Moray Integration Joint Board

Thursday, 31 October 2019

Inkwell Main, Elgin Youth Café

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **Inkwell Main, Elgin Youth Café**, **Francis Place, Elgin, IV30 1LQ** on **Thursday, 31 October 2019** at **09:30** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

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

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer, Moray Integration Joint Board
Mr Ivan Augustus	Carer Representative
Ms Elidh Brown	tsiMORAY
Mr Sean Coady	Head of Service and IJB Hosted Services
Mr Tony Donaghey	UNISON, Moray Council
Ms Pamela Dudek	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Deputy Medical Director, NHS Grampian
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board
Mrs Val Thatcher	Public Partnership Forum Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board

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

MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 29 August 2019

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

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Ms Elidh Brown, Mr Sean Coady (NHS), Mr Tony Donaghey, Mrs Pam Dudek, Councillor Tim Eagle, Councillor Louise Laing, Mr Steven Lindsay, Ms Jane Mackie, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Jonathan Passmore, Mr Sandy Riddell, Councillor Dennis Robertson, Dr Graham Taylor, Mrs Val Thatcher, Dr Lewis Walker

APOLOGIES

Mrs Linda Harper

IN ATTENDANCE

Ms Jeanette Netherwood, Corporate Manager; Ms Heidi Tweedie, Moray Wellbeing Hub CIC; Ms Eilidh MacKechnie, Corporate Communications Officer; Mr Charles McKerron, Interim Integrated Services Manager; and Mrs Caroline Howie, Moray Council as clerk to the Board.

ALSO PRESENT

Councillor Graham Leadbitter

1 Chair of Meeting

The meeting was Chaired by Councillor Shona Morrison.

2 Declaration of Member's Interests

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

Mr Augustus entered the meeting at this juncture.

3 Minute of Meeting dated 27 June 2019

The Minute of the meeting dated 27 June 2019 was submitted for approval.

Under reference to paragraph 11 of the Minute Mr Passmore asked that it be noted that the Clinical and Care Governance Committee would look at intended plans for change.

Thereafter the Board agreed to approve the Minute as submitted and that paragraph 11 would not require to be changed.

4 Action Log of Meeting dated 27 June 2019

The Action Log of the meeting dated 27 June 2019 was discussed and it was noted that all actions due had been completed.

5 Minute of Meeting of Audit, Performance and Risk Committee dated 28 March 2019

The Minute of the meeting of the Audit, Performance and Risk Committee dated 28 March 2019 was submitted and noted.

6 Chief Officers Report

A report by the Chief Officer (CO) provided the Board with an update on key priorities.

Discussion took place around drug related deaths and it was stated that in Moray there had been 5 deaths from road traffic accidents (RTA) and 17 deaths from drugs. RTA deaths were often described as terrible and shocking however there appeared to be an acceptance of drug related deaths as the same language was not used in referring to them.

The Chief Officer undertook to bring a report from the Moray Alcohol and Drugs Partnership regarding the self-assessment of Drug Related Deaths in Moray to a future meeting of the Clinical and Care Governance Committee.

7 Quarter 4 (January - March 2019) Performance Report

A report by the Chief Financial Officer updated the Board on performance of the Moray Integration Joint Board as at Quarter 4 (January - March) 2018/19.

The Chair advised the report would normally have been reviewed at the Audit, Performance and Risk Committee however the last meeting had not been quorate and had to be postponed. She asked that Members ensure they provide apologies in good time and endeavour to have a substitute to attend in their place.

Discussion took place on Psychological Therapy Treatment and it was stated there had been an impact on performance due to a long term vacancy.

Following further discussion on performance the Board agreed to note:

i. the performance of local indicators for Quarter 4 (January - March 2019) as presented in the summary report at appendix 1 of the report;

ii. the detailed analysis of the local indicators that have been highlighted as requiring further analysis as contained within appendix 2 of the report; and

iii. that a review of local indicators is underway and a report, with recommendations, will be presented to the next Audit, Performance and Risk Committee.

8 Revenue Budget Monitoring Quarter 1 for 2019-20

A report by the Chief Financial Officer updated the Board on the current Revenue Budget reporting position as at 30 June 2019 for the Moray Integration Board budget.

Discussion took place on community hospitals and it was stated an options appraisal on the Turner Memorial Hospital in Keith would be undertaken during the next quarter.

A query was raised on the possible impact of Brexit in relation to staff from the E.U. During discussion it was stated that as there are rules about asking certain questions; it was unknown how many E.U. workers are employed or likely to leave following Brexit. The possibility of holding a development session was discussed and the Chief Officer advised this would require exploration.

Thereafter the Board agreed to:

i. note the financial position of the Board as at 30 June 2019 is showing an overspend of £837,040;

ii. note the progress against the recovery plan;

iii. note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations with the Council and NHS Grampian for the period 1 April to 30 June 2019 as shown in appendix 3 of the report; and

iv. approve for issue, the directions arising from the updated budget position shown in appendices 4 and 5 of the report.

9 Membership of Board and Committees

Under reference to paragraph 10 of the draft Minute of the meeting dated 27 June 2019 a report by the Legal Services Manager, Moray Council, informed the Board of changes required to Membership due to the requirement for the Chair and Vice-Chair position to rotate between NHS Grampian and Moray Council.

It was stated that as the current Vice-Chair, Mr Jonathan Passmore would assume the role of Chair from 1 October 2019, and Councillor Shona Morrison would take up the post of Vice-Chair from the same date.

Nominations were sought for a Chair of the Audit, Performance and Risk Committee

from the Council members and Councillor Louise Laing offered to take on the role. As no one was otherwise minded the Board agreed Councillor Laing would be appointed as Chair of the Audit, Performance and Risk Committee from 1 October.

The Chief Officer advised there was a recommendation to invite Mr Roddy Burns, Chief Executive of Moray Council and Professor Amanda Croft, Chief Executive of NHS Grampian to attend future meetings of the Board in an Ex-Officio capacity. The Board agreed to invitations being issued to improve collaborative working.

Thereafter the Board agreed to note:

i. Mr Jonathan Passmore would take up the post of Chair and Councillor Shona Morrison would take up the post of Vice-Chair of the Board from 1 October 2019;

ii. Councillor Louise Laing would take up the post of Chair of the Audit, Performance and Risk Committee from 1 October 2019; and

iii. invitations would be issued to Mr Roddy Burns and Professor Amanda Croft to attend future meetings of the Board in an Ex-Officio capacity.

10 Order of Business

In terms of Standing Order 2.2 the Board agreed to vary the order of business as set down on the Agenda and take Item 11 'Overnight Responder Service Pilot' immediately before Item 10 'Draft Strategic Plan' in order to allow the officer presenting the report to leave the meeting at the earliest opportunity.

11 Overnight Responder Service Pilot

A report by Charles McKerron, Interim Integrated Services Manager, informed the Board of concerns raised by family members about risks associated with the pilot for an alternative approach to the provision of overnight care and support for people with a learning disability in Moray and how these risks will be addressed by the pilot project.

Lengthy discussion took place on how the pilot would work and what this would mean for service users. It was stated there would be no intrusion of privacy but that passive monitoring would be put in place e.g. pressure mats and door sensors to alert the overnight services that someone was out of bed.

The Interim Integrated Services Manager advised that two families were opposed to the pilot however it was felt there are always insecurities when trying to change and this was about doing what was right for the majority of people.

Thereafter the Board agreed to:

i. approve the 12 week pilot for an overnight responder service;

ii. note the potential long term benefits; and

iii. note the evaluation of the pilot will be presented to the Board in January 2020.

12 Draft Strategic Plan

A report by the Chief Officer requested that the Board note the approach taken in the development of the Strategic Plan for 2019 to 2029.

Discussion took place on the content of the Plan, attached as appendix 1 of the report. The Plan has been created through a collaborative process with Partners and as such Mr Passmore was of the opinion the content was ready for public consultation however thought there was a need to be more specific and explicit about intentions as the Plan acts, is effect, as a formal agreement with Partners.

Thereafter the Board agreed to:

i. note the approach described in revising the Strategic Plan;

ii. approve the content of the Draft Strategic Plan attached at appendix 1 of the report for public consultation; and

iii. note the final Strategic Plan will be presented in October for approval.

13 Items for the Attention of the Public

Under reference to paragraph 10 of the minute of the meeting of the Moray Integration Joint Board dated 26 October 2017 the Board agreed that the following items be brought to the attention of the public:

i. Strategic Plan;

ii. Drug related deaths; and

iii. Overnight Responder Service Pilot

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 29 AUGUST 2019

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Chief Officer's Report	Report relating to the self-assessment of the position in relation to Drug Related Deaths to go to Moray Alcohol and Drugs Partnership and to the November Moray Integration Joint Board Clinical and Care Governance Committee.	Nov 2019	Pam Dudek
2.	Quarter 4 (January – March 2019) Performance Report	Review of local indicators to be reported to the next meeting of the Audit, Performance and Risk Committee.	Sept 2019	Tracey Abdy
3.	Revenue Budget Monitoring Quarter 1 for 2019/20	Issue Directions arising from the updated budget position shown in Appendices 4 and 5 of the report.	August 2019	Pam Dudek
4.	Membership of Board and Committees	Invite Mr R Burns, Chief Executive of Moray Council and Professor A Croft, Chief Executive of NHS Grampian to attend future meetings of the Board.	Sept 2019	Pam Dudek
5.	Overnight Responder Service Pilot	Report on evaluation of the pilot.	Jan 2020	Charles McKerron

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
6.	Draft Strategic Plan	Issue Draft Strategic Plan for public consultation. Final report to be presented in October.	Sept 2019 Oct 2019	Pam Dudek Pam Dudek
7.	Items for the Attention of the Public	Strategic Plan Drug related deaths Overnight Responder Service Pilot	Sept 2019	Fiona McPherson

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 30 May 2019

Alexander Graham Bell Centre, Moray College, Moray Street, Elgin, IV30 1JJ

PRESENT

Mr Ivan Augustus, Mr Sean Coady (NHS), Ms Pam Gowans, Mrs Linda Harper, Ms Jane Mackie, Dr Malcolm Metcalfe, Jeanette Netherwood, Mr Sandy Riddell, Dr Graham Taylor, Mrs Val Thatcher

APOLOGIES

No apologies for absence were received.

IN ATTENDANCE

Ms Eilidh MacKechnie, Corporate Communications Officer, Health & Social Care Moray and Mrs Caroline Howie, Committee Services Officer as Clerk to the meeting.

1 Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2 Welcome

Mr Riddell welcomed Ms Eilidh MacKechnie, Corporate Communications Officer, Health & Social Care Moray, to her first meeting as an observer.

3 Declaration of Member's Interests

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

4 Minute of Meeting dated 28 February 2019

The Minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 31 August 2018 was submitted and approved.

5 Action Log of Meeting dated 28 February 2019

The Action Log of the Moray Integration Joint Board Clinical and Care Governance Committee dated 28 February 2019 was discussed and it was noted that all items due, other than the following, had been completed.

Item 2 - Health Care Standards - Implementation - the Chair sought clarification on who would be providing the verbal report on progress of completion of the self-reflection tool from Scottish Government. On being advised there was no one available to provide the update he requested an email be issued to update all members.

Mrs Harper entered the meeting during discussion of this item.

6 Social Work Governance Arrangements

A report by the Chief Social Work Officer (CSWO) presented Committee with information in relation to professional social work governance.

Lengthy discussion took place on how communication takes place between different professions and what accessibility there is for the CSWO to ensure any concerns raised are addressed in a timely manner. It was stated there are different systems in use that can make the sharing of information challenging.

The CSWO outlined proposals to hold briefing meetings with Board and Council members to highlight any issues and matters for attention.

The Corporate Manager advised an operational group had been established between Aberdeen City Integration Joint Board (IJB), Aberdeenshire IJB and Moray IJB to look at solutions to challenges around access to information.

Thereafter the Committee agreed to note the content of the report.

Dr Taylor and Mr Coady entered the meeting during discussion of this item.

7 Complaints and Adverse Events - Quarter 4

Under reference to paragraph 7 of the Minute of the meeting dated 28 February 2019 a report by the Chief Officer informed the Committee of Health and Social Care Moray (HSCM), complaints and incidents reported in Quarter 4 (January - March 2019).

During discussion it was stated that the report was helpful to Committee and provided assurance that complaints and adverse events were being reviewed as required. It was further stated that the inclusion of information on how any lessons learned were being disseminated following investigations would be beneficial in future reports.

The Committee were in agreement that good practice should also be captured and staff should be encouraged to report compliments as well as complaints received. To this end Committee requested that a newsletter be developed to communicate quality and learning to focus on good outcomes to be incorporated in the communications strategy.

Thereafter the Committee agreed to note:

i. the complaints and adverse events summary for Quarter 4 (January - March 2019) shown in appendix 1 of the report;

ii. further investigation and development will be undertaken to align reporting mechanisms and timescales, where practicable;

iii. a mechanism will be developed to collate Audit, Quality Assurance and Quality Improvement Activity in HSCM, to provide assurance and confidence that appropriate and relevant audit, evaluation and monitoring activities are taking place;

iv. development of a newsletter about quality and learning to focus on good outcomes to be incorporated in the communications strategy; and

v. future reports will include exception reporting from the HSCM Clinical Governance Group.

8 Care Home Large Scale Investigation 2018

Under reference to paragraph 5 of the Minute of the meeting dated 31 May 2018 a confidential report by the Chief Social Work Officer informed the Committee of the actions taken as a result of the Large Scale Investigation which was undertaken at a Care Home in Elgin.

DATIX (the system used for capturing information) was discussed and it was stated that the system was sometimes underutilised as it was possible to automate the production of regular reports, therefore reducing workload involved in producing these each time they were required. It was further stated this may be due to lack of knowledge in using the system.

Committee requested this be investigated and a report in relation to Care Homes be provided to a future meeting.

Thereafter the Committee agreed to:

i. note the contents of the report and the actions taken as a result of the Large Scale Investigation; and

ii. seek a further report on the use of DATIX in relation to Care Homes.

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 25 July 2019

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

PRESENT

Ms Tracey Abdy, Ms Elidh Brown, Ms Pam Gowans, Mr Sandy Riddell, Mr Atholl Scott

APOLOGIES

Mr Steven Lindsay, Councillor Dennis Robertson

IN ATTENDANCE

Ms Jeanette Netherwood, Corporate Manager; Ms Jane Mackie, Head of Adult Services; Mr Sean Coady, Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services and Mrs Caroline Howie, Committee Services Officer, Moray Council, as clerk to the meeting.

1 Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2 Welcome and Apologies

The Chair advised that due to being the only voting member in attendance the meeting was deemed not quorate and could not therefore proceed.

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 01 August 2019

Meeting Room 3, Dunbarney House, Dr Gray's Hospital,

PRESENT

Ms Tracey Abdy, Ms Pam Dudek, Mr Sandy Riddell, Councillor Dennis Robertson Councillor Ray McLean (for Councillor Tim Eagle)

APOLOGIES

Ms Elidh Brown, Councillor Tim Eagle, Councillor Louise Laing, Mr Atholl Scott

IN ATTENDANCE

Mr Dafydd Lewis was in attendance, substituting for Mr Atholl Scott.

1 Chair of Meeting

The meeting was Chaired by Councillor Dennis Robertson.

2 Declaration of Member's Interests

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

3 Internal Audit Update

A report by the Chief Internal Auditor provided an update on audit reports issued as part of the delivery of the agreed audit plan for 2018/19.

Following discussion of the audits of the Social Care: Contributions Policy and the Payroll Testing the Committee agreed to note the contents of the update report.

4 Internal Audit - Annual Report

Under reference to paragraph 8 of the Minute of the meeting dated 27 September 2018 a report by the Chief Internal Auditor provided details of internal audit work undertaken relative to the Moray Integration Joint Board (MIJB) for the financial year ended 31 March 2019 and assurances available on which to base the internal audit opinion on the adequacy of the MIJB's systems of internal control.

Committee were advised the Chief Internal Auditor had difficulty accessing NHS systems, however work was ongoing to ensure easier access.

Following discussion the Committee agreed to note the audit opinion based on work undertaken during the 2018/19 year.

5 Annual Performance Report 2018-19

Under reference to paragraph 21 of the draft Minute of the meeting of the Moray Integration Joint Board dated 27 June 2019 a report by the Chief Officer sought approval of the draft Annual Performance Report 2018/19.

Committee were advised that following the addition of pictures and publishing of the report Members would be emailed a link to the final document.

Following discussion and consideration of feedback arising from the consultation process, the Committee agreed to:

i. note the approach taken to produce the 2018/19 Annual Performance Report;

ii. note the constraints on reporting of data relating to national indicators identified in paragraph 4.2 of the report; and

iii. approve the report in appendix 1 of the report to be formatted for publication.

CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD ON 31 October 2019

Moray Childrens and Families Social Work Services and Criminal Justice Services

At a special meeting of the Moray Council on 25 September 2019 the council approved the proposal to move to a revised management structure. This change proposes delegation to the Moray Integration Joint Board (MIJB) Children and Families and Criminal Justice Social Work Services. The process now is one of bringing a paper setting out the timeline and delegation process to the NHS Board and MIJB for formal agreement in principle. The process thereafter will be to work through the legal aspects of delegation, apply due diligence in terms of the services delegated and the financial arrangements working to a revised integration scheme. A paper will be presented at the meeting of the MIJB in November 2019 and at the NHS Grampian Board on the 5th December 2019.

Further information contact pamela.dudek@moray.gov.uk

Grampian Wide Strategy Developments

The three Integration Joint Boards (IJBs) (Aberdeen City, Aberdeenshire and Moray) in the North East of Scotland received a paper in June 2019 considering hosted services and "large hospital-based services". Work is progressing regarding Mental Health & Learning Disability, Palliative & End of Life Care and Care of Older People. Work is also about to commence on the Respiratory Pathway.

The pathway of care for respiratory patients will, it is hoped, lead to improved outcomes as a result of this exercise. The overall approach to this planning process is that the level of resource is fixed and that there is no additional funding. There is scope for the resources to be used differently as a result of changes in the pathway of care. It is not possible at the inception to know how these resource flows may be modified but all three IJBs and NHS Grampian should be prepared for potential changes in the future.

Workshops are planned for November and December 2019 and a full Commissioning Brief is available and can be circulated as required.

All these areas of work will come back to the MIJB at the point of completion of the review process for consideration and any decision making required.

For further information contact: pamela.dudek@moray.gov.uk

Prevention

Be Active Life Long Groups, Vintage Teas and Boogie in the Bar all activities organised in partnership, have had a fairly successful year of recognition. To date they have achieved the following awards:

Age Scotland Patrick Brooks Award for Best Partnership Work 2019 *Moray Over 60 Daytime Community Disco "Boogie in the Bar"*

Health and Social Care Alliance Scotland, Self-Management Project of the Year 2019 *Be Active Life Long (BALL) Group Moray*

NHS Scotland Health of the Population Award and NHS Scotland People's Choice Award 2017 *Moray Community Health and Wellbeing Vintage Tea Parties*

At the moment *Moray over 60 Daytime Community Disco "Boogie in the Bar"* has earned a finalist place in the **Scottish Health Awards, Healthier Lifestyle 2019.** The ceremony takes place on the 14th November 2019.

For further information contact: carmen.gillies@moray.gov.uk or laura.sutherland@nhs.net

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 OCTOBER 2019**

SUBJECT: **MORAY INTEGRATION JOINT BOARD MEETING DATES 2020/21**

BY: **PAMELA DUDEK, CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To propose the schedule of meetings of the Moray Integration Joint Board (MIJB), the Audit, Performance and Risk Committee and the Clinical & Care Governance Committee for 2020/21.

2. RECOMMENDATION

2.1 It is recommended that the MIJB endorses the schedule of meetings for the MIJB, the Audit, Performance & Risk Committee and the Clinical & Care Governance Committee for 20/21.

3. BACKGROUND

3.1 A timetable of meetings for the MIJB for 2019/20 was agreed at its meeting held on 30 August 2018 (para 9 of the Minute refers). The meeting dates were subsequently amended at a meeting on 31 January 2019 (para 6 of the Minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 To ensure key dates for formal business are accounted for when setting meeting dates to avoid the creation of Special meetings to conduct formal business during development sessions.

4.2 A timetable of MIJB meetings for 20/21 including Audit, Performance & Risk Committee and Clinical & Care Governance Committee is attached at **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 2016 – 2019

The scheduling of appropriate meetings facilitates good governance arrangements and supports the delivery of the Strategic Plans.

(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 partnership members who are in agreement with the content of this report where it relates to their area of responsibility:

- Chief Financial Officer
- Caroline Howie, Committee Services Officer

6. CONCLUSION

6.1 The MIJB is asked to endorse the timetable of meetings, as attached at APPENDIX 1.

Author of Report: Jeanette Netherwood
Background Papers: With Author
Ref: MIJB Meeting Dates

DATE	MEETING TYPE	TIME	VENUE
30 April 2020	Moray Integration Joint Board Development Sessions	9:00 to 12 Noon	
28 May 2020	IJB	Open session from 9:00 Meeting 9:30 to 12 Noon	
28 May 2020	Clinical & Care Governance Committee	13:00 to 15:30	
25 June 2020	IJB	Open session from 9:00 Meeting 9:30 to 12 Noon	
25 June 2020	Audit, Performance and Risk Committee	13:00 to 14:30	
30 July 2020	Moray Integration Joint Board Development Sessions	9:00 to 12 Noon	
27 August 2020	Clinical & Care Governance Committee	**Meeting 9:30 to 12 Noon**	
27 August 2020	Audit, Performance and Risk Committee	13:00 to 14:30	
24 September 2020	IJB	Open session from 9:00 Meeting 9:30 to 12 Noon	
29 October 2020	Moray Integration Joint Board Development Sessions	9:00 to 12 Noon	
29 October 2020	Clinical & Care Governance Committee	13:00 to 15:30	
26 November 2020	IJB	Open session from 9:00 Meeting 9:30 to 12 Noon	
26 November 2020	Audit, Performance and Risk Committee	13:00 to 14:30	

28 January 2021	IJB	Open session from 9:00 Meeting 9:30 to 12 Noon	
25 February 2021	Moray Integration Joint Board Development Sessions	9:00 to 12 Noon	
25 February 2021	Clinical & Care Governance Committee	13:00 to 15:30	
25 March 2021	IJB	Open session from 9:00 Meeting 9:30 to 12 Noon	
25 March 2021	Audit, Performance and Risk Committee	13:00 to 14:30	

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 OCTOBER 2019**

SUBJECT: **PROGRESS ON THE IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016**

BY: **JANE MACKIE, CHIEF SOCIAL WORK OFFICER/ HEAD OF SERVICE STRATEGY AND COMMISSIONING**

1. REASON FOR REPORT

1.1 To inform the Board of the progress to date to implement the Carers (Scotland) Act 2016 into everyday practice in line with the duties encompassed within the Act and key areas for development. The report highlights how Health and Social Care Moray (HSCM) are committing the Scottish Government funding for Carers.

2. RECOMMENDATION

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

i) notes the progress to date in relation to the Carers Act;

ii) approves the developments highlighted to ensure that key duties and requirements within the Act are embedded in Moray; and

iii) notes the use of the Scottish Government allocated funding for the implementation of the Carers Act.

3. BACKGROUND

3.1 The Carers (Scotland) Act 2016 came into effect 1 April 2018 introducing new rights for unpaid carers and new duties on Local Authorities and Health Boards.

3.2 The duties laid down in the legislation include:

- A duty to offer an Adult Carers Support Plan to all adult carers, and a Young Carers Statement to all young carers
- A duty to set local eligibility criteria for receipt of support
- A duty to provide support
- A duty to consider the need for breaks from caring

- A requirement for Local Authorities and Health Boards to involve carers in developing carer's services and in hospital discharge planning
- A duty for Local Authorities and Health Boards to prepare a carers strategy for their area
- A duty for Local Authorities to establish and maintain advice and information services for carers
- A duty for Local Authorities to produce a short breaks services statement.

3.3 In the first year of implementation Adult Carer Support Plans replaced Carer's Assessments, with the contracted support service, Quarriers, undertaking the majority of this work. Associated processes were reviewed after 6 months with relevant stakeholders and amendments made based on recommendations and findings. These processes incorporated a local eligibility criteria, the provision of information and advice and introduction of Self-Directed Support (SDS) for Carers.

3.4 The requirement to waive charges for carers has been implemented.

3.5 Initial work was carried out with Ward 7 at Dr Gray's Hospital around the requirement to involve carers in hospital discharge planning.

3.6 A short breaks services statement has been developed in partnership with Integrated Children's Services.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 A review has taken place following year 1 of implementation which has allowed identification of issues and areas for development, along with recommendations for consideration. A Carers Act Implementation Action Plan has been developed, with the proposed actions highlighted in the content of this report. Cost pressures have been identified with the proposal to utilise the Scottish Government Carers Act implementation funding allocation, to progress the outstanding actions to implement the Carers Act.

4.2 There is a need to consider the approach to implementation to ensure that there is sufficient capacity to cope with the increased demand in volume of Adult Carer Support Plans, and the Act's requirement for all carers, previously supported through the completion of a Carer's Assessment, to have the offer of completing a new Adult Carer Support Plan within 3 years of implementation (end March 2021). In Moray, this equates to approximately 1400 carers requiring to have that opportunity. There is further increased demand to ensure that all Adult Carer Support Plans, leading to a SDS award, are reviewed on an annual basis. The current contract with the carers support service has an indicative volume of 245 Carer's Assessments/ Adult Carers Support Plans per annum. Between April 2018 - March 2019, there were 389 new carers referrals to the service, all of whom were entitled to an Adult Carers Support Plan. Therefore a significant pressure has been identified. Conversations have taken place with Quarriers and a contract variation has been agreed, taking into account procurement advice. The contract variation

will increase the funding to Quarriers so that the increased demands on the contract can be met.

4.3 Work will take place in line with the requirement to review the local carer's strategy with relevant consultations taking place.

4.4 A review is due to take place of the current carer's eligibility criteria in line with the requirement to review this on an annual basis.

4.5 It is planned to review the short breaks services statement in conjunction with exploring the use of the Respitality Programme. Respitality (respite breaks and hospitality) aims to connect local organisations that support unpaid carers with hospitality providers for example hotels, restaurants and leisure facilities. The programme is currently established in 10 Local Authority areas.

4.6 In line with the introduction of the waiving of charges for replacement care a local policy/ position statement will be developed taking into consideration national work which is due for completion later this year.

4.7 Further development work is planned to meet the duty to involve carers in hospital discharge planning. This work will take into account national work being undertaken at present.

4.8 An Assistant SDS Officer post, with an indicative salary grade 5, is currently being recruited to undertake the work outlined in 4.3 to 4.7.

4.9 A carers steering group is currently being developed with key stakeholders in attendance to enable a collaborative approach to be undertaken in the identified work streams. The group will monitor the progress of the action plan in line with the Carers Act.

5. SUMMARY OF IMPLICATIONS

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

The recommendations in this report support the MIJB Strategic Plan, in particular outcome 6 'People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing'. Key areas of focus for the MIJB during 2018/19 included the implementation of the new Carers Act and the foundations of this work now need to be built upon.

(b) Policy and Legal

The MIJB has a legal duty to promote the rights of unpaid carers through the Carers (Scotland) Act 2016.

(c) Financial implications

The cost of the variation to the Quarriers contract is £65,470. The cost of the Assistant SDS Officer is £29,924. These pressures are to be resourced from the Scottish Government funding for the implementation of the Carers Act.

(d) Risk Implications and Mitigation

Without the required additional resources identified in the Carers Act Implementation Action Plan there is a risk that the requirements and duties which form the Carers Act cannot be fully implemented.

(e) Staffing Implications

Additional staffing resource required for 1 Full Time Equivalent (FTE) Assistant SDS Officer at an indicative salary of Grade 5 on a temporary basis.

(f) Property

There are no implications in relation to property or accommodation.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as there are no negative impacts identified as a result of this report. Through the introduction of the Carers Act and developments around this, the recommendations are expected to promote equality of opportunity for unpaid carers.

(h) Consultations

Chief Social Work Officer/Head of Service-Strategy and Commissioning, Head of Service- Adult and Children's Services, Chief Financial Officer, Commissioning and Performance Officer, Children's Wellbeing Manager, Equal Opportunities Officer, Pauline Knox; Senior Commissioning Officer, Sandi Downing; Project Manager, Quarriers Carer Support Service (Moray), Ivan Augustus; MIJB Carers Representative have been consulted on the content of this report and comments are incorporated.

6. CONCLUSION

6.1 This report to the MIJB updates on the progress regarding implementation of the Carers Legislation, and focuses on the work to be undertaken to progress.

Author of Report: Michelle Fleming, Self-Directed Support & Carers Officer
Background Papers: with author
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 OCTOBER 2019**

SUBJECT: **ADULT PROTECTION COMMITTEE**

BY: **JANE MACKIE, CHIEF SOCIAL WORK OFFICER(CSWO)/HEAD OF SERVICE**

1. REASON FOR REPORT

1.1. To inform the Board of the appointment of a new convenor for Moray Adult Protection Committee (MAPC); the outcome of the self-evaluation exercise undertaken and note the improvement plan.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board consider and note the content of this report.

3. BACKGROUND

3.1. The MAPC was established in April 2010 following the implementation of The Adult Support and Protection (Scotland) Act 2007 (ASP Act). MAPC is a constituted Committee. The MAPC is responsible for developing, implementing and monitoring the strategic approach to the Arrangements that are in place for ensuring that consideration is given to relevant reports and published inquiries (for example by the Mental Welfare Commission). These are added to the Committee's agenda as and when appropriate and the Consultant Practitioner in Adult Protection is tasked with bringing these to the attention of the MAPC for discussion. The MAPC then agrees those that are relevant to adult protection activity and, if required, asks the Grampian Working Group to report back any recommendations.

3.2. There is core membership from the Moray Council's Elected Members and officers, Police Scotland, Grampian Health Board and the Care Inspectorate along with co-opted members from Scottish Fire and Rescue Service/Scottish Ambulance Service /Advocacy North East/Care Homes Scotland/Third Sector (voluntary agencies). All are expected to assist MAPC in raising awareness across the Moray area, sharing relevant information and embedding adult support and protection within their own organisations. The MAPC will review

the training needs of agencies offering support and development from both NHS Grampian trainer and the Moray Council ASP trainer/facilitator.

3.3. In addition, the MAPC makes arrangements to respond to national issues.

3.4. The MAPC has an independent Convenor and legal advice is provided by Moray Council.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The Chief Officers Group agreed that there should be a joint appointment between child and adult protection committees. Gordon Greenlees was appointed as joint convenor in January 2019. Unfortunately, due to personal circumstances, he had to terminate his contract early. The role was then readvertised and Samara Shah was appointed as joint convenor on 1 August 2019. Samara has a legal background and is active on various community groups which makes her suitable for the role of convenor.

4.2. In preparation for the anticipated Care Inspectorate Thematic Review of Adult Support and Protection a self-evaluation exercise was completed **(APPENDIX 1)** and an improvement plan was developed from this **(APPENDIX 2)**.

5. SUMMARY OF IMPLICATIONS

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

Adult Protection is a priority for workforce in all areas.

(b) Policy and Legal

The Adult Protection Committee is a Moray Council function that has been delegated to the Board in terms of the Health and Social Care Integration Scheme for Moray. The Board issued a general direction to the Moray Council, effective from 1 April 2016, to deliver the above function in line with existing arrangements.

The ASP (Scotland) Act 2007 requires all local authorities to appoint an independent convener who must not be a member or officer of the Council who is responsible for the implementation and maintenance of the APC ensuring it meets and fulfils its legal requirements. This requirement is set out at para 1.6 of the MAPC constitution.

The MAPC constitution was approved by the Moray Council at their meeting on 17 March 2010 (para 7 of the minute refers). The parts of this that reflect legislation cannot be altered. Other parts that are discretionary, such as the frequency of meetings, can be altered and be the subject of a direction.

(c) Financial implications

There are no financial implications.

(d) Risk Implications and Mitigation

If a new convenor cannot be recruited prior to the departure of the current convenor then another MAPC member, but not an elected member or officer of the Moray Council, may act in that role until the new convenor is so recruited and appointed.

(e) Staffing Implications

There are no staffing implications.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

None arising from this report.

(h) Consultations

The following have been consulted in the preparation of this report: Chief Officer, Health & Social Care Moray, Morag Smith, Senior Solicitor, (Litigation and Social Care); Zandra Smith, Consultant Practitioner, Adult Support & Protection; who are in agreement with the content of this report relating to their area of responsibility.

6. CONCLUSION

6.1. The Board is asked to note the appointment of a new convenor.

Author of Report: Jane Mackie, CSWO/Head of Service
Background Papers:
Ref:

1.0 Purpose

The purpose of this document is to collate the improvement actions identified through undertaking 4 self-evaluation workshops with colleagues from Moray Adult Support Partners in April and May 2019.

Along with the insights gained from the Social Work (Council Officer) survey and the Case File Audit, this Learning Review Report will provide the evidence base for the Adult Support Protection Improvement Action Plan.

The collation of the Final Self Evaluation Learning Review Report along with the development of the Improvement Action Plan is the key milestones in the Adult Support & Protection (ASP) Project Plan.

2.0 Background

As part of the preparation for the forthcoming Care Inspectorate Adult Support & Protection thematic inspection, a self-evaluation exercise was undertaken with members of the Moray Adult Protection Committee and representatives of the Moray ASP partner agencies.

The self-evaluation exercise was based on exploring the 3 sets of quality indicators -grouped as Outcomes, Key Processes and Leadership- which have been developed by the Care Inspectorate as part of their inspection regime. In total there are 23 questions.

The first workshop was held on 12 April with the Adult Protection Committee (APC). The primary aim of this workshop was for members of this Committee to answer the 6 Leadership questions. Due to the large number of participants, this was undertaken in two groups (both groups answering all 6 Leadership questions). Following this initial session, each table then focused on answering either the questions sets relating to the Key Process or Outcomes. The secondary aim of the Development Day was therefore to answer all 23 questions. Five of the Key Process questions (2.8 to 2.12) remained unanswered by the end the session.

Following this workshop with the Moray Adult Protection Committee, the following 3 workshops were held.

Date	Workshop (2019)
Outcomes	13 May
Processes	20 May
Leadership	27 May

Each workshop lasted approximately 2.5 hours and was devoted to answering the questions relating to the above quality indicator set.

In terms of contextualising the questions, items of evidence were presented in relation to many of the questions. This encompassed vision statements, Scot Government Annual Returns, audit report, the core process map, risk matrix and template. In addition, 3 case studies were presented to assist with exploring the relevant issues.

In total 30 colleagues from 10 partnership agencies took part in this self-evaluation exercise.

The above workshops were facilitated by Robin Paterson H&SCM (Snr Project Officer) and scribed by Iain McGregor (Adult Protection Unit Co-ordinator). The written report for each of the above sessions was circulated to the participants for comment and final agreement.

3.0 Findings and Emerging Themes

The following table summarizes the improvement actions identified from each of these workshops and the Adult Protection Committee Development Day. Using a simple content analysis approach, the key words or phrases in relation to each improvement were identified as cross cutting themes. These key words or phrases are underlined in relation to the responses to the questions.

As outlined in section 4 of this report, it is proposed that these themes will be adopted as the sub-headings for the improvement action plan.

	Improvement Action	Theme
	Outcomes	
Question 1.1: We pursue least restrictive protection options and respect individuals, choice.		
Workshop Response: • Moray consistently conducts a small number of Protection Orders (see Scottish Government Adult Protection Returns for 2017 & 2018). Workshop participants viewed this as a strength and that all ASP referrals went to a single point of contact in Moray; the Access Team. An Area for Development was that improvements could be made to ensure that there is clarity between agencies of the content of any orders granted and that police officers are aware of the process of granting a protection order. • It was also agreed that additional learning for all partners can be gained through a review of the single banning order undertake in the last 12 months once this has been revoked or completed. **Adult Protection Committee Response**: • While partners consider that they adopt appropriate and the least restrictive approach to protection orders, there is a need to collate and document the process and procedures from the perspective of all partner agencies in Moray in order that we collectively understand the implementation of removal, banning and assessment orders.		**Policy, Process & Procedure** **Audit & Lived Experience** **Policy, Process & Procedure**
Question 1.2: Our multi-agency response to referrals of adult protection concerns is timely & effective to create a proportionate, protective framework for adults at risk of harm and others for whom risk is identified, including children. We strive to identify adults at risk of harm. This question was explored through considering case study 1.		
Workshop Response: • Training for all front line Day Care Service staff (both internal and external) should ensure that timescale thresholds for reporting individuals suspected of being harmed are reinforced and understood. • To ensure that initially referrals are processed in a timely manner, the H&SCM Senior Management Team should review if the Access Team is adequately resourced to complete the high volume of screenings of the initial ASP referrals being received. • The internal process for H&SCM social work team members to discuss adults at risk of harm should		**Training & Development** **Service Redesign/Review** **Performance**

be reviewed to ensure that cases are addressed in a timely manner.	**Management**
• It was identified that the carefirst electronic recording system has the capability to code ASP referrals and it was agreed that better use could be made of this part of the carefirst system. It was also thought that as part of HSCM's plans to develop its ICT infrastructure, Officers could make further improvements in relation to the processing of referrals by making better use of digital technology.	**ICT & Recording**
Adult Protection Committee Response: • Although an ASP Core Process is established for Moray, participants considered that a refreshed multi-agency process needs to be developed based on the above contribution from all partner agencies. This should incorporate realistic service standards for the completion of key elements of the ASP framework.	**Policy, Process & Procedure** **Performance Management**
Question 1.3: We deliver the desired personal outcomes for adults at risk of harm-enhanced safety, wellbeing, and support to keep healthy. They and their unpaid carers (if appropriate) are involved throughout. Adult protection outcomes and general health and wellbeing outcomes delivered by our partnership are inextricably linked. Adults at risk of harm such as physical, sexual, emotional, financial harm, neglect, self- neglect and harm to self, are safe and protected as a consequence of our actions. This question was explored through considering case study 2.	
Workshop Response: • It was agreed that H&SCM should further develop its performance management arrangements in relation to developing an approach to allowing ASP related health outcomes to be monitored and evaluated.	**Performance Management**
• While it was agreed that it was good practice that colleagues employed by NHS Grampian record risk of harm cases on DATIX, it is also vital these incidents follow the agreed procedure and are referred to the Access Team.	**Audit & Lived Experience**
• While the weekly meetings of the Community Safety Partnership were seen as a strength, in terms of good partnership working, it was agreed that the application of the 3 point test should be	**Policy, Process & Procedure**

undertaken as a multi-agency activity. **Adult Protection Committee Response:** • The development of a revised Moray ASP process should incorporate the sharing of the outcomes of ASP cases with all partners including the third sector. This could be achieved through ensuring that a meaningful conversation/review with the individual who has been at risk is part of the above revised core process and the establishment of a schedule of multi-agency conducted audits. The results of the audit should be shared with the Adult Support Protection Committee.	**Policy, Process & Procedure** **Audit & Lived Experience**
Question 1.4: Adults at risk of harm such as physical, sexual, emotional, financial harm, neglect, self- neglect and harm to self, are safe and protected as a consequence of our actions. This question was explored through considering case study 2.	
Workshop Response: • It was viewed as a strength that the Community Safety Hub meets once a week to review -from a multi-agency perspective- how people who are vulnerable and at risk of harm can be further protected. It was also noted as an example of good practice that Police Scotland has a dedicated Officer who attends and supports these meetings. It was however thought that better use of ICT applications could be made to identify and categorise vulnerable people in Moray.	**ICT & Recording**
Question 1.5: We carry out effective remedial work with perpetrators (harmers) when necessary.	
Workshop Response: • Workshop participants identified that determining if we undertake effective remedial work with perpetrators (harmers) is an area for development for Moray. It was proposed that consideration should be given to identifying best practice through exploring how other ASP partnerships are undertaking this area of work. Insights and learning gained can then be incorporated into Moray's approach. **Adult Protection Committee Response:** • Colleagues are trained as to fulfil their role in undertaking Large Scale Inquires. However, we need to ensure that we evidence the support we provide to the perpetrators (harmers). This should be part of any revised Moray procedure.	**Training & Development** **Training & Development**
Key Processes	

Question 2.1: There is a decisive and consistent operational management of adult support and protection cases within our partnership (question also explored with Case Study 3).	
Workshop Response: • While partners thought that there is strong operational management of adult support cases in Moray, there were important elements of the core process that could be improved. These were identified as:-	**Policy, Process & Procedure**
• following the submission of a Concern Report, feedback on the actions taken by partner agencies should be given and confirmation who the key contact professional is.	**Policy, Process & Procedure**
• clarity in relation to the number of Concern Reports that need to be submitted before further action is taken.	**Policy, Process & Procedure**
• Officers should *explore* how carefirst can be fully used to facilitate when the 5 trigger point Concern Report threshold has been reached.	**ICT & Recording**
• Agreement of expected timescales (presented as service standards) for completion of key elements of the ASP process (e.g. time taken to apply the 3 point test following the submission of a referral) needs to be established.	**Performance Management**
Adult Protection Committee Response: • Participants considered that ASP training was of a high quality. However, it was thought that there would be gaps in the training provided to all partners (e.g. Level 2 training for Care Homes). The capacity issue of providing training to all partners was recognised. It was proposed that in the first instance a Training Needs Analysis should be undertaken to identify training and personal development needs and that opportunities to deliver 'train the trainer' should be considered as a means of addressing the challenges of providing training to all partners.	**Training & Development**
• While there is strong partnership working, professional communication and engagement can be improved by ensuring that the ASP Unit is represented at the Health & Social Care Moray Residential Care Home Meetings and that the refreshed ASP process ensures that input/feedback from health is addressed in the revised procedure.	**Policy, Process & Procedure**

Question 2.2: We have a valid system for timely, accurate screening of all adults protection concerns intimated to our partnership. The three point test is correctly and consistently applied (Reference made to Case Study 3 & Flow Chart of the Core Moray ASP Process).	
Workshop Response: The ASP Flowchart is considered to be familiar to colleagues across all partnership areas. However, it is 5 years old and should be reviewed to ensure that it is fit for purpose. Key areas that require up-dating are as follows:- ➢ The flow chart does not adequately reflect the multi-agency input into the ASP process or the central role of the H&SCM Access Team for receiving initial ASP referrals; ➢ The Flow Chart does not capture the full ASP Process and does not, for example, outline the review and monitoring process; ➢ The flow chart should also make reference to clear timescales and service standards for the completion of each part of the process. This will facilitate operational performance management as well as clarifying the expectations that people will have of the service; In relation to the application of the three point test, it was identified that there is a need for greater health involvement in this part of the process. To support this 'Second Officer Training' should be provided to Health colleagues. Moreover, in preparation of reviewing the core process, workshop participants proposed that colleagues should research and best practice emerging from other ASP partnership areas. **Adult Protection Committee Response:** • Although the Pan-Grampian Inter-agency Policy & Procedure provides a strong foundation for a Moray specific process, it was agreed that the revised ASP process should be based on the design principle that the application of the 3 point test is a multi-agency activity. • Clear Service Standards –including service and output measures- to be established to support the	**Policy, Process & Procedure** **Policy, Process & Procedure** **Training & Development** **Training & Development** **Policy, Process & Procedure** **Performance**

Performance Management Process. **Question 2.3: We share information (electronic and non-electronic) about adults at risk of harm effectively and timeously. Robust protocols are in place (reference made to the Grampian Adults at Risk of Harm Information Sharing Protocol).**	**Management**
Workshop Response: • While it is considered that a robust Grampian wide information sharing protocol is in place, effective and timeous information sharing by all Moray partners is not always evident. It was proposed that that engagement activity needs to be undertake that makes partners aware of their duty to co-operate and their responsibility to share information. It was noted that there is evidence of timeous information sharing between the Access and Housing Teams, Police Scotland and the Integrated Mental Health Service have not experienced any significant issues. **Adult Protection Committee Response:** • The Scottish Ambulance Service (SAS) reported particular challenges in terms of receiving ASP related information when receiving an emergency call. The ability to address this issue will not be straight forward. However, the revised ASP process should consider the needs of the SAS in the further refinement of a Moray Core Process.	**Training & Development** **Policy, Process & Procedure**
Question 2.4: We carry out timely and cohesive multi-agency inquiries into adult protection concerns – including asp concerns relating to regulated services- which competently determine whether to proceed to a full investigation. And any other measures to protect and support the adult at risk of harm	
Workshop Response: • While partners had an understanding of their responsibilities to support ASP investigations, Social Workers reported that they sometimes felt overwhelmed with this responsibility in the context of already having full caseloads. They also reported that they were sometimes unsure of their role in investigations and found some of the terminology used confusing (e.g. what determines an Investigation). Police Scotland also noted that there was sometimes a lack of understanding of what some of the key terms used meant. It was proposed that training focusing on the clarity of	**Service Redesign & Review** **Training & Development**

professional roles and confidence in decision making –including Social Work- should be provided. The training should also cover processes and the terminology used. **Adult Protection Committee Response**: • Although systems and procedures have been established, it was identified that there is often confusion in the correct use of terminology and sometimes the wrong forms have been used by front line members of staff. It is suggested that a multi-agency /professional 'operating procedure type manual' should be developed that clearly defines key terms. Furthermore, forms should also be peer reviewed and revised. • While the Adult Protection Committee was considered as having good representation from the key Partners in Moray, it's was considered timely to review the membership with specific reference being given to GP representation.	**Training & Development** **Policy, Process & Procedure** **Policy, Process & Procedure**
Question 2.5: We carry out competent, timely, multi-agency, in-depth investigations into adult protection concerns that correctly identify the way forward. These are timeously and fully recorded.	
Workshop Response: • In the context of improving the key processes, workshop participants identified that this element of the process needs to be more clearly defined and the forms used need to reviewed to ensure that they are fit for purpose. These changes should also be focused on supporting information sharing across partner agencies. **Adult Protection Committee Response:** • As reported in the Annual Return, a significant number of Investigations were completed in 2017/18. Nevertheless, all investigations need to be approach from a multi-agency perspective and should include the original refer as part of the investigation team.	**Policy, Process & Procedure** **Policy, Process & Procedure**
Question 2.6: We prepare detailed risk assessments and risk management plans –including chronologies-for adults at risk of harm, who require them (risk assessment template and risk matrix circulated).	
Workshop Response: Workshop participants were familiar with the risk assessment template and considered that embedding the risk assessment as part of the ASP form on carefirst was a positive development along with the development of a numerical scale to accompany the RAG as a means of quantifying risk. However the following improvements for were identified. These were:-	

➢ Adoption of developing chronologies as part of the risk assessment process (H&SCM);and ➢ Review the risk assessment template form to include a section on risk enablement. **Adult Protection Committee Response:** • The creation of risk assessments should reflect a multi-agency input and not primarily created by a single agency	**Policy, Process & Procedure** **Policy, Process & Procedure**
Question 2.7: We conduct large scale inquires (LSI) competently, commensurate with the national code of practice. These exercises ensure that adults currently at risk of harm are safe and protected, and diminish the risk of future harm to individuals	
Workshop Response: • There was consensus that Moray can demonstrate expertise in undertaking LSI's including strong multi-agency partnership working. However, it was identified that improvements could be made to the process in relation to follow-on monitoring work. Specifically, in relation to who has responsibility for this, reporting and governance arrangements.	**Policy, Process & Procedure**
Question 2.8: We correctly convene multi-agency case conferences for adults at risk of harm. These effectively determine what needs to be done to secure an individuals' ongoing safety and other positive outcomes. Adults at risk of harm and their carers are invited to support to attend. Other statutory agencies are consulted and involved when necessary.	
Workshop Response: • Workshop participants identified (as per 2.2) that as part of the review of the overarching ASP procedure for conducting ASP meetings and case conferences should be clearly defined It was once again noted that the terminology used also needs to be more clearly defined.	**Policy, Process & Procedure**
Question 2.9: Independent advocacy is offered to individuals and is available if they want it. Staff are fully aware of the role independent advocacy.	
Workshop Response: • While it was reported that formal advocacy services are sometimes utilised as part of the ASP activity, accessing this service is not consistently utilised. • It was proposed that the H&SCM Commissioning Team should ensure that timely monitoring and feedback reports are provided to ASP Unit and ASP Committee. In due course, the Independent Advocacy Contract should be reviewed from the perspective of ASP requirements.	**Performance Management, Policy, Process & Procedure**

Question 2.10: We make timely, effective us of statutory powers to protect adults at risk of harm, pursuant to all of the relevant legislation	
Workshop Response: • Workshop participants agreed that in Moray we make effective us of statutory powers to protect adults at risk of harm, pursuant to all of the relevant legislation, but sometimes our response could be more timely. The process of undertaking a risk assessment was integral to this outcome.	**Policy, Process & Procedure**
Question 2.11: We carry out multi-agency assessments of need and prepare care plans that are focused on individuals' desired personal outcomes. Apposite services and supports are deployed as a result. Care plans are reviewed periodically	
Workshop Response: • It was thought to be a strength that the Support and Review Plans for H&SCM ask high level outcomes question relating to 'Feeling Safe' & 'Living Life the Way You Want To'. However, the following aspects of assessment were identified as areas that could be improved. There were:- ➢ For H&SCM, the most important issue is that ASP issues are not always recorded on the Support Plan and Reviews are not undertaken in a timely and consistent manner; ➢ The separation of the Assessment from the Support Plan would facilitate a clearer identification of risk of harm concerns; and ➢ In terms of partnership working and information sharing, it was also considered important that a procedure and guidance for redacting support plan information is established. This would then allow Support Plans to be shared with partners. Police Scotland noted that they have already established these arrangements.	**Audit & Lived Experience** **Training & Development** **Policy, Process & Procedure**
Question 2.12: Regular reviews are carried out for adults at risk of harm, Reviews are timeously convened if there are significant changes of circumstances.	
Workshop Response: • It was considered that as part of the ASP process review (See 2.2), it will be necessary to establish a procedure for undertaken in a timeous manner.	**Policy, Process & Procedures**
Leadership	
Question 3.1: Our strategic leaders model, support and develop good, partnership working (agenda	

and minutes for the Moray Adult Protection Committee Meetings were considered in response to this question).	
Workshop Response: • While the agenda for the Moray Adult Protection Committee was considered as covering an appropriate range of items, which were pertinent to all partnership agencies, the strategic leadership model could be further enhanced by establishing stronger links with operational leaders within each partner agency. This could be achieved by having revolving membership of operational managers from partner agencies as part of the Moray Adult Protection Committee and a formalised system of sharing information with leaders from each partner agency. **Adult Protection Committee Response:** • Review the remit and membership of the Adult Protection Committee to reflect the range of issues that the Committee needs to engage with. The membership should include informal carers and children services professionals. • Adoption of a high level risk register as a standard agenda item at Adult Support Protection Meetings	**Policy, Process & Procedure** **Policy, Process & Procedure** **Policy, Process & Procedure**
Question 3.2: Our leaders ensure there is a clearly articulated vision and cogent, cohesive strategy for adult support and protection within our partnership (vision statements considered as evidence in answering this question).	
Workshop Response: • Participants agreed with the Adult Protection Committee workshops identified area for improvement. Namely, that in collaboration with its partners, the Adult Protection Committee needs to develop and promote a vision for Moray. This vision should acknowledge the importance of support as well as protection. In developing this vision, improvement plan workshops should consider the importance of 'positive risk taking' from a social care and health perspective and 'protecting life' from a Police Scotland perspective. **Adult Protection Committee Response:** • In collaboration with its partners, the Adult Protection Committee needs to develop and promote a vision for Moray. This vision should acknowledge the importance of support as well as protection	**Policy, Process & Procedure** **Policy, Process & Procedure**

Question 3.3: Our leaders ensure the delivery of robust, competent, and effective adult protection practices	
Workshop Response: • While good networking between partners was identified as a core strength in terms of ensuring people were protected from risk of harm, workshop participants nevertheless agreed that they had no confidence that robust processes were in place to support Out of Hours (OOH's) adult protection. It was identified that the core OOH's process will require to be revised as part of the future improvement activity and training for OOH's Social Work will need to be delivered to ensure that robust practices are delivered. • In terms of day-time ASP, the previous recommendation from both the Outcomes and Key Process workshops was endorsed by participants in relation to reviewing if adequate resources are in place to support the Access Team to screen the high volume of ASP referrals. These activities will require to involve OOH's Social Work staff.	**Policy, Process & Procedure** **Training & Development** **Service Redesign & Review**
Question 3.4: Our leaders ensure sound quality assurance and audit processes and extant within our partnership, We carry out periodically self-evaluations of adult support and protection. And deliver improvements identified. Leaders value and take account of the views of adults at risk of harm and their carers to influence policy and planning (Previous Audit considered as part of the response to this question).	
Workshop Response: • The example of the audit report submitted to the Adult Protection Committee was considered to be of a high standard. However, the improvement action previous identified by the Adult Protection Committee to agree an audit schedule was endorsed by workshop participants. Furthermore, this audit activity should be undertaken as multi-agency activity, the findings from the audit need to be followed through and the Health colleagues should provide DATIX information as part of this process (previous workshop noted that DATIX information is not always shared with the Access Team). • It was also identified as being important to explore how we can best engage with people who have a lived experience of being in contact with ASP colleagues. **Adult Protection Committee Response:** • The Adult Support and Protection Committee need to establish an audit schedule. The team	**Audit & Lived Experience** **Audit & Lived Experience** **Audit & Lived**

conducting the audits should reflect the multi-agency membership of the Committee and the insights and learning gained through this ongoing exercise should inform governance and front line practice	**Experience**
Question 3.5: Our Adult Protection Committee and COG competently fulfil their statutory roles, supports and drives improvement, and exercise sound oversight and governance over adult protection within our partnership. They are instrumental in the development of harm prevention strategies (Scot Gov Moray Annual Report was referred to as evidence).	
Workshop Response: • Workshop participants agreed with the improvement action identified by the Moray Adult Protection Group. This was to review the remit of this Committee, and the description of the duties and responsibilities of the key positions on this Committee should be developed. In addition, workshop participants considered that this review should be extended to COG in relation to ASP and to the establishment of sub-groups such as a Performance Group. **Adult Protection Committee Response:** • As part of the review of the remit of the Adult Protection Committee, descriptions of the duties and responsibilities of the key positions on this Committee should be developed	**Policy, Process & Procedure** **Policy, Process & Procedure**
Question 3.6: In respect of adult support and protection, our Chief Social Work Officer exercises cogent, cohesive leadership for: • **Professional Support** • **Maintenance of high standards** • **Driving improvements in SW practice** • **Systems in place to learn from critical incidents (Initial case reviews, significant case reviews etc)** • **Carry out the statutory duties of the Chief Social Work Officer (and appointment of a proxy)** **(This question is abridged.)**	
Workshop Response: • It was reported that an important development -in terms of driving improvements in SW practice- was that the CSWO now meets regularly as part of the Social Work Leaders Group to discuss issues relating to professional support and practice. • The workshop also agreed with the improvement action identified by the Adult Protection Committee	**Training & Development**

that briefings should be provided to existing and new members in relation to their roles and responsibilities as members of the Moray Adult Protection Committee. **Adult Protection Committee:** • The CSWO should provide briefings to existing and new members -when inducted on to the Committee- in relation to their roles and responsibilities as members of the Adult Protection Committee.	

3.1 Summary: Frequency of Themes

In summary, the following table shows the frequency that each theme is appears in relation to the above improvement actions.

	Theme	Frequency
1	**Policy, Process & Procedure**	33
2	**Training & Development**	13
2	**Audit & Lived Experience**	7
1	**Performance Management**	6
1	**Service Redesign & Review**	3
2	**ICT and Recording**	3

It is proposed that these 6 themes will be adopted as the workstreams for the Improvement Action Plan.

4.0 Next Steps

Along with the findings from the case file audit and the Social Work (Council Worker) Questionnaire, the above insights gained from the self-evaluation workshops provide a strong evidence base for the development of an Improvement Action Plan. The 12 month Improvement Action Plan is outlined the accompanying report.

Appendix 1: Participation

The following table provides an overview of the colleagues, and their respective organisations, who participated in the series of self-evaluation workshops.

	Name	Organisation	APC (All questions- 12 4 19)	Outcomes (13 5 19)	Key Processes (20 5 19)	Leadership (27 5 19)
1	Jane Mackie	H&SCM (Chief Social Work Officer)	✓			✓
2	Susan Carr	(Director of Allied Health Professions & Director of Public Protection)	✓			
3	Yvonne Wright	H&SCM (Nurse Manager Dr Gray's)	✓			
4	Carol Chambers	Moray Council(Operations Manager Housing Needs),	✓			
5	Robert Appleby	NHS (Scottish Ambulance Service)	✓			
6	Gail Buchan	NHS (Scottish Ambulance Service)	✓			
7	Geoff Gable	TSI Moray (Third Sector)	✓			
8	Roddy Burns	Moray Council (Chief Executive)	✓			
9	Jennifer Urquhart	Scottish Care	✓			
10	Laura Sutherland	H&SCM (Public Health Lead)	✓			
11	Linda Harper	H&SCM (Nursing Lead),	✓	✓		✓
12	Kevin Walker	Police Scotland	✓	✓		
13	Cllr Paula Coy	Moray Council (Councillor)	✓			
14	Zandra Smith	H&SCM (Consultant Practitioner Adult Protection Unit)	✓	✓	✓	✓
15	Scott Meredith	Turning Point Scotland	✓			
16	Stuart Mount	Scottish Fire & Rescue Service	✓			
17	Jane Westmacott	Moray Council (Criminal Justice)	✓			
18	Morag Laurence	Police Scotland (DCU)		✓		
19	Alan Milton	Police Scotland (Public Protection Unit)		✓	✓	✓
20	Bridget Stone	H&SCM (Consultant Practitioner)		✓	✓	✓
21	Alex Morrison	H&SCM (Manager, Access Team)		✓		
22	Gordon Mackenzie	H&SCM (Integrated Learning Disability Team Manager)		✓	✓	✓

23	Charles McKerron	H&SCM (Consultant Practitioner)		✓	✓	
24	Marie Burnell	H&SCM (Advanced Practitioner, Access Team)		✓	✓	✓
25	Linda Marquardt	H&SCM (West Team Manager)		✓	✓	✓
26	Kristin Clutterbuck	H&SCM (Social Worker, East Team)			✓	
27	Vicki Low	H&SCM (Social Worker, West Team)			✓	
28	Joyce Johnston	H&SCM (Service Manager)				✓
29	Lesley Attridge	H&SCM (Service Manager)				✓
30	Ailsa Innes	H&SCM (Social Worker (Mental Health)				✓

Adult Support & Protection: Moray Improvement Action Plan 11 10 19

The Project Plan

Key

ZS=Zandra Smith, **IM**=Iain McGregor, **AM**=Alex Morrison **RP**=Robin Paterson, **MC**=Michelle Cumming, **RH**=Roddy Huggan, **TA**=Tracey Abdy, **SG**=Suzy Gentle **YW**=Yvonne Wright, **VL**=Vicky Logan, **OWG**=The Operational Working Group, **JM**=Jane Mackie, **SC**=Sean Coady, **BS**=Bridget Stone, **CM**=Charles McKerron, **GM**=Garry MacDonald, **EM**=Eilidh MacKetchnie, **TW**=Tracie Wills, **SG**=Suzy Gentle ,**YW**=Yvonne Wright, **BW**=Bruce Woodward, **CP**=Consultant Practitioners, **ASPC**=Adult Support & Protection Committee, **ASPSG**=Improvement Action Plan Adult Support & Protection Committee Sub Group

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
1.0 Workstream: Policy, Process & Procedure				**Lead:** Zandra Smith			From: July to January 2020	
1.1.	**Objective:** Develop a 'Vision for Moray Policy' that highlights not only the importance of *protection* but also *support*, *positive risk taking* (from a social and health care perspective) and *protecting life* (Police Scotland perspective).							
1.1.1	**G**	100%	**Task:** Based on the self-evaluation insights develop a draft Moray Vision Policy**.**	N/A	ZS	July	July	Preparation work for the workshop to be held on 9 September. Task complete.
1.1.2	**G**	100%	**Task:** Host a multi-agency workshop to further develop proposed draft of the Moray Vision Policy	1.1.1	ZS	Aug	Sept	Multi-Agency Workshop held on 9 Sept. Following the self-evaluation exercise, 3 option developed for further consideration.
1.1.3	**G**	100%	**Task:** Circulated amended draft for further comment by the participants who attended the workshop	1.1.2	ZS	Sept	Sept	Draft Statements presented to the ASP Committee on 20 9 19. Consensus reached on draft statement
1.1.4		tbc	**Task**: The Operational Working Group agree to circulate the draft Vision	1.1.3	OWG	~~Sept~~ Oct	~~Sept~~ Oct	Agreed that statement will be circulated for wider circulation once underpinning principles are

			document for wider consultation					added. See task below
1.1.5	**G**	100%	**Task:** The Operational Working Group agree amendments to Vision Statement	1.1.4	OWG/ASPSG	Oct	Oct	Vision statement and underpinning principles agreed by the Operational Working Group Meeting on 7 10 19. Previously noted that at the Operational Working Group meeting held on 25 September, agreed that under principles will be added by BS. To be presented for further considerate at the October Operational Working Group Meeting.
1.1.6	**Not due**		**Task:** Vision for Moray Policy Statement endorsed by The Moray Adult Support & Protection Committee	1.1.5	JM/ZS	Oct	Nov	Not due. Need to confirm the date for this meeting and that this is an agenda item (along with Project Plan Up-date, Risk Log, Proposal for Engaging with Lived Experience and revised ASP remit-see below 1.2.1)
1.2.	**Objective:** In the context of developing a vision for Moray, review the remit and membership of the Adult Support Protection Committee.							
1.2.1	**A**	0%	**Task:** Based on the insights from the self-evaluation exercise and other Partnership Committees, develop a revised draft remit for Moray ASP Committee	N/A	SC/ZS	Sept	Sept	At the Operational Working Group Meeting it was agreed that this item will be submitted for initial consideration by the ASP Committee in October. JM will also discuss with the ASP Committee Chair.
1.2.2	**A**		**Task:** Revised remit considered by the Operational Working Group	1.2.1	OWG	Oct	Oct	At the October Operational Working Group Meeting, discuss if a proposal should be developed prior to approaching ASP Committee.
1.2.3			**Task:** The Adult Support Committee consider and agree the revised remit	1.2.2	JM	Oct	Oct	Subject to the above, timeline to be revised.
1.2.4			**Task:** Along with the agreed Moray Vision Policy, the agreed remit of the Committee is circulated to partner agencies	1.2.3	IG/MC	Nov	Nov	
1.3	**Objective**: Review the Core ASP Process (flow chart) with the aim of ensuring that it adequately reflects multi-agency input (including SAS) and covers the whole ASP process including monitoring and review.							
1.3.1	**G**	100%	**Task:** Host multi-agency Workshop to consider 'As Is' and 'To be' Core Process (take account of self-evaluation insights)	N/A	tbc	Sept	Sept	Workshop held on 18 9 19. Good representation from partner organisation. Initial feedback indicates constructive and helpful comments received.
1.3.2	**A**	0%	**Task:** Circulate revised 'To be' Core Process for further comment by	1.3.1	IG	Sept	Sept	Following the above workshop, work ongoing to refine process. Development of core process will

			workshop participants					continue on 1 Nov (Part 2 of this workshop).
1.3.3	**Not due**		**Task:** Amended 'To be' Core Process is considered for wider circulation by the Operational Working Group	1.3.2	Tbc	~~Oct~~ Dec	~~Oct~~ Dec	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.3.4	**Not Due**		**Task:** Following consultation, 'To be' Core Process is agreed by the Operational Working Group and the Improvement Action Plan Adult Support & Protection Group	1.3.3	OWG/ASPSG	~~Oct~~ Dec	~~Nov~~ Jan	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.3.5	**Not Due**		**Task:** Final Core Process circulated to multi-agency partners for information	1.3.4	IG/MC	~~Nov~~ Feb	~~Nov~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.4	**Objective:** Review the Out of Hours (OOH's) process to ensure that it is aligned with the Moray Policy and the Core ASP Process (NB This output has now been incorporated as part of the development of an arching ASP process)							
1.4.1	**A**	0%	**Task:** Draft 'As Is' Core Process (including OOH's) In preparation of next workshop (This is now the Core Process Part 2 Workshop)	N/A	Tbc	Sept	Oct	Michelle Stephen has agreed to be the scribe for capturing the core process.
1.4.2	**Not due**		**Task:** Host workshop with OOH's SW's with the aim of generating a 'To be' OOH's Process in line with Core Process (This is now the Core Process Part 2 Workshop)	1.4.1	tbc	Sept	~~Sept~~ Nov	The date for this workshop has now been revised to 1 November. Proposed that OOH process mapping will be incorporated into the work to determine the core ASP process.
1.4.3			**Task:** Circulated draft 'To be' OOH's/Core Process for further comment	1.4.2	IG/MC	Nov	~~Nov~~ Dec	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.4.4			**Task:** The Operational Working Group endorse the To be OOH's /Core Process	1.4.3	OWG	~~Nov~~ Jan	~~Nov~~ Jan	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.4.5			**Task:** Final OOH's process circulated to colleagues.	1.4.4	MC/IG	~~Nov~~ Jan	~~Nov~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.5	**Objective:** In supporting a Moray Policy, develop a written procedure that includes and agrees the multi-agency input required for applying the 3 point test.							
1.5.1	**G**	30%	**Task:** Informed by the Moray Vision Policy Statement, develop a draft	1.1.6	GM	Oct	Oct	Underpinning principles and vision statement sent to GM on 8 10 19.

			written procedure for discussion					GM attended the Core ASP process on 18 September. Now progressing on initial draft procedure based on information gathered.
1.5.2	**Not due**		**Task:** Host a multi-agency Workshop to consider draft procedure	1.5.1	GM	Nov	~~Nov~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this event should be revised. Note also that core process finalisation (task 1.3.5) has been revised in-line with this timescale.
1.5.3			**Task:** Circulate draft procedure to workshop participants for further comment	1.5.2	GM/MS	~~Nov~~ Feb	~~Nov~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.5.4			**Task:** The Operational Working Group agree that the draft procedure can be circulated for further comment	1.5.3	OWG	~~Nov~~ Feb	~~Dec~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.5.6			**Task:** The Operational Working Group and the Adult Support & Protection Committee Sub Group endorse the procedure	1.5.4	OWG/ASPSG	~~Dec~~ Mar	~~Dec~~ Mar	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.6	**Objective:** Based on this procedure (1.5), develop a manual that can be share between all partners							
1.6.1	**Not due**		**Task:** Informed by the Moray Policy Vision Statement, Core Process and Procedure develop an easy read manual for all partner agency colleagues	1.1.6 1.3.4 1.4.5 1.5.6	EM	~~Dec~~ Mar	~~Dec~~ Mar	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.6.2			**Task:** The Operational Working Group and Adult Support & Protection Committee Sub Group agrees that the draft manual can be circulated for comment	1.6.1	OWG/ASPSG	~~Jan~~ Mar	~~Jan~~ Mar	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.6.3			**Task:** The Operational Working Group endorse the final version of the manual	1.6.2	EM	~~Jan~~ Mar	~~Jan~~ Mar	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.6.4			**Task:** The manual is circulated to all partner agencies for information	1.6.3	IG/MC	~~Jan~~ Apr	~~Jan~~ Apr	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.7	**Objective:** Following the review of the core process, all forms are reviewed to ensure that they support information sharing between							

	partners and are consistent with the revised Moray policy and procedures							
1.7.1	**Not due**		**Task:** A list of all ASP related forms in scope is collated	N/A	IG	~~Oct~~ Dec	~~Oct~~ Dec	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.7.2			**Task:** Draft amendments made to forms in line with revised ASP procedures	1.7.1 1.5.6	AM/ ZS	~~Nov~~ Jan	~~Nov~~ Jan	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.7.3			**Task:** Workshop hosted to consider proposed amendments to forms	1.7.2	AM/ ZS	~~Dec~~ Jan	~~Dec~~ Jan	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.7.4			**Task:** The Operational Working Group agrees that amended forms are circulated to appropriate colleagues for comment	1.7.3	OW G	~~Dec~~ Jan	~~Jan~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.7.5			**Task:** The Operational Working Group agrees revised forms	1.7.4	OW G	~~Jan~~ Feb	~~Jan~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.7.6			**Task:** Revised forms are circulated to relevant colleagues	1.7.5	IG	~~Jan~~ Feb	~~Jan~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.7.7			**Task:** Snagging Log form developed and circulated	N/A	IG/R P	~~Jan~~ Feb	~~Jan~~ Feb	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.7.8			**Task:** The Operational Working Group Review Snagging Log. Any necessary changes to be made to forms (3 months after	1.7.7	IG/O WG	Tbc	tbc	As per the discussion held at the Operational Working Group, it was agreed that timescale for this task should be revised.
1.8	**Objective:** The H&SCM Commissioning Team will review the contract to help ensure that formal advocacy services are as accessible as possible to people involved in the adult support and protection process (RP to confirm when the contract is resubmitted for tender)							
1.8.1			**Task:** Commissioning colleagues confirm proposed tender specification in relation to ASP support	N/A	PK	Oct	Dec	RP to contact Pauline regarding this task.
1.8.2			**Task** The Operational Working Group endorse proposed specifications	1.8.1	OW G	Dec	Dec	
1.9	**Objective:** Develop revised guidance for the completion of risk assessments. The guidance will note that risk assessment require to be created with multi-agency input.							
1.9.	**Not**		**Task:** Draft guidance developed	N/A	BS	Dec	Dec	

1	**due**		informed by Case File Audits and insights from the self-evaluation workshops					
1.9.2			**Task:** Multi-agency workshop hosted to consider revised guidance for risk assessments	1.9.1	BS	Jan	Jan	
1.9.3			**Task:** Following workshop, participants provide further comment on the draft guidance	1.9.2	BS	Jan	Jan	
1.9.4			**Task**: The Operational Working Group endorse the revised risk guidance	1.9.3	BS	Jan	Jan	
1.9.5			**Task**: Revised guidance circulated to agency partners	1.9.4	IG	Jan	Jan	
2.0 Workstream: Training & Development **Lead**: Suzy Gentle & Yvonne Wright From: November to Ferbruary								
2.1	**Objective:** Undertake a training audit that identifies the gaps in ASP training for all partners (including providers).							
2.1.1			**Task:** Present a proposal to the OWG concerning the scope (e.g. range of partners) and implementation of the Audit	N/A	SG/ YW	Nov	Nov	
2.1.2			**Task:** Implement Audit	2.1.1	SG/ YW	Nov	Dec	
2.1.3			**Task:** Present findings of the Audit to the OWG and to the Improvement Action Plan ASP Committee for endorsement	2.1.2	OWG/ASG	Jan	Jan	
2.2	**Objective:** Based on the findings of this audit, develop a revised ASP Training and Development Programme for 2020 & central register for training (see objectives table for content of the programme)							
2.2.1	**Not due**		**Task:** Draft ASP Training and Development Plan presented to the Operational Working Group Improvement Action Plan ASP Committee for endorsement and to prior to consultation	2.1.3	SG/ YW	Jan	Feb	
2.2.2			**Task:** Draft ASP Training and Development Plan submitted to partner	2.2.1	IG	Feb	Feb	

			agencies for consultation					
2.2.3			**Task:** Following consultation amendments, ASP Training and Development Plan is endorsed by the Operational Working Group and the Improvement Action Plan ASP Committee for endorsement	2.2.2	OWG/ASSG	Feb	Feb	
2.2.4			**Task:** ASP Training & Development Plan is implemented	2.2.3	SG/YW	Feb	Ongoing	
2.3	**Objective**: The CSWO will provide briefings to existing and new members (on induction) in relation to their roles and responsibilities on the Adult Support & Protection Committee							
2.3.1	**Not due**		**Task:** Develop a schedule of briefings	N/A	IG	Jan	Jan	
2.2.2			**Task:** The Operational Working Group and the ASP Committee endorse and the agree schedule	2.3.1	OWG/ASPSG	Jan	Feb	
2.3.3			**Task:** Implement the schedule of briefings	2.3.2	JM	Feb	Ongoing	
3.0 Workstream: Audit and Lived Experience				**Lead:** Bridget Stone			**From:** July to October	
3.1	**Objective**: Agree a rationale for undertaking case file audits which are conducted on a multi-agency basis							
3.1.1	**G**	100%	**Task:** Review and agree audit template (informed by self-evaluation)	N/A	BS	July	July	Complete. Based on the audit tool used to inform the ASP Improvement Plan.
3.1.2	**A**	50%	**Task:** Develop a 12 month proposal for undertaking case file audits. This should include the rationale for selection across all service areas, including Police files and the mechanism for providing feedback	3.1.1	BS	Aug	Aug	Confirm status at the Operational Working Group Meeting on 25 9 19.
3.1.3	**A**	tbc	**Task:** Proposal submitted and agreed by the Operational Working Group.	3.1.2	OWG	Sept	Sept	Confirm status at the Operational Working Group Meeting on 25 9 19.
3.1.4	**Not due**		Task: Proposal submitted and agreed by the Improvement Action Plan Adult Support Protection Committee Sub Group	3.1.3	ASPSG	Sept	Oct	

3.2	**Objective:** Implement the case file audit schedule that includes ensuring that ASP related issues are consistently captured on Support Plans and Reviews, undertaking a multi-agency learning review of all banning orders & LSI's when completed and DATIX recorded ASP issues follow the agreed procedure and are referred to the Access Team.							
3.2.1	**Not due**		**Task:** Case File Audit Finding Summary Reports Provided to the Operational Working Group, P.Gov and Clinical Gov Board on a quarterly basis.	3.1.1	BS	Oct	Ongoing	
3.3	**Objective:** The results of audit are shared with the Adult Support & Protection Committee							
3.3.1	**Not due**		**Task:** Quarterly Case File Audit Reports submitted to ASP Committee. Reports should note improvement actions subsequently implemented	3.2.1	BS	Oct	Ongoing	
3.4	**Objective:** Agree and implement a systematic approach to capturing the lived experience (qualitative) of people who have been in contact with the ASP process							
3.4.1	**G**	70%	**Task:** Develop a proposal for capturing the lived experience of people who have been in contact with the ASP process	N/A	BS	Sept	Sept	Options appraisal undertaken. At the Operational Working Group Meeting on 25 September, it was agreed that the preferred option would be further developed. This will submitted for approval at the October meeting of the Operational Working Group and will then be submitted for information to the ASP Committee.
3.4.2		Not due	**Task:** The Operational Working Group and Action Plan Adult Support Protection Committee Sub Group endorse the proposal	3.4.1	OWG/ ASP SG	Oct	Oct	
3.4.3	**Not due**		**Task:** Proposal implemented and quarterly reports provided to the Operational Working Group and Adult Protection Committee (standing agenda item)	3.4.2	BS	Oct	Ongoing	
4.0 Workstream: Performance Management				**Lead:** Tracey Abdy			**From** : November to December	
4.1	**Objective:** To support the development of a revised ASP core process by developing a suite of time based service standards which include the time from receiving the initial referral to the application of the 3 point test.							
4.1.2	**Not due**		**Task:** Based on the revised ASP core process and procedure, develop a performance management proposal	1.3.5 1.4.5 1.5.6	BW	Nov	Nov	Proposed that the Carefirst will be able to facilitate this work. RP to contact RH.

			outlining the service standards for each element of the proposal					
4.1.3			**Task:** The Operational Working Group endorses proposal	4.1.2	OWG	Dec	Dec	
4.1.4			**Task:** Service Standards are circulated through the ASP Manual	4.1.3	BW/EM	Dec	Dec	
4.2	**Objective**: As part of the performance management arrangements for the ASP Committee, develop a quarterly performance report that not only includes service standards, output measures but also reports on personal outcomes relating to both health & social care support.							
4.2.1	**Not due**		**Task:** Submit ASP performance management reports to the OWG and Adult Protection Committee on a quarterly basis	4.1.3	BW	Dec	Dec	
5.0 Workstream: Service Redesign & Review				**Lead**: Sean Coady & Jane Mackie			**From**: July to October	
5.1	**Objective:** To ensure that the initial referrals are processed in a timely manner, the Access Team should be reviewed to consider if it is adequately resourced to complete the high volume of screening of the initial ASP referrals received.							
5.1.1	**A**	0%	**Task:** Collate baseline data in relation to the volume of referrals received by Access Team	N/A	AM/BW	July	Sept	Agreed at the Operational Working Group on 25 9 19, that AM will collate 3 years of trend data in relation to ASP referrals to the Access Team.
5.1.2	**Not due**		**Task:** Host workshop to review data and identify options for Access	5.1.1	SC/JM	~~Sept~~ Oct	~~Sept~~ Oct	Workshop now to be rescheduled for between 1 Nov to 20 Nov.
5.1.3	**Not due**		**Task:** Based on the outcome workshop submit an SBAR report to the Operational Working Group for consideration and endorsement	5.1.2	OWG	Oct	Oct	
5.2	**Objective:** Review the impact of ASP work on the OOH's Service and on Social Worker time and other partners							
5.2.1	**A**	0%	**Task:** Collate baseline data in relation to the volume of referrals received by the OOH's Team	N/A	AM/BW	July	Sept	Data to be collated. AW to assist
5.2.2			**Task:** Host workshop to review data and identify options for OOH's	5.2.1	SC/JM	Oct	Oct	
5.2.3			**Task:** Based on the outcome workshop submit an SBAR report to the Operational Working Group for consideration and endorsement	5.2.2	OWG	Sept	Oct	
6.0 Workstream: ICT & Recording				**Lead:** Roddy Huggan			**From**: August to October	

6.1	**Objective:** Make better use of carefirst and ICT to support the implementation of a revised ASP process by ensuring ASP referrals are coded on carefirst, vulnerable people are categorised to assist community hub meetings and informing colleagues when the 5 Trigger Point Concern Report threshold has been reached (using carefirst)							
6.1.1	**A**		**Task:** In light of the insights gained from the self-evaluation, prepare a brief report on the viability of undertaking the identified improvement actions in relation to carefirst	N/A	VL	August	Sept	Proposed that timescale should be revised in light of new appointment to Carefirst Managers post.
6.1.2			**Task:** Following the submission of this report, the Operational Working Group will agree the actions to be undertaken along with a timescale.	6.1.1	OWG	Sept	Oct	
7.0 Workstream: Professional Practice (Health, Social Care & Police Scotland) **Lead:** Lesley Attridge, Alan Milton **From:** August to October 2019								
7.1	**Objective:** To provide ongoing mentoring and support for Social Work Council Officers undertaking ASP activity.							
7.1.1	**G**	100%	**Task:** To host a Social Worker/Council Officer workshop with the primary focus of reporting back on the findings of the Council Officer Survey and Access Procedures.	N/A	BS/ZS	August	August	Complete. Workshop held on 2 September
7.1.2	**A**	Tbc	**Task:** Circulate a written report identify coach mentoring personal development needs based on the agreed actions from the above workshop	7.1.1	CP/ Managers	Sept	Sept	To be further developed. Timescale to be revised
7.1.3			**Task:** Coaches/Consultants check in with staff once every 2 weeks in relation to ASP practice	7.1.3		October	October	

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 OCTOBER 2019**

SUBJECT: **MORAY STRATEGIC PLAN – PARTNERS IN CARE 2019-2029**

BY: **PAMELA DUDEK, CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To provide the Board with the final Moray Strategic Plan – Partners In Care 2019-2029 and associated Appendices post final consultation and seek approval to adopt and publish the plan.

2. RECOMMENDATION

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

i) agree to adopt the Strategic Plan (APPENDIX 1), Transformation Plan (APPENDIX 3) and Medium Term Financial Framework (APPENDIX 4);

ii) note the feedback from the final consultation (APPENDIX 2);

iii) note the framework for Strategic Change and Service Improvement developed to give a consistent approach across the partnership to these activities (APPENDIX 5); and

iv) agree to supporting documents to the Strategic Plan in the form of the Performance Framework, Organisational Development and Workforce Plan and the Communication, Engagement and Participation Plan being presented to the MIJB in November 2019.

3. BACKGROUND

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for the delegated functions under their direction.

3.2. The MIJB is required to have in place an established Strategic Planning Group which must be involved in all stages of developing and reviewing plans. The

Act prescribes certain groups/persons that must be represented in the membership of this group.

3.3. The MIJB is required under the legislation to consult widely on the development of the Strategic Plan to ensure the health and social care services that are commissioned are in the best interests of the local population. Engagement and Consultation on this plan commenced throughout 2018 and early 2019.

Throughout 2018 a number of workshops took place with a variety of themes covered in the discussions, all of which demonstrated positive engagement. Other activities underway in Moray have generated more intelligence regarding the public and wider stakeholder views of what they would wish to see in the MIJB Strategic Plan 2019 and beyond.

3.4. During 2019 Health and Social Care Moray (HSCM) have worked with different groups including the board to refine and agree the key aims of this plan and the focus to be pursued.

3.5. The draft Strategic Plan 2019-2029 was approved for final consultation by the MIJB on 29 August 2019 (paragraph 12 of the draft Minute refers) A 4 week consultation period commenced on the 13 September 2019 and concluded 11 October 2019.

3.6. A summary of the feedback **(APPENDIX 2)** is included for discussion by the MIJB. In total, 28 responses were received. Of particular note were the concerns of rising demand and the ability of the MIJB to deliver on the plan given the resources available and workforce supply. The increasing problem of isolation where people are cared for at home and perhaps do not have the family support around them to ensure they have connections and social interaction.

3.7. The Strategic Plan – Partners In Care 2019-2029 and associated Transformation Plan sets out the ambition for carrying out the integrated functions, and how these arrangements are intended to meet the changing needs of the local population and achieve the nine national health and wellbeing outcomes set out in the legislation.

3.8. A full Strategic Needs Assessment (SNA) was carried out in 2018 setting the profile of the Moray population in relation to health and care requirements now and looking to the future over the next 10-20 years. This SNA will form part of the suite of documents available when the plan is published.

3.9. An Equality Impact Assessment has also been completed in relation to the plan and will be published with the plan. The lead officers within the NHS Grampian and the Moray Council have had sight of this alongside the plan and are satisfied that the assessment has been completed appropriately.

3.10. At the November 2019 meeting of the MIJB further supporting documents including the Performance Framework, the Organisational Development and Workforce Plan and the Communication, Engagement and Participation Plan will be presented with the aim of launching the Strategy throughout December 2019; the development of the organisation, will also be presented.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. This new Plan seeks to ensure that the MIJB meets its statutory requirements by having a plan in place to replace the current Strategic Plan 2016-19.. This is a legislative requirement on the MIJB in order that it can continue to carry out its legal duties in respect of the delegations.

4.2. This Plan sets out the key aims of the MIJB and the Health and Social Care Partnership to work closely with communities and key partners to reform the system of health and care in Moray, ensuring it is sustainable in the future and is able to respond to the presenting needs of the population.

4.3. 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.

4.4. This Plan highlights the HOMEFIRST approach and the rationale for this 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.

4.5. This Plan places importance on person lead care and treatment as Partners In Care, where the individual and their families, significant others, carers, friends or communities can play a part in the wellbeing and success of individuals in maintaining their independence and ability to make choices relevant to their own personal circumstances.

4.6. Inherent within the Plan is the relevance of the workforce both in terms of supporting positive health and wellbeing as well as supporting through changes in the way they work with people and colleagues as equal partners in care.

4.7. This Plan seeks to ensure that the resources allocated are both adequate and managed appropriately achieving sustainability for the future.

4.8. All of the content and ambition in this Plan requires effective collaboration with key partners and communities, and a new way of working across organisational boundaries for the good of the people of Moray.

4.9. The Transformation Plan gives the headline areas of activity to be pursued as part of the change. The Transformation Boards will be expected to apply the 3 priorities across the relevant areas, ensuring that regardless of conditions experienced and where you interact with services that prevention is prevalent, homefirst and independence is supported and that the conversations are underpinned by a mutual partnership way of working.

4.10. The governance arrangements and methodology applied will be consistent across all Transformation Boards allowing the Strategic Planning and Commissioning Group to monitor progress against the Strategic Plan and to report coherently to the MIJB. The framework for strategic change and service improvement underpins this planning process and will be supported by a project management approach.

4.11. Whilst children's services are governed through a separate route, the relationship is recognised as significant and as such there are mechanisms in place to ensure a robust connection.

5. SUMMARY OF IMPLICATIONS

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

This plan is consistent with national strategy and policy for health and social care, it will replace the Strategic Commissioning Plan 2016 – 2019 and speaks to the Moray Local Outcome Improvement Plan also under review and the Moray Council Corporate Plan currently under review.

(b) Policy and Legal

The implementation of recommendations made in this report will ensure that the MIJB complies with legal requirements.

(c) Financial Implications

Pivotal to the effective delivery of the Strategic Plan are the financial resources available to the MIJB. To assist in the planning process, a Medium-Term Financial Framework has been developed in conjunction with this Plan. It outlines the likely financial position over the period 2019/20 – 2023/24 and highlights the risks and sensitivity surrounding this. The Framework is included at **APPENDIX 4**

(d) Risk Implications and Mitigation

An updated risk register has been produced and will monitor the strategic risks raised by this plan.

(e) Staffing Implications

As with any transformation and change plan there are implications for staff in how they go about their work and how supported they are within a pressured and changing picture. Staff Side, Unions and Human Resources will be working alongside the leadership team in delivering change observing the associated policies and procedures of the Council and NHS.

An organisational change steering group and joint workforce forum exists to support the implementation of this plan.

(f) Property

There are no direct property implications however there is an established Infrastructure Programme Board that has the task of linking with the asset management arrangements of both NHS Grampian and Moray Council to ensure a joined up approach in the estate and enable the priorities around

infrastructure that supporting transformation are co-ordinated and prioritised through formal routes.

The MIJB itself does not have those resources delegated and places reliance on the partner bodies processes.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment has been completed and will be part of the suite of documents published.
An equalities outcome report and monitoring report is due for completion by March 2020 and will be developed in relation to this strategic plan.

(h) Consultations

The HSCM Management Team have been consulted on this report and comments incorporated as appropriate.

6. CONCLUSION

6.1. Partners in Care is the MIJB Strategic Plan 2019-2029. This 10 year plan seeks to set the approach to care that would wish to be seen across Moray and sends a clear statement of intent to the public and the workforce. The Transformation Plan and associated documents set out the way in which this will be taken forward and the implications financially. This allows significant consideration around prioritisation to take place.

6.2. The plan sets out an ambition that has a strong emphasis on keeping people in good health, optimising their own potential and ensuring services are fit for the future generations.

Author of Report: Pamela Dudek, Chief Officer
Background Papers: with author
Ref:

Moray Integration Joint Board

Health & Social Care Moray

Moray Partners in Care

THE STRATEGIC PLAN FOR HEALTH AND CARE IN MORAY OVER THE NEXT 10 YEARS (2019-2029)

Version: 0.6

Date approved:

VERSION CONTROL

Document status:	DRAFT
Version	0.6

DOCUMENT CHANGE HISTORY

Version	Date	Comments
0.1	August 2019	Draft document created by FM
0.2	06.08.19	Revisions from PD
0.3	08.08.19	Revisions from LW
0.4	16.08.19	Revisions from SPCG
0.5	29.08.19	Draft approved by MIJB for consultation
0.6	10.10.19	Revisions from PD

What you will find in this document

For more information on the Moray Integration Joint Board and Health & Social Care Moray, or to request this document in large print, other formats and languages, please contact us. You will find the details on page 23.

1. THE HEALTH AND SOCIAL CARE STRATEGY AT A GLANCE

WE ARE PARTNERS IN CARE

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

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

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

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

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

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

TRANSFORMATION (DELIVERY) PLAN supported by enablers:

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

1. WELCOME

To be completed once the draft is finalised.

Jonathan Passmore
Chair
Moray Integration Joint Board

Pam Dudek
Chief Officer
Health & Social Care Moray

2. INTRODUCTION

"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."

Health, wellbeing and independent living are important to us all, which is why everyone has a stake in the success of this Strategic Plan.

The Moray Integration Joint Board brings together partners with a shared goal of everyone in Moray being able to live longer, healthier lives as independently as they can at home or in a homely setting.

We have a strong record of accomplishment in joint working to improve outcomes for our citizens. As with all health and social care systems, however, 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 grows older and the numbers of residents living with multiple and complex health and care needs rise.

To meet these challenges we have set our sights on transforming the health and care system through the delivery of this Strategic Plan.

We want to see a transformed, sustainable health and care system that manages demand for services in order to safeguard the continued delivery of high-quality care, support and treatment services for those in most need and to get the best value from our limited resources.

Key to this is the strengthening of our partnerships. By working more closely together we can make the most of the assets and talents of the people, communities and organisations in Moray. We will encourage one another to consider what we can do for ourselves, what we will need support to achieve and the areas of health and wellbeing for which we will depend on services.

Success will see everyone in Moray building resilience individually and collectively to prevent poor outcomes, enable independence and for positive life experiences to prevail.

3. WHO WE ARE

The Moray Integration Joint Board has responsibility for a range of services in the community and the resources needed to deliver them. These services include:

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

Children and Families Health Services are 'hosted' within the MIJB Scheme of Integration. Services include: Health Visiting; School Nursing; and Allied Health Professions i.e. Occupational Therapy, Physiotherapy and Speech and Language Therapy.

The board also has delegated responsibility for the strategic planning of unscheduled care that is delivered in emergency situations such as A&E, acute medicine and geriatric medicine at Dr Gray's Hospital and Aberdeen Royal Infirmary (ARI). The unscheduled care responsibilities seek to further enhance what can be delivered locally in communities, reducing the demand on acute hospitals where this is preventable.

The full list of delegated functions can be viewed at the link:
http://www.moray.gov.uk/downloads/file102766.pdf

The Board directs Moray Council and NHS Grampian to deliver on this plan through the staff they employ and associated resources, seeking them to work together as the Health & Social Care Moray partnership to directly provide or commission services.

4. WHERE WE ARE

A Joint Strategic Needs Assessment was carried out in 2018. This looked at the current and future health and care needs of our local populations. A number of areas were highlighted from the wealth of intelligence compiled.

1. There are continuing inequalities in health status across Moray, with an evident association between level of neighbourhood affluence and morbidity and mortality.
2. The population is predicted to continue ageing, with a growing proportion represented by adults over the age of 65, and growing numbers of adults aged over 80, with implications for increasing morbidity.
3. Significant demand for health and social care services arise from chronic disease and a growing proportion of the population is experiencing more than one condition ("multi-morbidity").
4. There is significant morbidity and mortality due to mental health problems.
5. There is significant morbidity and mortality due to lifestyle exposures such as smoking, alcohol and drug misuse.
6. Moray is characterised as remote and rural, and there are significant access challenges for some in the population to access health services.
7. Care activity is highly demanding of informal carers, and there is evidence of distress in the informal carer population.
8. Moray's military and veteran population constitute a significant group, requiring both general health services and specific services.

The full assessment can be viewed on the Health & Social Care Moray website.

http://hscmoray.co.uk/partners-in-care-2019-2029.html

5. THE CHALLENGES WE FACE

As partners in care we face a range of challenges which make the current model of service provision unsustainable. These include:

Increasing demand – demand for health and care is growing at an unsustainable rate as people are living longer and with multiple chronic conditions. While people are living longer, they are spending longer in poor health. This puts a growing challenge on families, communities, public, third sector and independent sector services.

Growing pressure on limited resources – the rise in demand puts pressure on our limited resources at a time of rising costs and restricted budgets. We struggle to recruit and retain sufficient staff in some sectors.

Improving experiences and outcomes – people who use services rightly have increasing expectations of better experiences and outcomes from high quality services and more joined-up ways of working, services and system driven by continuous improvement.

We are ambitious for transformational change to meet these challenges, bring about advances and drive us towards achieving our vision for Moray.

This requires us to work with the public and our workforce to understand what is possible and to develop new relationships that absolutely emphasis personal choice and responsibility, seeking to protect the finite resources we have to ensure that when they are needed they are available and give best value.

This does require thinking in a different way about our future, identifying what is working well and how we can continue to make improvement as well as making difficult decisions. We recognised the challenge of this.

6. DEVELOPING OUR STRATEGIC PLAN

Many partners in care worked to develop this Strategic Plan. They shared their experiences of the challenges facing today's system and ideas for what a better future system could look like.

We found many examples of great practice and good progress that we can build on as well as a range of things we need to do better or differently. We recognise that to move forward we need to:

- Help people understand the need for change and provide opportunities to become involved in defining the change and making it happen
- Strengthen relationships through trust, value and equality to make the best use of our collective assets and resources in throughout Moray
- Embrace new ways of integrated working
- Build on existing good practice and ensure services are safe, effective and sustainable
- Balance what is achievable with what is affordable

6.1 The landscape in which we operate

In developing the Strategic Plan we needed to review and consider the wider landscape in which we operate and which is critical to our success.

The staff working in the partnership of Health & Social Care Moray remain employed by the local authority and NHS. The infrastructure support to operate the integrated arrangements of Health and Social Care Moray is provided by these bodies. Our Strategic Plan must therefore take account of the Moray Council Corporate Plan and the NHS Grampian Clinical Strategy.

Delegated responsibility for the strategic planning of unscheduled care allows us to plan alternative community options for care. Where admissions to hospital are preventable as a result of these developing community models of care, we will be able to maintain people at home in their communities, ensuring better outcomes in the longer term.

We reviewed our performance in delivering our first strategic plan launched in 2016; financial, service and workforce pressures; national legislation and policy; and direction from the Moray Community Planning Partnership as set out in the Local Outcomes Improvement Plan (LOIP)
http://www.yourmoray.org.uk/downloads/file118306.pdf

We work as part of the wider group of partners who make up the Community Planning Partnership (CPP) in Moray ensuring alignment to the LOIP which has four main priorities:

- **Growing, diverse and sustainable economy**
- **Building a better future for our children and young people in Moray**
- **Empowering and connecting communities**

- **Changing our relationship with alcohol**

All of these areas of priority have a significant impact on outcomes for people, families and communities.

The Moray Alcohol and Drug Partnership (MADP), which has responsibility for the delivery of priority 4 reports to the CPP and its funding flows through the MIJB. Leadership and responsibility sits with the Chief Officer who is the current Chair of the MADP.

The Children and Young People (Scotland) Act 2014 places a requirement upon the local authority and relevant health board to produce a Children`s Services Plan (CSP) http://www.moray.gov.uk/downloads/file112627.pdf

The priorities identified for the CSP in Moray are: **Ambitious and confident children; Healthier children; Safer children.**

MIJB are partners in the development of the Moray Children's Services Plan and the governance arrangements that oversee the running of Integrated Children's Services.

MIJB also as a statutory body has responsibilities with regards to corporate parenting and again as a Community Planning Partner takes these responsibilities seriously. These duties require us to do our very best for Moray's children so that they may achieve their full potential with our support. The Moray Strategy for Corporate Parenting sets out commitments to those children and young people who are care experienced, ensuring best opportunity for them to reach their true potential.

It is really important that the outcomes for children are maximised as this determines adulthood. Children and families approaches cannot be seen in isolation. They need to be dominant in our planning of services if we are to achieve our ultimate goal of positive wellbeing, health and independence.

We recognise that Moray Integration Joint Board has a duty to contribute to reducing health inequalities (Outcome 5). Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They are a key challenge and have a significant demand on health and social care services.

We will take every opportunity throughout the continuous cycle of planning, implementing and reviewing services and processes required to deliver this Strategic Plan, to take forward actions to address inequalities.

7. WHERE WE WANT TO BE

OUR VISION – **Where we are aiming to be**

"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 MISSION – **What we are striving for**

We work to deliver the triple aim of the national Health and Social Care Delivery Plan in that we seek to:

- Improve the health and wellbeing of the population (**better health**)
- Improve the quality of care people receive (**better care**)
- Improve the efficiency of health and social care services to ensure we spend public money on services that get good outcomes for people (**better value**)

OUR VALUES – What guides our behaviour

We will demonstrate our values and principles in the way we engage with people and how we behave.

- Dignity and respect
- Care and compassion
- Person-led
- Safe, effective and responsive

OUR STANDARDS

We work to meet the National Health and Social Care Standards that are:

- People experience high quality care and support that is right for them
- People are fully involved in all decisions about their care and support
- People have confidence in the people who support and care for them
- People have confidence in the organisation providing their care and support
- People experience a high quality environment (if the organisation provides the premises).

8. OUR STRATEGIC THEMES

Building on what we know, we have identified three strategic themes where we will direct effort.

- **BUILDING RESILIENCE**
- **HOME FIRST**
- **PARTNERS IN CARE**

Simply put, we wish to major on health and wellbeing.

For individuals experiencing challenges with their health and wellbeing, we start first with understanding how we can support them to take care of their own health and wellbeing.

We will seek to understand how we can intervene helpfully to ensure independence is retained, enabling people to be in charge of their own future where they make choices around what is important for them and the ways in which this can happen.

As these themes are closely linked, improvements in one area will influence positively on the others.

Areas for activity are highlighted in general ambitions under each theme. Greater detail on the actions to be undertaken, timescales and performance measures will be set out in the Transformation Plan for the delivery of this strategy.

THEME 1: BUILDING RESILIENCE

Taking greater responsibility for our health and wellbeing

We are committed to working with all our partners in care across Moray to support people to live healthier lives for longer.

We will encourage people to take charge of their own health and wellbeing and that of their families and communities. We want people to be able to draw on their own personal resources and those of their community - not only when they experience health and care challenges but to prevent problems happening.

We want it to be easy for people to be active, to make positive choice and be connected within their communities. All of these are good indicators of positive health and wellbeing. The public health priorities set out nationally for Scotland echo the need to work together to shift our focus towards preventing ill health, reducing inequalities and working more effectively in partnership to success. https://www.gov.scot/publications/scotlands-public-health-priorities/

Personal responsibility - We will support people, including members of the workforce, to take their physical and mental health seriously throughout their lives.

Self-management - We will support people to build their skills and confidence to manage their own long-term health conditions and build resilience, helping them develop stronger, more resilient, supportive, influential and inclusive communities to improve life chances.

Information – We will help people to access information to improve their knowledge and signpost them to sources of advice and help to maintain their independence. Staff will make every opportunity count by promoting positive health messages during all interactions.

Early intervention and prevention – We will promote prevention, early intervention and harm reduction programmes, including around mental health and loneliness.

Changing our relationship with alcohol – Through our commitment to the delivery of this objective as set out in the Moray Local Outcome Improvement Plan (LOIP) we will take a whole population approach to prevention and reducing related harms.

Building a better future for our children and young people in Moray – Through the Children's Service Plan and Corporate Parenting, we will take forward our responsibilities in delivering effective interventions within the integrated arena of children's services to ensure children get the healthiest start in life.

THEME 2: HOME FIRST

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

Good health and wellbeing begins at home and in communities. This is where most people would choose to remain with the right support.

Our HOME FIRST approach is not aimed at keeping people at home who need to be in hospital but acknowledging that today it is widely accepted through research that it is better for people, particularly older people, to be cared for at home where possible.

We know that older people very quickly lose their independence through loss of confidence and often reduced mobility when admitted to hospital. This is why there is such an emphasis on preventing admissions and people not being delayed in hospital. The longer an older person spends in hospital the more difficult it will be to get them home and functioning as they have prior to admission.

We aim to start with examining the possibility of HOME FIRST and in doing so optimising outcomes for people. We will aim to deliver care as local as possible and as specialist as necessary, depending on need and available resource.

We will develop services in partnership with providers of health and care services and support - including the Third Sector and Independent Care Sector - to deliver better and more joined-up care.

Locality management - We will put in place lead managers with responsibility for getting to know their location, the people and resources within it, working hand in glove with communities to shape services by interacting better with what communities themselves have to offer. They will ensure coherent co-ordination of the teams locally and support the workforce in their daily endeavours.

Multi-Disciplinary Teams – We will enhance locality-based care delivered by health and social care professionals from different disciplines working together as multi-disciplinary teams (MDT) to provide more co-ordinated care locally. These MDTs will expand to include Third Sector partners. They will implement models to identify people at risk of losing their independence, for example those with frailty, and work with them to develop their anticipatory care plans. This will allow people to think ahead to what their wishes are in the event of becoming ill, ensuring those choices are followed consistently teams.

Discharge to assess – We seek to move away from hospital-based assessments that can often cloud the true potential of individuals given the artificial environment created. Discharging people where appropriate to their home environment to assess their needs allows people to demonstrate how they function in their own homes.

Crisis support – We will continue to develop rapid responses for people at home who have an urgent care and support need. This will include access to equipment and care at home to prevent avoidable hospital admission where possible and to help people return home from hospital quickly.

Rehabilitation, reablement and recovery – We will continue to work with people to provide them with the services and support they need, in the most appropriate setting and by the most appropriately skilled staff group, to regain and maintain their health, wellbeing and independent living skills. We will always try to explore your own personal resources and the resources around you that can contribute to your wellbeing or recovery.

Housing, adaptations and technology – We will continue to work with housing providers to support people in homes which best meet their care and support needs, such as dementia friendly housing. They will be able to access technology to support independent living.

THEME 3: PARTNERS IN CARE

Making choices and taking control over decisions affecting our care and support

We are committed to working with people not as passive recipients but as partners in their own care, support and treatment.

We will continue to change our relationship with people who use services, their families and carers so that they are in charge of making informed choices and decisions on what their care and support looks like and how it is delivered within resources so they can live their life and achieve the outcomes that matter to them.

Personalised care and support planning – We will involve people and their families in all processes from assessing their own health and wellbeing needs through to the planning and commissioning of the support to meet their needs. We will build on the implementation of self-directed support (SDS) to support people to identify and achieve their personal outcomes. We will uphold the rights of carers to be involved in the care and support planning of the person they care for or intend to care for.

Realistic Medicine – We will continue to encourage health and care workers to find out what matters to the person so that the care of their condition fits their needs and situation. Through shared decision-making individuals and their families will feel empowered to discuss and understand possible treatment available and the benefits and risks of these, including the option of doing nothing and what effects this could have.

Long-term conditions – We will explore the opportunities presented by the House of Care programme to help people with long term conditions be more involved in their care and self-management.

Palliative and end of life care – We will support people to exercise their preference in relation to palliative and end of life care in the setting of their choice, creating meaningful advanced care plans.

Engagement in services – We will engage with people so they have more say in decisions about local services and more involvement in designing and delivering them.

Market shaping strategies – We will work with current and potential providers to develop a diverse and thriving market place of opportunities and services from which people can choose to access for care and support.

9. OUR ENABLING PLANS

The Strategic Plan for 2019-2029 is the overarching plan under which many existing programmes of work, client group strategies and delivery plans sit.

These include strategies to improve services and responses for unpaid carers; older people; physical and sensory disabilities; mental health; learning disability; the Moray Alcohol and Drug Partnership Delivery Plan; and the Primary Care Improvement Plan aligned to the new General Practice Contract for Scotland.

These can be seen on the Health & Social Care Moray website: http://hscmoray.co.uk/our-strategies-and-plans.html

Delivery of the Strategic Plan will be through the Transformation Plan, supported by a number of enabling plans. These include:

- **The Medium Term Financial Plan** - achieving financial sustainability
- The Organisational Development and Workforce Plan - developing a positive organisational culture among the workforce, assessing and considering new roles.
- **Locality Plans** – communities working together to identify local needs and local solutions.
- **Housing Contribution** – agreeing the key areas of focus to meet current and future needs.
- **Communication and Engagement Framework** – guiding how we share information, listen to and learn from each other to support partnership working.
- **Infrastructure Framework** – looking at our physical estate with partners to maximise the use of what we have and to plan together for the future.
- **Digital Matters** – ensuring we maximise the use of technology to enhance self-management alongside health and care options.

These documents will be added to our website.

10. THE DIFFERENCE WE WANT TO MAKE

All our plans must deliver on the nine National Health and Wellbeing Outcomes. These are used by the Scottish Government to measure the success of integration by boards across Scotland.

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

11. MEASURING SUCCESS

Maintaining consistently high standards through a period of transformation is a challenge, but to the people who rely on health and social care services it is vitally important we achieve this.

We will continue to ask people about their experiences of services, listen to what they say and act on it. This will help us learn if outcomes are being met and where improvement should be made.

Performance management arrangements are in place to monitor, scrutinise our effectiveness in delivering the vision and priorities of the Moray IJB and to demonstrate we are achieving the national outcomes and highlight areas for improvement.

Performance information is gathered at service level. Governance and operational performance reports are scrutinised by the Moray IJB that publishes an Annual Performance Report to reflect on activity during each financial year.

12. STAYING INVOLVED

The Moray Integration Joint Board and Health & Social Care Moray are committed to meaningful and sustained engagement with all stakeholders.

If you would like to be added to our Partners in Care involvement database please contact us and we will send you an application form. We will keep you up to date with opportunities to work with us and use your knowledge, skills and lived experience to help achieve positive change.

	**Health & Social Care Moray** **9C Southfield Drive** **Elgin** **IV30 6GR**		**www.hscmoray.co.uk**
	**01343 567187**		**involvement@moray.gov.uk**

Health & Social Care Moray

Draft Strategic Plan consultation report – October 2019

1. Introduction

The draft Strategic Plan sets out a vision for adult health and social care where 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."

The Plan sets the future direction for the planning, design and delivery of services over the next decade. Key themes and priorities were identified through a process of strategic needs assessment and engagement with a wide range of stakeholders.

We recognise that by working together as active Partners in Care we will be in a stronger position to address the challenges of increasing demand and limited resources and drive forward a more integrated model of service provision which improves outcomes for people with health and care needs, their families, carers and communities.

These services are provided by Health & Social Care Moray, the partnership made up of staff working in Moray Council and NHS Grampian, along with partners in the Third and Independent sectors.

2. Engagement to inform the draft Strategic Plan

A range of opportunities were utilised to have a series of conversations with individuals and groups in order to help inform the draft Strategic Plan.

This included: IJB development sessions; Strategic Planning and Commissioning Group meetings; Strategic Planning and Commissioning Reference Group workshops; System Leadership Group sessions.

3. Formal consultation period

Following approval by the IJB at its meeting on 29 August 2019, the draft Strategic Plan was subject to formal consultation for a four week period from 13 September to 11 October 2019.

A range of channels was used to promote the formal consultation, including targeted messaging via email and general public messaging via social media and newspapers.

4. Who responded

In total 28 responses were received.

- 71% of respondents were female, 25% male, 4% self-defined
- 64% were aged 45-64; 25% 65-84; 7% 25-44 and 4% under 16
- 47% were from the Elgin locality; 25% from the Forres/Lossiemouth locality; 21% from the Keith/Speyside locality; 7% the Buckie/Cullen locality.
- 61% identified as members of the public; 21% from the Third Sector; 17% as staff (council, NHS and partnership).
- 36% indicated they had a disability or long-term condition
- 32% identified as being a carer.

5. Summary of feedback

The following is a summary of the key messages that emerged from the consultation.

Building resilience

Many people already take their physical and mental health and wellbeing seriously, recognising that taking greater responsibility for improving and maintaining this enables greater independence for longer.

Respondents stressed the importance of being able to access information to guide them to healthier lifestyle choices. Promoting choice and control may, however, mean that people continue to opt to ignore public health messages.

People would look to peers in hubs or their community for support to self-manage and activities which link to prevention and early intervention. Targeting younger people to manage health conditions could reduce reliance on formal services as they progress through adulthood.

Opportunities should be taken to support people, including members of the workforce, to develop and test local interventions to improve their physical and mental health and wellbeing.

Home First

The risk of becoming institutionalised in hospital was recognised but for people at home increased social isolation and loneliness was also a factor, particulalry for those with increasing care and support needs which limit their mobility and quality of life. Given the choice, some older people may decide that moving into a care home is right for them.

The approach of taking services closer to patients should be balanced with providing the most appropriate care in the most appropriate setting and having regard to best value in regard to a ceiling of care. Home first could place additional pressure on families/unpaid carers, leaving them struggling to have a life alongside their caring role.

The biggest challenge identified by respondents was the availability of the paid workforce required to support home first, particularly care at home staff with gaps in current provision highlighted.

Person led

The reality for many is choice is greatly limited by availability of support.

Awareness of options/choices should be increased through the provision of up to date, accessible information to both people who use services and those who support them and through better communication.

Different approaches to exercising choice and control need to be in place for individuals with learning disbailities, severe and enduring mental health issues and dementia, for example. Advocacy can benefit people in having their voices heard and wishes respected.

The patient/service user and their family should be recognised as equals in the care and support team, should be listened to and their voices heard and respected. When this doesn't happen there should be a process to report this.

People don't feel valued when they face long waiting times for appointments and referrals. Transition between children's and adult services needs to be better.

Partners in care – whole system approach

Respondents recognised the importance of having strategic leadership in place. Continued integration and strengthened partnership working between all sectors (acute, primary and community) must reduce duplication and achieve improved experiences and outcomes for all.

Partnership working - including within Health & Social Care Moray – must value all involved, be evidence and measured. It was questioned how the Third Sector would be recognised, including financially, for its contribution.

Addressing challenges

Many respondents questioned the Strategic Plan's ability to successfully address the challenge of increasing demand presurising limited resources if the vision is to be realised. They wanted to see the detail of the Transformation Plan for the delivery the prioities to understand what is going to be done differently.

Recruitment and retention of the frontline workforce was highlighted. Without them the shift of the balance of care to people in their own homes will be curtailed.

Investment in prevention and early intervention in the community should be prioritised. Resources and assets in the widest sense must be utilised appropriately, spend per person reduced and bureaucracy reduced in order for the public pound to deliver best value.

Partners in care have a leading role to play in reducing inequalities which cut across all themes.

6. What people told us

	Fully	Partially	No	Unsure
Do you support the vision?	71% (20)	25% (7)	4% (1)	-
Do you support the priorities?	68% (19)	21% (6)	1 4% (1)	7% (2)

Q1. Do you support the proposed vision?	
Person-led	• The professions need to meet more readily & include the patient and carer too as these are the ones requiring the service but often aren't listened to. • Not sure how people can feel valued when it is often impossible to get a GP appointment. People do not choose when they are going to be ill. In theory the system should work but in practice it does not. The consequence of this is that people end up going to Accident and Emergency instead as their symptoms worsen and they know they will be seen there. People ask for a GP, we understand the need to send out nurse practitioners at times but surely there also must be a right for someone to see a GP on request. • Good but those who need care need to be heard as well • Who's "we"? Should everyone be "equal" some services will be more important to person-centred care than others? Although everyone's 'voice' should be heard, there needs to be actual decision makers. • And when we are not treated as equals then a process must be simple to highlight this • To receive the correct care and/or financial support the decision must be made by a GP or medically qualified person and NOT employee of Moray Council. Moray Council should not be making medical decisions and must only be involved in the support or care
Whole system approach	• The vision appears to have much of its focus on those receiving long-term care or ongoing needs. There appears to be little focus on those who need day to day treatment in an ad hoc basis and also those who then require to live forward with further specialist appointments/ongoing support out with Moray e.g. Aberdeen, even though this is part of NHS Grampian. Where is the conversation as to how these services work together? • There has to be strategic leadership in place to cover the gaps between Primary and Secondary Health Care and also the care gaps between NHS and Care in the Community. Also a strategic leadership should be in place to ensure smooth operation of the above while dealing swiftly - within hours - of daily emergent failures in the system (inevitable). I have seen failures due to a simple shift change in Medical/ Nursing staff where a patient was discharged home while in no state to cope at home. It took weeks for the Moray NHS response to redress that deficit. • We have some concern that there may be duplication of effort by services when dealing with individuals i.e. not joined up • I support the vision and it says proven record of partnership working but how and who? I would like to see more detail on how this partnership working is measured and specific results notified and know who is going to take the lead. What

Q1. Do you support the proposed vision?	
	organisation have been targeted for partnership working and is there funding? • The vision is fine, however as someone who works within the IJB I do not feel this happens in practice as there is an imbalance within management structures towards the council/care side leaving those with a health background feeling undermined and undervalued.
Addressing challenges	• Services are unable to cope with the level of care required in the community at present and will only get worse as the population ages. How is care and support of individuals in reality going to improve? This in my opinion is what actually needs to be addressed. Community nursing (in all areas) as well as social care are at breaking point. Redesign as much as you like but unless financial budgets improve and more staff employed in all areas, your proposed “vision” is very much pie in the sky!!! • Not everyone can be cared for at home. There is not enough residential care provision in Forres. The vision is unrealistic. • Good idea but difficult if the resources and staff are not available due lack of funding etc.

Q2. Do you support the priority themes?	
Resilience	• Theme 1 will require peer support Hubs in the community to promulgate and explain key facts and information conducive to self directed preventive care. The HUB in Dr Gray's Hospital while excellent and well resourced, is a passive delivery. Active interactive health education meetings are required. • Theme 1 and 3 are sometimes at odds. Taking greater responsibility and making choices around our own health is not necessarily the same thing or result in a positive health outcome. • Taking greater responsibility requires support and how is this going to be provided? Where do people go for information or advice? Where do organisations that want to get involved go to get involved? • More support required in communities for people to take personal responsibility. Especially for the youth and older people. More BALL groups required. Too long to wait on a waiting list to get into a BALL group in Elgin. 1 year and still waiting! • A minor point regarding Theme 1: Personal Responsibility - I would suggest we are not supporting people to take their physical and mental health seriously - many people do and this statement may be misleading. It may not mean whole-system integration and expensive transformation but perhaps it is more relevant in the context of we will support people, including members of the workforce, to develop and test local interventions to improve their physical and mental health.

Q2. Do you support the priority themes?	
Home First	• I think being supported at home or in a homely setting is not necessarily a theme we should aspire to. It should be the most appropriate care in the most appropriate setting. No. Good value for money. • Theme 2: Budgetary deficits and failure to recruit care in the community staff mean that delivery of care at home is still beyond the scope of family members. In some cases this policy is a recipe for slow euthanasia. Transport to care hubs is possibly a better method. • As in my previous comment, far more staff required in all areas to meet the needs of patients/clients to properly support them in their own homes. The “buck stops with the patients and families” appears to be the main focus of this paper regardless how you dress it up!! Thus allowing the big wigs to avoid spending their budgets on front line staff, enabling them to continue to keep themselves in a high paid job, producing papers on statistics which do not give any in-depth solution to the actual problems highlighted!!! • People quickly become institutionalised and it is imperative they get home with adequate care. • If individuals are to be cared for at home then financials should not be restricted by Council nor based on persons wealth • The focus of people staying at home as far possible has been taken to an extreme now. More and more people are staying at home with care or waiting for care. It may not be their choice to stay at home but it appears to be given the option to stay in a care home is a last resort nowadays. The choice is being taken away from many people who would want to be in a care home environment as they are socially isolated and dying of loneliness at home. There are waiting lists for care for people at home who may wait a long time for care whereas their choice of perhaps moving into a care home would be quicker and also preserve their longer term health. This needs to be a consideration as not everyone does want to stay at home. Has this question actually been asked of people as it’s banded about that this is what people want, but is it? Would they want the choice of staying at home on their own for 24 hours a day, stuck in a hospital bed or unable to walk, only see carers or nurses and apart from that have no one around them. I don’t think so. It must be cheaper financially to have people in a care environment than to have carers attend many times each day and in some cases this may also enhance the mental wellbeing of the person who needs the care. Some people do want to be with others in a shared environment and this shouldn’t be a battle with the authority and also shouldn’t be something that is agreed only as a last resort. It should be a choice, as this is what people should have.
Person-led	• Theme 3: I think people already have these choices. What is lacking is the provision of options and the awareness of these

Q2. Do you support the priority themes?	
	options by the Community care and NHS staff. It is not only the patients who will need to be kept informed of the current options. • As a carer of a young adult with a chronic condition, with little supports for that condition in Grampian we have had no option but to take control of decisions around health and health and wellbeing and education. Some focus needs to be given to those with conditions that are not supported via transition services to allow these young people to be able to move through to adult services and onto a fulfilling life. Many get lost from 16 when they are not in a school planning system and not supported well in a health system...this in turn causes increased mental health issues as they feel unsupported. • It is a fallacy to say that people can make choices over their care. The service is not led by choice it is led by what is or is not available sadly. • Yes listen to the person who needs care and act along with them as equals • Not everyone is capable of taking responsibility for their own care. e.g. people with severe dementia. • These are good themes for those who are able to do so. We need to be careful that those who are not able to take responsibility i.e. people with acquired brain injuries, severe mental health issues or learning disabilities, are still provided with the support they need and not left to fall through the cracks because they cannot access self help information or navigate call centres/access points.
Partners in care – whole system approach	• The third sector is a key partner for the strategy. Does the HSCM have any plans to support them? • I would be very interested to understand how people in the community were involved in these conversations to identify these priorities. I was not aware that these conversations were taking place. Did you engage only with those you are already supporting hence the reason you have reached the three areas identified.
Addressing challenges	• There is an evident shortage of home care staff, these are staff who should be valued and rewarded for the jobs they do, often unaided and without support in the community. The shortage of carers and the reduced time they can spend with a vulnerable person makes it hard to see how they can do their job as well as they could be. There have been several situations recently where individuals have been unable to go home from hospital due to lack of adequate home care in their area. This puts strain on wards too. • Again difficult as resources and funding and staff are not available
Other	• In my own experience these are already being implemented.

Q2. Do you support the priority themes?	

Q3. Does the draft Strategic Plan address what is important to you?	
Resilience	• The plan appears to hand more responsibility back to people generally for their own health care which is conducive to better lifestyle choices and preventive work that can avoid many forms of morbidity. However a network of Educational Hubs can make this work better with effective communication. Hubs can also be a point of contacts to provide timely feedback for any deficits or dire cases. • Yes but still need to consider early adulthood and supporting young people to manage health conditions a lot more...hopefully this would help reduce reliance as they progress through adulthood • Improved health and wellbeing and independence key
Person-led	• The plan addresses person centred care • It is important that people can make their own decisions for what is right for them • One to one help would be of benefit with things or just having someone to speak to. • It is important to me that we ensure people have access to GP when required. It is important that people have referral to consultant quickly and are seen within a decent timescale. I know of many people waiting for months to be seen. It is important that people waiting for cancer treatment and for heart scans, investigations and treatments are seen quickly and without a lengthy time waiting.
Addressing challenges	• I think good value for money is important. Using resources appropriately and fairly for all. • No, I don't think it does. My focus would be on ensuring there are adequate and qualified staff in place in Moray to deal with any ailment/condition that arose. That this would be accurately and timeously identified and that it would then be treated or forwarded for specialist treatment appropriately and in good time. Too often now my experience has been that there are not qualified staff in place in Moray, ailments are not being identified accurately and then there is huge waiting times for results and follow on treatment in Aberdeen. Prevention is becoming much poorer as all the funds and efforts are focused on the ageing population. Young mums, young people and others do not appear to be a priority. • No explanation given how this is actually going to be achieved??? • Focus also needs to be not just on the person/patient but thinking about anticipatory care planning, future needs and creating power of attorney's etc., this is massively under resourced in Moray. • Yes good idea but can it be achieved? I find lack of support for

Q3. Does the draft Strategic Plan address what is important to you?	
	mental health etc. needs a lot of resources introduced to be more effective • Yes, in terms of the challenges set out and that the strategic themes address the challenges and underpin where we want to be. The strategic themes seem to clearly set out the type of change needed to better meet the needs of people in the community, if not perhaps clear how positive examples will be scaled up and spread at pace across the system. • Personally, yes. Professionally I have my concerns.

Q4. Is there anything missing from the plan?	
Person-led	• Really good communication and the practical steps needed to achieve it. For example I have terminal cancer and have received all the advice and support and been invited to make my choices about end of life care etc. A shock of course but a wonderful thoughtful service. At the same time I meet people diagnosed with dementia who are not given, or are too shocked to take in, clear signposting to Social Worker, Dementia Adviser, Quarriers for the carer and Monday Club where sufferer and carer can together find peer support, information, musical entertainment and a bit of fun. In the desperate political and financial mess we are in at the moment we all need SOMETHING TO LOOK FORWARD TO. • My voice
Whole system	• Third sector is mentioned as crucial key partners throughout the document. Is there any strategic plan on how these organisations will be supported such as service level agreements? • Involvement with the care at home family members, many of whom may themselves have significant morbidities. E.g. dementia victims caring for each other. Also the potential to involve voluntary community support groups e.g. church halls, libraries, community centres and village communities.
Addressing the challenges (through the transformation plan)	• This is a very high-level plan. Will the more detailed plans that will subsequently sit below this also be shared with the public and what say will people have in those plans? • In depth plan of future community staffing requirements in all areas to make this happen. • Some evidence to support what could be done differently in future • The need for increased resources needs to be addressed as a matter of urgency. Recruitment of staff has been more difficult due to the Brexit uncertainty. Budgets continue to be stretched because money is spent elsewhere. • Local health partnerships are powerless unless Scottish

Q4. Is there anything missing from the plan?	
	government and Westminster governments recognise the need for better health. • Role of community hospital in the future • How is all this going to be paid for? Are there enough trained carers to be able to be able to fulfil the second theme, especially in isolated rural areas? • Care provision is not wide or varied enough. We have lost two day centres and our local hospital in Forres. We do not have sufficient care for our population. • Yes, this doesn't really say how you are going to achieve any of these things.

Q5. What would you make the first priority for action?	
Resilience	• The first one! • Taking greater responsibility for our health and wellbeing • Mental health • I think that the first and third theme are really the same thing and should be priority.
Home First	• Care at home or in homely setting
Person-led	• We're currently experiencing problems whilst at drs appointment. My wife finds it hard to speak up face to face & feels not listened to & myself as the carer I am not confident enough to speak out either. It's taken many appointments to get just some of the issue resolved. It would help perhaps to have a chaperone who can help speak out for the patient? • Listening to the person needing care • Theme 3 • Ensure support plans are clearly understood by individuals. • Early diagnosis and treatment can ensure people are supported before they require long term treatment and hospitalisation. Mental health services are severely stretched, if there was better early intervention schemes then people can be helped before their problem becomes chronic and they need time off work, more drugs and potentially psychiatric, psychology or in patient care. • Highlight the services people already value and build on that success moving forward.
Whole system	• Ensuring that NHS Grampian recognises Moray as an important part of its portfolio and that it is funded accordingly - that not all the money is kept in Aberdeen and Aberdeenshire. • Make a stronger link between health and social care professionals and the voluntary organisations that support their clients. • Appoint a strategic leader (possibly ex military) with good communication skills for oversight and implementation to mobilise and motivate existing personnel and resources.

Q5. What would you make the first priority for action?	
	• Community buy in and involvement • Long term health strategy with multiple partnerships • Looking at the management structure to ensure equity across health and social care, using all the experience and knowledge available from both sides. • Better primary health referral system • Shorter waiting lists for people who need consultant or physio referral.
Addressing challenges	• Employing more front line staff to carry out the “vision”!! IN ALL AREAS!! • Right care by the right person at the right time. Services are still not adequately joined up and are not responsive enough at times of crisis. Still not enough done to maintain people in their own home and avoid hospital admissions. • Ensuring that there are sufficient staff and financials to deliver the plan • Recruit more workers to support community groups and BALL groups • Respect and pay carers and nurses more. Put more money into Social Care. Widen the care provision. • Investigation of reasons for very high cost patients • Investment in "health, not healthcare" be a more urgent priority, as well as reduction in spending per person (achievable with successful implementation of the strategic themes) • The areas for activity are clearly set out and it is appreciated that these priorities will vary in terms of short/medium/long term focus. My comments are broad, with less knowledge than others but it feels right that more urgent priorities are transformational change that reduce spend per person, improving co-ordinated care, end of life care (if on average, the last year of life costs around £10k per patient). Priorities that allow the MIJB and its long term financial planning to make changes to better meet the needs of people, rather than spending to protect services from budget cuts. • Reducing health inequalities

Q6. Do you have any other comments?	
Person-led	• Give me an equal voice • For people to be supported in their making a choice and taking control over the decision affecting their own health and wellbeing which means giving time to that person so that they feel valued and can then perhaps • You need to consider is home what they want or is being pushed by social work? If someone who has no longer

Q6. Do you have any other comments?	
	confidence to be at home any longer wants to go from hospital to a care home, why not? Why should they be forced to try home again if that is not their choice?
Quality of care	• Unfortunately I am now at the point that I am investigating private health insurance. I am actually fearful of any of my family becoming ill as the health care that is currently being provided in Moray/NHS Grampian from my experience is of a very low quality. • I do not think your vision is good care. Why not be honest and admit that it is cheap care. People deserve better.
Addressing challenges	• The elderly and those with disabilities/ long term conditions being treated as second class citizens, in that they are classed as future hospital " bed blockers". The onus being placed on families, especially in palliative care, to provide care for the dying patient in their own home with no proper support or guidance!! Yes this is happening now and will only get worse as no proper solution for care and support has been suggested in any of these 2 papers. Part of the solution take your head out the sand and increase front line staff. Until then staff will continue to leave the community which will ultimately make this "vision" impossible!! • Chronic pain and fatigue conditions need to be given more resource in terms of supporting people to manage their conditions across all ages from childhood through to adulthood. • The lack of suitable public transport for access to employment and services can be an issue • Bureaucracy and administration needs to be reduced. We cannot afford to have people who should be on the front line spending hours a week in front of a computer. Personally I would get rid of the whole commissioning process and return to working together with agencies trusted to do a good job. There would then be consistency for patients, carers and for staff. • There are times, when frontline services are stretched so badly that we should have managers and admin people out on the ground supporting in wards and in the community. This would have the added benefit of reminding them what it is like to be at the coal face. I repeatedly suggested this in my time in social work and as a lecturer in social work because I believe it benefits everyone. • Getting young people involved in getting ideas for projects. Using local resources. Networking and information improved. Help develop projects that are already out there and up and running. More opportunities made available to adopt a healthier lifestyle • Moray Council has bikes that could be loaned out. People reintroduced to cycling • If people's mental health can be improved then more positive outcomes can be achieved with the correct resources

Q6. Do you have any other comments?	
	• More BALL groups • I find nothing to disagree with in this plan but as always it depends on how it is translated to action on the ground.
	• There is a lack of what you could call a half-way house - ready to go out of hospital medically , but not quite ready to be at home. This function was previously filled when Morriston and Pitgaveny wards were open. The opening of the Victoria Cottages, has been a total red herring and the usage I understand has been minimal. Compared to the cost of renovating these, the function of these houses has not been as it was promoted/intended and occupancy negligible. This is something you need to be considering to use in a different way to get people out of Dr Gray's who need a bit of support but are not medically unwell. Staff these cottages like a cottage type hospital so these people can be supported to be fit/well enough to go home. This should stop them putting people out of hospital who are not well enough to be at home and them having to go back in. I should know, as it's happened often enough to my Dad. What about contracting with Anderson's Care Home and having the use of Easton House for those who are ready to be discharged medically but there is no care for them at home. To stop them keeping a medical bed, why not use somewhere like Easton House at Anderson's which was at risk of closure not too long ago? It's functional and would fulfil a purpose while freeing up a medical bed at Dr Gray's. The cost of this would be far less than Dr Gray's beds. They could be supported and encouraged to do things that they would be doing at home, like taking their own tablets rather than be given them by someone, make their own cups of tea, etc as also being discharged from hospital after weeks of doing nothing for yourself is a big shock to the system due to having been totally disabled while in hospital. You are only going to be able to sustain the amount of older people in Moray, if you start thinking about using the other resources around, as the wait for care and the recruitment of carers takes too long.
Overarching	• Can I assume Moray is suggesting a 10-year plan as it has robustly considered that that is the time needed to implement? Will it really take 10 years to implement this strategy? The current model is clearly set out as unsustainable but we don't articulate clearly enough the consequences of this. Perhaps we should clearly state the this model is unsustainable and that puts at risk the quality of life. Challenges: Increased demand - It seems more accurate that demographic changes and growth are the challenge which result in increased demand. Increasing demand is nothing new. Individuals and

Q6. Do you have any other comments?	
	their families want the latest, most advanced treatments (why the bill for medicines has gone up in Scotland over the past 5-10 years). Growing pressure on limited resources - Perhaps it could be clearer to reiterate that the challenge is to invest in "health, not healthcare", targeting those with the greatest need. Inequalities - I wonder why we refer to inequalities in the development of the strategic plan but not as an explicit challenge? What is the gap in life expectancy between the most and least deprived in Moray? Perhaps it should be stated? I feel we should take a stronger stance here about inequalities. We say unfair and avoidable but we mustn't forget ultimately people are dying earlier than others so our services must be perceptive to our most disadvantaged and what's wrong in the MIJB innovating to stamp out inequalities? Measuring success - Personally, I think we should go further than this and promote a more "managing risk positively" approach. I feel that the strategic plan for Moray could emphasise a willingness to support the workforce to collaborate with partners to see real benefits, rather than simply delivering services - especially with the importance of personal choice.

Comments and Suggested Areas for Inclusion from: Paul Johnson – MADP Manager:

Friday, 20 September 2019

Paul.johnson@moray.gov.uk

These comments are based on:

- The Scottish Government review and revision of the "Draft Framework for Community Health and Social Care Integrated Services (June 2019)". This framework should offer a means of focusing and concerting efforts on the delivery of an integrated, co-produced approach to assessment, care and support to deliver on the strategic and policy context that Integration Authorities already operate within.

- Taking account of local developments.

Points for consideration:

- Overall the strategy comes across as being one which primarily relates to adult social care (especially older people); and the provision of "care" rather than the wider focus of the IJB.

It would be useful to have a framework which is underpinned by an ethos of CARE, however, recognising the difference between care and support; whereby those involved in Community Health and Social Care will:

- **C**ome together with people and those with caring responsibilities to understand their goals, preferences and needs and plan the support that is right for them, now and into the future;

- **A**dopt a Care Co-ordination approach to offer a consistent point of contact for the person, those who care about them, and for them, and other professionals involved in their care, co-ordinating care and support to meet changing needs;

- **R**espond positively and proactively to the needs of people, including those with caring responsibilities as they change, ensuring their wishes and preferences are respected; and

- **E**mpower and encourage people, including those with caring responsibilities to express choice and take control of decision-making about their needs and the options to meet these.

- The future scope of the IJB needs to be considered especially given the timescale of the strategy. For example in Moray, consideration is being given to include areas relating to children/young people. Therefore this strategy should apply to these services whether delegated or not, in order to join up working; and with respect to alcohol and drugs, recognising the importance of an integrated approach, which takes account of the Scottish Government Strategy[1].

- The document needs to be explicit in setting out and adopting "a rights based approach" as set out in the PANEL principles (http://www.scottishhumanrights.com/rights-in-practice/human-rights-based-approach/). There is a guiding principle that everyone has a right to health. People should be able to access services without fear of judgement and stigma.

- The document needs to reference the Public Health Priorities[2]. In essence services/interventions should be about improving wellbeing. The thinking there should be an emphasis on developing whole systems approaches, rather than just thinking that "services" are the answer.

- Greater references needs to be made on services being trauma informed

- Consideration needs to be given on ease of access and points of contact. There is still competition/protection of role which may act as a barrier to being collaborative.

- We need to ensure that we adopt a care coordinating approach, offering a consistent point of contact for the person and for those who care for them, and about them, recognising that "care" and support are not the same.

- The draft strategy does not give sufficient weight to earlier engagement and prevention; and how to reduce the demand on more intensive level 2 services.

- Greater consideration should be given to how community resources and groups, often run by small not for profit organisations, contribute to health and well-being and how

---

1 2018 new alcohol and drugs strategy.pdf

2 Public health priorities 2018.pdf

these groups relate to, and work with the commissioned and public services. This should include the increasingly important role of participatory budgeting.

- There needs to be a greater emphasis on working with, reaching out to, and fully engaging people with live and living experience, and how peers and advocacy provide a First Point of Contact.

- Greater emphasis should be given to services are being planned, developed and delivered by people with lived experience.

- The strategy needs to reference and be explicit about the links, and therefore joint and integrated working with children's services and criminal justice. Adults are part of families and given the increasing focus on whole family approaches" the strategy must reflect this.

- Far greater consideration needs to be given to the explicit links to reducing harms and recovery; adopting the definitions as put forward by the Scottish Recovery Network.

- There should be a focus on an outcomes model of service commissioning, planning and delivery, which apply to the public, private and 3rd sector equally.

- There have been many discussions about adopting the CHIME principles. These are not referenced in the strategy, nor does the strategy seem to take account of the work undertaken in Making Recovery Real and the reforms that need to take place within the public and commissioned services to promote access to services especially mental health, and there being no "wrong door".

Moray Integration Joint Board Transformation Plan 2019-2024

Lead author(s):	Reviewer:	Approver:
Identifier:	**Review Date:**	**Approved Date:**

Executive Summary

This document seeks to set out the high level plans that will drive change and reshape the way in which services are delivered across Moray. The intentions set out in this plan fall from the Moray Integration Joint Board Strategic Plan 2019-2029.

This transformation plan is underpinned by the 3 Strategic Outcomes:

1. **BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing**
2. **HOMEFIRST - Being supported at home or in a homely setting as far as possible.**
3. **PARTNERS IN CARE - Making choices and taking control over decisions**

These strategic themes will be considered in all programmes of work, each of which will have a programme board reporting to the Strategic Planning and Commissioning Group (SPCG) of the Moray Integration Joint Board (MIJB).

Health and Wellbeing	Health and Wellbeing Transformation Board
Mental Health (include Drugs & Alcohol)	Mental Health Transformation Board
Care of the Elderly	Care of the Elderly Transformation Board
Learning Disability	Learning Disabilities Transformation Board
Primary Care	Primary Care Transformation Board
Dr Grays' Hospital	Dr Grays' Hospital Transformation Board (directly reporting into NHS Grampian)
Children & Families Health Services (Primary & Secondary Care)	***Children & Families Transformation Board directly reporting to NHSG structures but linked to SPCG structure to ensure appropriate connections.***

Enabling work will also be structured as follows and cut across all programme boards:

Communication, Engagement and Participation Programme
Workforce Planning and Organisational Development Programme
Digital and infrastructure Programme

A consistent approach to organising and reporting of these boards will be put in place with clear leadership and support in place. Our approach to strategic commissioning and improvement set out our associated framework

Theme 1: BUILDING RESILIENCE - People are enabled to take responsibility for their own health and wellbeing (public /workforce)

Rationale

The Scottish Government document "Public Health Priorities for Scotland" Include link to document sets out the ambition nationally in the shape of 6 priorities:

This document considers the state of the nation in terms of population health. In Moray our Strategic Needs Assessment (SNA) Include link to document highlights the Moray landscape, the Moray Integration Joint Board Strategic Plan setting the ambition to address some of the prevention work that is required in response to the emerging issues. We aim to build resilience with individuals and communities to be able to maximise their health and wellbeing potential, recognising the positive outcomes will be possible with this approach. The MIJB is committed to increasing investment in this area.

We are working in an environment where resources are challenged both in terms of finance but more critically workforce supply. The demographic set out in the SNA for Moray highlighted the population profile as increasing in older people over the next 10 years against a reduction in working age population (under 65yrs). Whilst the main driver for prevention investment is to improve the health and wellbeing of the population of Moray, the other is to ensure that the services we have are fit for purpose and available when needed. So people being equipped to live well and stay well alongside positive management of a variety of health conditions will ease the impact on the finite resources available to us, this is an equally valid outcome.

The MIJB will achieve this through proactive partnership working focussed on the outcomes of the Community Planning Partnership Local Outcome Improvement Plan (LOIP), the Integrated Children`s Services Plan and specifically through it prioritised contribution to prevention set out in this transformation plan.

Public and workforce participation in this area is essential if we are to make the changes that will both benefit us on a personal basis but equally support the sustainability of our health and care system in Moray.

Stretch Aim	Outcomes	
Over the next 5 years we will work alongside Community Planning Partners to support our communities, service users, carers, the public and the workforce build resilience as a deliberate effort to improve the population health across Moray. **By April 2024** Moray will have no communities which rank amongst the most deprived 40% datazones In Scotland. **By April 2024::** Less than 10% of children will live in relative poverty Less than 5% will live in absolute poverty Less than 5% will live with a combined income and material deprivation Less than 5% will live in persistent	**National Outcome 1:** The people of Moray are able to look after and improve their own health and wellbeing and live in good health for longer. **Public Health Priority 1:** A Moray where we live in vibrant, healthy and safe places and communities **National Outcome 3:** Health and social care services are centred on helping to maintain or improve the quality of life of those who use those services. **Public Health Priority 2:** A Moray where we flourish in our early years.	National Performance Framework Public Health Priorities Scotland Moray Local Outcome Improvement Plan National Strategy – Good Mental Health for All 2016 Good Mental Health for All in Moray 2016-2026 Scotland's House of Care Moray Poverty Strategy 2018-2021 Fairer Scotland Duty Moray Leisure Strategy Moray Carers Strategy Integrated Children's Services Plan NHSG Clinical Strategy Moray Council Corporate Plan

poverty. By April 2024 Moray will have reduced the prevalence of anxiety and depression in children young people and adults Increase the available support to communities, families and individuals in preventing suicide, considering the overlap of drugs, alcohol and mental health by 2024. Halving the number of 15 year olds who report regular smoking by 5% Halving the number of pregnant women reporting smoking at booking to 9% Halving the smoking prevalence amongst the adult population to less than 13% Reducing the number of drug related deaths in Moray. By 2024 have strong locality leadership connecting health and social care services within the context of local resources	**Public Health Priority 3:** A Moray where we have good mental wellbeing **Public Health Priority 4:** A Moray where we reduce the use of harm from alcohol, tobacco and other drugs. **Public Health Priority 5:** A Moray where we have a sustainable inclusive economy with equality of outcomes for all.	Realistic Medicine National Drug and alcohol strategy Healthier futures Child Health 2020 (review) Children and Young People`s (Scotland) Act (2014) Every Child Every Chance (National Child Poverty Plan) House of Care

supporting a shift in population health. By 2024 support an increase in community activities such as our active groups offering a range of activities including tackling isolation. Considering income maximisation as a relevant intervention when working with individuals and their families. Working as partners to support employability pipelines in Moray maximising individuals potential to thrive. By April 2024 Moray will: • Reduce population prevalence of obesity by one quarter to 25% • Reduce the number of people developing obesity related diseases including cancers, heart disease and diabetes by 10%	**National Outcome 5:** Health and social care services contribute to tackling health inequalities. **Public Health Priority 6:** A Moray where we eat well, have a healthy weight and are physically active.	

By 2024 increase the support available for Carers in communities.	**National Outcome 6:** People who provide unpaid care are supported to look after their own health and well-being, including reducing any negative impact of their caring role on their own lives.	

Theme 2: HOMEFIRST - Keeping people at home or in a homely environment.

Rationale

The Health and Social Care Delivery Plan for Scotland 2016 sets the ambition for the future delivery of services.

The aim is a Scotland that delivers high quality services that have a focus on prevention, early intervention and supported self-management.**(Theme 1).** Where people need hospital care, the aim is for day surgery to be the norm, and when stays must be longer, the aim is for people to be discharged as swiftly as possible.

The delivery plan sets out our programme of work to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- Is integrated;
- Focusses on prevention ;
- Will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- Focuses on care being provided to the highest standard of quality and safety, whatever the setting, with the person at the centre of all decisions **(Theme 3);** and
- Ensures people get back into their home or community environment as soon as appropriate with minimal risk of re-admission.

Across Moray the HOMEFIRST approach is being put in place to ensure that we fulfil this ambition. The aim of HOMEFIRST in Moray is to ensure that we consider this as our default position. We currently operate a system where hospital can be the default in the absence of alternative plans and the risks associated with this decision not fully appreciated across our communities, particularly for older people. There are times when the **right place and the right time** is hospital however we do know that older people can dip very quickly in confidence and have a general reduction in their ability to function through hospital admissions, thus the emphasis on no delays in hospital. Traditionally we have assessed people for discharge in hospital, again over time we have

come to recognise that familiar surroundings with support give a far more accurate assessment of someone's ability to maintain their independence and to continue to live at home. We do however also recognise that this requires clear support networks to be available and the appropriate services to be responsive. This in itself can be challenging however through health and social care integration and locality planning there is an opportunity to challenge ourselves further on the art of the possible, looking to different ways of working and the wider resources of communities in pursuit of success.

Stretch Aim	Outcomes	Strategic Context
By 2024 Health and Social Care Moray will aim to: **ADMISSION/DISCHARGE** Achieve a stable position in relation to the management of discharge from hospital with the aim of being below the national average measured in bed days lost to delay. Implement in 100% of inpatient areas across Moray, Daily Dynamic Discharge processes and Discharge to assess protocols. Work with partners to consider the options available for "care in between" (no requiring an acute hospital admission admission/ not	**National Outcome 2:** People including those with disability or long term conditions, or wo are frail, are able to live, as far as reasonably practicable, independent and at home or in a homely setting in their community. **National Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected. **National Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. **National Outcome 7:** People using health and social care services are safe from harm Adults and older people can achieve their potential and maintain independent living for as long as possible, regardless of conditions	National Performance Framework Public Health Priorities Scotland Health and Social Care Delivery Plan for Scotland Realistic Medicine Scotland's Mental Health for All Strategy The Keys to Life: Scotland's Learning Disabilities Strategy 2013 Coming home: complex care needs and out of area placements 2018 Morays Mental Health for All Strategy 2016-2026 Morays Carers Strategy

able to stay at home), creating an options appraisal for consideration by localities and the Integration Joint Board by March 2020. **LOCALITY PLANNING/CARE CO-ORDINATION** Implement locality leadership across our localities. • Forres • Lossiemouth • Elgin • Keith and Speyside • Buckie and Cullen Maximising the use of the resources available and co-ordinating care and treatment across the pathways of care challenging disciplinary/organisational boundaries. Proactively work with communities to mobilise local resources supporting positive outcomes. Further establish our locality	experienced. Adults and older people with complex care needs can be maintained locally where possible with the specialist support available locally if possible. Adults and older people experiencing a range of conditions experience inclusive, safe services that are able to work mutually with them and their families, carers to maximise positive outcomes. Adults and older people are socially integrated to communities. Adults and older people with complex needs in the context of experiencing a range of conditions experience meaningful and fulfilled lives. **National Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide The workforce feel empowered to create the multi-disciplinary teams and set out their way of working that improves the overall experience for all.	Moray – Our Lives, Our Way 2013-2023 Moray General Practice Strategy National Digital Health and Social Care Strategy 2018 NHS Grampian Clinical Strategy Moray Council Corporate Plan National Strategy for Self –directed Support 2010 GMS contract Strategic housing SHIP Unscheduled care 6 Essential Actions Programme Children and Young People`s (Scotland) Act (2014) Part 1 UNCRC

multi-disciplinary teams who work as a team of multi-professionals with the third, independent sectors and communities to maximise the opportunities to maintain people in a positive ways in their communities, developing collaboration at every level. **MENTAL HEALTH/LEARNING DISABILITIES** Continuing to ensure that the out of areas placements are at a minimum with the aim of optimising local resources and expertise to maintain people locally close to their familiar surroundings, families/carers. Continue to develop the implementation of the progression model alongside all service users and families living with a learning disability. Continue to progress full implementation of the local	People with a learning disability, their families and carers should be able to have the same opportunities in life as other people. People receive the care they need close to home where practicably possible Health and social care is an attractive workplace. Digital health care and technology enabled care is core business. **National Outcome 7**: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. A Moray where the quality of life is improved for those experiencing mental ill health. Reduced inequalities in mental health. Reduce the health inequalities of those experiencing mental health problems. Appropriate, responsive service delivery as	

mental health strategy optimising non-medical approaches where appropriate and building people's resilience **UNSCHEDULED CARE** Work across the system of health and social care to shift where possible activity traditionally carried out in acute hospital settings to the community in a planned way **PRIMARY CARE** Continue the implementation of Phase 1 of the GP contract and work with guidance nationally on the phase 2 part of the contract in 2021. Work with the wider primary care group of services, Dental, Optometry and Pharmacy to maximise their contribution at a community level as part of the multi-disciplinary team 2021.	locally as possible as specialist as necessary. Shifting unnecessary unplanned hospital activity t preventative planned care. **National Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services Positive team co-ordination. Seamless, co-ordinated transitions between life stages and services Appropriate available housing	

TRANSITIONS Work closely with children's services around transitions, smoothing out the pathway and bringing coherence in approaches by 2021. **HOUSING/ADAPTATIONS AND EQUIPMENT** Build on the work to date in relation to housing and adaptations requirements for the future and establish what is possible within the resources available that maximised this key part of achieving successful outcomes for people Develop a clear model for the provision of equipment and a process than ensure timeous delivery and retrieval by 2021. **DIGITAL** Expand the use of technology as the norm by 2024.	People are able to stay at home and independent with the ability to easily access appropriate equipment. Digital technology a routine option for intervention.	

Theme 3: PARTNERS IN CARE - People are empowered to make choices and take control

Rationale

Approaches such as the conversations necessary to delivery Self Directed Support and Realistic Medicine are the basis of our Partners in Care approach and set ambition for the way we work with people across health and social care. These approaches are coherent and set the scene for promoting conversations that seek to understand first what the person and their family are considering, assisting in exploring options, weighing up the choices to be made and the implications for people. The significance of this is a move away from being prescribed, or told what you need to an approach that is much more focussed on agreeing with you the best option for you. This is the basis of a conversation that supports choice and control around these very significant decisions that affect you. This places people and their families/carers at the centre of decision making – Partners in Care.

This is not traditionally how many parts of our system has worked and as such there is shift required in the way professionals work as business as usual. Many professionals have already adopted this approach and made the shift in practice but it is not universal. The public, individuals, families and carers can expect to experience this difference in the quality of conversation that precedes any decisions about health and care. There will always be limitations to choices around resourcing however the discussion on options should assist in ensuring the best options are identified within parameters that exist and that the individual has had a strong voice in the decisions.

Personalising Realistic Medicine 2019 further develops this concept for professionals to consider and is recognised this approach as a new way of thinking for people in Scotland. The desired shift supports building personalised approaches to care.

The health and care standards, my support, my life in Scotland came into effect in April 2018, these standards already dominant in social care settings were extended for application across health and social care. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to be upheld.

Self-directed support is underpinned by legislation and an implementation programme that aims to empower people who need support to exercise choice and control to meet their personal outcomes in participating fully in economic and social life.

Embedding this way of working is key for success in achieving positive outcomes for people.

The shift in public awareness that's required – "patient activation" etc – we each have an active part to play in protecting and maintaining our own health, and also in healthcare that the biggest role in recovery lies with ourselves, guided and supported by our health professionals.

Stretch Aim	Outcomes	Strategic Context
By 2024 Health and Social Care Moray will work with the public, people using services have the information, conversation and are empowered to be able to make their own decisions about how they live their life and what they want to achieve (realistic medicine) The health and social care workforce will be trained and developed to adopt the Partners in Care Approach ensuring confidence and ability to work in this way. HSC National care standards – embedded in all services by	**National Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected. Families and carers are included in the conversations and planning as routine when this is the preference of the individual. People have access to advocacy services as required **National Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services People experienced a rights based approach where they are mutual partners in care.	Personalising Realistic Medicine 2009 Keys To Life: A learn National Self Directed Support Strategy 2010 (under review) House of Care Scotland's Mental Health for All Strategy The Keys to Life: Scotland's Learning Disabilities Strategy 2013 Coming home: complex care needs and out of area placements 2018 Morays Mental Health for All Strategy 2016-2026

2024 Personalisation of care will be evident in all services, outcomes based assessments and individualised care planning.	Public knowledge and awareness / involvement of approach developing mutual understanding of the way we work. Palliative / end of life care/Anticipatory Care/Advanced Care established with people **National Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	Morays Carers Strategy Moray – Our Lives, Our Way 2013-2023 Part one of Human Rights Personalising Realistic Medicine 2019 National Care Home Executive

Enablers - supporting activities in delivery of ambitions

Stretch Aim	Outcomes	Strategic Context
DIGITAL & INFRASTRUCTURE Where appropriate and safe, infrastructure and digital health solutions will be provided "as locally as possible, as specialist as necessary"	People in Moray will have local access to routine appointments, reducing the need to travel long distances Attend Anywhere will is a routine option for the pubic when interacting with services where hands on care is not necessary.	National Digital Health and Social Care Strategy 2018 Capital and Asset Plans Moray Council and NHS Grampian Local Development Plan

Capital Financial Investment will be prioritised within Moray to ensure equity of access for a wide range of diagnostic and treatment services. Moray will be the choice area/ location where innovation, infrastructure and workforce are developed to offer a great place to live, work and play. People are developed, infrastructure is up to date and services are accessible. **WORKFORCE** BY 2024 the Moray workforce will be fully aware and confident in the practice of Partners in Care as an approach, understanding eh significance of working in this way, By 2024, all areas of the partnerships will be working within the principles of healthy working lives. 2024 a standard process will exist across Health and Social Care Moray for appraisal and	Patients and carers will not be subjected to health inequalities as a direct result of centralised services Co-location of appropriate services within a campus arrangement will be the norm. **National Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer Ensuring positive health, safety and wellbeing for staff. **Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide Part 1, 2 &3. The experience of staff working within the	National Health and Social Care Workforce Plan 2017/18 iMatter Programme Healthy Working Lives Programme

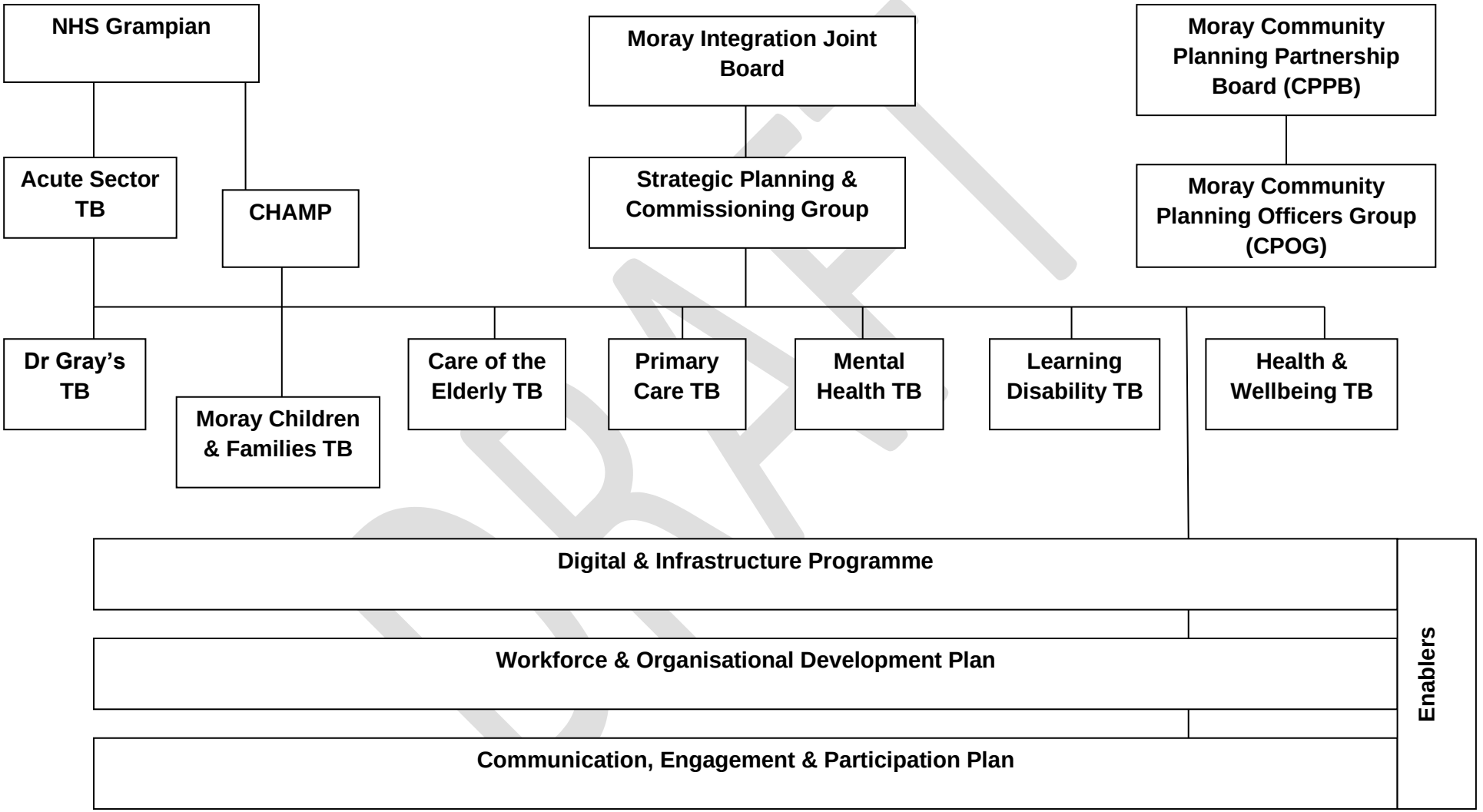
objective setting. By 2024 our iMatter compliance score will be 80% **COMMS/ENGAGEMENT AND PARTICPATION** By 2024 a refreshed approach will be in place at both a local and a Moray level with the aim of strengthening public engagement and participation. By 2024 through digital medium regular podcasts will exist to assist in engaging the public in supporting and contributing to the success of the Strategic intent.	organisation is well understood and mechanisms exist to support positive and effective team working People who use our services have an ability to express their interests and engage in the planning and delivery of future services. The public and our workforce are well sighted on the work of the partnership and feel engaged and able to influence decisions. The work of the MIJB and the partnership is visible.	

Children and Families Social Work Services and Criminal Justice Services

Moray Council have approved a proposal to delegate Children and Families/Criminal Social Work Services to the MIJB. The process of delegation will take some months and this is being progressed currently with NHS Grampian and MIJB. This will place all of Social Work services in the health and social care partnership further strengthening the opportunities to improve outcomes for children both in health and social care services and with the wider partners of the Community Planning Partnership.

Stretch Aim	Outcomes	Strategic Context
To complete the delegation process and revised Scheme of Delegation for the MIJB for the transfer of children's services and criminal justice services by Oct 2020.	Integrated health and social care services Improved outcomes for the children of Moray Integrated services Improved outcomes for those individuals and their families subject to the criminal justice system.	Getting It Right For Every Child Children and Young Peoples Act 2014 National Strategy for Community Justice 2016

Governance overview for Strategic Planning and Transformation



*TB – Transformation Board

Appendix 4

MORAY INTEGRATION JOINT BOARD

DRAFT MEDIUM TERM FINANCIAL FRAMEWORK

2019/20 – 2023/24

Introduction

In 2016 the Scottish Government, through legislation changed the way in which health and social care services were planned and delivered by introducing a single integrated system in creating Integration Authorities who would be responsible for funding in excess of £8 billion. This funding would previously have been managed by NHS Boards (approximately £5 billion) and Local Authorities (£3 billion). Early in 2016 the Moray Integration Joint Board (IJB) was formally established and became fully operational on 1 April 2016. The MIJB is funded through allocations made by NHS Grampian and Moray Council.

Moray IJB has set out its approach for transforming the health and care system over the long term in its Strategic Plan 2019-29 and has defined its priorities for the next five years through its Transformation Plan. The Strategic and Transformation Plans are underpinned by three Strategic Outcomes

BUILDING RESILIENCE – Taking greater responsibility for our health and wellbeing

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

PARTNERS IN CARE – Making choices and taking control over decisions

This Medium Term Financial Framework (MTFF) is designed to assist the Moray IJB from a planning perspective based on the totality of its financial resource across health and social care in meeting the needs of the people of Moray. It will support the delivery of the Strategic Plan within the context of the significant financial challenge being faced and the continuing pressure being driven by growing demand and complexity, higher costs and increasing expectations.

Inherent within the MTFF is a significant degree of uncertainty. Scottish Government funding settlements to our funding partners, Moray Council and NHS Grampian are currently on a one year only basis and have a direct impact on the funding to the Moray IJB. The MTFF sets out anticipated cost pressures and future funding projections based on planning assumptions and advice from our funding partners. This is an evolving model and it will be essential to refine and update at regular intervals.

Given the level of uncertainty and potential for variability, it is essential that the MIJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner over the course of this plan.

The main objectives of the MTFF are:

- To look to the longer term to help plan sustainable services, ensuring the financial resources are sufficient to support delivery of our strategic priorities.
- To provide a single document to communicate the financial context to all stakeholders and support partnership working
- The MTFF includes a five-year budget forecast that will be reviewed annually to ensure our strategic priorities remain the focus in a challenging financial climate.

National Context

The total Scottish Government budget for 2019/20 is £30.8 billion. Scottish Government continues to face the impact of the financial constraints placed on it through the UK government austerity approach and has received a £2 billion reduction in the discretionary block grant between 2010/11 and 2019/20.

There are 31 Integration Authorities established between 14 health boards and 32 councils across Scotland. 30 of the Integration Authorities are separate legal entities and operate through a body corporate Integration Joint Boards) and one area operates a Lead Agency model.

In May 2018, the Institute for Financial Studies and the Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years in order to maintain NHS provision at current levels and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities

There are numerous measures being used to monitor the local and national progress of Integration. The Scottish Government' Ministerial Strategic Group for Health and Community Care have identified six priority areas against which progress against integration is being measured:

- Acute Unplanned Bed Days
- Emergency Admissions
- A&E Attendances
- Delayed Discharge Bed Days
- End of Life Spent at Home or in the Community
- Percentage of 75+ Population in a Community or Institutional Setting

Integration Authorities are operating within a complex and changing environment where national issues are likely to have an impact on the services provided and how we deliver them locally. Some of the recent legislative changes impacting on integration authorities are:

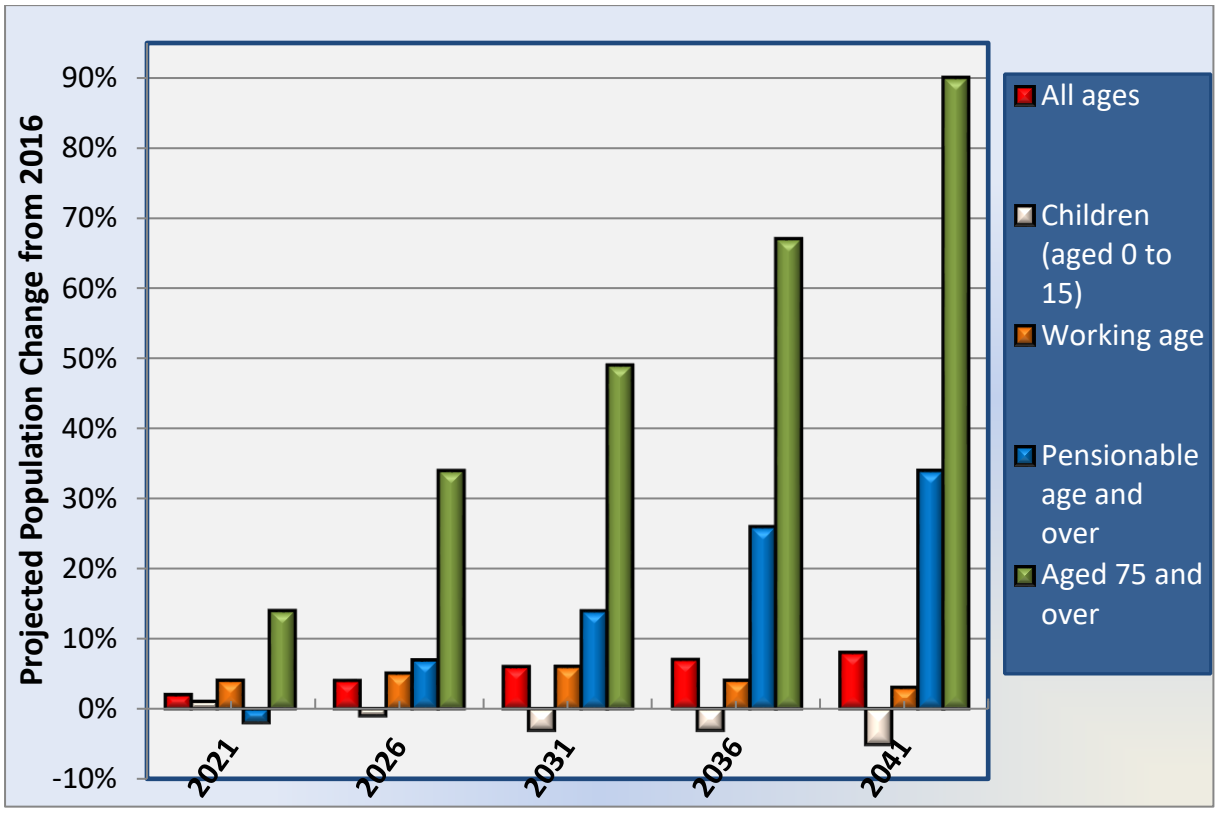
- **Free Personal Care for the Under 65's** – the Scottish Government has committed to the extension of Free Personal Care to those under the age of 65 who require it, regardless of condition. This became effective from 1 April 2019. This represents a significant change to how personal care is funded and is likely, over time to increase demand for personal care across Scotland.
- **Carers Act (Scotland) Act 2016** – This legislation came in to effect on 1 April 2018 and is designed to support the health and wellbeing of carers by supporting sustainability. It places a duty on Local Authorities to provide support for carers, based on the carer' identified needs which meet local eligibility criteria.
- **Scottish Living Wage** – there is a continued commitment from Scottish Government to support the payment of the Scottish Living Wage to improve people's lives and help build a fairer society.
- **Primary Care –** The Scottish Government has recognised the increasing demand and expectations being placed on our frontline services within primary care. In support of this and to ensure the current GP contract can be fully implemented, the Scottish Government has committed, through the Primary Care Transformation Fund additional investment of £250 million across Scotland by the end of this Parliament.

Withdrawal from the European Union (Brexit)

The greatest risk to the economic outlook is Brexit, with the general view that it is likely to have a long-term negative impact on the economy. At the time of writing, the UK are set to leave the European Union on 31 March 2019, marking the most significant change to the UK economy in over 40 years. Three years after EU referendum in the summer of 2016, much remains unclear about the relationship between the UK and the EU. In addition to potential significant reduction in Scotland's GDP, it is likely to impact on our supply chains and labour markets. Close observation and interpretation will be required in order to reflect the emerging impact through this financial framework.

Moray Context

Moray's population has grown significantly in the past 20 years from 87,160 in 1997 to an estimated 95,520 in 2018; an increase of 9.6%. The population of Moray is growing faster than the national rate, and has experienced the 11th highest rate of growth amongst the 32 Scottish local authorities. In addition to this growth the demography has also changed markedly over the past 20 years. The most significant population growth over the next two decades is projected to occur amongst older adults. This will have a significant impact on demand for our services and creates a challenging environment in which to operate whilst transforming our services. The table below sets out projected population growth based on a 2016 baseline.[1] There is a projected reduction in children, limited change in the working age population, but significant growth in adults of pensionable age, including a near doubling of those aged 75 and over by 2041. The graph below illustrates the % change expected across the main population groups.



[1] https://www.nrscotland.gov.uk/files//statistics/population-projections/sub-national-pp-16/tables/pop-proj-principal-2016-all-tabs.xlsx

Intrinsic to the MTFF is the reality of increasing growth and demand and our ageing population in the context of associated financial resources that are not increasing at the same level to enable this demand to be met. It is important to stress that a 'do nothing' approach is not an option and the Moray IJB needs to consider what can safely be delivered. To do this we must work together to deliver both a balanced budget, whilst continuing to deliver accessible, high quality and safe services.

This MTFF will be updated as the Strategic Plan is embedded; allowing our local systems to develop plans within the overall, agreed financial position and alongside service and workforce considerations.

During 2018/19, a Strategic Needs Assessment (SNA) was produced to inform and support the production of the Strategic Plan for 2019 and beyond. The SNA was developed through a short-life working group comprising of representatives from Health and Social Care Moray, The Moray Council, the Moray Health and Wellbeing Forum, NHS Information Services Division Scotland, and NHS Grampian. The SNA focused on the collation and analysis of data from a range of sources to inform the identification of priorities, and subsequent decision-making regarding service provision, ensuring the views of wider stakeholders were captured through the Moray Health and Wellbeing Forum. The SNA highlighted nine areas to be considered:

- **Health Inequalities** - there are continuing inequalities in health status across Moray, with an evident association between level of neighbourhood affluence and morbidity and mortality.

- **Ageing Population** - the population is predicted to continue ageing, with a growing proportion represented by adults over the age of sixty-five, and growing numbers of adults aged over eighty, with implications for increasing morbidity.

- **Chronic Disease & Multi-Morbidity** - Significant demand for health and social care services arise from chronic diseases and a growing proportion of the population is experiencing more than one condition ("multi-morbidity").

- **Mental Health** - there is significant morbidity and mortality due to mental health related issues.

- **Lifestyle** - there is significant morbidity and mortality due to lifestyle exposures such as smoking, alcohol and drug misuse

- **High Resource Individuals** - a small number of individuals require half of healthcare spending.

- **Access** - Moray is characterised as remote and rural, and there are significant access challenges for some in the population to access health services.

- **Carers** - care activity is highly demanding of informal carers, and there is evidence of distress in the informal carer population.

- **Military and Veteran Population** - Moray's military and veteran population constitute a significant group, requiring both general health services and specific services.

In response to the SNA, the Moray IJB Strategic Plan has been developed and sets the direction and approach to prevention in addressing what is required in order to build resilience in individuals and communities to be able to maximise their health and wellbeing potential whilst ensuring services are available and fit for purpose when required.

Financial Context

The MTFF Framework seeks to support the understanding surrounding the financial climate within which the MIJB will operate in over the medium term. There are wide-ranging factors which encompass the complexity that impacts on the financial pressures of the MIJB.

Moray IJB Use of Resources to Date

	Expenditure 2016/17 £000's		Expenditure 2017/18 £000's		Expenditure 2018/19 £000's
Community Services (inc Community Hospitals)	16,342		16,173		16,181
Learning Disabilities	12,515		14,325		12,878
Mental Health and Drug & Alcohol	8,508		9,043		9,380
Care Services provided in-house	13,047		13,427		14,427
Older People, Physical & Sensory Disability	19,015		19,570		21,361
Residual Commissioned Care	1,484		1,158		1,890
Admin & Management	2,703		2,569		2,467
Primary Care Prescribing	17,304		17,844		17,354
Primary Care Services	14,890		15,085		15,498
Hosted Services	3,681		4,061		4,175
Out of Area	525		658		651
Improvement Grant	930		787		795
Total Core Services	**110,944**		**114,700**		**117,057**

Financial Projections

	2020/21	2021/22	2022/23	2023/24
	£'000	£'000	£'000	£'000
Estimated Outturn 2019/20	**120,471**			
		124,328	**128,284**	**132,354**
Budget Pressures				
Pay Inflation	1,365	1,392	1,433	1,476
Contractual Inflation	1,126	1,167	1,209	1,253
Demographic Growth	675	702	730	759
Transitioning Children	550	550	550	550
Prescribing	120	124	127	131
Legislative	21	21	21	21
Revised Pressure				
Total Budget Pressures	**3,857**	**3,956**	**4,070**	**4,190**
Estimated Budget Required	**124,328**	**128,284**	**132,354**	**136,544**
Estimated Funding (Medium Case)				
NHSG	77,278	79,132	80,724	82,355
MC	40,301	40,301	40,301	40,301
SG	2,227	2,233	2,239	2,245
	119,806	**121,666**	**123,264**	**124,901**
Resultant Budget Shortfall	**4,522**	**6,618**	**9,090**	**11,643**
Recovery & Transformation Programme	**- 4,522**	**- 6,618**	**- 9,090**	**- 11,643**
Residual Shortfall	**0**	**0**	**0**	**0**

Recovery and Transformation Programme

Since the Moray IJB became operational in 2016, the necessity to achieve savings has been a continuous consideration. The realisation of savings within a health and social care system experiencing rapid growth and pressure to drive forward change at a pace are difficult to deliver without de-stabilising the system. The efficiencies achieved to date by the Moray IJB, have in many respects been made by removing financial resource from the small percentage of services where there is no statutory requirement to deliver. The risk to approaching savings in this way is that it is an extremely short-term measure. There is evidence to show that by reducing and removing service provision in areas where the level of need would be assessed as low or preventative only results in individuals entering the system at a point in time with an assessed need that is higher and more costly. The approach of behind the Strategic Plan 2019-29 is to consider our future health and care services in collaboration with our Partners and stakeholders over the long term. Whilst there is always a place for striving to achieve savings and efficiencies using what could be considered to be more 'traditional' methods, the challenges we face determines the need for a more meaningful and pragmatic approach to be taken. The Recovery and Transformation programme consists of the following:

	2020/21	2021/22	2022/23	2023/24
Transformation Plan	-1,672	-2,918	-5,740	-5,393
Recovery Plan & Efficiencies	-2,850	-2,700	-1,350	-1,250
Set Aside		-1,000	-2,000	-5,000
Total Recovery and Transformation	**-4,522**	**-6,618**	**-9,090**	**-11,643**

Transformation Plan

This plan will seek to drive shifts in the way we work, driving out any residual efficiencies that can be achieved through:

- Prioritising prevention methods by contributing to population level support as partners in the Community Planning Partnership supporting individual and community resilience in pursuit of good health and wellbeing.

- Positive integrated working, agile teams working together with community groups to optimise the resources available and minimise the need for duplication of effort.

- Admission avoidance and no inappropriate delays in relation to hospital admissions, ensuring individual opportunities to maintain their independence is optimised.

- Reducing demand on institutional care by taking a strength-based approach to assess the potential of individuals and their surroundings in pursuit of personalised care approaches.

- An extensive focus on mental wellbeing and appropriate community based, inclusive activities for those experiencing mental illness.

- Strong partnership with housing to ensure appropriate housing options supporting people' ability to stay at home.

- Establishing a new model of care in between that is based around rehabilitation and enablement models of care to again ensure people have the best chance to stay at home and independent.

- Consideration of our palliative/end of life models of care agreeing a range of options as local as possible, including home and an appropriate institutional environment when needed.

- Having the right conversations with individuals, families and carers to ensure the right action is taken, respecting their right to have choice and control over the options available to them.

- The use of technology enabled care and digital solutions in enhancing people's lives, enabling greater self-management, and supporting safety and to change the way we work and interact with people.

Recovery Plan

The Moray IJB Integration Scheme sets out that in the event of an overspend being forecast, the Chief Officer and Chief Financial Officer of the IJB must agree with the Partners a financial recovery plan to balance the overspending position. In 2018/19, it became necessary for the Moray IJB to develop and agree such Recovery Plan. The Recovery Plan is currently an integral part of the budget process and is progress is reported at regular intervals. As we progress in delivering our Strategic Plan 2019 – 29

	2020/21	**2021/22**	**2022/23**	**2023/24**
	£ 000's	£ 000's	£ 000's	£ 000's
Mental Health Strategy – Phase 4	300			
In-House Provided Care	200	200		
Community Hospital Redesign	100	100		
Externally Commissioned Services	400	300	500	600
GP Prescribing – Medicines Management	250	250	250	250
Moray Alliance	500	750		
Slippage on Strategic Funds	1,000	1,000	500	300
Accountancy driven efficiencies	100	100	100	100
Total Projected Savings	**2,850**	**2,700**	**1,350**	**1,250**

Set Aside

Work is progressing in examining the delegated unscheduled pathways pan-Grampian, with the aim of supporting the ongoing desire to shift unplanned care to a planned care approach. Pan-Grampian cross system groupings are in place to support this process and to consider change that can be achieved at scale across the Grampian area and in some circumstances the North of Scotland.

Locally, an emphasis will be placed on the Strategic Planning & Commissioning Group and its Transformation Boards to identify opportunities from within their planning that may contribute to a case for change where interventions developed locally have the potential to have a substantial impact on the people we serve and the overall system of care.

Delivering the Strategic Plan/ Planned Use of Resources

	2020/21	2021/22	2022/23	2023/24
	£'000	£'000	£'000	£'000
Medium Case Scenario	**119,806**	**121,666**	**123,264**	**124,901**
Health & Wellbeing	5,990	7,300	8,628	9,992
Mental Health , Drug & Alcohol	9,345	9,490	9,615	9,742
Older People, Physical & Sensory Disability	20,367	20,440	20,832	19,984
Learning Disability	13,886	14,357	14,792	15,363
Primary Care	15,814	16,668	17,134	17,486
Prescribing	17,971	18,250	18,490	18,735
Hosted Services	4,073	4,137	4,191	4,247
Community Services (inc Community Hospitals)	14,377	13,383	12,326	11,866
In-House Provided Care	13,179	12,775	12,326	12,490
Admin & Management	2,396	2,433	2,465	2,498
Other	2,408	2,433	2,465	2,498
Total Use of Resource	**119,806**	**121,666**	**123,264**	**124,901**

Description of Major Services Areas

Health & Wellbeing
Major emphasis on building resilience and positive population health

Mental Health and Drug & Alcohol
Emphasis on the future, modern mental health services in Moray and a focus on closing the gap, “no wrong door” for those experiencing co-existing mental health, drug and alcohol issues.

Older People and Physical & Sensory Disability
Emphasis will be on delivering services that support independence and the HOMEFIRST approach. Treatment should be delivered as local as possible and as specialist as necessary. Focus on wider determinants and strengths of the locality to support its older people.

Learning Disability
Emphasis on optimisation of individuals’ potential to achieve great things, with no inequalities of outcome as a result of a disability.

Primary Care
Working with the public to explore the changing nature of primary care and the way the public interact with the various providers. Establishing Multi-Disciplinary Teams and developing this approach to working. Optimising the range of support available and expanding the interventions available through different ways of working. Use of attend anywhere to shift the way in which the public are required to interact with professionals.

Prescribing
Prescribing is the cost of drugs prescribed by Moray GP’s to patients. Expenditure is impacted on by a complex range of factors including how long drugs are patented, the availability of certain drugs, individual expensive drugs and increasing community-based care. There are a range of measures in place across Grampian to ensure prescribing is as efficient and effective as possible through. Through effective medicine management we are striving to ensure efficiency in this area.

Hosted Services
Review the models of care in particular the Grampian Medical Emergency Department (GMED) as the current model is not sustainable. Plans are in development to take forward a pan-Grampian system wide strategic review with the aim of supporting an alternative approach.

Community Services (including hospitals and nursing)
To be considered in the context of the pathways of care particularly those of the frail elderly and to be planned in line with the local Multi-Disciplinary Team changes to optimise the use of resources around the local population**.**

In-House Provided Care
Large are of care likely to continue to experience significant demand, to be considered alongside alternative methods of providing care to people at home.

Risk and Sensitivity Analysis

The MTFF is a financial model based on the best available planning assumptions at the time and accordingly, has related risks associated with it. The main risks associated with this framework are:

- Impact of IJB decisions on Partner bodies and Partner body decisions on the IJB.
- Failure to identify a future budget pressure
- Under estimation of the cost pressures
- Under estimation of demand pressures
- Public expectation of delivered services
- Over /under estimated impact of local and national factors
- Failure to accurately forecast income sources

It is important that the Moray IJB is aware of these risks in determining its appetite to risk as it considers its Strategic Plan. The Moray IJB recognises strategic risks through its Risk Register. This is used to ensure that significant risks are identified and mitigating actions are effective in reducing these risks to an acceptable level.

Sensitivity Analysis is used to test the major assumptions being made and what the implications would be, should those assumptions change. The Financial Projections outlined in this framework are based on what is determined to be a medium case scenario for future funding. Sensitivity analysis is required in the event of funding being more favourable or otherwise. In addition to the funding element, there are risks aligned to other assumptions made in the framework around future budget pressures for the IJB. The table below also sets out analysis on the potential impact of estimated funding required based on variations to the budget pressure assumptions being made. The best case scenario assumes that future budget pressures are reduced by 5% and in the worst case, increased by 5%. The estimated funding from the partners is based on the most recent information available. The impact of improved funding ranges between 0.3% and 2.1%, dependent on year and the impact of potential reduced funding ranges between 2.4% and 5.6%. A summary is provided:

Sensitivity Analysis				
Best Case Scenario	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Estimated Funding required	124,135	127,893	131,761	135,742
Best Case Funding	120,169	122,029	124,740	127,524
Resultant Budget Shortfall	**- 3,966**	**5,864**	**7,021**	**8,218**
Recovery and Transformation Plan	**- 4,522**	**- 6,618**	**- 9,090**	**- 11,643**
Budget Surplus	**- 8,488**	**- 754**	**- 2,069**	**- 3,425**
Worst Case Scenario				
Estimated Funding required	124,521	128,674	132,949	137,349
Worst Case Funding	116,906	115,955	116,889	117,836
Resultant Budget Shortfall	**7,615**	**12,719**	**16,060**	**19,513**
Recovery and Change Plan	**- 4,522**	**- 6,618**	**- 9,090**	**- 11,643**
Residual Shortfall	**3,093**	**6,101**	**6,970**	**7,870**

The scenarios demonstrate the degree of variation that can occur within the framework. The framework is based on the best available assumptions at this time. It is important to keep the financial framework under review as part of the Moray IJB's annual budget setting process and updates will be required to reflect the latest information an assist in our financial planning processes.

Moray Integration Joint Board/Health and Social Care Moray
Strategic Change and Service Improvement Framework
September 2019

1 Introduction

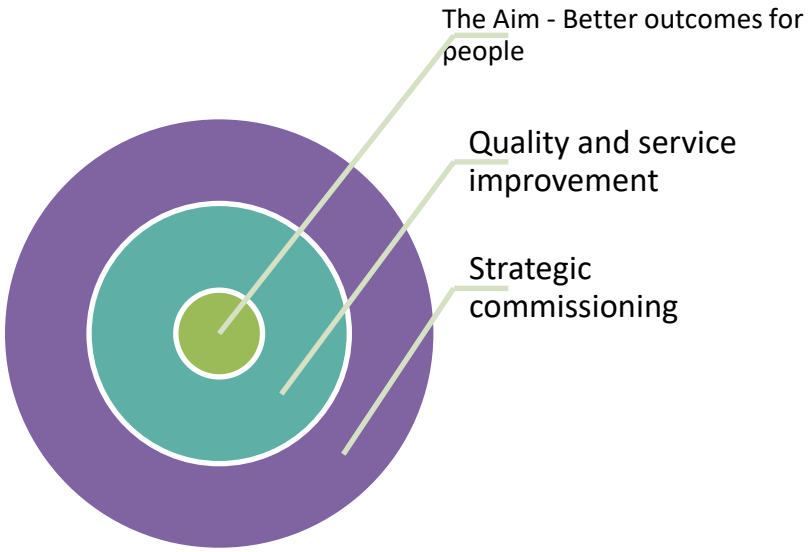
This framework has been prepared by Health and Social Care Moray. It describes our arrangements and practices when working on strategic change and service improvement. It has been developed by a group of staff in Health and Social Care Moray who are engaged in service improvement, strategic planning and commissioning, and who play a crucial role in ensuring that we instigate and implement change successfully. The project to develop the framework was undertaken in 2019 and was supported by the Institute of Public Care at Oxford Brookes University (IPC). It comprised a series of individual and group meetings to develop the framework, informed by learning sets and case studies to test the relevance of the framework on live projects.

2 Basic principles

We use two complementary and closely linked approaches to developing and implementing changes in our services.

- We use a **strategic commissioning approach** to help us manage major strategic redesign or reshaping of services to better meet the needs of our population.
- We use a **quality and service improvement approach** to help us continuously improve the effectiveness and impact of our existing services.

Their relationship is summarised in the diagram below:



Both approaches are crucial to ensuring we have a systematic approach to change, and they both draw on a common cycle of activities to ensure that our work is of consistent quality and is understandable to those affected:

3 Strategic commissioning approach

We are committed to using a systematic strategic commissioning approach when we need to undertake major redesign or we need to reshape our services to better meet the needs of our population. This is in line with Scottish Government policy which states that:

'Strategic commissioning is the fulcrum around which the future planning and aspirations of the local partnerships to meet the outcomes of the local populace will be set. Thorough analysis of joint strategic needs can identify population need, meaning services can be reshaped to meet needs more closely now and in the future. That gives services, in partnership with service providers, the space to innovate and inspire and to more effectively target resources at prevention.

Strategic commissioning is crucial for ensuring that needs are met efficiently and equitably. The development of robust processes will be required in order to defend the shift in resources implied by reshaping the balance of care. Partnerships are well placed to do this, but it can only happen in any significant way with sound strategic commissioning.'[1]

We define our approach to strategic commissioning and planning as working together to secure the best possible health and care outcomes for our population through systematic analysis, planning, implementation and review of needs and services. We think this is the most effective way of making sure we use our resources for the best possible benefit of the people of Moray. Without it we may rightly be criticised for being ineffective, developing services without proper consideration or being thoughtless about the needs of different parts of the population. We expect every major strategic commissioning project to involve some or all of the following elements

Stage	Activities
Analyse	▪ An analysis of the needs of the relevant population including the views of service users, patients and carers ▪ An analysis of the relevant resources available to Moray and partners to meet these needs ▪ An analysis of the legal and policy context ▪ An analysis of existing services, their quality and impact
Plan	▪ A commissioning plan drawing on the analysis to identify changes needed in the design and distribution of services in the future ▪ A business case which justifies the commissioning plan and considers the potential impact of changes
Implement	▪ A plan developed with service providers, patients, users and carers on how changes will be implemented ▪ Revised service plans, market position statement and contracts with providers
Review	▪ A framework for measuring the impact of services on the population and arrangements for monitoring them ▪ Regular impact and activity reports covering all key priorities for the strategy

We expect this approach to be applied whenever we need to consider a major area of service change, or we need to plan new services, or we need to review the effectiveness of existing services. Our default position is that wherever Health and Social Care Moray staff are involved in a major project which may have implications for the future design and delivery of services, they should ensure that this approach is used. This might be, for example:

- When contributing to national reviews of health or care services.

[1] Scottish Govt (2015) Strategic Commissioning Plans Guidance.

- When working with partners and in alliances on regional projects.
- When developing service and business plans for areas which require strategic change.
- When revising major locality or service pathways to secure better health and care for local populations

We also expect that the following principles underpinning our strategic commissioning approach will be applied:

- We focus on holistic patient and client group needs – and are not limited to existing services or boundaries.
- We encourage our people to be creative and to exercise careful judgement about the relative risks of service change, the degree of innovation needed, the cost of change and the impact it will have on the wellbeing of the people of Moray.
- We particularly value proposals for change which are based on a clear evidence base.
- Our strategic commissioning plans drive procurement, quality and service improvement and market and service development, which are all equally important in delivering effective outcomes for our population.
- We use the strategic commissioning framework as the basis for our on-going dialogue with service users/carers, case/care managers, service providers and the third sector.
- We work together in co-productive partnership with patients, service users, carers, professionals and other agencies and to ensure that our plans and the changes they require are sensible, realistic and most likely to deliver better outcomes for our population.

4 Quality and service improvement approach

We are also committed to a systematic approach to ongoing quality and service improvement. This complements our strategic commissioning approach by focusing in particular on continuously improving existing services at individual, team and service levels. This fits with what Health Improvement Scotland[2] describe as a combination of:

- *'…work to redesign systems, services and processes which enable people to receive the right support and care, in the right place, at the right time while also reducing harm, waste, duplication, fragmentation and inappropriate variation.*
- *…the development of cultures of continuous quality improvement so that every person working in health and social care is engaged in the work of improving their day to day practice.*
- *…a person-centred, evidence and data informed approach with the systematic application of design methodologies, quality improvement methodologies and relational change management (improving outcomes through relationships).'*

[2] Health Improvement Scotland (2017) Enabling Health and Social Care Improvement

There are many different methodologies used to support quality and service improvement in different parts of the health and care sectors, and we will always seek to use the methods best suited to the situation we want to improve. Overall though we expect the methods we use to help us to secure improvement through an approach which, like strategic commissioning, is based on a systematic combination of analysis, planning, implementation and review activities. So, for example, we expect some or all of the following activities:

Stage	Activities
Analyse	▪ An analysis of the needs of the people effected by the service ▪ The views of service users, patients and carers about what improvements are needed ▪ An analysis of the relevant resources available to Moray and partners to meet these needs ▪ An analysis of existing services, systems and processes, their quality and impact on the population concerned ▪ An analysis of the options for future services and systems which might be available to improve outcomes for people
Plan	▪ An improvement plan for systems, services processes and practices to have a positive impact on outcomes ▪ A business case which justifies the improvement plan and considers the potential impact of changes
Implement	▪ An implementation plan developed with service providers, patients, users and carers on how changes will be implemented ▪ Revised protocols, service arrangements, quality standards, review arrangements, training or supervision which will ensure the improvement plan is successful
Review	▪ A framework for measuring the impact of the improved service or arrangement and systems and arrangements for monitoring them ▪ Regular impact and activity reports analysing the effectiveness of revised arrangements

We expect this approach to be applied whenever we need to improve the effectiveness of our existing services or systems. Our default position is that wherever Health and Social Care Moray staff are involved in a project which may have implications for the improvement of local systems, activities or staff practices, they should ensure that this approach is used. This might be, for example:

- When responding to service inspections or reviews
- When working with partners and in alliances on regional projects to improve care pathways.
- When developing service and business plans for areas which require local improvements.

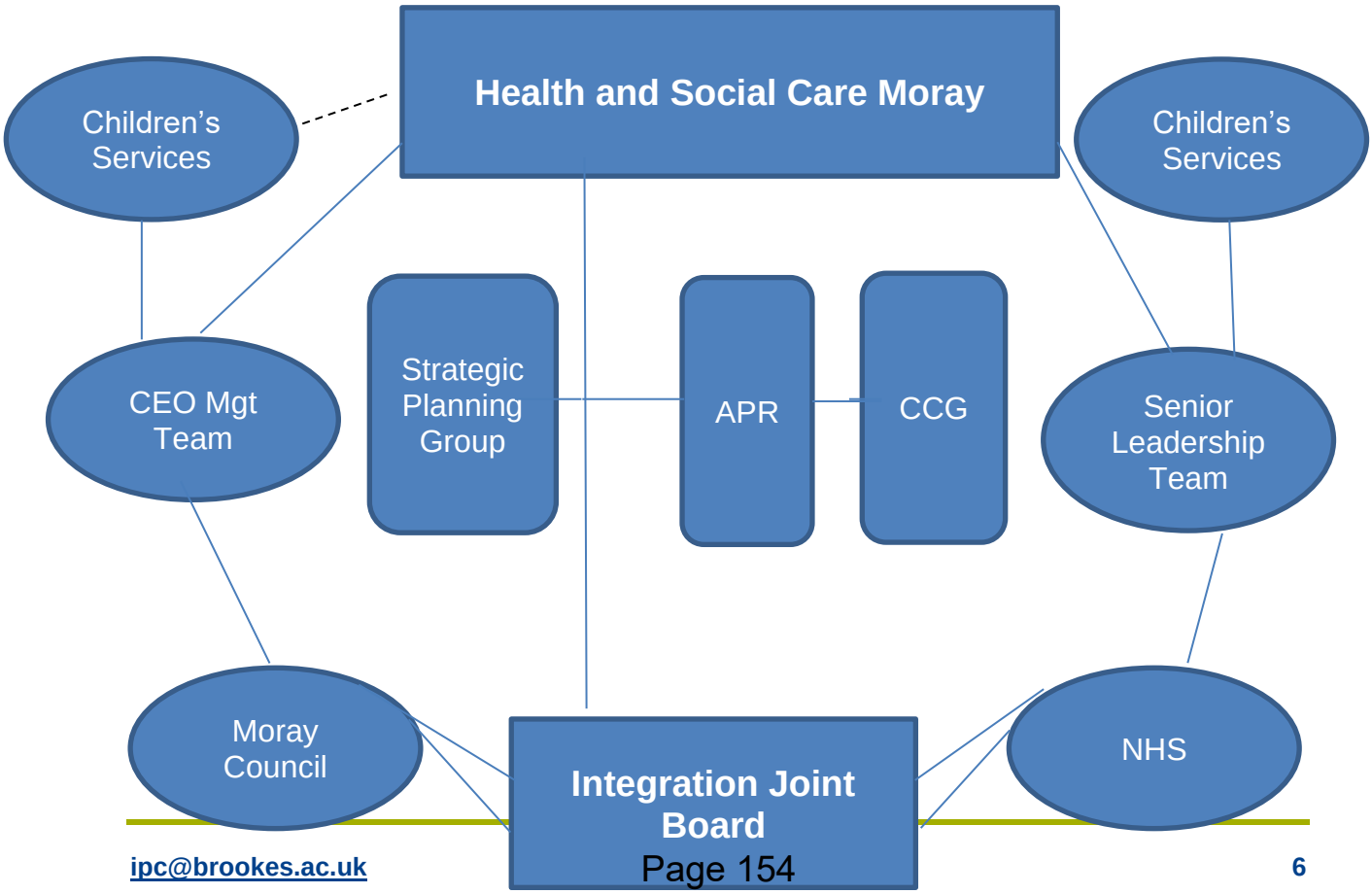
- When responding to service user, patient or carer feedback to improve care.

We also expect that the following principles underpinning our quality and service improvement approach will be applied:

- We focus on holistic patient and client group needs – and are not limited to existing services or boundaries.
- We encourage our people to be creative and to exercise careful judgement about the relative risks of quality and service improvement, the degree of innovation needed, the cost of change and the impact it will have on the wellbeing of the people of Moray.
- We will particularly value proposals for improvement which are based on a clear evidence base.
- Our improvement plans inform wider strategic commissioning activities, which are all equally important in delivering effective outcomes for our population.
- We work together in partnership with patients, service users, carers, professionals and other agencies and to ensure that our improvement plans and the changes they require are sensible, realistic and most likely to deliver better outcomes for our population.

5 Governance

We want to make sure that we continue to get better at managing our strategic commissioning and improvement activities, and that all of our development projects are well co-ordinated and timely. We therefore have a governance framework which tries to ensure this and helps us to address problems or grab opportunities when they arise. Our basic governance arrangements are:



Ultimately the Moray Integration Joint Board is responsible for agreeing any major strategic commissioning through the use of Directions to the NHS and the Council. Service improvement projects on carried out by the partnership Health and Social Care Moray has the oversight of the MIJB and is driven under the policies of the NHS and the Council, as well as ensuring that the approach taken to their development and implementation has been effective and systematic. On their behalf, the Moray Strategic Planning and Commissioning Group oversees the overall programme of strategic commissioning and service improvement each year and assures itself that meet the required standards. For any strategic project to be effective it needs to be clear about the following from the beginning and throughout its life:

- Focus and purpose of the project
- Governance and leadership arrangements for the project
- Staff and resources involved
- Key stakeholders concerned and steering and reference groups involved
- Key activities and products required
- Timescales and contingencies for the project

Details of all these need to be accepted by the governing body for the project before the project begins, and they need to be reviewed and updated regularly. The Programmes and projects such as the Moray Transformation Programme and the Moray Alliance are accountable to the Board and Group.

6 Roles and Skills

We expect all major strategic commissioning and planning projects to need a team-based approach involving people with a wide range of different skills. We think that the Scottish Government guidance on learning and development for joint commissioning is a good starting point for identifying the right team for any project.[3] It

[3] Scottish Government (2012) Joint Strategic Commissioning Learning Framework

identifies four different key roles as follow:

At the outset strategic commissioning and improvement projects should use this framework, and the detailed guidelines on roles and responsibilities in it to design an effective team to deliver the project. Projects should be appropriately resourced to ensure they can deliver on their intentions.

September 2019