidate local public and partners services on a campus basis.

We have also worked with the management team to:-

- agree a structure that secures local leadership,
- ensure care co-ordination of the key services at a local level, and
- provide consistent and sustained engagement with local neighbourhoods.

Establishing a leader at a local level will provide the clarity for communications and the glue between the neighbourhood and the health and care system. This will be implemented during 2019.

Pop-up stalls and the **mobile information bus** are utilised at community events and in key locations such as supermarkets and town centres to promote health improvement and self-management messages, raise awareness of services and support and promote volunteering opportunities.

Face-to-face attendance at community forums such as community council meetings provide opportunities to engage on any issues of local concern and respond directly to questions.

Inspection of Services

Our services are subject to independent scrutiny by external agencies. These inspections are against national standards and check that the services that are being delivered meet the standards, the needs of those receiving the service and they provide value for money.

Commissioned Services

The Commissioning Team collates information from various areas and uses various tools to assess the quality and effectiveness of the services Health and Social Care commission. Examples of information collated and tools used are as follows:

- Monthly collection of comments, complaints and incidents
- Quarterly contract returns – staffing levels, training, client numbers etc.
- Annual formal contract meetings (including budget discussion)
- Quarterly provider group meetings (Care Home Owners, Care Home Managers etc.)

- On-site monitoring visits (at least annually)
- Outcome monitoring – personal outcomes for clients (via collection of evidence, on-site visits, meeting with stakeholders, meeting with clients)
- Collection of Care Inspectorate grades, complaints and enforcements (in area and out of area)
- Attendance at Care Inspectorate inspection feedback sessions with providers
- Development and continual monitoring of improvement action plans with the providers
- Working with Adult Support and Protection Team on protection issues and investigations
- Full reviews and audits of contracts prior to contract end
- Six weekly reporting of contract compliance and quality to the Social Care Practice Governance Board

In Moray we now have 37 services registered with the Care Inspectorate on the commissioning database. Care Inspectorate score these services from 1 (lowest) to 6 (excellent). Comparisons with previous years scores is not possible due to a change in the scoring mechanism last year.

There is only one commissioned service in Moray sitting lower than 3 (satisfactory) across the inspection areas. An improvement action plan is in place with the provider and regular progress updates are received. The majority of services are graded 4 and above.

Provider Services

Our internally provided services for Provider services are averaging a score of 5, demonstrating a good level of care.

Establishment	Quality of Care and support	Quality of Environment	Quality of staffing	Quality of management and leadership
Shared Lives	6	Not assessed	Not assessed	6
Cala House	4	Not assessed	Not assessed	4
CSS	3	Not assessed	3	4
Home Care	4	Not assessed	4	4
Cedarwood	4	5	5	4
Moray Resource Centre	5	5	5	5
Gurness Circle	5	Not assessed	5	Not assessed
Barlink	5	Not assessed	Not assessed	5
Towerview	5	Not assessed	5	Not assessed
Woodview	5	Not assessed	4	4

There were no enforcement actions received but there were some recommendations for improvements, so working in partnership with providers, action plans are established and performance and improvements are monitored by the commissioning team.

Review of Strategic Plan

A programme of workshops and engagement sessions with stakeholders has been undertaken and a revised draft Strategic Plan to be presented to MIJB for consideration in October 2019. Work is underway to interpret all the information known about Moray, the services and the people who live here with a view to launching a new strategy for 2019 and beyond. Our existing strategy remains live for now and engagement and consultation on the new strategy will happen throughout the autumn of 2019.