



Moray Integration Joint Board

Thursday, 25 November 2021

To be confirmed

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board, To be confirmed**, on **Thursday, 25 November 2021** at **13:30** to consider the business noted below.

AGENDA

- | | | |
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MORAY INTEGRATION JOINT BOARD

SEDERUNT

Councillor Shona Morrison (Chair)

Mr Dennis Robertson (Vice-Chair)

Mr Derick Murray (Voting Member)

Mr Sandy Riddell (Voting Member)

Councillor Frank Brown (Voting Member)

Councillor Theresa Coull (Voting Member)

Professor Caroline Hiscox (Ex-Officio)

Mr Roddy Burns (Ex-Officio)

Ms Tracey Abdy (Non-Voting Member)

Mr Ivan Augustus (Non-Voting Member)

Professor Siladitya Bhattacharya (Non-Voting Member)

Mr Sean Coady (Non-Voting Member)

Ms Karen Donaldson (Non-Voting Member)

Jane Ewen (Non-Voting Member)

Mr Steven Lindsay (Non-Voting Member)

Ms Jane Mackie (Non-Voting Member)

Dr Malcolm Metcalfe (Non-Voting Member)

Dr Paul Southworth (Non-Voting Member)

Mrs Val Thatcher (Non-Voting Member)

Ms Heidi Tweedie (Non-Voting Member)

Dr Lewis Walker (Non-Voting Member)

Councillor John Divers (Non-Voting Member)

Simon Bokor-Ingram (Non-Voting Member)

Mr Neil Strachan (Non-Voting Member)

Clerk Name:	Tracey Sutherland
Clerk Telephone:	07971 879268
Clerk Email:	committee.services@moray.gov.uk



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 30 September 2021

Held remotely in various locations,

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Professor Siladitya Bhattacharya, Simon Bokor-Ingram, Mr Sean Coady, Councillor Theresa Coull, Councillor John Divers, Ms Karen Donaldson, Jane Ewen, Professor Nicholas Fluck, Mr Steven Lindsay, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Sandy Riddell, Mr Dennis Robertson, Mr Neil Strachan, Ms Heidi Tweedie, Dr Lewis Walker

APOLOGIES

Councillor Frank Brown, Mr Roddy Burns, Professor Caroline Hiscox, Mr Chris Littlejohn, Ms Jane Mackie, Mrs Val Thatcher

IN ATTENDANCE

Also in attendance at the above meeting were Councillor John Cowe, Jeanette Netherwood, Corporate Manager, Carmen Gillies, Project Officer, Iain MacDonald, Locality Manager, Alison Frankland, Practice Manager, Susan Thom, Area Public Health Co-ordinator and Tracey Sutherland, Committee Services Officer as Clerk to the Board.

1. Chair

The meeting was chaired by Councillor Shona Morrison.

2. Declaration of Member's Interests

The Board noted that no declarations of Member's interest were submitted.

3. Action Log - 24 June 2021

The Action Log of the meeting dated 24 June 2021 was discussed and updated accordingly.

4. Minutes of meeting of Moray Integration Joint Board of 24 June 2021

The minute of the meeting of Moray Integration Joint Board on 24 June 2021 was submitted and approved.

5. Chief Officer Report

A report by the Chief Officer informed the Board of the Chief Officer activities that support the delivery against the Moray Integration Board's (MIJB) strategic priorities articulated in the Strategic Plan and the delivery against the 9 Health and Wellbeing Outcomes.

Following consideration the Board agreed:

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

Sean Coady, Head of Service, Neil Strachan, Depute Chief Officer and Professor Nick Fluck joined the meeting during the consideration of the item.

6. Revenue Budget Monitoring Quarter 1 for 2021-22

A report by the Chief Financial Officer updated the Moray Integration Joint Board (MIJB) of the current Revenue Budget reporting positions as at 30 June 2021 for the MIJB budget.

The Chief Officer updated the Board and indicated that there may be Covid monies available which could help with the overspend.

Mr Riddell raised concerns about the continued overspend and suggested that the Board need to look at doing things differently or the overspend will continue.

Mr Robertson suggested that it may be a topic for the next development day. The Chief Financial Officer agreed that this would be a way forward.

Following further consideration the Board agreed to:

- i) note the financial position of the board as at 30 June 2021 is showing an overall overspend of £1,009,961;
- ii) note the progress against the approved savings plan in paragraph 6, and update on Covid-19 in paragraph 8;
- iii) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 April to 30 June 2021 as shown in Appendix 3; and
- iv) approve for issue, the directions arising from the updated budget position shown in Appendices 4 and 5.

7. Membership of Board and Committees

A report by the Corporate Manager updated the Board of progress in relation to the increase in membership amendments to the Integration Scheme and re-appointments required.

Following consideration the Board agreed to:

- i) note the update provided in relation to the increase in voting arrangements;
- ii) note the amendments to the Integration Scheme highlighted in Appendix 1; and
- iii) approves the re-appointment of members specified in section 4.3.

8. The Independent Review of Adult Social Care and National Care Service Consultation

A report by the Lead for Strategy and Performance and Deputy Chief Officer updated the Moray Integration Joint Board in relation to the Independent Review of Adult Social Care (IRASC), the current consultation period on establishing a National Care Service (NCS) and proposals for developing a MIJB response.

Following consideration the Board agreed to:

- i) note the content of this report on the IRASC and NCS consultation; and
- ii) endorse the completion of a MIJB response, for approval by the Chair prior to submission.

9. Outcome Based Care at Home

A report by the Chief Social Work Officer provided the Board with a progress update in relation to the commissioning plans for an outcome-based Care at Home Service.

Following consideration the Board agreed to note the content of the report.

10. Moray Coast Medical Practice

A report by the Locality Manager informed the Moray Integration Joint Board (MIJB) on the proposal to undertake a community engagement and public consultation exercise in relation to the development of health and wellbeing services within the Lossiemouth locality.

Following lengthy consideration the Board agreed to:

- i) approve the undertaking of a public engagement and subsequent community consultation with Moray Coast Medical Practice patients in relation to the development of health and wellbeing services within the Lossiemouth locality and encompassing reference to 2.1 (ii) and (iii) below;

- ii) note the requirement to increase available clinic space within the Moray Coast Medical Centre building in Lossiemouth and the potential to do this through the refurbishment of the vacated Laich Dental Suite;
- iii) note the requirement to reach a decision on the future of the Burghead and Hopeman Branch Surgeries;
- iv) note that a further report will be submitted to the MIJB in January 2022 outlining the outcome of the engagement process and proposing the detail of the public consultation; and
- v) note that a final report will be submitted to the MIJB on 27 March 2022 summarising the outcomes of the public consultation and seeking agreement to proceed with the recommendations.

11. Home First in Moray

A report by the Head of Service provided an update to the Board on the current status and priorities for Home First in Moray.

Following consideration the Board agreed:

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

12. Annual Performance Report 2020-21

A report by the Chief Officer asked the Board to approve the draft Annual Performance Report 2020/21.

The Board joined the Chair in thanking Fiona McPherson, Carer Strategy Officer for her work in producing the Annual Performance Report.

Following consideration the Board agreed to:

- i) note the approach taken to produce the 2020/21 Annual Performance Report; and
- ii) approve the report at Appendix 1 for publication by 1 October 2021.

13. Annual Complaints Report 2020-21

A report by the Corporate Manager informed the Board of the statutory requirements, performance and improvement actions identified in relation to complaints received by Health and Social Care Moray (HSCM) and present the Annual Complaints Report for 2020/21.

Following consideration the Board agreed to:

- i) note the statutory requirements in relation to production of performance reporting regarding complaints outlined in this report;
- ii) note the approach to be adopted to improve performance; and
- iii) approve the annual report for April 2020 to March 2021, attached as appendix 1 to this report for publication.

14. Fast Track Cities

A report by the Area Public Health Co-ordinator informed the Moray Integration Joint Board (MIJB) of the work being undertaken within Grampian in relation to the Paris Declaration (2014) [amended November 2019] which pledges support to the Fast Track Cities initiative as part of the global focus on Human Immunodeficiency Virus (HIV), prevention, diagnosis and treatment.

Following consideration the Board agreed to:

- i) note the Grampian Fast Track Cities High Level Action Plan (Draft) at Appendix 1;
- ii) endorse and promote the Fast Track Cities initiative; and
- iii) approve Moray's involvement in the Grampian Fast Track Cities High Level Action Plan.



MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 30 SEPTEMBER 2021

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 25 NOVEMBER 2021
1.	Moray Mental Health Services	Full report on MHS to MIJB in 3 month's time.	Sept 2021	Jane Mackie	On agenda
2.	Prescribing Budget Requirements 2021-22	The Acting Lead Pharmacist to be invited back to update the Board later in the year.	Sept 2021	Chief Officer	On agenda
3.	Ministerial Strategic Group Improvement Action Plan	A progress update on the improvement actions identified within the improvement action plan will be provided.	January 2022	Chief Financial Officer	On schedule
4.	Revenue Budget Quarter 1 for 2021-22	A development session to be arranged to consider the budget overspend and how to improve the situation.	ASAP	Chief Officer	Completed at October Development session

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 25 NOVEMBER 2021
5.	Independent Review of Adult Social Care & National Care Services consultation	Response on behalf of the IJB to be completed and approval of the Chair sought prior to submission.	2 November 2021	Deputy Chief Officer	Completed
6.	Moray Coast Medical Practice	Report on the outcome of the engagement process and proposing the detail of the public consultation	January 2022	Locality Manager	On schedule
7.	Moray Coast Medical Practice	Final report to be submitted summarising the outcomes of the public consultation and seeking agreement to proceed with recommendations.	27 March 2022	Locality Manager	On schedule
8.	Annual Performance Report	Approved Annual Performance Report to be published	30 September 2021	Corporate Manager	Completed
9.	Annual Complaints Report 2020/21	Approved Annual Complaints Report to be published.	30 September 2021	Corporate Manager	Completed



**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD
CLINICAL AND CARE GOVERNANCE COMMITTEE**

Thursday, 27 May 2021

remote locations via video conference

PRESENT

Prof Nick Fluck, Cllr Frank Brown, Mr Ivan Augustus, Mr Simon Bokor-Ingram, Mrs Jane Mackie and Mrs Jeanette Netherwood.

APOLOGIES

Dr Malcolm Metcalfe, Samantha Thomas and Mr Sean Coady

IN ATTENDANCE

Also in attendance at the above meeting was Alex Pirrie, CAMHS Manager – Grampian; Carmen Gillies, Senior Project Officer – HSCM; Zandra Smith, Adult Support & Protection Lead, Pam Cremin, Integrated Service Manager – MH and SM Services; Kandarp Joshi, Consultant – Adolescent Psychiatry; and Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

1. Chair of Meeting

The meeting was chaired by Prof Nick Fluck.

2. Welcome and Apologies

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

3. Declaration of Member's Interests

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

4. Minute of Meeting of Clinical and Care Governance Committee on 25 February 2021

The Minute of the meeting dated 25 February 2021 was submitted for approval.

The Board agreed to approve the minute as submitted.

5. Action Log of Clinical and Care Governance Group on 25 February 2021

The Action Log of the meeting dated 25 February 2021 was discussed and updated accordingly at the meeting.

6. Clinical and Care Governance Group Escalation Report for Quarter 4, 2020/21

A report by Sean Coady, Head of Service, informs the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 4 of 2020/21 (1 January up to 31 March 2021).

In Mr Coady's absence Mrs Mackie informed the Committee that the Clinical and Care Governance Group is now much further established since the inclusion of social care representatives. The group now receive regular service updates following an agreed reporting schedule.

Mrs Netherwood advised, CRM continue to meet every fortnight to review risks, adverse events and complaints and input where necessary. CRM recently heard in more detail about the monthly educational sessions held for the Grampian Medical Emergency Department (GMED) to learn from adverse events. This learning can be shared with the Committee if they wish.

Mr Augustus seeks reassurance that HSCM is continuing to improve ways of reporting. He would like to see evidence that the partnership are reporting in accordance with Scottish Public Services Ombudsman (SPSO) Complaints Standards Authority and it is fit for purpose. Mr Augustus would like to see learning from complaints and evidence of its effectiveness in future reports and if there have been any complaints made against the IJB.

Mrs Netherwood recognises the need to improve reporting and ensure information from the NHS system and the Council system is presented in a consistent way.

Mrs Mackie noted the Council complaints system has changed in accordance with SPSO's updated Model Complaints Handling Procedures and 'first line' complaints that weren't being logged prior to April 2021 will now be.

Following further discussion the Committee agreed to receive a report specifically around complaints to the next meeting of the Clinical and Care Governance Committee in August 2021. The report should set out:

1. Statutory obligations and confirmation they are being met
2. Themes emerging from complaints
3. Approach to learning from complaints and actions being delivered

Information about complaints referred to the ombudsman to also be included along with any complaints made against the IJB.

In response to a question from Councillor Brown, the Chair advised that 'No value' on the table detailing adverse events by category could mean either no action is

required as negligible event or that a level had not yet been allocated at the time of reporting.

The Chair noted a large number of adverse events reported fall into two categories:

- Abusive, violent, disruptive or self-harming behaviour
- Accident (including falls)

The Chair advised he would be interested to understand the distribution of those events under the first category i.e. harm to patients or harm to staff/ care givers, the themes and action taken to address. Mrs Cremin advised a large number of these events can be attributed to a small number of very challenging patients both in adult and older adult mental health inpatient areas and in particular one patient. Mrs Cremin went on to advise that staff are encouraged and supported to report all adverse events; all incidents are taken seriously and reporting enables appropriate surveillance. The Moray Mental Health team have sought support and advice from colleagues in Aberdeen to help manage this patient. Support systems are in place for staff and debriefs are conducted where required.

The Committee noted the contents of the report and requested a report specifically on complaints to the Committee in August, detailing the three domains discussed, across both NHS and Council systems.

7. Adult Support and Protection Improvement Plan

A report by the Chief Social Work Officer informs the Committee of the Adult Support and Protection (ASP) improvement journey.

Mrs Mackie introduced the item stating adult support and protection is a multi-agency responsibility. A joint inspection of adult protection activity will be undertaken in 2021 or early 2022. This will be a joint inspection of all statutory partners (police, health and local authority) conducted by the relevant three regulators (Care Inspectorate, HIS and HMIC).

During 2019, preparations began for the anticipated Care Inspectorate ASP thematic inspection. A self-evaluation exercise was undertaken and a multi-agency Improvement Action Plan was developed. A delay occurred in implementing the improvement plan due to the global pandemic. It has been agreed to focus on phase 1 of the plan – policy, process and procedures. It is anticipated that phase 1 will be finished by the end of this year. Phase 1 also covers NHS Grampian requirements to produce and facilitate a pan Grampian approach for Initial Referral Discussions (IRDs). There are strong links with colleagues across Grampian to support this.

It is recognised there is lots of work to do to be fully compliant or congruent with the scrutiny bodies, this is reflected in the improvement plan.

The Care Inspectorate have produced a new set of quality indicators and framework. A further self-evaluation locally will be undertaken to ensure still fit for purpose.

It was noted there is a complex governance structure around adult, support and protection.

Additional resources are funded until March 2022. It was noted therefore this interim mitigation is not sustainable and this is reflected on the risk register.

The committee noted the continued work on the delivery of the ASP Improvement Plan in anticipation of a Care Inspectorate ASP inspection.

8. Mental Health Officer Service in Moray

A report by the Chief Social Work Officer informs the committee of the current situation in the Mental Health Officer Service in Moray.

The Committee discussed the actions agreed by the MHO Governance Group. It was noted Aberdeenshire and Highland are in a similar situation. The sheer geographical distance involved in the Highland area means there is no MHO cover for the rural locations out of hours.

Efforts to reduce the waiting list for guardianship reports include MHOs working additional hours. Mrs Mackie advised the team have also recruited some small additional input.

The Committee noted the current situation within the Mental Health Officer service in Moray and the actions being taken by the MHO Governance Group to mitigate.

9. Out of Hours Mental Health Service Provision for 16-18 Year Olds

A report by the Service Manager, Child and Adolescent Mental Health Services, informs the Committee of the current gap in out of hours mental health service provision for young people aged 16-18 years in Moray and actions that are being taken to address this.

Ms Pirrie advised there was a quick turnaround required for this paper and apologised for a couple of errors in the report. First page the report should read Service Manager, Child and Adolescent (not adult) Mental Health Services. At 4.1 it should read under 18 years not 16 years.

The report was written to highlight the lack of access out of hours for a mental health assessment for 16 and 17 years olds in Moray. There are a number of issues to be addressed including change in staff profile and the way in which services are being delivered. A short life working group has been convened with key stakeholders from across the system in Moray to address this gap.

There are nurse practitioners willing to undertake mental health assessments for these young people, with the right consultant support. Some Consultant Psychiatrists in Moray are not child mental health specialists. It was noted 16-17 age group have a much higher incident rate of presenting out of hours seeking help than under 16s. This presents a high risk for the organisation if a young person attends Dr Gray's Hospital following overdoses or with suicidality and are unable to get a mental health assessment.

It is clear the CAMHS in Grampian is for people aged 0-18 years.

This risk is being recorded on the CAMHS risk register and Moray's local risk register.

The Chair noted the need for a longer term plan and an immediate short term solution. Colleagues are to explore options of support from Grampian Health Board for Junior Doctors and Nurse Practitioners in Elgin for times when there isn't local Consultant Psychiatrist support available.

The Committee noted the contents of this initial report and agreed to receive a fuller report with update on progress made at the next meeting on 26 August 2021.

It was agreed to add a third recommendation:

- III. Inform the Committee, within the next week, of immediate risk mitigation plan to gain support from colleagues across Grampian and clarify that in risk register entry.

10. Home First in Moray – Pathway Assurance

A report by Sean Coady, Head of Service, provides the Committee with assurance in relation to the pathway for a patient under the remit of Discharge to Assess.

This paper was formulated in a response to a request from the Committee for an assurance around the pathway in terms of quality and safety.

The programme began operating as a 6 month pilot from October 2020 to March 2021 and a full report was submitted to MIJB on 25 March 2021 when the MIJB approved permanent funding

Since then an Occupational Therapists and Physiotherapist have been recruited and will be in post by end of June 2021. Six Support Workers have been interviewed and an advanced nurse practitioner post is to be advertised next then admin support recruited once clinical team in place. Induction process and intensive training will be undertaken for all new staff members.

The Committee are assured the same checks and measures are in place for patients following the Discharge to Assess pathway; they must meet the criteria and consent to the pathway. It is clear that these patients and clinically or medically stable for early supported discharge.

Ms Duncan advised that, to her knowledge, no complaints have been received or adverse events recorded to indicate any patient has been compromised as a result of following the Discharge to Assess pathway.

It is not anticipated this will have any impact on care in terms of expectations on family etc as if a need for ongoing care is identified then there are mechanisms in place to make those referrals in a timely way. Recognise the connection but this process is around rehab and functional goals. D2A focuses on the patient journey and aims to prevent people becoming deconditioned or adversely affected by a longer than necessary hospital stay. Mr Bokor-Ingram advised the Committee that since the end of the pilot programme delayed discharges have increased.

In response to a question around value for money, Mr Bokor-Ingram stated that once the team is fully operational discussions around efficacy can take place. It is noted the team are not funded beyond this financial year. Future discussions around investment / disinvestment and value for money to be determined by MIJB.

The Committee notes the example pathway described in the report and notes further reports will be submitted to the Committee in relation to developments in pathways arising from the Home First project.

11. Confidential Item – MWC Authority to Discharge

A report by the Chief Social Work Officer informs the Committee of the Mental Welfare Commission (MWC) Authority to Discharge Report which was released on 21 May 2021 and the outcome for Moray.

The report contains personal information, which requires to be discussed in private in order to uphold the principles of the Data Protection Act 2018.

The Committee noted the content of the report and its appendices.

Items for Escalation to MIJB

From discussions at today's Committee, members agreed the following items which create a significant Clinical and Care Governance risk, should be escalated to the MIJB.

- Adult Support and Protection Improvement Plan – identified areas of practice to be improved
- High Risk around Out of Hours Mental Health Assessment for 16/17 year olds – at time of escalation hope to have immediate risk mitigation in place
- Pressures in Mental Health Officer service,

The meeting closed at 11:30



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: CHIEF OFFICER REPORT

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To inform the Board of the Chief Officer activities that support the delivery against the Moray Integration Joint Board's strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Key work for the Partnership includes the implementation of Home First; remobilisation from the covid pandemic; supporting measures for the reduction of local covid transmission; and budget control. We also need to continue taking a longer term strategic view and setting out clear plans that will deliver transformational change so we can best meet the needs of our community.

2. RECOMMENDATION

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

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

3. BACKGROUND

Operation Home First

3.1 Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development to meet our aspirations set out in the Strategic Plan. Home First will remain a bedrock of our aspiration to meet need more responsively, and to be more anticipatory in our approach. With a successful bid to Scottish Government we are now extending our aspirations to a Hospital Without Walls model, building on the Home First foundations.

Remobilisation

- 3.2 To date the system has coped with some significant surges in demand, with a pan Grampian approach in how surge and flow through the system is managed to ensure patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is pressure in some service areas which will require a particular focus to work through the backlog of referrals.
- 3.3 As part of the development of our performance framework, and to support remobilisation, we are seeking further performance indicators from services to understand system pressures and how one part of the system impacts on other elements. A key risk to achieving the IJBs objectives is the availability of staffing. Staff sickness/absence/vacancies will be monitored closely, on a weekly basis, and we are working at a pan Grampian system to tackle the recruitment challenge.
- 3.4 The general picture across Scotland is of a rise in covid infections, with sharp spikes being seen in Moray. This is leading to increased hospitalisations, at a time when services are already under pressure. Further work is ongoing to increase capacity, and to plan ahead for winter. Operation Iris is being enacted at a Grampian wide level to manage the health and care system through winter, along with the current pressures being experienced across the system, with Portfolio Leads taking a key role in delivery.
- 3.5 Health and Social Care Moray has a statutory duty to provide equipment and adaptations to its residents in order to meet their needs and to facilitate them to live safely and independently in the community. There is now a significant back log in those waiting for an Occupational Therapy assessment that have been screened through the duty system as meeting the criteria as “substantial”. Currently the community Occupational Therapists only have capacity to deal with “critical” referrals. The demand for Community Occupational Therapy input in Moray is high:-
2432 referrals in 2019, an average of 203 per month.
1807 referrals in 2020, an average of 151 per month.
- 3.6 The referral rate dropped during the first lockdown. It has however increased to pre-pandemic levels, with an average of 204 referrals per month during 2021.
- 3.7 Our suppliers have also been effected by the pandemic, with delivery of specialist equipment and home adaptations often being delayed. This has resulted in increased risk and difficulty resolving issues in a timely way. Equipment and Adaptations, at the right time, can be life changing for an individual, and for their family members or carers. Provision can postpone the need for a house move or for additional care; they prevent hospital admissions; and they enable early discharge from hospital and ultimately allow individuals be independent or more independent with activities of daily living.

- 3.8 In order to begin recovering from this position, the service has been looking at ways of speeding up the referral to intervention time. There is access to simple pieces of equipment to assist an individuals with activities of daily living to be more independent without requiring a formal OT assessment. The service has extended the prescription list for equipment that non OT staff can issue directly. A duty OT team is in place to screen referrals and to provide direct access to equipment. The plan is to reduce the waiting list for housing adaptations and waiting time for bathing/shower assessment by employing a senior OT Assistant to work exclusively on the waiting list.
- 3.9 The OT service and Mental Health Service have met and discussed the current situation. This has resulted in very positive collaborative approach and the vacant WTE OT post in MH will be realigned to LA OT service. This post will be integral to the community OT service and focus on older people with undiagnosed /diagnosed cognitive impairment. This is a substantial volume within the current waiting list and therefore a very effective realignment of resource to help mitigate the current risk and work towards the recovery plan.

Lossiemouth Locality Health and Wellbeing Community Engagement and Public Consultation update

- 3.10 The IJB approved the commencement of a public engagement exercise in the Lossiemouth locality. The steering group for overseeing the Community Engagement process has been established and now has Community Council, Community Group, Third Sector, Moray Coast Medical Practice, NHSG, Moray Council, and Health and Social Care Moray representatives. The group currently meets weekly and has met four times.
- 3.11 Communication is via the Community Council/Associations, Social Media Platforms, and the Health and Social Care Moray website. Press releases will follow at key future stages.
- 3.12 HSCM staff have met with representatives from Burghead Community Council and Hopeman Community Association and have attended a meeting of each group to outline the engagement process.
- 3.13 Initial discussions have taken place with transport providers (Stagecoach, Dial a Bus and the Community Mini Bus Group) and further meetings are scheduled. This information gained will be shared at the various engagement events.
- 3.14 A survey has been carried out on the Burghead and Hopeman Branch Surgery Buildings. The information gathered is being formalised into a report. This information will be shared at the various engagement events. Patient population and demographic data has been collected and is currently being formatted into visual information boards for various community engagement events.
- 3.15 Community Focus Groups will take place in early January 2022. A report will be produced following the community engagement process which will be formally presented to the IJB. Which will further inform the Moray IJB of the options available, community and stakeholder views and recommendations as to how best to progress. Timescales for formal reporting to the IJB will be

clearer once Community Engagement events have started in early December 2021 and the survey feedback has been analysed.

Covid Vaccination Programme

- 3.16 By the end of December 2020 all care home residents along with staff had been offered the first dose vaccine. Second dose vaccines have been administered in line with the Chief Medical Officer direction, and we are now delivering booster injections alongside the flu vaccination programme. . Uptake rate information is available on the Public Health website at <https://www.publichealthscotland.scot/news/2021/february/covid-19-daily-dashboard-now-includes-vaccination-data/>

Portfolio arrangements

- 3.17 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 is an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, where that is with partners and communities rather than individual entities. To deliver further on this whole system, integrated approach, there is a desire to transition from an organisational leadership and management model to a system leadership and management approach. On an interim basis, as the model is developed, the Chief Officer is continues to provide a leadership role for Dr Gray's Hospital alongside the responsibilities already carried, thus expanding the portfolio to encompass all Moray health and care services.
- 3.18 The senior management team membership for health and social care in Moray has been revised to incorporate community and acute leaders, and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system. The response to pressures and a potential increase in demand from covid will be a response from Moray health and care across acute and community, with an integrated approach to balancing care across the system.

Budget Control

- 3.19 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The senior management team in the Health and Social Care Partnership are meeting regularly to review spend, identify additional savings and to track progress on transformational redesign so that corrective action and appropriate disinvestment can be supported. There is a continued commitment from Scottish Government to support the covid response for the remainder of this current financial year. Scottish Government have also recently announced additional investment of more than £300 million nationally as a direct response to system pressures and to support intense winter planning. The funding is based on four key principles of maximising capacity, ensuring staff wellbeing, ensuring system flow and improving outcomes. The Senior Management Team is currently working through proposals to best support existing pressures and ensure the principles of the funding are followed.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 We remain in a pandemic response phase, and are stepping up quickly where that is required. In parallel, there is the opportunity to accelerate work to achieve the MIJB ambitions as set out in the Strategic Plan and Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that encompasses Dr Gray's Hospital on an interim basis.
- 4.2 The challenges of finance have not gone away and there remains the need to address any underlying deficit. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only cover additional expenditure in the short-term and so it is important to understand the emerging landscape.
- 4.3 Transformational change, or redesign, that provides quality and safe services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.
- 4.4 Remobilisation has begun, and will build from achievements and learning from the current pandemic phase. The interdependencies between services will need to form part of the assessment on how we remobilise, as no part of the system operates in isolation. While the demand on the health and care system continues to be immense, we will continue to plan for the longer term to ensure that services will remain responsive to our community.

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

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

(c) Financial implications

There are no financial implications arising directly from this report. The Chief Finance Officer continues to report regularly on actual expenditure to ensure

that the Scottish Government are sighted on additional costs arising from COVID-19.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

Staff remain the organisation's greatest asset, and we must continue to engage with all sectors to ensure full involvement, which will create the best solutions to the challenges we face. Our staff are facing continued pressures on a daily basis, and we must continue to put effort into ensuring staff well-being.

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Consultations

The HSCP Senior Management Team has been consulted in the drafting of this report.

6. CONCLUSION

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

Author of Report: Simon Bokor-Ingram, Chief Officer



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: REVENUE BUDGET MONITORING QUARTER 2 FOR 2021/22

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To update the Board on the current Revenue Budget reporting position as at 30 September 2021 and provide a provisional forecast position for the year-end for the Moray Integration Joint Board budget.

2. RECOMMENDATIONS

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

- i) Note the financial position of the Board as at 30 September 2021 is showing an overall overspend of £2,396,026.**
- ii) note the provisional forecast position for 2021/22 of an overspend of £2,373,735 on total budget;**
- iii) Note the progress against the approved savings plan in paragraph 6, and update on Covid-19 and additional funding in paragraph 8;**
- iv) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 July to 30 September 2021 as shown in APPENDIX 3; and**
- v) Approve for issue, the Directions arising from the updated budget position shown in APPENDICES 4 and 5.**

3. BACKGROUND

- 3.1 The financial position for the MIJB services at 30 September 2021 is shown at **APPENDIX 1**. The figures reflect the position in that the MIJB core services are currently over spent by £2,388,503. This is summarised in the table below.

	Annual Budget £	Budget to date £	Expenditure to date £	Variance to date £
MIJB Core Service	126,683,356	62,573,310	64,961,813	(2,388,503)
MIJB Strategic Funds	10,701,837	2,413,465	2,420,988	(7,523)
Set Aside Budget	12,620,000	-	-	-
Total MIJB Expenditure	150,005,193	64,986,775	67,382,801	(2,396,026)

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

3.3 The first provisional forecast outturn to 31 March 2022 for the MIJB services is included in **APPENDIX 1**. The figures reflect the overall position in that the MIJB core services are forecast to be over spent by £4,689,494 by the end of the financial year. This is summarised in the table below.

	Annual Budget £	Provisional Outturn to 31 Mar 2019 £	Anticipated Variance to 31 Mar 2019 £	Variance against base budget %
MIJB Core Service	126,683,356	131,372,850	(4,689,494)	(4)
MIJB Strategic Funds	10,701,837	8,386,078	2,315,759	22
Set Aside Budget	12,620,000	12,620,000	-	-
Total MIJB Expenditure	150,005,193	152,010,928	(2,373,735)	(2)

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2021/22

Community Nursing

4.1 Community nursing service is underspent by £202,069. This is due to underspends in District Nursing £94,627, Health Visitors £91,766 and Elgin, where the team is combined £15,676.

4.2 For District Nursing the overall current underspend £94,627 relates mainly to the Varis Court Augmented Care Units (ACU's) budget which is underspent by £131,728. The Varis budget is underspent due to staffing vacancies as a result of the organisational change process. These posts have now been appointed to and start dates are being organised. The ongoing capacity in the Varis budget as a result of the organisational change will, in future contribute to the Hanover costs for the provision of care at the 4 ACU's. The variation of the contract has been signed and the ACU's will open for December 2021. The overspend in the remaining District Nursing budget will be mitigated by further Scottish Government additional funding anticipated. The first tranche of £83,788 has been received and is already included in the annual budget. A second tranche is expected during November and it is estimated that further funding of £35,909 will be received to improve the overall District Nursing position.

- 4.3 For Health Visitors, vacancies, planned leave including maternity leave and retirements have contributed to the current underspend of £91,766 across the service. Challenges remain on the recruitment and retention of qualified and experienced Health Visitors and School Nurses at a local, regional and national level. To help mitigate or minimise risk in the delivery of the Service, two trainee Health Visitors have joined the service in September, 1 trainee Health Visitor and 2 School Nurses will qualify in 2022 and 2 trainee Health Visitors and 2 School Nurses will qualify in 2023. In addition, a number of Health Visitors who plan to retire by end of March 2022 have indicated that they would wish to return to part-time posts, which will be considered as part of the service recruitment and retention plan. With the increase in qualified, skilled and experienced practitioners, this will alleviate a number of key service pressures, stabilise the workforce, ensure modernisation and sustainability of the service, that it is responsive to local need and risk, and help maintain positive staff health and wellbeing.
- 4.4 This budget is forecasted to be £357,392 under spent by the end of the financial year as the underspend is addressed.

Learning Disability

- 4.5 The Learning Disability (LD) service is overspent by £447,651. The overspend is predominantly due to care purchased £462,185, less income received than expected £ 28,139 and other minor overspends totalling £8,856. This is being reduced by an underspend in clinical Speech and Language services and psychology services of £51,528.
- 4.6 The LD Service manager and indeed all of the LD service are aware of the overspend. The overspend on care is because of different factors; there has been an increase in families unable to maintain their caring role and as a consequence there has been an increase in crisis intervention. There is little available accommodation and few resources to provide support for people and this results in costly standalone packages. There has also been an increase in complex and challenging behaviour following the lockdown period and this has meant an increase in the number 2:1 staffing requirements to minimise risk. There has also been an increase in people needing day activities following the prolonged lock-down period.
- 4.7 This budget is forecast to be £1,288,751 overspent by the end of the financial year, due to the issues above remaining to the end of the financial year.

Mental Health

- 4.8 The Mental Health service is overspent by £433,605. This overspend is primarily due to two consultant psychiatrist vacancies being covered by high cost agency medical locums. This presents an ongoing financial risk to MIJB, which has been reported previously. The changing workforce demand profile in medical staff is evident of workforce choice for lucrative locum work instead of substantive NHS contracts. This is affecting all health boards across NHS Scotland and the rest of the UK. Some nursing workforce budgets (incremental drift), and out of area care packages are also contributing to overspend. However, some of the overall overspend is being offset by

underspends (vacancies) in Psychology, Community Mental Health Nursing and Allied Health Professionals (AHP's).

- 4.9 In order to reduce reliance on costly agency medical locums, one agency medical locum is due to end mid-December as a result of service and workforce redesign in adult mental health services. The other agency locum is due to end by 31st March 2022. Between now and March 2022, service and workforce redesign in the older adult mental health service will be undertaken and concluded. In relation to Workforce Planning, an adult mental health psychology vacancy has been out to advert twice with no suitable applicants. This is due to national investment in psychological therapies creating workforce opportunity across Scotland and the resulting competition between health and care organisations. In Moray, adult psychological therapy workforce are meeting HEAT (Health improvement, Efficiency and governance, Access, Treatment) targets, however this may not be sustainable as staff reach capacity and referrals continue to be received. Nursing vacancies in community mental health teams are difficult to fill due to national workforce shortages and not enough outputs from undergraduate nurse training.
- 4.10 Care packages are currently overspent by £140,193 primarily due to the purchase of care and costly out of area care packages. This includes a high cost care package now in place, which was anticipated to be incurred when the budget was set in March 2021 and was included as a FYE budget pressure of £158,000. The budget pressure will be aligned in period 7 to reduce the reported overspend in the next quarters budget monitoring report.
- 4.11 This budget is forecast to be £891,489 overspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the end of the financial year

Care Services Provided In-house

- 4.12 This budget is underspent by £446,150 this relates to underspend in staffing across all the services in this budget totalling £565,662, which is being reduced by an overspend of £87,238 in day care services due to transport costs and less income received than expected due to the closure during Covid 19.
- 4.13 This budget is forecast to be £1,041,019 underspent by the end of the financial year. The underspend is primarily due to unfilled vacancies and the issue of recruitment has been an ongoing problem which is expected to continue for the rest of the financial year.

Older People and Physical Sensory Disability

- 4.14 This budget is overspent by £1,650,995. This primarily relates to overspends for domiciliary care in the area teams £1,409,128, permanent care £239,186 and other minor variances of £2,681. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer.

- 4.15 The overall budget set for this area for the year is £18,853,516 and for the first six months of this financial year is showing an overspend of £1,650,995. This is an increase of £723,044 from the same point in the year in 2020/21. A comprehensive report is being presented to this meeting today, allowing for an in-depth review of the complex factors contributing to the adverse financial position, detailing the areas of overspend and mitigating actions to ensure robust financial governance and oversight. Budget Managers and finance staff are currently meeting regularly.
- 4.16 This budget is forecast to be £3,548,029 overspent by the end of the financial year due to the issues mentioned above being expected to continue
- 4.17 Recently, Scottish Government has announced additional funding and new investment that is being put into place to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and care systems. The investment aims to: maximise capacity; ensure staff wellbeing; ensure system flow and to improve outcomes. Over the next period, the Chief Financial Officer will work closely with the senior management Team to ensure the principles supporting this additional funding can be delivered. The impact on allocating this funding will alleviate some of the current pressure being experienced in the care at home budgets.

Other Community Services

- 4.18 This budget is underspent by £281,860 which includes underspend in Allied Health Professionals (AHP's), Dental, Public Health and Specialist Nursing services offset in part by overspend in Pharmacy. Within this underspend £81,006 relates to Public Health where there has been reduced activity in Health Improvement as a consequence of staff redeployment to support Covid services and vacancies. It is anticipated that core activity will resume over the remainder of this financial year. For AHP's the underspend to September is £63,702 which includes underspend in Podiatry where recruitment to vacant posts has recently been concluded and Speech & Language services where recruitment is an ongoing challenge on a Grampian wide basis. Dental is currently underspent by £132,344, mainly due to vacant posts in quarter 1 and quarter 2. The majority of these posts have now been filled or replacements are being actively recruited to with start dates being organised. This includes three Dental Officer posts and support staff including a receptionist and 1.6 WTE dental nurse positions.
- 4.19 This budget is forecast to be £563,259 underspent by the end of the financial year.

Primary Care Prescribing

- 4.20 The primary care prescribing budget is overspent by £559,270 to September 2021. This position is based on four month's actuals to June and an accrued position for August and September as information is received two months in arrears. The budget to month 6 does not yet include any possible allocation through MIJB Covid funding for the two drugs, Sertraline and Paracetamol, identified by Scottish Government as being specifically impacted upon relating to Covid. The full year estimate of the Covid impact for 2021/22 in Moray is

calculated as £154,243 yet to be included which would improve the position. For 2020/21 the overall prescribing volume of items in total was 4.15% lower than in 2019/20 and the prescribing pattern did not return to pre Covid levels. However, to September 2021 the estimate of items is greater to date than anticipated, with higher volume to date. The emerging volume pattern for 2021/22 has still to be reviewed as the increase is greater than expected across Grampian. It may be that Serial Prescribing is contributing to increased volumes and this will need to be reviewed alongside repeat medication systems. Since January 2021 the price per item had been relatively stable and an average price of £11.12 per item has been used to estimate position to June. The average price per item fell in July following negotiations between the Scottish Government and Community Pharmacy Scotland now implemented.

- 4.21 This budget is forecast to be £1,083,000 overspent by the end of the financial year taking into account the volume increase continuing and price reduction from July.

5. STRATEGIC FUNDS

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

- Additional funding received via NHS Grampian (this may not be fully utilised in the year resulting in a contribution to overall MIJB financial position at year end which then needs to be earmarked as a commitment for the future year.
- Provisions for earmarked reserves has been made to fund unutilised allocation for Primary Care Improvement Funds, Action 15 & Covid in 2021/22, identified budget pressures, new burdens savings and general reserve that were expected at the start of the year.

- 5.2 Within the strategic funds are general reserves totalling £1,597,742 which are not allocated to services but will be used towards funding the overspend. However, there will not be sufficient reserves to cover the overspend in total if the level of spend continues till the 31 March 2022.

- 5.3 By the end of the financial year, the strategic funds will reduce as the commitments and provisions materialise and the core budgets will increase correspondingly.

6. PROGRESS AGAINST THE APPROVED SAVINGS PLAN

- 6.1 The Revenue Budget 2021/22 was presented to the MIJB 25 March 2021 (para 9 of the minute refers). The paper presented a balanced budget through the identification of efficiencies through savings and the use of general reserves.

- 6.2 The progress against the savings plan is reported in the table below and will continue to be reported to the Board during the 2021/22 financial year. The

table details progress during the first quarter against the original recovery plan.

Efficiencies	Para Ref	Full Year Target	Expected progress at 30 Sept 2021	Actual Progress against target at 30 Sept 2021
		£'000	£'000	£'000
Accountancy driven		150	75	73
External Commissioning	6.3	122	61	146
Increased income from charging	6.4	110	55	0
Transformational change		25	13	25
Total Projected Efficiencies		407	204	244

- 6.3 It should be noted that the savings budgeted from external commissioning have been met in full. This position is unlikely to change by the end of the year as all savings have been realised as at 30 September 2021.
- 6.4 Increased income from charging was to reflect changes proposed to the taper relief, due to be agreed through the Contributions Policy. In November 2020, MIJB Members agreed to this recommendation (para 13 of the minute refers) being presented to Moray Council as part of the approval required for the Contributions Policy at an early date. At Moray Council on 10 November 2021 the taper relief was not increased and is to remain the same, therefore this saving will be unachievable. This underachievement is being reported to Scottish Government on a quarterly basis but it remains as yet unknown as to whether the funding of this will be supported. The Independent Review of Adult Social Care report was published and has placed this element of savings at risk going forward <https://www.rcn.org.uk/scotland/influencing-on-your-behalf/independent-review-of-adult-social-care-in-scotland#:~:text=The%20Independent%20Review%20into%20Adult%20Social%20Care%20was,to%20the%20process%20of%20commissioning%20of%20social%20care.>

7 IN-YEAR EFFICIENCIES / BUDGETARY CONTROL

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

8. IMPACT OF COVID – 19 AND ADDITIONAL FUNDING

- 8.1 To date there has been continued commitment from Scottish Government to provide additional funding to support health and social care as a result of the pandemic. This includes the use of Covid 19 specific reserves to support the remobilisation of services. At the time of writing this commitment does not extend beyond 31 March 2022.
- 8.2 HSCM continue to provide quarterly returns to Scottish Government on the Local Mobilisation Plan (LMP) via NHS Grampian. The plan for 2021/22 estimates that additional in-year spend relating to Covid 19 will be £2.928 million to the end of the current financial year. Reported expenditure at the end of quarter 2 was £1.455 million. The costs are summarised below:

Description	Spend to 30 Sept 2021 £000's
Staffing	60
Provider Sustainability Payments	792
Remobilisation	191
Cleaning, materials & PPE	13
Elgin Community Hub (Oaks)	242
Prescribing	77
Unachievable Savings	55
Other	25
Total	1,455

- 8.3 Scottish Government has recognised the ongoing impacts resulting from Covid and the pressures facing the health and social care system heading into the winter period. On the 5th October, measures were outlined by Scottish Government relating to new investment for Scotland of more than £300 Million as a direct response to the intense winter planning and system pressures work that is taking place. These preparations are predicated based on four key principles:

- Maximising capacity
- Ensuring Staff wellbeing
- Ensuring System Flow
- Improving Outcomes

Subsequently, on the 4th November Scottish Government provided further detail on key components of the additional funding. Specifically, this covered

- £40 million for interim care arrangements
- £62 million for enhancing care at home capacity
- Up to £48 million for social care staff hourly rate of pay increases; and
- £20 million for enhancing multi-disciplinary teams

This funding is for the remainder of the current financial year with additional commitments of funding still to be confirmed for future years. The SMT and service leads are currently working through the implications and opportunities and further reporting to the Board will reflect these proposals.

9. CHANGES TO STAFFING ARRANGEMENTS

- 9.1 At the meeting of the Board on 28 March 2019, the Financial Regulations were approved (para 11 of the minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.
- 9.2 Changes to staffing arrangements as dealt with under delegated powers through appropriate Moray Council and NHS Grampian procedures for the period 1 July to 30 September 2021, are detailed in **APPENDIX 3**.

10. UPDATED BUDGET POSITION

- 10.1 During the financial year, budget adjustments arise relating in the main to the allocation of non-recurring funding that is received via NHS Grampian. In order to establish clarity of these budget allocations a summary reconciliation has been provided below.
- 10.2 In addition, the MIJB, concluded the financial year 2020/21 in an undepend position following the application of reserves. Reserves totalling £6,342,395 were carried forward into 2021/22, of which £4,744,650 are ear-marked and £1,597,745 are a general reserve of which £1,554,267 has been utilised to support a balanced budget position as set out in the revenue budget paper presented to this Board on 25 March 2021 (para 9 of the minute refers).

10.3

	£'s
Approved Funding 26.3.21	128,425,128
Set Aside Funding 26.3.20	12,252,000
Balance of IJB reserves c/fwd to 20/21	4,788,128
Amended directions from NHSG 3.6.21	80,661
Budget Adjustments qtr 1	1,678,730
Revised Funding to Quarter 2	147,224,647
Budget adjustments M04-M06	
Public Health Earmarked	136,000
Primary Care	91,728
Staff Mental Health & Wellbeing	34,297
CRT Funding	250,000
Forres HUB	(3,000)
Moray Core Uplift	755,000
District Nursing & School Nursing	205,297
Action 15	274,346
Other	34,449
Amendment to Set Aside Funding	368,000
NCHC Funding	634,429
Revised Funding to Quarter 3	150,005,193

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

11. **SUMMARY OF IMPLICATIONS**

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

This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2021/22.

(b) **Policy and Legal**

It is the responsibility of the organisation receiving the direction to work with the Chief Officer and Chief Financial Officer to deliver services within the resources identified. The Moray Integration Scheme (para 12.8 of the 2015 Integration Scheme) makes provision for dealing with in year variations to budget and forecast overspend by reference to agreed corrective action and recovery plans. It also makes provision for dealing with year-end actual overspend where such action and plans have been unsuccessful in balancing the relevant budget by reference to use of MIJB reserves and additional payments from NHS Grampian and Moray Council.

(c) **Financial implications**

The financial details are set out in sections 3-8 of this report and in **APPENDIX 1**. For the period to 30 September 2021, an overspend is reported to the Board of £2,396,247 with the first estimated forecast being an overspend of £2,373,735 for 2021/22

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

The movement in the 2021/22 budget as detailed in paragraph 10 have already been incorporated in the figures reported.

(d) **Risk Implications and Mitigations**

The most significant risk arising from this report is the control and management of expenditure to provide the Health and Social Care services required for the Moray Area, within budget. In particular, in relation to the Older People & Physical & Sensory Disability service. A separate report to this Board is being presented to this meeting today.

There are general and earmarked reserves brought forward in 2020/21. Additional savings continue to be sought and a recovery and transformation plan is in place in order to support the 2021/22 budget

and beyond, which will be under regular review. Progress reports will be presented to this Board throughout the year in order to address the financial implications the MIJB is facing.

(e) Staffing Implications

There are no direct implications in this report.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

There are no direct equality/socio economic implications as there has been no change to policy.

(h) Consultations

The Chief Officer, the Health and Social Care Moray Senior Leadership Group and the Finance Officers from Health and Social Care Moray have been consulted and their comments have been incorporated in this report where appropriate.

12. CONCLUSION

12.1 The MIJB Budget to 30 September 2021 has an over spend of £2,388,503 and the first provisional forecast position of £4,689,494 on core services. This is reduced by underspends in Strategic funds to give a total overspend position of £2,396,026 to 30 September 2021 and provisional forecast position of £2,373,735. Senior Managers will continue to monitor the financial position closely and continue to report accordingly on progress.

12.2 The financial position to 30 September 2021 reflects the updated budget position and revised Directions have been prepared accordingly, as detailed in APPENDICES 4 and 5.

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

Background Papers: Papers held by respective Accountancy teams

Ref:

JOINT FINANCE REPORT APRIL 2021 - SEPTEMBER 2021

	Para Ref	Annual Net Budget £'s 2021-22	Budget (Net) To Date £'s 2021-22	Actual To Date £'s 2021-22	Variance £'s 2021-22	Variance % 2021-22	Most recent Forecast £'s 2021-22	Variance To Budget £'s 2021-22	Forecast Variance % 2021-22
Community Hospitals		5,424,446	2,701,511	2,699,271	2,241	0	5,398,541	25,905	0
Community Nursing	4.1	5,195,685	2,621,215	2,419,146	202,069	4	4,838,293	357,392	7
Learning Disabilities	4.5	8,152,008	3,709,740	4,157,392	(447,651)	(5)	9,440,759	(1,288,751)	(16)
Mental Health	4.8	8,895,215	4,355,499	4,789,104	(433,605)	(5)	9,786,704	(891,489)	(10)
Addictions		1,181,185	580,686	584,641	(3,956)	(0)	1,181,555	(370)	(0)
Adult Protection & Health Improvement		143,368	49,907	50,744	(837)	(1)	144,002	(634)	(0)
Care Services provided in-house	4.12	17,019,255	8,227,668	7,781,518	446,150	3	15,978,236	1,041,019	6
Older People & PSD Services	4.14	18,853,516	8,964,018	10,615,013	(1,650,995)	(9)	22,401,545	(3,548,029)	(19)
Intermediate Care & OT		1,574,908	807,458	824,880	(17,423)	(1)	1,640,838	(65,930)	(4)
Care Services provided by External Contractors		8,408,700	4,345,630	4,334,856	10,774	0	8,326,607	82,093	1
Other Community Services	4.18	8,554,595	4,242,483	3,960,623	281,860	3	7,991,336	563,259	7
Admin & Management		2,837,165	1,634,129	1,690,361	(56,232)	(2)	2,800,845	36,320	1
Primary Care Prescribing	4.20	16,948,172	8,677,910	9,237,181	(559,270)	(3)	18,031,172	(1,083,000)	(6)
Primary Care Services		17,464,448	8,700,076	8,666,629	33,447	0	17,346,448	118,000	1
Hosted Services		4,421,823	2,209,544	2,253,710	(44,166)	(1)	4,493,369	(71,546)	(2)
Out of Area		669,268	282,871	437,066	(154,196)	(23)	833,000	(163,732)	(24)
Improvement Grants		939,600	462,967	459,679	3,288	0	739,600	200,000	21
Total Moray IJB Core		126,683,356	62,573,310	64,961,813	(2,388,503)	(40)	131,372,850	(4,689,494)	(4)
Other non-recurring Strategic Funds in the ledger	5.1	1,373,270	1,222,711	1,230,455	(7,744)	(1)	1,386,586	(13,316)	(1)
Other resources not included in ledger under core and strategic:	5.1	9,328,567	1,190,754	1,190,533	220	0	6,999,492	2,329,074	
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		137,385,193	64,986,775	67,382,801	(2,396,027)	0	139,758,928	(2,373,736)	(4)
Set Aside Budget		12,620,000	-	-	-		12,620,000	0	0
Overall Total Moray IJB		150,005,193	64,986,775	67,382,801	(2,396,027)	0	152,378,928	(2,373,736)	
Funded By:									
NHS Grampian		83,548,164							
NHS Earmarked Reserves 21/22		4,744,650							
NHS Year End Balance Reserve 21/22		1,415,952							
NHS Grampian - Set Aside		12,620,000							
Moray Council		47,494,637							
Moray Council Reserves 20/21		181,790							
IJB FUNDING		150,005,193							

Description of MIJB Core Services

1. Community Hospitals related to the five community hospitals In Moray
2. Community Nursing related to Community Nursing services throughout Moray, including District Nurses and Health Visitors.
3. Learning Disabilities budget comprises of:-
 - Transitions,
 - Staff – social work and admin infrastructure,
 - External purchasing of care for residential & nursing care,
 - External purchasing of care for respite, day care and domiciliary care,
 - Medical, Nursing, Allied Health Professionals and other staff.
4. Mental Health budget comprises of:-
 - Staff social work and admin infrastructure,
 - External purchasing of care for residential & nursing care,
 - External purchasing of care for respite, day care and domiciliary care,
 - In patient accommodation in Buckie & Elgin.
 - Medical, Nursing, Allied Health Professionals and other staff.
5. Addictions budget comprises of:-
 - Staff – social work and admin infrastructure,
 - Medical and nursing staff
 - External purchasing of care for residential & nursing care,
 - External purchasing of care for respite, day care and domiciliary care,
 - Moray Alcohol & Drugs Partnership.
6. Adult Protection and Health Improvement
7. Care Services provided in-house Services budget comprises of:-
 - Employment Support services,
 - Care at Home service/ re-ablement,
 - Integrated Day services (including Moray Resource Centre),
 - Supported Housing/Respite and
 - Occupational Therapy Equipment Store.
8. Older People & Physical Sensory Disability (PSD) budget comprises of:-
 - Staff – social work infrastructure (including access team and area teams),
 - External purchasing of care for residential & nursing care,
 - External purchasing of care for respite, day care and domiciliary care and
 - Residential & Nursing Care home (permanent care),
9. Intermediate Care & Occupational Therapy budget includes:-
 - Staff – OT infrastructure
 - Occupational therapy equipment
 - Telecare/ Community Alarm equipment,
 - Blue Badge scheme

10. The Care Services provided by External Contractors Services budget includes:-
- Commissioning and Performance team,
 - Carefirst team,
 - Social Work contracts (for all services)
 - Older People development,
 - Community Care finance,
 - Self Directed support.
11. Other Community Services budget comprises of:-
- Community services for each locality (Allied Health Professionals (AHP's), Dental services, Public Health, Pharmacy and other specialist nursing roles).
12. Admin & Management budget comprises of :-
- Admin & Management staff infrastructure
 - Business Support Contribution to the Chief Officer costs
 - Target for staffing efficiencies from vacancies
13. Primary Care Prescribing includes cost of drugs prescribed in Moray.
14. Primary Care Services relate to General Practitioner GP services in Moray.
15. Hosted Services, comprises of a range of Grampian wide services. These services are hosted and managed by a specific IJB on a Grampian wide basis and costs are re-allocated to IJB budgets. These services include:-

Moray IJB Hosted & Managed services:

- GMED out of Hours service.
- Primary Care Contracts Team

Aberdeen City/Aberdeenshire IJB Hosted & Managed services:

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

16. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian. These are managed centrally within NHS Grampian and charged to IJB's.

17.Improvement Grants managed by Council Housing Service, budget comprises of:-

- Disabled adaptations
- Private Sector Improvement grants
- Grass cutting scheme

Other definitions:

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

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

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

HEALTH & SOCIAL CARE MORAY**DELEGATED AUTHORITY REPORTS - PERIOD July 2021 to September 2021**

<u>Title of DAR</u>	<u>Summary of Proposal</u>	<u>Post(s)</u>	<u>Permanent/ Temporary</u>	<u>Duration (if Temporary)</u>	<u>Effective Dates</u>	<u>Funding</u>
Backfill Arrangements for senior staff member	To backfill one day period week for a period of 6 months	HOS 7.25 hours	Temporary	6 months	June to November	Funding from recharging post
Care Home Reviews - Covid Fund	Create a 2 day post and give additional hours to staff	Grade 9 14.50 hours Grade 9 6 hours Grade 5 7.25 hours	Temporary	9 weeks	June/July	Funding from Enhanced care at home support
Changes to Home From Hospital OT Post	Transfer post from Home from Hospital to OT	Grade 9 18 hours	Permanent		May	No funding required
Realign Addiction Services Team under new manager	Realign line management responsibilities	N/A	N/A	N/A	N/A	N/A
Woodview Acting Up Assistant Manager Post	Acting up Assistant Manager	Grade 5 to grade 7	Temporary	6 months	September	Funding from underspend

<u>Title of DAR</u>	<u>Summary of Proposal</u>	<u>Post(s)</u>	<u>Permanent/ Temporary</u>	<u>Duration (if Temporary)</u>	<u>Effective Dates</u>	<u>Funding</u>
Social Worker (Covid Related)	Appoint 1FTE Social Worker	Grade 9 36.25 hours	Temporary	6 months	October to March	Covid funding
Varis ACU	Administration Assistant	Band 3 37.5 hours	permanent		June	Part of the organisational change.
Moray Discharge to Assess	Advanced Nurse/Clinical Practitioner - Discharge to Assess	Band 7 37.5 hours	permanent		June	Discharge to assess D2A Team (Covid funds in 20/212 now to be used)
PCIF Non Recurring	Programme Manager for PCIP Implementation	Band 8A 37.5 hours	Temporary	24 months	June	PCIF slippage
Varis ACU	Community Nurse	Band 6 90 hours	permanent		July	Part of the organisational change.
Varis ACU	HCSW	Band 3 146 hours	permanent		July	Part of the organisational change
OT	Occupational Therapist	Band 6 22 hours	Permanent		July	Part of the organisational change VARIS ACU related
OT	Occupational Therapist	Band 5 37.5 hours	Temporary	12 months	July	Homefirst delivery group ED transfers from Covid funds.
Pharmacy Moray	Practice Pharmacist	Band 7 37.5 hours	Permanent		July	PCIF

<u>Title of DAR</u>	<u>Summary of Proposal</u>	<u>Post(s)</u>	<u>Permanent/ Temporary</u>	<u>Duration (if Temporary)</u>	<u>Effective Dates</u>	<u>Funding</u>
Admin community care	Administrator	Band 3 37.5hours	Permanent		August	Part of the organisational change Elgin Community Surgery to Maryhill
Moray Immunisation	School Immunisation Nurse	Band 5 25 hours	permanent		August	Scottish Government funding
Care home Infection control	Adult Support and Protection Practitioner	Band 6 37.5 hours	Temporary	12 months	August	Care home Infection Control Funding
PCIF primary Care Link workers	MH & Wellbeing Practitioners	Band 5 187.5 hours	Permanent		August	PCIF
Community Response Team	Community Care	Band 3 225 hours	Temporary	6 months	September	Unscheduled care allocation winter 21/22
Pharmacy Moray	Pharmacy Technician	Band 5 75 hours	Temporary	24 months	September	PCIF slippage

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Services: All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.

Functions:- All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.

Associated Budget:- £72.2 million, of which £4.4 million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing.

An additional £12.6 million is set aside for large hospital services.

This direction is effective from 25 November 2021.

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Services: All services listed in Annex 2, Part 2 of the Moray Health and Social Care Integration Scheme.

Functions:- All functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.

Associated Budget:- £58.6 million, of which £0.4 million is ring fenced for Housing Revenue Account aids and adaptations.

This direction is effective from 25 November 2021.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: MEMBERSHIP OF BOARD AND COMMITTEES - UPDATE

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To inform the Board of changes to Membership during October 2021.

2. RECOMMENDATION

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

- i) note that Professor Nick Fluck resigned from the Board with effect from 6 October 2021;**
- ii) note that Mr Roderick Murray (Derick) has been appointed as the new NHS Grampian representative on the Board with effect from 6 October 2021; and**
- iii) appoint a new Chair of Clinical and Care Governance Committee to replace Professor Nick Fluck;**
- iv) note that Paul Southworth is the new Public Health Representative on the Board.**

3. BACKGROUND

3.1. Professor Nick Fluck was appointed to the MIJB as an NHS Grampian representative on 24 September 2020 and subsequently, as Chair of the Clinical and Care Governance Committee.

3.2. The Chair of the Clinical and Care Governance, in line with the Board's Scheme of Administration the Chair must be one of NHS Grampian's voting members.

3.3. The revisions to the Integration Scheme have been agreed by the NHS Grampian Board and Moray Council and once the public consultation period is

completed the scheme will be sent to Scottish Government. This will be completed by mid-December 2021.

4. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

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

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as the report is to inform the Board of changes required to membership of the Board and Audit, Performance and Risk committee.

(h) Consultations

Consultation on this report has taken place with the Corporate Manager, Health and Social Care Moray and Tracey Sutherland, Committee Services Officer, Moray Council, who are in agreement with the report where it relates to their area of responsibility.

5. CONCLUSION

5.1. **This report sets out the changes in membership of the MIJB and seeks the appointment of a new Chair for the Clinical and Care Governance Committee.**

Author of Report: Tracey Sutherland, Committee Services Officer
Background Papers: None
Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: EXTERNAL AUDITORS' REPORT TO THOSE CHARGED WITH GOVERNANCE

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To request the Moray Integration Joint Board (MIJB) consider the reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2021.

2. RECOMMENDATION

2.1 **It is recommended that the MIJB considers and notes the reports from the External Auditor within Appendices 1 and 2.**

3. BACKGROUND

3.1 The responsibilities of Audit Scotland as the independent auditor are established by the Local Government (Scotland) Act 1973, the code of Audit Practice (2016), which can be found at https://www.audit-scotland.gov.uk/uploads/docs/report/2016/code_audit_practice_16.pdf and supplementary guidance, and are supported by the auditing profession's ethical guidance.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The work carried out by Audit Scotland during 2020/21 has produced two reports that are subject to the consideration of those charged with governance. The reports are attached as follows:

- Independent Auditors Report to those charged with governance (**APPENDIX 1**)
- The Annual Audit Report 2020/21 (**APPENDIX 2**)

- 4.2 The audit opinions expressed were all unqualified and are reported within the 'independent auditors report' included within **APPENDIX 1**.
- 4.3 The Annual Audit Report included at **APPENDIX 2** provides an Action Plan where recommendations for improvement are made, based on the findings of the review. These recommendations have been discussed with management and corresponding actions have been agreed, together with timescales for completion.
- 4.4 The Annual Audit Report provides a summary of the significant audit risks identified during planning. The results and conclusions of this work are noted within the report.

5. SUMMARY OF IMPLICATIONS

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

The work of the external auditor and the production of these reports for those charged with governance have been completed within the specified timescales agreed.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Moray Integration Joint Board (MIJB) is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973.

(c) Financial implications

There are no direct financial implications arising from this report.

(d) Risk Implications and Mitigation

The external auditor, Audit Scotland, through the audit process, provides assurance to the Board that the Annual Accounts for 2020/21 give a true and fair view of the financial position. The Annual Audit Report highlights risks identified during the audit process and recommendations for action that have been agreed by management.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report

(g) Equalities/Socio Economic Impact

None arising directly from this report as there has been no resultant policy change.

(h) Consultations

Consultation has taken place between Audit Scotland and the Chief Financial Officer of the MIJB in preparation of the Annual Audit Report. Any comments received have been considered in writing this report.

6. CONCLUSION

6.1 The External Auditor has issued an unqualified opinion for the 2020/21 Annual Accounts. The Annual Audit Report, Independent Auditors' Report and the Letter of Representation present the full findings.

Author of Report: Tracey Abdy, Chief Financial Officer
Background Papers: with author
Ref:

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The Green House
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Item 9

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Moray Integration Joint Board
C/o Moray Council
High street
Elgin
IV30 1BX

25 November 2021

Moray Integration Joint Board Audit of 2020/21 annual accounts

Independent auditor's report

1. Our audit work on the 2020/21 annual accounts is now substantially complete. Subject to the satisfactory conclusion of the outstanding matter referred to later in this letter and receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 25 November 2021. The proposed report is attached at [Appendix A](#).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Integration Joint Board's consideration our draft annual report on the 2020/21 audit. This sets out the issues identified in respect of the annual accounts.

3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.

4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during our audit, other than those of a trivial nature and request that these misstatements be corrected.

6. We have no unadjusted misstatements to be corrected.

Fraud, subsequent events and compliance with laws and regulations

7. In presenting this report to the Integration Joint Board we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

Representations from Chief Financial Officer

8. As part of the completion of our audit, we are seeking written representations from the Chief Financial Officer on aspects of the annual accounts, including the judgements and estimates made.

9. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Chief Financial Officer with the signed annual accounts prior to the independent auditor's report being certified.

Outstanding matters

10. At the time of writing this report, were still awaiting final confirmation of assurances from the auditor of NHS Grampian.

Appendix A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Moray Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Moray Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the body as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is five years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Financial Officer and Moray Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Financial Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth
Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Appendix B: Letter of Representation (ISA 580)

Brian Howarth
Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
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G2 1BT

Dear Brian

Moray Integration Joint Board Annual Accounts 2020/21

1. This representation letter is provided about your audit of the annual accounts of Moray Integration Joint Board for the year ended 31 March 2021 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.

2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Chief Executive and Corporate Management Team, the following representations given to you in connection with your audit of Moray Integration Joint Board's annual accounts for the year ended 31 March 2021.

General

3. Moray Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2020/21 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Moray Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.

4. I confirm that I am not aware of any uncorrected misstatements.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (2020/21 Code), and in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of Moray Integration Joint Board at 31 March 2021 and the transactions for 2020/21.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2020/21 Code where applicable. Where the Code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Moray Integration Joint Board circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Moray Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Moray Integration Joint Board's ability to continue as a going concern.

Fraud

10. I have provided you with all information in relation to:

- my assessment of the risk that the financial statements may be materially misstated because of fraud
- any allegations of fraud or suspected fraud affecting the financial statements
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

11. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

12. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2020/21 Code. I have made available to you the identity of all Moray Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

13. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Amendment Regulations 2014, and all required information of which I am aware has been provided to you.

Management Commentary

14. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

15. I confirm that Moray Integration Joint Board has undertaken a review of the system of internal control during 2020/21 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

16. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2021, which require to be reflected.

Events Subsequent to the Date of the Balance Sheet

17. All events subsequent to 31 March 2021 for which the 2020/21 Code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Chief Financial Officer

Moray Integration Joint Board

DRAFT 2020/21 Annual Audit Report



 AUDIT SCOTLAND

Prepared for Moray Integration Joint Board and the Controller of Audit

November 2021

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Key messages

2020/21 annual report and accounts

- 1 Our audit opinions on the annual accounts are unmodified.
- 2 Covid-19 led to delays in the auditing timetable for 2020/21 annual accounts.

Financial management and sustainability

- 3 The IJB has appropriate financial management arrangements in place.
- 4 The IJB returned a surplus of £6.2 million for 2020/21. This was mainly due to unspent late funding for Covid-19 received from the Scottish Government.
- 5 The IJB plans to use £1.6 million of its £6.3 million reserves as part of the 2021/22 core budget.
- 6 A medium-term financial plan has been developed but has not yet been updated to reflect the impact of Covid-19 and EU withdrawal

Governance, transparency, and Best Value

- 7 The governance arrangements are appropriate and operated effectively.
- 8 The IJB has effective arrangements in place for monitoring performance and continues to perform well against national indicators. Local performance measures show performance is more mixed
- 9 The IJB has yet to develop processes to evaluate and measure Best Value.

Introduction

1. This report summarises the findings from our 2020/21 audit of Moray Integration Joint Board.
2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit, Performance and Risk Committee meeting on 25 March 2021. This report comprises the findings from:
 - an audit of Moray IJB's 2020/21 annual accounts
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the Code of Audit Practice 2016.
3. The global coronavirus pandemic has had a considerable impact on the IJB and its partner bodies during 2020/21. Risks related to the pandemic were included in our Annual Audit Plan.

Adding value through the audit

4. We add value to the IJB, through audit, by:
 - identifying and providing insight on significant risks, and making clear and relevant recommendations
 - sharing intelligence and good practice through our national reports (Appendix 3) and good practice guides
 - providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.
6. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice and supplementary guidance, and International Standards on Auditing in the UK. As public sector auditors, we give independent opinions on the annual accounts. Additionally, we conclude on the appropriateness and effectiveness of the performance management arrangements, the suitability and effectiveness of corporate governance

arrangements, and the financial position and arrangements for securing financial sustainability. Further details of the respective responsibilities of management and the auditor can be found in the Code of Audit Practice and supplementary guidance.

7. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

8. Our Annual Audit Report contains an agreed action plan at [Appendix 1](#) including outstanding actions from last year and progress against these. It sets out specific recommendations, responsible officers, and dates for implementation.

Auditor independence

9. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

10. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and the 2020/21 audit fee of £27,330, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

11. This report is addressed to both the IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

1. Audit of 2020/21 annual accounts

The principal means of accounting for the stewardship of the resources and performance

Main judgements

Our audit opinions on the annual accounts of the IJB are unmodified.

Covid-19 led to delays in the auditing timetable for 2020/21 annual accounts.

Our audit opinions on the annual accounts are unmodified

12. The annual accounts for the year ended 31 March 2021 were approved by the IJB board on 25 November 2021 (TBC). As reported in the independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the management commentary, annual governance statement and audited part of the remuneration report were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

The Covid-19 pandemic had an impact on audit timescales

13. Our Annual Audit Plan highlighted the ongoing impact of Covid-19 on audit resources and the increased time required to conduct our audit procedures remotely. We agreed with management as part of the planning process that we would work to the revised submission deadlines to complete the 2020/21 audit. This reflected the impacts of covid-19 on the audit process, which in the case of the IJB is also dependent on the audits of its NHS and council partners, which were affected by Covid-19 too.

14. The unaudited annual accounts were received in line with our agreed audit timetable on 24 June 2021. The working papers provided to support the audit process were of a good standard and the audit team received good support from the finance staff.

15. The completeness and accuracy of accounting records and the extent of information and explanations that we required were not affected by the Covid-19 pandemic.

Overall materiality is £1.5 million

16. We apply the concept of materiality in both planning and performing the audit and in evaluating the effect of any identified misstatements on the audit. We identify a benchmark on which to base overall materiality such as gross expenditure and apply what we judge to be the most appropriate percentage level for calculating materiality values.

17. The determination of materiality is based on professional judgement and is informed by our understanding of the entity and what users are likely to be most concerned about in the financial statements. In assessing performance materiality, we have considered factors such as our findings from previous audits, any changes in business processes and the entity's control environment including fraud risks.

18. Our initial assessment of materiality was carried out during the planning phase of the audit. This was reviewed on receipt of the unaudited annual accounts and is summarised in [Exhibit 1](#).

Exhibit 1 Materiality values

Materiality level	Amount
Overall materiality	£1.5 million
Performance materiality	£0.9 million
Reporting threshold	£73,000

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

19. Our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks identified in our Annual Audit Plan are included in [Appendix 2](#). These risks influence our overall audit strategy, the allocation of staff resources to the audit, and indicate how the efforts of the audit team are directed. [Appendix 2](#) also identifies the work we undertook to address these risks and our conclusions from this work.

The management commentary could be further improved

20. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the IJB's accounting practices covering accounting policies, accounting estimates and financial statements disclosures.

21. As part of our audit a number of amendments to the management commentary were made in order for us to be satisfied that the management commentary presented a clear, concise, and balanced summary of the IJB's performance. The IJB should consider the [Good Practice Note: Management Commentaries Enhancing the quality of local government annual accounts](#) as part of its accounts preparation for 2021/22.

There were no misstatements identified in the annual accounts

22. Our audit did not identify any misstatements in the unaudited accounts.

Reasonable progress was made on prior year recommendations

23. The IJB has made reasonable progress in implementing our prior year audit recommendations with three out of five of them completed. Revised responses and timescales have been agreed with management and are set out in [Appendix 1](#) for the remaining two actions which have not yet been implemented.

2. Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. Financial sustainability looks forward to the medium and long term to consider whether a body is planning effectively to continue to deliver its services.

Main judgements

The IJB has appropriate financial management arrangements in place.

The IJB returned a surplus of £6.2 million for 2020/21. This was mainly due to unspent late funding for Covid-19 received from the Scottish Government.

The IJB plans to use £1.6 million of its £6.3 million reserves as part of the 2021/22 core budget.

A medium-term financial plan has been developed but has not yet been updated to reflect the impact of Covid-19 and EU withdrawal.

The 2020/21 budget increased during the year by £9.3 million due to Covid- funding

24. The IJB approved its 2020/21 budget on 26 March 2020. The budget was set at £136 million and included budget pressures of £4.4 million. Savings targets totalling £1.9 million, carried forward from 2019/20, were required to balance the 2020/21 budget along with £0.2 million from earmarked reserves.

25. Over the course of 2020/21 the budget for the IJB increased by £16 million to £152 million. The most significant increase in funding was for Covid-19 grants received from the Scottish Government totalling £8.8 million.

The IJB returned an underspend of £6.3 million in 2020/21

26. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and Chief Finance Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

27. The IJB returned an underspend of £6.3 million against its 2020/21 budget. This underspend was made up of a £0.5 million underspend on core services and a £5.8 million underspend on Strategic Fund schemes funded by the Scottish Government. This underspend differs from the surplus of £6.2 million in the consolidated income and expenditure account as the budget included £0.1 million of expenditure to be funded from reserves (see [\(Exhibit 2\)](#) for details).

Exhibit 2 Performance against budget

IJB budget summary	Final Budget £m	Actual £m	Variance £m
Expenditure	151.7	145.4	(6.3)
Income	(151.6)	(151.6)	-
Use of reserves	(0.1)	-	0.1
(Surplus)/Deficit in annual accounts	-	(6.2)	(6.2)

Source: MIJB 2020/21 budget monitoring reports and annual accounts

Planned savings of £1.4 million were not achieved, but additional funding received from the Scottish Government covered this shortfall

28. The 2020/21 budget for core services included planned savings of £1.9 million as part of the recovery and transformation plan approved in 2019/20. Only £0.5 million (26 per cent) of these savings were achieved during 2020/21. In February 2021, additional funding was provided by the Scottish Government to cover this shortfall in savings.

Reserves increased by £6.2 million, with plans to use £1.6 million as part of the 2021/22 core budget

29. The balance on the IJB's General Fund at 31 March 2021 is £6.3 million compared to £0.2 million as at 31 March 2020. The majority of this balance (£4.7 million) is held as earmarked reserves for specific purposes including £2.7 million for ongoing Covid-19 pressures. The remainder (£1.6 million) has been included in uncommitted reserves and will be used as part of the 2021/22 budget.

Financial monitoring arrangements are appropriate

30. Senior management and members receive regular and accurate financial information on the IJB's financial position. Budget monitoring reports were updated during the year to include a section on additional income received and expenditure incurred as a result of Covid-19. This ensured that board members were aware of how Covid-19 impacted on the overall financial position and outturn. We have concluded that the IJB has appropriate and effective financial management arrangements in place.

The IJB has a medium-term financial plan but this still needs to be updated to reflect the impact of Covid-19 and EU withdrawal

31. We have previously reported that the IJB has a financial framework which covers the five-year period 2019/20 – 2023/24. As reported in 2019/20, the IJB intended to update its medium-term financial plan as part of its update of its 10-year Strategic Plan and supporting documents to reflect the impact of Covid-19 and EU withdrawal as part of the 2021/22 budget setting process. However, due to operational pressures resulting from Covid-19, this was delayed and will now be considered as part of the 2022/23 budget setting process.

Recommendation b/f 2

The IJB should review its Strategic Plan and its medium-term financial plan to reflect the impact of Covid-19 and EU withdrawal.

Partner bodies have sound systems of internal control in place

32. The IJB does not have any financial systems of its own, instead it relies upon the financial systems of the host bodies to record all transactions. The key financial systems which the IJB relies on include general ledger, trade payables, trade receivables and payroll.

33. As part of our audit approach, we sought assurances from the external auditors of NHS Grampian and Moray Council, in accordance with ISA 402. Some control weaknesses were identified within NHS Grampian and Moray Council and the auditors undertook additional audit procedures to obtain the assurances required for their audit opinions. No issues were identified from completion of these additional procedures that affects our overall opinion on the IJB accounts.

Standards of conduct and arrangements for the prevention and detection of fraud and error are appropriate

34. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We have received assurances from the auditors of NHS Grampian and Moray Council, in accordance with ISA 402, and have no issues to bring to your attention.

Additional funding from the UK-wide health and social care tax will be available from 2022/23

35. The UK government has recently announced the introduction of health and social care tax from 2022/23 which will be raised initially from an increase in national insurance contributions.

36. According to the announcement the new tax should result in an additional £1.1 billion of funding for Scotland. Whilst the distribution of this funding has yet to be decided, the Cabinet Secretary for Health and Social Care has indicated that it will be passported to health and social care.

3. Governance, transparency, and Best Value

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership, and decision-making and transparent reporting of financial and performance information. Best Value is concerned with using resources effectively and continually improving services.

Main judgements

The governance arrangements are appropriate and operated effectively.

The IJB has effective arrangements in place for monitoring performance and continues to perform well against national indicators. Performance against local targets is more mixed.

The IJB has yet to develop processes to evaluate and measure Best Value.

Governance arrangements operating throughout the Covid-19 pandemic have been appropriate and operated effectively

37. Board and Audit, Performance and Risk Committee meetings were held virtually during 2020/21, in line with original plans except for one Audit, Performance and Risk committee meeting which was cancelled.

38. CIPFA has produced a good practice guide on audit committees which recommends these committees should report annually on their performance to those charged with governance. The good practice guide includes a self-assessment checklist for audit committees to help them do this. We note that the IJB's Audit, Performance and Risk Committee has not yet completed this assessment.

Recommendation 1

The Audit, Performance and Risk Committee should assess its performance using the CIPFA self-assessment checklist and report annually to the IJB.

39. Full details of the meetings held by the IJB are available on the IJB's website. Committee papers and minutes of meetings are publicly available. Public notice of each meeting is available via the IJB's website.

The IJB appointed a new Chief Officer in February 2021

40. The previous Chief Officer of the IJB was seconded to NHS Highland to take up the post of Interim Deputy Chief Executive in April 2020, and a new Interim Chief Officer was appointed. This interim appointment was made permanent in February 2021.

Registers of interest on the IJB's website have been updated but return rates could still be improved

41. In 2019/20 we reported that registers of interest were not updated by all members. As part of our 2020/21 audit, we reviewed the register of interest returns and noted that returns were received for the majority of members (2 substitute members had not returned updated register of interest forms for 2020/21).

The IJB has effective arrangements in place for monitoring performance

42. The IJB's performance reporting arrangements were reviewed in May 2020. Performance is measured using a RAG (red / amber / green) system against each of the IJB's 14 local indicators which are aligned to its Strategic Plan. Quarterly performance reports were presented to the Audit, Performance and Risk Committee during 2020/21.

Local performance measures show performance is mixed

43. The Quarter 4 performance report showed six of the indicators as being green and five red. A further three indicators have not been RAG-rated as this is the first year they have been collected and targets have not yet been set for them.

44. The five red indicators relate to:

- number of delayed discharges at the end of the quarter
- number of beds occupied by delayed discharges
- % of emergency readmissions to hospital within 28 days
- % of emergency readmissions to hospital within 7 days
- staff sickness absence level.

45. Work is ongoing to reduce delayed discharges and readmissions to hospital. Delayed discharge indicators have decreased significantly from the equivalent quarter in 2019/20 and the percentage of readmissions is expected to improve once elective admissions and treatments increase the number of discharges to nearer pre-Covid levels.

The IJB continues to perform well against national performance indicators

46. The core suite of integration indicators was published by the Scottish Government in September 2021. Although these are the latest indicators, they do not all relate to 2020/21 with some relating to 2019/20 and others to the 2020 calendar year. The IJB's performance compared to the Scottish average has improved with no data indicators more than 5% below the Scottish average ([Exhibit 3](#)).

Exhibit 3 Performance against national indicators



Source: Moray Integration Joint Board performance reports and Public Health Scotland release September 2021

The IJB has yet to develop processes to evaluate and measure Best Value

47. Integration Joint Boards have a statutory duty to make arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account. Our audit covers the four audit dimensions which are key components of securing best value in the provision of services and the use of resources.

48. The IJB clearly recognises the importance of securing best value, with this being highlighted in its ten-year Strategic Plan. A self-evaluation exercise on the importance of securing best value, reported in June 2019, highlighted the need to 'develop better processes to evaluate and measure outcomes in line with Best Value'. This self-evaluation and the resulting action plan were revisited in April 2021 and an updated improvement action plan was approved in June 2021. Progress against this plan will be reported to the IJB meeting in January 2022.

49. Last year we noted that progress on the implementation of the recommendations resulting from the self-evaluation exercise had not been reported to the Board and recommended that the IJB should develop its own assessment of Best Value. We have been advised that this work has been further delayed due to Covid-19.

Recommendation b/f 3

The IJB should develop its own assessment of Best Value.

The annual performance report does not yet include locality reporting

50. We have previously recommended that the annual performance report should analyse financial performance by locality. Our review of the report confirmed that this has yet to be implemented. We reported last year that four Locality Managers had been appointed to lead on the development of locality plans with partners. Progress on this has been slower than expected due to the impact of Covid-19.

A national review of adult social care services was completed during 2020/21

51. In September 2020, the Scottish Government commissioned an independent review of adult social care services. The resulting report, published in February 2021, made a number of recommendations including the formation of a National Care Service for Scotland. The IJB continues to monitor developments and is actively engaged in discussions around the implementation of the review with partners and stakeholders.

National performance audit reports

52. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2020/21 we published some reports which may be of direct interest to the IJB as outlined in [Appendix 3](#).

Appendix 1

Action plan 2020/21

2020/21 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Audit, Performance and Risk Committee</p> <p>CIPFA recommends that audit committees report annually on their performance to those charged with governance. CIPFA's good practice guide includes a checklist for audit committees to use as part of their assessment of performance.</p> <p>The IJB's Audit, Performance and Risk Committee has yet to assess its performance.</p> <p>Risk: the Audit, Performance and Risk Committee is not complying with good practice and cannot evidence its effectiveness.</p>	<p>The Audit, Performance and Risk Committee should assess its performance using the CIPFA self-assessment checklist and report annually to the IJB on its performance.</p>	<p>Assessment will be completed and reported to the Audit, Performance & Risk Committee.</p> <p>Responsible officer: Chief Officer / Chief Financial Officer</p> <p>Target date: 30 June 2022</p>

Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>b/f 1. 2020/21 budget</p> <p>The 2020/21 budget was balanced but this relies on the delivery of £1.9 million in savings. Significant revisions to the budget may be required due to the financial impact of Covid-19.</p>	<p>The 2020/21 budget should be reviewed to reflect the impact of Covid-19.</p>	<p>Complete</p> <p>The budget was reviewed throughout 2020/21. The IJB reported a surplus of £6.2 million due to additional Covid-19 funding received from the Scottish Government.</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>Risk: the budget is unachievable without further identified savings.</p>		
<p>b/f 2 Medium-term financial plan</p> <p>The IJB now has a medium-term financial plan that spans the period 2019/20 to 2023/24 but this will need to be updated to reflect the impact of Covid-19 and EU withdrawal.</p> <p>Risk: the financial planning assumptions in the medium-term plan may now be inaccurate.</p>	<p>The IJB's medium-term financial plan should be reviewed due to the impact of Covid-19 and EU withdrawal.</p> <p>2020/21 Update: the IJB's Strategic Plan and suite of other supporting documents should also be reviewed.</p>	<p>Outstanding</p> <p>Due to operational pressures resulting from Covid-19, this was not considered as part of the 2021/22 budget setting process as originally planned.</p> <p>Revised action:</p> <p>Medium-term financial plan to be updated.</p> <p>Responsible officer:</p> <p>Chief Financial Officer</p> <p>Revised date:</p> <p>31 March 2022</p>
<p>b/f 3 Self-evaluation exercise</p> <p>A self-evaluation exercise was undertaken and presented to the Board in June 2019. It included 11 areas for improvement, including the need to 'develop better processes to evaluate and measure outcomes in line with Best Value'. There has been no update provided to the Board on the progress against implementing these areas for improvement.</p> <p>Risk: the IJB is unable to demonstrate how it delivers Best Value.</p>	<p>The IJB should develop its own assessment of Best Value.</p>	<p>Outstanding</p> <p>The IJB reviewed its self-evaluation and the resulting improvement action plan in April 2021 and an updated improvement action plan was approved in June 2021.</p> <p>Due to operational pressures resulting from Covid-19, the IJB has yet to develop processes to evaluate and measure outcomes in line with Best Value.</p> <p>Revised action:</p> <p>Progress against the revised improvement action plan will be reported to the IJB in January 2022.</p> <p>This will be used as the basis for developing our approach to Best Value.</p> <p>Responsible officer:</p> <p>Chief Officer / Chief Financial Officer</p>

Issue/risk	Recommendation	Agreed management action/timing
Revised date: 30 June 2022		
<p>b/f 4 Financial monitoring reports</p> <p>The financial monitoring reports treat transfers from reserves as additional in-year funding. This is inconsistent with the presentation in the financial statements.</p> <p>Risk: the financial position of the IJB is unclear.</p>	<p>Financial monitoring reports should be reviewed to ensure that the outturn clearly reflects the expected position in the financial statements or includes a reconciliation which ensures reserves are not treated as in-year income.</p>	<p>Complete</p> <p>Financial monitoring reports clearly show how much expenditure is being funded by reserves as opposed to in-year funding.</p>
<p>b/f 5 Registers of interest</p> <p>All voting, non-voting and co-opted members are required to complete and update their register of interests. Our review of the registers of interest available on the IJB's website noted that these are still not all up to date.</p> <p>Risk: the IJB is failing to keep an up-to-date register of interests.</p>	<p>All voting, non-voting and co-opted members should update their registers of interest at least annually and these should be made available on the IJB's website.</p>	<p>Complete</p> <p>Reminder emails are sent to all members twice annually to check that there are no new disclosures. As noted in paragraph 41, all members replied except for two substitute members.</p>

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the Code of Audit Practice.

Risks of material misstatement in the financial statements

Audit risk	Assurance procedure	Results and conclusions
<p>1. Risk of material misstatement due to fraud caused by the management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes the risk of fraud due to the management override of controls.</p>	<p>Agreement of balances and transactions to Moray Council and NHS Grampian financial reports / ledger / correspondence.</p> <p>Service auditor assurances will be obtained from the auditors of Moray Council and NHS Grampian over the completeness, accuracy and allocation of income and expenditure.</p> <p>These may be affected by audit timetables, which are yet to be agreed with the partners.</p> <p>Review of year-end adjustments and journals. On-going review of financial position.</p>	<p>Results: we agreed the consolidation schedule to financial reports from partners and no issues were identified</p> <p>The partner body auditors provided assurances on the accuracy and completeness of the financial reports used to prepare the accounts and confirmed the funding/ expenditure amounts.</p> <p>We tested significant year-end adjustments and no issues were identified.</p> <p>Conclusion: we did not identify any incidents of management override of controls.</p>

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

Audit risk	Assurance procedure	Results and conclusions
<p>2. Financial management</p> <p>The IJB set a balanced budget for 2020/21. Although current projections are that the IJB will achieve a small surplus in 2020/21, the delivery of planned savings has been impacted by the disruption to operations caused by Covid-19. There is a risk that areas of recurrent overspend are masked by additional funding received in response to the pandemic</p>	<p>Review the budget setting process for 2021/22.</p> <p>Review financial monitoring reports.</p> <p>Establish the funding and cost impacts of Covid-19 on 2020/21 outturn.</p>	<p>Results: the IJB reported a surplus of £6.2 million for 2020/21. Planned savings on core services totalling £1.4 million were not achieved in 2020/21 but additional funding was received from the Scottish Government to cover this shortfall.</p> <p>Savings of £0.4 million have been included in the 2021/22 budget and £1.6 million of reserves have been used to fund core services in 2021/22.</p> <p>Conclusion: the IJB has used the majority of its contingency reserve to help fund its 2021/22 budget and thus reduced its reliance on making efficiency savings in the 2021/22.</p> <p>Refer to Appendix 1, b/f 2.</p>
<p>3. Financial sustainability</p> <p>The medium-term financial plan's savings projections for future years require to be updated to reflect the impact of Covid-19. There is a risk that the redesign and transformation programme does not generate the savings required to ensure services provided are financially sustainable.</p>	<p>Review the updated medium term financial strategy.</p> <p>Review the robustness of future savings plans.</p> <p>Review progress with delivery of the transformation programme.</p>	<p>Results: due to operational pressures resulting from Covid-19, this was not considered as part of the 2021/22 budget setting process as originally planned.</p> <p>Conclusion: there remains the risk that the redesign and transformation programme does not generate the savings required to ensure services provided are financially sustainable.</p> <p>Refer to Appendix 1, b/f 2</p>

Audit risk	Assurance procedure	Results and conclusions
<p>4. Value for money</p> <p>The IJB recognises the need to ‘develop better processes to evaluate and measure outcomes in line with Best Value’.</p> <p>Without such a process, there is a risk that the IJB cannot demonstrate it has secured value for money and continuous improvement in the use of its resources.</p>	<p>Review the IJB’s formal assessment of Best Value.</p>	<p>Results: due to operational pressures resulting from Covid-19, the IJB has yet to develop processes to evaluate and measure outcomes in line with Best Value.</p> <p>Conclusion: there remains the risk that the IJB cannot demonstrate it has secured value for money and continuous improvement in the use of its resources.</p> <p>Refer to Appendix 1, b/f 3</p>

Appendix 3

Summary of national performance reports 2020/21

April

[Affordable housing](#)

June

[Local government in Scotland Overview 2020](#)

July

[The National Fraud Initiative in Scotland 2018/19](#)

January

[Digital progress in local government](#)

[Local government in Scotland: Financial overview 2019/20](#)

February

[NHS in Scotland 2020](#)

March

[Improving outcomes for young people through school education](#)

Moray Integration Joint Board

DRAFT 2020/21 Annual Audit Report

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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: 2020/21 AUDITED ANNUAL ACCOUNTS

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To submit to the Moray Integration Joint Board (MIJB) the Audited Annual Accounts for the year then ended 31 March 2021.

2. RECOMMENDATION

- 2.1 It is recommended that the MIJB consider and approve the Audited Annual Accounts for the financial year 2020/21.**

3. BACKGROUND

- 3.1 The Unaudited Annual Accounts for 2020/21 were submitted to the meeting of the Moray Integration Joint Board (MIJB) on 24 June 2021 prior to submission to external audit (paragraph 9 of the Minute refers).
- 3.2 The Annual Accounts have been prepared in accordance with International Financial Reporting Standards and the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014 and the Local Government in Scotland Act 2003.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The audit undertaken by the Board's External Auditors, Audit Scotland is now complete. The External Auditors have expressed unqualified opinions in respect of the financial statements, the remuneration report, the management commentary and the annual governance statement. The Independent Auditor's Report to the Members of the MIJB and the Accounts Commission is included within the audited Annual Accounts and can be found on page 38. The audited Annual Accounts are attached at **Appendix 1**.

- 4.2 The audit process highlighted changes to be made to the accounts which in the main were presentational and in parallel with expectation following external audit inspection.
- 4.3 The Auditor's Annual Audit Report to the MIJB and the Accounts Commission is the subject of a separate report to this meeting. The report sets out the responsibilities of Audit Scotland as the independent auditor and presents a summary of the findings arising from the 2020/21 audit. The report confirms there are no unadjusted misstatements in the annual accounts to report to those charged with governance.
- 4.4 The Audited Annual Accounts are presented to this meeting for consideration and approval. Thereafter, the Chief Officer, Chief Financial Officer and the Chair of the Board will sign the accounts prior to submission to Audit Scotland prior to publication.

5 SUMMARY OF IMPLICATIONS

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

The Audited Annual Accounts have been completed within the statutory timescales permitted under the Coronavirus (Scotland) Act 2020 and are being presented for consideration and sign off.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. In addition, the Coronavirus (Scotland) Act 2020 has been adhered allowing statutory reporting deadlines to be flexed.

(c) Financial implications

The adjustments and revisions made to the Annual Accounts following the external audit had no financial impact on the MIJB.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The work undertaken by Audit Scotland provides assurance to the Board that the Annual Accounts for 2020/21 give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the MIJB as at 31 March.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

None arising directly from this report as there is no resultant change in policy.

(h) Consultations

In preparation of the Annual Accounts, consultations have taken place between finance staff of both Moray Council and NHS Grampian who are in agreement within their areas of responsibility. The Chief Officer has been consulted and comments have been considered.

6 CONCLUSION

6.1 Following a completed external audit process and an unqualified opinion being received. The Audited Annual Accounts are presented here for approval and formal sign off.

Author of Report: Tracey Abdy, Chief Financial Officer
Background Papers: With author
Ref:

Moray Integration Joint Board



AUDITED ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

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Ja Jums vajadzīga informācija no Marejas domes (*Moray Council*) citā valodā vai formātā, piemēram, Braila rakstā, audio lentā vai lielā drukā, sazinieties ar:

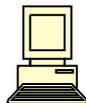
اگر آپ کو مورے کونسل سے کسی دیگر زبان یا صورت میں معلومات درکار ہوں مثلاً "بریلے، آڈیو ٹیپ یا بڑے حروف، تو مہربانی فرما کر رابطہ فرمائیں:



Chief Financial Officer to the Moray Integration Joint Board, High Street, Elgin, IV30 1BX



01343 563125



accountancy.support@moray.gov.uk

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MORAY INTEGRATION JOINT BOARD MEMBERS

Voting Members

Cllr. Shona Morrison (Chair)	Moray Council
Dennis Robertson (Vice-Chair)	The Grampian Health Board
Sandy Riddell	The Grampian Health Board
Professor Nicholas Fluck	The Grampian Health Board
Cllr. Theresa Coull	Moray Council
Cllr. Frank Brown	Moray Council

Non-Voting Members

Simon Bokor-Ingram	Interim Chief Officer
Tracey Abdy	Chief Financial Officer
Jane Mackie	Chief Social Work Officer
Jane Ewen	Lead Nurse
Dr Malcolm Metcalfe	Deputy Medical Director
Dr Lewis Walker	Registered Medical Practitioner
Elidh Brown	tsiMoray
Val Thatcher	Public Partnership Forum Representative
Ivan Augustus	Carer Representative
Steven Lindsay	Grampian Health Board Staff Partnership
Karen Donaldson	UNISON, Moray Council

Co-opted Members

Sean Coady	Head of Service and IJB Hosted Services
Christopher Littlejohn	Deputy Director of Public Health
Professor Caroline Hiscox	The Grampian Health Board
Roddy Burns	Moray Council

MANAGEMENT COMMENTARY

The Role and Remit of the Moray Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 required that Moray Council and the Grampian Health Board prepared an Integration Scheme for the area of the local authority detailing the governance arrangements for the integration of health and social care services. This legislation resulted in the establishment of the Moray Integration Joint Board (MIJB) that became operational from 1 April 2016. Moray Council and Grampian Health Board, as the parties to the Integration Scheme, each nominate voting members to the MIJB. Currently, three elected members from Moray Council and three Grampian Health Board members (one executive and two non-executives).

Under the Public Bodies (Joint Working) (Scotland) Act 2014, a range of health and social care functions have been delegated from Moray Council and Grampian Health Board to the MIJB who has assumed responsibility for the planning and operational oversight of delivery of integrated services. MIJB also has a role to play in the strategic planning of unscheduled acute hospital based services provided by Grampian Health Board as part of the 'set aside' arrangements.

Hosted services also form part of the MIJB budget. There are a number of services which are hosted by one of the 3 IJB's within the Grampian Health Board area on behalf of all the IJBs. Responsibilities include the planning and operational oversight of delivery of services managed by one IJB on a day to day basis. MIJB has responsibility for hosting services relating to Primary Care Contracts and the Grampian Medical Emergency Department (GMED) Out of Hours service.

Key Purpose and Strategy

Following review and consultation, our second Strategic Planning (2019-29) – Partners in Care was launched in December 2019. The current plan emphasises the strength of integration and in addition to our two main Partners – Moray Council and the Grampian Health Board, the MIJB recognises the importance of the Third and Independent Sectors in facilitating the successful operation of the partnership of Health & Social Care Moray. As with all health and social care systems Moray is facing increasing demand for services at the same time as resources – both funding and workforce availability are under pressure. These challenges will intensify in the coming years as our population ages and more people with increasing complex needs require support to meet their health and care needs. The MIJB sets the direction and strategic intent through the development and implementation of the Strategic Plan and seeks assurance on the management and delivery of services through Board level performance reporting which ensures an appropriate level of scrutiny and challenge. The Strategic Plan identifies priority areas to support strategic direction and vision.

MANAGEMENT COMMENTARY (continued)

WE ARE PARTNERS IN CARE

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

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

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

STRATEGIC PLAN KEY THEMES

BUILDING RESILIENCE – Taking greater responsibility for our health and wellbeing

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

PARTNERS IN CARE – Making choices and taking control over decisions

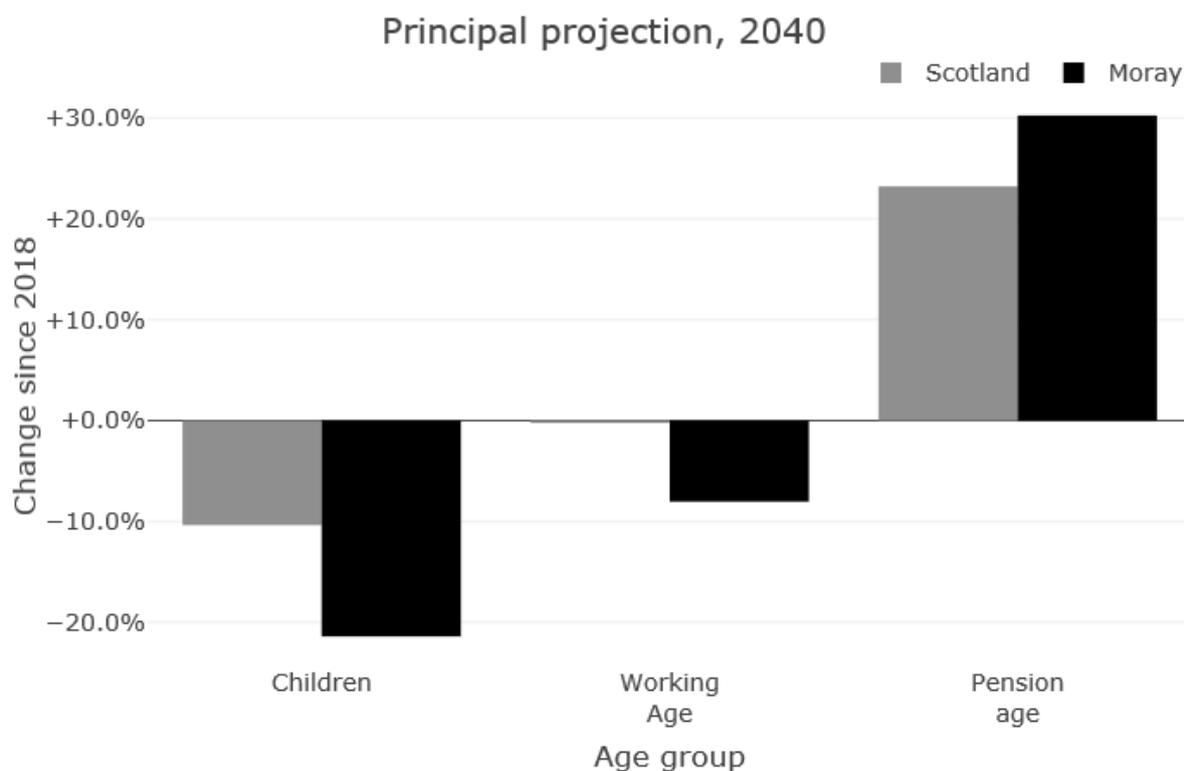
The Plan purposefully places an emphasis on prevention activities and seeks to prioritise these activities as a long term goal, actively pursuing good health and wellbeing for the population, this will mean increased investment in this area of work. It highlights the HOMEFIRST approach and the rationale for this is to assist people in understanding that “hospital is not always the best place for people”, a statement frequently used and in particular if you are frail and elderly can be counter intuitive to a successful recovery. The response to Covid-19 has escalated elements of the HOMEFIRST approach.

MANAGEMENT COMMENTARY (continued)

Population

Moray is a largely rural area covering a land mass of 2,238 sq. km. It has a long coastline on the Moray Firth with harbours, fishing villages and world-class beaches. The area's projected population for 2021 is 95,792. The main centre of population is Elgin, which is home to more than one quarter of the people living in Moray. Other towns of population between 5,000 and 10,000 are Forres, Buckie, Lossiemouth and Keith. Moray's population has grown significantly in recent years from 87,160 in 1997. The population growth in Moray is slowing and it is projected that against the 2018 baseline¹ Moray will be one of the 14 councils in Scotland who will have had a population decline by 2030. This trend is forecast to continue.

The table below sets out projected population growth based on the 2018 baseline. Across Scotland there is a projected reduction in children, limited change in the working age population, but significant growth in adults of pensionable age. By comparison it is projected that Moray will have a greater decrease in children, a marked decrease in those of a working age, but a significantly higher change in those of a pensionable age.



¹ <https://www.nrscotland.gov.uk/files/statistics/nrs-visual/sub-nat-pop-proj-18/pop-proj-principal-2018-infographic.pdf>

MANAGEMENT COMMENTARY (continued)

Performance Reporting

Performance is reported quarterly to the Audit, Performance and Risk Committee of the MIJB. In addition to the quarterly reporting, there is a requirement under the Public Sector (Joint Working) (Scotland) Act 2014 for the MIJB to produce and publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the delegated functions for which they are responsible. The Annual Performance Report is due to be published by 31 July each year and is published on the Health & Social Care Moray website. The Coronavirus Act (Scotland) has made provision to delay the publication of this document. This will be exercised this year. The MIJB approved the report for publication at its meeting on 30 September 2021 a link is provided here

https://hscmoray.co.uk/uploads/1/0/8/1/108104703/hscm_annual_performance_report_2020-21_.pdf

One of the major aims of integration and a key measurable 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 referred to as a 'delayed discharge'. Delayed discharge can occur due to several reasons but quite often involves the onward provision of social care which can be complex in nature. The table below notes performance over a four year period showing the number of delayed discharge bed days occupied varying significantly and with minimal seasonal pattern up to March 2021.

There was a significant reduction in delayed discharges from April 2020 onwards as the focus of the COVID-19 response in Moray was assessing and finding suitable support for those in hospital (specifically those ready for discharge) to allow for the anticipated influx of COVID-19 patients.

After a sharp increase in quarter 2 of 2020-21 an immense amount of work was undertaken across the Moray system to ensure that performance was improved.

Improvements throughout the year include twice weekly operational meetings to scrutinise the Delayed Discharge workflow, looking specifically at issues and implementing solutions. An operational Discharge Hub is in place to streamline documentation, enabling quicker access to care provision and improved utilisation of intermediate facilities. Two new Care at Home providers commenced in Moray in January 2021 to support the winter period.

The Number of Bed Days Occupied by Delayed Discharges 18+ per 1,000 population			
Jun 20	Sept 20	Dec 20	Mar 21
242	803	672	496
Jun 19	Sept 19	Dec 19	Mar 20
768	751	971	1,208
Jun 18	Sept 18	Dec 18	Mar 19
1,008	1,276	1,070	926
Jun 17	Sept 17	Dec 17	Mar 18
1,161	749	823	1,089

MANAGEMENT COMMENTARY (continued)

In relation to occupied bed days, there continues to be a focus on ensuring people are getting home quickly and can maintain their independence. This has resulted in a long-term downward trend in the rate of emergency occupied bed days for over 65's per 1,000 population from June 2017 to September 2019 and despite increasing again in the last six months of the 2019-20 financial year there have been further reductions during the COVID-19 pandemic in 2020-21. However, the reduction of 18% in this rate from Mar 20 to Mar 21 is not mirrored in the number of people over 65 admitted in an emergency, which only reduced by 5%, from a rate of 125.2 in 2019-20 to 119.4 in 2020-21.

Rate of Emergency Occupied Bed Days for over 65's per 1000 Population			
Jun 20	Sept 20	Dec 20	Mar 21
2,087	2,040	1,840	1,780
Jun 19	Sept 19	Dec 19	Mar 20
2,117	2,097	2,112	2,173
Jun 18	Sept 18	Dec 18	Mar 19
2,380	2,375	2,344	2,274
Jun 17	Sept 17	Dec 17	Mar 18
2,558	2,531	2,495	2,444

Covid 19 Challenges and Success

Following announcement by the World Health Organisation (WHO) in January 2020 that a new respiratory illness originating in Wuhan, China was associated with a novel coronavirus, Covid 19, Scotland confirmed its first case in early March 2020 and by 23 March - the start of the first national lockdown - the deaths of 16 people had been linked to the virus. In the year since, more than 9,800 deaths where coronavirus was mentioned on the death certificate had been recorded.

For much of 2020, Moray has recorded the third lowest infection rate of any Scottish local authority and typically recorded 6-8 cases per week, per 100,000 of population. As a result, Moray was placed in Level 1 in the first review of Scotland's Covid alert system in November 2020. Moray, however, began to experience a significant increase in cases in early 2021. To drive down community transmission, testing began in February of people who experienced no symptoms to identify those with the virus who had the potential to infect others.

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

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

- **Ensuring the most vulnerable residents with critical care and support needs stayed safe and well in the community**

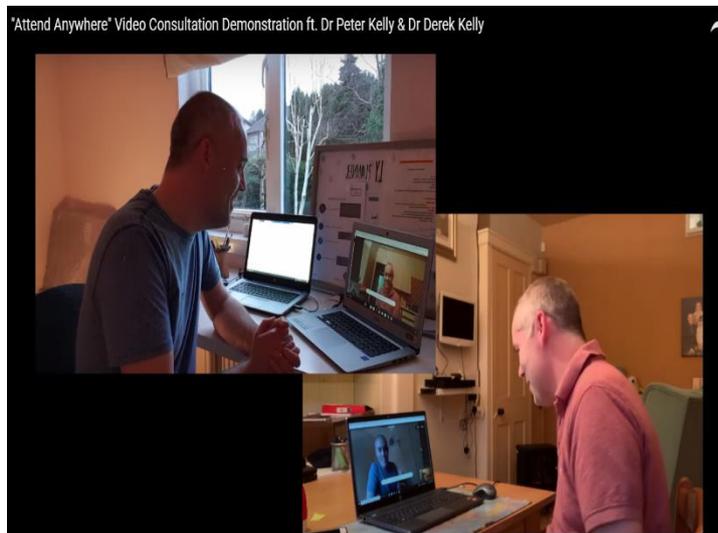
MANAGEMENT COMMENTARY (continued)

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

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

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

General practice was never stood down but delivery methods rapidly changed to maintain



infection control in GP practices, keep patients and staff safe, and allow general practice staff to continue delivering care should they need to self-isolate. The majority of consultations were delivered remotely by telephone or using the secure NHS video calling platform Near Me (Attend Anywhere) unless it was clinically appropriate for the patient to be seen face-to-face. An asynchronous consulting platform, eConsult, has been successfully adopted by a number of practices across Grampian and is proving highly effective. 2020/21 saw a full take-up and scale-up of Near Me

video (Attend Anywhere) calling by all GP practices in Moray with a 915% increase in consultations from the previous year (459 to 4200) and a 1173% rise in consultation hours delivered using the platform (58,000 to 690,200).

Moray Community Optometry continued to support their patients through remote consultations during the first lockdown.

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

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

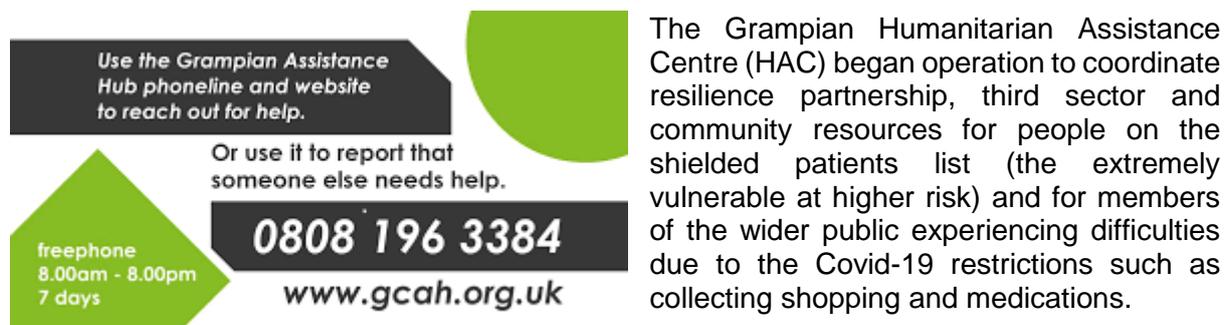
Enhanced support was provided to commissioned services with a particular focus on care homes. Care homes play a vital role in providing a safe, caring environment for people to live, but are a high risk setting for Covid 19 due to the vulnerability of residents and the setting. A range of structures and processes were put in place to support and maintain good

MANAGEMENT COMMENTARY (continued)

engagement with care home providers in Moray and to offer assurance to the Partnership around care homes' ability to cope with additional pressures placed on them. This included the establishment of a multi-disciplinary oversight group. Personal Protective Equipment (PPE) and staffing levels were monitored daily and an open line with the Chief Nurse was provided to offer clinical guidance and support. A consultant social work practitioner and lead nurse were seconded to provide support and carry out onsite visits. Weekly information returns were made to the Scottish Government

➤ **Supporting those in the community who were shielding, self-isolating or vulnerable**

Since the first lockdown there has been an unprecedented movement in community resilience and increase in community capacity. Neighbours connected and looked out for one another more than usual and informal groups in local areas mobilised to use community-centred approaches to identify and support individuals and families in need, particularly the isolated and excluded. Much of this work was co-ordinated by community planning partners including Moray Council's community support unit and tsiMORAY.



The graphic features a dark grey banner at the top left with white text: "Use the Grampian Assistance Hub phoneline and website to reach out for help." Below this is a green arrow pointing right with white text: "freephone 8.00am - 8.00pm 7 days". To the right of the arrow is a dark grey banner with white text: "Or use it to report that someone else needs help." Below this is a large white number "0808 196 3384" and the website "www.gcah.org.uk". A green semi-circle is positioned above the phone number.

The Grampian Humanitarian Assistance Centre (HAC) began operation to coordinate resilience partnership, third sector and community resources for people on the shielded patients list (the extremely vulnerable at higher risk) and for members of the wider public experiencing difficulties due to the Covid-19 restrictions such as collecting shopping and medications.

Although a number of the Partnership's own volunteers were stood down in line with national guidance, many continued to support clients through telephone calls, garden visits and delivering meals.

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

➤ **Supporting the workforce to continue to safely deliver essential services**

A symptomatic key worker testing programme was developed and a drive-through testing facility set up at Linkwood in Elgin. Staff critical to the delivery of frontline services had rapid access to testing, as did members of their immediate household, to allow them to be released from isolation guidance on confirmation of a negative test. The testing team provided a seven day a week service.

Enabling home working was one of the ways both Moray Council and NHS Grampian as employers reduced the risk of infection to people who receive services and the wider workforce, while maintaining core functions. Homeworking also supported shielding staff to continue working if possible while minimising exposure to the virus. ICT Services mounted an

MANAGEMENT COMMENTARY (continued)

urgent response to enable as many staff as possible to do this, sourcing, building and distributing large volumes of laptops and mobile phones although orders were delayed due to the national demand and supply issues.

Unprecedented demand for PPE across the health and social care system called for the introduction of national measures to maintain appropriate supply and improve the distribution



of masks, aprons, gloves and other crucial items of PPE direct to those on the frontline who needed it. In Moray, deliveries were received at NHS and Local Authority points for onward distribution and collection. The social care PPE hub was established at a day centre in Elgin where services had been suspended. Redeployed council employees worked to ensure staff across in house services and external providers, along with personal assistants and unpaid carers, had access to PPE through an efficient packing and distribution system.

Protecting the mental health and wellbeing of health and social care staff was a priority.

Enhanced resources promoting physical and psychological wellbeing, self-care and personal resilience were put in place nationally with the launch of the National Wellbeing Hub and the We Care website for NHS Grampian and partnership staff. Both offered a wealth of resources for individuals and for managers to help them support their staff through the challenges brought by the pandemic.

➤ Supporting those in the community effected by coronavirus

As the number of people with Covid-19 symptoms in Scotland grew, Health Boards were asked to set up community clinical hubs and assessment centres as part of a comprehensive front line community response for people struggling to manage their symptoms at home. Calls made day or night to NHS 24 by members of the public whose symptoms failed to improve, were initially assessed and information forwarded to the Grampian Covid-19 Hub, staffed by clinicians from across the system.

Throughout 2020/21, the Community Response Team (CRT) carried out rapid response assessments for patients who were too unwell to attend the centre which was based at The Oaks in Elgin, enabling it to dovetail with the CRT and the out of hours Grampian Medical Emergency Department (GMED) service.

MANAGEMENT COMMENTARY (continued)

➤ Reducing delayed discharges to release hospital beds and adjusting care and support packages to increase capacity to prevent hospital admission

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



Social Care Assistants Adele and Meg brave the elements in Lossiemouth

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

To increase capacity in care at home services, Social Work teams worked with service users and their families to review low-level packages of care and seek agreement for temporary variations. The process of assessment and reassessment was overseen by Consultant Social Work Practitioners. Adjustments to care packages ensured the ability to meet all critical needs whilst having the capacity to continue with hospital admission avoidance and early hospital discharge in order to protect the acute hospital bed capacity.

Additional bed capacity was created with the opening of Duffus Wing – an unused section of Spynie Care Home in Elgin – to support the discharge of individuals who no longer required acute care but were not in a position to return home. The 17-bed intermediate social care facility was staffed by teams deployed from Moray Council and NHS Grampian, working in partnership with staff from local providers.

MANAGEMENT COMMENTARY (continued)

Vaccination Programme

The Covid 19 vaccination programme is the biggest in history and involved a massive team effort from our staff and the community to deliver this as quickly and as safely as possible. Since early December when the Covid 19 vaccine first became available, vaccination teams, including nursing and medical staff, care workers, GPs, returning workers, administration staff and volunteers have done great work with the rapid roll-out of vaccinations following the timelines for the priority groups.

January saw the first appointments offered at newly opened mass vaccination centre in Elgin. The Fiona Elcock Centre is named in memory of our much-missed and valued colleague who was an immunisation nurse and died very suddenly at the end of 2020. Uptake across all priority cohorts has been high.

The vaccine programme was accelerated in response to the increase in positive Covid 19 tests in early 2021, and the vaccination team stepped up immediately to offer all adults their first vaccine, which completed on the 20th May.



Staff at the opening of the Fiona Elcock Vaccination Centre © The Northern Scot

Recovery and Re-mobilisation

A Re-mobilisation Plan was developed by the Moray, Aberdeenshire and Aberdeen City Health & Social Care Partnerships and NHS Grampian which set out a whole-system approach to safely restarting services whilst living with Covid-19. The plan drew on learning from the innovation and reform accelerated during the initial response phase to support the priorities of keeping residents safe through work with statutory, third sector and independent sector partners. The partnership remained focused on the strategic priority of Home First. The approach of aiming to avoid hospital admissions where appropriate and minimise hospital delayed discharge, was key to creating the capacity and pathways required to sustain care

MANAGEMENT COMMENTARY (continued)

delivery through winter, including any further waves of Covid-19. A number of tests of change were initiated under the Home First programme in 2020/21, including Discharge to Assess (D2A) which was successfully taken forward into a six month pilot project. Funding has since been approved to scale up the project into a full service in 2021/22. D2A supports the rapid discharge of patients who are medically ready to leave hospital and appropriate that their functional needs are assessed among the familiar surroundings of their own home. People are supported through comprehensive physiotherapy and occupational therapy assessment and the provision of timely rehabilitation to maximise their independent living skills.

The partnership built on the strong joint working with care homes through enhanced oversight, support and assurance on a local and national basis that care home residents were well protected from the risk of Covid-19. All staff in care homes took up testing on a repeat basis in a bid to curb the spread of coronavirus. Twice weekly asymptomatic testing using lateral flow devices went on to be expanded to all public-facing staff. Moray's first mobile community testing site opened in February to provide free testing for members of the public with no symptoms associated with Covid-19 in an effort to drive down community transmission.

Day services remobilised in line with government guidance. The risk assessments of buildings for infection prevention and control limited capacity and the reduced number of places had to be prioritised to individual and/or carers assessed as having critical and substantial needs. People unable to return to their services or who chose not to go back, were supported by social work teams to expand alternative ways to have their outcomes met.

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

Since January 2021, a core group of early adopter social workers have been using Near Me. The primary driver was to reduce the backlog of outstanding reviews with residents in care homes which could not be held face to face due to restrictions on entering the homes. This group has also been starting to use video calling for other social work interactions and the work has informed processes to embed Near Me as an additional tool which affords a more personal approach than being undertaken by telephone. Social workers have so far reported that the experiences have mostly been positive for all parties and provides the ability to include other participants such as family members who do not live locally or are unable to travel due to restrictions as well as the ability to review out-of-area placements as far away as England. In the first three months of use around 1800 miles of travelling has been saved.

MANAGEMENT COMMENTARY (continued)

Financial Review and 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 was presented with financial information that included a forecast position to the end of the year. In November 2020 the Board received a financial report which forecast an expected overspend to the end of the financial year of £0.3m. This forecast reduced throughout the remainder of the year and in December 2020, MIJB were forecasting a small underspend to the end of the year of £0.04m. In March 2020, the MIJB agreed a savings plan of £1.944m. At the end of the financial year, only a quarter of this had been achieved. Scottish Government additional funding was made available that covered the underachievement on the savings target and £1.404m was received as part of Covid funding.

Given the uncertainties associated with Covid-19, it was necessary to update the Board regularly on the emerging financial position. This was done formally through MIJB meetings and informally through development sessions.

To support the response to Covid-19, the Scottish Government developed a process to assess the impact of Covid on Integration Authorities' budgets. They did this through the development of local mobilisation plans for each health board area, which in turn captured each Integration Authority. The objective was to demonstrate the impact on budgets and provide appropriate financial support. During the year, £8.8m of funding was received in support of Covid-19 related expenditure and the underachievement of planned savings. Actual spend in year was £6.1m. The largest element of spend was £2.9m which was used to support sustainability payments to external providers of care. Remaining funds are to be held in an earmarked reserve and drawn down as appropriate for the continued support to the pandemic response and recovery. Additional detail on the areas of spend supported through Covid-19 funding is highlighted in the table below:

Description	Spend to 31 March 2021
	£M
Reducing Delayed Discharges	0.5
Additional Staffing Costs	0.5
Provider Sustainability Payments	2.9
Elgin Community Hub	0.7
Clinical leadership	0.1
Underachievement of Savings	1.4
Total	6.1

MANAGEMENT COMMENTARY (continued)

The following table summarises the financial performance of the MIJB by comparing budget against actual performance for the year.

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend	Note
Community Hospitals	5,348	5,587	(239)	
Community Health	5,175	4,853	322	
Learning Disabilities	7,968	8,546	(578)	3
Mental Health	8,680	8,649	31	
Addictions	1,176	1,143	33	
Adult Protection & Health Improvement	151	152	(1)	
Care Services Provided In-House	16,397	15,183	1,214	2
Older People Services & Physical & Sensory Disability	17,930	19,835	(1,905)	1
Intermediate Care & OT	1,510	1,497	13	
Care Services Provided by External Contractors	8,413	8,067	346	
Other Community Services	8,144	7,725	419	5
Administration & Management	4,363	3,904	459	4
Primary Care Prescribing	17,626	17,451	175	
Primary Care Services	17,669	17,541	128	
Hosted Services	4,427	4,526	(99)	
Out of Area Placements	669	808	(139)	
Improvement Grants	938	613	325	
Total Core Services	126,584	126,080	504	
Strategic Funds & Other Resources	12,540	6,702	5,838	
TOTALS (before set aside)	139,124	132,782	6,342	

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page [42](#). At 31 March 2021 there were usable reserves of £6.342m. The CIES shows a surplus in year of £6.155m, where the difference of £0.187m is due to planned use of reserves to fund expenditure relating to the Primary Care Improvement Plan and Action 15. These remaining reserves of £6.342m are for various purposes as described below:

MANAGEMENT COMMENTARY (continued)

Earmarked Reserves	Amount £000's
Action 15	151
Primary Care Improvement Plan	1,516
Covid-19	2,288
Winter Funding	306
Physio Arise	32
Community Living Change Fund	320
Care Home Infection Control	131
Total Earmarked	4,744
General Reserves	1,598
TOTAL Earmarked & General	6,342

Action 15 – as part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support employment of 800 additional mental health workers to improve access.

Primary Care Improvement Plan – Scottish Government investment to support the GP contract that was agreed in 2018. Covers 6 priority areas identified by Government.

Covid 19 - additional funding provided by Scottish Government to address the impacts of the pandemic.

Winter Funding – additional funding to address the impact of the Winter months on health and social care.

Physio Arise – additional funding from Government to support the Enhanced Recovery After Surgery (ERAS) principles for all patients undergoing arthroplasty surgery in Scotland.

Community Living Change Fund – funding to be used over a three year period (2021-2024) to support reducing delayed discharge of those with complex needs, repatriate people inappropriately placed outside Scotland and to redesign the way service are provided for people with complex needs.

Care Home Infection Control – to support Care Homes through the pandemic.

With the exception of the Community Living Change Fund, all other reserves are expected to be utilised for their intended purpose during 2021/22.

MANAGEMENT COMMENTARY (continued)

Significant variances against the budget were notably:

Note 1 Older People Services and Physical & Sensory Disability - This budget was overspent by £1.9m at the end of the year. The final position includes an overspend for domiciliary care in the area teams, which incorporates the Hanover complexes for sheltered housing in Forres and Elgin. The ageing population and local demographics also contributes to this overspend.

Note 2 Care Services Provided In-House – This budget was underspent by £1.2M at the end of the year. The most significant variance being due to the Care at Home services for all client groups. Supported Living services are also underspent. Staff transport across all the services and client transport under day services are also contributing to the underspend. This was due to Covid-19 and related restrictions.

Note 3 Learning Disabilities – The Learning Disability (LD) service was overspent by £0.6m at the end of 2020-21. This consists of a £0.8m overspend, primarily relating to day services and the purchase of care for people with complex needs. Adults with learning disabilities are some of the most vulnerable people in our community and need a high level of support to live full and active lives. The overspend was offset in part by an underspend of £0.2m, relating primarily to staffing in physiotherapy, occupational therapy, speech and language and psychology services. The transformational change programme in learning disabilities helps to ensure that every opportunity for progressing people’s potential for independence is taken, and every support plan involves intense scrutiny which in turn ensures expenditure is appropriate to meeting individual outcomes.

Note 4 Administration & Management – This budget was underspent overall by £0.5m at the end of 2020-21 and refers primarily to an adjustment relating to staffing budgets, meaning staffing underspends were greater than the staff savings target applied.

Note 5 Other Community Services – Other Community Services was underspent by £0.4m. This relates to underspends in Allied Health Professionals which includes underspends in Speech and Language Therapy and Podiatry where ongoing difficulties are being experienced in recruitment. This is partially offset by overspends in Occupational Therapy, Dietetics and Physiotherapy. There were also underspends in Community Dental services mainly arising from staffing, Specialist Nursing services and Public Health. The underspends are offset in part by an overspend in Pharmacy which is related to staff costs which are expected to continue.

Set Aside – Excluded from the financial performance table above on page 14 but included within the Comprehensive Income & Expenditure Account is £12.62m for Set Aside services. Set Aside is an amount representing resource consumption for large hospital services that are managed on a day to day basis by the NHS Grampian. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector. Set Aside services include:

- Accident and emergency services at Aberdeen Royal Infirmary and Dr Gray’s inpatient and outpatient departments;
- Inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry and general psychiatry; and
- Palliative care services provided at Roxburgh House Aberdeen and The Oaks Elgin.

MANAGEMENT COMMENTARY (continued)

The budget allocated to Moray is designed to represent the consumption of these services by the Moray population. Public Health Scotland has not yet updated the data for 2019/20 activity. The 2020/21 values have been derived at by uplifting the 2019/20 values by 3% representing the base funding uplift applied in 2020/21:

	2020/21	2019/20	2018/19	2017/18
Budget	12.62m	12.252m	11.765m	10.593m
Number of Bed Days and A&E Attendances	-----	-----	47,047	48,283

MANAGEMENT COMMENTARY (continued)

Risks, Uncertainties and Future Developments

The MIJB Chief Officer has a responsibility to maintain a risk strategy and risk reporting framework. Risks inherent within the MIJB are monitored, managed and reported at each meeting of the Audit, Performance and Risk Committee. In addition, a risk action log is monitored and managed by the Senior Management Team.

The key strategic risks of the MIJB classed as 'High' and 'Very High' are presented below:

VERY HIGH

Risk 1 - There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.

Mitigating Actions - Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group.

The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations continue as we respond and remobilise to the Covid-19 pandemic.

Chief Officer and CFO will continue to engage with the partner organisations in respect of the financial position throughout the year. Cross partnership performance meetings are in place with partner CEOs, Finance Directors and the Chair/Vice Chair of the MIJB.

The focus for 2021/22 will be close monitoring to assess the continuing impacts of Covid-19 and the costs of remobilisation. Early intervention will support a level of mitigation.

Risk 2 - Inability to progress with delivery of Strategic Objectives and Transformation projects.

Mitigating Actions - Integrated Infrastructure Group established, with ICT representation from NHS Grampian and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters. Linkages to Infrastructure Board and information sharing groups have been established albeit these meetings are not taking place regularly at the moment.

HIGH

Risk 3 - Inability to recruit and retain qualified and experienced staff to provide safe care, whilst ensuring staff are fully able to manage change resulting from Integration.

Mitigating Actions - System re-design and transformation. Locality Managers have been in post since January 2020 and are developing the Multi-disciplinary teams in their areas. Workforce planning has recommenced with an initial draft submitted at the end of March 2021. This will be taken forward alongside plans for NHS Grampian and Moray Council with a detailed version being prepared for March 2022.

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.

MANAGEMENT COMMENTARY (continued)

HIGH (continued)

Risk 4 - Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.

Mitigating Actions – Information from the updated Business Impact Assessments /Business Continuity Plans has informed elements of the Winter Plan (Surge plan).

A Friday huddle is in place which gathers the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend.

NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing.

Lesson learnt from the response to Covid-19 will be incorporated into the Surge (Winter) Plan and training needs identified will be addressed.

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.

HSCM has engaged with NHS Grampian Operation Snowdrop which identified the incident response structure and key priorities, and is on Moray Council's Response and Recovery management team. These arrangements were stepped down at end of March 2021.

Risk 5 - Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level.

Mitigating Actions – Service managers monitor performance regularly within their teams and escalate any issues to the Performance Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.

Key performance data is being circulated daily to all managers in a "Performance Flow" dashboard to ensure any potential issues are identified quickly so action can be taken.

Risk 6 - Requirements for support services are not prioritised by NHS Grampian and Moray Council.

Mitigating Actions – Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities. Process for ensuring infrastructure change/investment requests developed.

Infrastructure Manager in post and linking into other Infrastructure groups within NHS Grampian and Moray Council to ensure level of 'gatekeeping'.

Dr Gray's site development plan is being produced collaboratively with input from NHS Grampian and HSCM management.

MANAGEMENT COMMENTARY (continued)

Development Aims for 2021/22

HOME FIRST

The impact of the Covid-19 pandemic meant a temporary suspension of various functions including the meeting of the Strategic Planning & Commissioning Board which has created a delay in embedding the transformation processes designed to support the delivery of the overarching Strategic Plan 2019-29 'Partners in Care'. However, the planning and delivery to meet the threat of Covid-19 has led to some rapid change and has created a new starting point. Home First is now the over-arching project to embed change going forwards, to ensure that in a new environment we can continue to meet health and care needs safely, and can react to further waves of Covid-19; winter pressures; and future unknown events. Under the umbrella of Home First, the 3 Health and Social Care Partnerships in Grampian have worked together to share learning; commission an evaluation of progress; and to co-ordinate Grampian wide activity through Clinical Cells and Managed Clinical Networks to support the response to the Covid pandemic. Shared messaging has supported the branding of Home First and a consistency in communicating to staff and the wider population <https://www.youtube.com/watch?v=5XvtMCb5jGU>

As a result of the Covid 19 activity and diversion, the Strategic Plan 2019-29, the Medium Term Financial Strategy and other supporting plans will need to be revisited.

As the organisation continues to remobilise following the impacts of response, new, transformational ways of working are being adopted and are informing our approach to delivery of the strategic objectives outlined in the plan.

In addition we will seek to:

- Continue to develop systems leadership;
- Further embed the Home First approach;
- Ensure successful implementation of Discharge to Assess in support of reducing Delayed Discharges;
- Continually develop by progressing the MIJB Improvement Action Plan;
- Ensure compliance with the Governance Framework as approved by the MIJB in January 2021;
- Progress the Primary Care Improvement Plan; and
- Embed any emerging recommendations from the Independent Review of Adult Social Care as directed through Scottish Government.

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Cllr. Shona Morrison

Chair of Moray IJB

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Simon Bokor-Ingram

Chief Officer

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Tracey Abdy

**Chief Financial
Officer**

25 November 2021

STATEMENT OF RESPONSIBILITIES

Responsibilities of the MIJB

- To make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In Moray Integration Joint Board, that officer is the Chief Financial Officer;
- To manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and the Local Authority (Capital Financing and Accounting) (Scotland) (Coronavirus) Amendment Regulations 2021, and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- To approve the Annual Accounts.

I confirm that the Annual Accounts were approved by the MIJB at its meeting on 25 November 2021.

Signed on behalf of the Moray Integration Joint Board

Cllr. Shona Morrison

Chair of Moray IJB

25 November 2021

STATEMENT OF RESPONSIBILITIES (continued)

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the Moray Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

In preparing the Annual Accounts the Chief Financial Officer has:

- Selected suitable accounting policies and applied them consistently;
- Made judgements and estimates that were reasonable and prudent;
- Complied with legislation; and
- Complied with the local authority code (in so far as it is compatible with legislation).

The Chief Financial Officer has also:

- Kept proper accounting records which were up to date; and
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Moray Integration Joint Board as at 31 March 2021.

Tracey Abdy CPFA

Chief Financial Officer

25 November 2021

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014 (SSI2014/200) as part of the MIJB annual accounts. This report discloses information relating to the remuneration and pension benefits of specified MIJB members.

All information disclosed in the tables is subject to external audit. Other sections within the Remuneration Report will be reviewed for consistency with the financial statements.

Moray Integration Joint Board

The voting members of MIJB are appointed through nomination by Moray Council and the Grampian Health Board. There is provision within the Order to identify a suitably experienced proxy or deputy member for both the voting and non-voting membership to ensure that business is not disrupted by lack of attendance by any individual.

MIJB Chair and Vice-Chair

Nomination of the MIJB Chair and Vice-Chair post holders alternates every 18 months between a Councillor and a Health Board non-executive member.

The MIJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the MIJB. The MIJB does not reimburse the relevant partner organisations for any voting member costs borne by the partner.

The MIJB does not have responsibilities in either the current or in future years for funding any pension entitlements of voting MIJB members. Therefore no pension rights disclosures are provided for the Chair or Vice-Chair.

Taxable Expenses 2019/20	Name	Position Held	Nomination By	Taxable Expenses 2020/21
£				£
Nil	Dennis Robertson	Chair 24/09/20 to 29/04/21	Grampian Health Board	Nil
Nil	*Jonathan Passmore	Chair 01/10/19 to 13/09/20 Vice-Chair 28/11/18 to 1/10/19	Grampian Health Board	Nil
Nil	Cllr Shona Morrison	Vice-Chair 01/10/19 to 29/04/2021 Chair 13/6/18 to 1/10/19	Moray Council	Nil

*Jonathan Passmore stepped down from the MIJB on 13 September 2020. He was replaced by Dennis Robertson who was formally appointed as Chair at a meeting of the MIJB on 24 September 2020.

REMUNERATION REPORT (continued)

Officers of the MIJB

The MIJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the integration joint board has to be appointed and the employing partner has to formally second the officer to the Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Board.

Other Officers

No other staff are appointed by the MIJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2019/20	Senior Employees	Salary, Fees & Allowances	Total 2020/21
£		£	£
101,244	Pamela Dudek Chief Officer (until 19/4/20)	5,553 (fye 105,209)	5,553
-	Simon Bokor-Ingram (interim Chief Officer 20/4/20 to 21/3/21) Chief Officer from 22/3/21	96,115 (fye 101,393)	96,115
63,721	Tracey Abdy Chief Financial Officer	87,271	87,271

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the MIJB balance sheet for the Chief Officer or any other officers.

The MIJB however has a responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the MIJB. The following table shows the MIJB's funding during the year to support the officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

NOTE: no bonuses, expenses allowances, compensation for loss of office or any taxable benefits were made in 2020/21

REMUNERATION REPORT (continued)

	In Year Pension Contributions		Accrued Pension Benefits		
	Year to 31/03/20	Year to 31/03/21		As at 31/03/2021	Difference from 31/03/2020
	£	£		£ 000's	£ 000's
Pamela Dudek Chief Officer (until 19/4/20)	21,660	1,204 (to 19/4/20)	Pension	44	7
			Lump Sum	98	17
* Simon Bokor- Ingram, (Interim Chief Officer 20/4/20 to 21/3/21) Chief Officer from 22/4/21	-	13,142 (from 20/4/20)	Pension	38	-
			Lump Sum	80	-
Tracey Abdy Chief Financial Officer	13,318	18,075	Pension	18	2
			Lump Sum	18	-

*Simon Bokor-Ingram was not an officer of the Moray IJB during 2019/20

Disclosure by Pay bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2019/20	Remuneration Band	Number of Employees in Band 2020/21
1	£60,000 - £64,999	0
0	£85,000 - £89,999	1
0	£95,000 - £99,999	1
1	£100,000 - £104,999	0

REMUNERATION REPORT (continued)

Exit Packages

There were no exit packages agreed by the MIJB during 2020/21 financial year, or in the preceding year.

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Cllr. Shona Morrison
Chair of Moray IJB

.....
Simon Bokor-Ingram
Chief Officer
25 November 2021

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement describes the Moray Integration Joint Board's (MIJB) governance arrangements and reports on the effectiveness of the MIJB's system of internal control.

Scope of Responsibility

The MIJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, and that public money is safeguarded and used efficiently and effectively in pursuit of best value.

In discharging its responsibilities, the MIJB has established arrangements for its governance which includes the system of internal control. This system is intended to manage risk and support the achievement of the MIJB's policies, aims and objectives. The system provides reasonable but not absolute assurance of effectiveness.

The MIJB places reliance of the systems of internal control of NHS Grampian systems and Moray Council, which supports organisational compliance of policies and procedures in addition to those of the MIJB. Assurances are required on the effectiveness of the governance arrangements of all three organisations, meaning a significant failure in one of the three Partners may require to be disclosed in the annual accounts of all three Partners.

The Governance Framework

The CIPFA/SOLACE framework for 'Delivering Good Governance in Local Government' last updated in 2016 remains current and provides a structured approach in defining seven principles that underpin effective governance arrangements. Whilst the framework is written specifically for Local Government, the principles apply equally to integration authorities, and while the MIJB continues to evolve as an entity in its own right. It continues to draw on the governance assurances of NHS Grampian and Moray Council as its principal funding partners.

Given the scope of responsibility within the MIJB and the complexities surrounding the assurance arrangements, a Local Code of Corporate Governance was developed and the MIJB assesses the effectiveness of its governance arrangements against the principles set out in the document. The Code outlines the seven governance principles from the CIPFA/SOLACE guidance (as referenced below) and provides the sources of assurance for assessing compliance relative to the MIJB, Moray Council and NHS Grampian. These assurances include referencing the governance arrangements of NHS Grampian and Moray Council which are summarised annually and published in their respective Annual Governance Statements which form part of the annual accounts of each organisation. The respective governance statements can be found on the individual organisations websites: Moray Council: [Annual Accounts - Moray Council](#) and NHS Grampian: <https://www.nhsgrampian.org/about-us/annual-accounts/>

Key Governance Arrangements

Covid-19 has had a significant impact on the MIJB and its approach to dealing with the pandemic has involved the use of amended governance arrangements granted under delegated powers. In March 2020 the MIJB granted delegated authority to the Chief Officer to take decisions in respect of matters that would normally require Board approval, subject to consultation with the Chair and Vice-Chair of the MIJB. The aim was to support business continuity through uncertain times. Due to rapid advancement in digital technology availability, the Board were able to establish online meetings immediately and the original timetable of MIJB meetings was fulfilled. A further report was presented to the MIJB in September 2020 where it was no longer considered necessary for the Chief Officer to hold emergency decision making powers and consequently these were removed.

ANNUAL GOVERNANCE STATEMENT (continued)

All but one of the scheduled Audit Performance and Risk Committee meetings were held as timetabled during 2020/21. An interim arrangement was agreed for the operation of the Clinical and Care Governance Committee whereby the Chair of the Committee received monthly updates on the key issues arising during the pandemic response. This related principally to the provision of care, care home oversight and child and adult protection matters. The meeting of this committee scheduled for May did not go ahead. In addition the Chief Officer committed to providing weekly updates on the emerging situation to IJB Members, elected Members and staff.

Health and Social Care Moray (HSCM) established an emergency response group that has been operational since the end of March 2020, with the frequency of meetings being adapted throughout the year dependent on the stage of response. Representation on the emergency response groups of the Partner organisations is provided by HSCM staff, ensuring the necessary links and flow of information to ensure a co-ordinated response on a pan Grampian basis and locally within Moray.

Evaluation of the Effectiveness of Governance

Governance Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law

Assessment of Effectiveness

- The activities of the MIJB are directed by a Board comprising voting and non-voting members. The Board meets every two months and draws its membership from a broad range of sources. Formal Board meetings are augmented by regular development sessions that focus in detail on specific areas. The Board is also supported by an Audit, Performance and Risk Committee, and a Clinical and Care Governance Committee, each with a specific remit to support effective governance arrangements.
- The MIJB operates in line with Standing Orders that govern proceedings of the Board and its Committees, and which incorporates the Board's Scheme of Administration that deals with the Board's committee structure and working groups.
- The MIJB has appointed a Standards Officer to support compliance with an ethical standards framework in line with the Ethical Standards in Public Life etc. (Scotland) Act 2000 whereby members of devolved public bodies such as the MIJB are required to comply with Codes of Conduct, approved by Scottish Ministers, together with guidance issued by the Standards Commission.
- The MIJB Governance framework was approved by the Board in January 2021.

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement

Assessment of Effectiveness

- Provision is made within MIJB's Standing Orders for public and press access to meetings and reports. During the 2020/21 year it was necessary to broadcast live Board meetings with attendance being virtual for all. A specific web-site has been developed for Health and Social Care Moray and is continuously monitored for improvement. Agendas, reports and minutes for all committees can be accessed via the website in addition to all the linked strategies of the MIJB.
- Both the voting and non-voting membership arrangements of the MIJB are in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. The non-voting membership comprises six professional members and five stakeholder members representing: staff, third sector bodies carrying out activities in relation to health and social care, service users and unpaid carers, and four additional non-voting members which include the Chief Executives of Moray Council and NHS Grampian in an Ex-officio capacity. The broad membership of the MIJB ensures valued input and engagement from a wide range of stakeholders.
- The Community Empowerment (Scotland) Act 2015 places a statutory duty on MIJB and its Community Planning Partners to engage with communities on the planning and delivery of services and securing local outcomes. The MIJB has an approved Communications and Engagement Strategy which recognises and promotes the active and meaningful engagement with all stakeholders.

Governance Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits

Assessment of Effectiveness

- The MIJB has in place a Strategic Plan 2019-29 which is supported by various documents including a medium term financial framework. Following the impact of the pandemic a review is planned for both documents.
- The plan is underpinned by a performance framework, workforce plan, organisational development strategy, and a communications, engagement and participation plan.
- The suite of documents are designed to identify outcomes and forward-thinking on direction over the medium term. Outcomes are closely linked to the delivery of health and social care and the planned improvements for the population of Moray.
- A climate change duties report is collated and submitted annually on behalf of the MIJB.

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 4 – Determining the interventions necessary to optimise the achievement of intended outcomes

Assessment of Effectiveness

- The MIJB's decision making process ensures that the members of the Board receive objective and robust analysis of a variety of options indicating how the intended outcomes will be achieved, providing information on the associated risks and opportunities.
- Board papers reflect the broad range of matters under consideration including regular update reports by the Chief Officer on topical matters and agenda items covering opportunities and challenges arising from reconfiguration of services.
- The Financial Management Code promoted by CIPFA is recognised as a means of assisting in ensuring good financial administration. A medium term financial strategy was approved by the MIJB in October 2019 and will be reviewed in the new financial year.

Governance Principle 5 – Developing the entity's capacity, including the capability of its leadership and the individuals within it

Assessment of Effectiveness

- The Senior and Operational Management teams continue to take part in a Systems Leadership Programme led by The Kings Fund to support the leadership teams following a pause for the Covid 19 response. During the Covid 19 response there has been increased opportunity to work collaboratively across organisations through use of new technology.
- The MIJB has met with Officers regularly for development sessions to increase the opportunity for shared learning and constructive challenge.

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 6 – Managing risk and performance through robust internal control and strong public financial management

Assessment of Effectiveness

- As part of a robust risk monitoring framework, the Strategic Risk Register is reviewed and updated regularly and presented to every Audit, Performance and Risk Committee. A related action log was created for monitoring purposes and is owned and monitored by the Senior Management Team.
- A Performance Management Framework has been developed. Performance reporting falls within the scope of the Audit, Performance and Risk Committee and reporting is quarterly.
- The internal control system links closely with those of the Partners, given their operational remit for delivery of services under direction of the MIJB. The Audit, Performance and Risk committee through its consideration of reports monitors the effectiveness of internal control procedures. The MIJB Chief Internal Auditor undertakes an annual review of the adequacy of internal controls and the opinion is included within this statement.
- The MIJB has an independent S95 Officer who is a member of the MIJB, providing advice on all financial matters and ensure timely production and reporting of budget estimates, budget monitoring reports and annual accounts.
- Governance arrangements have been developed and maintained to comply with the core functions of various good framework guidelines including Code of Practice on Managing the Risk of Fraud and Corruption, Public Sector Internal Audit Standards (incorporating the principles of the Role of the Head of Internal Audit), Audit Committees: Practical Guidance for Local Authorities and Police, etc

Governance Principle 7 – Implementing good practices in transparency, reporting and audit to deliver effective accountability

Assessment of Effectiveness

- MIJB business is conducted through an approved cycle of Board meetings which in 2020/21 were not held in public due to Covid 19. During the year, recordings of Board meetings were made available to the public. Agendas, reports and minutes are available for the public to inspect. There is a standard reporting format in place to ensure consistency of approach and consideration by Members to provide transparency in decision making.
- The MIJB publishes both Annual Accounts and an Annual Performance Report following Board approval.
- The Chief Internal Auditor reports directly to the Audit, Performance and Risk committee with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit, Performance and Risk committee on any matter. The Chief Internal Auditor has continued to report to Committee during 2020/21.

ANNUAL GOVERNANCE STATEMENT (continued)

Review of Adequacy and Effectiveness

The MIJB has a responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the Senior Management Team (which has responsibility for the development and maintenance of the internal control framework environment); the work of the Internal Auditors and the Chief Internal Auditor's annual report and the reports from the External Auditor and other review agencies and inspectorates.

Internal Audit Opinion

The opinion is based on the Chief internal Auditor's knowledge of governance, risk and control processes of the MIJB and from internal audit activity completed during the period to 31st March 2021. The provision of the opinion is an important source of assurance and any 'limitations in the scope' as a consequence of the pandemic require to be disclosed.

Factors identified by CIPFA as having the potential to impact on the availability of assurance from Internal Audit during the pandemic include:

- the changing risks and impacts on the organisation;
- whether key governance, risk management and internal control arrangements have deteriorated or been maintained;
- changes to the resource base of internal audit whether staff or budget related;
- demands made on Internal Audit for any advisory or non-audit support activity that does not directly support the audit opinion;
- operational disruption that impacts on the access of internal audit to key staff, information or systems resulting in greater inefficiency and reduced outputs.

All of these factors are relevant, with the Health and Social Care response to the pandemic being a major challenge which required services to adapt and prioritise in short order. However, as evident from a review of Board papers and those of the linked Committees, good governance practices continued with meetings held regularly, wide ranging agendas, and transparency around emergency delegation of decision making powers to the Interim Chief Officer. The risk register was also updated to reflect changing circumstances and shared with the Board for information and approval.

Internal Controls within Social Care were similarly adapted to enable main financial systems, including payroll and payments, to continue functioning as staff moved to remote working arrangements. No issues were noted from testing of payroll controls and for most payments selected for review, appropriate supporting information was available. Exceptions to this related to sample invoice charges from service providers, it being noted that service commissioning is an area where further work is required to better align contracts to service user needs.

Being unable to progress audit work where services had been suspended or staff redeployed, Internal Audit also adapted its work programme to allow emerging control systems to be assessed e.g. for the distribution of funding streams linked to the pandemic. But there have been some limitations on internal audit activity occasioned by delays in being able to access

ANNUAL GOVERNANCE STATEMENT (continued)

key staff who themselves were encountering significant workload demands; by being unable to access certain facilities due to homeworking restrictions, and by being unable to access systems that potentially could be subject to audit.

The effect of these impacts was to reduce the outputs of the internal audit team and restrict the ability to provide audit assurance in these areas, although setting this in context, any restrictions applying were not considered to be material in terms of affecting the audit opinion, when considered alongside other assurances referenced throughout this report and the controls assurances provided by NHS Grampian and Moray Council.

Having regard to the factors outlined above, it is the opinion of the Chief Internal Auditor that reasonable assurance can be placed on the MIJB's framework of governance, risk management and internal control for the year ended 31 March 2021.

ANNUAL GOVERNANCE STATEMENT (continued)

Prior Year Governance Issues

The Annual Governance Statement for 2019/20 highlighted a number of areas for development in looking to secure continuous improvement. An assessment of progress is provided below:

Area for Improvement Identified in 2019/20	Action Undertaken / Progress Made in 2020/21
<p>Following the Cabinet Secretary's announcement of 2 June 2020 in relation to health services remaining on an emergency footing for a further 100 days. Three core tasks have been set out nationally that we need to respond to, these being- :</p> <ul style="list-style-type: none"> • Commence work toward delivery of as many of our normal services as possible; in a safe manner, with an immediate focus on the most urgent care requirements • Ensure capacity remains available to deal with Covid-19; • Begin preparation of our health and care system for the challenges of the next 9 months and particularly the winter season. <p>Recovery and Renewal - As we progress through this critical phase of the Covid-19 pandemic, it is essential that whilst the priority remains to deliver services safely and effectively in what is clearly a constantly changing landscape, it is recognised that there is need to consider the recovery phase and what our services may look like in the future.</p> <p>A key development for 2020/21 will be to enhance strategic planning processes to drive and support the delivery of the Strategic Plan in order to strengthen our ability to be agile in a complex and changing landscape and to develop a range of ambitious plans that drive quality, safety, and efficiency.</p>	<p>The system has adhered to and responded effectively through all phases of the pandemic.</p> <p>Essential services have continued to operate where safe and permitted to do so using enhanced PPE and working to strict infection prevention and control measures. For staff delivering face-to-face care, measures were put in place to deliver twice-weekly testing. To meet capacity and in-line with government guidelines, adjustments in care packages were required to maintain the ability to meet all critical needs and ensure the capacity to continue with hospital admission avoidance and early hospital discharge in order to protect the acute hospital bed capacity.</p> <p>Home First is the over-arching project designed to embed change and ensure that in a new environment we can continue to meet health and care needs safely, and can react to further waves of Covid-19; winter pressures; and future unknown events. Additional funding was made available to support the Winter season where additional capacity was secured for care at home services and allowed the Discharge to Assess pilot to rapidly progress.</p> <p>Following a pause and delay in this activity, a senior planning lead post was recruited to in March 2021 which strengthens the management team and will drive forward the aims of the Strategic Plan.</p>

ANNUAL GOVERNANCE STATEMENT (continued)

Area for Improvement Identified in 2019/20	Action Undertaken / Progress Made in 2020/21
<p>Financial Planning – the Covid-19 Pandemic has effectively placed a significant risk on the recovery and transformation plan supporting the 2020/21 budget. Urgent attention is required across the whole system to consider both the high risk areas from a financial perspective and the opportunities to draw positively on the experiences arising from our response to the pandemic.</p> <p>A review of commissioning practice will be required to ensure procurement and contractual considerations and need of service users can be developed at an increased pace given the operational and financial challenges facing the MIJB. Resourcing this will be a key consideration to ensure satisfactory progress is achieved.</p>	<p>Support was provided from Scottish Government for the costs associated with Covid 19. In February 2021 it was confirmed that this support would extend to the underachievement of savings, recognising the impact the pandemic placed of efficiency planning. The issues arising will be considered carefully in 2021/22.</p> <p>Progress has been made in this area. Regular meetings take place between Commissioning, the Chief Officer and Chief Financial Officer in gaining clarity on the scale of external contracts. Scotland Excel are also supporting this process.</p>

ANNUAL GOVERNANCE STATEMENT (continued)

Further Developments

Following consideration of the review of adequacy and effectiveness, the following action plan has been established to ensure continual improvement of the MIJB's governance arrangements and progress against the implementation of these issues will be assessed as part of the next annual review.

Areas of focus for 2021/22	
1.	It is recognised that the impact the pandemic has had on services drives the need to review the Strategic Plan 2019-29 during 2021/22. The review will require engagement of key stakeholders and MIJB approval following the governance framework.
2.	The Medium Term Financial Framework will be reviewed to reflect the emerging and anticipated financial challenge arising from Covid 19 and Scottish Government policy changes.
3.	Focus will be placed on the Governance Framework approved by the Board in January 2021 to ensure this key document is embedded into operational and strategic delivery.
4.	As part of the financial challenge it is necessary to ensure continuous dialogue and identification of further savings opportunities. This was a commitment made as part of the revenue budget setting for 2021/22, recognising current and future impact and the drive for transformation through Home First.
5.	Increase focus on the development of commissioning capabilities to deliver best value with a tender exercise for outcome based care at home services.

Key Governance challenges going forward will involve:

- Providing capacity to meet statutory obligations whilst managing expectation and rising demand for services;
- As a Board, difficult decisions will require to be made in ensuring we operate within available funding;
- Continue to address our work force challenges in respect of recruitment and retention;
- Continuing to work closely with NHS Grampian and Moray Council to build on existing relationships and establishing collaborative leadership;
- The delegation of Children's services, ensuring the necessary due diligence is undertaken prior to formal delegation;
- The challenges being faced through the current pandemic are expected to be a continued focus for additional scrutiny for an extended period of time.

ANNUAL GOVERNANCE STATEMENT (continued)

Statement

In our respective roles as Chair and Chief Officer of the MIJB, we are committed to ensuring good governance and recognise the contribution it makes to securing delivery of service outcomes in an effective and efficient manner. This annual governance statement summarises the MIJB's current governance arrangements, and affirms our commitment to ensuring they are regularly reviewed, developed and fit for purpose. Whilst recognising that improvements are required, as detailed earlier in the statement, it is our opinion that a reasonable level of assurance can be placed upon the adequacy and effectiveness of the MIJB's governance arrangements.

The immediate challenge will be to continue to meet all operational demands during the Covid-19 Pandemic and through re-mobilisation whilst not compromising the safety of employees and people that use our services; beyond that, pressure on financial settlements is set to continue during the incoming period, and we will continue to engage with our Partners and the wider community to agree plans and outcome targets that are both sustainable and achievable. Taking those forward will be challenging as we aim to fulfil the nine Health and Wellbeing national outcomes and the strategic priorities identified and detailed in our Strategic Plan. Good governance remains an essential focus in delivering services in a way that both meets the needs of communities and discharges statutory best value responsibilities.

.....
Cllr. Shona Morrison
Chair of Moray IJB

25 November 2021

.....
Simon Bokor-Ingram
Chief Officer

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of Moray Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Moray Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the body as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is five years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

INDEPENDENT AUDITOR'S REPORT (continued)

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Financial Officer and Moray Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

INDEPENDENT AUDITOR'S REPORT (continued)

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Financial Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

INDEPENDENT AUDITOR'S REPORT (continued)

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth
Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year ended 31 March 2021 according to generally accepted accounting practices.

2019/20		2020/21
Net Expenditure		Net Expenditure
£ 000		£ 000
5,466	Community Hospitals	5,587
4,738	Community Nursing	4,853
7,481	Learning Disabilities	8,546
8,568	Mental Health	8,649
1,048	Addictions	1,143
151	Adult Protection & Health Improvement	152
15,514	Care Services Provided In-House	15,183
18,636	Older People & Physical & Sensory Disability Services	19,835
1,736	Intermediate Care and Occupational Therapy	1,497
9,060	Care Services Provided by External Providers	8,067
7,712	Other Community Services	7,725
2,933	Administration & Management	3,904
17,573	Primary Care Prescribing	17,451
16,555	Primary Care Services	17,541
4,671	Hosted Services	4,526
807	Out of Area Placements	808
933	Improvement Grants	613
1,055	Strategic Funds & Other Resources	6,702
12,252	Set Aside	12,620
136,889	Cost of Services	145,402
136,819	Taxation and Non-Specific Grant Income (note 5)	151,557
70	(Surplus) or Deficit on provision of Services	(6,155)
70	Total Comprehensive Income and Expenditure	(6,155)

There are no statutory or presentational adjustments which reflect the MIJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Moray Integration Joint Boards (MIJB) reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. Additional detail included within note 7 on page [49](#).

Movement of Reserves During 2020/21	General Fund Balance £000
Opening Balance at 1 April 2020	(187)
Total Comprehensive Income and Expenditure	(6,155)
<hr/>	
(Increase) or Decrease in 2020/21	(6,155)
<hr/>	
Closing Balance at 31 March 2021	(6,342)
<hr/>	
Movement of Reserves During 2019/20	General Fund Balance £000
Opening Balance at 1 April 2019	(257)
Total Comprehensive Income and Expenditure	70
<hr/>	
(Increase) or Decrease in 2019/20	70
<hr/>	
Closing Balance at 31 March 2020	(187)
<hr/>	

BALANCE SHEET

The Balance Sheet shows the value of the Moray Integration Joint Board's (MIJB) assets and liabilities as at the balance sheet date. The net assets of the MIJB (assets less liabilities) are matched by the reserves held by the MIJB.

31 March 2020 £000		Notes	31 March 2021 £000
187	Short Term Debtors Current Assets	6	6,342
0	Short Term Creditors Current Liabilities		0
0	Provisions Long Term Liabilities		0
187	Net Assets		6,342
187	Usable Reserve General Fund	7	6,342
187	Total Reserves		6,342

The unaudited annual accounts were issued on 24 June 2021 and the audited annual accounts were authorised for issue on 25 November 2021.

The Annual Accounts present a true and fair view of the financial position of the MIJB as at 31 March 2021 and its income and expenditure for the year then ended.

Tracey Abdy CPFA

Chief Financial Officer

25 November 2021

NOTES TO THE FINANCIAL STATEMENTS

Note 1 Significant Accounting Policies

General Principles

The Financial Statements summarise the Moray Integration Joint Board's (MIJB) transactions for the 2020/21 financial year and its position at the year-end of 31 March 2021.

The MIJB was established under the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the MIJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the MIJB.
- Income is recognised when the MIJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The MIJB is primarily funded through funding contributions from the statutory funding partners, Moray Council and the Grampian Health Board. Expenditure is incurred as the MIJB commissions' specified health and social care services from the funding partners for the benefit of service recipients in Moray area.

Cash and Cash Equivalents

The MIJB does not operate a bank account or hold cash. Transactions are settled on behalf of the MIJB by the funding partners. Consequently the MIJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the MIJB's Balance Sheet.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 1 Significant Accounting Policies (continued)

Employee Benefits

The MIJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The MIJB therefore does not present a Pensions Liability on its Balance Sheet.

The MIJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Reserves

The MIJB's reserves are classified as either Usable or Unusable Reserves.

The MIJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the MIJB can use in later years to support service provision.

Indemnity Insurance

The MIJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board members. The Grampian Health Board and Moray Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the MIJB does not have any 'shared risk' exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The MIJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Note 2 Critical Judgements and Estimation Uncertainty

In applying the accounting policies, the MIJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. There are no material critical judgements.

During the overall Covid-19 response, a number of additional costs have been incurred beyond business as usual. The MIJB has followed national guidance regarding these and a range of additional costs are included in the MIJB's accounts reflecting the MIJB acting as principal in the transactions including:-

- social care sustainability costs;
- all increase direct care Covid-19 costs;
- an additional £500 payment for NHS employed staff.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 2 Critical Judgements and Estimation Uncertainty (continued)

A range of Covid-19 related costs have been excluded from the MIJB's accounts and it is assumed that in the relevant financial year these costs will be treated as agency costs in Moray Council, rather than MIJB, with Moray Council acting in agency capacity. This includes:-

- an additional £500 payment to staff employed by the independent sector.

A further range of Covid-19 related costs and associated funding have not been recognised in the MIJB's accounts in accordance with national accounting guidance. In these cases Moray Council is acting as principal and MIJB as the agent. This includes:-

- £2.01m related to PPE and testing kits provided by NHS National Services Scotland to Moray for social care services.

Note 3 Events after the Reporting Period

The unaudited accounts were issued by Tracey Abdy, Chief Financial Officer on 24 June 2021 and the audited annual accounts were authorised for issue on 25 November 2021.

Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2021, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 Expenditure and Income Analysis by Nature

2019/20		2020/21
£000		£000
56,343	Services commissioned from Moray Council	60,984
80,519	Services commissioned from The Grampian Health Board	84,391
27	Auditor Fee: External Audit Work	27
136,889	Total Expenditure	145,402
(136,819)	Partners Funding Contributions and Non-Specific Grant Income	(151,557)
70	(Surplus) or Deficit on the Provision of Services	(6,155)

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 5 Taxation and Non-Specific Grant Income

2019/20		2020/21
£000		£000
43,950	Funding Contribution from Moray Council	45,060
92,869	Funding Contribution from The Grampian Health Board	106,497
136,819	Taxation and Non-specific Grant Income	151,557

The funding contribution from The Grampian Health Board shown above includes £12.62m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by The Grampian Health Board who retains responsibility for managing the costs of providing the services. The MIJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 6 Debtors

31 March 2020		31 March 2021
£000		£000
187	The Grampian Health Board	6,160
0	Moray Council	182
187	Debtors	6,342

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the MIJB.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 7 Usable Reserve: General Fund

The MIJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the MIJB's risk management framework.

The table below shows the movements on the General Fund balance:

	Earmarked Reserves				
	General Reserves	PCIP & Action 15	Covid-19	Other Earmarked	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2019	0	257	0	0	257
Transfers (out)/in 2019/20	0	(70)	0	0	(70)
Balance at 31 March 2020	0	187	0	0	187
Transfer out 2020/21	0	0	0	0	0
Transfers in 2020/21	1,598	1,480	2,725	352	6,155
Balance at 31 March 2021	1,598	1,667	2,725	352	6,342

Primary Care Improvement Fund (PCIP) - The purpose of this fund is to ring fence funding received from the Scottish Government as part of its Primary Care Transformation Plan, this includes Action 15 funding as part of this plan.

Covid – 19 – are funds received by Scottish Government during 2020/21 being held in an earmarked reserve to support the MIJB through the pandemic and remobilisation.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 8 Agency Income and Expenditure

On behalf of all IJB's within The Grampian Health Board, the MIJB acts as the lead manager for Grampian Medical Emergency Department (GMED) and Primary Care Contracts. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the MIJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below:

2019/20		2020/21
£000		£000
10,171	Expenditure on Agency Services	10,032
(10,171)	Reimbursement for Agency Services	(10,032)
0	Net Agency Expenditure excluded from the CIES	0

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions

The MIJB has related party relationships with The Grampian Health Board and Moray Council. In particular the nature of the partnership means that the MIJB may influence, and be influenced by, its partners. The following transactions and balances included in the MIJB's accounts are presented to provide additional information on the relationships.

Transactions with The Grampian Health Board

2019/20		2020/21
£000		£000
(92,869)	Funding Contributions received from the NHS Board	(106,497)
80,365	Expenditure on Services Provided by the NHS Board	84,208
153	Key Management Personnel: Non-Voting Board Members	183
(12,351)	Net Transactions with The Grampian Health Board	(22,106)

Key Management Personnel: The Chief Officer and Chief Financial Officer, are non-voting Board members and are both employed by The Grampian Health Board and recharged to the MIJB. Details of the remuneration of both officers are provided in the Remuneration Report. The Chief Officer is a joint appointment made by Moray Council and The Grampian Health Board and is jointly accountable to the Chief Executives of both organisations, as such this post is jointly funded. The Chief Financial Officer, whilst a Board appointment, does not share this arrangement of funding.

Balances with The Grampian Health Board

31 March 2020		31 March 2021
£000		£000
187	Debtor balances: Amounts due from The Grampian Health Board	6,160
187	Net Balance due from The Grampian Health Board	6,160

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions (continued)

Transactions with Moray Council

2019/20		2020/21
£000		£000
(43,950)	Funding Contributions received from the Council	(45,060)
56,302	Expenditure on Services Provided by the Council	60,945
69	Key Management Personnel: Non-Voting Board Members	66
12,421	Net Transactions with Moray Council	15,951

Balances with Moray Council

31 March 2020		31 March 2021
£000		£000
0	Debtor balances: Amounts due from Moray Council	182
0	Creditor balances: Amounts due to Moray Council	0
0	Net Balance due from Moray Council	182

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 10 VAT

The MIJB is not registered for VAT and as such the VAT is settled or recovered by the partners. The VAT treatment of expenditure in the MIJB accounts depends on which of the partners is providing the services as each of these partners are treated differently for VAT purposes.

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Note 11 Accounting Standards That Have Been Issued but Have Yet To Be Adopted

The Code requires the MIJB to identify any accounting standards that have been issued but have yet to be adopted and could have material impact on the accounts.

There are no accounting standards issued but not yet adopted that impact on the 2020/21 financial statements.





REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: SOCIAL CARE PROVISION IN MORAY

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

1.1. To inform the Board of the situation and to agree mitigating actions in relation to current concerns around social care provision.

2. RECOMMENDATION

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

- i) notes the content of this report and agrees that the mitigating actions identified in section 4 should be taken forward; and**
- ii) agrees the action plan attached at APPENDIX 1.**

3. BACKGROUND

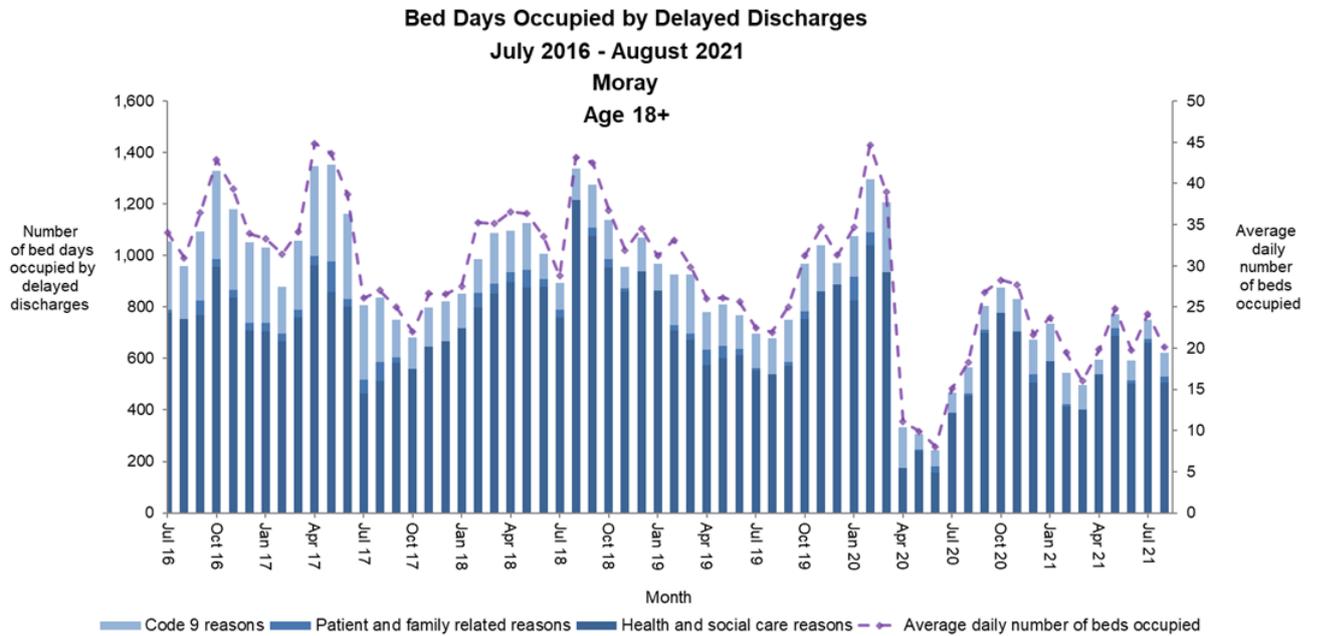
3.1. This report was presented at Clinical and Care Governance (CCG) Committee on 28 October 2021 where it was recommended the report be escalated to the MIJB (para 7 of the minute refers).

3.2. The Covid-19 Pandemic began in March 2020 and has had an impact on peoples' need for social care and has also created difficulties in the delivery of social care.

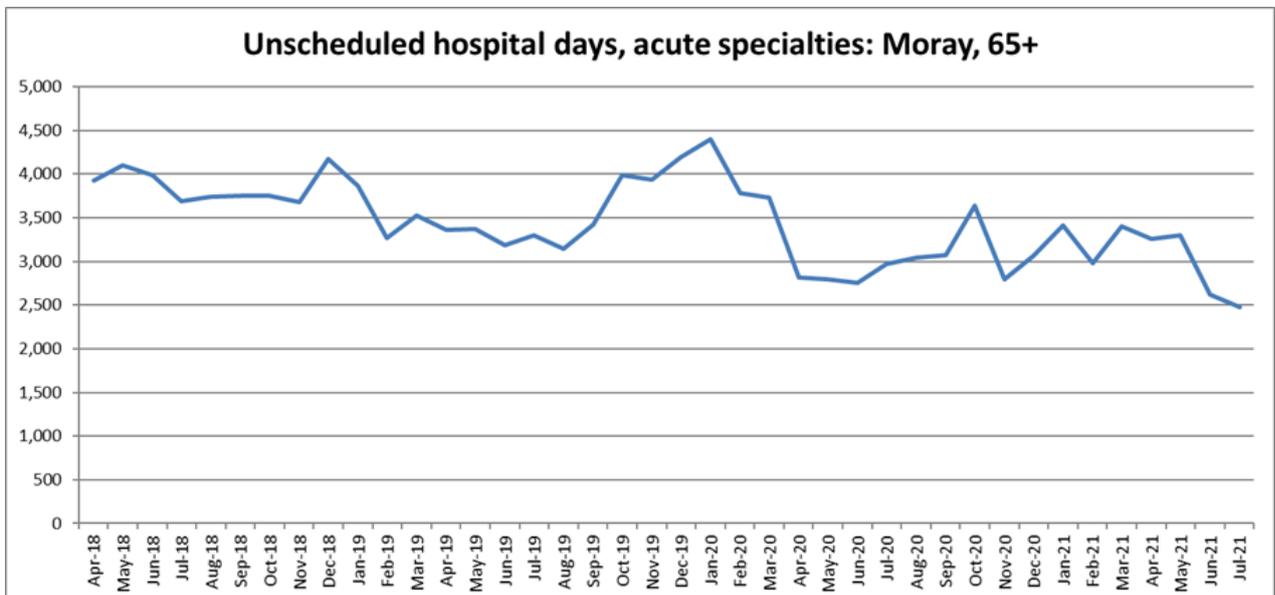
3.3. The impact in Moray was slow to build. Following the initial action of making available additional capacity through social work review in March and April 2020 the number of referrals and demand for social care gradually began to build. Moray's rates of Covid-19 have always been relatively low, so a severe impact was not experienced for some time, despite, in accordance with Government guidance, having reduced or withdrawn specific care resources i.e. Day services and specific respite services. The impact on Social Care of the pandemic can be seen both as a consequence of the impact on Health services

and as a consequence of the impact directly on the lives of vulnerable people, stemming from isolation, anxiety and disruption to everyday life.

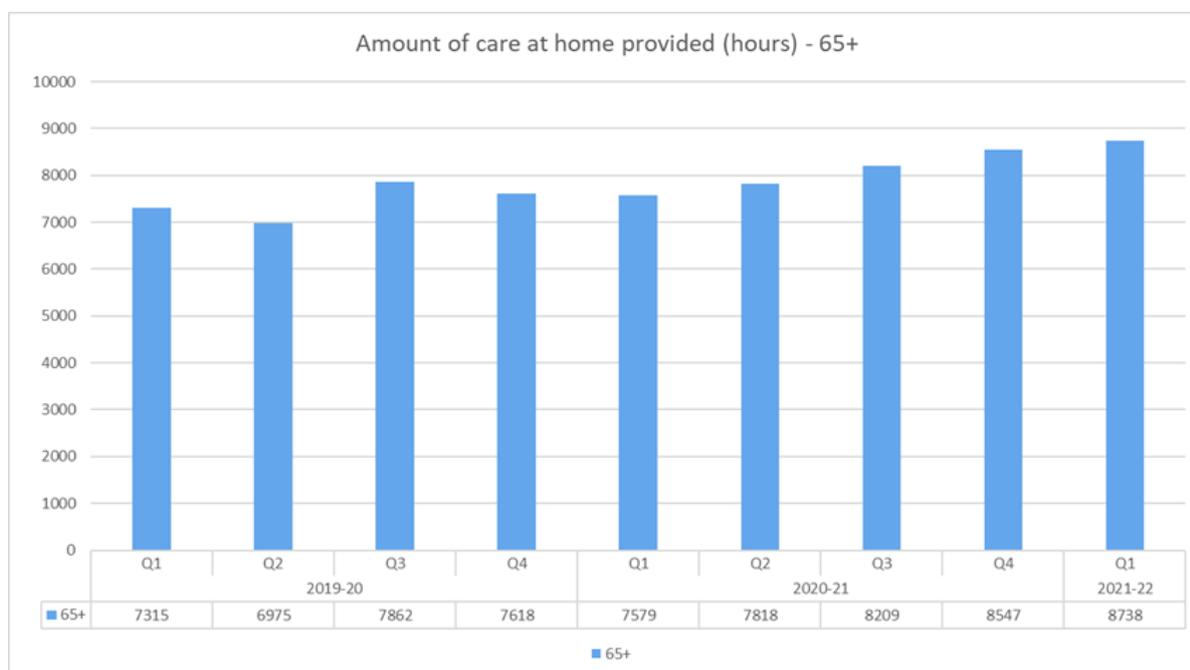
3.4. The first two graphs below are from the Ministerial Steering Group (MSG) figures that are provided every quarter. These demonstrate the pressures in the Health part of the Partnership and show that while Moray have a high number of Delayed Discharges at snapshot, the more pertinent figure of number of Delayed Discharge Bed Days is not nearly as high as pre-COVID-19. This is up to the end of August 2021 but more recent management information does not show a significant increase in Bed Days occupied for a significant period of time.



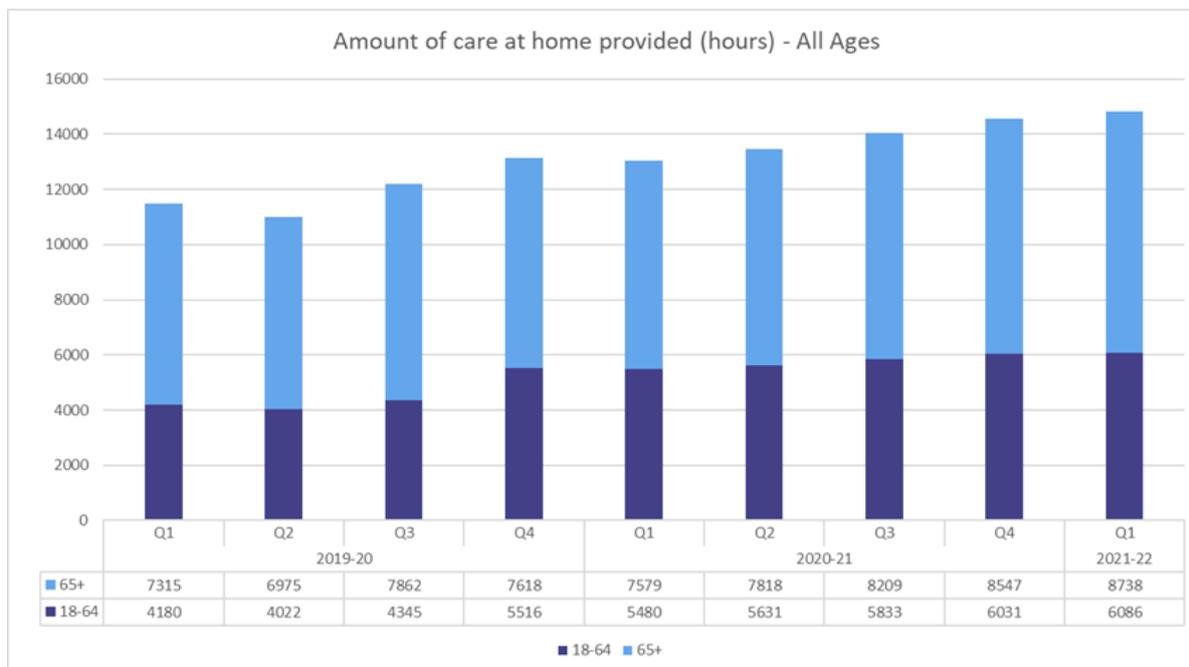
3.5 The number of unscheduled hospital days dipped at the start of the Covid-19 pandemic. Figures have increased since then, however they have not returned to the pre-covid levels. The figures for June and July 2021 for unscheduled bed days for over 65 are the lowest figures since April 2018.



- 3.6 Moray has slightly increased the percentage of last six months of life spent in the Community 2% to 91.8% in 2020/21. While this is above the Scottish Average it does match the general increasing trend across Scotland in the Community. The percentage of people spending the last six months of life in Large and Community Hospitals reduced in 2020/21 in Moray and in Scotland in general.
- 3.7 An interpretation of this activity, in relation to impact on Social Care suggests that a reduced in-patient bed base had to work more quickly to maximise use of a restricted resource. For Social Care this would be experienced as continuing high demand. The sharp rise in bed days occupied by delayed discharge is evident from May to October 2020. For this purpose this may be seen as increasing pressure for social care resource.
- 3.8 The following data explores Social Care activity: The number of care at home hours being provided in Moray for Free Personal Care and Free Nursing Care (FPC and FNC) has historically been increasing but since the start of the Covid-19 pandemic in Moray the number of hours being provided to those over 65 has increased from 7,600 hours a week to over 8,700 hours per week in quarter 1 (April 1 to June 30) 2021. This is an increase of 15% year on year and shows no sign of decreasing. For context the 2019-20 to 2020-21 increase as only 1%.



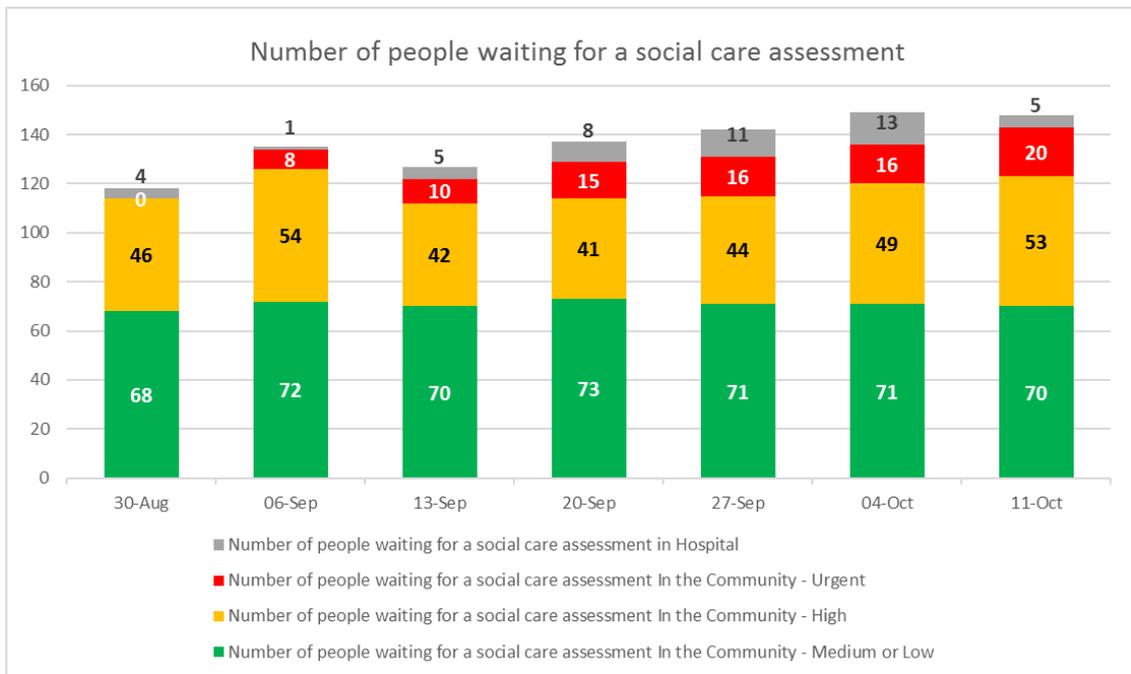
- 3.9 In total, the number of FPC/FNC hours being delivered in Moray has increased by 1,800 hours per week from 13,000 hours a week to 14,800 hours per week. (1,300 in the 65+ age group and 500 in the 18-65 age group).



3.10 There was an awareness of the increasing demand for complex social care situations at home towards the end of 2020. This represents the direct impact on the lives of vulnerable people of the pandemic, and of the public Health measures taken to combat this. Whilst many families offered and preferred to support their family members early in the pandemic, this became increasingly difficult as time progressed. Isolation and loss of support to informal family carers created breakdowns in these family arrangements. The closure of most community supports, added to family stress and, as alternatives were unavailable to requests for formal social care support.

3.11 This has continued to increase in number and severity. As at 8 November 2021 there were 140 people awaiting social care assessment and 132 people for whom an assessment had been concluded, indicating care was required, but for whom care could not be delivered.

3.12 In July 2021, perhaps associated initially with the onset of school holidays and the unavailability of care staff as a consequence of these holidays, social care support became much harder to secure. The pressure on all social care providers intensified. This situation has continued since then. The Scottish Government became aware of increasing difficulties across Scotland and a first meeting was convened on 6 August 2021 to hear of the difficulties being experienced. Since then weekly reports have been sent to Scottish Government on key information relating to social care agreed by the Oversight Group. Significantly the number of people waiting for a social care assessment has been steadily increasing since then. The increase has been driven by those requiring Urgent and High care in the Community.



3.13 In Moray, the continued pressure on the social care system has now reached a critical stage. The risks and issues identified are noted below:

- a) Infection, Prevention and control failures in external sector, causing increase in Covid risks.
- b) Return of packages from external sector to internal home care causing distress and gaps in care services to clients.
- c) Poor quality of service delivery identified in external providers resulting in poor experience and outcomes for clients.
- d) Limited and poor quality of management and supervision in care at home in external sector.
- e) Inability to meet demand for care at home service resulting in extensive waiting lists and long periods without care.
- f) Inability to meet demands for social care support affecting the efficiency of partners particularly hospitals.
- g) Pressure on Social Care sector to deliver, resulting in high levels of stress in care staff, leading to loss of staff.
- h) Loss of staff and limited recruitment makes the sector unattractive to new entrants.
- i) Pressure on Social Care to deliver direct care resulting in erosion of staff support time e.g. Team meetings, training and support.

3.14 The following information may be helpful in understanding the situation further in relation to its impact on care providers and staff. Internal Care at Home (CAH) covers all localities in Moray.

- i) There are **130** shifts per day; each shift consisting of 6.5 hours. The 6.5 hours in the shift include travel to and between people as well as a 20 minute break.
- ii) The shifts are made up of Early shifts (07.00-13.30) and Late shifts (16.00-22.30).

- iii) There is a mixture of contracts available for Social Care Assistants (SCAs): zero hours, 6.5 hours, 19.5 hours, and 26 hours to 32.5 hours per week.
- iv) Each SCA works alone on each shift and they have mobile devices with schedules on for each person they are to visit. These schedules are monitored by a support team ensuring each shift is covered and all visits are in place, so covering all absences and vacancies on a day-to-day basis.
- v) Since January to September 2021 35 new SCAs covering 462 hours have been recruited and there has been increased contracts for 8 SCAs covering 95 hours: A total gain of 557 hours. There were 6 adverts, one of which was open for 6 weeks with interviews held every 2 weeks.
- vi) The service lost 34 SCAs, 578 hours and reduced the contracts of 25 staff at 365 hours. Total loss of 943.hours. There has a been a mixture of reasons for reduction and leavers: "Time to retire", "the hours don't work around my family", "I'm finding it too stressful", "I do not want to put myself through the training required for registration" "Childcare problems with my partner changing jobs" being a few of the reasons given. Some left due to ill health and no longer being fit to do the role.
- vii) The people being referred to the service recently have changed in terms of what the assessed need is now, often complex, multiple conditions requiring more time and often double-up care.

3.15 The external Care at Home Providers are under pressure across Moray. The challenges faced are staff sickness, holidays, vacancies and people leaving, sometimes for other professions. Some providers are reporting a very slight easing in absence numbers. However, Care at Home across Moray as a whole is still under considerable stress. There is no availability across external Care at Home and most of the providers are at Red RAG status due to staffing issues and trying to safely deliver existing support packages. Multi-agency meetings have taken place as issues arise. Calling these meeting early and involving senior management are proving to offer positive steps forward that it is hoped will continue going forward.

3.16 In general providers are reporting that staff sickness and vacancies are still higher than average. This is due to the pressure placed on staff to cover additional runs as well as some COVID related illness – isolating whilst waiting for PCR results. Anticipated impacts are that there will be people who required care and no carers available to provide it.

3.17 Providers are increasing staff hours, cancelling or shortening annual leave, actively recruiting, pulling in office staff and some are using agency staff. They are also beginning to contact other providers to work together to move packages if required. Multi-disciplinary team meetings with the providers are being called to work together to come-up with strategies to meet the need. Social Work is looking at reviewing care packages to ensure the most at need are prioritised. Social Work in the East is working with providers as required to make rotas/runs sustainable if possible even if that means moving packages around.

3.18 The information indicates severe pressure widespread across the social care system which is increasing in severity and creating potential negative outcomes in the community and for staff.

4 KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Care at home service aims to provide a service to people who have been assessed as substantial or critical. Service managers have been implementing business continuity arrangements where the available staff resources are focussed on business critical functions, particularly in care at home, to try to ensure that all critical care is covered. Business critical functions and all activity not supporting frontline delivery is reviewed regularly by SMT.

4.2 The Oversight Group have created a sub-group to support the care at home sector. The new external partner has been asked, and agreed, to provide some support for infection prevention and control and support quality across the care at home service in Moray. It is recommended that this is accepted.

4.3 It is proposed that management support for social work is increased or strengthened.

4.4 Professional review to streamline professional processes to help alleviate delays.

4.5 Recruitment activity should be continued and enhanced across the sector.

4.6 The impact of low retention of staff is felt by team members however there are hidden costs associated with management team spent in the recruitment process and interviewing.

4.7 To provide additional support the social care sector through a range of different support mechanisms e.g. establish a digital support group for all new starts in social care to ensure their experience is positive with the aim of improving retention of staff.

4.8 Consider focussed and cross-sector recruitment drives, particularly with new external partner for care at home.

4.9 An action plan has been created to look at ways to potentially begin to address the recruitment difficulties. **(SEE APPENDIX 1)**

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2019 – 2029

This report, and the previous/ongoing work detailed within it, support the delivery of the Corporate and 10 Year Plans and specifically support meeting the following outcomes in the Moray Integration Joint Board Strategic Plan:

- People are safe
- The workforce continually improves
- Resources are used effectively and efficiently

(b) Policy and Legal

This links to the Social Work (Scotland) Act 1968 as well the Integrated Joint Board's ability to deliver on the Home First policy.

(c) Financial implications

There are no financial implications relating directly to this report but there will be costs associated with the proposed actions. Scottish Government has recently announced additional funding on a recurring basis to support the ability to maximise capacity in care at home. This will be considered and future reporting will highlight the opportunities identified.

(d) Risk Implications and Mitigation

These are noted within the body of the report.

(e) Staffing Implications

Stress on the sector is causing concerns for the wellbeing of the current social care workforce.

(f) Property

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

(g) Equalities/Socio Economic Impact

The lack of social care service will have the most meaningful impact on Moray's most vulnerable citizens.

(h) Consultations

Consultation on this report has taken place with the Deputy Chief Officer, Sean Coady, Head of Service, Katrina McGillivray, Senior HR Adviser, Tracey Sutherland, Committee Services Officer, who are in agreement with the content of this report as regards their respective responsibilities

6 CONCLUSION

6.1 The social care sector in Moray is under extreme pressure which is creating an impact on the wider community and the effectiveness and efficiency of health services.

6.2 Some mitigating actions are identified.

Author of Report: Jane Mackie, CSWO/Head of Service

Background Papers:

Ref:

REDUCING GAPS IN SOCIAL CARE ACTION PLAN

	ISSUE	ACTIONS	BY WHOM	BY WHEN
1.	Continuous advertising for Social Care Assistants (Home Carers)		John Campbell / HR	December 2021
2.	Meeting called with Head of Council HR to consider all possible supportive measures.	A meeting has been arranged for 17 November with HR senior managers.	Jane Mackie	Meeting on 17 November
3.	Meeting with DWP to discuss vacancies and potential barriers for applicants.	Frances Garrow is arranging this on behalf of JM and JC	Frances Garrow	January 2022
4.	Reposition Social Work to focus on enhancing individual, family and community assets and resilience and away from Care Management.		Jane Mackie	Began October 2021
5.	Work collaboratively with all professions to consider priorities for delivery of social care.		SMT	March 2022
6.	Work collaboratively with all professions to seek alternatives to social care support.		SMT	Ongoing
7.	Continue to support the Social Care OT service to reduce the waiting list for OT assessments and maximise levels of individuals' independence.		Lesley Attridge	Ongoing



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

**SUBJECT: OLDER PERSONS AND PHYSICAL SENSORY DISABILITY
BUDGET OVERSPEND QUARTER 2 FOR 2021/22**

BY: SEAN COADY, HEAD OF SERVICE

1. REASON FOR REPORT

1.1. To inform the Board of the Older Persons and Physical Sensory Disability (PSD) overspend of £1.65M as at 30 September 2021 and measures being taken to address this.

2. RECOMMENDATION

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

- i) understands the current financial position and actions taken to manage the overspend; and**
- ii) notes that many of the trends discussed in this report are not specific to Moray but are nationwide in their nature.**

3. BACKGROUND

Introduction

3.1 Older persons and physical sensory disability (PSD) services is showing a £1.65M overspend as at 30 September 2021. The majority of this is external Care at Home (£1.51M) with further overspend in Permanent Care (£0.24M) and Respite (£0.08M). The overspend is partially being reduced by lower costs in Day Care Services (£0.19M).

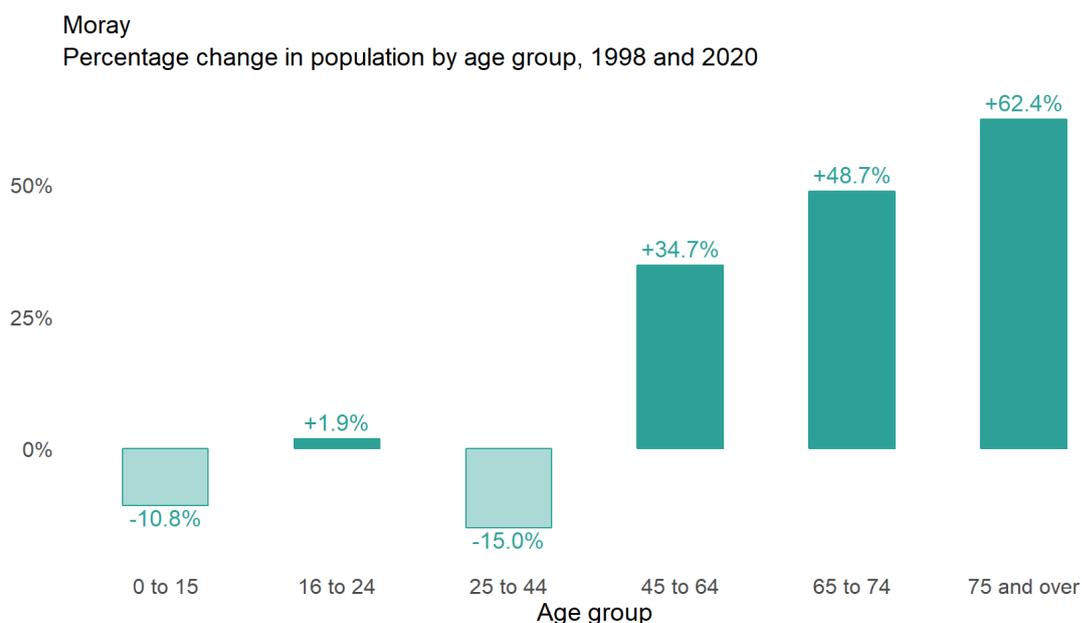
Demographics

3.2 The average age of Moray's population has risen by more than 3.5 years over the past decade. The increase is the sixth steepest out of Scotland's 32 local authority regions. On 30 June 2020, the population of Moray was 95,710. This is a decrease of 0.1% from 95,820 in 2019. Over the same period, the population of Scotland remained stagnant.

3.3 Moray had the 23rd highest population in 2020, out of all 32 council areas in Scotland. Between 2019 and 2020, 20 councils saw a population decrease and 12 councils saw a population increase. Between 1998 and 2020, the population of Moray has increased by 10.3%. This is the 11th highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 7.7%. In 2020, there were more females (50.4%) than males (49.6%) living in Moray. There were also more females (51.2%) than males (48.8%) living in Scotland overall.

3.4 In terms of overall size, the 45 to 64 age group was the largest in 2020, with a population of 27,544. In contrast, the 16 to 24 age group was the smallest, with a population of 9,019. In 2020, more females than males lived in Moray in 3 out of 6 age groups.

Between 1998 and 2020, the 25 to 44 age group saw the largest percentage decrease (-15.0%). The 75 and over age group saw the largest percentage increase (+62.4%).¹



Impacts of Covid

3.5 At the beginning of the pandemic each service was requested to identify what aspects of their services were critical and non-critical. Decisions were made in relation to prioritisation of services and many families stepped in to support older relatives due to these changes.

3.6 We are now moving to a hybrid business as usual and Covid models, and we are now seeing the true costs of contingencies put in place, or indeed removed. There has been an element of firefighting throughout the 18 months of pandemic that remains relevant.

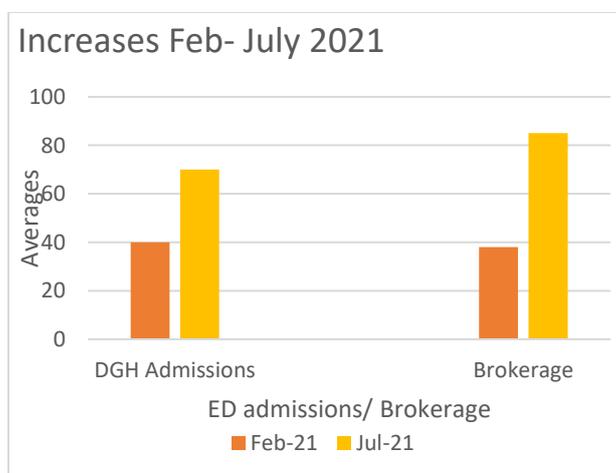
3.7 Initially during March 2020, all care packages were reviewed leaving remaining packages that were high cost and complex. At the beginning of lockdown with

¹ <https://www.nrscotland.gov.uk/>

many families being off work, they took on some of the burden of care. As the pandemic has progressed and people started to return to the workplace, the demands for care have risen.

System challenges

- 3.8 On average, since February 2021, Emergency Department (ED) activity has almost doubled. The average number of patients presenting at ED daily in February was in the 40s, by July 2021 this was in the 70s. This is not just Covid activity but is now a presentation of patients with higher acuity, co-morbidities and complex circumstances.
- 3.9 This, in turn is increasing length of stay as well as readmission rates. **On average 15% of all readmissions nationally are older patients.**² This is a combination of 'missed care' previously known as the Health Debt, caused by cessation of preventative and elective treatments as well as a relaxation in lockdown protocols. We are now witnessing a social debt that needs consideration. Although some Covid measures have relaxed, bed spacing is still in effect which is seeing higher numbers of patients and fewer resources which impacts on social care services.



- 3.10 Initial Covid bed spacing reductions saw Dr Gray's Hospital and community hospitals reduce their bed base by 19%. Dr Gray's Hospital went from 190 to 154 beds and are still reduced due to the ongoing legionella situation, contingency bed plans and surge requirements. Community hospitals went from 62 to 50 and are now at 52.
- 3.11 All care providers are experiencing retention deficits and recruitment drives are often unsuccessful with reasons being uncompetitive rewards packages against increasing demands and expectations. Some providers have flagged an inability to cope with their workload - particular at weekends. Contingency methods have seen bank staff and other alternatives put in place at extra costs although staff are now being prevented from working longer hours as they are in breach of the Working Hours directive. As a result, this puts increasing pressure on internal services who are required to accommodate any unmet need whilst also facing similar issues.

² <https://www.bgs.org.uk/resources/scottish-care-of-older-people-scoop-project>

Budget Detail and Challenges

3.12 The Older Persons and PSD Services budget as at 30 September 2021 shows an overspend of £1.65M. This is a considerable increase in comparison to the same 6 month period over the last two financial years. The increase can be attributed to rising demands on care as well as additional pressures through Covid.

Year	Budget	Budget YTD	Actual	Variance
2021-2022	18,853,516	8,964,649	10,615,013	(1,650,365)
2020-2021	17,917,740	8,624,112	9,514,951	(890,839)
2019-2020	16,788,670	7,963,779	8,695,234	(731,456)

Care at Home

3.13 Care at Home has an annual budget of £4.70M. Year to date budget against actual cost is showing an overspend of £0.94M. Historically this budget has been in an overspend position.

Year	Budget	Budget YTD	Actual	Variance
2021-2022	4,702,357	2,087,259	3,020,701	(933,422)
2020-2021	4,554,361	2,126,175	2,588,279	(462,104)
2019-2020	4,267,890	1,856,138	2,094,481	(238,343)

3.14 The service has seen a small increase in the number of care packages versus the previous year. However, this is not enough to explain the increase. Instead the amount of care provided per service user has increased. This is a result of the health debt accumulating and services users now experiencing higher complexity and multi-morbidity. Through recent review of other Health and Social Care Partnerships Moray is not an outlier in experiencing these challenges with care at home.

3.15 In response to the rising costs all care packages over £500 per week are now signed off at service management level. These packages are monitored daily by the management resource team leaders in discussion with the appropriate locality manager, and if necessary referred to the Head of Service.

3.16 High end packages over £1,000 per week all have a robust assessment as to why they continue to be supported at home with high care packages in place. All are approved by Head of Service. It should be noted this process existed prior to the £500 per week package reviews.

3.17 The review process for care packages is annually, however this is now being reviewed through the new tender process.

3.18 The appointment of two providers during the winter of 2020/21 allowed packages to be taken on at rapid pace due to other services being cessed. This appointment was seen as necessary to ensure care packages could resume for both substantial and critical service users. These costs (£0.15M) were attributed to winter funding for 2020-2021 but not for 2021-2022. Discussions are currently ongoing about reallocating the 2021/22 costs from the recently announced Scottish Government funding. This will reduce the budget overspend by £0.43M

Sheltered Housing and Very Sheltered Housing

3.19 Additional costs have been attributed to a contract with a housing association to provide sheltered and very sheltered housing facilities. The anticipated transfer of funding was not realised which led to a cost pressure within this budget.

3.20 The financial position for this element has resulted in an overspend of £0.58M to 30 September 2021. It should be noted however that these facilities help older people feel safe and secure at home and live fulfilling and independent lives. There is an element of overnight care provided and the cost of care packages in these facilities are high.

Year	Budget	Budget YTD	Actual	Variance
2021-2022	313,296	156,535	734,446	(577,911)
2020-2021	313,296	156,535	706,669	(550,134)
2019-2020	34,000	566	476,124	(475,558)

Permanent (Care Home)

3.21 Permanent Care has an annual budget of £10.49M. Year to date budget against actual cost is showing an overspend of £0.24M.

Year	Budget	Budget YTD	Actual	Variance
2021-2022	10,488,259	5,211,542	5,450,728	(239,186)
2020-2021	9,893,158	4,913,911	5,090,822	(176,891)
2019-2020	9,413,372	4,699,283	4,508,010	191,272

3.22 Care home payments are paid based on Scottish Government rates. A separate rate is paid for those requiring residential care (£653.79 per week) and nursing care (£763.68 per week). This is increased each year and the budget is uplifted to take into account any increases. A contribution for care home costs may also be made by the service user following the completion of a financial assessment.

3.23 At present 482 residents are currently receiving financial assistance. Of these 238 are receiving residential care and 244 are receiving nursing care. Whilst this is lower than the same period in 2020 there is a marked increase from the

year prior, pre-Covid. Again, this is representative of the health debt being allowed to accumulate.

	April	May	June	July	Aug	Sept
Residential						
2021	238	240	243	238	234	238
2019	328	321	326	323	320	327
Movement	-90	-81	-83	-85	-86	-89
Nursing						
2021	252	249	245	249	246	244
2019	148	151	148	151	160	196
Movement	+104	+98	+97	+98	+86	+48

3.24 The review process for Long Term Care is annually but if there has been an increase to nursing this will be reviewed after the initial 6 weeks to ascertain if it is required.

3.25 Other time related elements will also affect the overspend at a given reporting period. These include paying the maximum entitlement of costs to a care home prior to the completion of an individual's financial assessment; being legally responsible for any outstanding debts due by an individual to the care home; and deferred payments i.e. an agreement that care home costs will be covered by the authority pending the sale of an individual's property.

Respite

3.26 Respite care is currently showing an overspend of £85,000 against a year to date budget of £307,000.

3.27 This is primarily driven by an overspend in respite in the west where there has been a number of clients in emergency respite for longer than the statutory 2 weeks due to not being able to discharge them. There has also been increased emergency respite in care homes when there has been a lack of community resource. The overspend is partially being offset by underspend within east side facilities, however further analysis is required to identify what is driving this.

Year	Budget	Budget YTD	Actual	Variance
2021-2022	741,666	306,618	391,006	(84,387)
2020-2021	738,031	304,719	258,968	45,750
2019-2020	648,424	265,517	387,165	(121,648)

Day Services

Year	Budget	Budget YTD	Actual	Variance
2021-2022	734392	307,491	120,768	186,723
2020-2021	734,392	307,491	57,178	250,313
2019-2020	738,792	309,324	391,342	(82,018)

- 3.28 There is an underspend in Day services at present due to the cessation of an external contract and services such as 'Shared Lives' being coded to Covid funding whilst the service is remobilised. 2020-2021 had a larger underspend due to services not running due to the pandemic. 2019-2020 overspend was due to an external contract but this has now ended.

4 **KEY MATTERS RELEVANT TO RECOMMENDATION**

Budget Scrutiny

- 4.1 Regular finance meetings are in place with accountants and operational managers.
- 4.2 There will be robust monthly reviews and decision making initiated by Head of Service.

Improvement Initiatives

- 4.3 Home first remains a priority for Health and Social Care Moray (HSCM) and Dr Gray's Hospital who are taking forward various programmes of work through the Home first Delivery group e.g. Health Improvement approach to respiratory conditions, Discharge to Assess, Hospital at Home, Ambulatory care, delayed discharge. Along with the outcome based commissioning for care at home and also the commitment to taking forward the 3 conversation model across our system in Moray will change the way we approach and provide care services in the future. Through the Moray Portfolio the Home first Delivery group have recognised the need to pull these initiatives under the Hospital without Walls proposals. Through a recent workshop unified key clinicians and managers have developed some key principles. This creates a new programme involving all aspects of Home First, unscheduled care, primary/secondary care being brought together under the umbrella of Hospital without Walls. The key objectives of this is to establish a system of responsive, seamless, co-ordinated, multi-disciplinary care supporting older people with frailty and multi-morbidity. The Home first programmes create highly responsive multi-disciplinary teams (MDTs) who can support patients in the community, front door of Dr Grays and in-patient wards to reduce and reshape demand and optimise discharge pathways etc.
- 4.4 The Moray Portfolio Senior Management Team have developed the following key priority areas to sit under this programme to provide focus and clarity:
- To reduce and reshape demand on services
 - To reduce congestion and overcrowding of the hospital Emergency Department

- To optimize discharge pathways across the system
- To enhance resilience and responsiveness of social work and social care, and
- To develop and inform the Grampian Operational Pressure Escalation System (G-OPES) framework in terms of appropriate Moray Portfolio actions to be taken in response to levels of escalating system pressure

Therefore it is recognised that moving forward the overarching programme 'Hospital without Walls' in Moray provides a whole system approach to addressing how we manage delays in the system and demand on current services. By pulling our resources together to rapidly intervene and appropriately manage decompensated frailty, and also support older people in advance of crisis, we can potentially minimise both personal and resource costs of dependency.

Additional Funding

- 4.5 In recent weeks, Scottish Government has announced additional funding and new investment that is being put into place to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and care systems. The investment aims to: maximise capacity; ensure staff wellbeing; ensure system flow and to improve outcomes. Over the next period, the Chief Financial Officer will work closely with the Senior Management Team to ensure the principles supporting this additional funding can be delivered. The impact on allocating this funding will alleviate some of the current pressure being experienced in the care at home budgets.

Contingencies

- 4.6 Winter surge plans such as the increase of the Community Response Team staffing should offset some expense of emergency respite. Additional staff have been recruited to support Access Team and Hospital Discharge teams to accelerate and improve processes. Winter planning is progressing at present. These posts have been funded through temporary funding.

Summary

- 4.7 Overspends are reflecting national trends of increased care demands on budgets already operating in a deficit and with decreased resources. This has been recognised in the recent announcements of additional funding and will be reflected in future reporting.

5. SUMMARY OF IMPLICATIONS

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

This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2021/22.

(b) Policy and Legal

It is the responsibility of the organisation receiving the direction to work with the Chief Officer and Chief Financial Officer to deliver services within the resources identified. The Moray Integration Scheme (para 12.8 of the

2015 Integration Scheme) makes provision for dealing with in year variations to budget and forecast overspend by reference to agreed corrective action and recovery plans. It also makes provision for dealing with year-end actual overspend where such action and plans have been unsuccessful in balancing the relevant budget by reference to use of MIJB reserves and additional payments from NHS Grampian and Moray Council.

(c) Financial implications

This budget will remain overspent despite contingencies and remedial and corrective measures being put in place. Additional funding has been announced and will support the overspend on this budget, however, it should be noted that there will still be a financial pressure on this budget at the end of the year. Future reporting will provide more detail on the impact.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

There are no direct implications in this report.

(f) Property

There are no property implications.

(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

Consultation on this report has taken place with the Chief Financial Officer, HSCM Senior Financial Team, Commissioned and Internal services, Heads of Services and Locality Managers.

6 CONCLUSION

6.1 There is ongoing financial monitoring of this budget. The situation will continue be monitored at senior management level with ongoing reporting to the Senior Management Team.

Author of Report: Sean Coady, Head of Service, HSCM

Background Papers:

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: MORAY MENTAL HEALTH SERVICE REMOBILISATION, PLANNING, DELIVERY AND PERFORMANCE

BY: INTEGRATED SERVICE MANAGER, MENTAL HEALTH AND DRUG AND ALCOHOL RECOVERY SERVICES

1. REASON FOR REPORT

1.1. To inform the Board of service remobilisation, to provide service assurance to the Board of access to mental health assessment, care and treatment delivery and performance for the population of Moray. The report also updates the Board about service planning and improvement initiatives and about service risks and mitigation being taken against these.

2. RECOMMENDATION

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

- i) note the action taken to remobilise mental health services;**
- ii) note the service delivery and performance status;**
- iii) note the planning and service improvement initiatives including collaborative commissioning and leading change and transformation with the input of lived and living experience; and**
- iv) note the service risks and mitigation plans.**

3. BACKGROUND

- 3.1. There has been a mental health remobilisation report submitted to MIJB previously on 26 November 2020 (para 15 of the minute refers).
- 3.2. Current progress is that mental health and drug and alcohol services are remobilised with the support of new ways of working. A hybrid model of face to face contact and Near Me technology is enabling people to be engaged in services and have more choice about how they access services.
- 3.3. Integrated, multidisciplinary community mental teams and third sector organisations are remobilised and providing in reach into people's homes.

Community alcohol detox is remobilised and enabling people to receive care and treatment at home.

- 3.4. Social distancing and infection prevention and control measures are in place at Pluscarden Clinic with a mixture of face to face and Near Me consultations being delivered by the multidisciplinary community mental health team.
- 3.5. Access to mental health services continue to be met: Emergency (seen same day), Urgent (seen within 7 days (often within 5)), Routine within 4 weeks. Referrals were prioritised. Direct access referrals for drug and alcohol support are within 3 days as per the national standard.
- 3.6. Psychodynamic therapy groups have been remobilised on an IT platform at present for large groups (6 or more) and face to face in appropriate socially distanced community settings for smaller groups (2-6 people).
- 3.7. Face to face consultation has not remobilised in GP practices, where, prior to the COVID-19 pandemic, people were able to access services from the integrated multidisciplinary community mental health team in their GP surgery.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Service Delivery and Performance

- 4.1 Community Mental Health Team referrals – seen within standard waiting times; no waits.
- 4.2 Adult Mental Health Psychology – seen within 18 weeks referral to treatment time target. 100% compliance from November 2020 and sustained.
- 4.3 Mentalisation Based Therapy (MBT) has 27 people waiting for treatment. Additional capacity is required to address this demand. Mental Health and Recovery Renewal funding for secondary care psychological therapies may address this capacity issue in due course.
- 4.4 In patient bed occupancy: Ward 4 continues to operate on 16 beds (reduced from 18) due to bed spacing. Ward 4 bed occupancy: 91.5% (April to October 2021). There has been two occasions of surge up to 18 beds but this has been risk assessed in line with clinical need and risk to patients already in the ward.
- 4.5 Muirton Ward operates at 8 beds and bed occupancy is 80.3% (April to October 2021). Delayed discharges have been minimal and people have been successfully moved on to other care settings in line with their care needs.
- 4.6 Direct Access Drug and Alcohol Support: the target of being seen within 3 weeks of self or service referral is being met fully.
- 4.7 Referrals into secondary care mental health continue in steady state.
- 4.8 Moray Integrated Drug and Alcohol Service (MIDAS): During the first quarter of 2021 there has been a 28% increase in referrals to the MIDAS team from the same period in the previous two years. Whilst outpatient activity in relation to

patients with an alcohol addiction have remained relatively stable over the last three years, there has been an increase in the number of people presenting with a drug addiction. This underpins the evidence of an increase in drug related deaths in Scotland during the last six years as well as an increased demand on substance misuse services as a result of the pandemic.

- 4.9 Drug related deaths in Moray are an ongoing focus of concern. In 2020 there were 10 drug related deaths in Moray. At the time of report writing there has been 12 drug related deaths of people known to services (Moray drug related death numbers overall are subject to national verification). A multi-agency meeting of the Moray Alcohol and Drugs Partnership was held to harness our collective intelligence about drug related deaths and how we could mitigate against these. Some themes emerged that the multiagency are tackling regarding access to services, stigma, community safety and illegal drug supply routes.
- 4.10 MIDAS has commenced delivery on the Medically Assisted Treatment standards (MAT Standards) but are unable to achieve all areas due to lack of clinical space to deliver standards requirements (currently a risk – see below).
- 4.11 A range of ongoing service quality and improvement processes and initiatives enable the identification and systems monitoring that provide assurance to various fora such as learning from adverse events; complaints monitoring and feedback analysis; staff health and wellbeing surveys; pulse surveys; audit; pilot and externally supported programmes (e.g. Health Improvement Scotland (HIS) Pathfinder Project: reducing reliance on inpatient beds); regular interface and reporting to Care and Clinical Governance Committees, Practice Governance Board, Human Resources / Workforce, Partnership (staff side) fora; and System Wide Quality and Assurance groups and professional forums.

Service Planning

- 4.12 3rd Sector Mental Health and Wellbeing Service: The service currently run by Penumbra is due to end its contract on 31 March 2021. A multi-agency and multidisciplinary options appraisal and needs assessment are being undertaken to inform future commissioning needs. Peers and people with lived and living experience are directly involved and influencing change.
- 4.13 As part of this contract Distress Brief Interventions was added, funded by Action 15 funding. Distress Brief Interventions service has been commissioned in the longer term with a new contract being negotiated that runs from 1 April 2021 to 31 March 2024.
- 4.14 3rd Sector Direct Access Drug and Alcohol Services: the contract currently run by Quarriers is due to end its contract on 31 July 2022. A multi-agency and multidisciplinary options appraisal and needs assessment are being undertaken to inform future commissioning needs. Peers and people with lived and living experience are directly involved and influencing change.
- 4.15 3rd Sector Funding: The New Communities Mental Health and Wellbeing Fund for the 3rd Sector is now available and we plan to submit a bid to develop a “no wrong door” approach to accessing mental health and drug and alcohol support – ask and get the right help fast.

- 4.16 Primary Care Psychological Therapy: this service was re-established with confirmation of recurring funding from 1 April 2021 (Mental Health Recovery and Renewal Funding). Referrals and self-referral to the primary care psychological therapy service is currently via the NHS Grampian Psychological Resilience Hub (PRH). There has been reported incidences of poor access experience within this process that we continually have to address. Also frustration from referring practitioners that services cannot be accessed or stepped up into secondary care. In mitigation and to improve access and people's experience of care, we are seeking to move away from the PRH process and establish a front door access in Moray to improve ease of access and service delivery.
- 4.17 Access to online psychological support: There has been significant investment by NHS Grampian to enable access to a range of on-line psychological therapy support that can be delivered by primary and secondary care psychological practitioners and a range of multidisciplinary mental health staff who in-reach into GP Practices.
- 4.18 Drug and Alcohol Recovery Service: Moray Integrated Drug and Alcohol Service (MIDAS) has received funding uplift from Moray Alcohol and Drugs Partnership via Scottish Government Funding uplift to support investment in managing complex care and residential rehabilitation. Additional psychology services are being added to the team to respond to childhood and complex trauma within the drug and alcohol population who have a dual diagnosis of mental ill health and alcohol / drug dependency. Additional support to manage physical health needs has also been recruited to the MIDAS team. Part of this funding has been signposted by the Scottish Government to increase the input of lived and living experience in service planning and delivery for drug and alcohol. Moray Wellbeing Hub have been allocated funding to take this approach forward in Moray.
- 4.19 Suicide Awareness and Prevention: Health and Social Care Moray (HSCM) are engaged with multi-agency partners, Aberdeenshire and Aberdeen City Health and Social Care Partnerships under the banner of 'North East Suicide Prevention'. Developing a Suicide Prevention Action Plan; Developing a Suicide Reporting and Learning System – learning from work already undertaken in other NHS Boards; and Developing a training plan for suicide awareness and suicide response.
- 4.20 Developing a Trauma Informed Workforce: The shared ambition of the Scottish Government and COSLA is to develop a trauma-informed workforce across Scotland. The aim of this work is to ensure delivery of health and care services in ways which prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives. In order to promote, oversee and embed trauma informed systems, services and workforce across all parts of the organisation, a discussion paper was taken to HSCM Systems Leadership Group on 21 August. It was agreed that all leaders across the organisation would undertake trauma informed training to learn and understand what was required for each operational service area / department. HSCM has partnered with Revolution for Good 3rd sector organisation to deliver peer led training to the systems leaders. The first training session took place on 5 November, with a follow up session planned for 3rd December. Funding has been received from Scottish Government and COSLA to support the roll out of

trauma informed training. The Systems Leadership Group will agree a plan to ensure all staff have access to trauma training at trauma informed or trauma skilled level (trauma enhanced and trauma specialist roles exist within mental health multi-disciplinary team and psychological therapy roles).

- 4.21 Mental Health & Learning Disability across the 3 Health and Social Care Partnerships and MHL D Specialist Services: Following a series of consultation events in 2018/19, a MHL D Transformation Plan has been agreed. Programmes of work underway across the MHL D system Grampian wide to secure a sustainable service model that will meet the future needs of the population. The Guiding Principles set out in the Strategic Plan are as follows: System-wide framework for organising and delivering services; As local as possible and as specialist as necessary; Pathways of care; Crisis services and 7 day support across all 4 tiers of service delivery; Strategic commissioning of the whole pathway across sectors; Integrated workforce planning; System-wide collaboration; Working together to balance a population approach, person centred care and securing best value with the available resources. HSCM have made a lot of progress on local service integration, commissioning and reducing reliance on inpatient beds. The key stakeholder interest for Moray are continued access to and redesign specialist MHL D services – MH and LD specialist beds, eating disorder, rehabilitation, forensic, Child and Adolescent Mental Health services (CAMHS) and engagement in Regional service planning and development. A process has been undertaken to ensure peers and those with lived and living experience are involved in developing and driving forward the transformational change plans.
- 4.22 Scottish Government funding to support mental health transformation: There are a number of funding streams underway to support mental health service transformation such as the Mental Health Recovery and Renewal Fund; National Drugs Mission Funding; forthcoming and anticipated Mental Health in Primary Care Funding; and various funding streams to support drug residential treatment; medically assisted treatment and opiate substitution therapies; recovery work; trauma informed workforce; and the recently announced Communities Mental Health and Wellbeing Fund.
- 4.22 Health and Social Care Moray has a number of active stakeholder groups through which service investment, alignment and transformation is planned, agreed and taken forward: Moray Mental Health and Wellbeing Partnership (Making Recovery Real Moray), Moray Alcohol and Drugs Partnership, Moray Primary Care Improvement Group, and Grampian wide MHL D Transformation Board. Multi-agency representation is explicit on all these stakeholder groups including peers, lived and living experience.
- 4.23 Upstream Intervention and Prevention: Children’s and Young People’s Mental Health. Integrated adult mental health services are engaged in alignment towards the Children’s and Young Peoples mental health service for ages 5-24 years (26 years in the case of those who are care experienced). Processes have been established for established for families who require a family service offer through Multi Agency Support Hub (MASH) and active work is underway to ensure that parents who have mental health and or drug / alcohol needs are supported within a family approach. It is anticipated that over time there will be less transition to adult mental health services as a result of direct intervention to young people’s mental health at Tier 2.

Service Risks and Mitigation Planning

Workforce Risks

- 4.24 Mental Health Officers (MHOs): There are significant workforce and service pressures as a result of attrition of MHOs to promoted posts and resignations from the MHO rota. There are also concerns about the self-expressed health and wellbeing of MHOs and consequently the ability of the MHO service to continue to fulfil statutory duties. Adult with Incapacity work is under significant pressure.
- 4.25 In 2018 local MHO planning recommended that 2 MHO candidates are trained every year to replace MHOs who leave or are promoted. Since then there has been only been in year 2018-2019 that Moray has achieved that number and with no MHOs qualifying since 2019. There will be two MHOs qualifying in 2022, one of these being an out of hours social worker. In that period 4 daytime MHOs are no longer on the Mental Health Act rota, 3 due to promotion and one leaving the service. This workforce plan is being reviewed on an ongoing basis.
- 4.26 MHO pressures are a nationwide problem and there are indications that the Scottish Government are considering solutions that will involve additional money coming to local authorities to support the recruitment and retention of MHOs. Consideration of how this money could be spent is difficult without knowing how much that might be and whether it will be ring fenced.
- 4.27 Meanwhile, in order to manage the pressures there are some options that operate throughout Scotland that could be adopted in Moray to increase the number of people being attracted to MHO work and to encourage the retention of MHOs should the government funds be forthcoming. Other models operating in other parts of Scotland may be considered as a longer term solution.
- 4.28 This work is ongoing to mitigate against the risks that Moray cannot fulfil its statutory duties in relation to a number of statutory requirement such as the Mental Health Care and Treatment (Scotland) Act; Adults with Incapacity Act etc.
- 4.29 Consultant Psychiatrists: There is ongoing recruitment pressures for NHS Consultant Psychiatrist Posts – there are shortages in some specialties e.g. Older Adult Consultant Psychiatrists; and a market where there is high dependency on costly agency locums, which puts budgets under financial pressures and creates inconsistency in care provision, therapeutic relationships, multidisciplinary team development and low threshold for managing risks.
- 4.30 Wider workforce risks: Difficult to recruit to posts also include Specialty Doctors, Mental Health Nurses; Psychologists; and at times Junior Doctors in Training. Workforce challenges in Child and Adolescent Mental Health Services (CAMHs) are having a direct impact upon adult mental health

provision at present. There has been some attrition of staff from 3rd Sector contracts due for review: Drug and Alcohol Recovery; and Mental Health and Wellbeing Service. It is anticipated that moving towards collaborative commission with the 3rd Sector in the future will mitigate against staff attrition as contracts near termination.

Finance Risks

- 4.31 Reliance on Agency Locum Medical Staff: Agency Medical Locum use at present is causing financial pressure for Health and Social Care Moray. Mental Health Services currently have 2 agency locum Consultant Psychiatrists which are at significant cost – at 4 times more than staffing budgets allow: there is one Consultant Locum in Adult Mental Health and one Consultant Locum in Older Adult Mental Health.
- 4.32 Service redesign is being actively undertaken with role redesign and new roles. The Adult Mental Health agency locum will terminate in mid-December 2021 and there has been local engagement and innovation with a local GP practice to introduce a mental health nurse practitioner role within the practice and to reconfigure the existing Consultant Psychiatrist workforce to supervise and support this post going forward.
- 4.33 The Older Adult agency locum is being extended by 3 months to manage winter surge and winter pressures and support the transition period of service and role redesign. This post will also terminate by 31st March 2021.

Property Risks

- 4.34 Ligature Reduction: A number of initial ligature point reduction work has taken place at Ward 4, Dr Gray's Hospital. More intensive work to achieve ligature point compliance has been identified and a design team is currently being appointed to plan and undertake this work from April 2022. There will be some disruption to service delivery but it is anticipated that this will be minimal in terms of access to in patient care services. Learning from initial ligature point reduction work it is likely that 2 beds will be reduced for the period of the improvement works that are likely to take 12-18 months to complete.
- 4.35 Access to Drug and Alcohol Recovery Specialist Services: Moray Integrated Drug and Alcohol Service has commenced delivery on the Medically Assisted Treatment standards (MAT Standards) but are unable to achieve all areas due to lack of clinical space to deliver standards requirements. This is currently identified as a risk on the HSCM Risk Register and there are ongoing discussions to provide alternative or reconfigured clinical space to allow same day access and prescribing in line with national care and treatment standards. There are significant and ongoing drug and alcohol related deaths and harms.
- 4.36 Access to Information and Communications Technology (ICT): there are ongoing problems in accessing ICT for existing and new staff. We are in a period of service improvement and redesign and access to ICT is essential to the smooth running of services and the set up of new services. For example, we have new mental health and wellbeing practitioner roles commencing in GP surgeries in December and new ICT has been requested but not received. No timescales can be identified for the receipt of ICT.

5. SUMMARY OF IMPLICATIONS

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

- Growing, diverse and sustainable economy: improving mental health of the population;
- Building a better future for our children and young people in Moray: service development for mental health and wellbeing and support for family wellbeing;
- Empowering and connecting communities: mental health planning and delivery as part of locality planning;
- Changing our relationship with alcohol.

(b) **Policy and Legal**

- Good Mental Health for All in Moray Strategy (2016-2026).
- NHS Scotland Mental Health Strategy 2017-2027).
- Scottish Government Mental Health Transition and Recovery Plan (2020).
- Recovery Orientated Systems of Care (ROSC)
- Draft Moray Alcohol and Drugs Partnership ADP self-assessment against COSLA Recommendations linked to the Partnership Delivery Framework for Alcohol and Drug Partnerships and Scottish Government Priorities. Due between October and December 2021. A template from the Scottish Government is pending.
- Rights, respect and recovery: alcohol and drug treatment strategy. 2018
- Medically Assisted Treatment (MAT) Standards 2021
- Transforming Nursing, Midwifery and Health Professionals' (NMaHP) roles: pushing the boundaries to meet the health and social care needs in Scotland, 2017
- A range of underpinning Mental Welfare for Scotland reports, guidance and legislation.

(c) **Financial implications**

As outlined at 4.31 to 4.33 of this report.

(d) **Risk Implications and Mitigation**

As outlined fully at Section 4.3 of this report

(e) **Staffing Implications**

As outlined at Section 4.3.1 – 4.3.4 of this report.

Staff Side, Unions and Human Resources are be working across organisations to support staff to deliver services in a change environment in response to the ongoing COVID-19 pandemic.

A robust plan is in place to mitigate against staff absence to cover modelled on 30% 50% and 80% staff absence. This has not required to be implemented during the acute phase of the COVID-19 pandemic, although there has been

some significant absence due to positive COVID-19 testing and staff isolation requirements.

(f) Property

As outlined at Section 4.3.7 – 4.3.10 of this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because this is a progress report. Integrated mental health service and drug and alcohol recovery services continue to deliver and there are plans in place to mitigate against identified risks.

(h) Consultations

Moray Mental Health Leadership Team

HSCM Home First Group – specific to remobilisation plans.

Making Recovery Real Moray Group (includes peers and 3rd Sector Organisations)

NHS Grampian Mental Health and Learning Disability Transformation Board, on behalf of Chief Officers.

6. CONCLUSION

- 6.1. Mental health services are remobilised and stabilised following the COVID-19 pandemic operational measures.**
- 6.2. Mental health services are meeting performance standards.**
- 6.3. A number of funded work streams underpin the planning and service improvement plans required to deliver transformation and recovery focussed services, including collaborative commissioning and input of lived and living experience.**
- 6.4. Plans are in place to mitigate against identified risks to service delivery.**

Author of Report: Pamela Cremin, Integrated Service Manager

Background Papers:

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: PRIMARY CARE SERVICES UPDATE

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To update the Board on Primary Care and to provide assurance on the contribution to the whole system for health and care. The attached paper (**Appendix 1**) was originally requested by the Board of NHS Grampian, and was presented to their meeting on 7 October 2021.

2. RECOMMENDATION

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

- i) note the contents of the paper and its recommendations; and**
- ii) endorse the development of patient engagement plans.**

3. BACKGROUND

- 3.1. A paper on primary care was requested to provide a summary of services highlighting how they operate, are governed and remunerated, by the NHS Grampian Board.
- 3.2. The paper covers all four independent contractors – General Practitioners, Dentists, Community Pharmacy and Community Optometry.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The paper sets out the current Primary Care landscape; the developments that are in progress; and describes how primary care has been operating during Covid-19 pandemic.
- 4.2. The paper highlights the importance of communication and engagement with patients for all primary care contractors. A specific request from the NHS

Grampian Board was to receive at a later date the engagement plan that is in development that shifts the paradigm from information giving to the public to a more dynamic iterative conversation, where we can understand more fully the needs of communities particularly as we continue to be challenged as a health and care system.

5. SUMMARY OF IMPLICATIONS

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

Working with our partners to support people so they can cope with, and where possible, overcome the health and wellbeing challenges they may face. Ensuring that the right care is provided at the right place at the right time when people are in need. Ensuring that our systems are as simple and efficient as possible.

(b) Policy and Legal

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

(c) Financial implications

No implications arising directly from this paper.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

Staff, both in directly employed and contracted services, need the support to their health and well-being in order for them to be able to deliver the best and most effective services for our residents. Improving the relationships with our communities is particularly important as we continue to be challenged by demand across health and care services.

(f) Property

No implications

(g) Equalities/Socio Economic Impact

Any proposed permanent change to service delivery will need to be impact assessed to ensure that we are not disadvantaging any section of our community. HSCM will continue to work closely with all our partners to ensure that we contribute to the health and well-being of the community and support the recovery phase of the COVID-19 pandemic.

(h) Consultations

None arising directly from this report.

6. CONCLUSION

- 6.1 This paper is provided to the MIJB to ensure that the Board is fully briefed and can support the work in primary care and, in partnership with NHS Grampian, can drive improvements in how we communicate with our residents, locally and pan Grampian.**

Author of Report: Peter Maclean, Service Manager Primary Care Contracts
Background Papers: Primary Care Board Report to NHS Grampian

Primary Care Activity Data Summary

Figure 1: GP Activity data expressed in terms of number of eConsults

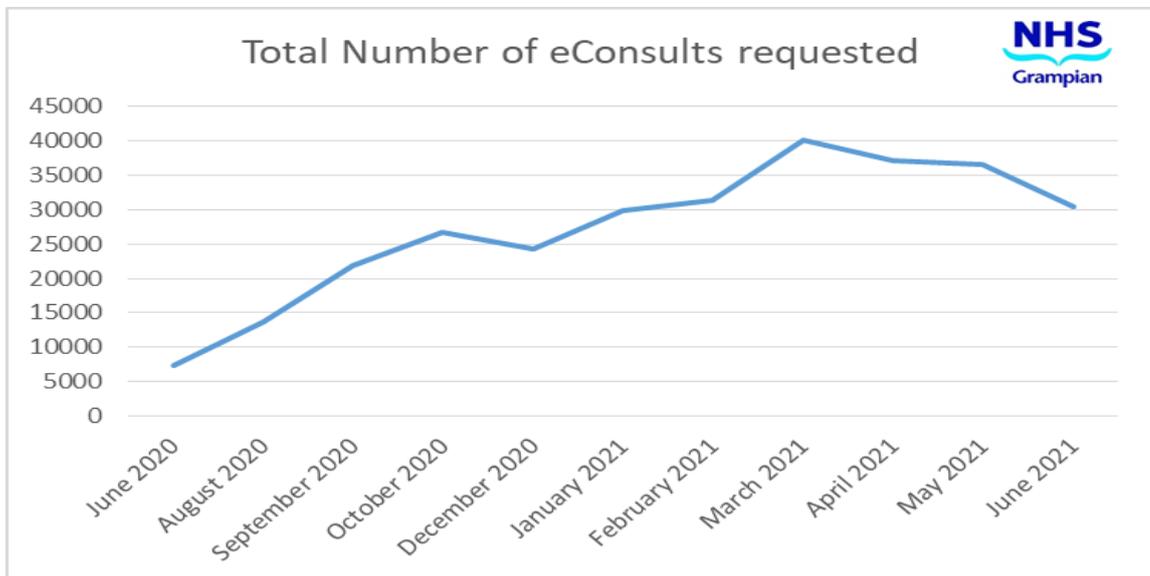


Figure 2: Near Me GP Activity Data

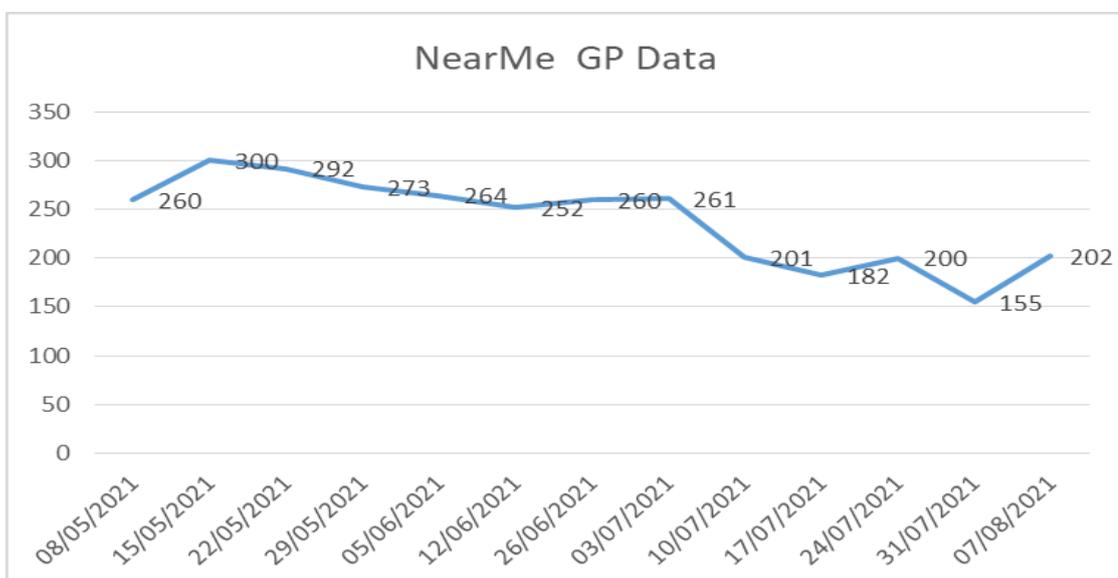
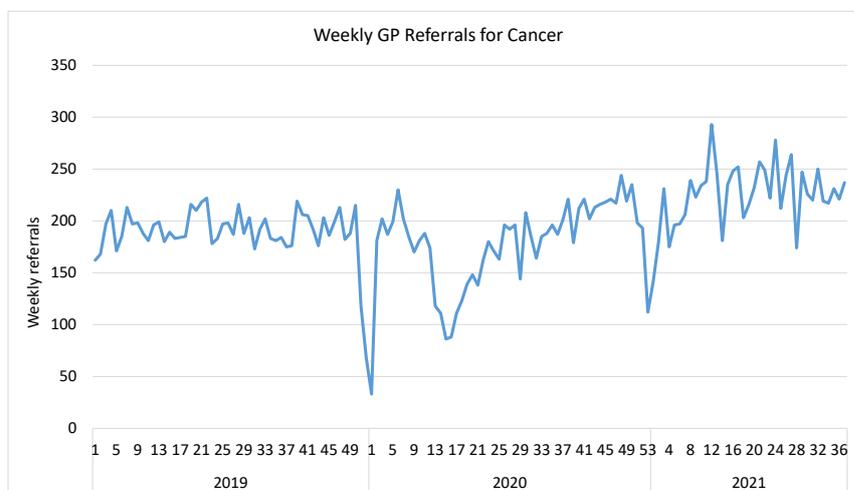


Figure 3: GP Referrals for Cancer



	Average weekly GP referrals	Difference from 2019
2019	190.6	
2020	181.4	-9.2
2021	225.9	35.3

Source: Cancer Care Pathway Business Objects Reports

Referrals from GPs in 2021 are now at a higher rate than during 2019

Figure 4: Emergency Admissions by GP practice

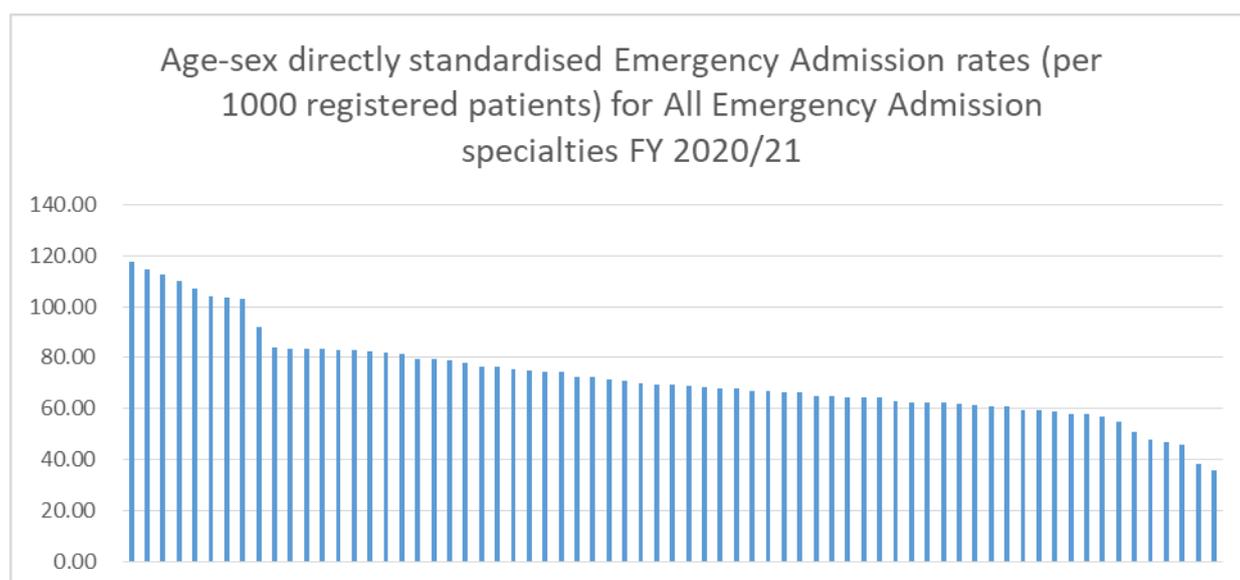
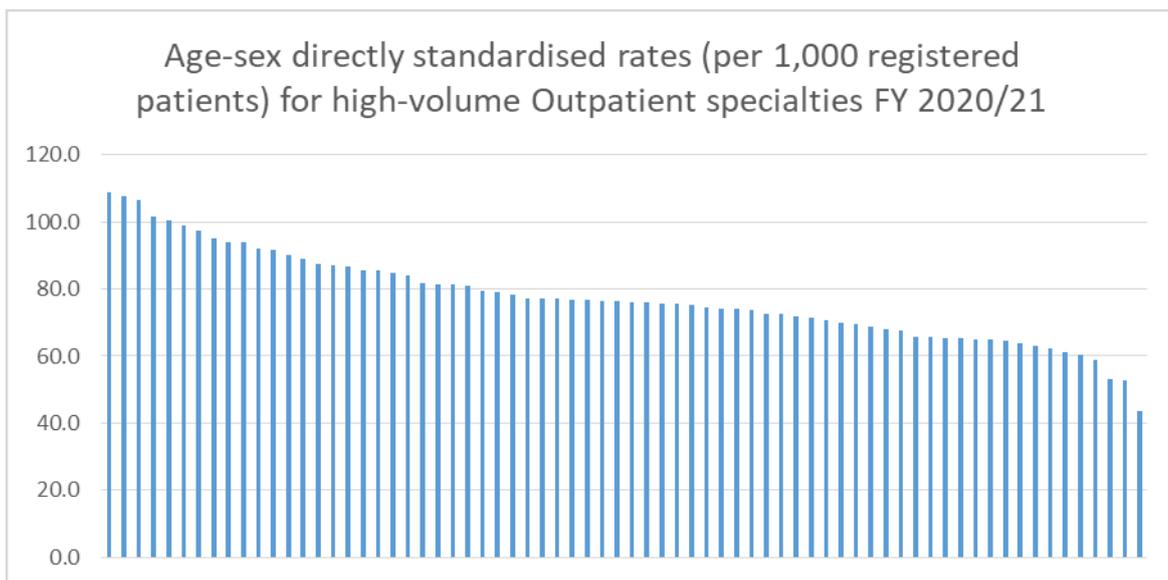


Figure 4 represents a snapshot of activity for Financial Year 20/21. Overall trend data and detail by specialty and time of day is not readily available.

Figure 5: Outpatient attendance rates by GP Practice



The data represented in figure 4 is helpful although more insightful data may be available from the SCI referral data.

Figure 6: OOH Presentations

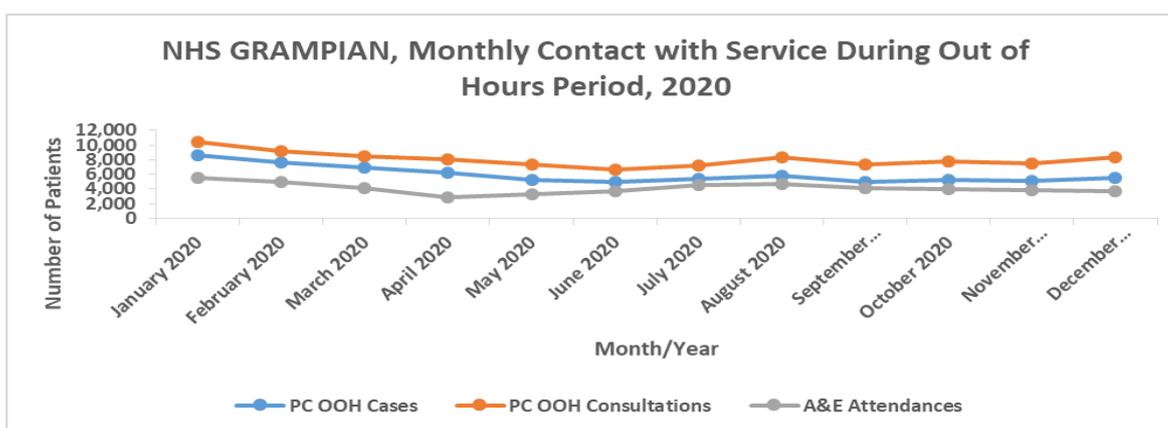


Figure 7: OOH Presentations by type

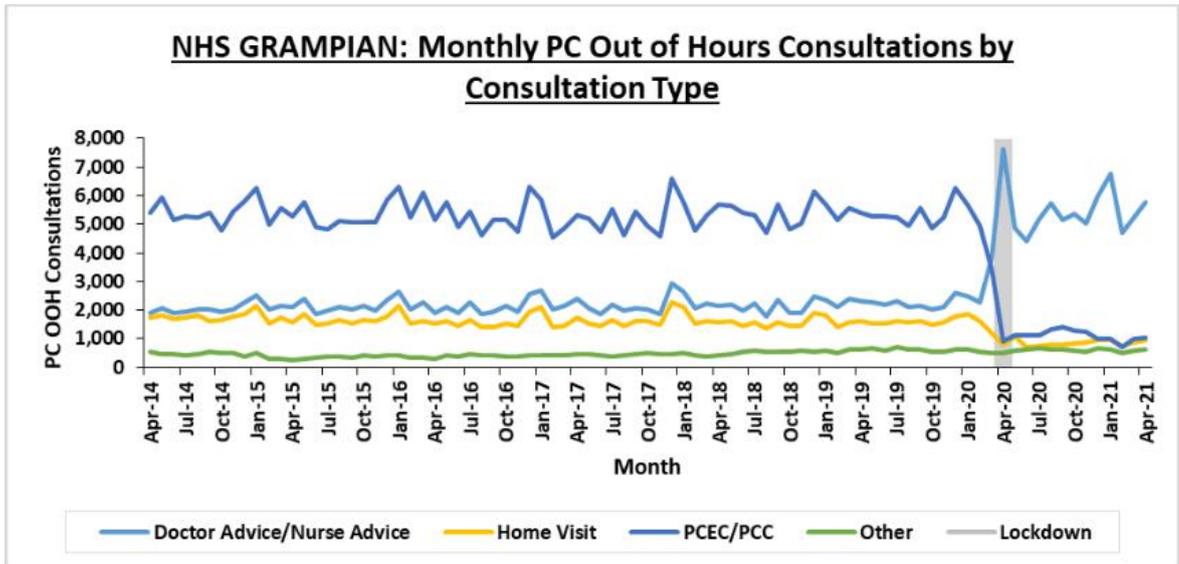


Figure 8: Proportion of dental patients registered as NHS patients- Grampian

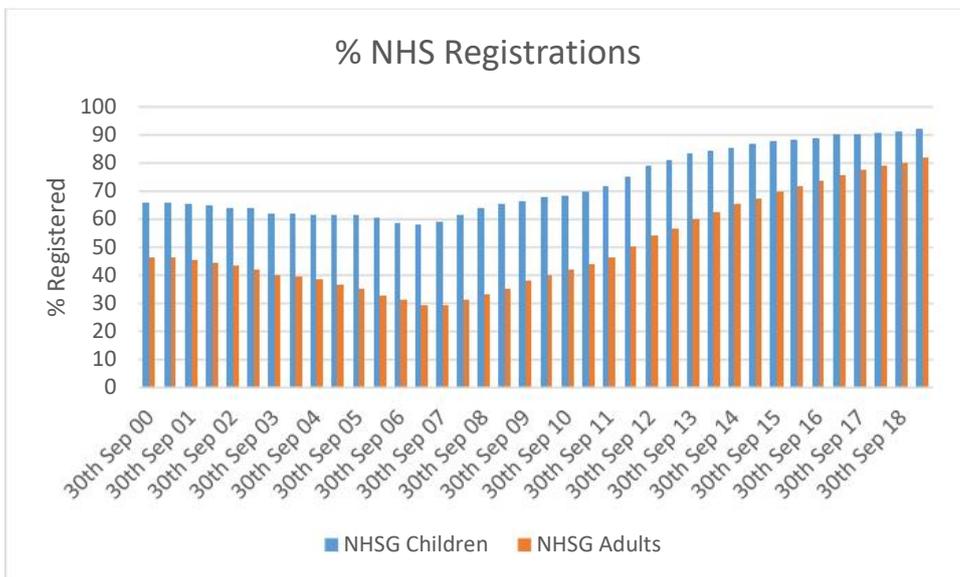


Figure 9: Proportion of dental patients registered as NHS patients- Scotland

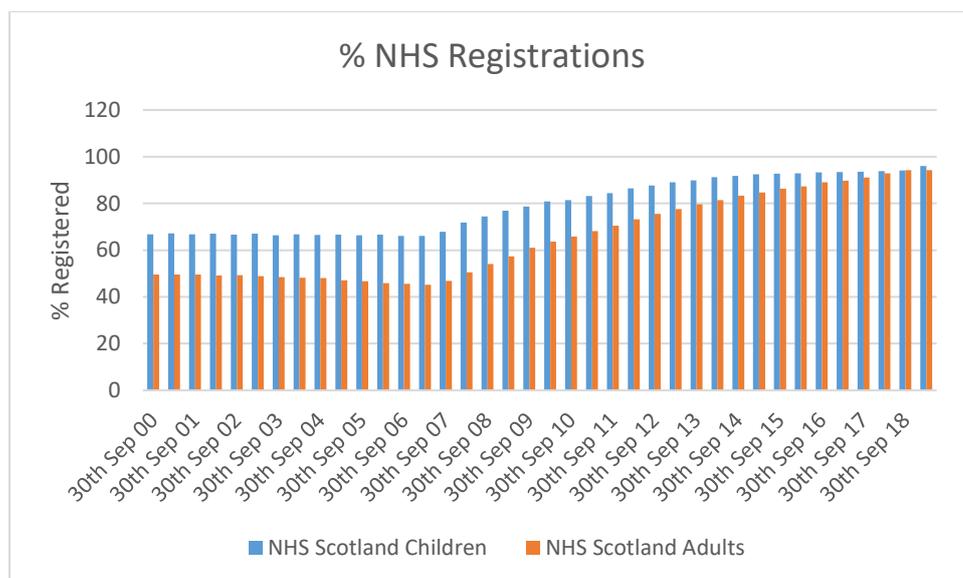


Figure 10: Optometry activity – NHS Sighttests

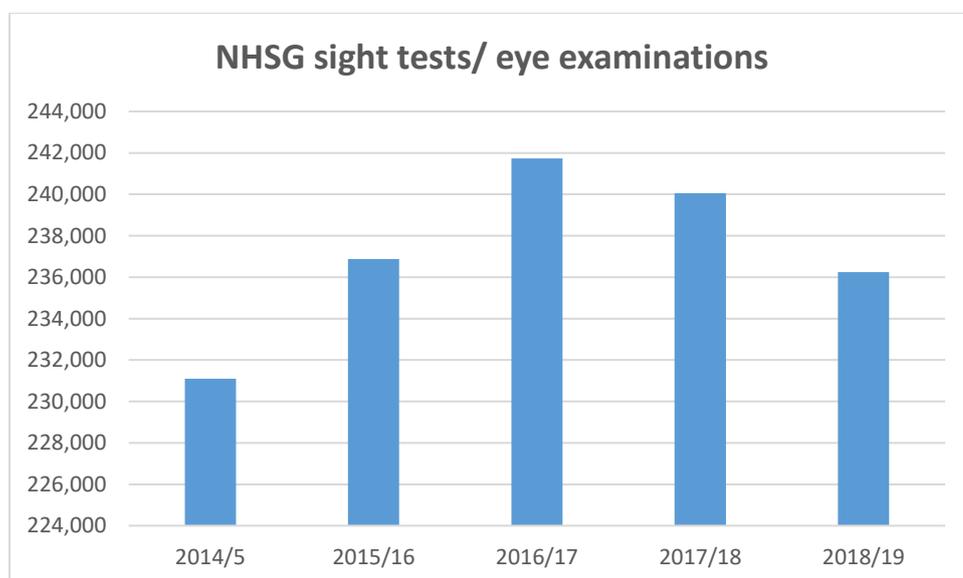
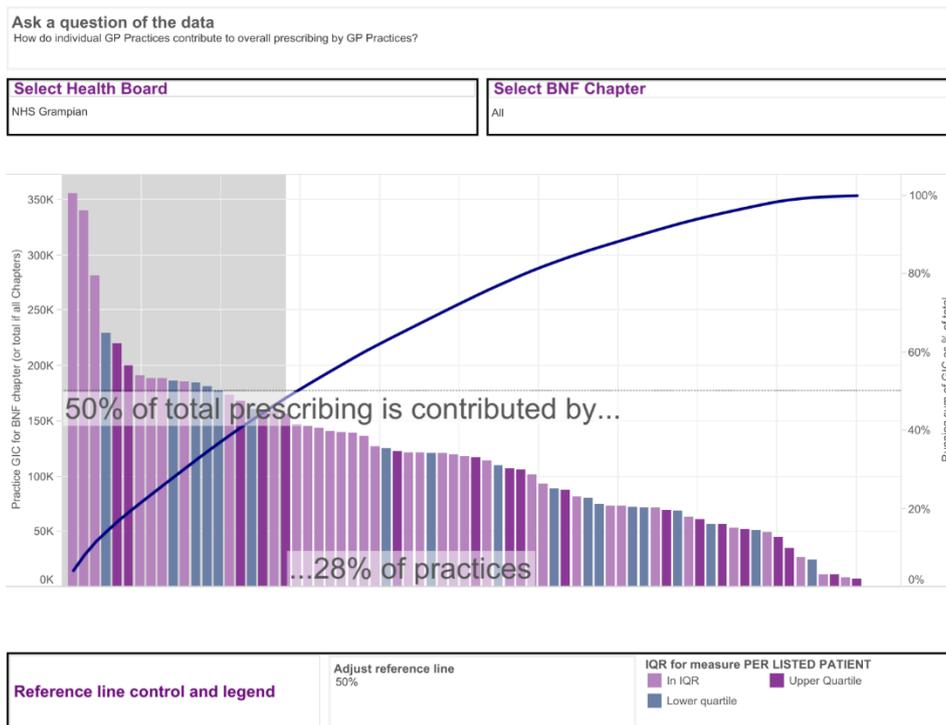


Figure 11: Pharmacy – Overall Prescribing by practice



Note the above reflects the impact of practice population size i.e. the largest practices occupy the furthest left part of the axis so therefore, by definition, will dispense larger volumes.

Figure 12: Pharmacy - Gross Ingredient Cost

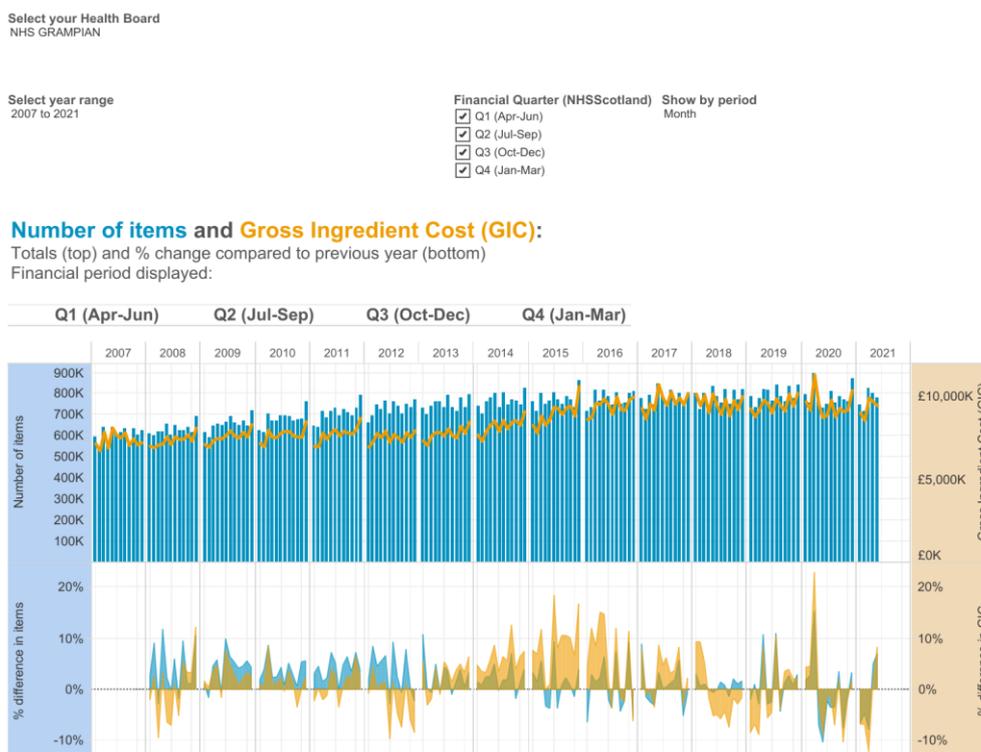


Figure 13: Pharmacy – Highest Cost by BNF Chapter NHS Grampian

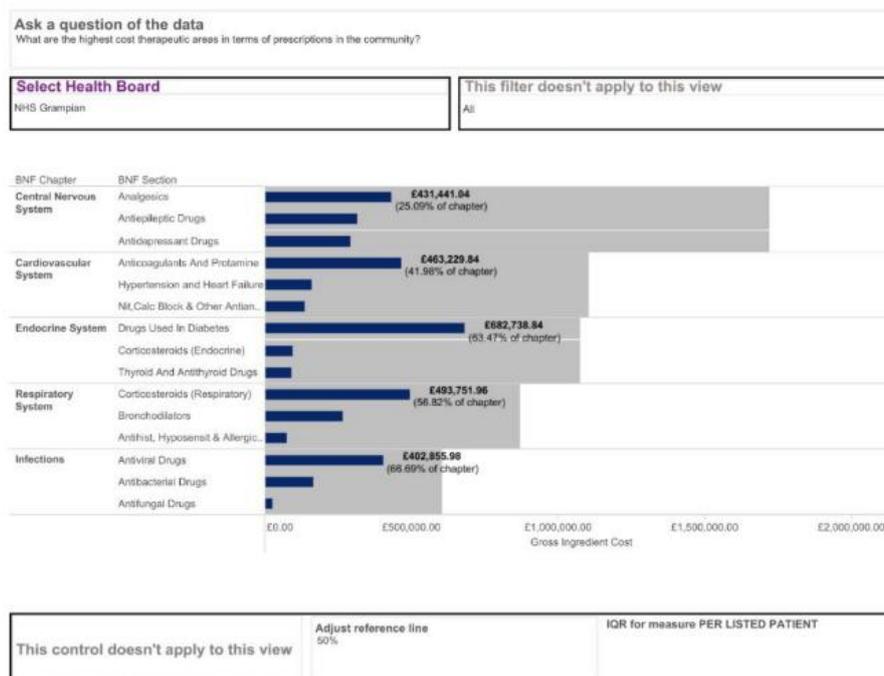


Figure 14: Pharmacy – Highest Cost by BNF Chapter NHS Scotland

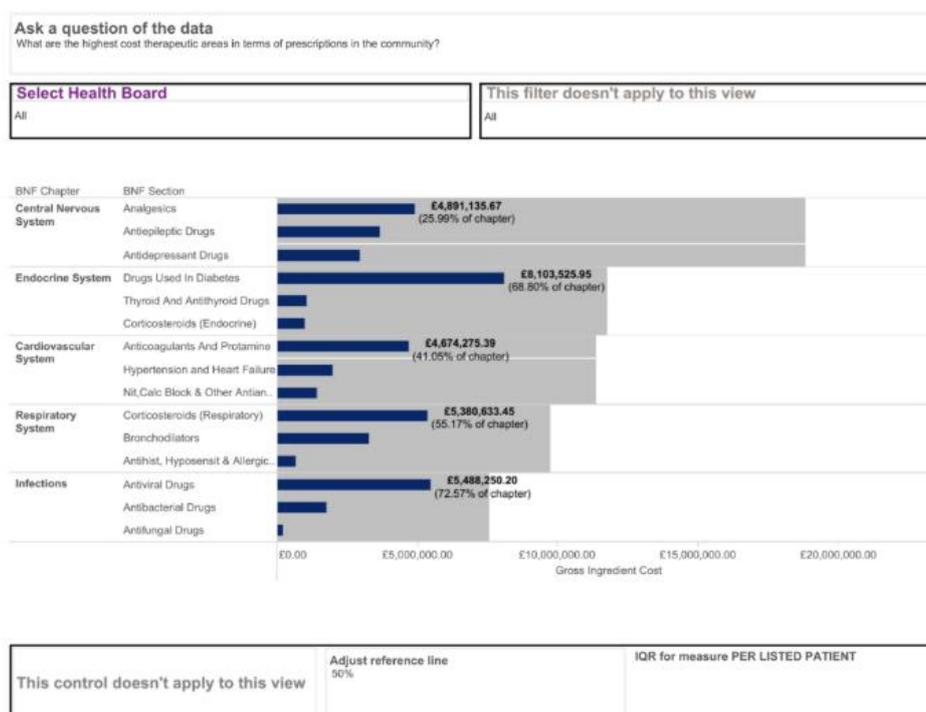


Figure 15: Pharmacy BNF Variance by 10 largest practice

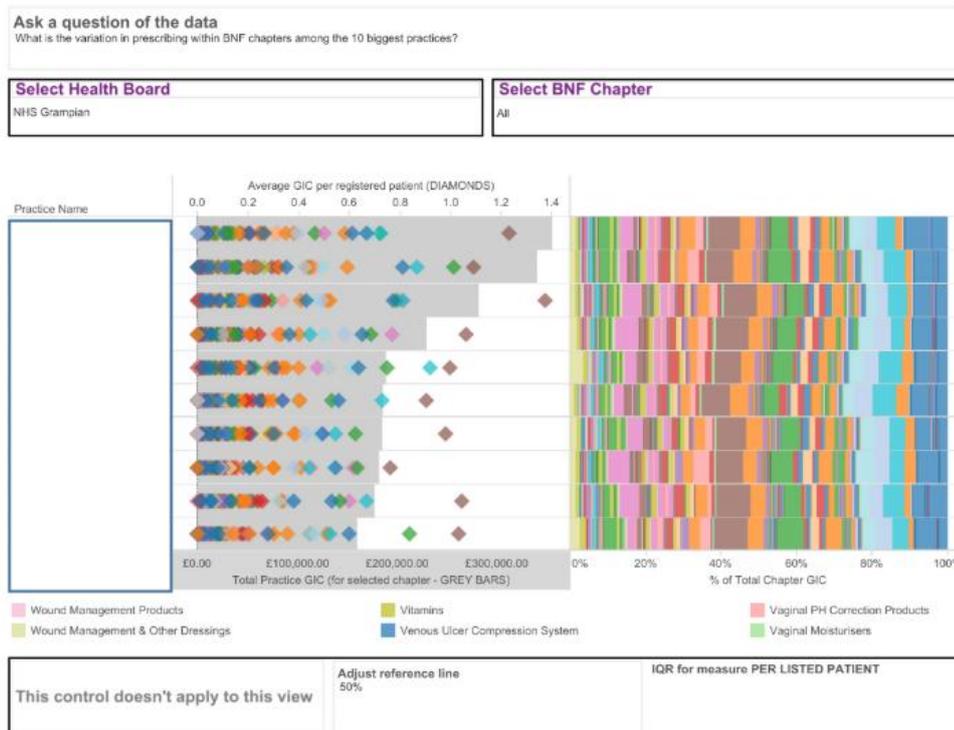


Figure 16: Pharmacy BNF Variance by 10 largest practices – Endocrine Chapter

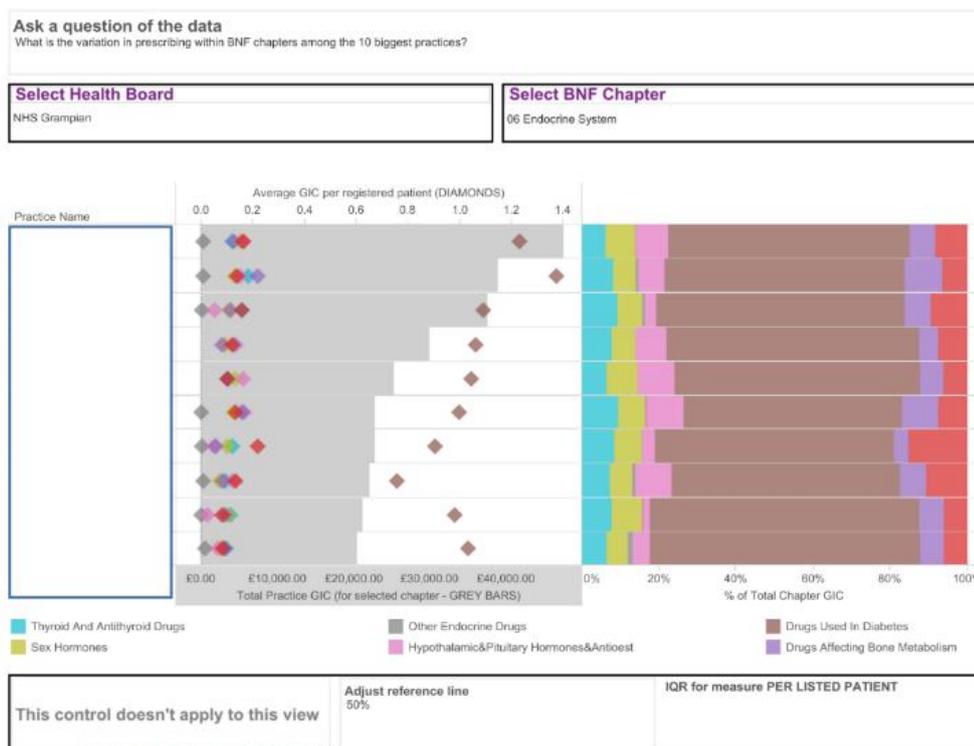


Figure 17: Number of GPs in Post

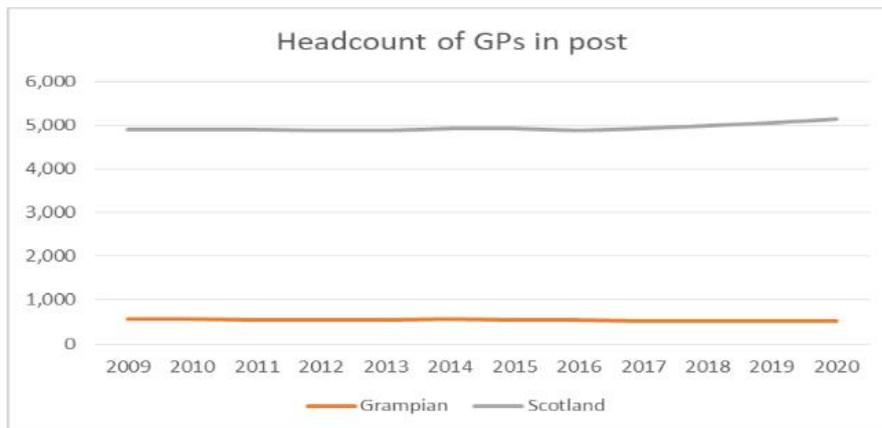


Figure 16 indicates a different position in Grampian from the rest of Scotland. The Scottish trend shows a 5% increase, whereas the Grampian trend represents a 5% decrease from 559 to 530.

Figure 18: Blood Test Requests in Primary Care 2020

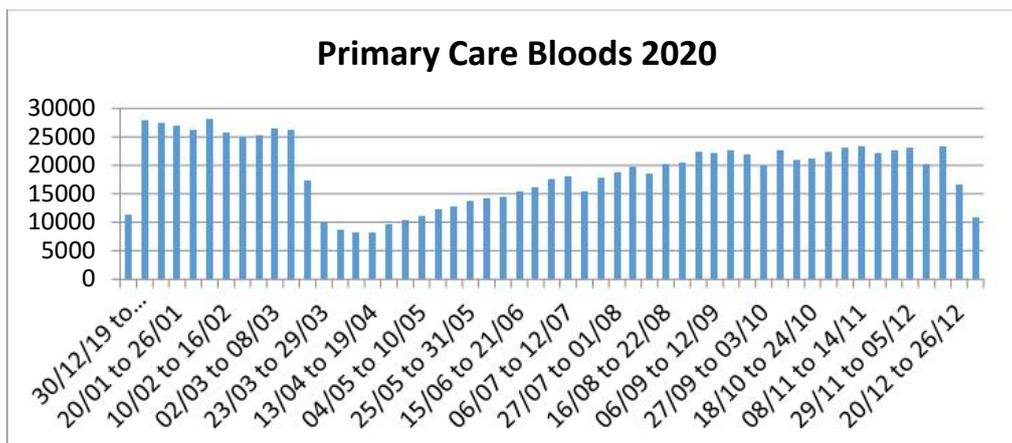


Figure 19: Blood Test Requests in Primary Care 2021

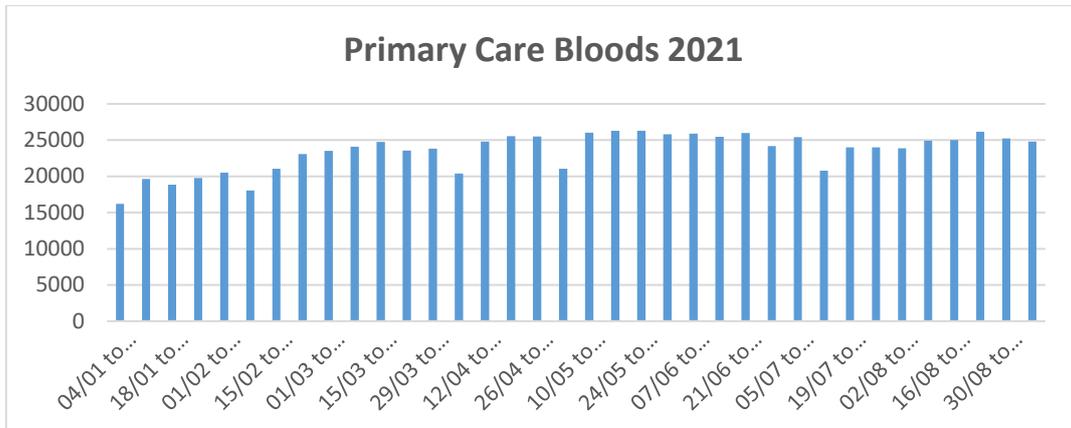


Figure 20: HbA1C Requests 19-20





REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: CHARGING FOR SERVICES

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To ask the Moray Integration Joint Board (MIJB) to consider the charges for services for the 2022/23 financial year.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

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

3. BACKGROUND

3.1 Integration Authorities do not currently have statutory powers to set charges for the services aligned to delegated functions. Moray Council, therefore has the legal responsibility to set social care charges on behalf of the MIJB.

3.2 Moray Council has in place a Charging for Services policy that was updated and approved by the Policy & Resources Committee on 24 October 2017 (para 8 of the minute refers). The policy states that a review of charges should be undertaken annually as an integral part of the budget process.

- 3.3 During 2017, discussions took place between the MIJB Chief Financial Officer and the Chief Financial Officer, Moray Council, where it was considered appropriate for the MIJB to be involved in the setting of charges for the services it has commissioning responsibility for. Whilst Moray Council retains the statutory responsibility for this duty, the recommendation made to the Moray Council Policy and Resources Committee at its meeting of 24 October 2017 was that the MIJB should be requested to recommend the charges for services delivered. A report was presented to this Board on 14 December 2017 where it was agreed that the MIJB would take responsibility for recommending charges for services to Moray Council (para 6 of the minute refers).
- 3.4 MIJB have continued to consider the charges it will recommend to Moray Council on an annual basis, ahead of Moray Council setting its charges as part of its budget setting process. The recommendations of the MIJB will be considered at a meeting of the Moray Council on 19 January 2022.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Charging Overview

- 4.1 The net funding provided to the MIJB from Moray Council considers the impact of social care income generation from charging for services. On this basis, the MIJB Chief Officer, Chief Financial Officer and the Chief Financial Officer, Moray Council have together considered an equitable approach reflecting this position.
- 4.2 Not all charges are within the control of the Moray Council. Some charges levied by the Council are set by statute, some are limited by statute and some have the method of calculation prescribed by statute.
- 4.3 In prior years, Moray Council' methodology for proposing charges has been in-line with the Consumer Price Index (CPI). The CPI 12 month rate released in September 2021 was 3.1%. CPIH extends the CPI to include a measure of the costs associated with owning and maintaining a home, along with council tax and is considered the most comprehensive measure of inflation. Currently (September 2021) CPIH is 2.9%.
- 4.4 It is important, when considering the setting of charges to also consider the MIJB's overall financial position. Another report being presented to this meeting today is the Revenue Budget Monitoring position to the end of September, which includes a forecast to the end of 2021/22 of a £2.3 M, overspend to the end of the financial year, although this will be reduced by the recent announcement of additional funding to support specific pressures. Salary increases for Local Authority staff have still to be agreed for the current year. A provision has been taken but it is not clear at this stage whether that will be sufficient, given the situation around agreement of the public sector pay policy. Pay inflation is an important measure as approximately 40% relating to Moray Council and 45% relating to NHS Grampian MIJB expenditure is attributable to wages and salaries and has considerable impact on the MIJB financial position.

Charging for Care Services (means tested)

- 4.5 It is necessary that the MIJB considers its approach to income maximisation within the context of its existing policies and the broader context of social care. The introduction of Self-Directed Support through the Self Directed Support (SDS) (Scotland) Act 2013 led the Moray Council to review its charging policy for non-residential services to ensure a fair, effective, consistent and transparent system. This led to the introduction of the Contributions Policy. Under SDS, individuals are informed of their entitlement to support as part of their overall personal budget designed to meet their needs and achieve their outcomes. It also determines how much they will have to contribute (based on their ability to pay) for the care and support they choose. With the introduction of the Contributions Policy, the number of services for which charges were being made were reduced. It is important to understand that charges still require to be determined to enable personal budgets to be calculated and any associated contributions to be applied to overall budgets. The Contributions Policy has recently been reviewed and approved at a meeting of the Moray Council on 10 November 2021. A report is included for noting on this agenda. There is now a focus on the findings and recommendations as set out in the report published in February this year on the Independent Review of Adult Social Care <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents>. The progress around the recommendations made will determine future local policy. It should be noted that the thinking behind the report extends to what is believed to be right and fair for people receiving social care supports in their own homes. It is recommended that people should no longer be charged for non-residential social care support such as care and, support at home, and day care as it is believed that it does not make sense for people to have access to health care free at the point of need but, in circumstances that are equally related to their health and wellbeing, to be charged for support.

Taper

- 4.6 If a service user has income over the charging threshold, the local authority has the power to determine what the person pays for their service, provided it does not exceed the cost of providing that service.
- 4.7 COSLA recommend that the charge towards social care is not based on all remaining income. A percentage is determined of the remaining income that is available to the service user over the threshold and this determines the maximum contribution a service user will pay towards their care.
- 4.8 The Contributions Policy approved by Moray Council on 10 November 2021 considered Taper Relief and at what percentage of the service user's available income and capital would be subject to a financial assessment. Any Taper of less than 100% of available income means the service user keeps some additional income above their charging threshold/minimum income guarantee (which supports the principles of the guidance including the Contributions Policy being human rights compatible, ensuring dignity, supporting independent living and maximising economic participation in the community for the service user). The 2021/22 Taper percentage has

remained at 70% of the Service User's available income. The proposal here is to maintain again that level of 70%.

Charges for Care Services (non-means tested)

- 4.9 In addition to services charged against an individual's financial assessment, a small number of services are charged at a flat rate. In 2019, flat rate charges were benchmarked nationally and recommendations were made accordingly.
- 4.10 Previously, it had been agreed that locally, a review would be carried out during 2021 on non-means tested charging with a view to incorporating this within the Contributions Policy. The revised Contributions Policy now separates out the non-means tested charges. The future of flat rate charging will be aligned to recommendations made through national review and developments that stem from the report published in February this year on the Independent Review of Adult Social Care <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents>
- 4.11 It is proposed to retain the existing flat rate charges at the current level, (with the exception of the Community Alarm increase approved by Moray Council at its meeting on 18 February 2021 (para 4 refers).
- 4.12 The community alarm service is provided to support independent living at home. Historic charges have not reflected the cost of providing this service including staffing costs, assessment, installation and collection of equipment, administrative costs etc.
- 4.13 The 2019 benchmarking exercise highlighted the following:
- The Scottish average at that time was £3.63 per week.
 - Moray was the second lowest in Scotland with a charge of £1.48 per week.
 - There are currently 1,529 individuals in Moray being charged for utilising a community alarm.
- 4.14 The MIJB, agreed at its meeting of 26 November 2020 that it would aim for the charge to reach the national average over a four year period. In 2021/22, the charge increased to £33.22 from £26.24 per quarter. To continue with what has been previously agreed by the MIJB and Moray Council it is being proposed to uplift this charge again for 2022/23 by the same percentage taking the charge to £40.20 per quarter. At this stage it is anticipated that this level of uplift will continue into 2023/24, however, a position will be sought on the national position at a later date. The potential increase in income based on the existing number of service users is £42,690.
- 4.15 Local Authorities administer the Blue Badge Scheme on behalf of the Scottish Government, which has set the maximum administration fee at £20. Badge validity lasts for 3 years. It is proposed that this charge is maintained at this level.
- 4.16 In April 2018, The Fairer Scotland Duty, part 1 of the Equality Act 2010 came into force placing legal responsibility on public bodies in Scotland to consider

how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. In this respect, the setting of charges would fall within this section of the duty and as a result due consideration is being given to the consequent impacts and mitigation.

- 4.17 HSCM Community Care Finance Team will continue to work with service users and in collaboration with Moray Council's Income Maximisation Team to ensure all individuals are getting the benefits assistance they are entitled to so no one who really needs a service has to give it up.

Other Charges

- 4.18 Whilst there is still a requirement to be mindful of income maximisation, it is also important to consider that often these additional supports, whilst difficult to quantify, have the ability to provide essential support around social inclusion etc. and therefore prevent individuals requiring additional, more intensive care supports. With the current pressures being experienced in social care, it is important to ensure we continue to drive the remobilisation of these supporting services with the aim of alleviating this pressure where possible and safe to do so. With this in mind, the proposal is to retain all other charges at the 2021/22 levels. The proposed charges are expressed in **Appendix 1**.

5. SUMMARY OF IMPLICATIONS

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

The levying of charges for social care services is an essential component of delivering priorities on a sustainable basis.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 dictates that the setting of social care charges will not be able to be delegated by a local authority to an integration authority as part of the joint working arrangements prepared under the Act.

(c) Financial implications

Charging for services provides a consistent approach to the levying of charges where appropriate, however the net financial benefit is limited and constrained by the Contributions Policy.

(d) Risk Implications and Mitigation

There are no risks arising directly from this report. There remains a risk in that any increase or introduction of charges could have a detrimental effect on service uptake.

(e) Staffing Implications

None arising directly from this report

(f) Property

None arising directly from this report

(g) Equalities/Socio Economic Impact

Full assessment of the socio-economic impact of the Social Care charges on the protected groups as outlined in the Fairer Scotland Duties legislation will be carried out prior to Moray Council setting its charges for the 2022/23 financial year.

(h) Consultations

The Chief Financial Officer, Moray Council and the Head of Service – Strategy and Commissioning have been consulted and their comments have been incorporated within this report.

6. CONCLUSION

6.1 Moray Council by way of their statutory duty for setting charges for services has requested the MIJB recommends the charges for services to be delivered for the 2022/23 financial year, ensuring a strategic role is maintained.

Author of Report: Tracey Abdy – Chief Financial Officer

Background Papers: with author

Ref:

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2021/22	PROPOSED CHARGE 2022/23	DATE OF LAST CHANGE
General					
1.	Moray Lifeline / Telecare	To bring the Moray charges in line with the Scottish average over an extended period.	£33.22 per quarter inc VAT	£40.20 per quarter inc VAT	April 2021
2.	Blue Badge	Maximum permitted by statute	£20 per badge – badge valid for 3 years	£20 per badge – badge valid for 3 years	April 2012
3.	Stair Lift Maintenance	Retain at current level	£16.56 per quarter (inc vat)	£16.56 per quarter (inc vat)	April 2020
4.	Wash/Dry Toilet Maintenance	Retain at current level	£27.04 per quarter	£27.04 per quarter	April 2020
5.	Hire of Day Centre Rooms	Retain at current level	£5.49 per hour	£5.49per hour	April 2021
6.	Speyside Lunch Club	Retain at current level	£6.26 (inc vat)	£6.26 (inc vat)	April 2021
9.	Case Review carried out on behalf of another local authority	Retain at current level	£100.41	£100.41	April 2021

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2020/21	PROPOSED CHARGE 2021/22	DATE OF LAST CHANGE
Day Care Meals - Older People:					
10.	Meal	Retain at current level	£5.03	£5.03	April 2020
10b.	Tea & Biscuits	Retain at current level	£0.77 per cup	£0.77 per cup	April 2021



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: CONTRIBUTIONS POLICY (NON-RESIDENTIAL CARE) UPDATE

BY: JANE MACKIE, CHIEF SOCIAL WORK OFFICER (HEALTH & SOCIAL CARE MORAY)

1. REASON FOR REPORT

- 1.1 To inform the Board that Moray Council, on 10 November 2021, approved the updated Health and Social Care Moray (HSCM) Contributions Policy for 2021/22 (**APPENDIX 1**) in relation to charges applying to non-residential social care services.

2. RECOMMENDATION

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

- i) notes the adoption of the updated Contributions Policy by Moray Council on 10 November 2021; and**
- ii) notes the main changes, including administrative/efficiency changes (requested and agreed by the Self-Directed Support and Community Care Finance Teams and supported by the relevant guidance). These relate to the way the Local Authority contributes to, administers and monitors payments for care & support through service user's Individual Budgets and Direct Payments (Option 1 under Self-Directed Support).**

3. BACKGROUND

- 3.1. Section 87 of the Social Work (Scotland) Act 1968 permits a local authority providing social care services under that Act or under other defined legislation to recover such charges as they consider reasonable. Charges for relevant residential accommodation are regulated by the National Assistance Act 1948.
- 3.2. The local authority has a certain degree of discretion in the way it charges for non-residential social care services. Scottish Government Guidance has been issued to local authorities to assist them in determining charging policies. In addition, and since 2002, CoSLA has regularly produced and updated a

National Strategy and Guidance in relation to Charges Applying to Non-residential Social Care Services.

- 3.3 This policy update takes into account more recent legislative changes affecting HSCM's power to seek or not seek, a financial contribution towards the cost of providing an individual (with eligible needs) with non-residential care and support. For example, the [Carers \(Scotland\) Act 2016](#) (not charging unpaid carers for eligible support) and [The Community Care \(Personal Care and Nursing Care\) \(Scotland\) Amendment \(No. 2\) Regulations 2018](#) (extending free personal care to all eligible adults irrespective of age).
- 3.4 The HSCM Contributions Policy implements and underpins locally the strategy and guidance referred to within the CoSLA National Strategy and Guidance on Charges Applying to Social Care Support for People at Home 2021/22 available at: <https://www.cosla.gov.uk/about-cosla/our-teams/health-and-social-care/social-care-charging-information>.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The policy update removes, for the sake of clarity, flat-rate charges (these are additional to the service user's contribution to their individual budget under Self-Directed Support (SDS)) from the Contributions Policy itself, although the flat-rate charges themselves remain in place outside of this policy. The flat-rate charges (i.e. maintenance of stair lifts etc.) have been removed from the terms of the Policy because they are not part of the contributions calculation/financial assessment under SDS. There is a separate report being submitted to the Integrated Joint Board in relation to flat-rate charges. As part of the contributions work we are advising both ongoing review of flat-rate charges as well as caution when introducing any additional flat-rate charges, or increasing existing flat-rate charges, because it is only the assessed contribution towards the individual budget under SDS that is mindful of the service user's charging threshold/minimum income guarantee. This holds particular relevance for the principles of the CoSLA Guidance and maximising independent living and economic participation in the community for the service user.
- 4.2. The policy update also reflects recommendations by the Chief Social Work Officer, in line with the discretion afforded by the CoSLA Guidance (particularly to the Chief Social Work Officer), relating to the Contributions Policy. For example, at what percentage of the service user's available income (subject to a financial assessment of the service user's income and capital) to set the Taper. Any Taper of less than 100% of available income means the service user keeps some additional income above their charging threshold/minimum income guarantee (plus the buffer of 25% above the minimum income guarantee). This supports the principles of the guidance including the Contributions Policy being human rights compatible, ensuring dignity, supporting independent living and maximising economic participation in the community for the service user). Local Authorities vary in the amount of taper they apply to available income, ranging predominantly from 50% to 100%. The 2021/22 Taper percentage in Moray will remain at 70% of the Service User's available income.
- 4.3. This update also takes into account the non-financial (in terms of income from contributions) changes to the administration of the contributions, individual

budget and direct payments (Option 1 of SDS) processes – to provide for increased efficiency for the Self-directed Support and Community Care Finance Teams (who requested and agreed the changes) and increased clarity for service users. That includes changing back to a weekly individual budget from an annual individual budget for service users. This will end the confusing process whereby a service user whose support ends during the annual cycle of their individual budget, having to, in some cases, contribute to their support after the support has actually ended. Further administrative changes are highlighted in the updated policy such as; paying HSCM's contribution to the service user's individual budget net of the service user's contribution (but we will consider requests to pay the gross amount with the service user then reimbursing the local authority with their assessed contribution which is consistent with guidance). Also highlighted is the introduction of prepayment cards for some service users with a direct payment (option 1 of SDS) which will increase oversight and enable payment/funding issues to be identified at an early stage.

- 4.4. The policy is reviewed regularly (at least annually in line with updates to CoSLA Guidance) through the SDS Steering Group to ensure that it remains consistent with legislative requirements, national developments and local policy. The policy will be made available to the public on Moray Council's and Health and Social Care Moray's websites.
- 4.5. S87 of the Social Work (Scotland) Act 1968 contains the power to charge for services and accommodation and is not a power that can be transferred to the Integrated Joint Board (in legal terms the Integrated Joint Board has no locus with regard to the Contributions Policy). The same section also makes provisions about contributions and also falls within the remit of the Council. It is noted however that the Integrated Joint Board has a role in recommending charges to the Council.

5. OTHER KEY MATTERS RELEVANT TO THE RECOMMENDATIONS

- 5.1. The review of the policy has included input from the Chief Social Work Officer, Community Care Finance Team and Self-directed Support Team. At all times striking a balance between the principles of the guidance and ensuring sufficient income is raised to maintain provision of quality HSCM services to support all eligible individuals.
- 5.2. The policy describes the role of the Charging Appeals Panel, which deals with appeals relating to the financial assessment and service users assessed contributions. For example, dealing with requests/appeals for additional service user weekly income to be disregarded from a financial assessment (the service user retains additional amounts of their weekly income) to help with additional costs related to a disability (disability-related expenditure, examples are contained in the CoSLA Guidance).
- 5.3. The guidance for both Self-directed Support and Charging/Contributions provide discretion for HSCM to make the administrative efficiency changes described here and in the updated Policy without compromising the principles of the guidance or the operation of the charging/contributions, direct payments and SDS processes.

6. SUMMARY OF IMPLICATIONS

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

The levying of charges for social care services is an essential component of delivering priorities on a sustainable basis.

(b) **Policy and Legal**

Since 2002, COSLA has regularly produced and updated a National Strategy and Guidance in relation to Charges Applying to Non-residential Social Care Services. A copy of the guidance can be found here:-

[Charges Applying to Social Care Support at Home](#)

The Policy update also takes into account the following guidance and legislation:

[Section 87](#) of the Social Work (Scotland) Act 1968 (charges that may be made for services and accommodation)

[The Community Care \(Personal Care and Nursing Care\) \(Scotland\) Amendment \(No. 2\) Regulations 2018](#) (extending free personal care to all eligible adults irrespective of age) and the linked Free Personal & Nursing Care updated guidance [CCD3/2018](#)

[Carers \(Scotland\) Act 2016](#) (not charging unpaid carers for eligible support) and the linked [guidance](#)

[Social Care \(Self Directed Support\) \(SDS\) \(Scotland\) Act 2013](#) and the linked [SDS Statutory Guidance](#)

(c) **Financial implications**

Recent legislative changes (for example, not charging unpaid carers and the extension of free personal care to under 65's who are eligible) had to be applied without discretion. The latter change in particular meant a reduction in income from contributions.

As described earlier, HSCM (and specifically the Chief Social Work Officer as confirmed in the CoSLA Guidance) has some discretion under the guidance. Particularly relevant to this policy update is the discretion on the percentage of the service user's available income (following financial assessment) that should be required as a contribution towards their individual budget – i.e. the percentage level in setting the Taper. That discretion has been used to keep the Taper at the same level of 70% of the service user's available income (after other income disregards are applied) as a contribution to the cost of their individual budget under Self-directed Support. That means the service user retains 30% of their available income over and above their charging threshold/minimum income guarantee plus a buffer of 25% set out in the

guidance. This supports the principles of the CoSLA Guidance and is consistent with the terms of the guidance.

(d) Risk Implications and Mitigation

None identified, there are no significant financial changes (i.e. to service users' contributions) as a result of the updated policy. Most changes are either the slight changes (i.e. annual uplift in the service user's charging threshold/minimum income guarantee) referred to in the CoSLA Guidance for 2021/22 or the administrative (non-contribution) changes referred to in this report and highlighted in the Policy. These are efficiency changes that should also bring more clarity for service users, particularly, no longer seeking contributions after support has ended.

(e) Staffing Implications

No direct staffing implications. However, as described, there are efficiency measures relating to the administration and monitoring of payments for care and support, contributions, individual budgets and direct payments (option 1 of SDS). All of these administrative changes and efficiency measures have been identified by and supported by both the Self-directed Support Team and Community Care Finance Team. All these measures are in line with national guidance on charging/contributions and Self-directed Support.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An equalities impact assessment has been completed (**APPENDIX 2**). This policy should positively support eligible service users by maintaining a balance between the principles of the guidance (including protection of the service user's charging threshold/minimum income guarantee) and HSCM's requirement to raise income to support/maintain quality services, with those principles (and impact on service users) always remaining at the forefront of thinking before any future changes are made.

Socio economic impact: not relevant for this policy. In terms of financial impact on HSCM and impact on eligible service users please note;

- The principles of the guidance, maximising independence, dignity and economic participation in the community for service users and protecting their charging threshold/minimum income guarantee, balanced against the local authority raising income that allows continuation of sustainable/quality services for the eligible local population.

All changes to the Policy are in line with charging/contributions and Self-directed Support guidance (and HSCM's discretion within the boundaries of that guidance).

(h) Consultations

The Chief Social Work Officer & Head of Adult Social Care Services, the Support Manager within the Community Care Finance Team and the SDS Team Manager have been consulted and their comments have been incorporated within the policy and the report.

7. CONCLUSION

- 7.1 It is submitted that the updated Contributions Policy will bring it in line with recent, relevant legislation, make it more coherent and transparent and provide clarity to service users, their unpaid carers, families, care managers, social workers & social work support staff involved in the provision of social care services.**

Author of Report: Garry Macdonald (Commissioning & Performance Officer)

Background Papers: Held by the Community Care Finance Team & Commissioning and Performance Officer (Policies and Procedures)



Health & Social Care Moray

Policy for Contributing to the Cost of Adult Social Care and Support (non-residential) within a Self-Directed Support System

2021/22

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1. Introduction

Health & Social Care Moray (HSCM) was required by the Scottish Government to, and did, implement the Social Care (Self-Directed Support) (SDS) (Scotland) Act 2013. More information is available on the [Self-directed Support in Scotland](#) website.

This requires HSCM to provide four SDS options (see section 3 of this Policy), with varying levels of choice and control, to people (service users and/or unpaid carers) with eligible social care and support needs.

To ensure a fair, effective, consistent and transparent system is in place, HSCM moved to a contributions policy (Care & Support charge – see the **COSLA Guidance on Charging for Non-Residential Care**) with the introduction of the Social Care (Self-directed Support) (Scotland) Act 2013.

Under Self-Directed Support (SDS), individuals (service users and/or unpaid carers) will know up front what money, if any, they are entitled to from Health & Social Care Moray as part of their overall weekly personal (individual) budget, to provide the care and support they are eligible for. The aim of the care and support is to achieve the agreed personal outcomes they have identified as important to them.

They will also know how much they will have to contribute (based on their ability to pay) towards their individual budget for the care and support they choose. This is where the support required can be charged for which is not always the case. For example,

- Support that meets the definition of Free Personal Care will not require a contribution from the service user and,
- Unpaid carers will not be required to contribute towards the cost of the support they are eligible for, in line with the Carers (Scotland) Act 2016.

This policy explains how Health & Social Care Moray considers and calculates the care & support charge (contribution) individuals over the age of 16 years (unless they remain in children's services beyond that age) will be expected to make (if any) to their overall weekly individual budget for care and support (non residential).

All care & support contributions are determined in accordance with the Department for Works and Pensions rates and regulations, legislation and guidance incorporating the Social Care (Self-directed Support (SDS) (Scotland) Act 2013 and **COSLA** National Strategy & Guidance – [Charges Applying to Non-residential Social Care Services 2020/22](#).

2. Principles of the policy

This policy is based on the following principles:

- The provision of a Self-directed Support (SDS) individual budget is based on an assessment of care and support needs by Health & Social Care Moray Social Care staff, in accordance with Health & Social Care Moray [Eligibility Criteria](#).
- Any care & support financial contribution an individual is required to make towards the cost of their weekly individual budget is based on HSCM's financial assessment process
- The financial assessment will include specialist advice and assistance to support individuals to maximise their income through claiming for welfare benefits to which they may be entitled
- The proportion of the financial contribution the individual may be required to make will not be influenced by the size of the care and support package required. It will be based on their ability to pay as per the financial assessment process which

considers their income and capital (as well as various disregards that may apply to that individual's income and/or capital – see Section 7)

- There may be some cases where the service user's contribution to the cost of the weekly individual budget is amended or reduced due to an additional disregard, for example, where they have additional costs i.e. additional costs related to a disability and they are in receipt of a disability benefit. This will be considered on a case-by-case basis.

3. Self-Directed Support

Self-Directed Support (SDS) in Scotland (more information via Age Scotland's Factsheets is available [here](#)) empowers people (service users and/or unpaid carers) by ensuring they are at the centre of the process of assessment of their care and support needs and their care and support planning to meet the agreed outcomes they want to achieve.

The objective of SDS is to promote independence, health and wellbeing by giving an individual more choice and control over the support they access to meet their assessed eligible care and support needs and, to achieve the agreed personal outcomes that are important to them.

This includes the use of resources and requires an individual to be aware of the financial value attributed to meeting their agreed personal outcomes – known as an individual budget. An individual budget is an allocation of money (agreed at a Resource Allocation Meeting which considers the individual's care needs/agreed personal outcomes and the support to meet those agreed outcomes) that can be used by an individual to design and purchase support from the public, private or voluntary sector to meet their assessed eligible care and support needs, in line with their personal outcome-based Support Plan or Adult Carers Support Plan (for unpaid carers).

A weekly individual budget might be used by a service user to purchase support, for example, having a bath or getting washed and dressed to continue to live in their own home (this type support is likely to meet the definition of free personal care and SDS individual budgets can be used to meet those support needs/personal outcomes). Out-with the home it could be used to arrange support for an individual in college or to enjoy community based leisure pursuits etc. It could also be used by an unpaid carer to access training or leisure activities etc.

The use of an individual budget is subject to certain restrictions and safeguards as set down by law. It must be used in an appropriate way to meet the individual's assessed, eligible, care and support needs and the agreed, personal outcomes they have identified as important to them.

The weekly individual budget is worked out by Health & Social Care Moray using a Resource Allocation System which provides a transparent process for the allocation of resources. The process links the amount of money in each case to the individuals care and support needs/personal outcomes, taking into account the different levels of support people need to achieve their outcomes. This provides an indication (indicative budget) of what it may reasonably cost to meet the service user's outcomes and may not be the final amount allocated. This is so the individual (with support where appropriate) can start to choose and/or arrange support as soon as possible. The initial indicative budget may be 'moderated' (changed slightly based on the service user's care and support needs and the actual cost of achieving their personal outcomes) to give the agreed individual budget.

There are 4 options available to an individual to choose, arrange and manage their support:

Option 1 – Health & Social Care Moray making a **direct payment** to the service user for them to choose and arrange their own support to achieve the agreed outcomes in their support plan (help is available with this if it is required by the service user).

Option 2 - The selection of support by the service user, the making of arrangements for the provision of that support by Health & Social Care Moray on behalf of the service user and, where that support is provided by someone other than Health & Social Care Moray, the payment by Health & Social Care Moray of the relevant amount in respect of the cost of that support.

Option 3 - The selection of support for the service user by Health & Social Care Moray, the making of arrangements for the provision of that support by Health & Social Care Moray and, where that support is provided by someone other than Health & Social Care Moray, the payment by Health & Social Care Moray of the relevant amount in respect of the support.

Option 4 - The selection by the service user of a mix of Options 1, 2 and/or 3 for their support and, where the support is provided by someone other than Health & Social Care Moray, the payment by Health & Social Care Moray of the relevant amount in respect of the support.

3.1 Key issues relating to Direct Payments (Option 1)

3.1.1

Direct Payments paid Net of the service user's contribution and Prepayment Cards

In many cases, where the service user is assessed as able to contribute some of their income towards their individual budget, the individual budget amount will be made up of a contribution from the service user and a contribution from HSCM. The contribution from HSCM to the cost of meeting the eligible care and support (the

service user's overall individual budget) is paid as a Direct Payment to the service user if the service user chooses option 1 under Self-directed Support.

HSCM will pay its contribution as a Direct Payment to the service user (so the payment will be Net of the service user's contribution) rather than paying the full amount of the individual budget then asking the service user to pay their contribution to HSCM. This is consistent with CoSLA Charging Guidance and simplifies the administrative process.

Instead of paying their contribution to the individual budget to HSCM, the service user will have a prepayment card (in cases where the Direct Payment is not used to directly employ a Personal Assistant) that they can add their contribution to (see also section 8 of this policy). This will enable them to secure the support they have been assessed as requiring through combining HSCM contribution (the Direct Payment) with their own contribution applied to the prepayment card. As stated in section 8 of this policy, any issues with making payments and with use of the individual budget can be picked up and addressed earlier through reports that can be generated about use of the prepayment cards.

A Gross payment (i.e. the entire individual budget paid by HSCM as a Direct Payment to the service user in lieu of a reimbursement from the service user for their assessed contribution) would only be considered in exceptional circumstances. If a request from a service user to have a Direct Payment paid Gross (rather than Net) is made this would be discussed between the SDS Team and Team/Service Managers for a decision to be made and, to ensure a consistent approach is being taken when considering a request for a Gross payment of the Direct Payment.

3.1.2

What if the service user does not make their contribution to the Individual Budget?

If the service user does not make their assessed contribution to their weekly individual budget they will only have the Net payment which was contributed by the Authority. That means that the service user will either not be able to meet all of their agreed, personal outcomes or they will be able to but at a lower cost than their individual budget was first calculated at. In these circumstances there are several possible options which will be discussed with a Team/Service Manager;

- a) Remind the service user of the need to make their assessed contribution from their weekly income (**as per the signed Direct Payments Agreement**) in order to meet all their support needs/agreed, personal outcomes.
- b) Reiterate to the service user the need to pay in their assessed contribution and if not, the Direct Payment could be reduced (following a **review of the support & the Direct Payment by a Social Worker** to ensure the personal outcomes were still being met) by the level of the service user's assessed contribution. This is because the service user may have been able to meet their outcomes with a smaller budget.
- c) Reiterate the need for the assessed contribution to be paid into the account. If the service user continues not to pay this into the account, then they may no longer be able to receive a Direct Payment as they are not adhering to the terms and conditions of the Direct Payment Agreement. Other SDS Options may be offered instead of Option 1 after a social work review of the support.
- d) See also Section 9 of this Policy

3.1.3

A Cap on HSCM contributions under option 1 – Direct Payments

The purpose of a Direct Payment is to provide choice and control for the service user to meet their agreed personal outcomes and to do so within the resources allocated (through Resource Allocation – applying outcomes to the real cost of meeting these outcomes).

One of the most important elements of the Self-directed Support legislation and guidance is that service users should have more choice over how their care and support is delivered and who provides it. Therefore when HSCM sets the cap on the amount we contribute for care and support, the amount has to ensure that the service user's choice of support/provider is not unduly restricted.

HSCM has benchmarked the hourly rate it pays and at this time is satisfied that the 'agency' rate (i.e. for the service user to employ a private home care provider) it has set ensures maximum choice, in that the service user could secure support from a range of providers at the rate we have set, or less. This rate will continue to be benchmarked against private agency rates.

4. Support out with the individual budget

There is a range of support which Health & Social Care Moray has a duty to provide for which an individual will not be required to use their individual budget to pay for.

These include:

- Information and advice
- A care needs assessment
- A financial assessment
- Care management (please note: this may be part of the cost of choosing an Individual Service Fund (ISF) Provider under Option 2 of SDS and this cost will be included in the Individual Budget in such cases)
- Criminal Justice Social Work Services.

5. Support which an individual will not be required to contribute towards

Unpaid Carers will not have to contribute towards the cost of support they are eligible for, in line with the [Carers \(Scotland\) Act 2016](#). Unpaid Carers can access support they

are eligible for via Self-directed Support (SDS) and any contribution they are eligible for from HSCM to meet their agreed personal outcomes.

Service Users will not be required to pay towards the cost of:

- Personal care/support that meets the definition of Free Personal Care, including support with meal preparation
- Non-personal care at home which is a new or additional service for up to a maximum of 12 weeks (84 days) following discharge from hospital
- Support classed as Education or Training funded through a Self-directed Support Budget

Anyone diagnosed with end stage terminal illness ([DS1500](#) form to have been issued or the eligibility criteria met – see the sections on eligibility specifically Critical and Substantial Care Needs descriptions in Section 7 of the [National Guidance](#)) will not be required to pay towards the cost of:

- End of life care at home.

Anyone receiving treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 who has a compulsory treatment order in place, will not be required to pay towards the cost of their care and support. More information on the Act and compulsory orders can be viewed on the Mental Welfare Commission website <http://www.mwscot.org.uk/the-law/mental-health-act/>.

Individuals will not be required to contribute towards the cost of Reablement support they have been assessed as eligible for, including personal and non-personal care at home, for a maximum of 12 weeks (84 days). Reablement sits at tier 2 of the **Moray (Partners in Care) 3 tier policy** for the delivery of health and social care services.

Tier 1 support involves advice, information, prevention and signposting to relevant local support.

Tier 2 support includes [reablement](#) intensive support to help regain or retain skills for independent living and where possible to prevent, reduce or delay longer-term or ongoing care and support needs).

For example;

Mr R had a fall at home and was later discharged from hospital after being assessed as needing support to go back home. It was assessed that he may benefit from Reablement support to help him to regain some skills for independent living. He was provided with this free support for a time-limited period of up to 12 weeks at home. Health and Social Care professionals identified with Mr R the personal outcomes that were important to him and provided support to enable him to achieve these. This included supporting him to carry out his own personal care tasks, support with falls prevention, practical support with shopping/support to make meals and providing him (based on an OT assessment) with some minor disability adaptations to assist with his mobility (he was supported to use these). This achieved the aim of minimising the amount of ongoing care and support he needed and supported him to achieve the personal outcomes he had identified as important (including increasing his ability to carry out tasks himself as well as increasing his confidence and sense of security/safety when carrying out daily living tasks). As part of ongoing assessment Mr R's care and support needs were reviewed throughout the 12 weeks. This confirmed that he no longer required ongoing community care support. Mr R was then provided with information and advice about, signposted to and accessed wellbeing and prevention support/facilities provided in his local community. This continued to help him to delay and/or prevent longer-term care and support needs.

6. The Financial Assessment

This relates to **service users** (unpaid carers will not have to contribute to the cost of the support they are eligible for). After an individual has had an assessment of their care and support needs and if they are eligible for support, they will be offered a financial assessment. This is carried out by a member of the Community Care Finance Team who will require a range of information (gathered by the team/social work) relating to the person's finances to determine their ability to contribute towards the cost of their weekly individual budget and at what level. If an individual does not take up the offer of a financial assessment, it will be assumed they have sufficient income to meet the total value of the chargeable element of their individual budget.

A copy of the Financial Assessment form (and other supporting documents such as the financial assessment guidance and procedure notes) is available from the Community Care Finance Team.

7. Determining the level of the person's contribution to the individual budget

Section 7 to 7.7 relates to **service users** (unpaid carers will not have to contribute to the cost of the support they are eligible for). The amount will vary from individual to individual.

A person's ability to contribute towards their weekly individual budget is based upon their available weekly income and level of capital. This is worked out by looking at what can be included in the calculation and what should be left out or disregarded.

Health & Social Care Moray begins by considering income from a range of sources, for example (this list is not exhaustive):

- Capital, savings and investments

- Net earnings from employment
- Other property/land (not the individual's sole or main property)
- Any other sources of income such as rental income
- Allowances – Attendance Allowance; Carers Allowance; Disability Living Allowance/Personal Independence Payment (PIP) care component/daily living amount; Disability Living Allowance (mobility component)/Personal Independence Payment (PIP) mobility component; Employment and Support Allowance; Severe Disablement Allowance
- Credits - Pension Credit – Guarantee Credit; Pension Credit – Savings Credit; Universal Credit; Working Tax Credits
- Benefits
- Pensions - Bereavement Pension/Allowance; Retirement Pension; War Widows Pension; War Disability Pension; Occupational Pension
- Income Support
- Compensation Payments

7.1. Capital and Tariff Income

Anyone under pension age who has capital (including savings) of over £16,000 will not receive funding from Health & Social Care Moray towards their chargeable individual budget costs.

If someone **under pension age** has capital of between £6,000.01 and £16,000 a tariff (or assumed) income will be applied to that capital at the rate of £1 for every £250 they have above £6,000.01 and this will be added to the calculation of their actual weekly income.

For example, if the person has £7,100 in savings they will be assumed to have an additional income from that capital of £5 per week which will be added to their

actual weekly income from pensions and other benefits etc. and the total income will be included in the financial assessment.

For anyone **over pension age** there is no upper capital limit.

If someone over pension age has capital over £10,000 a tariff (or assumed) income will be applied to that capital at the rate of £1 for every £500 they have above £10,000 and this tariff (or assumed) income will be added to their actual weekly income for the financial assessment.

For example, if the person has £13,200 in savings they will be assumed to have an income from those savings of £7 per week and that is added to their actual weekly income for the financial assessment.

7.2. Property

The value of the home in which the individual lives i.e. the main or sole residence, is disregarded in full.

The value of the person's ownership in any second or subsequent properties will be taken into account as capital.

If the property (main residence or second property) is being marketed for sale it will be disregarded for a period of 26 weeks or longer if considered reasonable in line with Department of Work and Pensions (DWP) regulations.

7.3. Income and capital not taken into account

The following types of income are not taken into account in the financial assessment.

Any payment from:

- Child benefit
- Child Tax Credit

- Christmas bonus
- Council Tax Benefit
- Disability Living Allowance/Personal Independence Payment (Mobility component)
- Far East Prisoner of War payment
- Gallantry awards
- Housing Benefit / Discretionary Housing Payment
- Kinship Care payments
- Social Fund Payments
- Payments from the Scottish Welfare Fund
- Student's grant payment from a public source intended for the childcare costs of a child dependent
- Therapeutic Earnings/Permitted Work Earnings
- Value of a service-user's main or sole residence
- War Pension
- War Disability Pension
- War Widows Pension (Pre-1973)
- Winter fuel payments

7.4. Allowable Expenses

Deductions/disregards will be made from an individual's assessed income for the following allowable expenses:

- Housing Costs - Rent/Mortgage Payments
- Discretionary Housing Payment
- Council Tax/Water Rates
- Mortgage Insurance
- Property Insurance – Buildings
- DWP Personal Allowance
- DWP Pensioner Premium

- DWP Disability Premium
- Employment Support Allowance – Work Related Activity or Support Component
- Attendance Allowance – Night Element (if applicable)
- DLA Care Component – Night Element (if applicable)
- Personal Independence Payment – enhanced daily living element (if applicable)
- DLA/PIP Mobility Element (if applicable)
- War Widows Pension (Pre 1973)
- % of Income from Lodgers
- % of Earnings
- % of Student Loan
- % of Regular Charitable Payments
- Couples Income Adjustment

7.5. Personal Allowance

To ensure an individual is not forced below recognised subsistence levels, Health & Social Care Moray applies an income protection threshold. This threshold is set at a person's basic DWP benefit entitlement (Personal Allowance - such as Income Support/Pension Guarantee Credit) plus a buffer of 25% (rounded up, where applicable, in favour of the service user). This means that a person will retain **at least** (there may also be other income disregards as above) their weekly DWP personal allowance (i.e. Pension Guarantee Credit if over pension age) plus a buffer of 25% over and above that amount.

For example;

Ms. L who is over pension age is assessed as having eligible care and support needs and receives free personal care at home. She requires some other support at home which can be charged for by Health & Social Care Moray. The

financial assessment identifies that Ms. L has savings under £10,000 (so no tariff income is applied on her capital) and income of £272 per week made up of a State Pension, Pension Guarantee Credit and Attendance Allowance. Ms. L has to keep at least her Pension Guarantee Credit (£177.10 for a single person) plus the 25% buffer which comes to £222 (rounded up in favour of the service user). Ms. L therefore appears to have £50 available for a contribution to her support costs (individual budget contribution). However Health & Social Care Moray policy still applies a taper so that only 70% of the £50 available income (after other disregards have been applied) will be used for contributions to the cost of the individual budget. Therefore Ms. L retains an additional £15 from that £50 meaning in total she retains £237 of her weekly income and contributes £35 towards the cost of her chargeable individual budget.

7.6. Couples

The income and capital of both members of a couple will be considered as follows when assessing for a contribution towards Non Personal Care:

- a) Where the member of the couple receiving support has personal income and capital below the level of benefit entitlement to that of a single person, they will be assessed as if they were in receipt of single person benefits

- b) If the person receiving support has personal income and capital above the level of benefit entitlement to that of a single person, their actual income will be taken into account

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If the calculation at b) leaves the member of the couple not requiring support with personal income below the level of benefit they would be entitled to receive as a single person, an adjustment will be made to account for the shortfall.

- c) If the couple are in receipt of joint benefits, all income will be taken into account and couple disregards applied.

When assessing for a contribution towards Non Personal Care joint income and capital will be taken into account and couple disregards applied because both members of the couple may benefit from this type of support (i.e. domestic-type support).

7.7. The final determination of the individual's contribution – The Taper

To determine the maximum amount an individual is financially assessed as being able to contribute, as described earlier, a Taper of 70% (no change from the previous year) is applied to the service user's available/excess income above their personal allowance (see the previous information/examples).

This is consistent with the Charging Guidance from CoSLA which suggests that each Authority should apply a final taper (from 0% to 100%) to available income so that the service user may retain more of their income and not contribute all of their available/excess weekly income after the other disregards have applied. This is consistent with maximising the service user's ability to live independently and with dignity. Setting the taper at less than 100% enables the person to retain an additional amount above their personal allowance (plus 25%). This is consistent with maximising independent living and economic participation in the community for service users (as discussed in the COSLA Charging Guidance).

A service user who is able to contribute from their income will therefore be required to contribute to their individual budget 70% of the income assessed as being available (after their personal allowance and other disregards have been applied - see the above example in section 7.5).

The taper level is kept under review to account for other changes impacting on service user contributions/care costs (for example, the extension of free personal care to people under 65 who have eligible support needs, increases in or freezing of benefits by the DWP, introduction of, increases or freezes in the cost of support charged for at a **flat rate** (see below - additional to any contribution towards an Individual Budget) such as for the maintenance of community alarms, or stair lifts etc.) and balancing that with HSCM need to raise the income required to provide sustainable and quality services/support for all eligible service users in the local population. This balancing of contribution levels with raising income to provide services is consistent with the guidance from COSLA on charging for non-residential care and support.

Please note: as stated above there may be some **flat rate charges**, separate and additional to a contribution towards an Individual Budget under Self-directed Support (SDS) that **sit outside the Contributions Policy** (which is only concerned with the contribution towards an Individual Budget). It is important to evaluate the likely impact of the introduction of additional flat rate charges or increasing existing flat rate charges before implementing them as these are an additional cost to the service user above and beyond the assessed contribution to their SDS Individual Budget. It is only the financial assessment and assessed contribution (under this policy) to the service user's Individual Budget that is mindful of their weekly Minimum Income Guarantee/charging threshold (i.e. Pension Guarantee Credit plus 25% buffer for someone over pension age). As such, in line with the CoSLA charging guidance (contributions/charging should be human rights compatible, ensuring dignity, maximising independence and maximising economic participation in the community for service users) any additional flat rate charges that sit outside the contributions policy will be evaluated and kept under review to ensure the policy and overall charging/contributions system is compatible with these principles.

7.8 Deprivation of Capital

This is a term used to describe a situation where someone has deliberately transferred to another person or spent capital/savings to avoid costs associated with their care/support. There can be many reasons for transferring or spending capital/savings and not all of them would amount to deprivation of capital. The council needs to make a decision (if it appears during a financial assessment that there may have been a transfer or large spend of capital/savings) based on the circumstances of each case and factors could include; the health of the person when capital was spent or transferred, the timing of the transfer or spend (was it at a time when the person could have anticipated the need for care/support), what it was spent on (i.e. was it spent to meet support needs that could not be met by other means, or otherwise), the type of capital (the council should only consider questions of deprivation of capital when the person ceases to possess capital which would otherwise have been taken into account in a financial assessment), the method/nature of transfer (and whether it constitutes or otherwise ‘acceptable evidence of disposal/transfer’) etc.

In any case where it has been decided that a deliberate deprivation of capital has taken place, the council may treat the person as still having the actual capital that was transferred/disposed of or spent when completing the financial assessment (and calculating any contribution for care/support). The Charging Appeals and Complaints processes are still available in these circumstances.

8. Agreeing and paying the individual’s financial contribution

This relates to **service users** (unpaid carers will not have to contribute to the cost of support they are eligible for). Before arrangements are put in place for an individual budget to start, the individual will be asked to agree the level of the financial contribution they are being asked to make towards their chargeable individual budget.

Introduction of the prepayment card for contributions from service users receiving Direct Payments only (Option 1 of SDS)

As stated previously, HSCM is implementing prepayment cards for service users who receive a Direct Payment (Option 1 of SDS) and who are not supported by one of HSCM's approved managed account payroll providers (and therefore not directly employing a Personal Assistant). In relation to the contribution from the service user, the card provider can support/facilitate the contribution being paid onto the card, and can also provide reports to the Self-directed Support team when accounts have been inactive, have no contingency, have excessive spend or the service user contribution is not paid in. This allows for any issues to be identified prior to the financial reviews of the accounts and can be addressed more quickly.

Where a managed account payroll provider is used, the contribution is to be made into the designated bank account. The payroll provider will notify the SDS team when a required contribution is not made, when accounts are inactive, have no contingency or have excessive spend.

If the service user does not agree their level of financial contribution to their weekly individual budget (whether they choose a Direct Payment (option 1 of SDS) or any of the other SDS Options)) they can ask for the financial assessment to be reviewed, explaining why they consider the original calculation is incorrect.

If they remain dissatisfied with the outcome they will be referred to Health & Social Care Moray's Community Care Charging Appeals Group in the first instance.

9. Appeals

This relates to **service users** (unpaid carers will not be required to contribute towards the cost of support they are eligible for). The Charging Appeals Group will consider requests for additional disregards to be applied to the financial assessment (such as an

amount towards Disability-Related Expenses if someone accessing care support is also in receipt of a disability benefit such as Attendance Allowance or Personal Independence Payment and has extra expenses – a non-exhaustive list of examples is outlined in section 6.34 of the [CoSLA guidance](#) - directly attributable to their disability).

The individual or their representative will be invited to write to the Community Care Finance Officer outlining the additional costs/disregards they feel should be taken into account. As per COSLA Guidance HSCM applies local discretion on a case-by-case basis, taking into account personal circumstances, where such appeals are made.

Contributions towards the service user's individual budget once the care/support ends

The care and support could end for a number of reasons including; the service user moving into permanent residential care (care home), the death of the service user or the service user simply deciding to end the care and support.

Previously, this has led to situations where a contribution has continued, in some cases, after the care and support has ended. For example, if a large amount of the budget was spent on an expensive item/service to meet eligible care and support needs at the start of the financial year only for the care and support to end soon after (therefore the service user having contributed less at that point than they should have done as a percentage of the total amount spent from their Individual Budget to that point). This could be complicated and could seem unreasonable to service users leading to complaints or appeals. That was because although the financial assessment for a possible service user contribution was generally worked out using their weekly income, the individual budget was traditionally worked out as the amount required in one year or an annual budget divided generally into weekly amounts, to meet that service users eligible care and support needs.

HSCM will no longer (once current service user's annual budget cycles have ended), seek contributions towards the cost of an individual budget after the care and support has ended. To ensure this we have reverted back from an annual budget to the individual budget being a weekly budget which may include our contribution and a contribution from the service user's available/excess weekly income (where the support is chargeable and not free and where a financial assessment has concluded the service user is able to contribute).

10. Permanent Residential Care

There is a separate Guidance ([Charging for Residential Accommodation Guide – CRAG](#)) on paying to the cost of residential care. There is also information on Age Scotland's [Care Home Funding](#) Factsheet.

11. Equalities Statement

Health & Social Care Moray endeavours not to negatively discriminate on any grounds. Health & Social Care Moray advocates and is committed to equalities and recognises its responsibilities in this regard. Health & Social Care Moray will ensure the fair treatment of all individuals and where any individual feels that they have been unfairly discriminated against, that individual shall have recourse against Health & Social Care Moray in line with the grievance and harassment procedures.

In relation to equality of information provision, Health & Social Care Moray will ensure that all communications with individuals are in plain English, and shall publish all information and documentation in a variety of formats and languages. Where required, Health & Social Care Moray will use the services of its translation team to enable effective communication between us and the individual. Where an individual has sight, hearing or other difficulties, we will arrange for information to be provided in the most appropriate format to meet that individual's needs. We will also ensure that there are no physical barriers that could prohibit face to face communications.

If there is a complaint about discrimination, click on the link below for the reporting form and procedure: <http://www.moray.gov.uk/downloads/file62366.pdf>.

12. Data Protection

Data Protection Legislation, including the Data Protection Act 2018 (DPA) and the General Data protection Regulations (GDPR), governs the way information is obtained, recorded, stored, used and destroyed. Data protection is the responsibility of everyone and data protection legislation gives individuals rights to know how personal information can be collected, used and stored. Health & Social Care Moray complies with all the requirements of the legislation and ensures that personal data is processed lawfully, fairly and in a transparent manner; that it is used for the purpose it was intended and that only relevant information is used. Health & Social Care Moray will ensure that information held is accurate, and where necessary kept up to date, and, that appropriate measures are taken that would prevent the unauthorised or unlawful use of any personal information.

Any sharing of data between NHS Grampian and the Health & Social Care Moray is carried out in accordance with the Information Sharing Protocols between the two bodies. Refer to the Single Shared Assessment page of the intranet, particularly the Practitioner Leaflet v5.0 and the Information Sharing without Consent Protocol.

The Council's Data Protection Officer is Alison Morris, Records and Heritage Manager. For more information please see the Council's DPA Guide: http://intranet.moray.gov.uk/Information_management/information_security.htm or http://www.moray.gov.uk/moray_standard/page_119859.html for Subject Access Request information.

13. Freedom of Information

The purpose of the Freedom of Information (Scotland) Act 2002 is to “provide a right of access by the public to information held by public authorities”. In terms of section 1 of the Act, the general entitlement is that a “person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority”. Information that a person is entitled to is the information held by the public authority at the time that the request is made. This is a complex area of the law that can overlap with the Data Protection Act and other legislation.

Please see the following link for guidance to the law in Scotland;

<http://www.itspublicknowledge.info/Law/FOISA-EIRsGuidance/Briefings.aspx>

All FOI requests to Health & Social Care Moray should be directed to the FOI team via info@moray.gov.uk. More information is available: http://www.moray.gov.uk/moray_standard/page_53728.html.

14. Human Rights Act

In October 2007 the three equalities commissions: Racial Equality, Disability Rights and Equal Opportunities were merged to form one Commission: **The Equality & Human Rights Commission (Scotland)**

<https://www.equalityhumanrights.com/en/commission-scotland>.

The main aspects covered in the **Human Rights Act 1998** are:

Right to life; protection from torture; protection from slavery and forced labour; right to liberty and security; right to a fair trial; no punishment without law; right to respect for private and family life; freedom of thought, belief and religion; freedom of expression; freedom of assembly and association; right to marry; protection from discrimination; protection of property; right to education and right to free elections.

The Human Rights Act can overlap with many areas of Health & Social Care Moray's policies, any doubts or queries regarding its effect or implications must be referred to the Legal Services Manager (Litigation and Licensing).

15. Review and Feedback

An Equality & Diversity Impact Assessment has been carried out for this Policy.

This policy document has been updated for 2021/22 and will be reviewed thereafter each year and in line with CoSLA/DWP guidance. Specific costs for support documentation such as financial assessment guidance and information booklets/leaflets, held by the Community Care Finance Team will be reviewed annually.

Feedback on this policy from service-users, unpaid carers, the public, nominated Government officials and Health & Social Care Moray staff will be considered at review and amendments, enhancements made to the policy as appropriate.

16. Links to other policies, procedures, guidance and legislation

This policy is linked to;

- [CoSLA guidance on charging for non-residential care services 2021/22](#)
- Social Work (Scotland) Act 1968 (Section 87)
<http://www.legislation.gov.uk/ukpga/1968/49/section/87>
- Community Care and Health (Scotland) Act 2002 (Part 1 Community Care)
<http://www.legislation.gov.uk/asp/2002/5/part/1>
- Social Care (Self-Directed Support) (Scotland) Act 2013
<http://www.legislation.gov.uk/asp/2013/1/contents/enacted>
- [CCD3/2018](#) – extension of Free Personal Care to under 65's
- [Carers \(Scotland\) Act 2016 and Statutory Guidance](#)
- [Eligibility Criteria Policy](#)

- [Self-Directed Support \(SDS\) Policy](#)
- [Self-directed Support \(SDS\) Procedure](#)
- [Hospital Discharge Policy](#)
- [The Moray \(Partners in Care\) 3 tier policy](#)
- Reablement Policy

17. Glossary of terms

Self-Directed Support (SDS) – SDS is the support a person chooses; purchases or arranges to meet their agreed health and social care need and achieve the outcomes most important to them. There are 4 options for SDS including a Direct Payment to the service user to purchase and arrange their own care and support (with support to do so if required).

Contribution – this is the amount of weekly income the person is assessed as being able to pay towards the care and support they need as part of their SDS Individual Budget.

Non-residential services – this is care and support that is provided outside of permanent residential care (i.e. a care home) and can include care at home and in supported or sheltered housing.

Individual budget – this is the amount of money Health & Social Care Moray has worked out it will cost to meet the person’s eligible care and support needs and personal outcomes.

Financial assessment – this is the process of looking at the capital (including savings and investments) and weekly income the person has, to work out how much they can contribute towards the cost of the individual budget to meet their eligible care and support needs and outcomes they have identified as important to them.

Capital – this is the term used to describe assets such as savings, investments and property.

Tariff income – this is the term used to describe the income that the council assumes someone to have from their capital such as savings if the value is over £6000 (if you are under pension age) or £10,000 (if you are above pension age). This is added to the

person's actual weekly income from benefits, state and occupational pensions etc. to work out the total income someone has each week for the financial assessment.

Personal allowance – this is the amount of money the Government has set as the weekly minimum that someone should be entitled to have depending on their circumstances (for example, £163.30 for a single person over pension age who is entitled to Pension Guarantee Credit).

Buffer/income buffer – this is the additional income above the personal allowance that the person is entitled to retain (as a minimum) each week to promote and maximise independent living.

Disability-related expenses – this is the term to describe the additional costs that someone has due to the disability they have. This could be the cost of extra heating or laundry or a special diet related to the disability. A disregard towards such expenses can increase the amount of income the person may be able to retain above the personal allowance and income buffer. This also promotes/maximises independent living.

Disability Premium – an additional amount paid on top of certain benefits such as Income Support and Income-based Jobseekers Allowance if someone is registered blind and/or entitled to, for example, Disability Living Allowance or Personal Independence Payment. For further information see <https://www.gov.uk/disability-premiums-income-support/overview>.

Severe Disability Premium – an additional amount paid on top of certain benefits (such as Pension Guarantee Credit) depending on the person's circumstances and on the benefits they are entitled to (including Attendance Allowance, middle or high rate care component Disability Living Allowance or standard or enhanced rate daily living component of Personal Independence Payment. For further information see <https://www.gov.uk/disability-premiums-income-support/eligibility>.

Compulsory Treatment Order (CTO) – an order under the Mental Health (Care & Treatment) (Scotland) Act 2003. It authorises the detention in hospital and/or treatment of a person for a period of six months. The CTO will set out a number of conditions that the person will need to comply with. These conditions will depend on whether the

person has to stay in hospital or is in the community. Only the Mental Health Tribunal may grant one in specific circumstances.

Resource Allocation System (RAS) – this is the tool/method Health & Social Care Moray uses to work out how much is needed to meet the person’s required care and support outcomes. Points are allocated according to the amount/type of support the person needs and the points are then turned into an amount of money (the indicative budget) that is required to achieve those care and support outcomes.

Reablement – this is the term used to describe a time-limited (up to 12 weeks) process of supporting someone to carry out their own daily living tasks so that the person can retain or regain independent living skills to maximise their long-term independence and/or delay or reduce care needs.

Moray Partners in Care (3 tier) policy – this is the policy for Moray in relation to the delivery of integrated health and social care services which aims to support better outcomes for service users, patients and unpaid carers. Tier 1 is ‘help to help you’ (including information and advice) with the focus on supporting people to prevent, reduce and delay their care and support needs. Tier 2 is ‘help when you need it’ (immediate help in a crisis and re-ablement support to help maximise independence and reduce or delay care needs). Tier 3 is ‘ongoing support for those who need it’ (for people with ongoing eligible care and support needs and can include Self-Directed Support).

18 Appendices

The **Community Care Finance Team** holds documentation integral to the financial assessment and contributions process, including Financial Assessment Completion Guidance, Financial Assessment Form and Non-Residential Care Booklet. The team can be contacted at communitycarefinance@moray.gov.uk.

SECTION 1 - DO I NEED AN EIA?

DO I NEED AN EIA?

Name of policy/activity:

Contributing to the Cost of Adult Social Care and Support (non-residential) within a Self-Directed Support System

Please choose one of the following:

Is this a:

- New policy/activity?
- **Existing policy/activity**
- Budget proposal/change for this policy/activity?
- Pilot programme or project?

Decision

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

This Policy is central in defining the adult service users who may (or will not) need to contribute on a weekly basis towards their Individual Budget (to meet their eligible support needs and agreed, personal outcomes). Therefore, it sets the Policy direction that leads to (via the actual contributions for care/support) the amount of income received by Moray Council from such contributions (which is income that helps us to provide sustainable and quality services/support to the eligible, local population). This balancing of the maximisation of independent living for individuals versus the need to raise income to provide services/support is supported by the **COSLA Guidance** on [Charging for Non-Residential Care](#)).

There have been several changes since the last update of the Policy. This includes the Carers (Scotland) Act 2016 clarifying that unpaid carers will not have to contribute to any support they are eligible for, the end to the freeze on certain welfare benefits and the introduction of Free Personal Care for people under 65 who are eligible. This has led (as of early 2020) to 213 service users under 65 being in receipt of Free Personal Care (at a cost to the council of approximately £260,000).

As a result there have been several changes to this Policy to account for the resulting legislative requirements and to ensure those service users who should not be contributing are not doing so.

The Policy has changed mainly in terms of administrative/non-contribution based efficiency measures relating to Direct Payments and payment mechanisms for contributions to the service user's Individual Budget, including paying the contribution net of the service user's assessed contribution (if they have to contribute) and introduction of

prepayment cards for some service users accessing Direct Payments (Option 1 of SDS). These changes have no material effect on the amount that the service user does or does not have to contribute to their Individual Budget. These administrative/efficiency changes are consistent with the Self-directed Support Act 2013 and related Guidance (specifically around Direct Payments and financial assessment/care charging administration by the Community Care Finance and Self-Directed Support (SDS) Teams)).

After careful consideration and use of the Chief Social Work Officer's discretion under the CoSLA Guidance it was decided that the Taper applied to the service user's available income for charging would not be changed and remains at 70% of the service user's available/excess income above their charging threshold (plus 25% buffer). Therefore, there is no significant change to service user contributions above the annual, minor changes via the updated 2021/22 CoSLA Guidance. A 100% Taper would mean that all available/excess income would be taken into account as a contribution and anything less than 100% enables the service user to retain more income above their DWP Personal Allowance/Charging Threshold to assist with maximising independent living and maintaining dignity.

Given the role this Policy plays in income generation and contributions from service users it is clear that this updated Policy requires an EDIA.

Date of Decision: 20/08/2021

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

Assessment undertaken by - Garry Macdonald, Commissioning & Performance Officer, Health & Social Care

Director or Head of Service	Jane Mackie
Lead Officer for developing the policy/activity	Garry Macdonald
Other people involved in the screening (this may be council staff, partners or others i.e contractor or community)	Adult Care Practice Governance Board, Strategic Leadership Group, Community Care Finance Team Manager and staff, Self-directed Support Team Manager and staff and SDS Steering Group.

SECTION 2: EQUALITY IMPACT ASSESSMENT

Brief description of the affected service

1. Describe what the service does:

This Policy is central in defining the adult service users who may (or will not) need to contribute on a weekly basis towards their Individual Budget (to meet their eligible support needs and agreed, personal outcomes). Therefore, it sets the Policy direction that leads to (via the actual contributions) the amount of income received by Moray Council from such contributions (which is income that helps us to provide sustainable and quality services/support to the eligible, local population).

The Policy seeks to hold that balance between maximising independent living for individuals and being Human Rights Compatible (through the financial assessment process, taking into account non-discretionary elements such as the Personal Allowance/Charging Threshold plus 25% buffer and other income disregards inherent in the guidance. It also takes into account discretionary elements such as where we set the Taper on available/excess income) and ensuring enough income from contributions to ensure the continuation of the provision of sustainable and quality services/support to the local population.

2. Who are your main stakeholders?

- Adult Service Users (particularly those eligible for chargeable services/support)
- Unpaid Carers
- The Community Care Finance Team
- The Self-directed Support Team
- Managers and staff of Adult Social Work Teams
- External Providers including Private Care Agencies, Individual Service Fund Providers and Direct Payments Payroll Providers

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

In essence there is no change in the overall framework for financial assessments and contributions which has been in place for decades. The changes are an update to the Policy to take into account legislative requirements around;

- Free Personal Care for people under 65 who are eligible
- Clarification that Unpaid Carers are not to be charged for eligible support

The other changes (administrative/non-contribution based efficiency) are within the terms/boundaries of the legislation and guidance and are designed to balance the maximisation of independence for service users with ensuring sustainable and quality services/support for the local population.

Many service users (particularly those now eligible for Free Personal Care – 213 in early 2020) no longer need to make a contribution or will make less of a contribution. Those

that do make a contribution will see the exact same financial assessment process, largely taking into account or disregarding the same income and capital/income as before with only the usual, minor changes/uprating contained within the updated CoSLA Guidance for 2021/22.

4. How will this affect your customers?

As above – some service users' will (are) no longer paying (pay) a contribution or are paying less of a contribution to the cost of their care/support as a result of Free Personal Care for people under 65.

As above – service users who have eligible care and support needs and who are assessed as able to contribute towards chargeable services/support as part of their SDS Individual Budget will see only the annual, minor changes as per the updated CoSLA Guidance. There are no significant changes to the amount of income they have to contribute (from any available/excess income they may have above their Charging Threshold (plus 25%)).

This is consistent with the terms of the relevant legislation and guidance including the discretion for the Authority of where to set the Taper to balance maximisation of independent living for service users with ensuring enough income to provide sustainable, quality services/support for the local population.

Community Care Finance data has highlighted that since April 2019, as of early 2020 213 service users (under 65) who would/may previously have had to contribute to the cost of care and support that meets the definition of Free Personal Care, were no longer doing so. This has led to a decrease in income for the council approximately £260,000.

Complaints information was also analysed for the past 18 months. There were no complaints relating to contributions but there is another defined pathway for these appeals (the Community Care Charging Appeals Panel).

The Charging Appeals Panel considers a range of requests/appeals from service users relating to; the financial assessment process, the service user's calculated and assessed contribution amount and appeals around charging/contributions. This includes the opportunity for service users to request additional income be disregarded as a contribution to the costs related to their disability (DRE) and with reference to maximising their independence. This links to Section 8 (mitigating factors to offset any negative impacts, including socio-economic, on service users).

5. Please indicate if these apply to any of the protected characteristics

Protected groups	Positive impact	Negative impact
Race		
Disability	√	√

Carers (for elderly, disabled or minors)	√	
Sex		
Pregnancy and maternity (including breastfeeding)		
Sexual orientation		
Age (include children, young people, midlife and older people)	√	√
Religion, and or belief		
Gender reassignment		
Inequalities arising from socio-economic differences	√	√
Human Rights	<p>Article 14 may be engaged if another relevant Article is engaged in combination (i.e. Article 8 or Article 1 of Protocol 1 Right to Property) Article 6 which includes the right of appeal which links to charging appeals and complaints procedures.</p> <p>https://www.equalityhumanrights.com/en/human-rights/human-rights-act</p>	

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

Performance data	√
Internal consultation	√
Consultation with affected groups	
Local statistics	√
National statistics	
Other	√

7. Evidence gaps

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

No. All of the above information relates to statutory requirements, use of discretion within the boundaries of the relevant guidance, consultation with key staff as well as taking into account the charging appeals process (one of the mitigating factors that offset potentially negative impacts from the implementation of the Policy).

8. Mitigating action

Can the impact of the proposed policy/activity be mitigated? Yes

Please explain

The charging guidance is not statutory guidance and provides significant discretion (within certain non-discretionary boundaries such as the Personal Allowance threshold and 25% buffer being a minimum income guarantee for the service user) for the Authority. This means that even where support is chargeable and the individual is assessed financially as being able to contribute, they may not have to contribute all of their available/excess income (which would be a 100% Taper).

Our Taper is remaining at 70% (which contributes to maximisation of independent living) so there is still room (30%) for further discretion. That might be impacted upwards or downwards by future developments that influence services/support and charging (for example, the independent review of adult social care). For the time being, therefore, there is no significant change to/increase in contributions from service users towards their SDS Individual Budget. The main changes in the updated Policy relate to non-contribution based administrative and efficiency changes. These will streamline the Direct Payments process, bringing increased clarity for staff and service users (and their representatives). For example, clarity in how payments/contributions from the Authority are made, the return to a weekly Individual Budget for the service user (meaning no more contributions by them after the support ends as was the case with annual budgets) and introduction of prepayment cards for some service users with a Direct Payment.

As well as a complaints process we have, again consistent with the charging guidance, set up a specific Community Care Charging Appeals Panel. The service user (or their authorised representative) has access to the panel and able to state the case as to why they think the contribution they are being asked to make is 'unreasonable'. This could be in relation to;

- Procedural errors in the financial assessment
- Seeking additional income disregards (retaining more income) as a contribution towards particular costs that are, for example, related to disability (Disability-related Expenditure such as the cost of extra laundry or extra support around the house, not otherwise available to them, to maximise their independence)

Positive outcomes (for service users) from the Appeals Panel Process result in the service user retaining more income (either through application of the process but more likely the discretion of the panel within the boundaries of the charging guidance). This helps to maximise the service user's independence. The panel inevitably operates by taking the unique circumstances of each case into account and making decisions on a case by case basis to avoid any 'fettering of discretion'.

Financial assessments also include a financial 'health check' for service users to ensure that they are claiming their entitlements – for example, ensuring that those who may be eligible are claiming for Pension Credit, Attendance Allowance, Personal Independence Payment and any associated premiums/disability premiums (additional amounts paid on top of the passport benefit).

Financial reviews are carried out when requested or otherwise at key points in the

service user's support – with flexibility to account for (change the financial assessment amount) changes in the service user's circumstances or health (loss of income, increased income, sale of or acquisition of capital, change in benefit rates etc.).

There are other sources of non-statutory support that service users can be signposted to. For example, for assistance with various costs/expenses. That includes, for example (through their previous occupation, geographic location, age or gender), organisations such as Turn2Us/Elizabeth Finn Care <https://www.turn2us.org.uk/Get-Support>.

9. Justification

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

Please see Section 8 for the mitigating factors that reduce any negative impacts of the Policy

What is the aim of the proposal?

To balance the maximisation of independent living for individual service users with ensuring enough income from contributions (to the cost of chargeable care/support) to ensure the sustainability and quality of services/support for the local population.

Have you considered alternatives?

Yes. Some of the changes were legislative requirements (including free personal care for people under 65 who are eligible and not charging unpaid carers) so no alternative was available to implementing these. With regard to discretionary elements and impact on income (for the service user and the Authority), we considered other options for the Taper. This included changing from 70% to 80%, which would have meant an increase in contributions from service users from their weekly income. With a reduction in income of £260,000 (approximately) through the implementation (so far as of early 2020) of free personal care for people under 65, these other options (Taper increase) were worth exploring with respect to ensuring sustainable/quality services/support for the local population. The decision was taken to leave the Taper at 70% and not to partially offset the loss of income from the changes to free personal care. In the circumstances at the time (including Covid-19 and potential outcomes from the Independent Review of Adult Social Care) we wanted to place more emphasis on ensuring a balance towards maximisation of independent living, ensuring dignity for service users and ensuring the policy is Human Rights compatible. The only small contribution-based changes are those included annually in the updated CoSLA Charging Guidance.

SECTION 3 CONCLUDING THE EIA

Concluding the EIA

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

Decision

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

The actions are consistent with legislative requirements and the terms/boundaries and discretion inherent in the charging guidance. Furthermore the actions ensure (along with the mitigating factors in Section 8) the continuation of the balance between maximisation of independent living for service users and ensuring enough income from contributions to continue to provide/facilitate sustainable and quality support for the local population (consistent with the terms of the charging guidance)

Date of Decision: 20/08/2021

Sign off and authorisation:

Service	Health & Social Care
Department	Adult Social Care
Policy/activity subject to EIA	Contributing to the Cost of Adult Social Care and Support (non-residential) within a Self-Directed Support System
We have completed the equality impact assessment for this policy/activity.	Name: Garry Macdonald Position: Commissioning and Performance Officer – Health & Social Care Date: 20/08/2021
Authorisation by head of service or director.	Name: Jane Mackie Position: Chief Social Work Officer Date: 20/08/2021
Please return this form to the Equal Opportunities Officer, Chief Executive's Office.	



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: CIVIL CONTINGENCY (SCOTLAND) ACT 2004 – INCLUSION OF INTEGRATION JOINT BOARDS AS CATEGORY 1 RESPONDERS

BY: CORPORATE MANAGER

1. REASON FOR REPORT

- 1.1. To provide an outline of the requirements for the Moray Integration Joint Board (MIJB) arising from the inclusion of Integration Joint Boards (IJBs) as Category 1 Responders under the Civil Contingencies (Scotland) Act 2004.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

- i) note the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the 2004 Act); the requirements and the arrangements in place and planned to ensure that the IJB meets its requirements under the Act.**
- ii) instructs the Chief Officer, as its Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the MIJB under the 2004 Act.**
- iii) instructs the Chief Officer to report annually to the MIJB, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act.**
- iv) note the Strategic Risk Register includes a risk relating to the IJB's requirements under the 2004 Act.**

3. BACKGROUND

- 3.1. In September 2020, the Cabinet Secretary for Health and Sport wrote to confirm the intention of the Scottish Government to pass legislation to include Integration Joint Boards as Category 1 Responders under Schedule 2 of the Civil Contingencies Act, 2004 and invited responses to a consultation on any envisaged

impact or unintended consequences under the Equality Act 2020 including the Fairer Scotland Duty.

- 3.2. In January 2021, the Cabinet Secretary for Health and Sport wrote to confirm that the Scottish Government concluded that the results of the consultation showed that there were no clear equality, operational or strategic planning barriers to progressing the proposal and legislating for the inclusion of IJBs within the Civil Contingencies Act 2004 as Category 1 responders. The amendment was laid before the Scottish Parliament on Monday 18 January and approved, with legislation becoming effective from the 18th of March 2021.
- 3.3. Until the Chief Officer had been contributing to local emergency and resilience planning as part of the Chief Executive Team for NHS Grampian and Corporate Management team for Moray Council but without the appropriate reference to their accountable officer status within the Integration Joint Boards.
- 3.4. By including IJBs as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the IJB there will be formal, co-ordinated and appropriate arrangements in place for emergency planning, information sharing, co-operation with other responders and joined up information sharing and advice for the public.

Civil Contingencies Act (Scotland) 2004

- 3.5. This change in legislation requires MIJB to meet specific statutory requirements. The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and “Preparing Scotland” Guidance. Taken together the law and guidance provides a consistent and resilient approach to emergency planning, response and recovery – which responders have used to develop good practice.
- 3.6. The Act placed new duties and responsibilities on organisations. It defines an emergency as:
 - an event or situation which threatens serious damage to human welfare;
 - an event or situation which threatens serious damage to the environment;
 - war, or terrorism, which threatens serious damage to the security of the UK.
- 3.7. The Act divides responders to an emergency into two categories, depending on the extent of their involvement in civil protection work.
- 3.8. IJBs are now Category 1 Responders. These are the organisations at the core of an emergency response:
 - Local authorities
 - Police (including British Transport Police)
 - Fire and Rescue Services
 - The Scottish Ambulance Service
 - National Health Boards
 - The Scottish Environmental Protection Agency (SEPA)
 - Maritime and Coastguard Agency
- 3.9. Category 2 responders have statutory duties to co-operate and to share information with Category 1 responders in the planning and response to major

emergencies. These are organisations which, although not ‘primary’ responders, could potentially have a significant role. They include:

- Utilities (Scottish Water, gas and electricity distributors and telecommunications companies)
- Transport (airport operators, railway operators, Network Rail, roads companies, Transport Scotland)
- Harbour authorities
- Health and Safety Executive
- NHS National Services Scotland

Resilience Partnership Arrangements

- 3.10. In addition to formal statutory duties there is an increasing recognition that responders need to draw on the resources and abilities of their communities to help prepare for, respond to and recover from emergencies as effectively as possible. This is known as community resilience (and can be defined as “communities and individuals harnessing resources and expertise to help themselves prepare for, respond to and recover from emergencies, in a way that complements the work of the emergency responders”).
- 3.11. There are 3 Regional Resilience Partnerships (RRP) in Scotland (West, East and North). Moray is part of the North RRP which includes the Highland and Islands, Grampian, Perth and Kinross and Angus areas. They bring the organisations involved in dealing with emergencies together to plan for, and respond to, all kinds of emergencies. These multi-agency groups have robust plans in place to respond to all kinds of events, which are regularly tested in joint exercises and during real emergencies.
- 3.12. Within each RRP there are a number of Local Resilience Partnerships (LRP’s). determined by the RRP’s themselves. Moray is a member of the Grampian LRP which manages the structure for planning and response, including preparation of plans and management of risks within its geographic area. The Grampian Local Resilience Partnership has high level strategic aims when dealing with incidents, including the following:
- Maximise the safety and wellbeing of people, places and communities across Grampian
 - Ensure the effective co-ordination of emergency response
 - Ensure effective communication with the public and partners;
 - Minimise the risk to emergency workers and partners
- 3.13 Both NHS Grampian and Moray Council as Category 1 Responders have established governance arrangements in place to enable them to meet the duties required under the Act (the specific duties are detailed below), which allows them to respond through the Grampian LRP and the North RRP. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the IJB, there will be formal coordinated and appropriate arrangements in place for: emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

The specific requirements of Category 1 Responders, and how these will be operationalised in Health and Social Care Moray (HSCM) are as follows:

4.1 Assessing the risk of emergencies occurring and use this to inform contingency planning in the form of a Community Risk Register.

HSCM links into governance structures relating to risks in both NHSG and Moray Council. This includes being represented on NHS Grampian's Civil Contingencies Group, liaison with Civil contingencies leads within Moray Council.

Part of the risk assessment is done through membership of the Grampian Local Resilience Partnership (GLRP), which identifies risks which are likely to manifest. HSCM require to have controls in place to manage these risks, particularly the ability to respond to these in an emergency situation.

4.2 Put in place emergency plans.

As mentioned above HSCM is already a member of the GLRP which identifies risks which are likely to manifest in the area. HSCM requires to have governance structures and emergency plans to help mitigate these risks.

These include Senior Manager On Call governance documents and arrangements, and links into the equivalent structures in Moray Council and NHSG. During times of emergencies or significant disruptive incidents HSCM establishes an Incident Response Team which comprises appropriate officers from across the partnership. Following the change of status for IJB, Health and Social Care Partnerships are being asked to take a key role in the Care for People arrangements and this is therefore a key area for review to ensure arrangements are up to date.

The Moray Care for People Plan outlines that the Care for People Team will:

- provide of a focal point for information and assistance to families, friends and all those directly or indirectly affected by and involved in the incident;
- make arrangements that those affected receive appropriate information and assistance in a timely, coordinated manner;
- ensure that those affected get access to – and guidance on – the range of services from which people can make informed choices according to their needs;
- ensure that people are aware of, understand and can access the longer-term support which is available; and
- ensure that as far as possible, a seamless multi-agency approach to caring for people in emergencies is arranged.

The Moray Care For People Group is aligned to the Grampian LRP Care For People Sub Group.

4.3 Create business continuity plans to ensure that they can continue to exercise critical functions in the event of an emergency.

HSCM has a Civil Contingencies Group which comprises of representatives from across the Partnership. Within the remit of the Group is the requirement to monitor Business Continuity Plans across the Partnership, including an overarching HSCM Business Continuity Plan (BCP). HSCM Civil Contingencies Group's remit is to be revised to reflect the requirements of a Category 1 Responder and develop an action plan to monitor progress and action around these areas. The Group is aligned to the IJB's Risk, Audit and Performance Committee and regular updates are on progress.

4.4 Make information available to the public about civil protection matters, and maintain arrangements to warn, inform and advise the public in the event of an emergency.

HSCM web page and social media channels will carry relevant information, as soon as it becomes available for public dissemination, in order to inform the public and our staff in a timely manner of important development and updates. HSCM would also contribute to public information being released by our partner organisations, where appropriate. HSCM communications would be developed throughout the emergency with our public sector partners, including the police, fire and rescue, neighbouring local authorities, the Scottish Government and other partner organisations as appropriate. IJB members, senior elected members of Moray Council, and appropriate senior management members at the Moray Council and NHS Grampian would be kept informed in advance of information which was due to be released by HSCM into the public domain. A log would be kept of all information released internally and externally in order that an audit trail is maintained of all communications activity.

4.5 Share information with other local responders to enhance co-ordination and co-operate with other local responders to enhance coordination and efficiency.

As detailed above the HSCM is a member of various groups, including the GLRP, and groups established in Moray Council and NHSG. Through these groups the Partnership and IJB can share information and learning with other responders to enhance co-ordination and efficiency in responses.

Next Steps

4.6 In order to progress the above, discussions have taken place at HSCM Civil Contingencies Group and Senior Management Team to assist in the operationalisation of the Category 1 duties and to agree the amendments to the Group's Terms of Reference. Managers are participating in the appropriate forums and will be working closely with colleagues in the LRP, Moray Council and NHS Grampian to ensure that necessary communication channels and protocol are in place for response action and that plans are in place, and exercised collaboratively. Where any gaps in preparedness are identified they will be incorporated into the action plan.

4.7 Currently there is a review underway of the governance framework of GLRP and it is likely there will be a requirement for participation in an couple of groups to facilitate sharing understanding of risk, implications and mitigations and sharing of information. Once the review is finalised and the structure approved an update on the arrangements will be provide to Audit, Performance and Risk committee.

- 4.8 In terms of informing the members of the IJB it is proposed that an annual resilience report be submitted to the IJB to provide assurance on the resilience arrangements in place within HSCM/IJB in fulfilment of the IJB's duties as a Category 1 Responder under the Civil Contingencies Act 2004.
- 4.9 Finally, in terms of governance, the Chief Officer will be carrying out these duties and roles and will have a presence at the Local Resilience Partnership and it is proposed that the following be added to the Chief Officer's Moray Council delegated powers:
"With the inclusion of the Moray Integration Joint Board as a Category 1 Responder under the Civil Contingencies Act 2004, to direct and ensure that coordinated and appropriate arrangements are in place to discharge the requirements of that Act and other relevant legislation".
To that end, it is recommended that the IJB: Instructs the Chief Officer, as the Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the IJB under the Civil Contingencies Act 2004 (the 2004 Act) and, instruct the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act.

5. SUMMARY OF IMPLICATIONS

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

This report forms part of the governance arrangements of Moray Integration Joint Board; good governance arrangements will support the Board to fulfil its objectives.

(b) Policy and Legal

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the UK. Part 1 of the Act established a clear set of roles and responsibilities for specified organisations involved in emergency preparedness and response at local level (known as Category 1 responders). Moray Council and NHS Grampian are Category 1 responder.

HSCM resilience and preparedness is the responsibility of the Chief Officer. The Corporate Manager is responsible for acting as the point of contact for Moray and for driving forward all matters relating to civil contingencies and resilience within Moray, supported by HSCM Civil Contingencies Group and Moray Resilience Group.

(c) Financial implications

There are no financial implications associated with this report.

(d) Risk Implications and Mitigation

HSCM Civil Contingencies Risk Register is routinely monitored by the HSCM Civil Contingencies Group with risks escalated to the senior management team as appropriate.

The continued impact of Covid-19 has placed additional pressures on many services. Critical functions are identified and prioritised and services continue to strive to deliver these. Any concurrent incident or emergency would place additional pressure on the whole system and support from partner organisations would be required. Staffing resilience and capacity could be quickly overwhelmed in such a scenario.

(e) Staffing Implications

There will be requirement for increased participation at GLRP meetings, the requirements for which will be confirmed once the structure review is completed.

(f) Property

There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed as there is no change to policy or procedure.

(h) Consultations

Consultation on this report has taken place with the Chief Officer, Chief Financial Officer, and Moira Patrick, Democratic Services Manager, Moray Council, who are in agreement with the content of this report as regards their responsibilities.

6. CONCLUSION

6.1. This report provides MIJB with information about the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this involves.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: The Civil Contingencies Act 2004 (Contingency Planning)(Scotland) Regulations 2005
<https://www.legislation.gov.uk/ssi/2005/494/made/data.pdf>

Government Response to the Consultation to include Integration Joint Boards and Category 1 Responders under the Civil Contingencies Act 2004
<https://www.gov.scot/publications/consultation-amend-civil-contingencies-act-2004-include-integration-joint-boards-government-response/documents/>



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: FUTURE MORAY INTEGRATION JOINT BOARD MEETINGS

BY: CORPORATE MANAGER

1. REASON FOR REPORT

1.1. To ask the Board to consider future arrangements for holding meetings of the Moray Integration Joint Board, the Audit, Performance and Risk Committee and the Clinical and Care Governance Committee going forward and to agree the meeting dates for 2022/23.

2. RECOMMENDATION

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

- i) endorses the schedule of meetings for the MIJB, the Audit, Performance and Risk (APR) Committee and the Clinical and Care Governance (CCG) Committee for 2022/23;**
- ii) agrees how meetings will be held in the future as per the options in section 4;**
- iii) agrees whether to change the start time of meetings to either 9.30am or 2.00pm; and**
- iv) decides whether the Board wish to webcast APR and CCG Committees.**

3. BACKGROUND

3.1. A Survey Monkey was issued to Board members in July 2020 regarding frequency and timings of Board and Committee meetings. The majority response was to retain meetings on the last Thursday in the month. A request was received for MIJB meetings to be held in the afternoon to assist with a diary conflict for a voting member.

3.2. On this basis, a proposed timetable of MIJB meetings for 2022/23 including MIJB development sessions, APR Committee and CCG Committee is attached at **APPENDIX 1**.

- 3.3. Prior to the Covid-19 pandemic all meetings of the MIJB were held in person. Following the lockdowns imposed due to Covid-19 the meetings moved to being held remotely, latterly using the Council's committee meeting system, Connect Remote which allows the main MIJB meetings to be webcast live to members of the public who wish to watch.
- 3.4. Recently there have been some comments received from members requesting MIJB meetings to be held in the morning going forward.

4. Future Options

Meeting Options

- 4.1 While social distancing remains in place, meetings will continue to be held on line, however the Board may wish to consider how meetings will take place when restrictions are lifted.
- 4.2 The options are as follows:
- Continue with meetings online
 - To return to face to face meetings when restrictions allow
 - To have a mixture of face to face and online meetings (hybrid meetings)
- 4.3 To continue webcasting the MIJB, the Board will need to use either Connect Remote or use the Council Chamber as the meeting base.

Continue with Meetings Online

- 4.4 If the Board wish to continue holding the meetings remotely then there will be no change to the current arrangements.

Return to Face to Face Meetings

- 4.5 This option will only be available when current restrictions are lifted. If the Board wish to continue webcasting the meetings, the meetings will need to take place in the Council Chamber, Headquarters, Elgin.

Hybrid Meetings

- 4.6 The Council have recently purchased and are currently waiting on the installation of a new hybrid meeting system which would, when restrictions allow, mean Board members can meet face to face and also have members joining remotely. Again, to use this facility the meetings would need to take place in the Council Chamber. It is anticipated the installation will take place early in 2022.

Meeting Dates and Times

- 4.7 The meeting schedule is established with the intention to ensure key dates for formal business are accounted for and to avoid the creation of Special meetings and conducting formal business during development sessions.
- 4.8 Previously the MIJB, APR Committee and CCG Committee have started at 10.30am, 1.00pm or 1.30pm to assist members who are travelling to Elgin for the meetings from having to wait for long periods between meetings.

- 4.9 If the Board choose either option 4.4 or 4.6 they may wish to consider moving the meeting start times to 9.30am and 2.00pm. This would bring some consistency to the start times, provide time for a sufficient break between meetings and assist Committee Services with providing a clerk for the MIJB, APR and CCG meetings whilst balancing other commitments.

Webcasting

- 4.10 Meetings of the MIJB have been webcast since 25 March 2021 and the viewing figures are indicated in the table below:

Date of Meeting	All Views	Live Views	Catch Up Views
25/03/21	68	26	42
29/04/21 (Special)	19	1	18
27/05/21	20	6	14
24/06/21	40	44	29
30/09/21	28	13	15

- 4.11 Whilst social distancing restrictions remain in place, webcasting the MIJB meetings ensures that members of the public and press who may have wished to attend the meetings in person can watch the meetings.
- 4.12 The Board may wish to extend the webcasting of meetings to include APR Committee and CCG Committee.

5. SUMMARY OF IMPLICATIONS

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

The scheduling of appropriate meetings facilitates good governance arrangements and supports the delivery of the Strategic Plan.

(b) Policy and Legal

In terms of the Standing Orders section 4.1, approved by the Board at its meeting on 28 June 2018 (para 5 of the Minute refers), the Board is to approve annually a forward schedule of meeting dates for the following year.

(c) Financial implications

There are no financial implications directly arising from this report.

(d) Risk Implications and Mitigation

None directly arising from this report.

(e) Staffing Implications

There are no staffing implications directly arising from this report.

(f) Property

There are no implications in terms of Council or NHS property directly arising from this report.

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required as there is no change to service delivery arising as a result of this report.

(h) Consultations

Consultations have been undertaken with the following who are in agreement with the content of this report where it relates to their area of responsibility:

- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1. The MIJB is asked to endorse the timetable of meetings, as attached at APPENDIX 1, and agree on how they wish meetings to be held in the future.

Authors of Report: Jeanette Netherwood, Corporate Manager, HSCM

Background Papers:

Ref:

Proposed Meeting Dates 2022/23

DATE	MEETING TYPE	TIME
28 April 2022 (NB due to election process there will not be any members present)	Moray Integration Joint Board Development Session	9:00 to 12:00
26 May 2022	IJB	Open session from 9:00 Meeting 9:30 to 12:00
26 May 2022	Clinical & Care Governance Committee	13:00 to 15:30 Or 14:00 to 16:30
30 June 2022	IJB	Open session from 9:00 Meeting 9:30 to 12:00
30 June 2022	Audit, Performance and Risk Committee	13:00 to 14:30 Or 14:00 to 15:30
28 July 2022	Moray Integration Joint Board Development Session	9:00 to 12:00
25 August 2022	Clinical & Care Governance Committee	9:30 to 12:00
25 August 2022	Audit, Performance and Risk Committee	13:00 to 14:30 Or 14:00 to 15:30
29 September 2022	IJB	Open session from 9:00 Meeting 9:30 to 12:00
27 October 2022	Moray Integration Joint Board Development Session	9:00 to 12:00
27 October 2022	Clinical & Care Governance Committee	13:00 to 15.30 Or 14:00 to 16:30

APPENDIX 1

24 November 2022	IJB	Open session from 9:00 Meeting 9:30 to 12:00
24 November 2022	Audit, Performance and Risk Committee	13:00 to 14:30 Or 14:00 to 15:30
26 January 2023	IJB	Open session from 9:00 Meeting 9:30 to 12:00
23 February 2023	Moray Integration Joint Board Development Session	9:00 to 12:00
23 February 2023	Clinical & Care Governance Committee	13:00 to 15:30 Or 14:00 to 16:30
30 March 2023	IJB	Open session from 9:00 Meeting 9:30 to 12:00
30 March 2023	Audit, Performance and Risk Committee	13:00 to 14:30 Or 14:00 to 15:30



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

**SUBJECT: PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORTING
SUBMISSION 2020/21**

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To present the draft Moray Integration Joint Board (MIJB) Climate Change Duties Report submission for 2020/21.

2. RECOMMENDATION

2.1 It is recommended that the MIJB consider and approve the draft submission to Sustainable Scotland Network (APPENDIX 1) for the reporting year 2020/21.

3. BACKGROUND

3.1 The Climate Change (Scotland) Act 2009 introduced targets and legislation to reduce Scotland's emissions by at least 80% by 2050.

3.2 Section 44 of the Act places duties on public bodies relating to climate change and requires them to:-

- contribute to delivery of the Act's emissions reduction targets,
- contribute to climate change adaptation, and
- act sustainably

3.3 Following public consultation and parliamentary scrutiny a Statutory Order under section 46 of the Act came into force in November 2015. This Order contained a list of public bodies required to annually report on compliance with the climate change duties. These major players listed in the Order were expected to submit their reports to the Scottish Government for 1 April 2015 to 31 March 2016 by 30 November 2016 and annually thereafter. Both Moray Council and NHS Grampian have fulfilled these requirements.

3.4 Integration Authorities were required to provide annual reports for the first time in November 2017 and this was approved by this Board on 14 December 2017 (para 7 of the minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The report attached in **APPENDIX 1** is required to be submitted to the Scottish Government by 30 November 2021.
- 4.2 The content is limited because MIJB do not own any property or vehicles and do not develop the policy surrounding the use of fuel, procurement, transport, energy, waste, ICT, property and infrastructure. The policies that are followed by staff are developed by the employing organisation, either Moray Council or NHS Grampian.
- 4.3 The principle areas that the MIJB and managers can influence is the development of a culture of environmental awareness including climate change impacts and ensuring that policies are adhered to appropriately, for example:-
- to reduce their travelling to meetings & service user contacts where possible. During 2020/21 staff continued to make greater use of video conferencing, saving both time and costs associated with travelling. Significant progress in this area has arisen as a result of the introduction of Microsoft Teams in NHS Grampian and Moray Council which has facilitated staff being able to communicate whilst continuing to work from home.
 - continued use of existing ICT applications such as Attend Anywhere for reducing travel for staff/patients/service users within Moray.
 - reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste.
- 4.4 As a result of the changes to service delivery caused by Covid-19 in 2020, Health & Social Care Moray (HSCM) has seen a significant increase in the use of Attend Anywhere (Near Me) by GP and other health professionals. This has reduced the amount of travelling for people (both staff and patients) saving time, money and impact on the environment.
- 4.5 HSCM have been exploring the use of other ICT applications such as VCreate to reduce the need for face to face contact and enabling communication and flexibility of access to services.

5. SUMMARY OF IMPLICATIONS

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

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan 2019-29.

(b) Policy and Legal

None directly associated with this report

- (c) **Financial implications**
None directly associated with this report
- (d) **Risk Implications and Mitigation**
None directly associated with this report
- (e) **Staffing Implications**
None directly associated with this report
- (f) **Property**
None directly associated with this report
- (g) **Equalities/Socio Economic Impact**
As this is a performance monitoring report, an Equality Impact Assessment is not required as the report does not deal with actions which may impact adversely on groups with protected characteristics.
- (h) **Consultations**
Consultation on this report has taken place with the Chief Financial Officer who is in agreement with the content in relation to their area of responsibility.

6. **CONCLUSION**

6.1 **This report recommends the MIJB consider and approve the draft submission (APPENDIX 1) to the Sustainable Scotland Network**

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

MORAY IJB 2020/21 CLIMATE CHANGE DUTIES REPORT

1 Profile of reporting body**1a Name of reporting body**

Provide the name of the listed body (the "body") which prepared this report.

Moray Integration Joint Board

1b Type of body

Integration Joint Board

1c Highest number of full-time equivalent staff in the body during the report year. [i](#)

1

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Population size served	Population	96,000	Represents 1.8% of Scotland's population.

1(e) Overall budget of the body (£).

Specify approximate £/annum for the report year.

£137M

Comments

Funding is provided by NHS Grampian and Moray Council.
Staff of Health and Social Care Moray (circa 1,000 number) are employed by NHS Grampian or Moray Council.

1(f) Report year.

Specify the report year.

2020/21 (Financial Year)

1(g) Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The staff of IJB and Health and Social Care Moray operate from buildings owned or leased by NHS Grampian or Moray Council and any information relating to energy, emissions or waste will be included in their respective returns.
Pool cars are used, but again are owned and use fuel that will be reported via the NHS Grampian and Moray Council returns.
Staff of IJB / Health and Social Care Moray operate within the policy and procedures of their employing organisations for property, infrastructure, waste, fuel, procurement and business travel.
Many staff are required to work closely with colleagues in other areas in Grampian so the use of Microsoft Teams is promoted to save time, travel costs and emissions. During the Pandemic staff, where it is possible and ICT kit has been provided, staff have worked from home. It is not possible to ascertain the increase in fuel usage for individual homes however there will have been a reduction in travel to work emissions.
Due to COVID-19 and the rural nature of Moray one of the strategic aims of the Moray IJB is to promote local and accessible services and work continues to identify options and innovations for using digital solutions for service delivery where ever possible to reduce travel and emissions and health

inequalities. Attend Anywhere (Near Me) has been rolled out to all GP Practices in Moray.

2 Governance, Management and Strategy

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

The climate change activities sit within Moray Council and NHS Grampian's governance arrangements and are included in their returns to Sustainable Scotland Network (NSS) / Scottish Government.

The Moray IJB does not have specific environmental policy but will adopt the commitments in Moray Council and NHS Grampian's Environmental and Climate Change policies relevant to Moray IJB.

2b How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body.

Decisions in relation to climate change action within the Moray IJB scope will be managed by the Senior Management Team and reported to Moray IJB for approval. Decisions in relation to transport, waste, ICT, procurement, property and infrastructure will be made through NHS Grampian and Moray Council governance arrangements.

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

There were no specific climate change mitigation and adaptation objectives included in the strategic plan 2016/19.

2d Does the body have a climate change plan or strategy? 

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

No the MIJB does not have a specific plan or strategy for climate change.

2e Does the body have any plans or strategies covering the following areas that include climate change? 

Provide the name of any such document and the timeframe covered.

No plans or strategies owned by MIJB – NHSG/Moray Council plans and strategies followed

Topic Area	Name of document	Link	Time period covered	Comments
Adaptation				
Business Travel				
Staff Travel				
Energy Efficiency				
Fleet Transport				
Information and Communication Technology				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and Sewerage				
Land use				

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead? 

Provide a brief summary of the body's areas and activities of focus for the year ahead.

To ensure all staff are aware of climate change and carbon reduction aims and targets as identified in respective employing organisations' policies. To encourage awareness of behaviour changes of staff working within HSCM to reduce carbon footprint through further adoption of policies by:

- reduce their travelling to meetings and client contacts where possible
- making use of video conferencing or Attend Anywhere technology if available
- consider further development of use of existing ICT applications and to explore opportunities for reducing travel for staff/patients/clients within Moray
- take part in pilot programmes for new ICT technology
- reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance? 

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

N/A

2h Supporting information and best practice 

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The MIJB will support parent organisations to achieve the targets set.

3 Emissions, Targets and Projects

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year. 

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the

comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

N/A

3b Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

If providing consumption data for Water – Supply, please also include the Emission Source and consumption data for Water – Treatment.

If providing consumption data for Grid Electricity (generation), please also include the Emission Source and consumption data for Grid Electricity (transmission & distribution losses).

(a) Emission factors are published annually by the UK Government Department for Environment, Food and Rural Affairs (Defra).

N/A

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

N/A

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy

efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

N/A

3e Estimated total annual carbon savings from all projects implemented by the body in the report year 

If no projects were implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown" into the comments box.

If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

N/A

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year 

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

N/A

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year 

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

N/A

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead 

If no projects are expected to be implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown" into the comments box.

If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

N/A

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead 

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.

N/A

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint 

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

N/A

3k Supporting information and best practice 

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

The MIJB will continue to participate in and follow the procedures of the NHSG and Moray Council Asset Management Groups.

4 Adaptation

4a Has the body assessed current and future climate-related risks? 

If yes, provide a reference or link to any such risk assessment(s).

Moray Council has identified climate change on it's Corporate Risk Register - assessment developed by a group that included consultation with SEPA, Scottish Flood Forum, Adaptation Scotland and Moray Council.

Other impacts of climate change such as flooding are included in Business Continuity plans for services, and the NHS Grampian's Resilience Plan.

4b What arrangements does the body have in place to manage climate-related risks? 

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

If specific climate change risks are identified for delivery of the services by MIJB they will be recorded on either service or corporate risk registers and will be managed in accordance with the Risk Management Policy

4c What action has the body taken to adapt to climate change? 

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

A review of guidance notes for managers in relation to risk registers to include the need for consideration of the impact of climate change on service delivery, as identified in information provided by NHS Grampian and Moray Council.

4d Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")? 

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

N/A

4e What arrangements does the body have in place to review current and future climate risks? 

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Risk Registers and assessments are reviewed on an annual basis as a minimum. Moray Council and NHS Grampian will review their arrangements and notify the Chief Officer or senior management team of any actions that require to be taken. This would then be communicated via the System Leadership Group to services for action.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

The MIJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally.

4g What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

The MIJB and Health and Social Care Moray staff will adopt the priorities and policies set out by NHS Grampian and Moray Council

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

N/A

5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

This return is reviewed by Senior Management Team and approved by Moray Integration Joint Board

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

Peer reviewed by the Moray Council Energy Officer and the Climate Change and Sustainability Co-ordinator.

6c External validation process 

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

N/A

6d No Validation Process 

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

N/A

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Simon Bokor-Ingram
Role in the body:	Chief Officer
Date:	4/11/21