Moray Integration Joint Board

Thursday, 24 November 2022

Council Chambers

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board, Council Chambers**, **Council Office, High Street, Elgin, IV30 1BX** on **Thursday, 24 November 2022** at **09:30** to consider the business noted below.

AGENDA

1.	**Sederunt**	
2.	**Declaration of Member's Interests**	
3.	**Minute of meeting of 29 September 2022**	**5 - 10**
4.	**Action Log - 29 September 2022**	**11 - 12**
5.	**Dr Grays Hospital Strategy Report**	**13 - 20**
6.	**Chief Officer Report**	**21 - 28**
7.	**Moray Integration Joint Board Revenue Budget Qtr 2 2022-23 Report**	**29 - 54**
8.	**Home First in Moray Report**	**55 - 60**
9.	**Home First Discharge to Assess Report**	**61 - 68**
11.	**Moray Integration Joint Board Meeting Dates 2023-24**	**69 - 74**
12.	**Public Sectors Climate Change Duties Reporting 2021-22**	**75 - 88**
13.	**Strategic Plan Report**	**89 - 124**

14.	**Moray Winter Surge Action Plan 2022-23**	**125 - 164**
15.	**Delegation of Children and Families and Justice Social Work to MIJB Report**	**165 - 258**
16.	**Moray Annual Performance Report 2021-22**	**259 - 310**
17.	**Health and Social Care Moray - Annual Complaints Report 2021-22**	**311 - 336**
18.	**Civil Contingencies Resilience Assurance Report**	**337 - 352**

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Dennis Robertson (Chair)

Councillor Tracy Colyer (Vice-Chair)
Professor Siladitya Bhattacharya (Voting Member)
Mr Derick Murray (Voting Member)
Mr Sandy Riddell (Voting Member)
Councillor Peter Bloomfield (Voting Member)
Councillor John Divers (Voting Member)
Councillor Scott Lawrence (Voting Member)
Professor Caroline Hiscox (Ex-Officio)
Mr Roddy Burns (Ex-Officio)

Mr Ivan Augustus (Non-Voting Member)
Mr Sean Coady (Non-Voting Member)
Ms Karen Donaldson (Non-Voting Member)
Ms Jane Ewen (Non-Voting Member)
Mr Stuart Falconer (Non-Voting Member)
Mr Graham Hilditch (Non-Voting Member)
Dr Paul Southworth (Non-Voting Member)
Mrs Val Thatcher (Non-Voting Member)
Mr Simon Bokor-Ingram (Non-Voting Member)
Ms Sonya Duncan (Non-Voting Member)
Ms Deborah O'Shea (Non-Voting Member)
Mr Neil Strachan (Non-Voting Member)

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

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 29 September 2022

Council Chambers, Council Office, High Street, Elgin, IV30 1BX

PRESENT

Mr Simon Bokor-Ingram, Councillor Tracy Colyer, Councillor John Divers, Mr Stuart Falconer, Councillor Scott Lawrence, Mr Derick Murray, Ms Deborah O'Shea, Mr Sandy Riddell, Mr Dennis Robertson, Mrs Val Thatcher

APOLOGIES

Mr Ivan Augustus, Professor Siladitya Bhattacharya, Councillor Peter Bloomfield, Mr Roddy Burns, Mr Sean Coady, Ms Karen Donaldson, Ms Sonya Duncan, Ms Jane Ewen, Mr Graham Hilditch, Professor Caroline Hiscox, Ms Jane Mackie, Dr Paul Southworth, Mr Neil Strachan

IN ATTENDANCE

Also in attendance at the meeting were Mr Jamie Fraser, Project Manager, Mr Iain Macdonald, Locality Manager, Ms Alison Morrison, Records Manager, Ms Carmen Gillies, Interim Strategy and Planning Lead, Ms Trish Morgan, Service Manager and Mrs Tracey Sutherland, Committee Services Officer.

Mrs Sheila Brumby was also in attendance at the meeting as substitute for Mr Graham Hilditch.

1. Chair

The meeting was chaired by Councillor Tracy Colyer.

2. Declaration of Member's Interests

The Board noted that there were no declarations of Member's interests.

3. Thanks to Staff

The Board joined the Chair in thanking all staff within Health and Social Care Moray for the selfless care they have given patients and clients alike and this included all staff in the statutory, independent and third sector organisations.

4. Tribute to Ms Jane Mackie, Head of Service

The Board, in noting that this is the last meeting of the Board prior to the Chief Social Work Officer, retiring from the Council, joined the Chair in paying tribute to Mrs Jane Mackie, for her contribution to the delivery of health and social care services in Moray and wished her well for a long and happy retirement.

5. Minutes of meeting of 30 June 2022

The minute of the meeting of the Moray Integration Joint Board on 30 June 2022 were submitted and approved subject to additional wording being added to paragraph 5 of the minute to state that there were now 2 voting members from each organisation on the Clinical and Care Governance Committee.

6. Action Log - 30 June 2022

The Action Log of the meeting of 30 June 2022 was discussed and updated accordingly.

7. Membership of Board and Committees

A report by the Corporate Manager informed the Board of changes to Membership. This is due to the requirement for the Chair and Vice Chair positions on the Board to rotate between NHS Grampian and Moray Council.

Following consideration the Board agreed:

i) to note the Chair and Vice Chair are due to rotate on 1 October 2022;

ii) Councillor Scott Lawrence will be appointed Chair of Audit Performance and Risk (APR) Committee; and

iii) to note the change of NHS Grampian Staff Representative Stakeholder member.

8. Chief Officer Report

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

Mr Riddell sought a briefing for members on the Board in relation to the recruitment pressures faced by the Board, including what initiatives are working and what is not.

In response, the Chief Officer confirmed that a report on recruitment and retention could be presented to a future meeting of the Board.

Following consideration the Board agreed:

i) to note the content of the report; and

ii) that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, with a focus on key objectives as we remobilise from the covid pandemic, along with a look ahead as we continue to develop our strategic planning.

9. Revenue Budget Quarter 1 2022 - 23

A report by the Interim Chief Financial Officer updated the Board of the current Revenue Budget reporting position as at 30 June 2022 for the MIJB budget.

Following consideration the Board agreed to:

i) note the financial position of the Board as at 30 June 2022 is showing an overall overspend of £692, 246;

ii) note the progress against the approved savings plan in paragraph 6 and update on Covid-19 in paragraph 8;

iii) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council and NHS Grampian for the period 1 April to 30 June 2022 as shown in Appendix 3; and

iv) approve for issue, the Directions arising from the updated budget position shown in Appendix 4.

10. Locality Planning Update

A report by the Head of Service informed the Board of the work done to date on locality planning.

Following consideration, the Board agreed:

i) note the progress made on locality plans since the previous report on 31 March 2022;

ii) that the Board makes an application to the various national performance bodies so that future data sets are provided on a locality level where possible; and

iii) to note that further reports will be brought to the MIJB as specific decisions are required.

11. Refugee Funding for Health Assessment Team

A report by the Interim Strategy and Planning Lead informed the Board of the outcome on recommendation of an options appraisal commissioned to identify the most appropriate delivery mechanism for providing primary care health services, including General Medical Services (GMS) provision (provision of essential GP medical services), to Ukrainian Displaced Persons (UDP)s within the Grampian area. Reports will be submitted to all three IJBs for approval of funding for a Pan-Grampian response.

The Interim Strategy and Planning Lead updated the Board to confirmed that the funding package had been agreed at the meeting of Moray Council on 28 September 2022, which results in no financial risk to the Board.

Following consideration, the Board agreed to:

i) approve the expenditure of £63,854 for the provision of initial health assessment for Ukrainian Refugees (as part of a pan Grampian response); and

ii) note current sped to date circa £43,000, with Moray's proportion to be £8,649.87.

12. Health and Social Care Moray - Integrated Workforce Plan 2022 - 2025

A report by the Service Manager presented the Board with the draft Integrated Workforce Plan.

Following consideration, the Board agreed to:

i) approve in principle the Draft Integrated Workforce Plan content and structure;

ii) delegate authority to Officers to amend and update the plan in accordance with anticipated feedback from Scottish Government; and

iii) authorise the publication of the plan by end October 2022, as per the request from the Scottish Government.

13. Records Management Plan Progress Update Report

A report by the Records and Heritage Manager and Data Protection Officer informed the Board of the Progress Update Review (PUR) invitation and acknowledge the updated Elements of the Board’s Records Management Plan (RMP). These updated Elements will be submitted to the Keeper, National Records of Scotland (NRS), before the 31 October 2022 deadline.

Following consideration, the Board agreed to:

i) note the updated Elements; and

ii) approve the updated Elements to National Records of Scotland.

14. Members Expenses

A report by the Interim Chief Financial Officer informed the Board of amendments to the policy for re-imbursement of expenditure incurred by individual discharging their duties in relation to Moray Integration Joint Board.

Following consideration, the Board agreed to note the changes made to the Members' Expenses Policy (Appendix 1).

MEETING OF MORAY INTEGRATION JOINT BOARD

Thursday 29 September 2022

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 24 NOVEMBER 2022
1.	Lossiemouth Locality Community Engagement	Final report to be submitted summarising the outcomes of the public consultation and seeking agreement to proceed with recommendations.	January 2023	Locality Manager	Additional time required due to impact of Omicron wave – to be reported in January 2023 along with final report Scheduled
2.	Civil Contingency (Scotland) Act 2004	Annual report to provide assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act	November 2022	Chief Officer	On Agenda
3.	Ministerial Strategic Group Improvement Action Plan Update Report	An update from the Chief Financial Officer will be provided in a further twelve months' time	January 2023	Chief Financial Officer	Scheduled
4.	Reserves Policy Review	Next review will be no later than March 2023	March 2023	Chief Financial Officer	Scheduled
5.	Home First – Discharge to Assess	Update on progress with actions identified in section 4 to be submitted to the Board within 6 months	November 2022	Head of Service	On Agenda

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 24 NOVEMBER 2022
6.	Chief Officer Report	Brief to be drafted on current recruitment pressures and how the IJB are attempting to recruit and retain staff.	Mid November 2022	Chief Officer	Brief to focus initially on recruitment to social care
7.	Locality Planning Update	Local Councillors to be invited to meet with Locality Managers – progress update at January IJB	January 2023	Locality Manager	Scheduled

HEALTH & SOCIAL CARE MORAY

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022

SUBJECT: DR GRAY'S HOSPITAL STRATEGY

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To inform the Board of the current progress in the development of a strategy for Dr Gray's Hospital in Elgin, Moray as part of NHS Grampian's overall strategy Plan for the Future.

2. RECOMMENDATION

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

i) consider and note the progress on the development of a strategy; and

ii) provide any comment which may provide further direction.

3. BACKGROUND

3.1. NHS Grampian agreed at its June 2022 meeting and as part of endorsing the Plan for the Future, to develop a strategic intent for Dr Gray's Hospital. The NHS Grampian Board received formal updates in August and October 2022 and has undertaken seminar work in September and November 2022. The timescale of the strategy is 2023-2033.

3.2. The November 2022 NHS Grampian Board seminar was undertaken in Elgin with members undertaking 'walk rounds' of Dr Gray's Hospital.

3.3. NHS Grampian Board will be asked to consider and approve a final strategic intent at its scheduled Board meeting on 02 February 2023.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Engagement to date (as detailed in **Appendix 1**) has occurred mainly through face-to-face discussions, on-line questionnaires promoted through social media, paper questionnaires available in Dr Gray's and communities through Moray, and with assistance from the Moray Community Wellbeing Team who

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have been having discussions with and gathering views with established community groups.

4.2 The service user, patient and community focused questionnaire launched in September 2022. To date more than 600 responses have been received. This questionnaire closed on 13 November and the feedback received will inform the level and nature of continued face-to-face public engagement, using participant demographics to target any under-represented groups or communities.

4.3 Communication has also taken place with key partners such as Moray Council and Moray Strategic Planning and Commissioning Group, and internally with key groups such as Dr Gray's Senior Staff Committee, Area Clinical Forum, and Population Health Committee. From the engagement activity to date, the Planning Team has begun to pull together a number of key themes which are being further tested and "socialised" with staff, partners and the public.

4.4 Whilst there is an emerging direction for Dr Gray's there are a number of 'tensions' where differences of opinion about where to land on a spectrum of choice exist. A number of these are set out below.

How much to do locally?

4.5 This is probably the most fundamental question which the strategy seeks to answer. Whilst it is absolutely clear that Dr Gray's needs to have both medical and surgical specialties the scope and range of services provided could vary considerably.

4.6 There are a few hospital types (although largely very poorly and inconsistently defined in the literature) ranging from a University teaching hospital, through a District General Hospital (DGH) to a rural general hospital. The feedback from the staff engagement sessions has illustrated a range of views with some staff insisting it must be a DGH to absolutely clarity that it is not a rural general hospital and others also being insistent it is not a DGH either. The Nuffield Trust published a paper "Rethinking acute medical care in smaller hospitals"[1] which explores some practical steps for organising care in smaller centres.

4.7 An example of one of the issues discussed in the engagement sessions was about the provision of critical care. Dr Gray's hospital has a level 2 facility (high dependency unit) whilst some colleagues felt we should expand provision to have a level 3 facility (intensive care unit) which would, of course, require different staff models. Also, consideration of the likely demand for level 3 care and the associated maintenance of competencies against the level of activity.

4.8 Very specialist, complex critical and tertiary level care is provided from Aberdeen which requires patients from across the region to travel to Aberdeen. Specialist teams will also travel from the Foresterhill Campus to peripheral clinics in Moray on a regular basis. Dr Gray's Hospital provides a comprehensive range of District General Hospital level services:

- <u>24/7 emergency specialties</u> - Emergency Medicine (A&E), General and Geriatric Medicine, General Surgery, Orthopaedic Trauma, Obstetrics & Gynaecology, Paediatrics, and High Dependency level care, Radiology (MRI modality in development), Acute Psychiatry.

- <u>Inpatient care</u> - Acute & General Medicine and Acute Care for the Elderly, Stroke Care, emergency and elective General Surgery, Orthopaedics,

Gynaecology & Obstetrics, Paediatrics and High Dependency level care, Acute Psychiatry, Radiology (MRI modality in development).

- Out-patient and Day Case Services - Women's Health, Paediatrics/Child Health, Surgical Ambulatory Care, General Surgery, Orthopaedics and Fracture Clinics, Minor Surgery, Pre-operative Assessments, Gastroenterology, Diabetes and Endocrinology, Cardiology, Clinical Oncology, Renal Dialysis, Dentistry, Mental Health.

- Visiting and Remote Services (from and to both Aberdeen and Raigmore Hospitals) - Ophthalmology, Urology, Orthodontics & Maxillofacial, Chronic Pain, Plastic Surgery, Ear, Nose & Throat, Dermatology, Breast Services, Cardiology, Oncology, Haematology, Neurology, Respiratory Medicine, Rheumatology, Sexual Health Services.

- Support Services include a range of Allied Health Professionals, Pharmacy and Laboratory Services providing support to all service areas.

4.9 A number of positive developments have taken place or are in the pipeline for Dr Gray's Hospital including a new MRI suite, a refurbished General Medical and Acute Care of the Elderly ward with two newly appointed Geriatricians commencing in August this year to complete the consultant team. New dual-site working arrangements for Emergency Medicine consultants between ARI and Dr Gray's Hospital has created a sustainable workforce model in this specialty, recruitment to all Orthopaedic and General Surgical consultant vacancies and the introduction of a Surgical Ambulatory Clinic as well as a new Radiology Consultant commencing in 2021. The Laboratory now has Smart Fridge technology and the Renal Dialysis Unit has also recently been refurbished to modern and compliant standards. Dr Gray's is also leading the way at a national level with Artificial Intelligence innovations in Radiology.

Workforce – matching expectations of role and specialty work

4.10 To ensure that roles in Dr Gray's are attractive and provide job satisfaction and interest can be challenging in a smaller hospital where activity is lower and complexity is often managed by specialist in larger sites, so what degree of speciality should be and can be maintained in Dr Gray's? Issues for consideration include career development, retention and professional credition/validation requirements for consultants and trainees.

Creating a successful networked model – how much with Aberdeen and how much with Inverness (NHS Highland)?

4.11 A central requirement for the success of Dr Gray's Hospital is for it to be part of a cohesive and highly functional network, with both Aberdeen and Inverness. The network approach will allow both patient care to be managed most appropriately and for staff to fulfil exciting and challenging job profiles. The network with Aberdeen hospitals maintains services within the NHS Grampian model, whilst relationships and networking with Inverness requires agreement and 'win win' situations to be determined with NHS Highland.

Investment in infrastructure?

4.12 There has been considerable feedback from across all of the stakeholder groups that the facilities and infrastructure at Dr Gray's hospital are not as required. The stakeholder groups have all suggested that the solution is a new hospital to be built and developed on a new site in Elgin. Whilst this

solution may or may not be the most appropriate outcome there is clearly a staged piece of work to determine the service provision that is required against this new strategy, an objective (facilities expert driven) assessment of current facilities and then the development of options and a plan.

4.13 The tension in this area relates to the likely levels of capital funding that will be available to NHS Grampian over the next decade. The requirements for Dr Gray's Hospital will need to be considered alongside all demands for the finite resource available.

4.14 NHS Grampian has agreed with Scottish Government colleagues (at officer level only) to develop a comprehensive capital plan during the 2023 year. The needs of Dr Gray's hospital will be included in this planning work.

Need to demonstrate immediate and tangible actions for some local issues whilst still describing a strategic future.

4.15 Constructive, honest engagement with staff has described and raised local issues regarding service delivery and sustainability, often with innovative suggestions about what could be changed. Whilst these may be more immediate than strategic issues, it is vitally important that we take the opportunity to build on this engagement process by address these points. To this end, the local management team will be reviewing the feedback points and developing local improvement plans.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
The development of a Dr Gray's Strategy will support achieving the outcomes in Morays Partners in care Plan.

(b) Policy and Legal
The development of a strategic plan for Dr Gray's is in line with stated intentions outlined as part of the NHS Grampian Plan for the Future. The scope of the planning takes account of key drivers including the development of maternity services, the future sustainability of services in the north of Scotland and of current demographic forecasts.

(c) Financial implications
The strategic intent will highlight any need for significant capital investment and will consider financial planning as part of implementation by NHS Grampian.

(d) Risk Implications and Mitigation
A risk assessment will be included as part of a related Delivery Plan. The risk to the MIJB will increase if Moray does not have an acute service fit for the future, to meet the needs of its population. This strategy will support the Moray Portfolio approach to system wide planning.

(e) Staffing Implications
The clarity provided by a distinct strategy for Dr Gray's will ensure staff have a certainty of future that has been described as lacking in feedback to date. This will have a positive impact on morale.

(f) Property
Any identified need for capital investment, either refurbishment of existing property or development of new property will be outlined as part of the strategic intent.

(g) Equalities/Socio Economic Impact
NHS Grampian, as a public body, has a legal duty to impact assess any potential changes in service provision against the Public Sector Equality and Fairer Scotland Duties. This is to ensure we are working towards reducing inequality gaps, are not inadvertently discriminating against anyone with a protected characteristic, or negatively impacting anyone who accesses our services.

As well as fulfilling our statutory obligations, it is our ambition to have continual and meaningful impact assessment conversations going forward. This will be best achieved through partnership working the Moray HSCP Community Wellbeing and Public Health Teams, the Moray Wellbeing Hub and TSI Moray.

(h) Climate Change and Biodiversity Impacts
As part of the work being undertaken on the facilities of Dr Gray's Hospital there will be consideration on the current carbon footprint, and as part of the NHS commitment to being carbon neutral. Modification plans will reduce the emissions.

(i) Directions
None identified.

(j) Consultations
Engagement activity is described at 4.1.

6. CONCLUSION

6.1 The development of the Dr Gray's Hospital Strategy is progressing well with significant support from both staff and the public.

6.2 The paper has identified a number of key issues which require consideration as the strategic intent is clearly developed, and described over the next two months. Support and direction from the Moray IJB is most welcome.

Author of Report: Carmen Gillies, Interim Strategy and Performance Lead
Background Papers: with author
Ref:

Summary of Engagement to Date		
Engagement method	**Numbers so far**	**Further Actions Planned**
Survey responses	**Total – 859** This is made up of: • Public – 607 • Staff – 156 (Nov) • Staff – 177 (June) • Partners, non-DGH Colleagues and other Professional Stakeholders – 81 • GP questionnaire – 15 to date (workshop also scheduled	Promotion will continue during November.
Facilitated engagement sessions	• 17 face to face staff workshops, c140 participants, (50 hrs of engagement) • 2 Scottish Ambulance Service workshops 1 x face to face/ 1 x MS Teams c5 (3hrs of engagement).	• GP engagement session planned for 1 December at Moray College. • Engagement being offered in multiple formats: in-person, on-line, hard copy, pop-up and drop-in sessions.
Pop-up engagement	• June 2022 – early engagement to inform approach. • November 2022	
Community Groups Engagement	Face to face sessions being carried out across Moray by the Moray Community Wellbeing Team (MCWT) * Numbers being confirmed.	Further sessions will continue to be facilitated by the MCWT and take place over November and beyond.
Reach Via social media	Awareness and engagement opportunities continue to be promoted.	Promotion will continue during November.
DGH Strategy Video	140 DGH staff views during Sept and October.	
DGH Plan Website Page	Continues to be developed with details of engagement and feedback to be published in real time.	
DGH Senior Staff Committee	Attendance and updates give every month since June 2022.	
SPCG and SLG	Oct and Nov 22. Awareness and engagement opportunities continue to be promoted via HSCP groups	

HEALTH & SOCIAL CARE MORAY

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022

SUBJECT: CHIEF OFFICER REPORT

BY: CHIEF OFFICER

1. REASON FOR REPORT

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

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) consider and note the content of the report; and

ii) agree that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, with a focus on key objectives as we remobilise from the Covid-19 pandemic, along with a look ahead as we continue to develop our strategic planning.

3. BACKGROUND

Home First and Hospital without Walls

3.1 Work continues to develop the Home First portfolio of projects with a focus on ensuring projects are sustainable, scalable and meet the strategic objectives of HSCM. A minor revision will see the portfolio broadened ensuring it emphasises a whole system approach with work stream specific key performance indicators (KPIs) a requirement going forward. Recent efforts have also concentrated on tackling delayed discharges, with a three-phase plan currently in operation. Hospital without Walls continues to be developed and there will be opportunities for testing new concepts within the framework

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of the Moray Growth deal and specifically with the Digital Health and Care Innovation Centre. An update on Home First is on today's agenda.

Remobilisation

3.2 To date the healthcare system has coped with some significant surges in demand. A pan Grampian approach to manage surge and flow through the system ensures patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is significant pressure in some service areas which will require a particular focus to work through the backlog of referrals.

3.3 Whilst we are seeing pressure easing in some areas as staff absence rates decrease, for some services the pressures remain. Demand for unscheduled hospital care has not diminished, and Dr Gray's is having to manage a very tight capacity position on a daily basis. Community hospital beds, and intermediate options are being fully utilised, with expedient discharge from Dr Gray's as soon as beds are available.

3.4 Waiting times for inpatient elective surgical procedures at Dr Gray's Hospital continue to increase during the post pandemic period. Unfortunately, a combination of continued higher than desirable volumes of delayed transfers of care, plus the yet to be fully resolved incident in our theatre suite on the 10 August 2022, all inpatient elective surgery has been cancelled for the time being. Emergency surgery and day case procedure capability remains in place. Essential ventilation and duct cleaning has now been completed and we are now to await the results of air samples which, if clear, will allow the theatres to be reopened for operational use. The timescale for this will be considered by the ongoing Incident Management Team.

3.5 The significant pressure on Social work/Social care continues with limited signs of any sustained improvement. Homecare staff consistently have absence rates of over 8% and some weeks more than 10%. The internal home care service is successfully recruiting staff, but these gains are offset by numbers of staff leaving. The backlog of social care (the weekly number of people awaiting assessments is consistently between 150 and 165) and inability to meet demand, with 164 people currently awaiting care amounting to 1,224 hours of unmet need (as at 23 October 2022), is resulting in family carers having to shoulder increased care, and in its turn this leads to high demand for carer support, combined with concern from community members at levels of unmet need. The inability to meet care needs also impacts upon delays from hospital with 92% (37 out of 40) current delayed discharges being delayed as a result The sustained pressure on care staff is impacting on the quality of care that some providers can deliver. Sustainability issues continue to be discussed with local social care providers, this has been a focus for mid-year finance contract review meetings. A national Gold Command group on social pressures has identified a need to set up a Sub Group focussing on the viability of care homes which our Commissioning Manager will be attending over the next 5 months. A 6 week review meeting has taken place regarding a Large Scale Investigation at a Moray care home with positive progress being evidenced.

Covid Vaccination Programme

3.6 **SCHOOLS**

While there have been more non consents than in previous years, the programme is going well. This includes the staff, who require flu and Covid vaccination, if in an eligible cohort. This cohort will be completed by end of November 2022.

CARE HOMES (583 individuals)

3.7 This programme is making particularly good progress, with very few people not being able to be vaccinated due to the time frame of 12 weeks, since last vaccination, not being reached yet. We have been providing a follow up service for those who were not yet eligible, and this has now been completed. We have had minimal non consents - less than in previous years. We have also provided 1st doses for people who have recently moved into a care home. Care home uptake is 89.9%.

This cohort has now been completed, but we will still offer the vaccine to those who move into a care home who have not yet been vaccinated.

Care home staff have also been offered their vaccines during our visits.

HOUSEBOUND RESIDENTS (1717 individuals)

3.8 This is a large cohort in respect of time and distance to be travelled. We are contacting people first to ascertain their housebound status and reduce unnecessary visits. We have had a good uptake with everyone consenting to receiving the vaccines so far, with around 50% of those on our list having now received their vaccine. We have also came across many people who are needing more support, so have been liaising with GPs and Quarriers.

This cohort is projected to be completed by 24th December 2022.

HEALTH AND CARE WORKFORCE (5722 individuals)

3.9 There are extensive communications to encourage people to come forward for vaccination. There has been a slow start. Two Community Treatment and Care (CTAC) nurses had been delivering peer-to-peer vaccines within the GP Practices across Moray. They had a good response with over 100 people vaccinated. Anyone missed can get their vaccine at Fiona Elcock Vaccination Centre (FEVC) through the appointment system. We also provided HSCW appointments at all of our outreach over 80s clinics, but that uptake was very poor. We have also provided 3 clinics at Dr Gray's hospital in the Mobile Information Bus which proved worthwhile. The health and care workforce cohort has been extended throughout the rest of the programme to allow for members of Health and Care work to come forward when they are available. Current uptake shows that 40.2% of NHS Staff have taken up the offer and 20% of Social Care Staff.

Over 80s (5719 individuals)

3.10 We commenced the over 80s cohort week starting 19 September 2022, with outreach venues and clinics within the FEVC, this has now been completed with a percentage uptake of 81.1%. Opportunities are still available for those who still wish the vaccine at FEVC.

Other Groups

3.11 Over 65s (16673 individuals) has now been completed with a 79.7% uptake. At risk (12902 individuals) and household contacts commenced 24 October 2022 with an uptake of 9.7% to date. Over 50s (14720 individuals) letters were sent with appointments available to book from 24th October 2022 with an uptake so far of 17.1%. Opportunity for vaccination will continue to be provided for all eligible cohorts.

Ukrainian Refugee Scheme

3.12 Moray continues to offer a Warm Scots Welcome to 102 Ukrainian Displaced Persons (UDPs). The breakdown consists of 65 adults and 37 children. An additional 10 UDPs are known to have settled in Moray through links with family members and have arrived on the Family Visa Scheme, which offers no data or financial support to the local authority.

3.13 The Refugee Resettlement Team (RRT) with support from wider partners have successfully triaged 6 families from the Welcome Hub (Elgin Travel Lodge) into host accommodation. Once the UDPs have been triaged, the RRT have been actively arranging suitable temporary accommodation. This accommodation has been sought either though the Expressional of Interest (EOI) list which is a list of Moray residents who have offered to support the Ukrainian crisis through the Government portal or from the local housing stock. Two families have been accommodated into social housing with a further 11 applications for those transiting from host accommodation into social housing.

3.14 The RRT have taken a person-centred approach to match the UPDs with hosts in Moray. Essential time is spent to ascertain the UDPs family needs and interest and then matched with a suitable host in Moray. A host meeting is facilitated by the RRT and support is given to the host in achieving a successful match and to reduce the possibility of a future break down in relationship.

3.15 The Expression of Interest (EOI) list requires a property check and PVG check to be completed for the offer to be “active” for the Scottish Government statistics. In Moray there is also a Social Work check conducted as an additional safeguarding check. Of the 253 EOIs, 54 house checks have been completed. 32 EOIs have withdrawn the offer and 9 deemed unsuitable. These checks have been focused on the larger towns in Moray concentrating on Elgin with additional 45 properties to be checked in the Buckie and Forres area. This is to eliminate issues regarding rural and remote properties.

3.16 While the focus over the past 2 months has rightly been on ensuring arrivals receive the care and support to settle into their new home in Moray, a key priority must now be to support the Scotland Super Sponsor Scheme and continue to match more hosts with Ukrainian arrivals to Moray for as long as they need a temporary home.

Dr Gray's Strategy

3.17 A period of stakeholder engagement has begun to inform the strategic direction for the Plan for the Future for Dr Gray's Hospital (2023-2033). After initial high level engagement to inform the process in June, staff workshops have been taking place in September and October, using a principal element of the Scottish Approach to Service Design Framework, otherwise known as the Double Diamond approach. This engagement has been extended during September to November to include patient and service users, partner organisations and the wider public. As engagement progresses, feedback is being grouped thematically, consulted upon and will inform the Plan for the Future's strategic direction. Dr Gray's Plan for the Future is expected to go to the NHS Grampian Board in February 2023 for approval. Further information can be found here: Plan For The Future - Dr Gray's Hospital 2023-2033 (nhsgrampian.org).

Portfolio arrangements

3.18 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system, there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 as an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, with partners and communities rather than as individual entities. To deliver further on this whole system, integrated approach, there is a desire to transition from an organisational leadership and management model to a system leadership and management approach. The portfolio leadership arrangements have now been confirmed as permanent. Further opportunities for the alignment of services around pathways will be led by the Chief Officer.

3.19 Two posts will become vacant at the start of 23/24, being the Chief Nurse post and the Strategy and Planning Lead post. Both posts are being reviewed to ensure that succession arrangements meet the needs of the business.

3.20 The Chief Finance Officer post continues to be covered on an interim basis. The Chief Officer is working with the Council Head of Finance to put in place arrangements which support a longer term interim arrangement. The arrangement will be reviewed in Quarter 1 of 2023/34.

Budget Control

3.21 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The Senior Management Team (SMT) for the Portfolio are meeting regularly to review spend and consider investment prior to seeking MIJB approval. There is a continuous need to track progress on transformational redesign to ensure it is meeting the aims of the Strategic Plan. Whilst we have presented a balanced budget and report an ongoing balanced position for 2022/23 to the MIJB, savings will continue to be required to ensure sustainability in the years beyond.

3.22 Ongoing work will be required, led by the Chief Officer, with the Senior Management Team and wider System Leadership Group, to develop options that will align the budget to available resources particularly in preparation for entry to 2023/24.

Payment Verification

3.23 National Services Scotland (NSS) process the payments and have not been in the position to undertake the payment verification meetings since the start of Covid-19 pandemic. Their focus has been to maintain protective payments each month and because these are based on same amounts each month, there are no new claims coming through. The payment verification meetings are now recommencing and will start in ophthalmology during quarter 2, dentistry projected for quarter 3 with medicine to be confirmed. Therefore it will be June 2023 before first audit reports are received and a subsequent update report to the Audit Performance and Risk Committee.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The opportunity remains to accelerate work of the MIJB ambitions as set out in the Strategic Plan. Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that also encompasses Dr Gray's Hospital and Children's Social Work and Justice Services.

4.2 The challenges of finance persists and there remains the need to address the underlying deficit in core services. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/Covid-19 funding will only cover additional expenditure in the short-term and it is important to understand the emerging landscape.

4.3 Transformational change, or redesign, that provides safe, high quality services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

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

(c) Financial implications

There are no financial implications arising directly from this report. The interim Chief Finance Officer continues to report regularly. Scottish Government Covid-19 related supplier relief ends in June this year, and we will monitor

impacts on our independent suppliers as part of the risk management process.

(d) Risk Implications and Mitigation
The risk of not redesigning services will mean that Health and Social Care Moray and the Moray Portfolio cannot respond adequately to future demands.

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

(f) Property
There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact
Any proposed permanent change to service delivery will need to be impact assessed to ensure that we are not disadvantaging any section of our community.

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

(h) Climate Change and Biodiversity Impacts
Care closer to and at home, delivered by teams working on a locality basis, will reduce our reliance on centralised fixed assets and their associated use of utilities.

(i) Directions
There are no directions arising from this report.

(j) Consultations
The Moray Portfolio Senior Management Team has been consulted in the drafting of this report.

6. CONCLUSION

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

Author of Report: Simon Bokor-Ingram, Chief Officer, Moray Portfolio

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022**

SUBJECT: **REVENUE BUDGET MONITORING QUARTER 2 FOR 2022/23**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) on the current Revenue Budget reporting position as at 30 September 2022 and provide a provisional forecast position for the year-end for the MIJB budget.

2. RECOMMENDATIONS

2.1 It is recommended that the MIJB:

i) Note the financial position of the Board as at 30 September 2022 is showing an overall overspend of £1,454,162.

ii) note the provisional forecast position for 2022/23 of an underspend of £3,169,711 on total budget;

iii) Note the progress against the approved savings plan in paragraph 6, and update on Covid-19 and additional funding in paragraph 8;

iv) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 July to 30 September 2021 as shown in APPENDIX 3; and

v) Approve for issue, the Directions arising from the updated budget position shown in APPENDIX 4.

3. BACKGROUND

3.1 The financial position for the MIJB services at 30 September 2022 is shown at **APPENDIX 1.** The figures reflect the position in that the MIJB core services are currently over spent by £1,453,270. This is summarised in the table below.

	Annual Budget £	Budget to date £	Expenditure to date £	Variance to date £
MIJB Core Service	133,715,472	65,742,309	67,158,945	(1,453,270)
MIJB Strategic Funds	27,411,802	2,828,170	2,204,663	(892)
Set Aside Budget	12,620,000	-	-	-
Total MIJB Expenditure	**173,747,274**	**68,570,479**	**69,363,608**	**(1,454,162)**

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

3.3 The first provisional forecast outturn to 31 March 2023 for the MIJB services is included in **APPENDIX 1**. The figures reflect the overall position in that the MIJB core services are forecast to be over spent by £3,352,909 by the end of the financial year. This is summarised in the table below.

	Annual Budget £	Provisional Outturn to 31 Mar 2023 £	Anticipated Variance to 31 Mar 2023 £	Variance against base budget %
MIJB Core Service	133,715,472	136,083,157	(3,352,909)	(3)
MIJB Strategic Funds	27,411,802	8,386,078	6,522,620	24
Set Aside Budget	12,620,000	12,620,000	-	-
Total MIJB Expenditure	**173,747,274**	**169,592,339**	**3,169,711**	**2**

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2022/23

Community Nursing

4.1 Community nursing service is underspent by £193,335. This is due to underspends in District Nursing £136,633, Health Visitors £53,399 and Elgin, where the team is combined £3,303.

4.2 For District Nursing the overall current underspend £136,633 relates mainly to the Varis Court Augmented Care Units (ACU's) budget which is underspent by £142,631. The Varis budget underspend remains due to staffing vacancies as a result of the organisational change process. Posts have now been appointed to and starts initiated. The ongoing capacity in the Varis budget as a result of the organisational change will, in future contribute to the Hanover costs for the provision of care at the 4 ACU's. The overspend in the remaining District Nursing budget will be mitigated by further Scottish Government additional funding anticipated. The first tranche of £83,788 has been received and is already included in the annual budget. The second tranche is expected during November and it is quantified now and it is still estimated that further funding of £35,909 will be received to improve the overall District Nursing position.

4.3 For Health Visitors, vacancies, planned leave including maternity leave and retirements have contributed to the current reduced underspend of £53,399

across the service. Challenges remain on the recruitment and retention of qualified and experienced Health Visitors and School Nurses at a local, regional and national level. To help mitigate or minimise risk in the delivery of the Service, two trainee Health Visitors have joined the service in September, 1 trainee Health Visitor and 2 School Nurses will qualify in 2022 and 2 trainee Health Visitors and 2 School Nurses will qualify in 2023. In addition, a number of Health Visitors who plan to retire by end of March 2022 have indicated that they would wish to return to part-time posts, which will be considered as part of the service recruitment and retention plan. With the increase in qualified, skilled and experienced practitioners, this will alleviate a number of key service pressures, stabilise the workforce, ensure modernisation and sustainability of the service, that it is responsive to local need and risk, and help maintain positive staff health and wellbeing.

4.4 This budget is forecasted to be £409,334 under spent by the end of the financial year as the underspend above is addressed.

Learning Disability

4.5 The Learning Disability (LD) service is overspent by £718,556. The overspend is predominantly due to care purchased £793,902 and other minor overspends totalling £6,896. This is being reduced by income received more than expected £12,239 and an underspend in clinical Speech and Language services and psychology services of £70,003.

4.6 The LD Service manager and indeed all of the LD service are aware of the overspend. The overspend on care is because of different factors; there has been an increase in families unable to maintain their caring role and as a consequence there has been an increase in crisis intervention. There is little available accommodation and few resources to provide support for people and this results in costly standalone packages. There has also been an increase in complex and challenging behaviour following the lockdown period and this has meant an increase in the number 2:1 staffing requirements to minimise risk. There has also been an increase in people needing day activities following the prolonged lock-down period.

4.7 This budget is forecast to be £1,711,844 overspent by the end of the financial year, due to the issues above remaining to the end of the financial year.

Mental Health

4.8 The Mental Health service is overspent by £162,807. Clinical Nursing and other services are overspent by £77,801 The overspend is primarily due to staffing in medical services and Council mental health staff, which is partly offset by underspends across Nursing Psychology and Allied Health Professionals (AHP's).

4.9 The staffing overspends continues to relate to consultant psychiatrist vacancies within the department being covered by locums. This remains a financial risk to MIJB, which has been reported previously, due to high costs of locums compared to NHS substantive medical staff. Nursing vacancies in community teams are not filled because of difficulties with recruitment due to lack of qualified staff.

4.10 Care packages are currently overspent by £80,977 primarily due to the purchase of Nursing care packages and other minor overspends totalling £4,029.

4.11 This budget is forecast to be £310,546 overspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the end of the financial year

Addiction Service

4.12 This budget is overspent by £133,799, this is made up of overspends in assessment and care for rehab beds of £24,549 and substance misuse service £134,309, which is being off set by underspend in Moray Alcohol and Drug partnership (MADP) of £25,059.

4.13 The position to month 6 for substance misuse service is before agreed funding transfers being concluded from the MADP being applied which will improve the position and forecast out-turn for the next quarter.

4.14 This budget is forecast to be £269,771 overspent by the end of the financial year but this position will improve once funding is received from the MADP in the next quarter.

Care Services Provided In-house

4.15 This budget is underspent by £715,465 this relates to underspend in staffing across all the services in this budget totalling £833,145, which is being reduced by an overspend of £74,795 in day care services primarily due to transport costs and less income received than expected; an overspend on staff uniforms for care at home of £19,293; purchase of new phones for Woodview and £12,109 for Greenfingers installation of an eco toilet system and other overspends across the service of £160.

4.16 Shortages of staff and difficulties recruiting in the social care sector are have a big impact. There are long-standing problems with the recruitment and retention of social care staff. This has been made much worse by the pandemic

4.17 This budget is forecast to be £1,555,455 underspent by the end of the financial year. The underspend is primarily due to unfilled vacancies and the issue of recruitment has been an ongoing problem which is expected to continue for the rest of the financial year.

Older People and Physical Sensory Disability

4.18 This budget is overspent by £1,204,905. This primarily relates to overspends for domiciliary care and respite care in the area teams of £848,442; permanent care £331,133; less income received than expected of £21,538 due to the cessation of funding from another authority and £3,792 other minor overspends. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer.

4.19 For the first six months of this financial year is showing an overspend of £1,204,905. This is a decrease of £446,090 from the same point in the year in 2021/22. Whilst it is noted there is a decrease there are considerable amount of unmet need to resource packages which have already had a community

care assessment. This will continue to be monitored throughout the next quarter balanced alongside the unmet need list and outstanding community care assessments yet to be initiated

4.20 This budget is forecast to be £2,664,986 overspent by the end of the financial year due to the issues mentioned above being expected to continue

Intermediate Care and Occupational Therapy

4.21 This budget is overspent by £122,056 due to purchase of OT equipment of £103,094, property costs for Jubilee Cottages of £9,019 and other minor overspends of £9,943 across the service.

4.22 This budget is forecast to be £225,488 overspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the end of the financial year.

Care Services Provided by External Contractors

4.23 This budget is underspent by £498,407. This relates primarily to ceased contracts in Mental Health and Learning Disabilities. Some of this funding will be utilised within the year with contracts being procured with other providers to take on the role of care.

4.24 This budget is forecast to be £883,546 overspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the end of the financial year

Other Community Services

4.25 This budget is underspent by £170,923 which includes underspend in Allied Health Professionals (AHP's), Dental and Public Health services offset in part by overspend in Pharmacy of £67,234 and Specialist Nurses £22,498. Within this overall underspend, Public Health has had reduced activity in Health Improvement as a consequence of staff redeployment to support Covid services £80,161. It is anticipated that core activity will continue to pick up in the remainder of this financial year. For AHP's the underspend to September is £107,529 which includes underspend in Dietetics and Podiatry where recruitment to vacant posts has recently been concluded and Speech & Language services where recruitment is an ongoing challenge on a Grampian wide basis. Dental currently has a reduced underspend of £72,965 as vacancies have been filled.

4.26 This budget is forecast to be £285,233 underspent by the end of the financial year as underspends are addressed.

Admin and Management

4.27 This budget is underspent by £176,549. This is predominantly due to underspends in NHS Grampian within management and business support through staff secondment and vacant posts, alongside underspends in equipment, transport and administration costs. Coupled with this additional income has been received for secondment to other Health Board areas

4.28 This budget is forecast to be £378,270 overspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the

end of the financial year as well as the vacancy target factor being exceeded by £96,592

Primary Care Prescribing

4.29 The primary care prescribing budget is overspent by £587,867 to September 2022. Actual data indicates item price increased significantly in June and increased again in July. The price increase has been attributed to the impact of short supply causing a spike in prices. The spread is across a range of products and is being analysed to identify any mitigation measures. In addition actual volume of items increases to August have been 4.50% higher year to date than 21/22 following period of increased volumes in 21/22. The estimated position has been adjusted to include an overall 4.1% volume increase to September.

4.30 This budget is forecast to be £1,165,000 overspent by the end of the financial year taking into account the volume increase continuing and impact of price changes relating to short supply.

Out of Area Placements

4.31 This budget is overspent by £169,211 reflecting the pattern of specialist individual placements currently required.

4.32 This budget is forecast to be £428,732 overspent by the end of the financial year due to the most recent placements being forecast to be in place until the end of the financial year.

5. STRATEGIC FUNDS

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

- Additional funding received via NHS Grampian and Moray Council (this may not be fully utilised in the year resulting in a contribution to overall MIJB financial position at year end which then needs to be earmarked as a commitment for the future year).

- Provisions for earmarked reserves has been made to fund unutilised allocation for Primary Care Improvement Funds, Action 15 additional investment funding & Covid in 2022/23, identified budget pressures, new burdens, savings and general reserve that were expected at the start of the year.

5.2 Within the strategic funds are general reserves totalling £1,257,139 which are not allocated to services but will be used towards funding the overspend. And earmarked reserves totalling £15,763,577. However there will not be enough reserves to cover the overspend in total if the level of spend continues till the 31 March 2023.

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

6. PROGRESS AGAINST THE APPROVED SAVINGS PLAN

6.1 The Revenue Budget 2022/23 was presented to the MIJB 31 March 2022 (para 12 of the minute refers). The paper presented a balanced budget through the identification of efficiencies through savings and the use of general reserves.

6.2 The progress against the savings plan is reported in the table below and will continue to be reported to the Board during the 2022/23 financial year. The table details progress during the second quarter against the original recovery plan.

Efficiencies	**Para Ref**	**Full Year Target**	**Expected progress at 30 Sept 2022**	**Actual Progress against target at 30 Sept 2022**
		£'000	£'000	£'000
External Commissioning	6.3	110	55	110
Total Projected Efficiencies		**110**	**55**	**110**

6.3 It should be noted that the savings budgeted from external commissioning have been met in full. This position is unlikely to change by the end of the year as all savings have been realised as at 30 September 2022.

7 IN-YEAR EFFICIENCIES / BUDGETARY CONTROL

7.1 Through budget monitoring processes and further investigate work, we are utilising Covid reserves to ensure core expenditure is protected as much as possible. This requires finance and operational areas to work together in effective identification that provides an audit trail.

7.2 The Health and Social Care Moray (HSCM) senior management team are meeting regularly to review spend, identify additional savings and to track progress on transformational redesign so that corrective action and appropriate disinvestment can be supported. The risks associated with less long term planning remain, and will need to be addressed as part of remobilisation.

8. IMPACT OF COVID – 19 AND ADDITIONAL FUNDING

8.1 The Scottish Government continues to support health and social care as a result of the pandemic, from the use of Covid 19 specific reserves to support the remobilisation of services. Through their guidance the commitment is expected to end by 31 March 2023, with expenditure being gradually reduced during the year and with the support for provider sustainability being reduced on certain elements from 1 July 2022 and the cessation of support by 30 September 2022.

8.2 Health and Social Care Moray (HSCM) continue to provide returns to Scottish Government on the Local Mobilisation Plan (LMP) via NHS Grampian, which are now on a monthly basis. The plan for 2022/23 estimates that additional in-year spend relating to Covid 19 will be £3,282,909 to the end of the current financial year. Reported expenditure at the end of quarter 2 was £874,000. The costs are summarised below:

Description	**Spend to 30 Sept 2022 £000's**
Payment to third parties	89
Staffing	274
Provider Sustainability Payments	433
Remobilisation	70
Cleaning, materials & PPE	8
Total	**874**

8.3 A letter was received from the Scottish Government on the 12 September 2022 with an update on the Covid reserves. Due to a number of significant changes to Public Health policies in relation to Covid over the summer, the profile of Covid spend reduced significantly compared to when funding was provided to IJB's for Covid purposes. In response to this the Scottish Government have announced their intention to reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. The amount to be reclaimed will not be agreed until Quarter 2 information and forecast position is available. Moray IJB currently has £9,016,000 in the Covid ear marked portion of the reserves, £3,282,909 is currently forecasted to be spent leaving the potential balance of £5,733,145 to be reclaimed.

9. CHANGES TO STAFFING ARRANGEMENTS

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

9.2 Changes to staffing arrangements as dealt with under delegated powers through appropriate Moray Council and NHS Grampian procedures for the period 1 July to 30 September 2022, are detailed in **APPENDIX 3**.

10. UPDATED BUDGET POSITION

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

10.2 In addition, the MIJB, concluded the financial year 2021/22 in an underspend position following the application of reserves. The unaudited reserves totalling £17,020,716 were carried forward into 2022/23, of which £15,763,577 are ear-marked and £1,257,139 are a general reserve.

10.3

	£'s
Approved Funding 31.3.22	**142,673,000**
Set Aside Funding	**12,620,000**
Balance of IJB reserves c/fwd to 22/23	17,020,716
Amendment to Moray Council core	(280,982)
Amendment to NHS Grampian core	185,405
Amendment to NHS Grampian Core uplift	(1,317,000)
Budget adjustments Quarter 1	1,074,737
Revised Funding to Quarter 2	**171,975,876**
Budget adjustments M04-M06	
Moray IJB Uplift	1,317,000
PCIF Tranche 1	306,037
Mental Health	139,714
School Nurse	122,000
Public Health - MIN	42,611
Misc	147,347
Open University	20,000
Forres Hub	(25,000)
Hosted Recharges	(298,309)
Revised Funding to Quarter 3	**173,747,275**

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

11. SUMMARY OF IMPLICATIONS

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

This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2022/23.

(b) Policy and Legal

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

(c) Financial implications

The financial details are set out in sections 3-10 of this report and in **APPENDIX 1**. For the period to 30 September 2022, an overspend is

reported to the Board of £1,454,162 with the first estimated forecast being an underspend of £3,169,711 for 2022/23

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

The movement in the 2022/23 budget as detailed in paragraph 10 have already been incorporated in the figures reported.

(d) Risk Implications and Mitigations

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

There are general and earmarked reserves brought forward in 2022/23. The general reserves can be used to support any overspend on services generally across the MIJB. The earmarked reserves can only be used for specified purposes and are under review by the Scottish Government currently and elements are now expected to be recovered or used to offset current year expenditure on specific activities with reduced allocations to be received in year.

The potential to claw back unused portions of the ear marked reserves for Covid, PCIF and MADP reserves, reduces the amount of reserves available as well as additional pressures arising from the cost of living crisis, increasing energy bills and inflation puts a risk on the budget

Additional savings continue to be sought and service redesign are under regular review. Progress reports will be presented to this Board throughout the year in order to address the financial implications the MIJB is facing.

(e) Staffing Implications

There are no direct implications in this report.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

There are no direct climate change and biodiversity implications as there has been no change to policy

(i) Directions

Directions are detailed in para 10 above and in Appendix 4.

(j) Consultations

The Chief Officer, the Health and Social Care Moray Senior Leadership Group and the Finance Officers from Health and Social Care Moray

have been consulted and their comments have been incorporated in this report where appropriate.

12. CONCLUSION

12.1 The MIJB Budget to 30 September 2022 has an over spend of £1,453,270 and the first provisional forecast position of £3,352,909 on core services. This is reduced by underspends in Strategic funds to give a total overspend position of £1,454,162 to 30 September 2022 and provisional underspend forecast position of £3,169,711. Senior Managers will continue to monitor the financial position closely and continue to report accordingly on progress.

12.2 The financial position to 30 September 2022 reflects the updated budget position and revised Directions have been prepared accordingly, as detailed in APPENDIX 4.

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

MORAY INTEGRATION JOINT BOARD

APPENDIX 1

JOINT FINANCE REPORT APRIL 2022 -SEPTEMBER 2022

	Para Ref	Annual Net Budget £'s 2022-23	Budget (Net) To Date £'s 2022-23	Actual To Date £'s 2022-23	Variance £'s 2022-23	Variance % 2022-23	Most recent Forecast £'s 2022-23	Variance To Budget £'s 2022-23
Community Hospitals		5,549,935	2,775,220	2,822,692	(47,472)	(1)	5,652,666	(102,732)
Community Nursing	4.1	5,255,734	2,616,535	2,423,200	193,335	4	4,846,400	409,334
Learning Disabilities	4.5	9,207,948	4,134,893	4,853,449	(718,556)	(8)	10,919,792	(1,711,844)
Mental Health	4.8	9,503,190	4,717,039	4,879,847	(162,807)	(2)	9,813,736	(310,546)
Addictions	4.12	1,329,232	688,221	822,020	(133,799)	(10)	1,599,003	(269,771)
Adult Protection & Health Improvement		154,532	64,299	64,417	(117)	(0)	154,886	(354)
Care Services provided in-house	4.15	18,472,880	8,972,096	8,256,631	715,465	4	16,917,425	1,555,455
Older People & PSD Services	4.18	20,500,093	9,799,841	11,004,746	(1,204,905)	(6)	23,165,079	(2,664,986)
Intermediate Care & OT	4.21	1,645,383	833,569	955,625	(122,056)	(7)	1,870,871	(225,488)
Care Services provided by External Contractors	4.23	8,930,868	4,388,462	3,890,055	498,407	6	8,047,322	883,546
Other Community Services	4.25	8,510,450	4,240,454	4,069,531	170,923	2	8,225,218	285,233
Admin & Management	4.27	1,681,318	1,186,556	1,010,008	176,549	11	1,303,048	378,270
Primary Care Prescribing	4.29	17,653,252	8,746,292	9,334,158	(587,867)	(3)	18,818,252	(1,165,000)
Primary Care Services		18,043,150	9,021,575	9,004,760	16,815	0	18,009,519	33,630
Hosted Services		4,683,416	2,314,807	2,399,086	(84,279)	(2)	4,802,340	(118,924)
Out of Area	4.31	669,268	318,501	487,712	(169,211)	(25)	1,098,000	(428,732)
Improvement Grants		939,600	432,967	371,561	24,772	3	839,600	100,000
Total Moray IJB Core		133,715,472	65,742,309	67,158,945	(1,453,270)	(1)	136,083,157	(3,352,909)
Other non-recurring Strategic Funds in the ledger	5.1	2,079,285	2,000,538	2,000,538	0	0	2,079,286	(1)
Non Recurring earmaked spend funded from IJB reserves	5.1	0	0	1,317,415	(1,317,415)		1,386,030	(1,386,030)
Other resources not included in ledger under core and strategic:		25,332,517	827,633	(488,889)	1,316,522	5	17,423,866	7,908,651
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		161,127,274	68,570,479	69,363,608	(1,454,162)	(1)	156,972,339	3,169,711
Set Aside Budget		12,620,000	-	-	-		12,620,000	0
Overall Total Moray IJB		173,747,274	68,570,479	69,363,608	(1,454,162)	(1)	169,592,339	3,169,711

Funded By:	
NHS Grampian	113,775,024
Moray Council	59,972,250
IJB FUNDING	173,747,274

Description of MIJB Core Services

1. Community Hospitals includes community hospitals, community administration and community Medical services in Moray.

2. Community Nursing related to Community Nursing services throughout Moray, including District Nurses and Health Visitors.

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

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

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

6. Adult Protection and Health Improvement

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

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

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

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

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

12. Admin & Management budget comprises of :-
    - Admin & Management staff infrastructure
    - Target for staffing efficiencies from vacancies

13. Other Operational Services - range of operational services including –
    - Community Response
    - Team
    - Child Protection
    - Winter Pressures
    - Clinical Governance
    - International Normalised Ratio (INR) blood clotting test Training
    - Moray Alcohol and Drug Partnership (ADP)

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

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

16. Hosted Services, comprises of a range of Grampian wide services. These services are hosted and managed by a specific IJB on a Grampian wide basis and costs are re-allocated to IJB budgets. These services include:-

    <u>Moray IJB Hosted & Managed services</u>:

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

    <u>Aberdeen City/Aberdeenshire IJB Hosted & Managed services:</u>
    - Intermediate care of elderly & rehab.
    - Marie Curie Nursing Service – out of hours nursing service for end of life patients
    - Continence Service – provides advice on continence issues and runs continence clinics
    - Sexual Health service
    - Diabetes Development Funding – overseen by the diabetes Network. Also covers the retinal screening service
    - Chronic Oedema Service – provides specialist support to oedema patients
    - Heart Failure Service – provided specialist nursing support to patients suffering from heart failure.
    - Police Forensic Examiner Service

- HMP Grampian – provision of healthcare to HMP Grampian.

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

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

Other definitions:

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

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

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

1`HEALTH & SOCIAL CARE MORAY

DELEGATED AUTHORITY REPORTS - PERIOD July 2022 to September 2022

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Parkinson's Nurses Moray	Post part of agreed plan and recurring allocation. NR Earmarked balance in addition.	37.5hrs Band 7	Permanent	n/a	ASAP	SG Recurring Funding Allocation / Non Recurring Carried Forward
Primary Care Pharmacy Assistant	Unable to recruit B5's so decision made at Aug-22 PCIP meeting to convert hours to B3 (redesign within PCIF pharamcotheray B5 to reduce to fund B3 *2)	75hrs Band 3	Permanent	n/a	ASAP	PCIF
Highly Specialist Paediatric Occupational Therapist	Post discussed at SLG August 22.	37.5hrs Band 7	Temporary	12 months	ASAP	MDT non recurring slippage
HCSW	temporary HCSW for 6 months to cover the Winter period as part of our Winter planning	225hrs Band 3	Temporary	6 months	ASAP Winter Months	HCSW Slippage

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
SW (Unpaid Carers) Carer Practitioner - carers funded	To extend the temporary post of Social Worker/ Carer Practitioner to support the continuing development of the Carers Act Implementation Action Plan in line with the Carers Act (Scotland) 2016 for both Adult Services and Children's Services.	Grade 9 36.25 hours	Temporary	12 months	April 22 to March 23	Carers Funding
Day Opportunities SDS Enablers X 5	To give permanency to the Day Opportunities test of change. In order to progress with this, there is a need for the virement of the external building based day services budget to be moved to the SDS budget. By embedding the permanency of the Day Opportunities team, in particular the SDS Enablers, flexible, outcome focussed support can be delivered, with a primary focus on community assets.	Grade 7 36.25 hours x 5	Permanent		As per appointment	Virement from ceased day service contract

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Day Opportunities Support Worker Budget Change	To transfer the budget in relation to DAR2509 from Moray Resource Centre (MRC) to Community Support Services (CSS)	Grade 4 36.25 hours x 5	Temporary	6 months	From appointment	Virement from ceased day service contract
Transfer Funds & Posts ESS to Greenfingers Project	Transfer post and funds for Grade 8, Day Service Coordinator from Employment Support Services budget YM101 to Greenfingers Project staff budget YF910. Transfer post and funds for part-time Grade 3, Clerical Assistant from Employment Support Services YM101 budget to Greenfingers Project staff budget YF910. Transfer funds from Employment Support Services (ESS) YM101 re vacant Grade 7 Employment Development Worker (36.25 hrs) post to Greenfingers Project staff budget YF910.	Grade 8 36.25 hours Grade 4 51 hours Grade 3 18.12 hours	Permanent		ASAP	Funding already in place – just transfer of posts to another budget

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Transfer of vacant posts from Waulkmill budget to Woodview.	Transfer 6 vacant Support workers (grade 4) and 1 vacant Grade 5 Keyworker from Waulkmill to Woodview budget.	Grade 4 x 36.25 hours x 6 Grade 5 36.25 hours x 1	Permanent		ASAP	Funding already in place – just transfer of posts to another budget
JM Adult Support	The proposal is to create a support package for JM who will be transitioning from Children's Services. The package will require 4 WTE Support Workers [grade 4] and 1 WTE [grade 5] Keyworker. There are also 5 hours Admin Support [Grade 3] and 9.25 hours of Assistant Manager [Grade 7] attached to this package currently that will need to be transferred to Adult Services.	Grade 4 148 hours Grade 5 37 hours Grade 7 9.25 hours Grade 3 5 hours	Permanent		As per transition to Adults	From budget pressures identified for 22/23
Moray Resource Centre - Convert Catering Grade 4 to Grade 3	Convert vacant Grade 4 x 25 hour Assistant Cook post to Grade 3 27 hours Catering Assistant hours.	Grade 3 27 hours	Permanent		From appointment	Funding already in place

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Care Broker Service – Care at Home	The Brokerage service has 2 x 0.50 Grade 3 Clerical Assistant posts. This service has been managed under Access and brokering care for all Care at Home Providers across Moray. The proposal is to move management of this service to Care at Home and create one 36.25 hours post.	Grade 3 36.25 hours	Permanent		ASAP	Funding already in place
Social Worker – East Team, Access Team & Hospital Team	To make the current 3 temporary Social Worker posts permanent (2 Access & 1 East) and create a 4th permanent post (Home from Hospital Team)	Grade 9 36.25 hours x 4	Permanent		ASAP	Funding from additional funding from SG – Social Work Capacity in Adults Services

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Workforce Capacity SDS Coordinator	There is increasing demand for social care both as result of an ageing population, but also due to individuals being identified with more complex needs, due to this we are seeing an increase in both option 1 and 2 of Self-Directed Support. Due to this there is greater demand on the SDS team, in particular the Direct Payment Coordinators for packages to be set up, and ongoing support, this demand has now meant that the team are unable to meet the referrals in timeously manner. Create additional grade 5.	Grade 5 36.25 hours	Permanent		As per appointment	Funding from additional funding from SG – Social Work Capacity in Adults Services
Bus Escorts - Day Services	Covert grade 1 hours into grade 4 hours as day services will no longer recruit escort staff and the role of escort will be part of the duties of Care Assistants.	Grade 4 124 hours	Permanent		ASAP	Funding already in place

APPENDIX 4

MORAY INTEGRATION JOINT BOARD
DIRECTION

Issued under Sections 26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

1.	Title of Direction and Reference Number	*To be provided by Corporate Manager/Support Manager*
2.	Date Direction issued by the Moray Integration Joint Board	*24.11.2022*
3.	Effective date of the Direction	*01.04.2022*
4.	Direction to:	NHS Grampian and Moray Council
5.	Does the Direction supersede/update a previous Direction? If yes, include the reference number(s) of previous Direction	Yes last budget monitoring report for 22/23 budget outturn to MIJB on 29.09.2022
6.	Functions covered by Direction	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme and all functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.
7.	Direction Narrative	Directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below
8.	Budget Allocation by MIJB to deliver on the Direction	*Moray Council associated budget* - £65.2 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations. NHS Grampian associated budget - £72.4 million, of which £4.7 million relates to Moray's share for services to be hosted and £17.7 million relates to primary care prescribing.

		An additional £13 million is set aside for large hospital services. All details contained in APPENDIX 1 to the report
9.	Desired Outcomes	The direction is intended to update and reflect the budget position for 2022/23
10.	Performance monitoring arrangements and review	*Directions will be reviewed by the Audit Performance & Risk Committee on a six monthly basis for assurance. Any concerns should be escalated at the first available opportunity to the MIJB.* *An annual report of all current Directions will be presented to the MIJB*

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022

SUBJECT: HOME FIRST IN MORAY

BY: SEAN COADY, HEAD OF SERVICE

1. REASON FOR REPORT

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

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

i) considers and notes the progress towards delivering the identified aims for Home First in Moray and confirms that this programme should remain a priority activity to meet the objectives of the Strategic Plan; and

ii) agrees that further reports will be brought to the MIJB as specific decisions are required.

3. BACKGROUND

3.1. Operation Home First was launched in June 2020 as part of the Grampian wide health and social care response to the 'living with COVID' phase of the pandemic. All three Health and Social Care Partnerships (HSCPs) in Grampian are working together with the Acute services sector of NHS Grampian to break down barriers between primary and secondary care and to deliver more services in people's homes or close to people's homes.

3.2. Operation Home First aims to maintain people safely at home, avoid unnecessary hospital attendance or admission, and to support early discharge back home after essential specialist care.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Following a previous update in September 2022, a number of Home First work streams have seen progress.

Discharge to Assess (D2A)

4.2 D2A aims to provide early supported discharge and short-term intensive assessment and rehabilitation in a person's own home.

4.3 Between August 2021 and August 2022, the service has seen 245 new patients, 89% of patients showed an improvement in their function abilities following intervention.

4.4 An audit completed in May, June and July 2022 will be included in the November IJB report.

4.5 The service has reduced the length of stay in DGH from 7 days to 6 and reduced the length of stay in Moray Community Hospitals from an average of 43 days to 17. Patients are also 50% less likely to be readmitted following a D2A intervention and only 3% of the D2A patients required care upon completion of their D2A intervention.

Hospital at Home (H@H)/Hospital without Walls

4.6 A review of planning assumptions around H@H is being undertaken. Funding will come to an end over the next 6 to 8 months, whereupon sustainable funding will need to be sought. While that exercise is undertaken, work is ongoing to establish a flexible model of H@H that includes core services such as GP's and DN's who have historically provided H@H interventions. These teams already hold the key to the knowledge of the frail elderly in localities, including them and D2A and CRT into the H@H portfolio creates a Multi-disciplinary approach to meeting the aims of this workstream.

Prevention and Self-Management – Respiratory Conditions

4.7 This programme aims to develop a Social Prescribing model for the Moray population that supports prevention and self-care activities. The programme also offers support to enable health professionals to have easy access to information on non-clinical services and activities within their locality and to have a process in place to refer individuals.

4.8 This is a well-established work stream group with good representation from across services. Recently a Test of Change was undertaken in Forres and further tests are planned for Lossiemouth and Buckie.

Palliative Care

4.9 This programme aims to provide quality Palliative Care Services to the Moray Population. Key objectives have been developed in line with the Strategic Palliative Care Framework. The programme has a newly appointed Clinical Lead and the moray Strategic Palliative Care Group will reconvene following the approval of the Grampian framework.

4.10 The End of Life pathway is in operation within DGH, with the main focus on barrier free support to get people back home/or to a homely setting as close to their community as possible.

4.11 Two end of life beds have been procured for the North East of Moray.

Delayed Discharges

4.12 The Moray Delayed Discharge Plan takes a two phased approach. Phase 1 was to return delayed discharges to March 2022 numbers (average 45) which

has been achieved. Phase 2 aims to make systematic changes to sustainably reduce delays to 10 or less.

4.13 Phase 1 actions included the extension of contractual arrangements to increase Option 3 providers, (creating more Care @ Home capacity), the prioritisation of Care @ Home resource to Delayed Discharges, end of life patients, those in crisis in the community and prevention, the use of D2A and the Community Response Team flexible to improve capacity, the redesign of the Monday Delayed Discharge Operational Huddle and the implementation of a daily meeting to operationalise system pressures and available resource.

4.14 Phase 2 actions include the scaling up of Hospital @ Home, a HandSC Moray self-assessment of processes, systems and services, a focus on Care @ Home review, criteria led discharge, an assessment of Moray's risk appetite and a review effectiveness of current projects and services.

Care at Home

4.15 Care at Home was added to the Home First programme recently. Priorities for this workstream are to explore key areas in relation to the prioritisation of care resource (Delayed Discharges, End of Life, Crisis in the Community and Prevention) and to have oversight of resource that would support the Home First Objectives.

4.16 Operational stakeholder workshops are held monthly, outputs from the workshops so far include, the creation of a set of prioritisation criteria to help with the allocation of resource, a daily resource allocation collaborative, where resource that would support the Home First objectives is discussed and allocated and operational knowledge of system wide pressures promoting a shared approach to the solutions

Involving Carers in Hospital Discharge

4.17 This workstream was added to the Home First programme recently. Priorities for this workstream are to improve unpaid carer involvement in the planning and completion of hospital discharge and the health and wellbeing of both carer and cared for are considered.

4.18 Initial awareness activity has taken place in Community Hospitals and DGH. Staff have been encouraged to undertake training and carer-specific promotional materials have been created and circulated.

4.19 Working relationships between the designated Family Wellbeing Worker (FWW) and ward staff has led to easy referral of carers. FWW's are included in ward meetings and huddles. Health Care Support Workers from Community Hospitals are volunteering to become Unpaid Carer Champions.

Mental Health – Care Home Liaison

4.20 This is a new addition to the Home First Programme. The Key aim is to provide a proactive, anticipatory service to Moray's care homes from the Older Adult Mental Health service (OAMH); to reduce admissions from care homes, to the Muirton Dementia Unit, reduce the length of stay for patients who are admitted and to improve care home staff experience in relation to support from the OAMH service.

Mental Health – Multidisciplinary Team (MDT)

4.21 This is a new addition to the Home First Programme. The key aim is to develop MDT working, resulting in outcome focused admissions to the Muirton Dementia Unit, to reduce the length of stay and improve patient/carer and staff experience in relation to MDT working.

5. CHALLENGES

Recruitment and retention

5.1 Recruitment and retention across the NHS continues to be a challenge. Core Services are depleted and compete with projects and new services for staff. The self-assessment (Delayed Discharge workstream) will examine this issue in depth and while this exercise is undertaken, Moray will not bid for projects that require professional staff from core services on a temporary basis. Home First workstreams with unfunded posts will look creatively for ways to continue developments with existing funding. The Programme Team will encourage robust workforce planning to understand if the workforce within projects can be adjusted.

6. EVALUATION

6.1. The Home First Programme Team meet regularly with stream leads to assess progress against the Home First aims and to review key performance indicators. Home First now has a Dashboard of key performance data which supports the evaluation of works streams and allows the Programme Team to support and guide stream leads to meet objectives

7. GOING FORWARD

Core Teams

7.1 The contribution of Core Teams (DN's, GP's etc) will be included in the Home First programme going forward. Early review indicates gaps in service provision, particularly for the very frail elderly. Although much work has been undertaken, very little resource is available to this group, a crisis here often leads to an acute admission or an untenable risk lying with Social Work Teams. Work going forward will focus on this group. This will include early identification of risk (Anticipatory Care Planning) and the reinvigoration of Multi-disciplinary teams in localities to manage those risks. Home First will be brought together with Core Teams to create a workforce that provides a seamless service for the most vulnerable in our care.

8. SUMMARY OF IMPLICATIONS

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

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

b) Policy and Legal

None directly associated with this report

c) Financial implications

There are no direct financial implications from this report. Short term funding has been made available on a short-term basis to enable progression of the programmes of transformation. This is being kept under review, accepting that any long term implications are required to be met within existing budget where relevant, financial implications have been highlighted in this report.

d) Risk Implications and Mitigation

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

There is a risk of projects not being able to proceed within desired timescales due to the lack of suitably qualified and experienced staff being available due to the ongoing impact of the Covid pandemic on recruitment and retention.

e) Staffing Implications

Staffing absence remains a high risk to the delivery of all programmes of care in Moray. Cognisance of the balance between a depleting workforce and new innovations is required in order to successfully achieve the Home First Programme aims and objectives. A clear directive is that innovation must be system wide and not siloed for a group of the population, workforce planning will form a large part of planning moving forward through the programme.

f) Property

There are no property implications to this report.

g) Equalities/Socio Economic Impact

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

h) Climate Change and Biodiversity Impacts

None arising directly from this report.

i) Directions

None arising directly from this report.

j) Consultations

Consultations have taken place with the Home First Delivery Group, Chief Officer, Chief Financial Officer, Clinical Lead, Head of Service, Corporate Manager, and Tracey Sutherland, committee officer, Moray Council and comments incorporated regarding their respective areas of responsibility.

9. CONCLUSION

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

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

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

Author of Report: Alison Smart/Laura Sutherland, Home First Programme Team
Background Papers:
Ref:

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022

SUBJECT: HOME FIRST – DISCHARGE TO ASSESS

BY: HEAD OF SERVICE

1. REASON FOR REPORT

1.1. To update the Board on the impact of Discharge to Assess (D2A) on system flow and capacity across the Moray Health and Social Care portfolio.

2. RECOMMENDATION

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

i) considers and notes the performance evaluation of the D2A Service with an emphasis on impact across system flow and capacity; and

ii) notes the actions identified in section 4 as an update on progress as requested by the Board on 26 May 2022

3. BACKGROUND

3.1. Health and Social Care Moray, remains under immense and sustained pressure from the COVID-19 pandemic since early 2020. The impact of COVID-19 can be seen across the entire health and social care portfolio and key performance indicators such as acute admission rates and delayed discharges remain high.

3.2. D2A is one of a number of initiatives developed within the Operation Home First Programme. The programme aims are:

- To maintain people safely at home
- To avoid unnecessary hospital attendance or admission
- To support early discharge back home after essential specialist care

3.3 D2A is an intermediate support approach which aims to secure early discharge of hospital in-patients who are clinically stable and do not require acute hospital care but may still require rehabilitation or short-term support to improve their function. D2A was one of the original initiatives through Operation Home First.

3.4 After two trial periods, MIJB agreed permanent funding of £497K for D2A on 26 March 2021 for:

- Band 7 Occupational Therapy Team Lead 1.5 WTE
- Band 7 Advanced Practitioner Nurse 1 WTE
- Band 6 Occupational Therapist 1 WTE
- Band 6 Physiotherapist 1 WTE
- Band 6 Registered Nurse 0.6 WTE
- Band 3 Generic Support Workers 6 WTE
- Band 3 Admin 1 WTE

3.5 Since going live on 3 August 2021, D2A has faced a number of challenges related to staffing. It is yet to operate at full staffing capacity and most recently has a vacant Band 7 Advanced Practitioner Nurse post. D2A has also experienced staff absence due to COVID-19, longer term sickness absence (7%) and maternity absence (13%). As such, it should be noted that D2A has not been operating at optimal staffing and all absence is managed according to the relevant policies.

3.6 D2A intervention comprises up to 2 weeks of intensive assessment and rehabilitation over 7 days a week in the patient's home from Occupational Therapy, Physiotherapy and an Advanced Nurse Practitioner with day to day support from Generic Therapy Support Workers working upon patient chosen goals.

3.7 The average length of D2A intervention remains 11 days and the cost per day of D2A services per patient remains £169 compared with £570 for a Dr Gray's Hospital (DGH) bed day or £262 for a Moray Community Hospital bed day.

3.8 D2A continues to provide a blended model of support where possible to patients with other teams such as START (Short Term Assessment and Reablement Team) and FNCT (Forres Neighbourhood Care Team) and any other appropriate agencies to support the frail elderly of Moray and provide timely discharge.

3.9 D2A has been operational from August 2021 and to date has assessed and treated just under 300 patients:

- 73% of referrals from DGH
- 17% from Moray Community Hospitals
- 10% from Aberdeen Royal Infirmary(ARI), Woodend Hospital or Raigmore Hospital

Patient Outcomes

3.10 Patient functional outcomes are measured using a suite of standardised tools:

- Barthel Functional Index (therapy-rated outcome)
- Canadian Occupational Performance Measure (patient-rated outcome)
- Tinetti (therapy-rated outcome)
- Elderly Mobility Scale (therapy-rated outcome)

3.11 Using these standardised measures:

- 95% of patients showed an increase in their functional performance in activities of daily living (ADL)

- 90% of patients rated an improvement in their own ADL
- 84% of patients rated an improvement in their own satisfaction with their ADL performance
- 94% of patients showed an improvement in their functional mobility and gait, therefore reducing the risk of falls and improving their overall ability to maintain ADLs
- 85% of patients showed improved scores regarding balance, gait and mobility

This reinforces the aim of D2A to support early discharge and maintain people at home.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The D2A report in May 2022 recommended that more information would be provided to the IJB regarding the system impact of D2A on the following:
- Avoiding unnecessary admission
- Reducing length of hospital stay (LOS) – DGH and Community Hospitals
- Lowering readmission rates
- Reducing the requirements for care

4.2. A retrospective audit was completed of all new patients (55) who were admitted to D2A for a 3-month period of May, June and July 2022. Data was collected and all actual patient journeys were mapped (as per the pilot of 2020) and consensus sought with the multidisciplinary team (MDT) on the journey, dependencies and outcomes patients would have experienced had D2A not been operational.

4.3. Findings for this period:
- 75% of patients were discharged to D2A from DGH (41)
- 16% of patients were discharged to D2A from ARI (7), Woodend Hospital (1) and Raigmore (1)
- 9% of patients were discharged to D2A from Moray Community Hospitals (5)

Avoiding Unnecessary Admissions

4.4. For the 3 month audit period, 8 patients were discharged directly from the DGH Emergency Department (7) and the Acute Medical Assessment Unit (1) – this patient stayed overnight for diagnostics. These patients would have been admitted to hospital in the absence of D2A provision and would have remained in DGH for an average length of stay of 7 days. This equates to a bed day saving of 56 days at a cost of £32K (£570 per day) minus £8K for D2A costs (11 days at £169 per person) with an overall cost saving of £24K.

Reducing the Length of Stay

DGH

4.5. For the 3 month audit period, 41 DGH in-patients discharged to D2A had their hospital stay shortened by one day. (Average DGH stay of 7 days against D2A 6 days). This amounts to a bed day saving of £23K minus D2A costs of £7K and an overall saving of £16K.

Community Hospitals

4.6. For the 3-month audit period, 2 patients from Seafield Hospital had their length of stay reduced by D2A by 24 days. The average length of stay for Seafield

Hospital for this period was 46 days (costing £262 per day). D2A intervention equates to a bed day saving of £6K for a Community Hospital stay minus D2A costs over a total of 20 days of intervention for these 2 patients of £3K and an overall saving of £3K.

4.7. For the same period, 3 patients from Turner Hospital had their length of stay reduced by D2A by 17 days. The average length of stay for Turner Hospital for this period was 55 days. D2A intervention equates to a bed day saving at a cost of £4K minus D2A costs of £4K for 26 days of intervention. Although there is no monetary cost saving in this instance, flow and capacity were created by D2A by providing intervention at home and not in a hospital bed for those 17 days.

Patients from Hospital Outwith Moray

4.8. Seven patients came directly to D2A from ARI. Had D2A not been operational, these patients would have been transferred to a Moray Community Hospital. These patients already had an average length of stay of 39 days before discharge to D2A. From individual data of each patient's length of stay, D2A intervention saved 102 bed days in Community Hospitals at the cost of £27K minus D2A costs of £5K and an overall cost aversion saving of £22K.

4.9. One patient came directly to D2A from Woodend Hospital and again, this patient would historically gone to a Community Hospital. D2A saved this patient a minimum of 46 days (this is the lowest average LOS for a Moray Community Hospital for this period) at the cost of £12K minus the cost of D2A intervention of £1K for under a week of rehabilitation at home and an overall cost aversion saving of £11K.

4.10. One patient came directly to D2A from Raigmore Hospital with the same cost saving of under a week of home-based rehabilitation with D2A and the same cost aversion saving of £11K.

Lowering Readmission Rates

4.11. On data analysis, patients who receive D2A intervention remain 50% less likely to be readmitted within 7 and 28 days as per previous findings.

Reducing the Requirement for Care

4.12. During the audit period, one patient from 55 was referred for care by D2A. The dependency level of all 55 patients referred to D2A on discharge from hospital during this audit period was mapped and consensus of the MDT reached to ascertain the level of support and dependency each patient would have required at point of discharge for these patients had D2A not been operational.

4.13. For the audit period, 7 patients from DGH would have required twice daily input from care agencies at the cost of £52K (the average length of a care package is 6-months at £20 per hour). Seven patients would have required care input 3 times daily at the cost of £77K. D2A intervention for these patients cost £26K and results in a cost aversion saving of £103K.

4.14. In Moray's Community Hospitals, 2 patients would have required twice daily input from care in the absence of D2A at the cost of £15K and 2 patients would have required 3 times daily input at the cost of £22K. D2A intervention for these patients cost £7K and results in a cost aversion saving of £30K.

4.15. The MDT agreed that 14 patients would have had a longer stay in DGH to await care in the absence of D2A. This would have increased these patients' LOS and bed days minus the cost of D2A intervention for these patients and a cost aversion saving of £62K.

4.16. It was concluded by the MDT, 5 patients would have required a longer stay in a Community Hospital to await care in the absence of D2A. D2A created a cost aversion saving of £5K.

4.17. Eighteen patients discharged to D2A from DGH or ARI/Woodend Hospital/Raigmore Hospital were mapped by the MDT as previously requiring to be transferred to a Community Hospital for rehabilitation in the absence of D2A.

4.18. The cost of a Community Hospital stay for these patients minus D2A costs equals a cost aversion saving of £184K.

D2A Delayed Discharges to Care

4.19. Throughout the last year, 6 patients over 335 days have had to remain with D2A whilst they have awaited either START (120 days) or mainstream care (215 days). This cost the organisation £57K and resulted in reduced D2A capacity.

Delays in Discharges from Hospitals to D2A

4.20. From May to July 2022, there were 31 days of delays identified in patients physically being discharged to D2A due to hospital-based issues such as transport, medication and coordination of discharge. These delays also alter length of stay for patients. Twenty-five days of delays were from DGH costing £14K and 6 days of delays from Community Hospitals costing £2K. D2A costs for the same period were £4K. Therefore the cost to the organisation of these delays was £12K.

4.21. **Cost Analysis**

Activity May, June, July 2022	
D2A Costs including non-pay	(£75K)
Avoiding unnecessary admission	£24K
Reduced length of stay – DGH	£16K
Reduced length of stay – Community Hospitals	£3K
Cost of additional bed days to await care from DGH in the absence of D2A	£62K
Cost of additional bed days to await care from Community Hospitals in the absence of D2A	£5K
Cost of patients transferring to a Community Hospital for rehabilitation in the absence of D2A	£184K
Reducing care requirements from DGH	£103K
Reducing care requirements from Community Hospitals	£30K

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
The aims of Home First have significant alignment to the themes of the MIJB strategic pan and in particular to the Home First Theme

(b) Policy and Legal
None directly associated with this report

(c) Financial implications
No direct financial implications but can demonstrate efficiency and cost aversion as detailed in paragraph 4.21.

(d) Risk Implications and Mitigation
In terms of patient outcomes, D2A continues to demonstrate high rehabilitation outcomes. D2A can also demonstrate reduced length of stay, lower readmission rates and reduced requirement for care.
There is excellent qualitative data evaluation through the various outcome therapy led evaluators and this report demonstrates evidence of key quantitative performance indicators as requested from the last MIJB report.
This rehabilitation service provides assessment over 7 days predominantly in hours. Whilst there is a risk frail adult admissions may be missed for referral to D2A, capacity of the team is such that they are covering peak activity for discharges.
D2A continues to require highly specialist practitioners in order to mitigate the risk of increasingly higher medical acuity patients being discharged from all hospitals.

(e) Staffing Implications
D2A demands a workforce of highly specialist practitioners in order to achieve evidenced rehabilitation goals with patients and also mitigate and carry the risks of early discharge of frail elderly individuals.
Recruitment for all Allied Health Professionals is challenging across the whole of the country and there is a national shortage of AHPs.
Continual review of the staffing configuration has been required throughout with the maternity and sickness absence of staff, vacancies and a balance against to meeting the aims and objectives of the service.
D2A is providing a blended model of care where appropriate.

(f) Property
D2A are to be permanently accommodated with DGH in the near future.

(g) Equalities/Socio Economic Impact
All patients who require D2A and are able to engage in rehabilitation receive D2A. As a rehabilitation service, it does not run 24/7 therefore some patients who attend ED out of hours may be missed.

(h) Climate Change and Biodiversity Impacts
There are no climate change and biodiversity impacts in this report.

(i) Directions
None arising directly from this report.

(j) Consultations
Consultations have taken place with the Home First Delivery Group, Chief Officer, Chief Financial Officer, Clinical Lead, Head of Service, Corporate Manager, Moray Council and comments incorporated regarding their respective areas of responsibility.

6. CONCLUSION

6.1 D2A has continued to meet the criteria as set out in its initial business case. This is an effective service that demonstrates excellent outcomes for patients in terms of functional ability after D2A intervention. The key actions highlighted in the report of May 2022 have been explored and evidenced within this report.

Author of Report: Dawn Duncan, Lead Occupational Therapist, Health and Social Care Moray

Background Papers:
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022**

SUBJECT: **MORAY INTEGRATION JOINT BOARD MEETINGS 2023/24**

BY: **CORPORATE MANAGER**

1. REASON FOR REPORT

1.1. To ask the Board to consider future arrangements for holding meetings of the Moray Integration Joint Board (MIJB), the Audit, Performance and Risk Committee and the Clinical and Care Governance Committee going forward and to agree the meeting dates for 2023/24.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board agrees the schedule of meetings for the MIJB, the Audit, Performance and Risk (APR) Committee and the Clinical and Care Governance (CCG) Committees for 2023/24

3. BACKGROUND

3.1. There have been no requests to change the scheduling or times of the meetings as per the schedule of 2022/23.

3.2. On this basis, a proposed timetable of MIJB meetings for 2023/24 including MIJB development sessions, APR Committee and CCG Committee is attached at **APPENDIX 1**.

3.3. Following the Covid-19 pandemic, meetings of the MIJB, Audit Performance and Risk and Clinical and Care Governance have been a hybrid model of, in person and remote attendance. Also, the Council's committee meeting system, Connect Remote allows the meetings to be webcast live to members of the public, and Committee Members who are unable to attend in person, also allowing members to watch the meeting at a later date if required. There have been no requests to change this system. This hybrid system supports sustainability, reduces costs, and travel time for staff and members of the public who may need to travel to attend the meetings.

4. KEY MATTERS RELEVANT TO RECOMMENDATIONS

4.1 The meeting schedule is established with the intention to ensure key dates for formal business are accounted for and to avoid the creation of Special meetings and conducting formal business during development sessions.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
The scheduling of appropriate meetings facilitates good governance arrangements and supports the delivery of the Strategic Plan.

(b) Policy and Legal
In terms of the Standing Orders section 4.1, approved by the Board at its meeting on 28 June 2018 (para 5 of the Minute refers), the Board is to approve annually a forward schedule of meeting dates for the following year.

(c) Financial implications
There are no financial implications directly arising from this report.

(d) Risk Implications and Mitigation
None directly arising from this report.

(e) Staffing Implications
There are no staffing implications directly arising from this report.

(f) Property
There are no implications in terms of Council or NHS property directly arising from this report.

(g) Equalities/Socio Economic Impact
An equalities impact assessment is not required as there is no change to service delivery arising as a result of this report. The hybrid model allows access to all members of the public and staff. It reduces the need for the cost and emissions associated with travel.

(h) Climate Change and Biodiversity Impacts
The hybrid system supports sustainability, reduces costs, and travel time for staff and members of the public who may need to travel to attend the meetings.

(i) Directions
None directly arising from this report.

(j) Consultations
Consultations have been undertaken with the following who are in agreement with the content of this report where it relates to their area of responsibility:

- Isla Whyte, Interim Support Manager

- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

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

Authors of Report: Sonya Duncan, Corporate Manager, HSCM
Background Papers:
Ref:

Proposed Meeting Dates 2023/24

DATE	MEETING TYPE	TIME
27 April 2023	Moray Integration Joint Board Development Session	9:00 to 12:00
25 May 2023	Moray Integrated Joint Board	9:30 to 12:00
25 May 2023	Clinical & Care Governance Committee	14:00 to 16:30
29 June 2023	Moray Integrated Joint Board	9:30 to 12:00
29 June 2023	Audit, Performance and Risk Committee	14:00 to 15:30
27 July 2023	Moray Integration Joint Board Development Session	9:00 to 12:00
31 August 2023	Clinical & Care Governance Committee	9:30 to 12:00
31 August 2023	Audit, Performance and Risk Committee	14:00 to 15:30
28 September 2023	Moray Integrated Joint Board	9:30 to 12:00
26 October 2023	Moray Integration Joint Board Development Session	9:00 to 12:00
26 October 2023	Audit, Performance and Risk Committee	14:00 to 15:30
30 November 2023	Moray Integrated Joint Board	9:30 to 12:00

30 November 2023	Clinical & Care Governance Committee	14:00 to 16:30
25 January 2023	Moray Integrated Joint Board	9:30 to 12:00
29 February 2024	Moray Integration Joint Board Development Session	9:00 to 12:00
29 February 2024	Audit, Performance and Risk Committee	14:00 to 15:30
28 March 2024	Moray Integrated Joint Board	9:30 to 12:00
28 March 2024	Clinical & Care Governance Committee	14:00 to 16:30

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022**

SUBJECT: **PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORTING SUBMISSION 2021/22**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To present the draft Moray Integration Joint Board (MIJB) Climate Change Duties Report submission for 2021/22

2. RECOMMENDATION

2.1 It is recommended that the MIJB consider and approve the draft submission to Sustainable Scotland Network (APPENDIX 1) for the reporting year 2021/22.

3. BACKGROUND

3.1 The Climate Change (Scotland) Act 2009 introduced targets and legislation to reduce Scotland's emissions by at least 80% by 2050.

3.2 Section 44 of the Act places duties on public bodies relating to climate change and requires them to:-

- contribute to delivery of the Act's emissions reduction targets,
- contribute to climate change adaptation, and
- act sustainably

3.3 Following public consultation and parliamentary scrutiny a Statutory Order under section 46 of the Act came into force in November 2015. This Order contained a list of public bodies required to annually report on compliance with the climate change duties. These major players listed in the Order were expected to submit their reports to the Scottish Government for 1 April 2015 to 31 March 2016 by 30 November 2016 and annually thereafter. Both Moray Council and NHS Grampian have fulfilled these requirements.

3.4 Integration Authorities were required to provide annual reports for the first time in November 2017 and this was approved by this Board on 14 December 2017 (para 7 of the minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The report attached in **APPENDIX 1** is required to be submitted to the Scottish Government by 30 November 2022.

4.2 The content is limited because MIJB do not own any property or vehicles and do not develop the policy surrounding the use of fuel, procurement, transport, energy, waste, ICT, property and infrastructure. The policies that are followed by staff are developed by the employing organisation, either Moray Council or NHS Grampian.

4.3 The principle areas that the MIJB and managers can influence is the development of a culture of environmental awareness including climate change impacts and ensuring that policies are adhered to appropriately, for example:-

- to reduce their travelling to meetings & service user contacts where possible. During 2021/22 staff continued to make greater use of video conferencing, saving both time, costs and emissions associated with travelling. Significant progress in this area has arisen as a result of the introduction of Microsoft Teams in NHS Grampian and Moray Council which has facilitated staff being able to communicate whilst continuing to work from home.

- continued use of existing ICT applications such as Attend Anywhere for reducing travel for staff/patients/service users within Moray.

- reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste.

- Many staff vacancies are offered as a hybrid option to staff; this reduces travel costs, emissions, and also allows people to live in more remote areas, whilst working in Moray.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan 2019-29.

(b) Policy and Legal
None directly associated with this report

(c) Financial implications
None directly associated with this report.

(d) Risk Implications and Mitigation
None directly associated with this report.

(e) Staffing Implications
None directly associated with this report.

(f) Property
None directly associated with this report.

(g) Equalities/Socio Economic Impact
As this is a performance monitoring report, an Equality Impact Assessment is not required as the report does not deal with actions which may impact adversely on groups with protected characteristics.

(h) Climate Change and Biodiversity Impacts
Impacts detailed at 4.3 of the report and at **APPENDIX 1**.

(i) Directions
None directly associated with this report.

(j) Consultations
Consultation on this report has taken place with the Chief Financial Officer who is in agreement with the content in relation to their area of responsibility.

6. CONCLUSION

6.1 This report recommends the MIJB consider and approve the draft submission (APPENDIX 1) to the Sustainable Scotland Network

Author of Report: Sonya Duncan, Corporate Manager
Background Papers: held by author
Ref:

APPENDIX 1

MORAY IJB 2021/22 CLIMATE CHANGE DUTIES REPORT

1 Profile of reporting body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Moray Integration Joint Board

1b Type of body

Integration Joint Board

1c Highest number of full-time equivalent staff in the body during the report year.

1

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Population size served	Population	96,000	as per National Records June 2021 (approx.)

1(e) Overall budget of the body (£).

Specify approximate £/annum for the report year.

£142,673,000

Comments

Funding is provided by NHS Grampian and Moray Council.
Staff of Health and Social Care Moray (circa 1,000 number) are employed by NHS Grampian or Moray Council.

1(f) Report year.

Specify the report year.

2020/21 (Financial Year)

1(g) Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The staff of IJB and Health and Social Care Moray operate from buildings owned or leased by NHS Grampian or Moray Council and any information relating to energy, emissions or waste will be included in their respective returns.
Pool cars are used, but again are owned and use fuel that will be reported via the NHS Grampian and Moray Council returns.
Staff of IJB / Health and Social Care Moray operate within the policy and procedures of their employing organisations for property, infrastructure, waste, fuel, procurement and business travel.
Many staff are required to work closely with colleagues in other areas in Grampian so the use of Microsoft Teams is promoted to save time, travel costs and emissions. During the Pandemic staff, where it is possible and ICT kit has been provided, staff have worked from home. It is not possible to ascertain the increase in fuel usage for individual homes, however, there will have been a reduction in travel to work emissions.
Due to COVID-19 and the rural nature of Moray one of the strategic aims of the Moray IJB is to promote local and accessible services. Work continues to identify options and innovations for using digital solutions for service delivery where possible to reduce travel and emissions and health inequalties.
Attend Anywhere (Near Me) has been rolled out to all GP Practices in Moray.

2 Governance, Management and Strategy

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

The climate change activities sit within Moray Council and NHS Grampian's governance arrangements and are included in their reports to Sustainable Scotland Network (NSS)/ Scottish Government.

The MIJB does not have a separate environmental policy but will adopt the commitments in Moray Council and NHS Grampian's Environmental and Climate change policies relevant to MIJB. *Links to MC and NHS documents will be embedded.*

2b How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body.

Decisions in relation to climate change action within the MIJB scope will be managed by the Senior Management Team and reported to MIJB for approval.

Decisions in relation to transport, waste, ICT, procurement, property and infrastructure will be made through the NHSG and Moray Council governance arrangements.

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

There were no specific climate change mitigation and adaptation objectives included in the strategic plan.

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

No the MIJB does not have a specific plan or strategy for climate change. . The accountability and responsibility for climate change governance lies with NHS Grampian and Moray Council (the statutory bodies). Please refer to their Climate Change Duty Reports for information. MIJB continues to work with partners to identify opportunities to operate more sustainably and efficiently. MIJB will also discuss Climate Change impact on any new plans.

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

No plans or strategies owned by MIJB – NHSG/Moray Council plans and strategies followed

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Whilst the accountability and responsibility sits with Moray Council and NHS Grampian. MIJB and Moray HSCP will strive to ensure all staff are aware of climate change and carbon reduction aims and targets as identified in respective employing organisations' policies.
To encourage awareness of behaviour changes of staff working within HSCM to reduce carbon footprint through further adoption of policies by:
-reduce their travelling to meetings and client contacts where possible
-making use of video conferencing or Attend Anywhere technology if available
-consider further development of use of existing ICT applications and to explore opportunities for reducing travel for staff/patients/clients within Moray
-take part in pilot programmes for new ICT technology
-reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

N/A

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The MIJB will support parent organisations to achieve the targets set.

3 Emissions, Targets and Projects

3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

The MIJB will continue to participate in and follow the procedures of the NHSG and Moray Council Asset Management Groups.

4 Adaptation

4a Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. Moray Council has identified climate change on its Corporate Risk Register - assessment developed by a group that included consultation with SEPA, Scottish Flood Forum, Adaptation Scotland and Moray Council.
Other impacts of climate change such as flooding are included in the Business Continuity plans for services, and NHS Grampian's Resilience Plan. We will continue to work with our partners to identify opportunities to operate more efficiently and sustainably.

4b What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. If specific climate change risks are identified for delivery of the services by the Moray IJB, they will be recorded on either Service or Corporate Risk Registers and will be managed in accordance with the Risk Management Policy. The Moray IJB will consider whether climate risks/issues should be taken into account in the future and it is incorporated into the standing papers of the IJB.

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

There has been a review of guidance notes for Managers in relation to Risk Registers to include the need for consideration of the impact of climate change on service delivery, as identified in information provided by NHS Grampian and Moray Council. Climate change and sustainability are included as standing items for new business.

4d Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?

The Moray IJB understand the effects of climate change and their impacts on the natural environment. It supports a healthy and diverse natural environment with the capacity to adapt, sustain and enhance the benefits, and goods and services that the natural environment provides.
It understand the effects of climate change and their impacts on buildings and infrastructure networks and provides the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure. It also looks to Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. Risk Registers and assessments are reviewed on an annual basis as a minimum.
Moray Council and NHS Grampian will review their arrangements and notify the Chief Officer or Senior Management Team of any actions that require to be taken. This would then be communicated via the System Leadership Group to Services for action.

It understands the effects of climate change and their impacts on people, homes and communities and is looking to increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events. It supports our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.

4g What are the body's top 5 priorities for the year ahead?

Provide a summary of the areas and activities of focus for the year ahead.

The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.

5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The Moray IJB does not have its own Procurement Policy but follows and complies with NHS Grampian and Moray Council policies. The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

The Moray IJB does not have its own Procurement Policy but follows and complies with NHS Grampian and Moray Council policies. The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

The Moray IJB does not have its own Procurement Policy but follows and complies with NHS Grampian and Moray Council policies. The accountability and responsibility for climate change sits with Moray Council and NHS Grampian. The Moray IJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally. MIJB and HSCM continues to work with colleagues to identify opportunities to operate more sustainably and efficiently.

6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

This return is reviewed by Senior Management Team and approved by Moray Integration Joint Board

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

Not Applicable

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

The Senior Management Team completes the validation process.

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

This report has been reviewed by the Senior Management Team and approved by the Moray IJB prior to submission to Sustainable Scotland Network.

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Simon Bokor-Ingram
Role in the body:	Interim Chief Officer
Date:	04/11/22

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022**

SUBJECT: **MORAY INTEGRATION JOINT BOARD STRATEGIC PLAN 2022-2032**

BY: **INTERIM STRATEGY AND PLANNING LEAD**

1. REASON FOR REPORT

1.1. To inform the Board on the developments of the revised Strategic Plan 2022-2032

2. RECOMMENDATION

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

i) consider and agree the revised IJB Strategic Plan 2022-2032;

ii) delegate authority to Officers to action minor amendments to the Plan; and

iii) endorse the Moray Wellbeing Pledge.

3. BACKGROUND

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

3.2. The MIJB is required to review their Strategic Plan every three years under the legislation, with a decision taken on whether to replace the existing Plan. The current Strategic Plan 2019-2029 was consulted widely to create an ambitious 10-year Plan for Moray.

3.3. As reported to MIJB on 31 March 2022 (paragraph 14 of the minute refers) it was recognised that the health and social care landscape has changed but the 2019 Plan purposefully placed an emphasis on prevention and early intervention with the aim of building resilience for individuals and communities. The Plan identified key aims of the MIJB and directed HSCM to work closely with communities and key partners to reform the system of health and social care in Moray. It was also recognised that progress has been made against the

three strategic themes and the review of the Plan will focus on what already has been achieved.

3.4. The MIJB Strategic Plan 2022-2032 in **Appendix 1** is a continuation of the 2019 Plan and the long-term strategic objectives make room for adapting to challenges and developments in health and social care over the coming years. To deliver on these objectives a 12-month Delivery Plan is under development which will take the Partnership to the end of 2023.

3.5. In preparing to refresh MIJB Strategic Plan, it should be noted that engagement activities have helped inform and gain an understanding of Moray citizens aspirations. This has been through engagement with citizens as part of locality network events, the development of the NHS Grampian Plan for the Future, Dr Gray's Hospital Strategy. This is in addition to informal citizen feedback from existing networks including carers network and older people groups.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The revised Plan contributes to the aims of Moray Council, NHS Grampian Plan for the Future and the Community Planning Partnership and aims to provide a ten-year vision for integrated health and social care services, setting out objectives for the Partnership and how it will use its resources to integrate services in pursuit of national and local outcomes.

4.2. Given the timing of the publication of the Plan and the continuous development of delegation of children and family and justice social work services to MIJB, the Dr Gray's strategy and the refresh of Council strategies, many of the immediate actions and operational delivery plans to support winter pressures are interlinked and underpin this Plan. The actions set out in numerous plans across the system will help to shape the development of the 12-month delivery plan.

4.3. Support has been welcomed from Scottish Government Integration Governance and Support Team to aid in the development of Morays delivery plan using the Framework for Community Health and Social Care Integrated Services.

4.4. This Plan will focus on the "Wellbeing Pledge" and belief that the biggest difference in health and social care in our communities will come from the things people can do for themselves by taking control, wherever possible, of their own health and wellbeing. By working closely with partner organisations and local communities to improve health and wellbeing, this Plan will support citizens of Moray to be able to enjoy good health for longer and to make healthier life choices. Engagement activities will be arranged jointly with partners to ensure that the actions reflect the values, beliefs, and priorities for the citizens of Moray, focusing on a whole system approach.

5. SUMMARY OF IMPLICATIONS

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

The Plan underpins the named plans and replaces the MIJB 2019-2029 Partners in Care Plan.

(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 with the planning process, a medium-Term Financial Framework was approved at the MIJB meeting on 31 March 2022 (para 8 of the Minutes refers)

(d) Risk Implications and Mitigation

Risk will be highlighted through the Strategic Risk register and monitored through the Audit Performance and Risk Committee.

(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 ad changing picture. Staff Side, Unions and Human Resources will be working alongside the Senior Management Team in delivering change observing the associated policy and procedures of the Council and NHS.

(f) Property

There are no direct property implications however, there is a new Infrastructure Programme Board under development linking with the asset management arrangements of both NHS Grampian and Moray Council to ensure joined up approach in the estate and enable the priorities around infrastructure that support transformation coordinated and prioritise through formal routes.

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

(g) Equalities/Socio Economic Impact

An EIA has been completed in relation to the Plan and will be part of the suite of documents published.

(h) Climate Change and Biodiversity Impacts

Climate change is recognised within the Plan and is supported through the partners plans, NHS Grampian Plan for the Future.

(i) Directions

None

(j) Consultations

The following have been consulted and agree with the report where it relates to their area of responsibility: Senior Management Team, Systems Leadership Group, Corporate Communications, HSCM, Community Wealth Building Officer, Moray Council.

6. CONCLUSION

6.1. Moray Plan for the Future 2022-2032 is the MIJB Strategic Plan. This 10-year plan seeks to continue to set the direction and approach to care that would wish to be seen across Moray and sends clear statement of intent to the citizens of Moray and the workforce.

6.2. The development of a 12-month delivery plan reflects the current uncertainty within health and care services caused by the pandemic, cost of living crisis as well as the anticipated changes in the policy landscape with the development of the National Care Service.

6.3. Further verbal updates will be given as the development of the plan 12-month delivery plan continues at pace.

Author of Report: Carmen Gillies, Interim Strategy and Planning Lead
Background Papers: with author
Ref:

APPENDIX 1

Partners in Care

The Strategic Plan for Health and Social Care in Moray over the next 10 years (2022-2032)

Moray Integration Joint Board
Health & Social Care Moray

HEALTH & SOCIAL CARE MORAY

WHAT YOU WILL FIND IN THIS DOCUMENT

- THE HEALTH AND SOCIAL CARE STRATEGY AT A GLANCE 5
- WELCOME 6
- CHIEF OFFICER INTRODUCTION 7
- WHO WE ARE 8
- MODEL OF CARE - MORAY PORTFOLIO 9
- THE PLAN 10
- A CASE FOR CHANGE 11
- MORAY OPPORTUNITIES 12
- WHERE WE ARE IN MORAY 13
- DEVELOPING OUR STRATEGIC PLAN 14
- LOCAL AND NATIONAL POLICY 15
- THE FRAMEWORK 16
- WHERE WE WANT TO BE 17
- MORAYS WELLBEING PLEDGE 18
- OUR STRATEGIC THEMES 19
- OUR ENABLING PLANS 27
- THE DIFFERENCE WE WANT TO MAKE 28
- MEASURING SUCCESS 29
- FINANCIAL FRAMEWORK 30
- STAYING INVOLVED 32

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 the Public Involvement Officer by emailing involvement@moray.gov.uk or calling 01343 567187.

THE HEALTH AND SOCIAL CARE STRATEGY AT A GLANCE:

Our Values

- Dignity & Respect
- Care & Compassion
- Person Led
- Safe, Effective & Responsive

Our Vision

We come together as equal & valued partners in care to achieve the best Health & Wellbeing possible for everyone in Moray throughout their lives.

Our Enablers

- Financial Resources
- Commissioning
- Property & Assets
- Workforce
- Transformation
- Housing
- Digital

WELCOME

CHIEF OFFICER INTRODUCTION

I am delighted to present our Strategic Plan 2022-2032 and look forward to leading its implementation. This Plan is ambitious and sets the direction for the future for Health and Social Care in Moray. Our approach requires the strategic intent to deliver on both responding to illness and improving wellness accordingly, through adopting a whole system approach known as the Moray Portfolio. We aim to make the best collective use of our resources, for the wellbeing of our communities whilst seeking to achieve a far better balance in the system, to increase enabling wellness while still responding to illness as they're both crucial and we need to have both as we go forward if we want to succeed on the delivery of the plan. We will continue to build further on the integrated working of our health and social care teams while strengthening our partnership working with Moray Council, NHS Grampian, wider Community Planning Partners and our vital Third and Independent Sector. At the heart of the plan is the idea that we want to create sustainable health and social care over the next 10 years.

Our key focus continues to be progressing the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable citizens, whilst setting out our vision for a new partnership with communities and individuals so we can work together to achieve the best possible outcomes for the people of Moray.

There was much to learn from our response to the pandemic, where were have and continue to see incredible resilience, commitment and creativity from staff at the HSCP, our partner providers and community groups in Moray. Our teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our citizens. During the pandemic period there has been innovation and collaborative working across the health and social care system building on and strengthening local partnerships in compassionate and practical ways. We want our staff to work in an organisation that has clear vision, principles and values; affirming and positive leadership and an optimistic culture that rewards creativity and initiative at individual, team and department level. One consequence of the COVID-19 restrictions has been the increasing deployment of digital technology; both for providing flexible services to those we support and in enabling HSCP staff to operate in a dynamic way using a range of remote access technologies. We will want to ensure our future way of working embraces the opportunities that digital platforms provide. Our collective ambition is for a Partnership that is founded upon strong engagement with citizens and carers, driven by quality data and information and committed to continuous service improvement. I look forward to working with you all in realising these ambitions over the new few years.

Simon Bokor-Ingram
Chief Officer - Health & Social Care Moray

WHO WE ARE

Moray HSCP brings together a wide range of community-based health, social care and social work services in Moray. Services are provided by the HSCP or commissioned by us from another provider.

In Moray the HSCP delivers and commissions a broad range of services, meaning the HSCP is in contact with citizens at all stages of life.

Services delegated by Moray Council and NHS Grampian cover:

Social care servicess, including social work, care at home and community OTs;

Primary care services including GPs, Community dental, ophthalmic and pharmaceutical services and community nursing;

Allied health professionals such as occupational therapists, psychologists, podiatry, SALT, dietetics and physiotherapists;

Community hospitals, reablement, rehabilitation and palliative services;

Public health including health improvement, Health Point;

Unscheduled care services; and

Support for unpaid carers.

Children and Families and Justice Social Work is in the transition of becoming part of MIJB Scheme of Integration. Strategic planning will be delivered as a HSCP but will be referenced through the Children's Services Plan 2022.

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.

In practice, this means that our services work more closely together to deliver streamlined and effective support to people that need it, bringing together a range of professionals including social work, nursing and our allied health professionals. All services are strategically driven by local and national priorities and full service details are provided within the Moray integration scheme at the link: http://www.moray.gov.uk/downloads/file102766.pdf

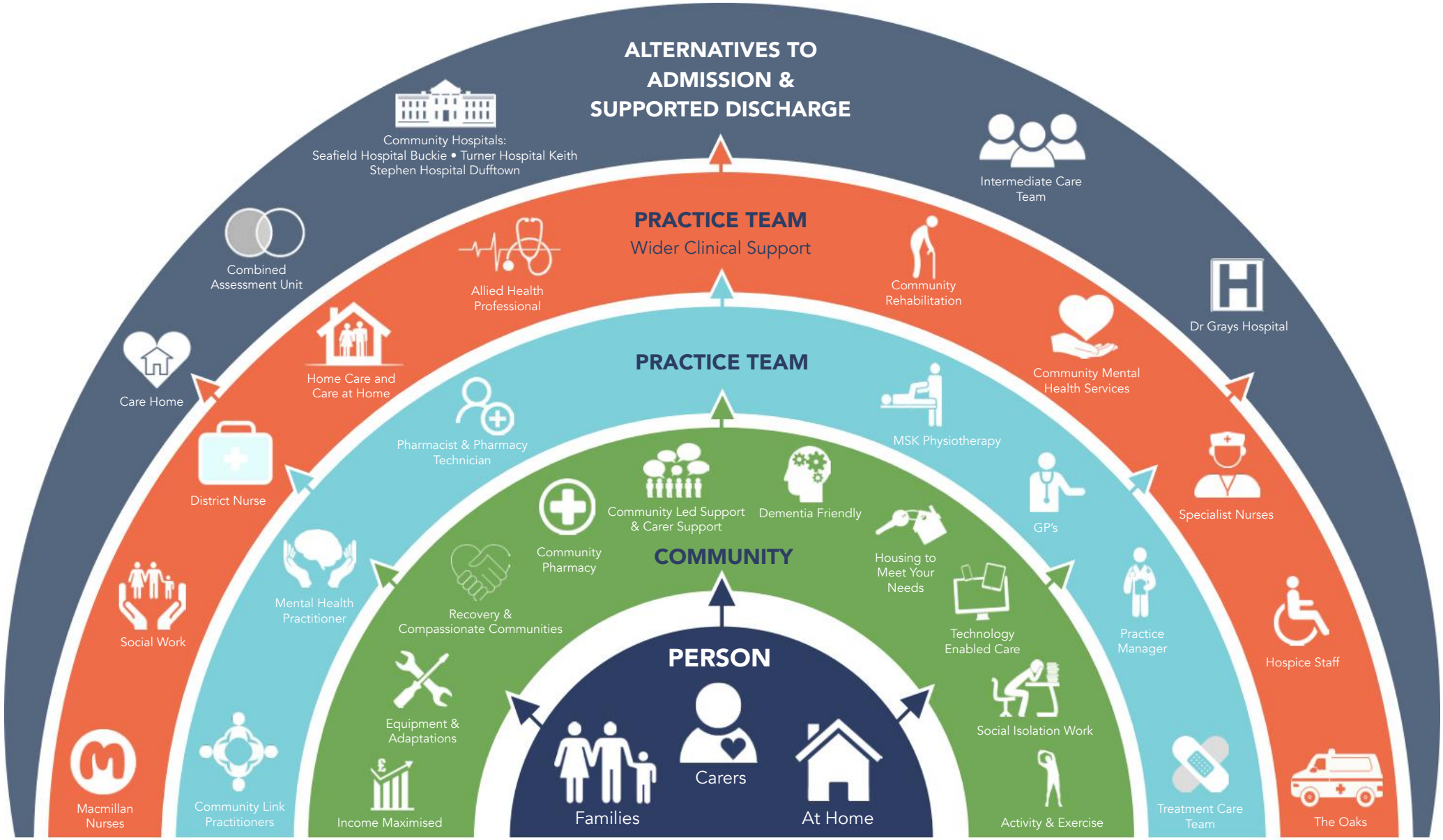
THE INTEGRATION JOINT BOARD

The Public Bodies (Joint Working) (Scotland) Act, establishing integrated health and social care partnerships on a legal footing, came into effect on 2 April 2014 and this is the third Strategic Plan of the Integration Joint Board (IJB).

The HSCP is governed by the IJB – a separate legal entity in its own right - which is responsible for planning and overseeing the delivery of community health, social work and social care services. The IJB is responsible for allocating the integrated revenue budget for health and social care in accordance with the objectives set out in its Strategic Plan.

The IJB includes members from NHS Grampian, Moray Council, representatives of the Third Sector, Independent Sector, staff representatives and others representing the interests of patients, service users and carers.

MODEL OF CARE - THE MORAY PORTFOLIO



A Ten-Year Vision

Our Plan aims to provide a ten-year vision for integrated health and social care services which sets out objectives for the HSCP and how it will use its resources to integrate services in pursuit of national and local outcomes.

Planning in Moray

Our direct engagement and relationship with Moray communities is supported by our four Localities, enabling us to deliver supports and services in keeping with local need.

To facilitate this, Locality Planning arrangements are under development which will feed into our Strategic Planning and Commissioning Group (SPCG).

Partnerships

The overarching aim of the HSCP is to work together with the citizens of Moray to improve health and wellbeing and support communities to be resourceful and supportive of family, friends and neighbours.

We cannot achieve this alone. We need to work with partner organisations (including the Third and Independent Sector) to enable citizens to take control and take responsibility for their own health and wellbeing – understanding that ultimately, most people do not want to have to reach for our services. The long-term health and wellbeing of citizens will only be improved if communities, organisations and individuals work together to take charge of the health and care needs of its citizens in Moray. The Partnership will support you to lead healthier lifestyles while you take charge of your own physical and mental health and wellbeing.

We are looking at building a system which looks at 'care' not just as 'healthcare' and formal support services but one that encompasses and supports informal care, communities and their citizens as crucial parts of the system. Our Moray Wellbeing Pledge sets out this ambition alongside the Model of Care highlighted above to work as a whole system for Moray citizens which we call the Moray Portfolio.

Continuous Development of the Plan

We will revisit operational plans on an iterative basis in response to our changing population (and the uncertain impact of COVID-19) and to various national policy developments we anticipate over the coming year including the Scottish Government's response to the Independent Review of Adult Social Care including the creation of a National Care Service.

In reviewing Moray Partners in Care Plan 2019, we reviewed our performance against our previous priorities as detailed in our Annual Performance Reports, developed locality profiles, considered the emerging risks and consulted with people who use our services, our partners and our staff. This helped us to continue to deliver on our vision, values and strategic objectives that are detailed in this plan.

A CASE FOR CHANGE

As partners in care we face a range of challenges which make the current model of service provision unsustainable. Some of these challenges are Scotland-wide but some are more pronounced to Moray given our particular composition and geography.

Nationally these challenges include:

- The demand for health and care services arising from the ageing of the population.
- There are increasing challenges in mental health and wellbeing, and continued challenges in suicide prevention and drug-related deaths.
- COVID-19 recovery and response as well as the long-term impacts on our mental and physical health.
- The constraints associated with limitations of finance.
- The concerns matching workforce supply with increasing demand in health and care disciplines.
- Long-standing ICT issues particularly with non-integrated systems within health and between health, care and others.
- The need to develop planning within the context of reducing carbon emissions in line with the Scottish target.

Locally there remains challenges in relation to:

- Morays rurality heightens the challenges regarding workforce supply which increased the financial envelop to support short term fixes including locums or leave a post vacant which increases pressures throughout the system.
- There are challenges associated with the current NHS estate and ICT infrastructure as more advanced service models emerge.
- There are barriers relating to digital exclusion that must be overcome for us to truly modernise services.

Opportunities and optimism include:

- Our committed and dedicated workforce and our resilient and engaged community.
- The partnership with Third, Independent and Community Sectors has been further strengthened through the COVID-19 period and there are great examples of integrated working.

NHS Grampian case for change outlines 6 strategic reasons for change

Plan for the Future
Healthier Together
2022 - 2028

1. Population Health
2. Health Care
3. Climate Change
4. Health Improvement
5. Self Care
6. Building and Supporting local Communities

Full details for change can be found at:

www.nhsgrampian.gov.scot

MORAY OPPORTUNITIES

With Challenges often brings Opportunities. In Moray there is commitment to redesign and transform to bring opportunities across the HSCP:

- There is a stronger, strategic plan for investment in the area - the Moray Growth Deal - and linked to this is the local climate change strategy and Community Wealth Building agenda.
- There are opportunities to deliver services differently with a focus on learnings and co-production by people using services as emphasised by the Independent Review of Adult Social Care and The Promise.
- The Home First programme recognises that change is needed locally, regionally and nationally to develop a whole system approach to delivering care and empowerment to our citizens.
- There is also significant transformation around the way that we currently deliver services in both Children and Adult's Social Work and Social Care Services.
- The COVID-19 challenges have accelerated how we work and deliver services differently such as:
  - Greater use of remote working for staff;
  - Greater access for patients through technology;
  - Large community-based mobilisation and self-management;
  - Less dependence on buildings; and
  - Speedy expedition of previous information sharing and other technical challenges.
- There has been a greater focus in Moray on partnership working with more focused Community Planning arrangements and priority work, with a specific focus on Public Protection and support to Refugees.
- Housing Contribution Statement – the summary of which is appended - aligns priorities and joint working.
- The Primary Care Improvement Plan, and close working with General Practice has invested in growing multi-disciplinary teams in each of Moray GP Practices, these will enhance and develop the services being delivered across Moray.
- Moray has amazing local assets that are accessible such as:
  - A local area with wonderful natural, historical and cultural assets. Citizens who are willing to play their part in supporting the flourishing of the area and great examples of volunteering across life stages and in all communities.
  - Moray's communities are compassionate and committed to supporting their citizens.

WHERE WE ARE IN MORAY

A Joint Strategic Needs Assessment was carried out in 2018, with locality profiles completed in 2022. 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

DEVELOPING OUR STRATEGIC PLAN

The Plan for Moray is a continuation of the Moray Partners in Care 2019 Plan, building on the three strategic themes.

The IJB has an obligation to and does produce an Annual Performance Report. The IJB also receives regular performance reports and shares updates on its progress with stakeholders including citizens of Moray. Engagement with citizens of Moray has provided considerable local learning that informs ongoing delivery and development and generates insights that have informed the preparation of this Plan. This has come from engagement through networks including unpaid Carers, the development of the NHS Grampian Plan for the Future, the development and consultation for Dr Gray's strategy and through informal community networks. This has provided considerable local learning that informs ongoing delivery and development and generates insights that have informed the preparation of this Plan.

We continue to find many examples of great practice and good progress that we can build on as well as a range of things that we need to do better or differently:

We recognise that to truly be transformational we need to:

- Continue to help people to understand the need for change as per page 11 of this Plan and provide opportunities to become involved in defining the changes 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

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 Plan for the Future.

Delegated responsibility for the strategic planning of unscheduled care under operating as the MORAY PORTFOILIO. 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 of our Partners in Care 2019 Plan and shared this through our Annual Performance Reports, whilst continuously assessing the 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 priorities and 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:

- Mental wellbeing;
- Care experienced and looked after children;
- Child poverty;
- Disability and neurodiversity;
- Keeping children safe.

LOCAL AND NATIONAL POLICY

MIJB is in the process of delegating Children and Families and Justice Services. We are responsible for 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 essential 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. Health inequalities which 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.

The HSCP must be flexible and responsive to national priorities and ensure alignment to the National Performance Framework.

Protecting Scotland - Renewing Scotland, published in September 2020, sets out the Programme for Government and recognises the priority will be to address the impact of COVID-19 on our health, economy and society.

The Programme for Government commits to:

- A national mission to create new jobs, good jobs and green jobs;
- Promoting lifelong health and wellbeing; and
- Promoting equality and helping our young people fulfil their potential.

The strategic objectives of the HSCP need to be consistent with Scotland's Public Health Priorities. The six Public Health Priorities are inter-related and reflect the complexity of Scotland's health challenges.

The HSCP, as a key partner in the CPP, plays an important role in achieving the Public Health Priorities:

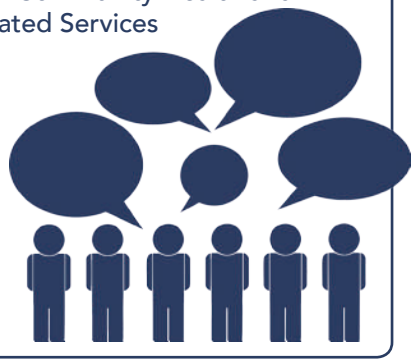
1. A Scotland where we live in vibrant, healthy and safe places and communities
2. A Scotland where we flourish in our early years
3. A Scotland where we have good mental wellbeing
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
6. A Scotland where we eat well, have a healthy weight and are physically active

The implementation of The Independent Care Review, The Promise, will be a key priority for the HSCP, alongside community planning partners, over the coming years. The HSCP has ambitions to improve how to care for our most vulnerable and in-need children. The Promise requires a shift in policy, practice and culture to keep the promise made to care experienced children, young people, adults and their families by the Independent Care Review – that every child grows up loved, safe and respected, able to realise their full potential.

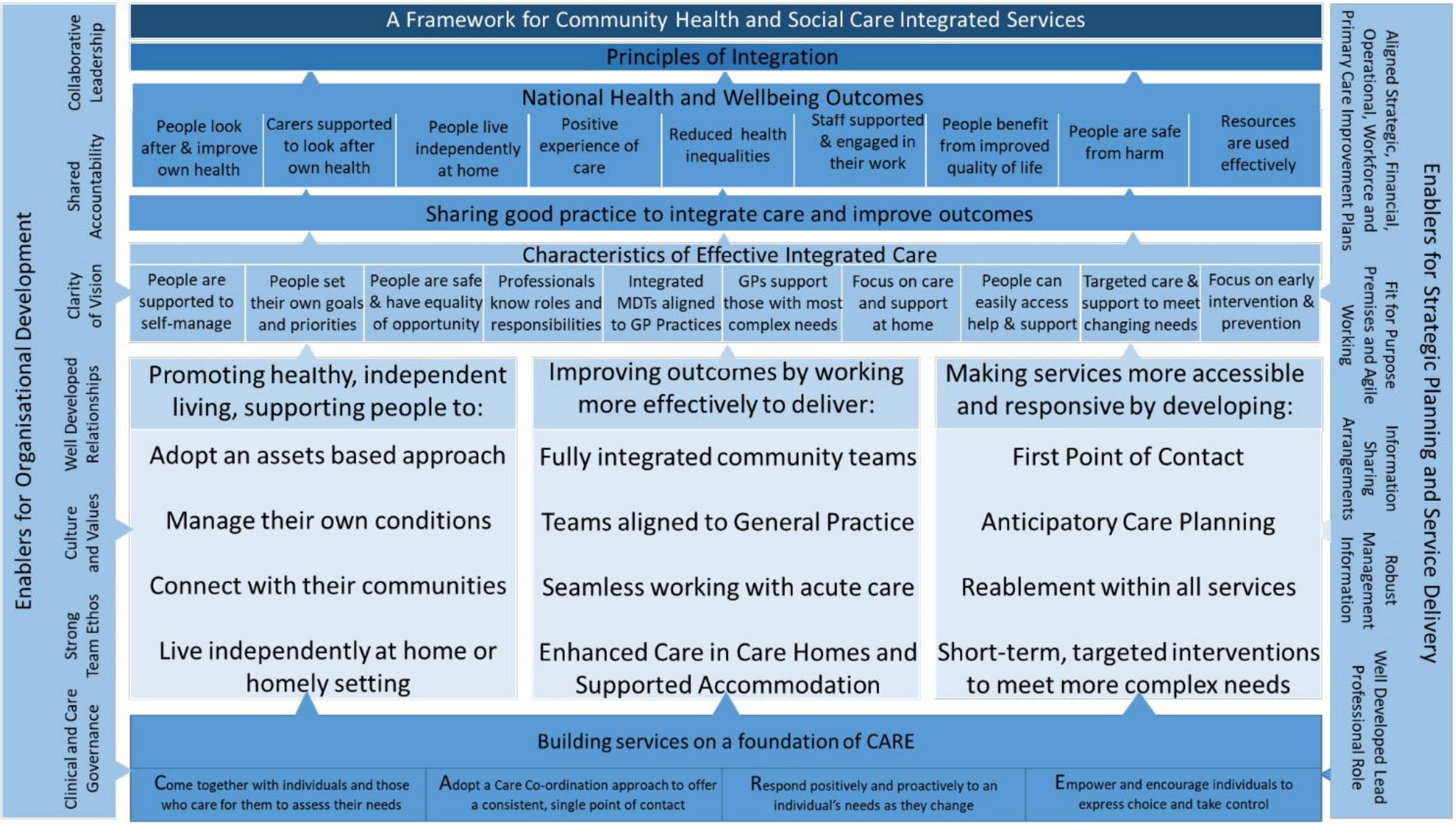
The Independent Review of Adult Social Care published its findings in January 2021. The review found three things that must change in order to secure better outcomes for people which are described as:

- Shifting the paradigm
- Strengthen the foundations
- Redesign the system

The review also identified a need to transform the way in which we plan, commission and procure social care support as well as ensuring the voices of people with lived and living experience are heard. We will also incorporate the Framework for Community Health and Social Care Integrated Services and the Scottish Approach to Service Design into our work.



THE FRAMEWORK



This framework describes what good looks like in terms of effective, integrated community based assessment, treatment, care and support.
This framework supports improvement, strategically and operationally, of outcomes for local people.
By adopting a whole system approach to operationalisation of the framework, transformation and improvement planning will be consistent and cohesive, and deliver positive impacts across all of our population.

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

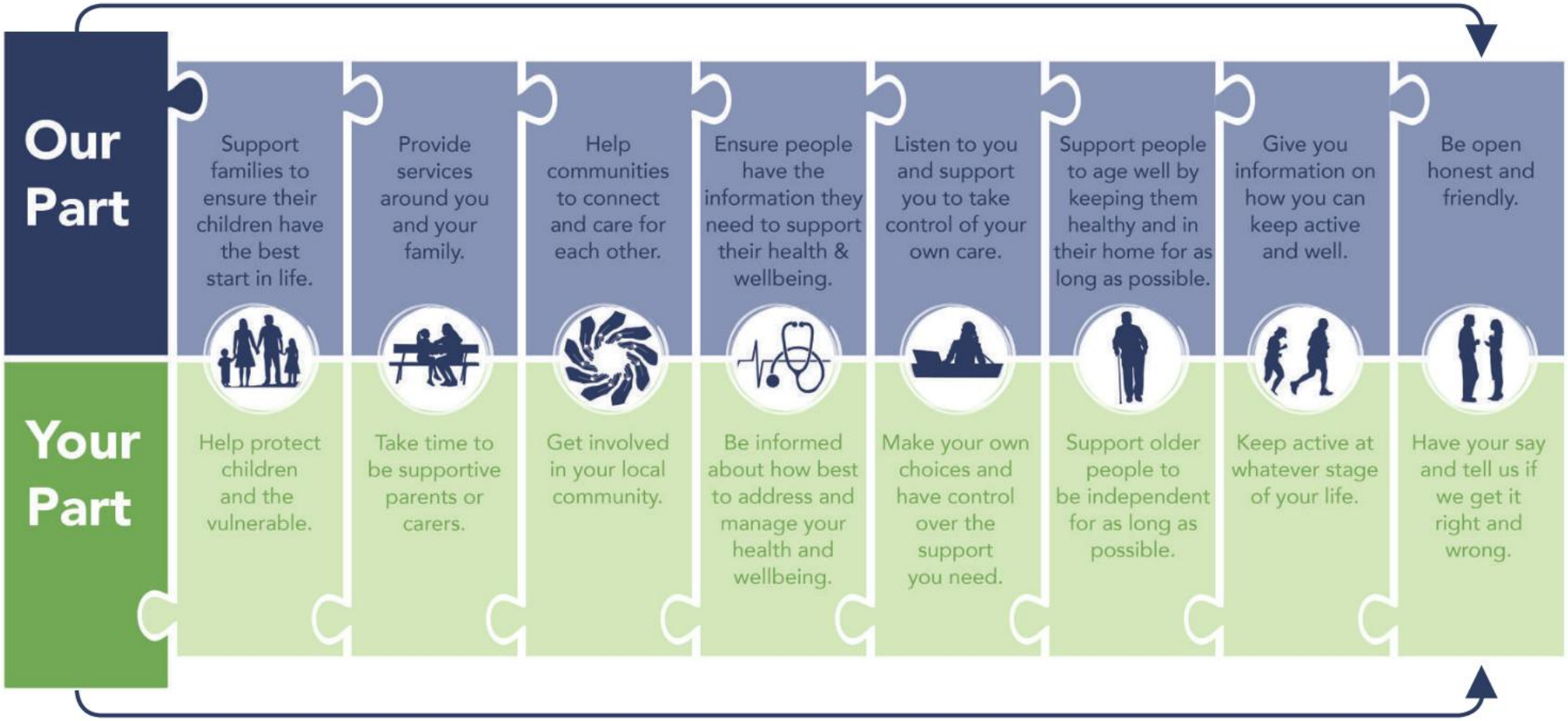
We will demonstrate our values and principles in the way we engage with people and how we behave.

- 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).

WELLBEING PLEDGE



Morays Wellbeing Pledge allows us to harness, empower and build on the amazing resilience, spirit and mutual support our communities have displayed throughout the COVID-19 pandemic.

It is our mutual responsibility to support each other to meet the needs of Morays citizens.

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

We must focus on enabling wellness and responding to illness.

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 (focusing on the model of care on page 9).

We will seek to understand how we can listen and support unsing an asset based approach 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 the three themes are closely linked, improvements in one area will influence positively on the others.

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

We are mindful of the challenges and rapidly changing landscape in which health and social care services are operating, however we want to commit to a ambitious strategy through the objectives in our delivery plan.

We are continuing to deliver on our three strategic themes by setting clear strategic objectives which can lead us to improving outcomes over the next ten years. These strategic objectives will drive the services provided and commissioned by the HSCP and are based on the engagement and conversations we have had with our partners and the community as well as reflecting existing commitments across the Council, the NHS and the broader Community Planning Partnership.

THEME 1: BUILDING RESILIENCE

Taking greater responsibility for our health and wellbeing

OBJECTIVE 1: We focus on prevention and tackling inequality

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 assets and those in their community as demonstrated in the model of care on page 9. Not only when they experience health and care challenges but to prevent problems happening.

Enabling wellness means our services will be targeted at preventative work. This means keeping people out of hospital and supporting people early to prevent them reaching our services. We will also work to tackle the root causes of health inequalities, including poverty.

HOW WILL WE GET THERE

We will work with our Community Planning Partners to tackle poverty through the Fairer Moray Forum Partnership Group, spearheading the strategy and action plan for preventing, mitigating and undoing poverty in Moray.

We will play a key role in developing opportunities for and make significant investment in our most economically deprived communities and promote social justice.

We will work with children and young people and their families to support them to be effective contributors and not engaged in offending behaviours which is monitored and reported on through the Children Services Plan.

We will continue our work in tackling social isolation and improving mental wellbeing, ensuring we are working closely with our partners, particularly our Third Sector colleagues.

We will better understand and address disparity in outcomes based on protected characteristics including ethnicity and gender.

We will work with partners to keep our citizens well and promote a health improvement agenda, encouraging physical activity, enjoying greenspaces, working and using the Public Health Scotland's Physical Activity Referral Standards and continue to develop social prescribing as an alternative pathway to deliver place based approaches to achieve sustainable and more connected communities.

We will continue to be a key partner in the implementation of Morays Sports and Leisure Strategy, promoting community health and wellness.

MORAYS PLEDGE

We will encourage and support our citizens to get involved in the local community activities, stay informed about how to manage their health and wellbeing, keep active and support older people to take part.

OBJECTIVE 2: We nurture and are part of communities that care for each other

Community resilience and the support of carers, parents, citizens and social networks are fundamental to helping us improve health outcomes. It is about colaberating with people not doing 'to' people. Not everyone who uses services chooses or wants to but when they do we will ensure that the service is delivered with dignity and respect, care and compassion and most importantly person led.

HOW WILL WE GET THERE

We value and support unpaid carers in their caring role and ensure they have a voice including in the commissioning of services. We will support them to be able to take a break from caring and to look after their own health and ensure that unpaid carers are not defined by their caring role.

Building on our commitment to supporting older people groups including Be Active Life Long (BALL) groups, we will take a locality-based approach to supporting older people and communities to be resilient and the HSCP being at the heart of communities supporting one another, including keeping children in Moray and within families where ever possible and offering more support to Kinship and Foster Carers.

We will continue to build on our shared lives scheme.

We will work with Community Planning Partners to embed our Corporate Parenting duties and implement the foundations of The Promise, through the Children Services Plan.

We will work with partners to build capacity within the community and, in particular, the HSCP will take a proactive approach to improving mental wellbeing across Moray. In collaboration with our Community Planning Partners, we will continue to work on place-planning to build resilient and empowered local communities.

We will help people access information to improve their knowledge and signpost them to sources of advice and help to maintain their independence. HSCP will Make Every Opportunity Count by promoting positive health messages during all interactions.

MORAYS PLEDGE

We invite our community to help us to protect children and the vulnerable, being supportive parents or carers, supporting older people and be open and honest by telling us when we get it right and wrong.

THEME 2: HOME FIRST

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

OBJECTIVE 3: We work together to give you the right care in the right place at the right time

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

To shift the balance of care we must transform how people are supported within the community where possible rather than in a hospital or institutional settings. This will improve outcomes for our citizens and help us to contribute to national policy as well as continuing Morays Home First action plan.

This will involve further promotion of independent living, choice and control, and aspirational support instilling an enablement and 'Home First' ethos promoted by our professionals (including social work and the Allied Health Professions), collaborating with the Third and Independent Sector, service users and carers to design and commission appropriate models of service to deliver on this commitment. This will include our comprehensive reviews of Care at Home and Learning Disability services.

HOW WILL WE GET THERE

We will continue our focus on bringing down delayed transfers of care in Moray with constant oversight of local performance.

We will work with our housing colleagues to ensure that people are in housing to best meet their needs, including children and young people. In addition, we will support people to die with dignity in a place where they feel most comfortable.

We will enhance locality based care through Multi-disciplinary Teams to provide more co-ordinated care locally.

We will continue to focus on accessing technology to support independent living.

We will continue to develop rapid responses from 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 admissions where possible and to help people return home from hospital quickly.

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 advance care plans.

We will build on the implementation of Self Directed Support (SDS), including the implementation of the SDS standards to support people to identify and achieve personal outcomes.

We will encourage health and care workers to have meaningful conversations to find out what matters to the person. Through shared decision making people including families are empowered to discuss and understand possible treatment available and their risks including doing nothing and what effects this could have.

MORAYS PLEDGE

We invite our community and the people we support to stay informed about managing their own health and wellbeing; make their own choices and have control over the support they need.

OBJECTIVE 4: We help build communities where people are safe

In the community, we are committed to keeping people safe, through our Public Protection agenda, the services supported by the Alcohol and Drug Partnership (ADP), our Justice Services and contributing to the community safety agenda, including the Violence Against Women Partnership. We will take a trauma-informed approach across these services.

HOW WILL WE GET THERE

We will continue to work with partners to deliver robust public protection governance and share good practice between partners. This will include refreshing all relevant policies and procedures to support national policy commitments including the incorporation of the United Nations Convention on the Rights of the Child and delivering our commitment to The Promise. The implementation of the Signs of Safety approach (a relationship based, strengths focused approach to working with families) and our contribution to public safety through the Community Safety Strategy and tackling violence against women in all its forms.

We will work with our Third and Independent Sector providers, building on recent developments such as the Care Home Oversight Group to ensure quality and safety across our commissioned services as well as those we directly provide.

Our Justice team will continue to support and manage those who have offended within our communities, including those who are within the Multi Agency Public Protection Arrangements, with integrity and compassion.

We will work with partners – particularly across the ADP – to reduce suicide rates and drug related deaths in Moray and tackle these challenges in their context of economic inequality.

MORAYS PLEDGE

We will ask the community and the people we support to help us by doing their bit to protect children and the vulnerable; getting involved in your local community and engaging with their local community.

OBJECTIVE 5: We are an ambitious and effective partnership

To improve outcomes for our communities, it is important that we look inwards as a HSCP to how we undertake our business and run our services effectively, driving continuous improvement and a performance culture in everything we do.

HOW WILL WE GET THERE

We will work across the HSCP to further embed a sense of identity and cohesion, undertaking learning, development and improvement activities together.

We will support the wellbeing of our staff and ensure that the Partnership is an attractive organisation to work in and this will be delivered through our workforce plan. Our governance and accountability processes will be highly effective and we will take an approach to performance management that drives continuous improvement.

We will focus on quality improvement, embedding an improvement and self-evaluation ethos across our services, working alongside our Third and Independent Sector providers on this journey.

We will be transformational in our approach to commissioning which will embrace innovation and new technology.

We will be performance driven and foster a 'performance culture' that our staff are bought into, allowing us to be evidence-informed.

We will forge a strong strategic relationship with our trade union 'staff side' representatives.

We will review our back-office functions, systems and implement our forward-thinking HSCP Digital Strategy.

MORAYS PLEDGE

We will seek constant feedback from our community and our partners to drive improvement in the way we do our business. We will look outwards and learn from others at a local, national and international level.

OBJECTIVE 6: We are transparent and Listen to you

As set out in the Moray Wellbeing Pledge and throughout this Strategic Plan, the HSCP will involve the community, the people we support, carers and our partner organisations in the shaping of our services and maintain transparency and integrity along the way.

HOW WILL WE GET THERE

We will improve our approach to communications and engagement and be transparent about how decisions are made. This will involve constant dialogue with the community, our locality planning partnerships, provider forums, elected members and beyond.

We will listen to people who use our services, people who have lived and living experience, parents, carers and families and work to bring them into our decision-making forums, making better use of existing groups including the locality networks, unpaid carers groups, the Moray Citizen's Panel and, importantly our Locality Planning Partnerships.

We are committed to working towards being effective in our communications working with our anchor organisations ensuring we are considering the best ways of communicating with everyone in our communities.

We will be transparent about the resources available and how these are utilised to meet the strategic objectives.

We will listen to complaints and compliments made by the community and learn from them.

We will publish a revised Communications and Engagement Strategy in 2023, building on the newly published national guidance and the National Standards for Community Engagement.

MORAYS PLEDGE

We will ask our community and the people we support to play as active a role as they can in shaping our services and providing feedback on how we are doing. Engagement in existing forums and our Locality Planning Partnerships is a key element of this.

OBJECTIVE 7: We make a positive impact beyond the services we deliver

The HSCP will be conscious of its social, economic and environmental impact as an organisation. This will inform the way we deliver and commission services and consider how we can benefit the local economy and maximise wellbeing through our anchor organisations and through our contribution to the Community Wealth Building agenda and the NHS Grampian Plan for the Future.

HOW WILL WE GET THERE

We will.. :

- Ensuring our services and our approach to commissioning align with and support the Community Wealth Building agenda.
- Making a concerted effort to understand and improve our environmental impact as an organisation supported by our anchor organisations, Moray Council and NHS Grampian.
- Recognising our impact on staff (local authority and NHS employed).
- Supporting broad health improvement work.

MORAYS PLEDGE

We will encourage the community to have their say in how we deliver services as equal partners to help shape and deliver our future communities.

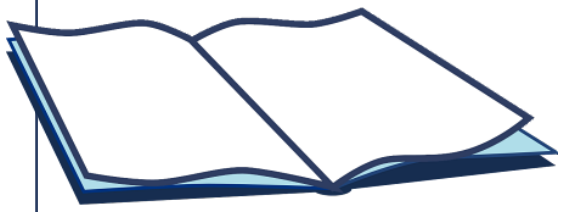
OUR ENABLING PLANS

The Strategic Plan for 2022-2032 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;
- Moray Alcohol and Drug Partnership Delivery Plan;
- 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

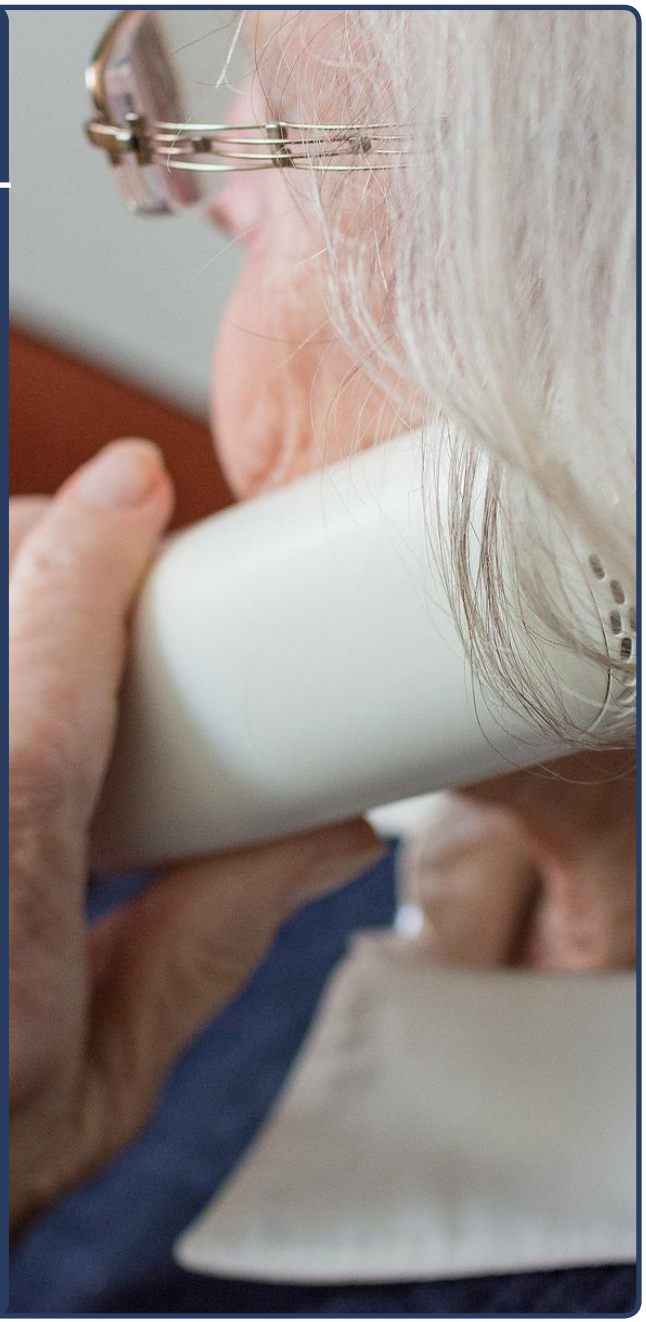


Delivery of the Strategic Plan will be through the Delivery Plan, supported by a number of enabling plans.

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.



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.

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.

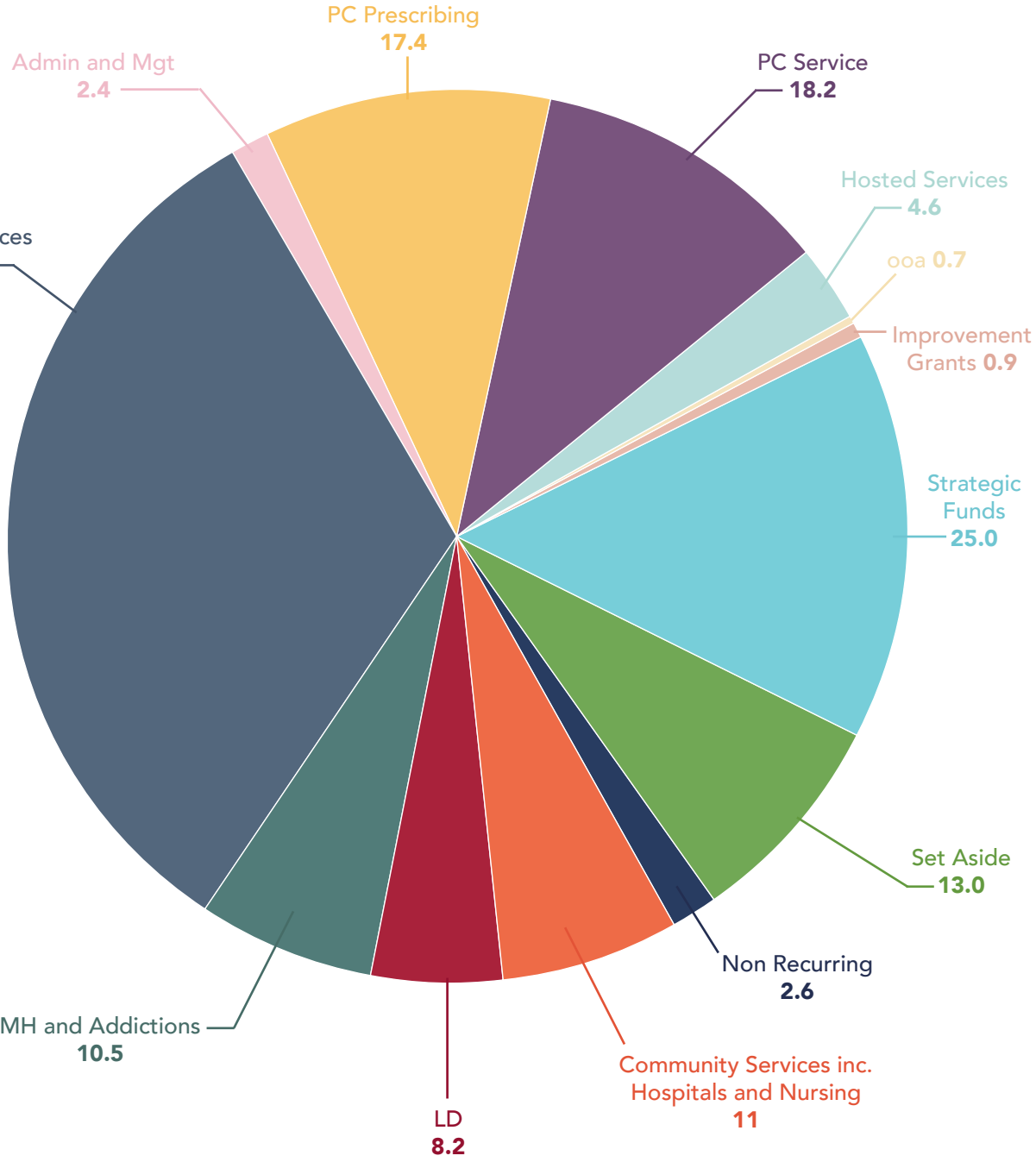
FINANCIAL FRAMEWORK

The financial envelope available to the IJB in 2021/22 totalled **170.8m**

The Moray Council partner contribution was **£50.7m**

The NHS Grampian partner contribution was **£120m**

The financial allocations across the services are graphically depicted as follows:



Scottish Government has recognised the ongoing impacts resulting from Covid and the pressures facing the health and social care system heading into the winter period. Measures were outlined by Scottish Government relating to new investment for Scotland of more than £300 Million as a direct response to the intense winter planning and system pressures work that is taking place.

These preparations are predicated based on four key principles:

- Maximising Capacity
- Ensuring Staff Wellbeing
- Ensuring System Flow
- Improving Outcomes 8.4 Subsequently, Scottish Government provided further detail on key components of the additional funding.

Specifically, this covered:

£40m for interim care arrangements

£62m for enhancing care at home capacity

Up to **£48m** for social care staff hourly rate of pay increases

£20m for enhancing multi-disciplinary teams

For Moray this equated to:

£??

The IJB has an agreed Financial Plan for 2022/23, which has been developed to support the delivery of the strategic commissioning priorities within a balanced budget.

Financial Challenges

In 2018 before the pandemic, it was projected the UK spending on healthcare would require to increase by 3.3% per year over the next 15 years to 2033 to maintain the NHS provision at current service levels. Maintain social care provision and current service models was requiring 3.9% per annum increase to meet the needs of the population living longer and increasing number of younger adults living with disabilities. These projections did not take into account the impact of COVID-19 pandemic, including long-COVID. The rate of inflation has also rose to 10%. The reality is that the IJB must meet the challenges of increasing demand within resources which are effectively reducing in real terms. This will require new ways of working across a range of areas.

Financial and operational sustainability which underpins the plan to shift the balance of spends towards early intervention and prevention and community-based delivery over the medium to longer term, is a fundamental strategic ambition.

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.

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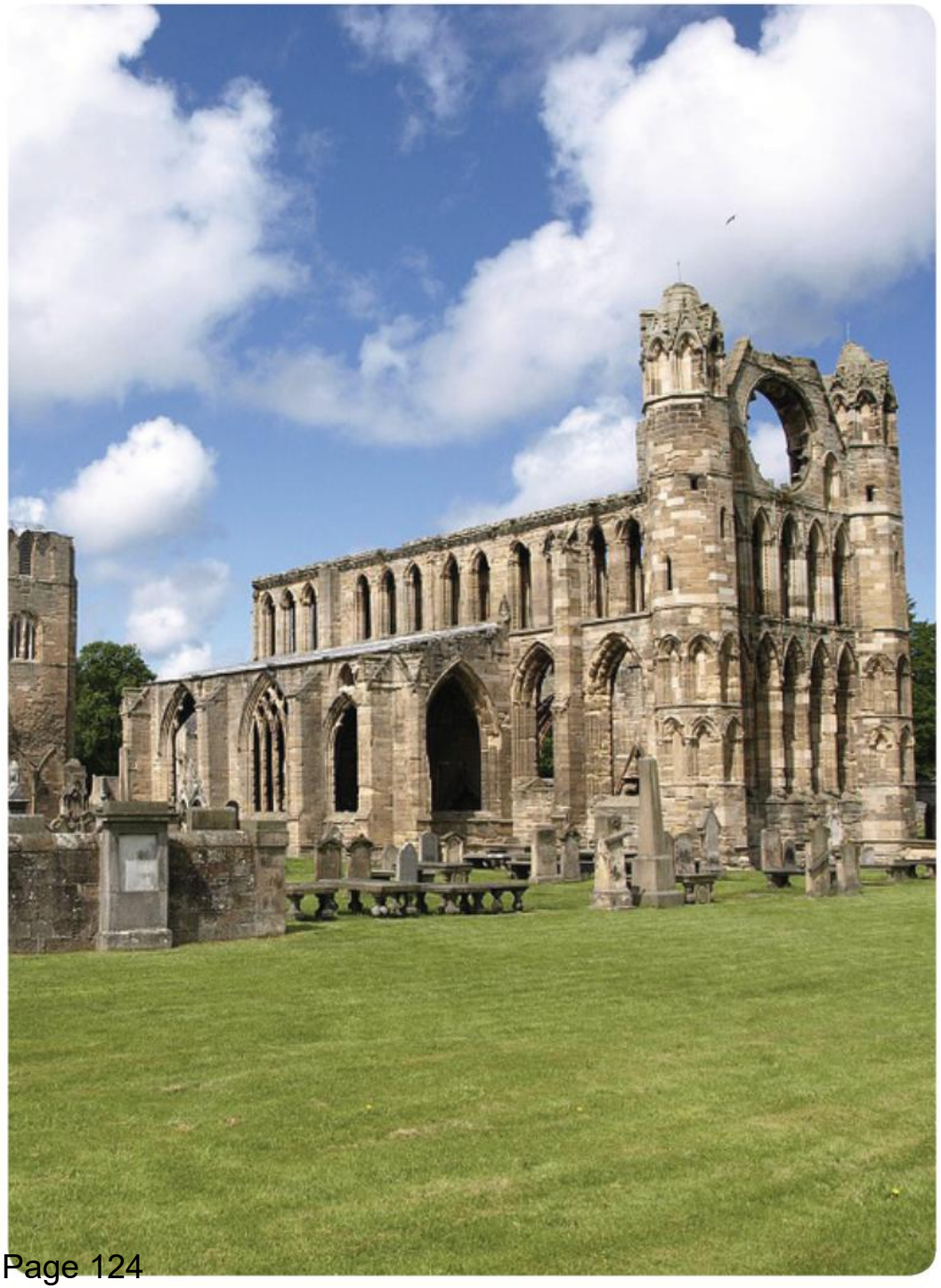
01343 567187

involvement@moray.gov.uk

HEALTH & SOCIAL CARE MORAY



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022

SUBJECT: MORAY WINTER/SURGE ACTION PLAN 2022/23

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To inform the Board of the Health and Social Care Moray Winter/Surge Action Plan for 2022/23.

2. RECOMMENDATION

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

i) that Health and Social Care Moray (HSCM), including GMED (the NHS out of hours service) have robust and deliverable plans in place to manage the pressures of surge at any time of the year including the festive period; and

ii) that the Moray Winter/Surge Action Plan 2022/23 has been submitted to NHS Grampian for inclusion in the Grampian Health and Social Care Winter (Surge) Plan.

3. BACKGROUND

3.1. Winter / surge planning is a critical part of operational business to ensure business continuity during a potentially pressured time of the year. It is anticipated that the winter period 2022/23 will bring significant pressure to the health and care system across Grampian.

3.2. In November 2022, the three Health and Social Care Partnerships were asked to review and submit local winter/surge plans. A template was provided, based on formats used in previous years.

3.3. Meetings with sector leads are to be arranged to review respective plans, key themes, gaps, opportunities to optimise cross-system capacity. A cross-system table top exercise / test of plans will also be scheduled.

3.4. Services are requested to review their business continuity plans annually and review prioritisation of critical functions.

3.5. Regular cross system meetings are held to learn from previous experience and ensure progress against the Grampian wide action plan.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. There have been various debrief sessions to identify lessons learned from the previous year's winter/surge plan and Storm Arwen, Malik and Corrie in the winter of 2021/22. The attached winter/surge action plan (**APPENDIX 1**) has been informed from lessons learned and the remobilisation plan.

4.2. GMED updated the Surge Plan for Out of Hours Urgent Care in December 2021, and continue to review / amend as necessary throughout the year to ensure robust, effective and agreed plans for the delivery of primary care out-of-hours services during surge.

4.3. A detailed operational plan will be created for staff providing key pieces of information, contacts and documentation based on the attached action plan. This will be done in conjunction with Dr Gray's Hospital.

4.4. Work will continue to be developed with the Civil Contingencies teams in Moray Council and NHS Grampian, around how we develop and link plans together. Sharing of plans across the three Health and Social Care Partnerships allows discussion about partner support.

4.5. The winter/surge plan is supported by various documents which underpin this report. The working documents are all attached as listed below, they continue to be refreshed and updated throughout the year:

APPENDIX 2 – Delayed Discharge Action Plan
APPENDIX 3 – Unscheduled Care Plan
APPENDIX 4 – Letter from Humza Yousaf MSP and Shona Robison MSP
APPENDIX 5 – Letter to Humza Yousaf MSP and Shona Robison MSP
APPENDIX 6 – Attachment to APPENDIX 6 – Self Assessment document

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
In line with the strategic themes set out in MIJB Strategic Plan.

(b) Policy and Legal
None arising directly from this report.

(c) Financial implications
Additional funding is made available by Scottish Government to support additional pressures presented by the winter period. The senior management team will assess and discuss where the funds should be applied for greatest benefit and approvals will be sought as appropriate. The interim Chief Finance Officer continues to report regularly.

(d) Risk Implications and Mitigation
Any risks relating to the surge plans will be considered and recorded on the Strategic Risk Register and escalated where appropriate.

(e) Staffing Implications
None arising directly from this report, however staffing is of significant relevance throughout this period as winter ailments will also affect staff. Staff levels will be under constant review and actions taken as appropriate to mitigate risk. Staff are being offered the flu and Covid-19 vaccination to help reduce the risk of severe illness.

(f) Property
None directly arising from this report. However, HSCM is mindful of the impact of property issues over the winter period i.e. access due to weather. Contingency plans are in place to mitigate risk.

(g) Equalities/Socio Economic Impact
An Equalities Impact Assessment is not required as there are no changes to policy as a direct result of this report.

(h) Climate Change and Biodiversity Impacts
An Equality Impact Assessment is not required as there are no changes to policy arising from this report and therefore there will be no differential impact on people with protected characteristics.

(i) Directions
None directly associated with this report.

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

- Chief Financial Officer
- Heads of Service
- Service Managers
- GMED Manager

6. CONCLUSION

6.1. HSCM have worked closely with all key stakeholders under the guidance of NHS Grampian to establish local plans in line with national guidance and good practice.

Author of Report: Sonya Duncan, Corporate Manager
Background Papers: with author
Ref:

Health & Social Care Moray

Surge Plan and Risk Assessment 2022

RAG Status Key:

R	Deadline Not Yet Met
A	Risk to Delivery Deadline
G	On Course for Completion by Deadline
B	Complete/Business as usual

Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
Prevention and Anticipating Demand (Planned Care)					
Deliver Covid and flu Vaccinations		ongoing	Public Health and Lead Nurse	G	Operational delivery of autumn/winter vaccination ongoing – public and staff. However, if Scottish Government request acceleration of the delivery there will be a staffing deficit to deliver to the timescales.
Major Infectious Diseases Plan		ongoing	NHS Grampian	A	NHSG are in the process of reviewing the plan. The three Health and Social Care Partnerships will feed into this plan.
Identify and risk assess particularly vulnerable people in Moray (including People at Risk Database – PARD)		31/11/22	Social Care Service Lead/Local Authority/Corporate Manager	A	The plan had been delayed due to staff vacancies. The strategic document should be completed by mid-November. NHSG have now agreed in principle to data sharing for this but we are awaiting confirmation from Information Governance (NHSG).
Create links to receive early warning of adverse weather events		31/10/22	SMT	G	All Senior Managers on Call (SMoCs) have access to the Met Office and Scottish Environment Protection Agency (SEPA) early warning alerts. Email to be sent to ensure all new SMoCs have access. Early warning alerts are shared via email with SMoCs. Draft guidance being drawn up about preparing for Amber/Red alerts.

Communicate all relevant policies for Adverse weather policy, Attendance policy etc.		ongoing	SLG	G	All policies shared throughout the year as updated.
Create links with Moray council (MC) roads in relation to prompt clearing of designated roads and pathways. NHSG are responsible for onsite clearing of roads/pathways across Grampian. Contact rotas are issued in advance.		30.130/11/221 .230/11/222		A	MC have a priority route plan, which outlines specific roads that are prioritised. Working links with Road and Flooding team at MC.
Communicate COTAG callout procedure		30/11/22	Corporate Manager/Moray Council	A	Meeting to discuss Memorandum of Understanding (MoU) planned 15/11/22. Corporate Manager will update SLG/SMT.
Decision point triggers and actions to optimise capacity detailed in GMED surge plan		7/11/22	GMED Management	G	Surge plan in place.
In special circumstances GMED cars may be able to transport clinicians to and from the workplace as agreed.		7/11/22	GMED/SMT	G	Confirmed this previous arrangement still stands.
Regular meetings to prioritise system issues		ongoing	Systems Leadership Group	G	All senior manager aware of potential system issues and can prioritise resources.
Continued delivery of targeted Stay Well Stay Connected and Public Health initiatives.			SMT	G	The Public Health Coordinators, Health Improvement Officers, and Wellbeing Coordinators continue to deliver initiatives in relation to Mental Health & Wellbeing, Poverty, Social Exclusion, Inequalities, Diet, Physical Activity, and cognitive decline helping to keep people as well as they can be and hopefully avoid the need for support from Moray Health and Social Care Partnership (HSCM) formal services.
Operational Resilience (Resilience Preparedness)					
Ensure resilient cover over public holidays and festive period I.e., SMoC Rota.		30/9/22	Senior Management Team (SMT)	G	SMoC arrangements currently being reviewed. SMT are to start discussions on future SMOC arrangements in November 2022. Process of SMOC cover for festive period completed. Surge plan for senior managers in progress.

Confirm regular arrangements for Situational Awareness (Daily Huddles) are in place.		Complete	Senior Management Team/SMoC	G	Daily Operational Leadership Team huddles are in place Mon-Fri, with weekend huddles being attended by the SMoC on Sat and Sun. These arrangements allow daily discussions around any resilience matters (e.g. weather warnings)
Establish regular arrangements for access to system wide awareness and support		Complete	Senior Management Team/SMoC	G	Align training and awareness for SMOC's and DERC's. Daily Operational Leadership Team huddles are in place Mon-Fri. SMoC attends the "Daily System Connect" meetings (Mon to Fri) and the weekend equivalent which allows for the system wider awareness and support aspect.
Person Protective Equipment (PPE)		30/11/22	Chief Nurse	A	All areas should have sufficient PPE to cover an agreed period of time in the event of supply issues. In relation to non-availability of medical or other supplies, the expectation on the service areas is that they hold a ten day supply of their regularly used products. We would also expect that areas would identify critical care products and have contingency plans in place for these – whether it's alternative products or alternative suppliers or utilising a different patient pathway. Supply and procurement have an overall contingency plan. We would support care homes if necessary. The PPE Hub for unpaid carers will remain functional till end of March 2023.
Continue to promote Infection Control measures – as per NICM and NHSG directives		ongoing	Chief Nurse/Chief Social Work Officer	G	Standard practices to support the reduction of all infections being spread.
Review Business Continuity Plans		31/11/22	Service Managers/Corporate Manager	A	All NHSG and MC service Business Impact Analysis are in the process of being updated. Presently the other business continuity documents are being reviewed/updated and should be completed by the end of November. These include the Response and Recovery Plan, SMOC Guidance etc. The plans will also include possible power outages and industrial

					action. Additional training for SMoC being organised via NHSG CCU team.
Review Business Continuity Plans – Commissioned Providers			Commissioning Lead	A	Awaiting confirmation of this from service managers. Should also ensure that plans are fit for purpose.
Review Business continuity plans – particular risks highlighted are 'Winter Planning,' Industrial Action, Power Outages			All services	A	BCPs and BIA's currently being reviewed with particular focus on Industrial Action. Workshop attended by reps. Of Moray Portfolio and representing on SLWG. Power resilience has been discussed across all community hospitals and planning ongoing with support of NHSG CCU. Application being submitted to add Dr Gray's hospital as a protected site – supported by NHSG CCU and SLWG. HSCM and DGH are actively reviewing all BC requirements.
Continued use of G-OPES framework across system		ongoing	SLG	G	Recent review of framework with Head of Acute Performance – some minor changes required.
Review arrangements and equipment for staff working from home if required		Ongoing	SMT	G	As part of the pandemic response services identified requirements to allow staff to work from home where possible. Managers will continue to monitor this and support staff where required. TMC have instigated a hybrid working system.
Surge Plans are being reviewed across all Portfolios			System Wide	G	All surge plans will be reviewed as per CET to identify any gaps.
Primary Care OOHs provision.		ongoing	System Wide	G	Resilient out of hour's service from GMED. The reintroduction of 'tough books' will enhance this service once ICT issues are resolved.
Primary Care OOHs provision		7/11/22	GMED	G	GMED will relocate from The Health Village to Forester hill House in the event of a power outage. Plans being made to plan for community sites to move to sister sites in such event. The Oaks, Elgin will be prioritised for return to power to accommodate OOH services.

Increased use of telephone triage and Near Me consultations.		ongoing	System Wide	G	The ICT rollout during the covid pandemic response has supported this programme dramatically, patients can now be 'seen' without having to travel or leave their homes.
Mental Health on call team and Emergency Psychiatric Page Holder 24/7		ongoing	MH service manager	G	In situ- confirmed 09.11.2022
Anticipatory Care Plans (ACP's) to be reviewed ahead of winter period		ongoing	SMT/ GP Practices	A	All practices are reviewing ACPs.
Staff Absence Reporting		30/9/22	SMT	B	Staff absence reporting continues across HSCM on a weekly basis.
Increase Capacity (Urgent and Unscheduled Care)					
Review Redeployment Policy		ongoing	Service Managers	G	The Partnership will work with both NHS Grampian (NHSG) and MC on any redeployment requirements, within the employers' policies if required. Working Groups will be stood up to discuss this if required during periods of severe staff shortages as agreed across sectors.
7 day working.		30/9/22	SMT	B	ED in Dr Gray's has 7 day physio and OT cover. Community Response Team/ FNCT provide 7 day services. Social work have 7 day OOH rota. The Senior Managers on Call have 24/7 rota.
USC redesign		In progress	USC team – Cathy Young	G	Moray Portfolio USC&UC Plan in Final Draft version
Physical bed surge plan		In progress	DGH GM	A	8 beds to be opened for ambulatory care. To be finalised early/mid Nov. Scoping exercise carried out 1/11/22.
Moray Portfolio Delayed Discharge Action Plan		Ongoing	Home First Programme manager	G	ongoing
Develop Volunteer Protocol including a list of tasks with associated risk assessments		Ongoing	Care for People Group and Volunteer Coordinator	G	A new Volunteer Coordinator has been recruited at DGH. Volunteer protocols with the 3rd and Voluntary Sectors were in place during the pandemic response. This is part of a larger Moray

					project. They continue to work with NHSG Volunteer Oversight Group to ensure risk assessments and roles are consistent etc. Funding in place to increase the Social Care (MC) Volunteer department to 2 WTE coordinators and plans are underway to review the roles, paperwork and align/compliment both the NHS and Social Care volunteer services where appropriate to meet need and demand. The Oaks (NHS) also has Part -time Volunteer Coordinator. MC is doing a separate piece of work regarding non HSCM volunteers and groups who supported services during the pandemic response. Policies and protocols for HSCM Volunteers will be both MC and NHSG, alongside insurance cover etc.
Promote volunteer register			Care for People Group and Volunteer coordinator	B	If utilising non NHSG/MC (HSCM) volunteers, it is worth noting there is no information sharing agreement in place with NHSG yet to allow the sharing of personal information. All current HSCM volunteers are recruited to specific roles, but there would be scope, with additional resource to support, to recruit volunteers specifically to support resilience.
Deliver volunteer training if required			Volunteer Coordinator	B	All HSCM Volunteers undertake induction training via NHSG or MH and then role specific training before commencing
Review support arrangements for commissioned providers			Commissioning	B	Oversight group support Care homes & Care at home services through regular interactions, weekly Provider forum meetings and provider escalations email address to escalate any concerns.
Determine need and funding for Interim Beds and possibilities to commission beds if required.				B	HSCM currently have patients in 8 Interim care beds within the community. These beds are as and when and not assigned to the partnership. We are negotiating a further 4 interim beds in Parklands. 2

					EOL beds in Spynie are under a 12 month TOC to determine needs.
Review key pathways to streamline and increase capacity where possible		In progress	SMT	A	The Partnership has been involved in the whole system working approach that has been developed through the response and then the recovery from the pandemic This includes the SMOC attending the Daily System Connect meetings, and a daily review of risk across the Partnership. USC improvement works ongoing.
Hospital at Home				R	Temporary funding only. Capacity in this team will likely decrease as staff leave for new posts.
Continue to work with colleagues in Housing to ensure that properties are suitably adapted and promptly available for people who are ready to be discharged from hospital		Ongoing	Portfolio Flow	B	
Deliver the cross system social care sustainability projects in relation to Care at Home.			Commissioning Manager	A	A care at home project meeting has been established.
Staff Health and Wellbeing (Workforce)					
Monitor Staff absences		30/9/22	Service Managers/SMT/SLT	B	SMT discuss daily updates on staffing, helping to monitor the reasons for absence and provide support to staff. A staffing report is circulated on a weekly basis
Plan for winter safety packs to be available for relevant staff			Moray Health and Wellbeing care/We Care Team	A	Local health and wellbeing group which links with We Care Team are leading on this.
Continue with promotion of health and wellbeing initiatives and ensure there is capacity to increase these in times of most need.		ongoing		G	Moray Health and wellbeing group supports these initiatives, working in conjunction with We Care team. Moray Portfolio has representation on all Grampian groups.
Safer Space Staff Health and Wellbeing Team		ongoing		G	This group meets weekly to co-ordinate actions and initiatives, this is Chaired by Liz Tait and Eilidh McLean. Dr Gray's have a representative on this

					group and Health Improvement staff attend this meeting and provide ongoing support on site at DGH and at locations throughout Moray
Communication (Digital and Technology)					
Plan public safety messages with statutory partners (vaccinations, walk like a penguin etc.)			SMT/Service Managers	G	Partnership will continue to assist the issue of public safety messages alongside partners. This will include repeating messages from statutory partners such as Scottish Government. A campaign is also jointly planning a message for the festive season with Police Scotland. This will also be linked into the community safety work across Moray and will be shared via staff communications also.
Remind all staff re Adverse Weather Policy			SMT/Service Managers	A	Control room email will be reinstated. This email will issue relevant policies (MC/NHSG) for onward distribution to staff.
Ensure communication channels are available with commissioned providers		Completed	Commissioning Lead	G	Care home emergency contacts established. Lists of contacts for all providers drawn up.
Repetition of 'know who to turn to' messages to divert demand from hospital and prevent system becoming overwhelmed.			SMT/Service Managers	G	Partnership will continue to assist the issue of public safety messages alongside partners. Including repeating any messages being sent out by statutory partners, including Scottish Government. The Partnership will provide links to statutory messages on website/Twitter and social media sites.
Recommence use of Moray control room email for sharing information regarding adverse events across winter period Nov – Feb		9/11/22	SMT	A	Rota to be put in place for cover across the admin staff. On SMT Agenda for discussion 9/11/22
Moray HSC Website and Facebook page to be used for sharing of information		18/11/22	SMT	A	Some issues with staff access and training being addressed currently. Moray council has some queries around the use of Facebook for business – being discussed at community safety strategy. However, access to the MC and HSCM websites and

					Facebook proved difficult during winter 2021/22. Funding has been secured to support communications – no update received on this post as yet.
SMoC Teams channel used to update information for SMoCs		30/9/22	SMT	G	This channel is already in place and updated regularly. All SMoCs sent reminder Oct 2022. Follow up email to be sent in early November with links to the channel and documents.
Corporate Communications Teams		30/9/22	SMT	B	Moray Portfolio has active and robust links with all Corporate Comms teams for proactive messaging to the public and staff.
Effective communications across the system			System wide	A	Further action is required to ensure processes for clinical and capacity transfers between acute hospital sites is clear to all.
Communication winter/surge plans widely to ensure operational staff are appraised of local plans		ongoing	Senior Leadership Group	A	Ensure all parts of the system understand how the plans support each other.

Risk Assessment:

Cause	Event	Consequence	Mitigation
HSCM is organised to deliver services based on a sustained level of demand	Certain events cause unexpected rising demand e.g. increased infection transmission rates, adverse weather, and HSCM's ability to cope with even normal demand can dip meaning anything that can be done to divert demand can help the whole system maintain service provision.	If HSCM does not plan and prepare for increased or unexpected surges in demand or reduction in capacity, it will be unable to maintain service delivery.	Anticipating potential surges in demand and the implementation of related prevention measures in advance can help reduce demand before it presents.
Infectious illness outbreak e.g. flu/covid	Staffing levels for providing services may be reduced if levels of infection increase substantially in the workforce. Increased patient numbers may occur if increased levels in the community.	High	NHSG infection control team will liaise regards any changes to the current staff testing programme. Public Health will lead on any community testing requirements.

			Immunisation programmes are promoted to everyone.
HSCM is potentially facing staff industrial action which will put a strain on already stretched services.	This requires a large amount of planning, co-ordination, and communication with the public and staff.	A number of services may have to be reduced or withdrawn to allow safe delivery of services during these periods. Staff may have to be work in unfamiliar areas/roles to provide 'life and limb' services to our patients	Developing system wide planning with the planned use of Control Room to ensure a consistent and safe delivery of service across NHS Grampian and the 3 HSCP's (Aberdeen City, Aberdeenshire, and Moray). Put in place psychological and management support to all those involved.
HSCM is organised to deliver services under normal circumstances.	Unexpected situations require a degree of planned resilience to ensure HSCM has the ability to respond.	A lack of resilience exposes HSCM to the risk of not being able to cope when unexpected situations arise.	Developing operational resilience helps ensure that arrangements are in place early to help staff and providers cope with periods of pressure.
The system is running at capacity, coping with current demand is often very challenging to services and staff.	Certain events cause unexpected rising demand and/or impact on staff capacity to cope e.g., new variant increasing transmission rate, adverse weather event and/or increase in staff absence and vacancies.	Reduced capacity impacts on the amount and the quality of care that can be provided leading to increased unmet need, people receiving care in inappropriate locations and delays to discharge from hospital.	Increasing capacity helps the wider system cope during times of increased demand.
The system is running with a substantial number of vacancies with difficulty in recruitment in many areas.	In times of increased pressure and/or staff absences staff that turn up must work harder during shifts, work longer hours, or sacrifice days off to pick up additional shifts.	Staff can experience fatigue or burnout and their health and wellbeing can be negatively impacted potentially resulting in them having a period of absence.	Supporting staff health and wellbeing helps them maintain resilience and enables them to continue delivering during periods of high pressure.
Times of intense pressure requires a change in behaviour of staff, providers, and the public.	Lack of information about the situation and/or what staff, providers and the public can do to help.	Staff, providers, and the public do not change their behaviours to help cope with the situation that has arisen.	A wide range of communication to staff, providers and the public raises awareness of issues and sources of information to help cope with or avoid these issues.
Cost of Living - staff and care homes	Care homes are already reporting fuel costs pressures.		

Industrial action	Unknown percentage of staff may strike	Provision not met.	Reversion to life and limb provision only
Decreased staff take up of Covid booster/flu jab	Infectious illness outbreak e.g. flu/covid	High impact on staffing and morale in an already exhausted workforce.	Regular reminder communications for jabs, pop up clinics

ACTION PLAN – REDUCING DELAYED DISCHARGES IN MORAY

Context

Moray delayed discharges remain higher than national averages. Aim to tackle issue with a 2 phased approach. Phase 1 = Current Delayed Discharges (actions 1 to 5) and Phase 2 = Prevention of future Delayed Discharges (remaining actions)

Action	Task	Lead/Support	Target for Completion	Resource Required	Notes	Actual Completion Date	RAG
PHASE 1 (Reduce Delayed Discharges to March 22 average levels 46)							
1.	Create more Care at Home Capacity Create more capacity in the Access Team	Roddy Huggan/Tracie Wills Jane Mackie Lesley Attridge	26/07/22 Revised Date – 01/09/22 Date Revised 01/12/22 01/09/22	Commissioning Team, internal and external providers	Contractual negotiations ongoing		
Update	27/07/22 – Contracts should be in place by the end of the week which should increase care at home capacity						

	03/08/22 - Two Consultant Practitioners to support Access Team temporarily 09/08/22 - LAt highlighted at Response Group that POC information going to external provider does not give them enough information to progress the POC – LA to investigate and feedback. Resolved 10/8/22 22/08/22 - RH confirmed that contractual issues remain, and process has not been fully resolved. Information has been given to providers and some capacity has been created, although not as much as first thought. Legal processes continue. 22/09/22 - Contractual issues remain, completion date revised. 10/10/22 - Contract progressing, initial process will complete this week. All providers attending daily resource group to share capacity. 03/11/22 - Contractual processes are continuing.						
2.	Divert Capacity to Delayed Discharges as a priority.	John Campbell	27/07/22	Care at Home Services	Need to change the current process		
	Meet with CITY colleagues around 1 stop allocation of care, prioritise DD's and Palliative Care/EOL patients supported by National Care Eligibility Criteria	Alison Smart/Laura Sutherland/Jamie Fraser	22/09/22	Home First Team	Completed		
	Carers who cannot drive, support transport needs	Cheryl St Hilaire	11/08/22	Volunteers	Transport for carers who don't drive to increase hours of care at home		
	Process in place for carers to identify increase and	John Campbell	01/12/22	Carers			

	decrease of care at home POC				Potential release of care at home hours		
Update	01/08/22 - AS/LS met with JC, legal issues around prioritising care for DD's, discussed with CITY colleagues who use Eligibility Criteria to prioritise care for DDs, AS/LS/JF to meet with CITY to confirm process. 03/08/22 - Home First Team to spend day in CITY meeting those involved in the allocation of POC on 26/08/22 - invitation open to anyone who wants to attend. 22/08/22 Main focus the prioritisation of care, produce a service level agreement to give direction to front line staff about priorities for the allocation of care when it is available. JC to discuss Nationally. 26/08/22 - Visit to Aberdeen City Team, discussed case prioritisation, confirmed that Delayed Discharges, EOL and Crisis in the community are prioritised for care – a separate list is developed via Care First and a dedicated care at home team manages this list. To go onto the list, cases are reviewed and signed off by a senior manager. Planned meeting for 06/09/22 to discuss and to take forward actions. 21/09/2022 - Stakeholder workshop for care at home planned. Outcome - Plan to implement prioritisation of DD's, EOL and Crisis in the Community for care at home resource by having a daily meeting (Dynamic Resource Allocation Consortium) to allocate available care at home resource to DD's, EOL and Crisis in the community, based on assessment and professional judgement. Work to be done around ensuring that if care is allocated through this group, patients are ready to go home with that care, Jim Brown will focus on this for Community Hospitals, Laura and Alison will focus on DGH. Aim to have group running in 6 weeks, in time for winter period. Other areas discussed, employ nurses to support conversations with patient and families around realistic care at home needs. Follow up workshop 4th October. 10/10/22 - awaiting Care First facility to be in place to provide senior decision-making audit trail around the prioritisation of care, once this is in place a list will be created of the those in the prioritisation groups and senior decision makers can decide how the available resource is distributed. 03/11/22 - Priorities embedded, prevention added as 4th priority. Teams beginning to use the priorities to help make decisions about resource allocation, still need to implement Care First process to allow senior decision maker authorisation.						
3.	Assess capacity of CRT, divert capacity to discharging delayed patients (action 1 and 2 will support onward	Anita Gouldsbrough	27/07/22	CRT team	A temporary measure to reduce the delayed discharges	09/08/22	

	care requirement if required two weeks from discharge) and supporting at front door of ED to avoid unnecessary admission						
Update	29/07/22 - Capacity in CRT to support the discharge of those delayed in DGH – Kay McInnes to progress with Anita Gouldsbough 01/08/22 -3 Patients identified to be discharge from DGH 09/08/22 - Process in place for KI and AG to discuss capacity in CRT 30/08/22 - The requires to be reviewed and meeting set up to discuss with C@H and ability to pick up work after 2 weeks						
4.	Continue to use D2A to provide early supported discharge from DGH	Dawn Duncan/Katie Parry	27/07/22	D2A team		22/08/22	
Update	29/07/22 - currently working with patients of a higher acuity than normal and at full capacity. If START resource is freed up, the pathway from D2A to START/Care will create capacity and flow. AHP services in Community Hospitals continue to regularly review patients –these patients are on maintenance programmes 22/08/22 - D2A has supported appropriate discharges from DGH/ARI/CH when possible.						
5.	Monday Huddle – redesign process	Jim Brown/Lisa Anderson/Kay McInnes	01/08/22 Date revised – 31/11/22	DD Team	Ensures actions are captured and managed appropriately, detailed DD trajectory information needs to be available for SLG and SLT to see at any time		
Update	02/08/22 - LS/AS/JF to meet with JB and LA to develop the DD information and action process.						

	03/08/22 - Met with LAn and JB – test of change for huddle, use a problem-solving approach, plan to implement in 3 weeks, ensure senior decision maker for each patient 19/8/22 - Met with JB/LAn/LA/Wendy Hulley – decided to incorporate WH's report but not ask Wendy to be part of huddles. Actions to be added to the report to promote accountability. Email to go out communicating changes to core meeting. Review at the end of October. Delayed Discharge Lead to manage Delayed Discharge Processes and feedback to daily response group. 30/08/22 - DD Lead has added Community Hospital MDTs, cases of unmet need with NHS Teams and discharges that didn't go to plan to portfolio. To commence this work in two weeks. Communication out to Senior Managers for onward discussion with teams. 30/08/22 - Discharge without Delay Programme via SG – will focus on 3 main aims, 1. Plan for discharge from admission 2. Ensure that protected time is given to MDTs and discharge planning 3. Employ Home First Principles. A review will take place regionally to look at the Moving on Policy, Criteria for admission to Community Hospitals, access to data for staff involved in QI work and a review of services and infrastructure around patient flow. 22/09/22 - Jim Brown will focus on community hospital MDT's and flow through community hospitals. 10/10/22 - holiday cover required, LA and JB off at the same time, no one to collect DGH data and monitor the DD lists 03/11/22 - Meeting more action focussed, MDT decision making around allocation of resource.						
6.	Daily meeting to discuss unmet need and DDs with all providers Implement a Care Navigation Centre that holds all available Care at Home availability	John Campbell, Care & Home Working Group Care & Home Working Group	31/10/22 31/10/22		Will improve access to information and improve access to care at home Create a one stop Centre that holds all care at home capacity in the system, can be access by all professionals		

Update	22/09/22 - Care at Home Working Group – Initial Workshop held 21/09/22, focus on prioritisation of DD's, EOL and Crisis in the Community – group to meet daily to allocate resource based on a list of all DDs, EOL and Crisis in the Community. Decisions will be based on assessment and professional judgement. Care will be allocated to DDs, EOL and Crisis in the Community with the expectation that the patient is ready to use the care within 24hrs of the offer. This requires work with Community Hospitals (Jim Brown) and DGH (Laura Sutherland and Alison Smart) around patient readiness to go home, this will need to improve, it is hoped as care become more available to the prioritised groups that discharge planning can be more effective. The Dynamic Resource Allocation Consortium will have access to all available care and care home availability and be reactive to system wide pressures, the group will self-manage and include Allied and have access to staff plan. Plan to go live in 6 weeks in time for winter pressures. Group will meet every two weeks to progress the daily meeting and to consider care enablement, RAM, Access, and interim beds. It will also consider Moray response to winter planning. 10/10/22 - daily resource group meeting due to current pressures, this will become the Daily Resource Allocation Consortium and include everyone who has capacity to discharge without delay. 03/11/22 - Daily meeting in place and beginning to break down the silo working, MDT discussions taking place about the distribution of available resource. Still not fully represented by C@H option 3 providers.						
7.	Communication – Public, MSP's and HSCP Moray Teams	SLG			Develop a collective concern for Delayed Discharges, ensure understanding of the reality		
Update							
8.	Challenge 4 x a day care and consider TEC, Medicines Management, and single-handed risk assessments (Aberdeenshire Model)	SLG			Patient Centred Care Develop processes to support staff		

Update	30/08/22 - Awaiting introduction of Medicines Management training for HCSW's. Data sharing impact assessment being undertaken to allow GP Practices to have client information to support medicines reviews. 10/10/22 - meeting with colleagues in Aberdeenshire around single-handed assessment arranged for 26/10/22 03/11/22 - Single Handed assessment training for 10 available from Shire – LS to discuss with Sean to progress						
9.	Analyse 'transfers of care' (D2A, START, BROKERAGE, CRT, DN, FNCT, VARIS, LOXA, JUBILEE CT, CARE HOMES	AS/LS/JF			Be clear on the pathway for patients when transitioning		
Update	21/09/2022 - Workshop organised to review current processes 10/10/22 - Workshop 1 discussed the prioritisation of care and detailed a process going forward, although there is housekeeping required, team hope to get prioritisation of care in place in 6 weeks. Workshop 2 discussed the Care Enabler/Assessor (CE/A) role and agreed to wait for the evaluation. CE/A does save the SW time but can create double the work in some cases. Not enough CE/A at the moment to make the system work, creates delays of up to three weeks for assessments. SW have supported CE/A role during periods of leave. Workshop also discussed Care Home referrals, agreed to meet with Care Homeowners and Managers to ensure a streamline approach to securing a Care Home bed for HSC Moray. The workshop also discussed interim beds, need clarity on the SG monies and what we can use the money for. Next workshop will be to review work from the previous two and will be held on the 26/10/22. 07/11/22 - Meeting with Graeme Hoyle to progress discussions around Hosptial at Home model in Moray.						
PHASE 2 (Reduce Delayed Discharges to 10)							
1.	Establish Targets for Unmet Need	Home First Team	September 22		Develop an alert system so that action can be		

					taken when unmet need reaches a warning level		
Update	30/08/22 - Delayed Discharges to be set at 10 20/09/2022 - At a Glance dashboard created to allow instant system flow awareness, out for consultation. 07/11/22 - awaiting progress of discussion around acceptable benchmarks, suggest a two-phase approach similar to delayed discharges.						
2.	Produce a Dashboard to measure and assure	Home First Team	August 22		Ensure assurance that DD systems and processes are working	22/08/22	
Update	22/08/22 - Dashboard completed, discuss with SLT and produce weekly at Monday Response Group						
3.	Carry out a Self-Assessment of all Delayed Discharge processes focussing on: - • Leadership and Performance • Engagement and Accountability • Improving practice • Demand and Capacity (develop a meaningful Delayed Discharge Pathway) • Family and Friends involvement • Workforce Planning • Use of Technology • Health Inequalities	Home First Team	November 22		Have a baseline of where we are now and plan for what we need to do		
Update	22/09/22 (Early Findings)						

	• Significant concern across all services around duplication of patient contact. GP's and DN's have a sense that new developments risk undermining their role. • Core services are good in Moray, but additional 'new' services and projects have created blocks, confusion, inequity and dissatisfaction • Temporary projects have taken vital staff groups away from core services, leaving them with vacancies. • Temporary funding runs out and there is no sustainable funding so projects will stop • Terms and conditions for fixed term and seconded staff, risk that staff are being disadvantaged by short term projects • Lack of improvement methodology in projects has led to inability to identify if there is any impact of short term funded projects • Current projects in the main do not impact on the whole system • Lack of knowledge or understanding of data and use of DD targets and 4-hour target as high-level targets for all services • Lack of engagement of staff in DD and 4-hour data, now way of knowing what impact their service is having • Lack of engagement in how data should be used to gage performance of a service and of the system • Front line staff trying to distribute scant resource, no consistency or equity, 'feels like a scattergun approach to allocation of health and social care resource'. • Staff critical of how services have been commissioned • High levels of duplication • Low investment in core services in favour of short term funded projects • No overall lead for Frail Elderly pathway • DGH trying to solve all issues at the front door (ED) when issues need to be solved in the Community • Apart from core services, 'new' services and projects are not joined up and therefore there is a risk that patients will have different experiences of health and social care input 07/11/22 - Report to be compiled and submitted to SLG and SMT for November 22						
4.	Tackle the medium to low waits for assessment in the community by utilising: - • Realistic Medicine • 3 Conversation Model	SLG	December 22		Ensure Medium and Low waits for SW assessment do not occur due to slick transfer of		

	• 3rd Sector • Volunteering • SDS (implementing March 2022 guidance)				care to services other than Care at home, avoid disabling the family and those that care for an individual		
5.	Divert resource to reviewing current care packages to create capacity Ensure carer involvement in the review of packages of care MDT discussions if we believe we can reduce packages of care	SLG	December 22		There are 271 outstanding reviews, undertaking these could increase available capacity		
6.	OT in Primary Care addressing unscheduled care and frailty. Twice weekly huddles with Local Authority OT to prevent duplication Analyse OT unmet need, particularly critical	Dawn Duncan AS/LS/JF	December 22		Upstream management of patients who may be admitted		
7.	Recruit to a team of 'generic HCSW's who can participate in all areas of the delayed discharge pathway	SLG	January 23		Always have a team available to manage periods of		

	LANARKSHIRE MODEL or FORRES Model				increase activity (Winter)		
8.	Make SDS implementation a priority (divert the Quarriers SDS post from Hospitals to the community). Make SDS mandatory training for those who discuss discharge with patient and families. Aim to reduce care hours required by using SDS creatively	Michelle Fleming	October 22		The key to reducing waits for care, evidence shows that even those assessed for high levels of care at home can be safely managed using alternative solutions		
Update	07/11/22 - Aspire to have 85% of nursing staff in Community Hospitals complete SDS training on TURAS - HCSW from Community Hospitals have volunteered to be SDS champions for their areas						
9.	HR and Recruitment to apply 'special measures' to recruitment of all frontline vacancies in Moray	HR Hub	November 22		Make every opportunity for recruitment count, get people quickly into post before they find other employment		
10.	Scale up intermediate care (hospital without walls)	Home First Team	October 22		Have a suite of options for patients other than admission to hospital or care at home		
Update	07/11/22 - Discussions ongoing with GH from geriatric team. Current model needs development. Current plan estimated to be rolled out in 10yrs, plan to reduce that timescale considerably. Geriatrics to work more closely with D2A and CRT, less activity at the front door for geriatric assessment as this is too late. Discuss with Community and primary care teams as to how to progress						

	early geriatric interventions. 'One stop' telephone number in place, just for DGH for now but encouraging role out across Moray. Need to change focus of H@H from an acute model to a community model. Move away from rigid thinking around H@H model, the requirement of an acute Geriatrician 'in charge' of patient care in the community needs adaption as it is preventing progress. This is being challenged in favour of a MDT model. Progressing discussions around dedicated Geriatric Care Home beds for geriatric rehabilitation and assessment.						
11.	Increase screening for Frailty (Frailty Team) Develop 'outreach' support in the community	Frailty Team	November 22		Re-look at over 75 community assessments – this can be done in conjunction with flu/adult/COVID immunisations, manage problems before they become a crisis or look at ways of identifying at risk individuals in some way to ensure they are supported.		
12.	Review discharge planning and the role of MDT's and golden ward rounds, Huddles	Home First Team	October 22		What are the outcomes from these? What do we achieve?		
Update	22/09/22 - Jim Brown to support MDTs in Community Hospitals and LS/AS to support DGH 07/11/22 - Report to be completed for SLG and SMT						

13.	Assess Moray's risk averse status amongst front line staff and manage results	Home First Team	October 22		Varying levels of risk appetite amongst frontline staff, need to have a standardised approach within a governance framework		
Update	07/11/22 - Single handed training for 10 staff to be offered by Shire for Moray Staff. Encourage, C@H leads and OT's to parcipate. Huge gains reported in Shire reducing 2 carer per visit requirement.						
14.	Criteria Led Discharge Pilot DGH	DGH	October 22		Potential for reducing delays to discharge, will improve early pharmacy and transport requests		
Update	22/09/22 - Early progress in Community Hospitals, supported by Jim Brown						
15.	Combine H@H and HWW and develop Virtual Community Wards in specific localities	Home First Team	November 22		Potential for reducing delays, patients return home earlier with medical support and review		
Update	07/11/22 - Staff report huge confusion over numerous models. Plan to combine H@H and HWW ongoing, some resistance due to rigidity of thinking around H@H. Break down barriers to progress and develop Moray model for H@H that uses the Virtual Community Ward model operationally,						

Moray Redesign of Urgent Care Action Plan Appendix 3

Executive Lead: Simon Boker-Ingram **SROs:** Sean Coady **Programme Lead:** Tori Higgins **Operational Lead:** Alasdair Pattison

Report Date:	10/11/22	Overall Status:	On Track

Objectives

1. To develop and implement a Moray Redesign of Urgent Care Action plan.
2. Decrease pressure points in the system by controlling, coordinating and collaborating

Agreed Scope

Unscheduled activity across the Moray system

KPIs/Improvement Trajectory Measures

Reduction in ambulance stacking
Reduction in 12 hour waits from ED
Reduction in attendance in ED
Reduction in G-OPES level for Moray and DGH
Reduction in Delayed Discharge and Delayed Transfer of Care
Reduced Length of Stay
Patient satisfaction levels
Staff satisfaction levels
Staff absences/capacity

Key Risks/Issues & Mitigations (expanded in Project Charter)

Key Risks	Mitigations
Staff capacity due to ongoing service pressures	Shortened meeting with focussed discussions on key progress and challenges
Action plan focus too much on single part of system	Bespoke engagement with community colleagues

Key Items for Escalation

Info required on GMED test of change to ensure system oversight and advance knowledge.

Key Deliverables & Status

Deliverable	Progress Update	RAG
Mapping Services Across Moray.	Mapping started and meeting being rescheduled.	
Reset Medical Footprint in DGH with SOP for use and patient placement tool for flow.	Dependent on work ongoing with ambulatory emergency care development and will be launched in parallel with GMED pilot. Awaiting date confirmation.	
Recommendations, and implementation of them, on MDT communication and MDT input to ward rounds.	Due to staffing availability MDT input remains challenging, however progress and underway actions will improve MDT communication. TrakCare Care Managers Access pilot 21.11.22 and Discharge Tab in TrakCare, early 2023. Paper to be share at next weeks meeting.	
Report with recommendations on GMED Redirection and Referral Test of Change.	Awaiting date confirmation.	
Documented description of FNC function and service model with agreed shared vision and plan to progress to this.	Initial discussion with stakeholders to refine requirements. Further discussions required with project manager.	
Report with recommendations on improved system of communication between primary care and DGH.	Really useful visit to Maryhill Practice. Challenges and actions being summarised. Some already underway such as Boxi report on upcoming discharges.	
Report on identification and implementation of quick wins with Hospital at Home redesign	Update pending.	
Report on number of patients who would benefit from ACP with plan in place to support development where there are gaps	Exploring external additional support (DHI). Practice data being gathered. Exploring standardising KIS info.	
Reduction in turn around time for blood test results to support patients to remain at home where appropriate	Connects made with secondary care hubs work and GP Sub activity regarding blood sample collection times	
Report on placement of minor injuries activity (temporary for winter and longer term) with feedback from SLT on actions required, if any.	Discussions progressing, aiming for written summary of discussions by next week.	
Orthopaedic outreach clinics re-established.	Meeting planned for 4pm today.	

Key Progress

- Action Plan drafted and agreed by stakeholder group
- Great engagement from community providers for USC
- Richness of information shared and quick wins from Maryhill visit
- MDT discussion linked challenge to actions already underway and well progressed.

Next Steps

- Action plan to be endorsed by Moray Portfolio SLT
- Summarise Maryhill visit challenges and actions
- Community meeting to ensure action plan is fully comprehensive
- MDT discussion - paper to be drafted
- Close loop on minor injuries including why differing from other Boards model.

Cabinet Secretary for Health and Social Care
Humza Yousaf BPA/MSP
Cabinet Secretary for Social Justice, Housing and Local Government
Shona Robison MSP

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Scottish Government
Riaghaltas na h-Alba
gov.scot

To: Local Authority Leaders,
Chairs & Vice Chairs Integration Joint Boards
Chairs NHS Boards

CC: Local Authority Chief Executives & Directors of Finance;
Health and Social Care Partnership Chief Officers
NHS Territorial Boards Chief Executives;
NHS Territorial Boards Directors of Finance;
COSLA Chairs; Chief Social Work Officers;
NHS Territorial Boards Nurse Directors;

via email

12 October 2022

Dear Colleagues

Supporting our Health and Social Care System

You will no doubt be as concerned as we are about the pressures currently being experienced by the NHS and Social Care system across Scotland. We are in a precarious position and must make every effort to maximise capacity to ensure resilience of these services, as we head into winter. We know this is a shared concern and we are very keen to get in the room with key COSLA and Solace representatives to work together on this collectively, as a matter of urgency. However, given the urgency of situation we feel there are a number of actions we have already identified as necessary.

In conversations with health and social care partnerships, we have heard many examples of good practice and are aware of a range of interventions being applied across the country to address these challenges. However, we are also aware that these evidence based good practices are not yet being applied consistently, and we now need to see an acceleration in spreading and scaling these evidence based good practices across the country.

Therefore, my officials have reviewed interventions and activities already being implemented in part by Health Boards, Local Authorities and Health and Social Care Partnerships; the Winter Pressures Funding Quarterly Key Performance Indicator returns; and wider improvement work across Scotland. The interventions set out in **Annex A** have been shown to have a positive impact.

We must now redouble our efforts and we ask for your support in immediately implementing all of the listed actions, to tackle the challenges that are being faced.

Funding to support the demands of winter pressures, particularly in supporting capacity for Social Care, are set out in **Annex B**.

Assurance and Oversight
We recognise both the need to support each other, and the importance of good information to support our actions. For this reason, we want clearer assurance of the readiness of local planning and resourcing and evidence that winter pressures funding has had any significant impact on system pressures is unclear. In particular, we seek assurance that all possible action is taken to ensure a rapid reduction in the number of patients delayed in hospital who no longer have a clinical need to be there.

An invitation to attend a meeting will be issued in the coming weeks, which will offer an opportunity for us to meet with you to collaboratively gain the necessary assurances that these actions are being effectively implemented across the country. These meetings will also offer opportunity to agree how we can work together to identify solutions to the pressures being faced.

In addition, we ask for your support in ensuring that that social care data relating to outstanding assessments and hours of unmet need at Local HSCP level are made public. This reasoning behind this release of data, currently classified as "management information" is threefold:

a) The data is regularly shared internally and is FOI-able, and pro-active publication is always preferable;
b) If we are looking at pressures across the whole system, the lack of social care data hampers decisions about where investment is required to ease patient flow;
c) It will assist Integration Joint Boards and Local Authority Leaders' understanding of the risks being carried at a local level.

A programme of work is underway to review these data in more detail with Health and Social Care Partnerships and Public Health Scotland, to improve the quality, completeness, accuracy and consistency of these data.

The current situation requires immediate action to minimise the increasing the impact of pressures on the NHS and Social Care system. By working collaboratively, we can seek to ensure that the system has capacity to serve the people of Scotland approaching winter.

Yours sincerely,

HUMZA YOUSAF **SHONA ROBISON**

ANNEX A

All Health Boards, Health and Social Care Partnerships and Local Authorities **must renew their focus on the following actions**:

- Home First
- Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory)
- Criteria Led Discharge
- Hospital to Home transition teams with re-ablement focus / Discharge to Assess
- Hospital at Home
- Anticipatory Care Plans
- Effective End of Life pathways in strong collaboration with our Hospice colleagues.

Additional Measures to support improved flow.

In addition, we will require **Discharge co-ordination to be extended to all Emergency Departments.** It is our view that placing a Discharge Co-ordinator, as a single point of contact (SPOC) to arrange rapid discharge from ED, enables ED staff to focus on seeing and treating patients in the department. This co-ordinator role will take responsibility for co-ordinating community support to enable swift decision making at the front door to prevent admission where it is safe to do so. Arranging discharges from ED can take considerable clinical time, which will be released by having a focussed Discharge Co-ordinator on site.

Support for Care Homes: Building on the successful support provided to care homes during the pandemic; Care Homes must be supported by having timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. This prevents unnecessary ED attendances, which are distressing for residents.

Increase care and support in community by increasing / supplementing workforce:

- Work with local **college and HEI student workforce** to offer holiday shifts and regular part time contracts, Medical students as support workers for medical teams (NHSAA example);

- **Invest in and fund local voluntary and third sector** organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community. This practical support (previous home help role for example) is not the provision of personal care, which would be inappropriate for volunteers. This support

will release time for care@home staff. Some HSCPs have already focussed on this intervention with good impact.

Increase capacity in social work teams, including retirees. There is an urgent need to focus on assessments and reviews in order to ensure people are receiving the right level of support and release potential capacity in the care system. This includes the wider MDT and key staff such as OTs and OT assistants, and MHO roles to focus on AWI / guardianship processes.

Commission beds in care homes as NHS beds to support transfer of care from hospitals to release capacity. This must be supported by re-ablement so that people move on to their correct destination. Some HSCPs have already addressed this and will have learning for others, which we will document and share across the system. Identify designated beds within current footprint. This would enable focussed care for patients experiencing delays with a different model of staffing to meet their care needs, including a focus on re-ablement using OT assistants. This could reduce the care@home demand in the longer term.

Streamline processes for patients on the AWI / Guardianship pathway. There are opportunities to streamline this pathway and ensure that all elements of the process are completed in a timely manner. Discussions are currently under way with the Director of Mental Health that will enable guidance to be given describing the required practice to move any patient from a hospital bed. Guidance is targeted at those areas with the highest AWI delayed discharges. SG officials will continue to meet with these areas to pinpoint and offer assistance in easing their particular difficulties, which differ in each area. A decision to move under AWI MUST be focussed on the individual and each patient must have their own assessment, which agrees the move is in their interests (jointly by MHO and clinician).

The use of NHS commissioned / procured beds may be possible. This was attempted a few years ago by NHS GGC, resulting in reversal of their position following a court case brought by the Equality and Human Rights Commission (EHRC), with the support of the Mental Welfare Commission (MWC). The support of the EHRC and the MWC will be essential to ensure the rights, will and preferences of the person are respected. Officials will be meeting both organisations to explore this.

ANNEX B

Funding
In addition to the £300m allocated in 2021/22, additional funding has continued to be allocated to support the demands of winter pressures, particularly in supporting capacity for Social Care.

This funding for 2022-23 is aimed at the following measures:-

- £124 million to enhance care at home;
- £20 million to support interim care arrangements;
- £40 million to enhance multi-disciplinary teams;
- £30 million for Band 2-4 recruitment;
- £144 million for the full year impact of the pay uplift to a minimum of £10.02 per hour in adult social care commissioned services;
- A further £200 million in 2022-23 to uplift adult social care pay in commissioned services to a minimum of £10.50 per hour, as well as providing non ring-fenced additional support to the sector.

You will be aware that the UK Government held a fiscal event on 23 September 2022. Scottish Government has committed to reviewing the 2022/23 budget in light of this and will follow up with more detail on this in the coming weeks.

It is crucial that you review the available funding allocation to consider how it can be appropriately directed to alleviate the current pressures, including targeted recruitment to the sector. The funding must be used for the purpose in which it was awarded and must not be redirected to other pressures, which do not meet the aims of increasing capacity in the community, reducing delayed discharge, or increasing care at home services.

I appreciate that some Authorities may have concerns over the impact of recruiting, when a recruitment freeze exists in other areas of your Authority. I reiterate that local recruitment freezes or delays must not inhibit recruitment to the Social Care sector. All mechanisms for recruitment should be utilised, including collaboration with your Local Employability Partnership and cross partnership working with other Authorities.

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s;
iii. expanding Care at Home capacity; and
iv. expanding support for unpaid carers.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the Schedule 1-3 attached to this letter. A template was provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2022-23

The £20 million for interim care and £124 million to enhance care at home capacity were made available to support permanent recruitment and longer term planning. This additional funding was distributed to local authorities via the 2022-23 Scottish Local Government Finance Settlement on a GAE basis, with a requirement to be passed in full to Integration Authorities.

The £40 million to enhance multi-disciplinary teams and £30 million for Band 2-4 recruitment is to cover the period from 1 April 2022 to 31 March 2023 and will be distributed via NHS Boards.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations, according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals.

Health & Social Care Moray

Simon Bokor-Ingram
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8 November 2022

Humza Yousaf – BPA/MSP
Cabinet Secretary for Health and Social Care
Shona Robison - MSP
Cabinet Secretary for Social Justice, Housing and Local Government
Scottish Government – **by email:** CabSecHSC@gov.scot

Dear Humza Yousaf and Shona Robison, Cabinet Secretaries,

Re: Supporting our Health and Social Care System

I am writing in response to your letter, dated 12 October 2022, to provide assurance that the Moray Health and Social Care Partnership are fully committed to minimising delayed discharges, planning for winter and responding to service pressures. The Integration Joint Board are well sighted on the challenges and the steps we have been taking to maintain flow in the wider system, and receive regular updates from officers.

The approach has been to consider the full range of service areas that can contribute to reducing and minimising people delayed in their transfer of care. Moray operates as a Portfolio with all health and care services managed within the remit of the Chief Officer, including community health and care and acute services at Dr Gray's Hospital. There is a dedicated delayed discharge action plan with programme support to ensure that we follow through on every action, and investment includes expanding ambulatory hospital care, and the continuation of our Discharge to Assess team.

Social care capacity to deliver care at home has been a particular challenge, and there are actions around expanding capacity within the teams that we have through a quality and efficiency lens. I report to each IJB meeting on unmet need, and our Clinical and Care Governance Committee continues to monitor this. We have a mix

of independent care providers and an in-house team, and we have carried out a commissioning exercise to stimulate the independent sector, and to share care between our in-house and independent providers where that creates a solution to a paucity of care in particular geographical areas.

The Moray Portfolio is part of the Grampian region, and we work very closely with our two HSCPs, three local authorities and NHS Grampian, with a recently formed Alliance to continue aligning our work and using our combined efforts to manage risk across the whole system.

I have **attached** our self-assessment against your ask in your letter. We are also key contributors to the NHS Grampian winter checklist, and will be taking our winter and surge plans for Moray to our November IJB meeting.

Kind regards.

Yours sincerely

Simon Bokor-Ingram
Chief Officer, Moray Portfolio

Enc (1)

HEALTH & SOCIAL CARE MORAY

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022

SUBJECT: DELEGATION OF CHILDREN AND FAMILES AND JUSTICE SOCIAL WORK TO MORAY INTEGRATION JOINT BOARD

BY: INTERIM STRATEGY AND PLANNING LEAD

1. REASON FOR REPORT

1.1. To inform the Board of progress in relation to updating the Scheme of Integration to reflect the decision to delegate Children and Families and Justice Social Work Services to Moray Integration Joint Board (MIJB).

2. RECOMMENDATION

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

i) consider and approve the amendments to the Integration Scheme;

ii) agree the submission of the Integration Scheme to the Scottish Government for final approval; and

iii) agree the implementation of the transition of the statutory responsibility of Children's Services from the Moray Council to the Moray Integration Joint Board following the final Government approval

3. BACKGROUND

3.1. On 6 April 2022 Moray Council agreed to progress with delegation of Children and Families and Justice Social Work Services. NHS Grampian Board approval was gained on 2 June 2022, with MIJB approval on 30 June 2022 (para 9 of the minutes refers).

3.2. Changes to the Scheme of Integration have been overseen by Brodies Solicitors and are highlighted in Appendix 1.

3.3. The functions which are delegated by the Local Authority to the Integration Joint Board are set out in Part 2 of the Annex 2 within Appendix 1. These functions are delegated to the extent that the functions are exercisable in relation to the following service areas:

- Social care services provided to children and families

NHS Grampian

moray council

- Fostering and adoptions services
- Child protection
- Justice services

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Discussions are progressing with Scottish Government (as the statutory approval body) over the formal amendments required to the integration scheme to enable the delegation to legally proceed and to aid ministerial approval.

4.2. The Scheme of Integration will also be presented for agreement by NHS Grampian on 4 December 2022 and Moray Council on 7 December 2022.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
Effective governance arrangements support the development and delivery of priorities and plans.

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

(c) Financial implications
In preparation for the delegation of additional function to the MIJB, it will be necessary to closely monitor the financial resources to allow to carry of the function delegated and to assess the risks associated with this.

The MIJB Chief Financial Officer with both Council Section 95 Officer and the Health Board Director of Finance established the arrangement that financial accountability for the delegated functions remains with the Council for an 18-month period up to 31 March 2024.

(d) Risk Implications and Mitigation
To continue at pace and to recognise the benefits of delegating children and families and justice social work services, workforce engagement is essential to a successful transition. Not only for opportunities for efficiencies and professional development across the Social Work workforce, but more importantly the lost opportunity for improved workforce alignment which will offer better outcomes for our most vulnerable children and families.

(e) Staffing Implications
Proposals for change to team structures and lines of responsibility will be documented through a change management plan including consultation with relevant parties including our staff and unions

(f) Property
No property issues identified at this point.

(g) Equalities/Socio Economic Impact
Not required at this point.

(h) Climate Change and Biodiversity Impacts
None arising at this point

(i) Directions
Formal directions will continue to be in place relating to delegated functions.

(j) Consultations
Chief Executive Moray Council, Chief Officer MIJB, Chief Executive NHS Grampian, Interim Chief Financial Officer HSCM, Head Governance Strategy and Performance, Chief Financial Officer Moray Council and NHS Grampian, Head of Service HSCM (Sean Coady and Tracey Stephen) have been consulted.

6. CONCLUSION

6.1. Approvals from all three bodies (NHS Grampian, Moray Council and MIJB) have been gained to formally delegate children and families and justice social work services to MIJB.

6.2. This paper sets out the position in relation to delegating function to MIJB and the revisions required to the Scheme of Integration

Author of Report: Carmen Gillies, Interim Strategy and Planning Lead
Background Papers:
Ref:

APPENDIX 1

Health and Social Care Integration Scheme for Moray

24 Nov 2022

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

Introduction

This document outlines revised arrangements for how adults and older people care services will be integrated and delivered by The Moray Council and NHS Grampian and is prepared in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (the "Act")

In revising the 2018 Integration Scheme we have engaged with carers, people who currently use health and social care services in Moray, and our joint workforce. We have also subjected the draft revised Scheme to an extensive consultation exercise and have made further changes to the document based on the views and comments expressed both by people and the organisations who took the opportunity to respond.

During the consultation exercise we also informed people that the contents of this revised Integration Scheme will be final, and it shall not be possible to make any modifications to the revised Integration Scheme without a further consultation and approval by Scottish Ministers. We also explained that the revised Integration Scheme will set out the parameters of our Strategic Plan which will present in more detail the changes to the way we propose to deliver integrated care services in Moray in the future.

At a time when the health and social care system is facing significant demographic and financial challenges, we consider that this Integration Scheme will provide a strong foundation to how we can best improve the quality of care we deliver to the people of Moray.

Aims and Outcomes of the Integration Scheme

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

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

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

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

4. Health and social care services are centred towards 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 wellbeing.

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.

Our Vision, Purpose, Local Principles and Values

In aiming to fulfil the above 9 National Health and Wellbeing Outcomes, the following Vision, Purpose, Local Principles and Values have been developed by listening to the views of people who presently use health and social care services in Moray or who are involved in the delivery of care and support.

Our Vision

- To enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities, where everyone is valued, respected and supported to achieve their own goals.

Our Purpose

- Through health, social care and third sector professionals and commercial providers working together with patients, unpaid carers, service users and their families, we will promote choice, independence, quality and consistency of services by providing a seamless, joined up, high quality health and social care service. When it is safe to do so, we will always do our utmost to support people to live independently in their own homes and communities for as long as possible. We will strive to ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with longer term and often complex care needs; many of whom are older.

Our Local Principles

- **A single point of contact.** We will make it easier for people to access information and support by having a single point of contact for accessing health and social care services where it is appropriate to do so.

- **Continuity of care**. We will appoint a single lead professional across health and social care to facilitate improved communication with people in need of support and when possible we will aim to provide continuity of care.
- **Health and social care professionals share information.** We will work to ensure that people will have to tell their story only once and that their information is shared with all relevant professionals.
- **Signposting**. Information and advice should be provided in a format that is right for the person and is readily available in their community.
- **Personalisation.** Our vision means that we do not provide the same service for everyone but the right service for each person. We will always aim to provide choice and control.
- **Community outcomes.** We will aim to support local communities to determine their own health and well-being priorities and we will work in partnership towards the realisation of these agreed outcomes.
- **The conversation is at the heart of what we do and is the key to meaningful action**. Identifying positive outcomes that matter to people is based on a conversation with the service user, patient, unpaid carer and sometimes the whole community. This level of engagement is the essential first step in delivering an outcomes-based service.
- **Best value**. We will always endeavour to make the best use of public money by ensuring that our services are efficient, effective and sustainable.

Our values

- We will always work to support people to achieve their own outcomes and goals that improve their quality of life.
- We will always listen and treat people with respect.
- We will always value the support and contribution provided by unpaid carers.
- We will respect our workforce and give them the support and trust they need to help them achieve positive outcomes for the people of Moray.

Integration Scheme

The parties:

MORAY COUNCIL,

established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Council Offices, High Street, Elgin, Moray IV30 1BX (hereinafter referred to as “the Council” which expression shall include its statutory successors);

And

GRAMPIAN HEALTH BOARD,

established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Grampian”) and having its principal offices at Summerfield House, 2 Eday Road, Aberdeen AB15 6RE (hereinafter referred to as “NHS Grampian” which expression shall include its statutory successors)

(together referred to as “the Parties”, and each being referred to as a “Party”)

1. Definitions and Interpretation

1.1 In this Integration Scheme, the following terms shall have the following meanings:-

“Accountable Officer” means the National Health Service (“NHS”) officer appointed in terms of section 15 of the Public Finance and Accountability (Scotland) Act 2000;

“Chief Officer” means the Officer appointed by the Integration Joint Board (IJB) in accordance with section 10 of the Act;

“Chief Social Work Officer” means the officer appointed by Moray Council in terms of Section 3 of the Social Work (Scotland) Act 1968

“Clinical, Care and Governance Committee” means the IJB committee thatsupports and assists" the Board in achieving their clinical and care governance responsibilities in compliance with the Health and Social Care Integration, Clinical and Care Governance Framework Version 1 (Scottish Government published October 2015).

“Clinical Lead” means the registered medical practitioner who delivers primary care services or some other registered health care professional who delivers services within a community context who is appointed by the Chief Officer and the Medical Director of NHS Grampian;

“Community Planning Board” means the Moray Community Planning Board established in terms of the Community Empowerment (Scotland) Act 2015 to consider the strategic development and monitor the performance of the partner agencies within Moray (which include both Moray Council and NHS Grampian) in delivering Locality Plans, the Local Outcomes Improvement Plan and any wider CPP national matters.

“Direction(s)” means an instruction(s) from the Integration Joint Board in accordance with section 26 of the Act;

“Executive Director of Nursing and Midwifery” means the post that is accountable for professional leadership for Nurses, Midwives and Allied Health Professionals within the organisation; setting standards and enuring the delivery of compassionate, caring and effective patient and family centred services.

“IJB” means the Moray Integration Joint Board established by an Order made in accordance with section 9

“IJB Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Integrated Budget” means the budget for the delegated resources for the functions set out in the Scheme;

“Integrated Services” means the functions and services listed in Annexes 1 and 2 of this Scheme;

“Joint Performance Management Plan” means a resource which provides a list of targets and measures for use within a performance framework;

“Integrated Workforce Plan” means the three year plan for workforce resources, produced collaboratively with Moray Council and NHS Grampian, aligned to the objectives of IJB and in accordance with the guidance from Scottish Government.

“NHS Grampian Clinical and Care Governance committee” means the committee that is responsible for demonstrating compliance with statutory requirements in relation to clinical governance, authorising an accurate and honest annual clinical governance statement and responding to scrutiny and

improvement reports by external bodies such as Healthcare Improvement Scotland (or any successor)

“Organisational Development Strategy” means the overarching planned and systematic approach to developing the culture and improving the effectiveness of the organisation, through engagement, communication, training and development of staff. It aligns strategy, individuals processes and values.

“Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Payment” means all of the following: a) the Integrated Budget contribution to the Integration Joint Board; b) the resources paid by the Integration Joint Board to the Parties for carrying out a Direction or Directions, in accordance with section 27 of the Act and c) does not require that a bank transaction is made;

“Section 95 Officer” means the statutory post under the Local Government (Scotland) Act 1973 being the Accountable (Proper) Officer for the administration and governance of the financial affairs of the Council;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act;

“Strategic Planning and Commissioning Group” means the forum that assists the IJB and Chief Officer through the development of key strategic outcomes and oversees, drives and strengthens strategic planning and commission of health and social care services across Moray.

“Strategic Risk Register” means the register that outlines the identified risks to the implementation and achievement of the outcomes contained in the strategic plan, showing the controls, mitigation actions and potential impacts if the risk materialises.(17)

"The act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"The Administration Scheme" means the document that sets out the governance and structure by which the MIJB conducts its affairs. It details the structure of its Committees and the functions referred to these Committees

"the Integration Scheme Regulations" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

"the Scheme" means this Integration Scheme;

1.2 In implementation of their obligations under the Act, the Parties hereby agree as follows:

1.3 In accordance with section 1(2) of the Act, the Parties agreed that the integration model set out in sections 1(4)(a) of the Act would be put in place for the IJB, namely the delegation of functions by the Parties to a body corporate that is to be established by an Order made in accordance with section 9 of the Act. The Moray Integration Joint Board was established by a Parliamentary Order on 6 February 2016.

2. Local Governance Arrangements

2.1 Requirements are contained in the Act including the detail of the remit and constitution of the IJB but for context the following is repeated here:

2.1.1 The remit of the IJB is to prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults in their area in accordance with sections 29-39 of the Act.

2.1.2 The regulation of the IJB's procedure, business and meetings and that of any Committee of the IJB will follow the IJB Order and the standing orders which will be agreed by the IJB, and which may be amended by the IJB. The Standing Orders will be set out in a separate document.

2.1.3 NHS Grampian and the Council will continue to have in place an appropriate governance structure to ensure effective delivery of any functions or services not delegated as part of this scheme.

2.1.4 NHS Grampian and the Council and any of their Committees will positively support through productive communication and interaction the IJB and its Committees to allow it to achieve its Outcomes and Vision. The IJB will similarly support through productive communication and interaction NHS Grampian and the Council and any of their Committees in their delivery of integrated and non-integrated services.

2.1.5 The IJB has a distinct legal personality and the autonomy to manage itself. There is no role for NHS Grampian or the Council to independently sanction or veto decisions of the IJB.

2.1.6 The IJB will create such Committees that it requires to assist it with the planning and delivery of Integrated Services.

2.1.7 The IJB is a statutory partner in the Community Planning Partnership in terms of s.4(1) and Schedule 1 of the Community Empowerment (Scotland) Act 2015 and as such will be a member of the Community Planning Board and shall, along with the other statutory partners, report to the Community Planning Board. The IJB shall assist in the identification of priorities for the Community Planning Board's strategic partnerships as appropriate.

3. Board Governance

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

3.1.1 The Council shall nominate four councillors; and

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

3.2 The voting membership of the IJB shall be appointed for a term of up to 3 years.

3.3 Provision for the disqualification, resignation and removal of voting members is set out in the IJB Order.

3.4 The IJB is required to co-opt non-voting members to the IJB.

3.5 The non-voting membership of the IJB is set out in the IJB Order and includes (subject to any amendment of the IJB Order):

a) the chief social work officer of the local authority;
b) the Chief Officer, once appointed by the IJB;
c) the proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) Act 1973;
d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Grampianin accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
e) a registered nurse who is employed by NHS Grampian or by a person or body with which NHS Grampian has entered into a general medical services contract;
f) a registered medical practitioner employed by NHS Grampian and not providing primary medical services; and
g) a professional representative from Public Health

and at least one member of each of the following groups:

h) staff of the constituent authorities engaged in the provision of services provided under integration functions;
i) third sector bodies carrying out activities related to health or social care in the area of the local authority;
j) service users residing in the area of the local authority; and
k) persons providing unpaid care in the area of the local authority.

3.6 NHS Grampian will determine the non-voting representatives listed in d)-f) above, in accordance with the terms of the IJB Order.

3.7 The arrangements for appointing the Chair and Vice Chair of the IJB are as follows:-

3.7.1 The first Chair was nominated by the Council.

3.7.2 The first term of the Chair began on the date the IJB was established and continued until 30 September 2016 and second term of the Chair commenced 1 October 2016..

3.7.3 Further terms of the Chair are for a period of 18 months.,

3.7.4 The Parties are entitled to change the person appointed by them as Chair or Vice Chair during the appointed period via the appropriate governance procedures within the Parties.

3.7.5 After the term of the first Chair came to an end, the Vice Chair became the next Chair and the outgoing Chair's organisation then nominated the next Vice Chair, which the IJB appointed.

3.7.6 The Parties must alternate which of them is to appoint the Chair in respect of each successive appointing period. The organisation which has not nominated the Chair shall nominate the Vice Chair.

4. Delegation of Functions

4.1 The functions that are to be delegated by NHS Grampian to the IJB are set out in Part 1 of Annex 1 and are subject to the exceptions and restrictions specified or referred to. The services to which these functions relate, which are currently provided by NHS Grampian and which are to be integrated, are set out in Part 2 of Annex 1. For the avoidance of doubt the functions listed in Part 1 of Annex 1 are delegated only to the extent that they relate to the services listed in Part 2 of Annex 1 and there are certain services in respect of which functions are delegated for all age groups and certain services in respect of which functions are delegated for people over the age of 18 only.

4.2 The functions that are to be delegated by the Council to the IJB are set out in Parts 1 and 2 of Annex 2 and are subject to the exceptions and restrictions specified or referred to. The services to which the functions set out in Part 1, which are currently provided by the Local Authority and which are to be integrated, are set out in Part 3 of Annex 2. For the avoidance of doubt the functions listed in Part 1 of Annex 2 are delegated only to the extent that they relate to the services listed in Part 3 of Annex 2 and are provided to persons of 18 years and over. The functions listed in Part 2 of Annex 2 are delegated only to the extent that they are exercisable in respect of people under the age of 18, or, where the relevant statutory provisions require, 16.

4.3 In the delegation of functions, the Parties recognise that they will require to work together, and with, the IJB, to achieve the Outcomes. Through local management, the Parties will put arrangements in place to avoid fragmentation of services provided to persons under 18 years. In particular, the community health services for persons under 18 years of age set out in Part 3 of Annex 1 shall be operationally devolved by the Chief Executive of NHS Grampian to the

Chief Officer of the IJB who will be responsible and accountable for the operational delivery and performance of these services.

4.4 In exercising its functions, the IJB must take into account the Parties requirements to meet their respective statutory obligations, standards set by government and other organisational and service delivery standards set by the Parties. Apart from those functions delegated by virtue of the Scheme, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.

4.5 The delegation of functions from the Parties to the IJB shall not affect the legality of any contract made between either of the Parties and any third party, which relates to the delivery of integrated or non-integrated services. The IJB shall be mindful of the Parties' contracts and will enter into a joint commissioning strategy with the Parties.

4.6 Some Integrated Services may be hosted by the IJB on behalf of other integration authorities, or some integrated services may be hosted by another integration authority on behalf of the IJB. The IJB will consider and agree the hosting arrangements.

5. Local Operational Delivery Arrangements

5.1 The local operational arrangements agreed by the Parties are:

5.2 The following responsibilities of the membership of the IJB in relation to monitoring and reporting on the delivery of Integrated Services on behalf of the Parties are as follows:-

5.2.1 The IJB is responsible for the planning of Integrated Services and achieves this through the Strategic Plan. It issues Directions to the Parties to deliver services in accordance with the Strategic Plan.

5.2.2 The IJB will continue to monitor the performance of the delivery of Integrated services using the Strategic Plan on an ongoing basis and the Parties will report to the IJB regularly on performance in implementation of Directions to enable it to do so.

5.2.3 The IJB is required to publish an annual performance report on performance to deliver the Outcomes and will share this with the Parties.

5.3 The IJB will have operational oversight of Integrated Services, including those that it hosts but not the health services listed in Annex 4. NHS Grampian already has in place an existing mechanism for the scrutiny and monitoring of delivery of these services. Appropriate links will be made between this structure and any governance framework to be put in place by the IJB in terms of paragraph 5.6 below.

5.4 The IJB will take decisions in respect of Integrated Services for which it has operational oversight.

5.5 The IJB shall ensure that resources are managed appropriately for the delivery of Integrated Services for which it has operational oversight, in implementation of the Strategic Plan.

5.6 The Parties expect the IJB to develop a governance framework to provide itself with a mechanism for assurance and monitoring of the management and delivery of Integrated Services. This will enable scrutiny of performance and appropriate use of resources. If required, the Parties will support the IJB in the development of this framework.

5.7 The IJB will, through the Chief Officer, have an appropriate role in the operational delivery of services by the Parties in the carrying out of integration functions. The Parties acknowledge that the Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. The duties of the Chief Officer are set out in section 10 of the Scheme but for the avoidance of doubt, the Chief Officer's role in operational delivery shall not displace:

(a) the responsibilities of each Party regarding compliance with Directions issued by the IJB; or

(b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

5.8 For Integrated Services that the IJB does not have operational oversight of, the IJB shall be responsible for the strategic planning of those services. The IJB shall monitor performance of those services in terms of Outcomes delivered by comparison against the Strategic Plan

5.9 NHS Grampian and the Council will be responsible for the operational delivery of Integrated Services in implementation of Directions of the IJB. The Parties shall provide such information as may be required by the Chief Officer, the IJB

and the Strategic Planning and Commissioning Group to enable the planning, monitoring and delivery of Integrated Services.

5.10 NHS Grampian will provide such information as may be reasonably required by the Chief Officer or the IJB in respect of the delivery of Integrated Services provided within hospitals that the IJB does not have operational oversight of.

5.11 NHS Grampian and the IJB will work together to ensure that the planning and delivery of integrated (and non-integrated) hospital services are consistent.

6. Corporate Support Services

6.1 The Parties recognise that the IJB requires various corporate support services in order to fully discharge its duties under the Act.

6.2 In preparation for integration, a Transitional Leadership Group was set up by the Parties as a vehicle for joint working, and this was provided with corporate support by the Parties through joint "workstream groups". This allowed appropriate advice and support to be given on areas such as finance, legal, human resources, information sharing etc.

6.3 The Parties shall identify, and may review, the corporate resources required for the IJB for the period since April 2015 , including the provision of any professional, technical, or administrative services for the purpose of preparing a Strategic Plan and carrying out integration functions. This assessment will be informed by the support provided via the "workstream groups" referred to in paragraph 6.2 above and shall be made available to the IJB.

6.4 From April 2015, the Parties shall be responsible for ensuring that the IJB has provision of suitable resources for corporate support to allow it to fully discharge its duties under the Act.

6.5 The Parties and the IJB shall reach an agreement in respect of how these services will be provided to the IJB which will set out the details of the provision.

The Parties shall identify and keep under regular review suitable resources for corporate support for the IJB to allow it to fully discharge its duties under the act. These resources shall be considered as part of the IJB's annual budget setting and review process. Corporate support resources shall include appropriate advice and support to be given on areas such as finance, legal, human resources, information and Information and communication technologies.

7. Support for Strategic Planning

7.1 The Parties shall share, with such other relevant integration authorities, the necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided in the Moray area by those integration authorities for people who live within Moray.

7.2 The Strategic Plan is written for the residents of Moray. A number of individuals may be resident in the area of one integration authority but receive services in the area of another integration authority. NHS Grampian will provide support to enable the appropriate planning of such services for these individuals. This shall be done in pursuance of the duty prescribed by s30(3) of the Act.

7.3 The Parties shall consult with the IJB on any plans to change service provision of non-integrated services which may have a resultant impact on the Strategic Plan.

8. Targets and Performance Measurement

8.1 The Parties will identify a core set of indicators that relate exclusively to delegated functions, which the Parties expect the IJB to take account of as it discharges its functions. These indicators will be informed by the National Core Suite of Indicators published by the Scottish Government that are aligned with the overarching 9 National Health & Wellbeing Outcomes. The indicators will also support service improvement at a local level as a means of supporting continuous improvement.

8.2 The core set of indicators will be collated in a Performance Management Plan and will provide information on the data gathering and reporting requirements to support continuous improvement and, where appropriate, will identify service improvement targets.

8.3 The Performance Management Plan will also be used to identify any indicators or measures that relate to functions of the Parties, which are not delegated to the IJB, but which may be affected by the performance and funding of delegated functions, and which are to be taken account of by the IJB.

8.4 The Performance Management Plan will also be used to prepare a list of indicators that relate to both functions of the Parties and functions delegated to the IJB, and for which responsibility for achieving targets will be shared between the IJB and relevant Party and which are to be taken account of by the IJB.

8.5 The Performance Management Plan will be reviewed regularly to ensure the improvement indicators it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.

8.6 The Performance Management Plan will state where the responsibility for each indicator lies, whether in full, in part or shared and where shared, the Parties and the IJB will work together to deliver these.

8.7 The Parties recognise that the IJB will have an impact on key decisions regarding Outcomes for the people of Moray.

8.8 The Strategic Planning and Commissioning Group's work shall enable the IJB to assure itself around the monitoring and performance of the delivery of Integrated Services in accordance with the Strategic Plan. A set of shared principles for targets, measures and indicators will be developed and agreed by the Parties and the IJB. This will take into account the Scottish Government's guidance on the Outcomes and the associated core suite of indicators for integration.

8.9 The contents of the Performance Management Plan also reflect the cultural shift towards embedding a personal outcomes approach to the delivery of services. Personal outcomes data along with data relating to the suite of indicators will also be referred to as part of an Annual Performance Report.

8.10 All work required in relation to developing the Performance Management Plan will be completed by the time the IJB assumes responsibility for Integrated Services.

8.11 The Parties will share all performance information, targets, indicators and the Performance Management Plan with the IJB.

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9. Clinical and Professional Governance

9.1 Outcomes

9.1.1 The IJB will improve and provide assurance on the Outcomes through its clinical and professional governance arrangements. The Outcomes are as follows:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- 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.
- People using health and social care services are safe from harm.
- 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.
- Resources are used effectively and efficiently in the provision of health and social care services.

9.1.2 The Parties and the IJB will have regard to the integration planning and delivery principles and will determine the clinical and professional governance assurances and information required by the IJB to inform the development, monitoring and delivery of its Strategic Plan. The Parties will provide that assurance and information to the IJB.

9.2 General Clinical and Professional Governance Arrangements

9.2.1 The Parties and the IJB are accountable for ensuring appropriate clinical and professional governance arrangements for their duties under the Act.

9.2.2 The Parties remain responsible for the clinical and professional governance of the services which the IJB has instructed the Parties to deliver.

9.2.3 The Parties remain responsible for the assurance of the quality and safety of services commissioned from the third and independent sectors in line with the requirements set out in the Strategic Plan.

9.2.4 The IJB will have regard to healthcare and social care governance quality aims and risks when developing and agreeing its Strategic Plan and its corresponding Directions to the Parties. These risks may be identified by either of the Parties or the IJB and may include professional risks.

9.2.5 The Parties and the IJB will establish an agreed approach to measuring and reporting to the IJB on the quality of service delivery, organisational and individual care risks, the promotion of continuous improvement and ensuring that all professional and clinical standards, legislation and guidance are met. This will be set out in a report to the IJB for it to approve.

9.3 Clinical and Professional Governance Framework

9.3.1 NHS Grampian seeks assurance in the area of clinical governance, quality improvement and clinical risk from the NHS Grampian Clinical Governance Committee, through a process of constructive challenge. The NHS Grampian Clinical Governance Committee is responsible for demonstrating compliance with statutory requirements in relation to

clinical governance, authorising an accurate and honest annual clinical governance statement and responding to scrutiny and improvement reports by external bodies such as Healthcare Improvement Scotland (or any successor). To achieve this, the Committee oversees a governance framework including a strategy, annual work programme, infrastructure of governance groups and an annual report.

9.3.2 The Council is required by law to appoint a Chief Social Work Officer to oversee and make decisions in relation to specified social work services, some of which are delegated in relation to integration functions, and to report to and alert the Council and elected members of any matters of professional concern in the management and delivery of those functions. He or she has a duty to make an annual report to the Council in relation to the discharge of the role and responsibilities. The Chief Social Work Officer will be a non-voting member of the IJB. If required, he or she shall make an annual report to the IJB in relation to the aspects of his or her position which relate to the delivery of integrated functions. The Chief Social Work Officer will retain all of the statutory decision-making and advisory powers given by statute and guidance, and the Medical Director and Executive Director of Nursing and Midwifery shall not be entitled to countermand or over-rule any decisions or instructions given by the Chief Social Work Officer in carrying out that statutory role.

9.3.3 External scrutiny is provided by the Care Inspectorate (Social Care and Social Work Improvement Scotland) (or any successor), which regulates, inspects and supports improvement of adult social work and social care.

9.3.4 The Scottish Government's *Clinical and Care Governance Framework for Integrated Health and Social Care Services in Scotland, 2014* (or any updated version or replacement) outlines the proposed roles, responsibilities and actions that will be required to ensure governance arrangements in support of the Act's integration planning and delivery principles and the required focus on improved Outcomes.

9.4 Staff Governance

9.4.1 The Parties will ensure that staff working in Integrated Services have the right training and education required to deliver professional standards of care and meet any professional regulatory requirements.

9.4.2 The IJB and the Parties shall ensure that staff will be supported if they raise concerns relating to practice that endangers the safety of service users and other wrong doing in line with local policies and regulatory requirements.

9.4.3 Staff employed by NHS Grampian are bound to follow the NHS Staff Governance Standard. This standard is recognised as being very laudable and the IJB will encourage it to be adopted for all staff involved in the delivery of delegated services. The Staff Governance Standard requires all Health Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions which affect them;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community.

9.4.4 The Standard places a reciprocal duty on staff to:

- Keep themselves up to date with developments relevant to their job within the organisation;
- Commit to continuous personal and professional development;
- Adhere to the standards set by their regulatory bodies;

- Actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- Treat all staff and patients with dignity and respect while valuing diversity; and
- Ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients, carers and those with lived experience.

9.5 Interaction with the IJB, Strategic Planning Commissioning Group and Localities

9.5.1 The IJB has established a Clinical and Care Governance Committee to oversee the clinical and professional governance arrangements for Integrated Services. The Clinical and Care Governance Committee brings together senior professionals representative of the range of professional groups involved in delivering health and social care services. This includes at least one lead from each of the Parties senior professional staff, the Chief Social Work Officer and Executive Director of Nursing and Midwifery.

9.5.2 The three professional advisors of the IJB listed at 9.5.5 b)-d) are members of the Clinical and Care Governance Committee. These advisors will continue to report to the Medical Director and Executive Director of Nursing and Midwifery.

9.5.3 The role, remit and membership of the IJB Clinical and Care Governance Committee is set out in the IJB's Scheme of Administration, which may be reviewed and amended by the IJB.

9.5.4 The Clinical and Care Governance Committee will provide clinical health care and professional social work advice to the IJB, the Strategic Planning and Commissioning Group, the Chief Officer and any professional groups established in localities as and when required. This

can be done through the Chair of the Committee (or such other appropriate members) informing and advising the IJB, the Strategic Planning Group, the Chief Officer and any other Group, Committee or locality of the IJB as and when required.

9.5.5 The IJB and the Chief Officer shall also be able to obtain clinical and professional advice from the IJB non-voting membership, which shall include (subject to any amendment of the IJB Order):

a) The Chief Social Work Officer;
b) A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Grampian in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
c) A registered nurse who is employed by NHS Grampian or by a person or body with which the Health Board has entered into a general medical services contract; and
d) A registered medical practitioner employed by NHS Grmapian and not providing primary medical services.

9.5.6 The Clinical and Care Governance Committee will be represented on the established clinical and professional forums/groups of both the Council and NHS Grampian to address matters of risk, safety, and quality. The Clinical and Care Governance Committee is aligned with both Parties arrangements.

9.5.7 The Chief Social Work Officer is a member of the Clinical and Care Governance Committee. The Chief Social Work Officer may report to the Council to provide any necessary assurance as required.

9.5.8 The NHS Grampian Area Clinical Forum (and clinical advisory structure), Managed Clinical and Care Networks, Local Medical Committees, other appropriate professional groups, and the Adult and Child Protection

Groups and Committees will be available to provide clinical and professional advice to the IJB.

9.6 Professional Leadership

9.6.1 The Act does not change the professional regulatory framework within which health and social care professionals work, or the established professional accountabilities that are currently in place within the NHS and local government. The Act through drawing together the planning and delivery of services aims to better support the delivery of improved outcomes for the individuals who receive care and support across health and social care.

9.6.2 Medical Directors and Executive Directors of Nursing and Midwifery are ministerial appointments made through health boards to oversee systems of professional and clinical governance within NHS Grampian. Their professional responsibilities supersede their responsibilities to their employer. These Directors continue to hold responsibility for the actions of NHS Grampian clinical staff who deliver care through Integrated Services. They, in turn, continue to attend the NHS Grampian Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health care staff employed by NHS Grampian.

9.6.3 In addition to the IJB's Clinical and Care Governance Committee, advice can be provided to the IJB and the Strategic Planning and Commissioning Group through the Clinical Executive Directors of NHS Grampian and the Chief Social Work Officer of the Council on professional / workforce, clinical / care and social care / social work governance matters relating to the development, delivery, and monitoring of the Strategic Plan, including the development of integrated service arrangements. The professional leads of the Parties can provide advice and raise issues directly with the IJB either in writing or through

the representatives that sit on the IJB. The IJB will respond in writing to these issues where asked to do so by the Parties.

9.6.4 The key principles for professional leadership are as follows:

- Job descriptions will reflect the level of professional responsibility at all levels of the workforce explicitly;
- The IJB will name the Clinical Lead and ensure representation of professional representation and assurance from both health and social care. The Executive Director of Nursing and Midwifery and Medical Director will continue to have professional managerial responsibility;
- All service development and redesign will outline participation of professional leadership from the outset, and this will be evidenced in all IJB papers;
- The effectiveness of the professional leadership principles will be reviewed annually.

10. Chief Officer

10.1 The IJB shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

10.2 An interim Chief Officer may be appointed at the request of the IJB by arrangements made jointly by the Chief Executives of both Parties in consultation with the Chair of the IJB.

10.3 The Chief Officer will be responsible for the operational management of Integrated Services, other than the health services listed in Annex 4 or the services hosted by another integration authority. Further arrangements in relation to the Chief Officer's responsibilities for operational management and strategic planning are set out in a separate document, which the IJB may amend from time to time.

10.4 The Chief Officer shall be accountable to the IJB for the management of Integrated Services for which the IJB has operational oversight. Accountability of the Chief Officer will be ensured by the IJB through appropriate scrutiny and monitoring of the delivery of integrated services under the Chief Officer's management, if necessary, through an appropriate governance framework that the IJB may put in place.

10.5 The Chief Officer will be responsible for the development and monitoring of operational plans which set out the mechanism for the delivery of the Strategic Plan.

10.6 The Chief Executive of NHS Grampian will be the Accountable Officer for the delivery of the acute services that the IJB has strategic planning responsibility for and will provide updates to the Chief Officer on the operational delivery of those services provided and the set aside budget on a regular basis.

10.7 The Chief Officer will have a formal relationship with service portfolio leads across Grampian, this includes those leading the delivery of acute services and fellow Chief Officers across the Grampian system to determine that appropriate progress is made on the delivery of the Strategic Plan and to influence the development of wider system plans which may impact on the Moray population. Currently, the Chief Officer will line manages the Hospital General Manager and leadership team of Dr Gray's Hospital and will develop a combined performance and assurance reporting approach in accordance with the Chief Officer's remit as a member of the NHSG Grampian Chief Executive Team. This remains subject to final approval of the NHS portfolio approach.

10.8 The Chief Officer will be a member of the appropriate senior management teams of NHS Grampian and the Council. This will enable the Chief Officer to work with senior management of both Parties to carry out the functions of the IJB in accordance with the Strategic Plan.

10.9 The Chief Officer will be line managed by the Chief Executives of the Parties. The Chief Officer shall also report to the IJB.

10.10 The Chief Officer will develop close working relationships with elected members of the Council and non-executive and executive NHS Grampian board members.

10.11 The Chief Officer will establish and maintain effective working relationships with a range of key stakeholders across NHS Grampian, the Council, the third and independent sectors, service users, carers and those with lived experience, the Scottish Government, trade unions and relevant professional organisations.

10.12 The Chief Officer will work with trade unions, staff side representatives and professional organisations to ensure a consistent approach to their continued involvement in the integration of health and social care.

11. Workforce

11.1 The arrangements in relation to their respective workforces agreed by the Parties are:

11.2 The employment status of staff will not change as a result of the Scheme i.e. staff will continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.

11.3 The Parties will develop an Integrated Workforce Plan that will be aligned to objectives set by the IJB. The Integrated Workforce Plan will relate to the development and support to be provided to the workforce who are employed in pursuance of Integrated Services and functions. The plan will cover staff communication, staff engagement, staff and team development, leadership development and the training needs for staff that will be responsible for managing integrated teams.

11.4 The process of developing integrated teams will be initiated during the first year of the IJB, building on preparatory work initiated in 2014.

11.5 The Organisational Development strategy for the Parties and the IJB will be informed by Employee Engagement processes being followed as part of the Integrated Workforce Plan. This will encourage the development of a healthy organisational culture. The Parties and the IJB will work together in developing this plan along with stakeholders.

11.6 These plans will be presented to the IJB for approval in a three year cycle and will be reviewed regularly through an agreed process to ensure that it takes account of the development needs of staff.

12. Finance

12.1 Financial Governance

12.1.1 The IJB will have no cash transactions and will not directly engage or provide grants to third parties.

12.1.2 The IJB will have appropriate assurance arrangements in place (detailed in the Strategic Plan) to ensure best practice principles are followed by the Parties for the commissioned services.

12.1.3 The IJB will be responsible for establishing adequate and proportionate internal audit service for review of the arrangements for risk management, governance, and control of the delegated resources. The IJB will accordingly appoint an Internal Auditor to report to the Chief Officer and IJB on the proposed annual audit plan, ongoing delivery of the plan, the outcome of each review and an annual report on delivery of the plan.

12.1.4 The Accounts Commission will confirm the external auditors for the IJB.

12.1.5 Further details of financial governance and financial regulations are contained in a separate document out with the Scheme.

12.2 Payments to the IJB – General

12.2.1 The payment made by each Party is not an actual cash transaction for the IJB. There will be a requirement for an actual cash transfer to be made between the Parties to reflect the difference between the payment being made by a Party and the resources delegated by the IJB to that Party to deliver services. Any cash transfer will take place between the Parties monthly in arrears based on the annual budgets set by the Parties and the directions from the IJB. A final transfer will be made at the end of the financial year on closure of the annual accounts of the IJB to reflect in-year budget adjustments agreed.

12.2.2 Resource Transfer – The existing resource transfer arrangements will cease upon establishment of the IJB and instead NHS Grampian will include the equivalent sum in its budget allocation to the IJB. The Council payment to the IJB will accordingly be reduced to reflect this adjustment.

12.2.3 Value Added Tax (VAT) – the budget allocations made will reflect the respective VAT status and treatments of the Parties. In general terms budget allocations by the Council will be made net of tax to reflect its status as a Section 33 body in terms of the Value Added Tax Act 1994 and those made by NHS Grampian will be made gross of tax to reflect its status as a Section 41 body in terms of the Value Added Tax Act 1994.

12.3 Payments to the IJB

12.3.1 The payment that will be determined by each Party requires to be agreed in advance of the start of the financial year. Each Party agrees that the baseline payment to the IJB for delegated functions will be formally advised to the IJB and the other Party by 28th February each year.

12.3.2 The Chief Officer and the Chief Finance Officer of the IJB will develop a case for the Integrated Budget based on the Strategic Plan and present it to the Council and NHS Grampian for consideration as part of the annual budget

setting process, in accordance with the timescales contained therein. The case should be evidence based with full transparency on its assumptions and analysis of changes, covering factors such as activity changes, cost inflation, efficiencies, legal requirements, transfers to / from the "set aside" budget for hospital services and equity of resource allocation.

12.3.3 The final payment into the IJB will be agreed by the Parties in accordance with their own processes for budget setting.

12.3.4 The IJB will approve and provide direction to the Parties by 31st March each year regarding the functions that are being directed, how they are to be delivered and the resources to be used in delivery.

12.4 Method for determining the amount set aside for hospital services

12.4.1 The IJB will be responsible for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway.

12.4.2 The IJB and the hospital sector will agree a method for establishing the amount to be set aside for services that are delivered in a large hospital as part of the emergency care pathway which will show consumption by the residents of the IJB.

12.4.3 The method of establishing the set aside budget will take account of hospital activity data and cost information. Hospital activity data will reflect actual occupied bed day and admissions information, together with any planned changes in activity and case mix.

12.5 Financial Management of the IJB

12.5.1 The Council will host the financial transactions specific to the IJB.

12.5.2 The IJB will appoint a Chief Finance Officer who will be accountable for the annual accounts preparation (including gaining the assurances

required for the governance statement) and financial planning (including the financial section of the Strategic Plan) and will provide financial advice and support to the Chief Officer and the IJB. The Chief Finance Officer will also be responsible for the production of the annual financial statement (in accordance with section 39 of the Act)

12.5.3 As part of the process of preparing the annual accounts of the IJB the Chief Finance Officer of the IJB will be responsible for agreeing balances between the IJB and Parties at the end of the financial year and for agreeing details of transactions between the IJB and Parties during the financial year. The Chief Finance Officer of the IJB will also be responsible for provision of other information required by the Parties to complete their annual accounts including Group Accounts.

12.5.4 Recording of all financial information in respect of the Integrated Services will be in the financial ledger of the Party which is delivering the services on behalf of the IJB.

12.5.5 The Parties will provide the required financial administration to enable the transactions for delegated functions (e.g. payment of suppliers, payment of staff, raising of invoices etc.) to be administered and financial reports to be provided to the Chief Finance Officer of the IJB. The Parties will not charge the IJB for this service.

12.6 Financial reporting to the IJB and the Chief Officer

12.6.1 Financial reports for the IJB will be prepared by the Chief Finance Officer of the IJB. The format and frequency of the reports to be agreed by the IJB, the Council and NHS Grampian, but will be at least on a quarterly basis. The Director of Finance of NHS Grampian and the Section 95 Officer of the Council will work with the Chief Finance Officer of the IJB to ensure that the information that is required to produce such reports can be provided.

12.6.2 To assist with the above the Parties will provide information to the Chief Finance Officer of the IJB regarding costs incurred by them on a monthly basis for services directly managed by the IJB. Similarly, NHS Grampian will provide the IJB with information on use of the amounts set aside for hospital services. This information will focus on patient activity levels and not include unit costs; the frequency will be agreed with the IJB but will be at least quarterly.

12.6.3 The Chief Finance Officer of the IJB will agree a timetable for the preparation of the annual accounts with the Director of Finance of NHS Grampian and the Section 95 Officer of the Council. The timetable for production of the annual accounts of the IJB will be set following the issue of further guidance from the Scottish Government.

12.6.4 In order to give assurance to the Parties that the delegated budgets are being used for their intended purposes, financial monitoring reports will be produced for the Parties in accordance with timetables to be agreed at the start of each financial year. The format of such reports to be agreed by the Director of Finance of NHS Grampian and the Section 95 Officer of the Council, in conjunction with the Chief Finance Officer of the IJB.

12.7 The process for addressing in year variations in the spending of the IJB

12.7.1 Increases in payment by Parties to the IJB

12.7.1.1 The Parties may increase in-year the payments to the IJB for the delegated services with the agreement of the IJB.

12.7.2 Reductions in payment by Parties to the IJB

12.7.2.1 The Parties do not expect to reduce the payment to the IJB in-year unless there are exceptional circumstances resulting in significant unplanned costs for the Party. In such exceptional circumstances the following escalation process would be followed before any reduction to the in-year payment to the IJB was agreed:-

a) The Party would seek to manage the unplanned costs within its own resources, including the application of reserves where applicable;
b) Each Party would need to approve any decision to seek to reduce the in-year payment to the IJB;
c) Any final decision would need to be agreed by the Chief Executives of both Parties and by the Chief Officer of the IJB, and be ratified by the Parties and the IJB.

12.7.3 Variations to the planned payments by the IJB

12.7.3.1 The Chief Officer is expected to deliver the agreed Outcomes within the total delegated resources of the IJB. Where a forecast overspend against an element of the operational budget emerges during the financial year, in the first instance it is expected that the Chief Officer, in conjunction with the Chief Finance Officer of the IJB, will agree corrective action with the IJB.

12.7.3.2 If this does not resolve the overspending issue then the Chief Officer, the Chief Finance Officer of the IJB and the Director of Finance of NHS Grampian and the Section 95 Officer of the Council must agree a recovery plan to balance the overspending budget.

12.7.4 IJB Overspend against payments

12.7.4.1 In the event that the recovery plan is unsuccessful and an overspend is evident at the year-end, uncommitted reserves held by the IJB, in line with the reserves policy, would firstly be used to address any overspend.

12.7.4.2 In the event that an overspend is evident following the application of reserves, the following arrangements will apply for addressing that overspend:-

12.7.4.3 In the first complete financial year of the IJB – the overspend will be met by the Party to which the spending direction for service delivery is given i.e. the Party with operational responsibility for the service.

12.7.4.4 In future years of the IJB, either:

a) A single Party may make an additional one-off payment to the IJB,

or

b) The Parties may jointly make additional one off payments to the IJB in order to meet the overspend. The split of one off payments between Parties in this circumstance will be based on each Party's proportionate share of the baseline payment to the IJB, regardless of in which arm of the operational budget the overspend has occurred in.

12.7.4.5 The recovery plan may include provision for the Parties to recover any such additional one-off payments from their baseline payment to the IJB in the next financial year.

12.7.4.6 The arrangement to be adopted will be agreed by the Parties.

12.7.5 IJB underspend against payments

12.7.5.1 In the event of a forecast underspend the IJB will require to decide whether this results in a redetermination of payment or whether surplus funds will contribute to the IJB's reserves.

12.7.5.2 The Chief Officer and Chief Finance Officer of the IJB will prepare a reserves policy for the IJB, which requires the approval of the IJB and the Director of Finance of NHS Grampian and the Section 95 Officer of the Council. The reserves policy will be reviewed on a periodic basis.

12.7.5.3 In the event of a return of funds to the Parties, the split of returned payments between Parties will be based on each Party's proportionate share of the baseline payment to the IJB, regardless of which arm of the operational budget the underspend occurred in.

12.7.6 Planned Changes in Large Hospital Services

12.7.6.1 The IJB and the hospital sector will agree a methodology for the financial consequences of planned changes in capacity for set aside budgets in large hospital services.

12.7.6.2 Planned changes in capacity for large hospital services will be outlined in the IJB Strategic Plan. A financial plan (reflecting any planned capacity changes) will be developed and agreed that sets out the capacity and resource levels required for the set aside budget for the IJB and the hospital sector, for each year. The financial plan will take account of :-

- activity changes based on demographic change;
- agreed activity changes from new interventions;
- cost behaviour;
- hospital efficiency and productivity targets; and
- an agreed schedule for timing of additional resource / resource released.

12.7.6.3 The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the IJB and NHS Grampian . Changes will not be made in year and any changes will be made by annual adjustments to the Strategic Plan of the IJB.

12.8 Capital

12.8.1 The use of capital assets in relation to integration functions

12.8.1.1 Ownership of capital assets will continue to sit with each Party and capital assets are not part of the payment or "set aside".

12.8.1.2 If the IJB decides to fund a new capital asset from revenue funds, then ownership of the resulting asset shall be determined by the Parties.

12.8.1.3 The Strategic Plan will drive the financial strategy and will provide the basis for the IJB to present proposals to the Parties to influence capital budgets and prioritisation.

12.8.1.4 A business case with a clear position on funding is required for any change to the use of existing assets or proposed use of new assets. The Chief Officer of the IJB is to develop business cases for capital investment for consideration by NHS Grampian and the Council as part of their respective capital planning processes.

12.8.1.5 The Chief Officer of the IJB will liaise with the relevant officer within each Party in respect of day-to-day asset related matters including any consolidation or relocation of operational teams.

12.8.1.6 It is anticipated that the Strategic Plan will outline medium term changes in the level of budget allocations for assets used by the IJB that will be acceptable to the Parties.

12.8.1.7 Any profits or loss on sale of an asset will be held by the Parties and not allocated to the IJB.

12.8.1.8 Depreciation budgets for assets used on delegated functions will continue to be held by each Party and not allocated to the IJB operations in scope.

12.8.1.9 The management of all other associated running costs (e.g. maintenance, insurance, repairs, rates, utilities) will be subject to local agreement between the Parties and the IJB.

13. Participation and Engagement

13.1 A comprehensive joint consultation on the December 2015 Scheme took place with further comprehensive joint consultations taking place in respect of the 2018 reviewed Scheme and 2021 revised Scheme.

13.2 Media notifications were issued for the public and a newsletter for staff alerting them to the proposed revisions to the Scheme.
An email address was supplied for people to send their views.

13.3 The consultation draft revised Scheme was presented to NHS Grampian and elected members of the Council each time the Scheme was revised.

13.4 Principles endorsed by the Scottish Health Council and the National Standards for Community Engagement were followed in respect of each consultation process, which included the following:

13.4.1 It was a genuine consultation exercise: the views of all participants were valued;

13.4.2 It was transparent: the results of the consultation exercise were published;

13.4.3 It was an accessible consultation: the consultation documentation was provided in a variety of formats;

13.4.4 It was being led by the Chief Officer: the Chief Officer and the IJB will be answerable to the people of Moray in terms of the content of the revised Scheme;

13.4.5 It is an on-going dialogue: the revised Scheme will establish the parameters of the future strategic plans of the IJB.

13.5 The stakeholders consulted in the development of the 2015 Scheme were:

Health professionals;
Users of health care;
Carers of users of health care;
Commercial providers of health care;
Non-commercial providers of health care;
Social care professionals;
Users of social care;
Carers of users of social care;
Commercial providers of social care;
Non-commercial providers of social care;
Staff of NHS Grampian and the Council who are not health professionals or social care professionals;
Non-commercial providers of social housing; and
Third sector bodies carrying out activities related to health or social care and;
Other local authorities operating with the area of NHS Grampian preparing an integration scheme.

13.6 The Parties enabled the IJB to develop a Communications and Engagement Strategy by providing appropriate resources and support. The Communications and Engagement Strategy ensures significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of integration functions. The Parties will encourage the IJB to access existing forums that the

Parties have established, such as Public Partnership Forums, Community Councils, groups and other networks and stakeholder groups with an interest in health and social care.

14. Information Sharing and Confidentiality

14.1 The Parties shall agree to an appropriate information sharing accord and procedures for the sharing of information in relation to Integrated Services. These shall set out the principles, policies, procedures and management strategies around which information sharing is carried out. They will encapsulate national and legal requirements.

14.2 The Parties will work together to progress the specific arrangements, practical policies and procedures, designated responsibilities and any additional requirements for any purpose connected with the preparation of an integration scheme, the preparation of a strategic plan or the carrying out of integration functions.

14.3 The Parties shall be assisted in this process by a Joint Information Sharing Group. This group reviewed the existing Memorandum of Understanding and Information Sharing Protocol to see whether these were suitable for the purposes of integration, or whether replacements, modifications or supplements were considered necessary. The Group reported that the existing Memorandum of Understanding was sufficient.

14.4 If the Joint Information Sharing Group consider that a further high-level accord or information sharing protocol is required, or if amendments are necessary to existing ones, they shall assist the Parties and the IJB by preparing these and making them available with their recommendation to the IJB in the first instance for comment.

14.5 The information sharing accord and procedures may be amended or replaced by agreement of the Parties and the IJB. Regard will be taken of the NHS Information Governance Toolkit template when revising or replacing these.

14.6 The Parties will continue to develop information technology systems and procedures to enable information to be shared appropriately and effectively between the Parties and the IJB.

15. Complaints

15.1 The Parties agree the following arrangements in respect of complaints:

15.2 Complaints should continue to be made to the Council and NHS Grampian using the existing mechanisms.

15.3 Complaints can be made to the Parties through any member of staff providing Integrated Services. Complaints can be made in person, by telephone, by email, or in writing. On completion of the complaints procedure, complainants may ask for a review of the outcome. At the end of the complaints process, complainants are entitled to take their complaint to the Scottish Public Services Ombudsman (or any such successor). Where appropriate, complainants will also be advised of their right to complain to the Care Inspectorate.

15.4 The Parties shall communicate with each other in relation to any complaint which requires investigation or input from the other organisation. This shall ensure that complaints procedures operate smoothly and in an integrated and efficient manner for the benefit of the complainant.

15.5 The Chief Officer will have an overview of complaints made about integrated services and subsequent responses. Complaints about Integrated Services will be recorded and reported to the Chief Officer on a regular and agreed basis.

15.6 Complaints will be used as a valuable tool for improving services and to identify areas where further staff training may be of benefit.

15.7 The Parties will ensure that all staff working in the provision of Integrated Services are familiar with the complaints procedures and that they can direct individuals to the appropriate complaints procedures.

15.8 The complaints procedures will be clearly explained, well-publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.

15.9 The Parties will aspire to have a streamlined and integrated process for complaints and will work to ensure that any future arrangements for complaints are clear and integrated from the perspective of the complainant. When this is achieved, the Scheme will be amended using the procedure required by the Act.

15.10 In developing a streamlined and integrated process for complaints, the Parties shall ensure that all statutory requirements will continue to be met, including timescales for responding to complaints.

15.11 In developing a single complaints process, the Parties will endeavour to develop a uniform way to review unresolved complaints before signalling individuals to the appropriate statutory review authority.

16. Claims Handling, Liability & Indemnity

16.1 The Parties and the IJB recognise that they could receive a claim arising from or which relates to the work undertaken on behalf of the IJB.

16.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.

16.3 So far as reasonably practicable the normal common law and statutory rules relating to liability will apply.

16.4 Each party will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.

16.5 Each party will assume responsibility for progressing and determining any claim which relates to any heritable property which is owned by them. If there are any heritable properties owned jointly by the Parties, further arrangements for liability will be agreed upon in consultation with insurers.

16.6 In the event of any claim against the IJB or in respect of which it is not clear which party should assume responsibility then the Chief Officer (or his/her representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which party should assume responsibility for progressing the claim.

16.7 If a claim is settled by either party, but it subsequently transpires that liability rested with the other party, then that party shall indemnify the party which settled the claim.

16.8 Claims regarding policy and/or strategic decisions made by the IJB shall be the responsibility of the IJB. The IJB may require to engage independent legal advice for such claims.

16.9 If a claim has a “cross boundary” element whereby it relates to another integration authority area, the Chief Officers of the integration authorities concerned shall liaise with each other until an agreement is reached as to how the claim should be progressed and determined.

16.10 The IJB will develop a procedure for claims relating to hosted services with the other relevant integration authorities. Such claims may follow a different procedure than as set out above.

16.11 Claims which pre-date the establishment of the IJB will be dealt with by the Parties through the procedures used by them prior to integration.

17. Risk Management

17.1 A shared risk management strategy is in place, which includes risk monitoring and a reporting process for the Parties and the IJB. This will be updated as needed and particularly when the Scheme is revised and any additional functions delegated so that it is updated by the time such functions are delegated to the IJB. In developing this shared risk management strategy, the Parties reviewed the shared risk management arrangements in operation, including the Parties own Risk Registers.

17.2 There will be shared risk management across the Parties and the IJB for significant risks that impact on integrated service provision. The Parties and the IJB will consider these risks as a matter of course and notify each other where the risks may have changed.

17.3 The Parties will provide the IJB with support, guidance, and advice through their respective Risk Managers, to enable the IJB to maintain an ongoing fit for purpose risk management strategy to ensure that the risk management of the IJB is delivered to a high standard.

17.4 Any changes to the risk management strategy shall be requested through formal paper to the IJB.

17.5 A single Risk Register has been developed for the IJB. The process used in developing a single Risk Register was to involve members of the IJB establishing a risk framework by identifying risks to the development of the Strategic Plan. This risk framework in turn was used by operational units of Integrated Services and each unit was required to contribute towards the Risk Register by identifying relevant risks and mitigation of those risks.

17.6 The single Risk Register will continue to be developed alongside the Strategic Plan, and will be modified as necessary in line with the development of the Strategic Plan.

18. Dispute resolution mechanism

18.1 This provision relates to disputes between NHS Grampian and the Council in respect of the IJB or their duties under the Act. This provision does not apply to internal disputes within the IJB.

18.2 Where either of the Parties fails to agree with the other on any issue related to the Scheme and/or the delivery of integrated health and social care services, then they will follow the process as set out below:

(a) The Chief Executives of NHS Grampian and the Council and the Chief Officer of the IJB will meet to resolve the issue;

(b) If unresolved, NHS Grampian and the Council and the IJB will each prepare a written note of their position on the issue and exchange it with the others within 21 calendar days of the meeting in (a);

(c) Within 14 calendar days of the exchange of written notes in (b) the Chief Executives and Chief Officer must meet to discuss the written positions.

(d) In the event that the issue remains unresolved, the Chief Executives and the Chief Officer will proceed to mediation with a view to resolving the issue. The Chief Officer will appoint a professional independent mediator. The cost of mediation, if any, will be split equally between the Parties. The mediation process will commence within 28 calendar days of the meeting in (c);

(e) Where the issue remains unresolved after following the processes outlined in (a)-(d) above and if mediation does not allow an agreement to be reached within 6 months from its commencement, or any other such time as the parties may agree, either party may notify Scottish Ministers that agreement cannot be reached;

(f) Where the Scottish Ministers make a determination on the dispute, that determination shall be final and the Parties and the IJB shall be bound by the determination.

Annex 1

Part 1

Functions delegated by NHS Grampian to the Integration Joint Board

The functions which are to be delegated by NHS Grampian to the Integration Joint Board are set out in this Part 1 of Annex 1 and are subject to the exceptions and restrictions specified or referred to. The services to which these functions relate are set out in Part 2 of this Annex 1.

Functions prescribed for the purposes of section 1(8) of the Act

Column A	*Column B*
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB([1]) (Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I([2]) (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38([3]) (care of mothers and young children);

([1]) Section 2CB was inserted by S.S.I. 2010/283, regulation 3(2).
([2]) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.
([3]) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

section 38A([4]) (breastfeeding);

section 39([5]) (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);
section 55([6]) (hospital accommodation on part payment);
section 57 (accommodation and services for private patients);
section 64 (permission for use of facilities in private practice);
section 75A([7]) (remission and repayment of charges and payment of travelling expenses);
section 75B([8]) (reimbursement of the cost of services provided in another EEA state);
section 75BA ([9]) (reimbursement of the cost of services provided in another EEA state where expenditure

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([4]) Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.
([5]) Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.
([6]) Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.
([7]) Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.
([8]) Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.
([9]) Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);
section 82([10]) use and administration of certain endowments and other property held by Health Boards);
section 83([11]) (power of Health Boards and local health councils to hold property on trust);
section 84A([12]) (power to raise money, etc., by appeals, collections etc.);
section 86 (accounts of Health Boards and the Agency);
section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
section 98 ([13]) (charges in respect of non-residents); and
paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
and functions conferred by—

([10]) Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.
([11]) There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.
([12]) Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.
([13]) Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ([14]);
The Health Boards (Membership and Procedure) (Scotland) Regulations 2001;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;
National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018.[15][16]
The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;
The National Health Service (General Dental Services) (Scotland) Regulations 2010;
The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011([17]);

Disabled Persons (Services, Consultation and Representation) Act 1986

([14]) S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.
([15]) Words substituted by National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018/67 (Scottish SI) Sch.8 para.6(2) (April 1, 2018)
([16]) As relevantly amended by S.S.I. 2004/217; S.S.I. 2010/395; and S.S.I. 2011/55.
([17]) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

Section 7
(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation)([18]); section 38 (Duties on hospital managers: examination notification etc.)([19]); section 46 (Hospital managers' duties: notification)([20]); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients); section 264 (Detention in conditions of excessive security: state hospitals);

([18]) There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.
([19]) Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.
([20]) Section 46 is amended by S.S.I. 2005/465.

section 267 (Orders under sections 264 to 266: recall);
section 281([21]) (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005([22]);
The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005([23]);
The Mental Health (Use of Telephones) (Scotland) Regulations 2005([24]); and
The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008([25]).

Education (Additional Support for Learning) (Scotland) Act 2004
Section 23

([21]) Section 281 is amended by S.S.I. 2011/211.
([22]) S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.
([23]) S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.
([24]) S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.
([25]) S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

(other agencies etc. to help in exercise of functions under this Act**)**

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36([26]).

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(6) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A	*Column B*

The National Health Service (Scotland) Act 1978

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— Enactments listed at Column B of the foregoing list of the Scheme of functions prescribed for the purposes of section 1(8) of the Act, in respect of the National Health Service (Scotland) Act 1978; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001[27]; and

([26]) S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of "relevant NHS body" relevant to the exercise of a Health Board's functions.
[27] To which there are amendments not relevant to the exercise of a Health Board's functions.

The National Health Service
(Appointment of Consultants)
(Scotland) Regulations 2009[28]

Public Health etc. (Scotland) Act 2008

Section 2 (duty of Health Boards to protect public health)
Section 7 (joint public health protection plans)

Carers (Scotland) Act 2016

Section 12
(duty to prepare young carer statement)

Section 31([29])
(Duty to prepare local carer strategy)

Part 2

Services currently provided by NHS Grampian which are to be delegated

A

Interpretation of this Part 2 of Annex 1

1. In this part—

"Allied Health Professional" means a person registered as an allied health professional with the Health Professions Council;

"general medical practitioner" means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

[28] To which there are amendments not relevant to the exercise of a Health Board's functions.
([29]) Inserted by Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017/381 (Scottish SI) reg. 2 (December 18, 2017)

"general medical services contract" means a contract under section 17J of the National Health Service (Scotland) Act 1978;

"hospital" has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

"inpatient hospital services" means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

"out of hours period" has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004([30]); and

"the public dental service" means services provided by dentists and dental staff employed by a health board under the public dental service contract.

B

<u>Provision for people over the age of 18</u>

The functions listed in Part 1 of this Annex 1 are delegated only to the extent that:

a) the function is exercisable in relation to persons of at least 18 years of age;
b) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed at numbers 2 to 7 below; and
c) the function is exercisable in relation to the following health services:

2. Accident and Emergency services provided in a hospital.

3. Inpatient hospital services relating to the following branches of medicine—

(a) general medicine;

([30]) S.S.I. 2004/115.

(b) geriatric medicine;

(c) rehabilitation medicine;

(d) respiratory medicine; and

(e) psychiatry of learning disability.

4. Palliative care services provided in a hospital.

5. Inpatient hospital services provided by general medical practitioners.

6. Services provided in a hospital in relation to an addiction or dependence on any substance.

7. Mental health services provided in a hospital, except secure forensic mental health services.

8. District nursing services.

9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

11. The public dental service.

12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978([31]).

([31]) Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978([32]).

14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978([33]).

15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978([34]).

16. Services providing primary medical services to patients during the out-of-hours period.

17. Services provided outwith a hospital in relation to geriatric medicine.

18. Palliative care services provided outwith a hospital.

19. Community learning disability services.

20. Mental health services provided outwith a hospital.

21. Continence services provided outwith a hospital.

([32]) Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

([33]) Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

([34]) Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

22. Kidney dialysis services provided outwith a hospital.

23. Services provided by health professionals that aim to promote public health.

C

Provision for people under the age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:

a) the function is exercisable in relation to persons of less than 18 years of age; and

b) the function is exercisable in relation to the following health services:

25. The public dental service.

26. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978([35]).

([35]) Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform

27. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978([36]).

28. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978([37]).

29. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978([38]).

Part 3

Services currently provided by NHS Grampian to those under 18 years of age, which are to be operationally devolved to the Chief Officer of the Integration Joint Board.

30. Health Visiting

31. School Nursing

32. All services provided by Allied Health Professionals, as defined in Part 2A of this Annex 1, in an outpatient department, clinic, or outwith a hospital.

(Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

([36]) Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

([37]) Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

([38]) Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

The functions which are to be delegated by the Local Authority to the Integration Joint Board are set out in this Part 1 of Annex 2 and are subject to the exceptions and restrictions specified or referred to. The services to which these functions relate are set out in Part 3 of this Annex 2.

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948([39])	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958([40])	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968([41])	

([39]) 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

([40]) 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

([41]) 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"),

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.

schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.

Column A *Enactment conferring function*	*Column B* *Limitation*
The Local Government and Planning (Scotland) Act 1982([42])	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986([43])	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000([44])	

([42]) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.
([43]) 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.
([44]) 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions.
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions.
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions.
The Housing (Scotland) Act 2001([45])	
Section 92 (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.

([45]) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

Column A *Enactment conferring function*	*Column B* *Limitation*
The Community Care and Health (Scotland) Act 2002([46])	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003([47])	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	

([46]) 2002 asp 5.

([47]) 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006([48])	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007([49])	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership)	

([48]) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

([49]) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

Column A *Enactment conferring function*	*Column B* *Limitation*
Social Care (Self-directed Support) (Scotland) Act 2013([50])	
Section 5 (Choice of options: adults)	
Section 6 (Choice of options under section 5: assistances)	
Section 7 (Choice of options: adult carers)	
Section 9 (Provision of information about self-directed support)	
Section 11 (Local authority functions)	
Section 12 (Eligibility for direct payment: review)	
Section 13 (Further choice of options on material change of circumstances)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery)	
Section 19 (Promotion of options for self-directed support)	
Carers (Scotland) Act 2016([51])	
Section 6([52]) (Duty to prepare of adult carer support plan)	

([50]) 2013 asp 1.

([51]) Section 21 was inserted into the Schedule of the Public Bodies (Joint Working) (Scotland) Act 2014 by paragraph 6 of the schedule of the Carers (Scotland) Act 2016 (asp 9).

([52]) Inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg. 3(2) (December 13th 2017)

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 21([53]) (Setting of local eligibility criteria)	
Section 24([54]) (Duty to provide support)	
Section 25([55]) (Provision of support to carers: breaks from caring)	
Section 31([56]) (Duty to prepare local carer strategy)	
Section 34([57]) (Information and advice service for carers)	
Section 35([58]) (Short breaks services statements)	

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A *Enactment conferring function*	*Column B* *Limitation*
The Community Care and Health (Scotland) Act 2002	

([53]) Inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017/190 (Scottish SI) reg. 2(2) (June 16 2017).
([54]) Inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg. 3(2) (December 13th 2017)
([55]) Inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg. 3(2) (December 13th 2017)
([56]) Inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg. 3(2) (December 13th 2017)
([57]) Inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg. 3(2) (December 13th 2017)
([58]) Inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg. 3(2) (December 13th 2017)

Section 4([59]) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002([60])

Functions which may be delegated by virtue of section 1(5) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A	*Column B*
Enactment conferring function	*Limitation*

Part 2

Functions delegated by the Local Authority to the Integration Joint Board

The functions which are to be delegated by the Local Authority to the Integration Joint Board are set out in this Part 2 of Annex 2 and are subject to the exceptions and restrictions specified or referred to.

Functions which may be delegated by virtue of section 1(5) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A	*Column B*
Enactment conferring function	*Limitation*

([59]) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).
([60]) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

National Assistance Act 1948

Section 45
(Recovery of expenditure
incurred under Part III of that Act
where a person has fraudulently
or otherwise misrepresented or
failed to disclose a material fact

Matrimonial Proceedings (Children) Act 1958

Section 11
(Reports as to arrangements
for future care and upbringing of children)

Social Work (Scotland) Act 1968

Section 5
(Performance of functions under
the guidance of the Secretary of State)

Section 6B
(Local authority inquiries
into matters affecting children)

Section 27
(Supervision and care of persons
put on probation or released from
prisons etc)

Section 27ZA
(Advice, guidance and assistance to
persons arrested or on whom sentence
deferred)

Section 78A
(Recovery of contributions)

Section 80
(Enforcement of duty to make
contributions)

Section 81
(Provisions as to decrees for ailment)

Section 83
(Variation of trusts)

Section 86
(Adjustments between
authority providing accommodation etc.,
and authority of area of residence)

Children Act 1975

Section 34
(Access and maintenance)

Section 39
(Reports by local
authorities and probation officers)

Section 40
(Notice of application
to be given to local authority)

Section 50
(Payments towards
maintenance of children)

Health and Social Services and Social Security Adjudications Act 1983

Section 21
(Recovery of sums due to local authority
where persons in residential
accommodation have disposed of assets)

Section 22
(Arrears of contributions charged on
interest in land in England and Wales)

Section 23
(Arrears of contributions secured
over interest in land in Scotland)

Foster Children (Scotland) Act 1984

Section 3
(Local authorities to
ensure well being of and to
visit foster children.)

Section 5
(Notification by persons
maintaining or proposing to maintain
foster children)

Section 6
(Notification by persons
ceasing to maintain foster
children)

Section 8
(Power to inspect
foster premises)

Section 9
(Power to impose
requirements as to the keeping of
foster children)

Section 10
(Power to prohibit the
keeping of foster children)

Children (Scotland) Act 1995

Section 17
(Duty of local authority
to child looked after by them)

Section 20
(Publication of information
about services for children)

Section 21
(Co-operation between
authorities)

Section 22
(Promotion of welfare
of children in need)

Section 23
(Children affected
by disability)

Section 25
(Provision of accommodation
for children, etc.)

Section 26
(Manner of provision
of accommodation to child looked
after by local authority)

Section 26A
(Provision of continuing
care: looked after children)

Section 27
(Day care for
pre-school and other children)

Section 29

(After-care)

Section 30
(Financial assistance towards
expenses of education or training
and removal of power to guarantee
indentures etc.)

Section 31
(Review of case of child looked
after by local authority)

Section 32
(Removal of child from residential
establishment)

Section 36
(Welfare of certain children in
hospitals and nursing homes etc.)

Section 38
(Short-term refuges for children
at risk of harm)

Section 76
(Exclusion orders)

Criminal Procedure (Scotland) Act 1995

Section 51
(Remand and committal of children
and young persons)

Section 203
(Reports)

Section 234B
(Drug treatment and testing order)

Section 245A
(Restriction of liberty orders)
Community Care and Health (Scotland) Act 2002

Section 6
(Deferred payment of accommodation costs)

Management of Offenders etc. (Scotland) Act 2005

Section 10
(Arrangements for assessing and
managing risks posed by certain offenders)

Section 11
(Review of arrangements)

Adoption and Children (Scotland) Act 2007

Section 1
(Duty of local authority to provide
adoption service)

Section 5
(Guidance)

Section 6
(Assistance in carrying out functions
under section 1)

Section 9
(Assessment of needs for adoption
support services)

Section 10
(Provision of services)

Section 11
(Urgent provision)

Section 12
(Power to provide payment to person
entitled to adoption support service)

Section 19
(Notice under section 18: local
authority's duties)

Section 26
(Looked after children: adoption
not proceeding)

Section 45
(Adoption support plans)

Section 47
(Family member's right to require
review of plan)

Section 48
(Other cases where authority
under duty to review plan)

Section 49
Reassessment of needs for
adoption support services)

Section 51
(Guidance)

Section 71
(Adoption allowances schemes)

Section 80
(Permanence orders)

Section 90
(Precedence of certain other orders)
Section 99

(Duty of local authority to apply for variation or revocation)

Section 101
(Local authority to give notice of certain matters)

Section 105
(Notification of proposed application for order)

The Adult Support and Protection (Scotland) Act 2007([61])
Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical Examinations)

Section 10
(Examination of records etc)

Section 16
(Moving adult at risk in pursuance of removal order)

Children's Hearings (Scotland) Act 2011

Section 35
(Child assessment orders)

Section 37
(Child protection orders)

Section 42
(Parental responsibilities and rights directions)

Section 44
(Obligations of local authority)

Section 48
(Application for variation or termination)

Section 49

([61]) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

(Notice of application for variation or termination)

Section 60
(Local authority's duty to provide information to Principal Reporter)

Section 131
(Duty of implementation authority to require review)

Section 144
(Implementation of compulsory supervision order: general duties of implementation authority)

Section 145
(Duty where order requires child to reside in certain place)

Section 166
(Review of requirement imposed on local authority)

Section 167
(Appeals to sheriff principal: section 166)

Section 180
(Sharing of information: panel members)

Section 183
(Mutual assistance)

Section 184
(Enforcement of obligations on health board under section 183)

Social Care (Self-directed Support) (Scotland) Act 2013

Section 8
(Choice of options: children and family members)

Section 10
(Provision of information: children under 16)

Carers (Scotland) Act 2016

Section 6
(Duty to prepare adult carer support plan)

Section 21
(Duty to set local eligibility criteria)

Section 24
(Duty to provide support)

Section 25
(Provision of support to carers: breaks from caring)

Section 31
(Duty to prepare local carer strategy)

Section 34
(Information and advice service for carers)

Section 35
(Short breaks services statements)

Part 3

Services currently provided by the Local Authority which are to be integrated

The functions listed in Part 1 of this Annex 2 are delegated only to the extent that

a) the function is exercisable in relation to persons of at least 18 years of age; and

b) the function is exercisable in relation to the following services:

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptions
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

Part 4

Services currently provided by the Local Authority which are to be integrated

The functions listed in Part 2 of this Annex 2 are delegated only to the extent that the function is exercisable in relation to the following services:

- *Social care services provided to children and families*
- *Fostering and adoption services*
- *Child protection*
- *Justice services.*

Annex 3

Hosted Services

NHS Grampian has noted the services that are currently hosted across the areas of the Grampian IJBs and offer this for consideration to the IJB as they take forward strategic planning:

Service	Current Host
Woodend Assessment of the Elderly (including Links Unit at City Hospital)	Aberdeen City
Woodend Rehabilitation Services (including Stroke Rehab, Neuro Rehab, Horizons, Craig Court and MARS)	Aberdeen City
Marie Curie Nursing	Aberdeenshire
Heart Failure Service	Aberdeenshire
Continence Service	Aberdeenshire
Diabetes MCN (including Retinal Screening)	Aberdeenshire
Chronic Oedema Service	Aberdeenshire
HMP Grampian	Aberdeenshire
Police Forensic Examiners	Aberdeenshire

Annex 4

This Annex lists the services provided within hospitals which the IJB will have strategic planning responsibilities for which will continue to be operationally managed by NHS Grampian:

Services:

- Accident & Emergency Services provided in a hospital;
- Inpatient hospital services relating to: general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine and psychiatry of learning disability; and
- Palliative Care services provided in a hospital.

In so far as they are provided within the following hospitals:

- Hospitals at the Foresterhill Site, Aberdeen (which includes Aberdeen Royal Infirmary, Royal Aberdeen Childrens Hospital and Aberdeen Maternity Hospital)
- Hospitals in Elgin (which includes Dr Gray's Hospital)

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022

SUBJECT: ANNUAL PERFORMANCE REPORT 2021/22

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To present the Board with the draft Annual Performance Report 2021/22.

2. RECOMMENDATION

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

i) consider and comment on the draft Annual Performance Report 2021/22 at APPENDIX 1; and

ii) approve the publication of the Annual Performance Report 2021/22 by 30 November 2022.

3. BACKGROUND

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a performance report must be produced by an Integration Authority (IA) to ensure that performance is open and accountable, and sets out an assessment of performance in planning and carrying out the integration functions for which they are responsible. This is to be produced for the benefit of Partnerships and their communities.

3.2. The Act obliges the IA to prepare a Performance Report for the previous reporting year and for this to be published by the end of July each year.

3.3. In recognition of the impact of Covid-19 on the planning and delivery of health and social care, the Scottish Government extended the date of publication of Annual Performance Reports through the Coronavirus Scotland Act (2020) Schedule 6, Part 3. Reports for 2021/22 must be published by the end of November 2022.

3.4. The required content of the Annual Performance Report (APR) is set out in the Public Bodies (Joint Working) (Content of Performance Report) (Scotland) Regulations 2014.

3.5. APRs should demonstrate how the partnership has performed against the National Health and Wellbeing Outcomes, within the context of the Strategic Plan and Financial Statement. To support this, a set of Core Integration Indicators have been developed by the Scottish Government and the Board is expected to report upon performance using these and other locally specified indicators.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The APR provides an opportunity to present the story of the partnership's overall performance over the 12 month period, including progress against the nine National Health and Wellbeing Outcomes and the commitments contained within the 2019-2029 Strategic Plan.

4.2. Given the continued impact of the pandemic over the last year, the APR has a strong focus on our response to Covid-19. This highlights the pressures on our services, the exceptional work of our staff and the ways in which we worked with partners to adapt and remobilise services to continue to provide care and support to the citizens of Moray during the crisis.

4.3. The items for focus were identified by staff and managers following a call for submissions. There is a continued effort to strengthen the links between the Strategic Plan, service delivery plans and related performance monitoring reports, to facilitate production of future APRs. This will be taken forward as part of the process for the refresh of the Strategic Plan.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan; Moray Partners in Care 2019-2029. Annual performance reports will be of interest to Grampian Health Board and Moray Council in monitoring the success of the integrated arrangements that they have put in place and in considering whether or not there is a need to review the Integration Scheme.

(b) Policy and Legal
IJBs have a legal obligation to produce an annual performance report in line with The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 and the Scottish Government Guidance: Health and Social Care Integration Partnerships: reporting guidance. This includes reporting on the national Core Suite of Integration Indicators provided by Public Health Scotland, using these to support reporting on how well we are progressing the nine National Health and Wellbeing Outcomes which apply to integrated health and social care. The Moray APR complies with all the requirements with the exception of a breakdown of spend per locality. Systems to facilitate a robust report on this are not yet in place.

(c) Financial implications
None directly associated with this report.

(d) Risk Implications and Mitigation
IJBs have a legal obligation to produce an annual performance report which meets the requirements set by Scottish Government. Not complying will pose legislative risks and it will be more difficult for the Moray IJB to undertake its duties related to accountability and good governance

(e) Staffing Implications
None directly associated with this report.

(f) Property
None directly associated with this report.

(g) Equalities/Socio Economic Impact
An Equality Impact Assessment is not required as there are no changes to policy arising from this report and therefore there will be no differential impact on people with protected characteristics.

(h) Climate Change and Biodiversity Impacts
None directly associated with this report.

(i) Directions
None directly associated with this report.

(j) Consultations
Chief Officer; Heads of Services; Chief Finance Officer. Committee Services Officer.

6. CONCLUSION

6.1 The Partnership's Annual Performance Report is an opportunity to reflect on the varied activities and improvements that have been achieved over the year and consider how well the Partnership is delivering the Strategic Plan.

6.2 **The draft report is presented to the Board for comment and approval to publish by 30 November 2022.**

Author of Report: Fiona McPherson, Public Involvement Officer
Background Papers:
Ref:

Appendix 1

Annual Performance Report 2021-22

DRAFT (v 0.4)

Contents

1. Foreword 3
2. Purpose of the report 4
3. Board and Partnership overview 4
4. Strategic Plan - vision and priorities 5
5. Covid and the HSCM response 7
6. Measuring our performance 9
7. Our performance in 2021-22 16
8. Significant decisions and directions 29
9. Financial performance and best value 30
10. Inspections 35
11. Looking forward – priorities for 2022-23 36
Appendix A: Area profile 38
Appendix B: Core Suite of National Integration Indicators 42
Appendix C: National Health and Wellbeing Outcomes 46

1. Foreword

Welcome to the sixth Annual Performance Report (APR) by Moray Integration Joint Board (IJB) on the performance of integrated health and social care provision within Moray.

During 2021-22, we have continued to face challenges created by the coronavirus (Covid-19) pandemic. Service models and methods of delivery have flexed and adapted within the context of the changing restriction levels and guidance introduced in response to the different 'waves' of the pandemic, including the new Omicron variant.

As we enter into 2022-23, and the impact of the pandemic continues to change and hopefully reduce, we would again like to take this opportunity to recognise and commend the commitment, dedication, person-centred professionalism and resilience of all colleagues working in health and social care, unpaid carers and community volunteers during this challenging period.

This report highlights some of our work in response to the pandemic, with a focus on how we have been taking forward the Health and Social Care Partnership's (HSCP) Strategic Priorities aligned to the nine National Health and Wellbeing Outcomes. We highlight some of our key achievements and describe ways in which we have worked to improve our services over the last year. We also review our performance in relation to our key strategic performance indicators and highlight areas of success, as well as where we seek to do better over the next 12 months. Performance in relation to the Scottish Government's core suite of national integration indicators, which allow comparisons to be made over time and with Scotland as a whole, is also presented.

This APR can only ever provide a snapshot of our continuing ambition to work with all partners to transform the planning, design and delivery of health and social care services in Moray so that together we can improve the health and wellbeing citizens. It provides the opportunity, however, to highlight the progress made, set out the challenges we face and demonstrate some of our work to tackle the issues that matter to the people we serve.

We look forward to continuing to work with our stakeholders and partners to shape the future of health and social care in Moray.

Dennis Robertson	**Cllr Tracey Colyer**	**Simon Bokor-Ingram**
Chair, Moray Integration Joint Board	Vice Chair, Moray Integration Joint Board	Chief Officer, Health & Social Care Moray

2. Purpose of the report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the sixth report for the Moray Integration Joint Board (IJB) and within it we look back upon the last financial year (2021/22). We consider progress in delivering the priorities set out in our current Strategic Plan which was published in 2019, with key service developments and achievements from the last 12 months highlighted.

Within this report, we also review our performance against agreed local Key Performance Indicators, as well as in relation to the Core Suite of National Integration Indicators (Appendix B) which have been published by the Scottish Government to measure progress in relation to the National Health and Wellbeing Outcomes (Appendix C).

3. Board and Partnership overview

Moray Integration Joint Board (IJB) is a distinct legal entity created by Scottish Ministers and became operational from April 2016. Under the Public Bodies (Joint Working) (Scotland) Act 2014, Moray Council and Grampian NHS Board are legally required to delegate some of their functions to the Integration Joint Board.

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 Social Work and Justice Services are current in the process of being formally delegated into the Moray IJB.

Children and Families Health Services `hosted` within the Board's Scheme of Integration 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 delivered in emergency situations such as A&E, acute medicine and geriatric medicine at Dr Gray's Hospital and Aberdeen Royal Infirmary (ARI).

Further information on the health and social care services and functions delated to the Moray IJB are set out within the Scheme of Integration.

The IJB's role is to set the strategic direction for functions delegated to it and to deliver the priorities set out in its Strategic Plan. It receives payments from Moray Council and NHS Grampian to enable delivery of local strategic outcomes for health and social care. The Board gives directions to the council and health board as to how they must carry out their business to secure delivery of the Strategic Plan.

The legislation requires the IJB to appoint a Chief Officer who is responsible for the strategic planning, budgetary management, performance, and governance arrangements for all integrated services.

The Chief Officer works collaboratively with the Senior Management Teams of Moray Council and NHS Grampian and provides a single senior point of overall strategic leadership for the employees in the Moray Health and Social Care Partnership. As at April 2022, the partnership had a workforce of 1,795 (1,310 whole time equivalent).

The Chief Officer is supported by the partnership's Senior Management Team and System Leadership Group.

In addition to directly providing services, the Partnership also contracts for health and social care services from a range of partners including Third and Independent sector organisations. Within primary care services, a range of independent contractors, including GPs, dentists, optometrists and pharmacists, are also contracted for by the Health Board, within the context of a national framework.

The Moray area profile is included at Appendix A.

4. Strategic Plan - vision and priorities

Health and social care services are delivered by Health & Social Care Moray and partners as directed by the Board to deliver the ambitions set out in the Strategic Plan. The current Strategic Plan sets out the following vision and priorities for health and social care services in Moray.

Our vision

In Moray, we come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone throughout their life.

Our priorities

We seek to achieve our vision by delivering transformational change and improvement in the way health and social care services are planned, designed, delivered, and experienced, under three overarching strategic priorities:

- **Building Resilience** – Empowering people to take greater responsibility for their own health and wellbeing, with a focus on early intervention, prevention and harm reduction.

- **Home First** – Shifting the balance of care to support more people at home or in a homely setting, reducing unnecessary admissions to hospital and enabling people to get back home from hospital when they no longer need to be there.
- **Partners in Care** – Promoting greater self-determination to ensure people are fully involved and have more choice and control over decisions affecting their own care, support and treatment and (where appropriate) that of the person they care for.

A number of strategic commissioning plans are in place to improve outcomes for supported people who experience additional challenges to their health and wellbeing. These are:

- People who are unpaid carers
- Older people
- People with dementia
- People with autism
- People with physical and sensory disabilities
- People with mental health issues
- People with a learning disability
- People with alcohol and drug issues

The Primary Care Improvement Plan has been progressing since 2018.

Localities

While the Strategic Plan is a Moray-wide document, Moray has been divided into four areas, known as localities, to enable planning to be responsive to local needs and to support operational service delivery. These localities are:

- Buckie, Cullen and Fochabers
- Elgin
- Forres and Lossiemouth
- Keith and Speyside

Each locality has a locality manager who is leading on putting locality oversight arrangements in place and taking forward engagement with partners, including the third sector, service users, and carers, to develop locality plans to improve health and wellbeing.

Community Planning

Links with Community Planning partners are maintained at a strategic level through the Chief Officers Group and the Community Planning Partnership Board. This supports joint working on multi-agency plans such as the Children's Services Plan, Drug and Alcohol Strategy and Public Protection Plans.

The health board area for NHS Grampian covers not only the health and social care partnership for Moray but also Aberdeenshire and Aberdeen City. We work closely with colleagues across Grampian to support the delivery of NHS Grampian's Plan for the Future.

5. Covid and the HSCM response

Throughout 2021/22, the IJB continued to deliver services in line with the Integration Scheme and Strategic Plan, however the planning and delivery of services remained impacted by the COVID pandemic. Some services remained temporarily paused whilst others rapidly adapted their delivery method and the majority of the non-frontline workforce continued to work from home.

For much of the year Moray remained in a pandemic response phase, flexing and stepping up quickly to respond to spikes in COVID infection rates. It was clear it would not be possible in all cases to restore services to pre-pandemic levels as long as enhanced public health measures remained in place. It was further evident that what could be delivered from within existing resources (workforce, infrastructure, and finance) was diminished. Even at this level, the requirement to operate core services alongside the additional measures in place to support the pandemic response meant there was an immediate and ongoing resource impact.

The health and social care system was challenged by some significant periods of demand. A pan-Grampian approach was taken in how surge and flow through the system was managed to ensure people in the community and in hospital received the care they required. Those working in health and social care in Moray across all sectors, including independent providers and the third sector stepped up to the challenge on a daily basis but have felt the negative effects of the pandemic on our communities more keenly than others. They have continued to respond with compassion, empathy and dedication in protecting and promoting people's opportunities to have the best possible lives.

By November, Grampian had experienced three waves of raised levels of COVID-19 infection and was currently in a fourth cycle of elevated disease which left the entire health and care system struggling to meet the normal level of performance despite the incredible efforts of a reduced and exhausted workforce.

The social care sector in Moray faced continued periods of extreme pressure that had an impact on the wider community and the effectiveness and efficiency of health services. Service managers implemented business continuity arrangements to ensure available staff resources were focussed on maintaining business critical functions, particularly in care at home, to try to ensure that all essential care was covered.

Vaccination programme

Take-up of the COVID-19 vaccine was high among all cohorts in Moray. In April 2021, Phase 2 of the COVID19 vaccination programme for the over 18s progressed. The offer of vaccinations progressed by age, starting with those aged 40-49. In August, 16 and 17 year olds were invited to come forward for vaccination and in September the offer was extended to children and young people aged 12- 15. In February 2022 it was confirmed children aged five to 11 would be offered a COVID vaccine on the recommendation of the Joint Committee on Vaccination and Immunisation (JCVI).

Thanks to the efforts of vaccinators and frontline staff, the Scottish Government met its target of offering every eligible adult over 18 an appointment by 30 December. Nearly 77%

of eligible adults in Scotland had received a booster or third dose by that date. The Covid vaccination programme was primarily delivered at the Fiona Elcock Vaccination Centre in Elgin through appointments and walk-in opportunities, with pop-up outreach clinics held in workplaces and community venues as well as the Mobile Information Bus, to increase vaccine uptake among the vaccine hesitant in all cohorts.

Staff wellbeing

There was real concern that after such a sustained period of intense physically and emotionally draining work, staff's own resilience had been badly hit, with the recognition that they would need support and opportunities to decompress, reflect and recharge in order to find the reserves required to continue to respond to ongoing and future challenges. The We Care staff health and wellbeing programme was established to deliver, co-ordinate and enhance staff wellbeing across NHS Grampian and the Health and Social Care Partnerships. The website acted as a hub where people could access information, help and advice related to their own and or their team's physical and mental wellbeing.

Staff Health and Wellbeing has also has been supported through a broad range of initiatives including weekly staff sessions at Dr Gray's Hospital and bespoke sessions in localities. Work Walking Challenged a total of 53 teams involved – from 23 workplaces. 265 staff members participated in the challenge.

Recovery and re-mobilisation

Resource was directed into supporting people to look after themselves by encouraging good infection control, testing and vaccination, and to protecting the most vulnerable, including vulnerable care home residents. Waiting times for care and support grew longer due to sustained service pressures.

Additional work was directed towards increasing capacity and planning ahead for winter. Operation Iris was enacted at a Grampian wide level for an initial six month period to manage the health and care system through winter, with the NHS continuing to operate on an emergency footing.

The interdependencies between services formed part of the assessment on how we remobilised, as no part of the system operates in isolation. While demand on the health and care system continued to be immense, we remained focused on planning for the longer term to ensure that services remained responsive to the community.

Work on developing some areas of strategic and locality planning slowed as operational issues continued to be prioritised, but we also saw the acceleration of transformational redesign around the Home First programme alongside the opportunities presented by an expanded portfolio of health and care that now encompasses Dr Gray's Hospital.

Care home and care at home assurance groups continued to meet to provide oversight and support to internal and external social care providers within the context of Covid in Moray. The group monitored information with an overview of cases staffing, safety, PPE, testing and any other pertinent issues. This is a multi-agency group that has supported and guided care homes and care at home in a positive way through the ongoing challenges.

Communication

One of our key challenges was effective communication and engagement with all of our stakeholders (public, staff and partner organisations). Weekly updates were produced and widely circulated. The reach of our social media platforms has expanded and the website continued to be utilised to promote information about the work of the IJB. Much of the focus of the last 12 months has been to consolidate learning and positive developments arising out of the pandemic. This included collaboration across the sector to mitigate negative impacts on the lives of individuals, families, communities and colleagues who worked tirelessly to support people, their unpaid carers and each other.

6. Measuring our performance

Performance management arrangements are well established within the partnership to facilitate scrutiny of performance in relation to delivery of our Strategic Plan and against a range of local and national key performance indicators (KPIs).

Detailed performance reports are produced for each quarter. Local indicators are assessed on their performance via a common performance monitoring red, amber, green (RAG) traffic light rating system. Performance reports are scrutinised by HSCM's Performance Management Group, Senior Management Team and Senior Leadership Group before being presented to the IJB's Audit, Performance and Risk Committee.

The IJB, its Committees and Management Team also regularly receive assurance reports and updates on how the Strategic Plan commitments are being progressed through transformation work streams and individual service plans, as well as financial updates detailing budgetary performance.

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

The inherent risks being faced by the Moray IJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks, is reported to each meeting of the Audit Performance and Risk Committee for oversight and assurance.

Internal audit arrangements are in place for the review of risk management, governance and control of delegated resources.

Management teams and the Care and Clinical Governance Group also review and respond to any reports produced by Audit Scotland, Healthcare Improvement Scotland, the Care Inspectorate, the Mental Welfare Commission for Scotland and the Ministerial Strategic Group for Health and Care.

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q4 2021 Jan Mar	Q1 2122 Apr Jun	Q2 2122 Jul Sep	Q3 2122 Oct Dec	Q4 2122 Jan Mar	New Target (from Q1 2122)	Previous Target from Q1 2021 or earlier	RAG
AE	Accident and Emergency								
AE-01	A&E Attendance rate per 1000 population (All Ages)	17.8	23.5	21.7	20.0	20.2	no change	21.7	G
DD	Delayed Discharges								
DD-01*	Number of delayed discharges (including code 9) at census point	17	20	30	39	46	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	496	592	784	1142	1294	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1773	1859	1934	2045	2140	2037	2107	R
EA-02	Emergency admission rate per 1000 population for over 65s	174.8	185.9	190.4	187.2	183	179.9	179.8	A
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	119.3	124.1	126.7	126.3	125.2	123.4	124.6	A
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	5.0%	4.4%	4.1%	3.5%	3.4%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.8%	9.2%	8.4%	8.4%	8.0%	no change	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	100%	100%	67%	33.0%	no change	90%	R
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	3.1%	4.2%	6.0%	5.5%	4.7%	no change	4%	R

Performance within Health and Social Care Moray at end of the financial year 2021/22 was showing as variable. Three of the indicators were presenting as green, two were amber and five were red. To summarise:

EMERGENCY DEPARTMENT – OVERALL **GREEN**
The rate per 1,000 of Moray residents presenting at the Emergency Department improved over the year from 23.5 (above target) in quarter 1 to 20.2 at the end of quarter 4, meeting the target but above the number presenting at the same period last year.

DELAYED DISCHARGES – OVERALL **RED**
The number of delays at the March snapshot was 46 (up from 17 at the end of the previous year), remaining well above the revised target of 10. The number of bed days lost due to delayed discharges was 1294 (up from 496 a year ago).

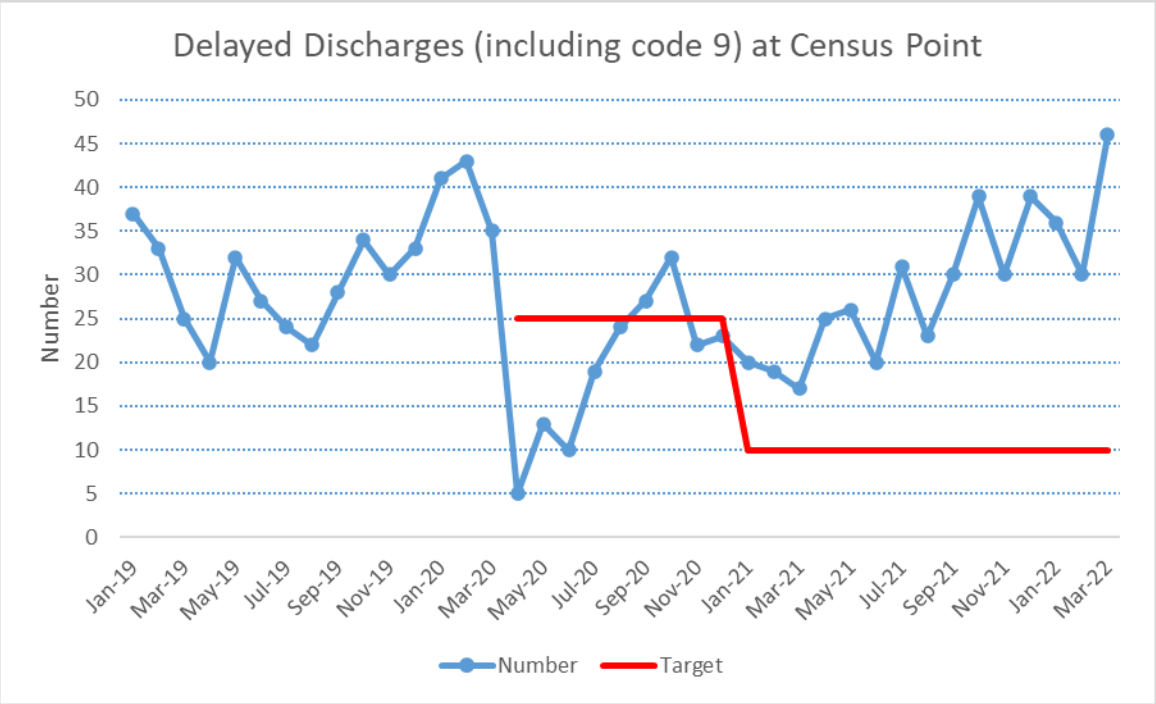
EMERGENCY ADMISSIONS – OVERALL **RED**
There was a steady increase each month in the rate of emergency occupied bed days for over 65s. Since the end of quarter 4 last year the rate has increased from 1,773 to 2,140, exceeding the target of 2,037 per 1,000 population. The emergency admission rate per 1000 population for over 65s increased from 174.8 in quarter 4 2020/21 to 183 during 2021/22 and is now classified AMBER, while the number of people over 65 admitted to hospital in an emergency increased from 119.3 to 125.2 over the same period and is also AMBER.

HOSPITAL RE-ADMISSIONS – OVERALL **GREEN**
Both indicators in this barometer have been green since quarter 2 showing improvement throughout the year and a significant improvement on the position at the end of 2020/21. 28-day re-admissions are 8.0% and 7-day re-admissions are at 3.4%.

MENTAL HEALTH – RED
After achieving 100% for the 6 months from December 2020 through to June 2021 there was a reduction in performance during quarters 3 and 4 with just 33.3% of patients being referred within 18 weeks.

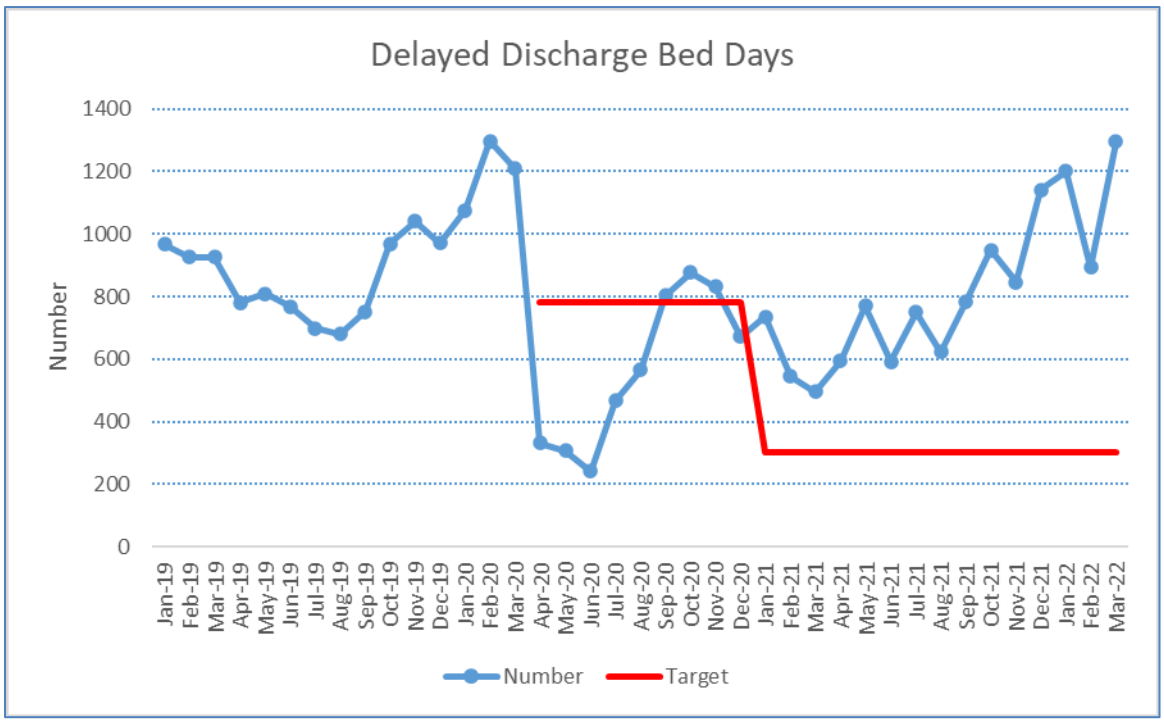
STAFF MANAGEMENT – RED
NHS employed staff sickness levels rose to 6.0% during the earlier part of the year but had reduced to 4.7% by year end, above the target of 4%. Council employed staff sickness was 8.9% at the end of 2021/22, more than double the 4% target.

Delayed discharges and unmet need for residents requiring support living at home, or residential care, remain significant challenges for the partnership. The number of people who are medically fit to leave hospital but are delayed in leaving while appropriate care arrangements are put in place continued to rise throughout the year. The number of people affected remain well above historic levels.

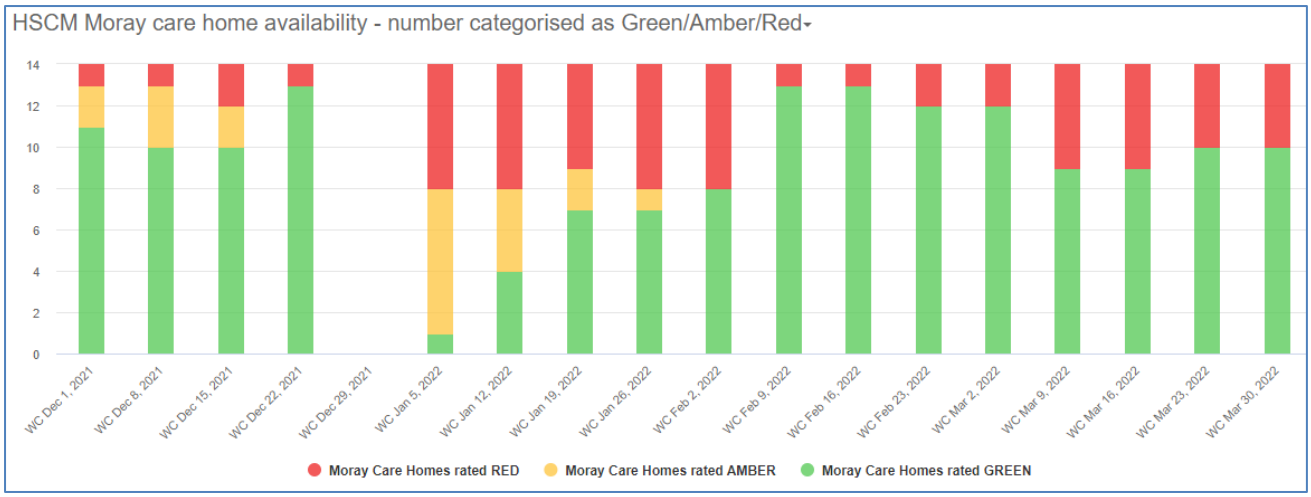


Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing delayed discharge has steadily increased since the end of Quarter 4 2020/21. The number of bed-days were over 4 times the target number of days and showed no sign of reducing during 2021-22.

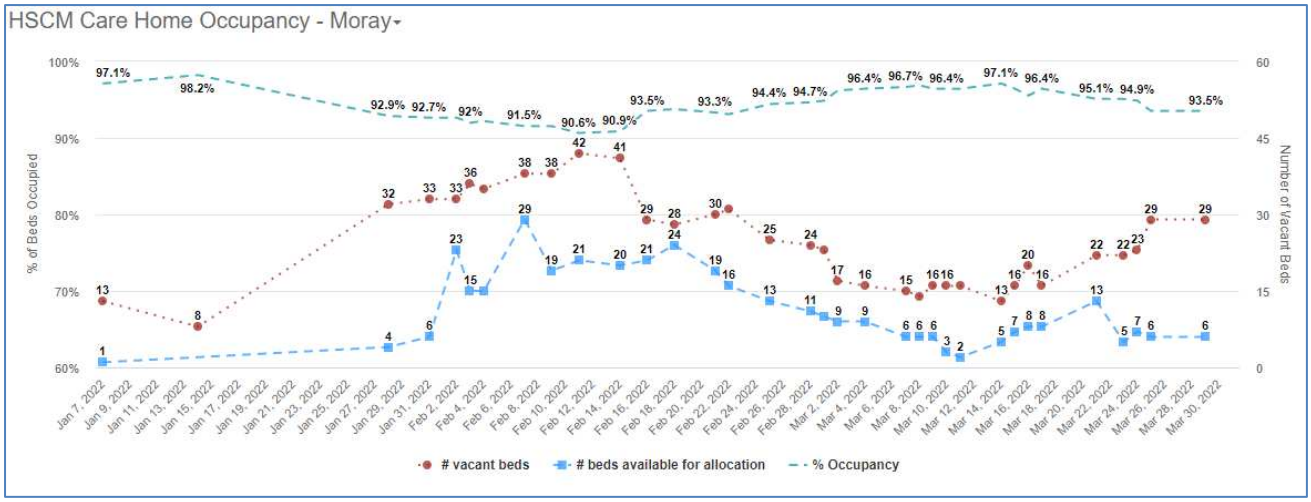
At the end of February 2022, the data suggested that the winter peak may have been reached, but then the prevalence of the Omicron variant in the local population rose rapidly and the numbers of people delayed in hospital waiting for discharge rose to a new peak.



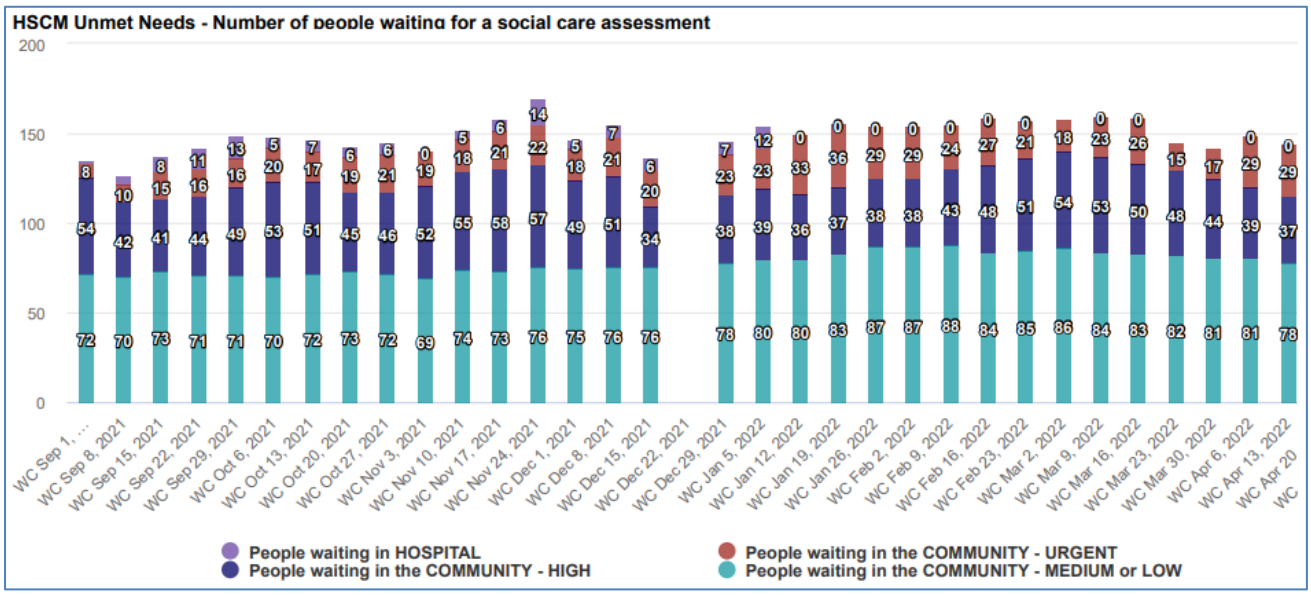
Contributing to the difficulties with finding suitable arrangements for people waiting to be discharged from hospital was the continuing shortage of Care Home beds available to be allocated. Covid-19 and later winter vomiting disease were responsible for care homes being closed to new residents. During the first week of January only one care home was fully open.

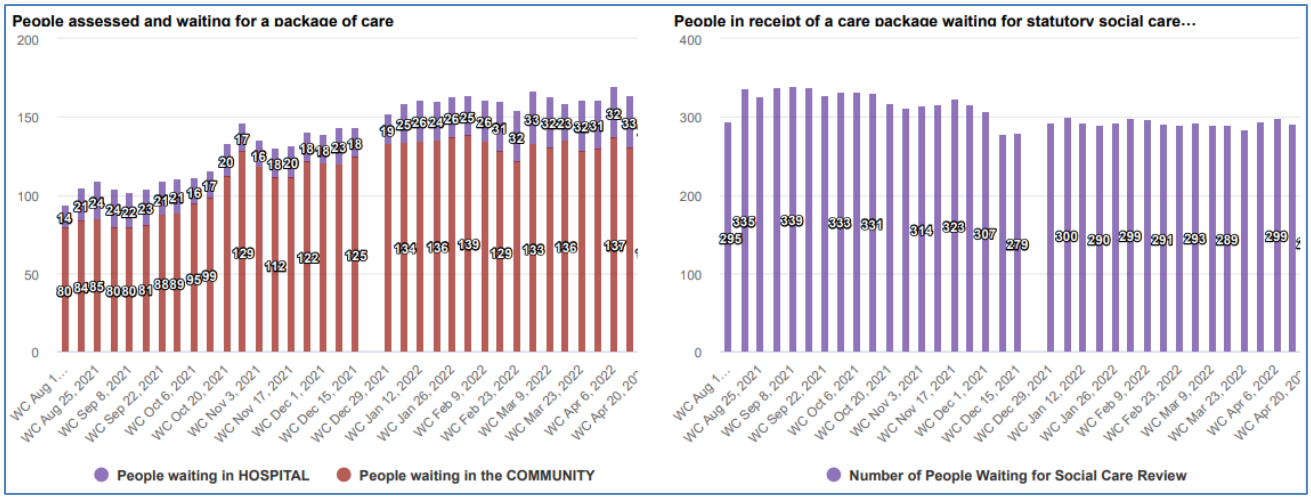


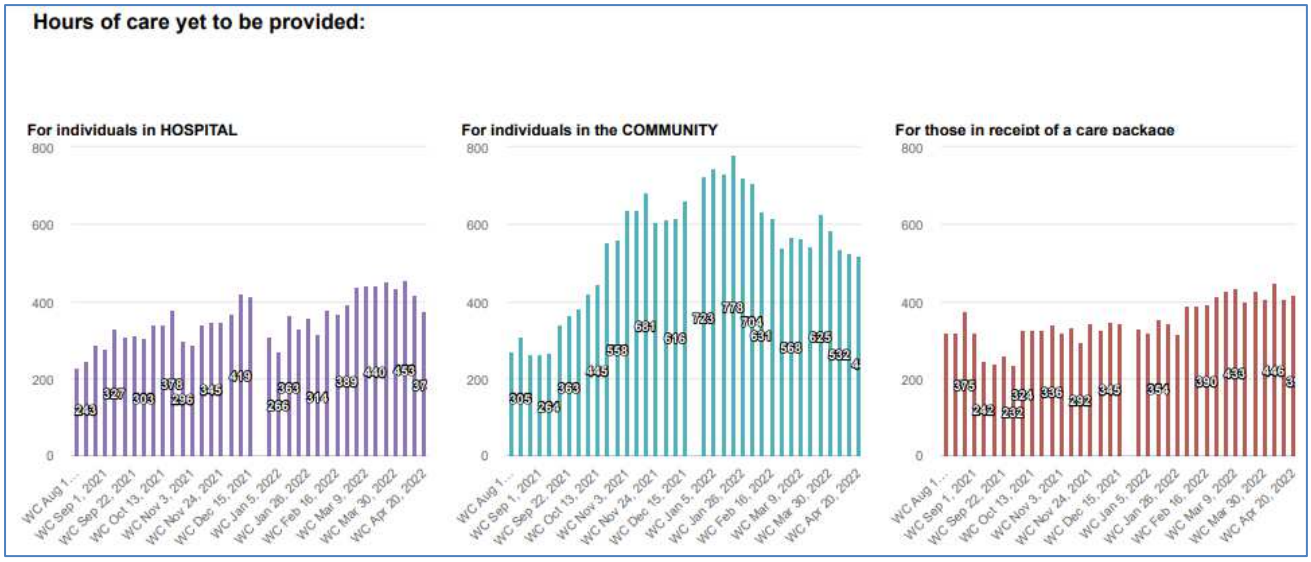
There are a limited number of beds in Moray care homes and the closure of homes to new residents due to Covid-19 and other issues has significantly reduced the beds available for Health and Social Care Moray to allocate to people needing care. During the final quarter of 2022 care home occupancy rates were consistently above 90% and peaked at 98.2%. During February there were 30 or 40 unoccupied beds in care homes but only a half of these were able to be allocated due to staffing shortages, Covid-19 precautionary measures, or the rooms being unsuitable for the potential resident, for example. At the end of March the number of beds that were available for allocation were in single figures.



It is not just beds in care homes that are in short supply, but the level of unmet need is much higher than it was before the pandemic, with many more people waiting for an assessment, a care package or a review of their needs. Also, the hours of care yet to be provided for people in hospital, living in the community, or with a care package in place are high and there is nothing to suggest that unmet need will be back to more typical values in the near future.







Unmet needs have a human context. The numbers being reported represent real people whose quality of life is being diminished either through remaining in hospital longer than necessary, or from not receiving the care that they require. The data suggest that the situation has stabilised, albeit at a higher level than before, and there are signs that some of the pressures on staff absences may start to ease.

Prior to the Omicron spike, in November 2021 Dr Gray's Hospital emergency department had noted that patients were more acutely unwell or their condition had deteriorated more than was the case prior to the pandemic. This has placed additional pressure on Dr Gray's staff as patients require longer stays and additional interventions and diagnostics. Similarly, the Homecare team have identified that the hours of care required by individuals are rising with frailer people regularly requiring more than one carer, and or more visits each day. So we have the perfect storm of fewer staff being available requiring to provide more care for a frailer population. Mitigation measures have been put in place and these are described in the following sections.

Amongst the measures to enable people to leave hospital as soon as possible was the creation of the Discharge 2 Assess team (D2A). Results so far have been encouraging with around 90% of the group of patients seen in the third quarter of last year reporting improvements in their abilities to perform activities of daily living, their balance and gait, and their mobility. Feedback from patients has been positive with praise for the staff involved and the support provided. Patients felt confident and re-assured to manage on their own and welcomed the clear communication from the team. It is too soon to identify the impact of this intervention and the data will be monitored weekly to see if the numbers reduce.

In addition, one of the Community Care team managers is now working 2 days per week making calls using the “3-conversation model” to identify the needs of the patients who have yet to receive a social care assessment. The manager is talking to patients awaiting assessment in the ‘Urgent’ and ‘High’ categories first and it is anticipated the impact of this intervention will be felt in the near future.

A daily dashboard has been produced that provides service managers, locality managers and the leadership team with up-to-date information to assist them with managing the pressures on their services. The measures include information on capacity in hospitals and care homes and the impact on unmet need. There are a number of huddles that focus on delayed discharge in different settings: community hospitals, Dr Gray’s hospital, and out-of-area patients for example. The Delayed Discharge Group Moray meets monthly to progress the Delayed Discharge Overarching Action Plan. All these measures aim to reduce people having to wait in hospital any longer than necessary once they are ready to be discharged.

Moray Council responded to the need to provide short-term support to the health and social care team by asking for volunteers to redeploy temporarily. Twelve volunteers from within Moray Council were identified for possible redeployment: 4 for administration roles; 2 for care only roles (1 for all care tasks; 1 for meal preparation and medication tasks, weekends only); and 6 for Care and Administration roles (1 for light personal care, meal preparation and medication tasks, the other 5 for meal preparation and medication tasks).

In response to the challenges with recruitment for care at home services, staff resources have been identified to form a recruitment cell working closely with Moray Council Human Resources team. There is an open advert with interviews being held weekly and necessary training schedules being aligned to streamline the process as much as possible.

Utilising the three conversation approach we aim to reduce bureaucracy and increase our responsiveness to people who approach us for support. It follows the approach embedded within the SDS standards so that peoples’ strengths and personal assets are considered before any statutory service. Additionally, rather than focus on service description there is time taken to consider each unique solution. This work is being supported by Sam Newman, a director with Partners for Change. A steering group has been established to develop this approach for Moray with six initial innovation hubs being identified.

7. Our performance in 2021-22

Community health and wellbeing

Strategic priority 1: Building Resilience - supporting people to take greater responsibility for their own health and wellbeing.
Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

We have continued to work with a wide range of partners across Moray to improve overall health and wellbeing, prevent ill-health and increase healthy life expectancy.

Key development and achievements

The Volunteer Team responded to growing demand for practical support volunteers to assist community members to re-gain confidence and get back out in their communities following the pandemic lockdowns and restrictions.

Over 100 matching between volunteers and people in need of assistance were made across both the community alarm responder service and social buddy initiative, resulting in volunteers given 80,000 hours of their time. The team created new offerings such as door step visits, green space walks and companionship calls.

The Community Wellbeing and Development Team supported older people to move from crisis to confidence with the re-mobilisation of all the Be Active Life Long BALL groups which aim to prevent, reduce and delay the need for formal care services by enabling everyone to maintain their independence and lead healthy, active lives in their own community.

The team:

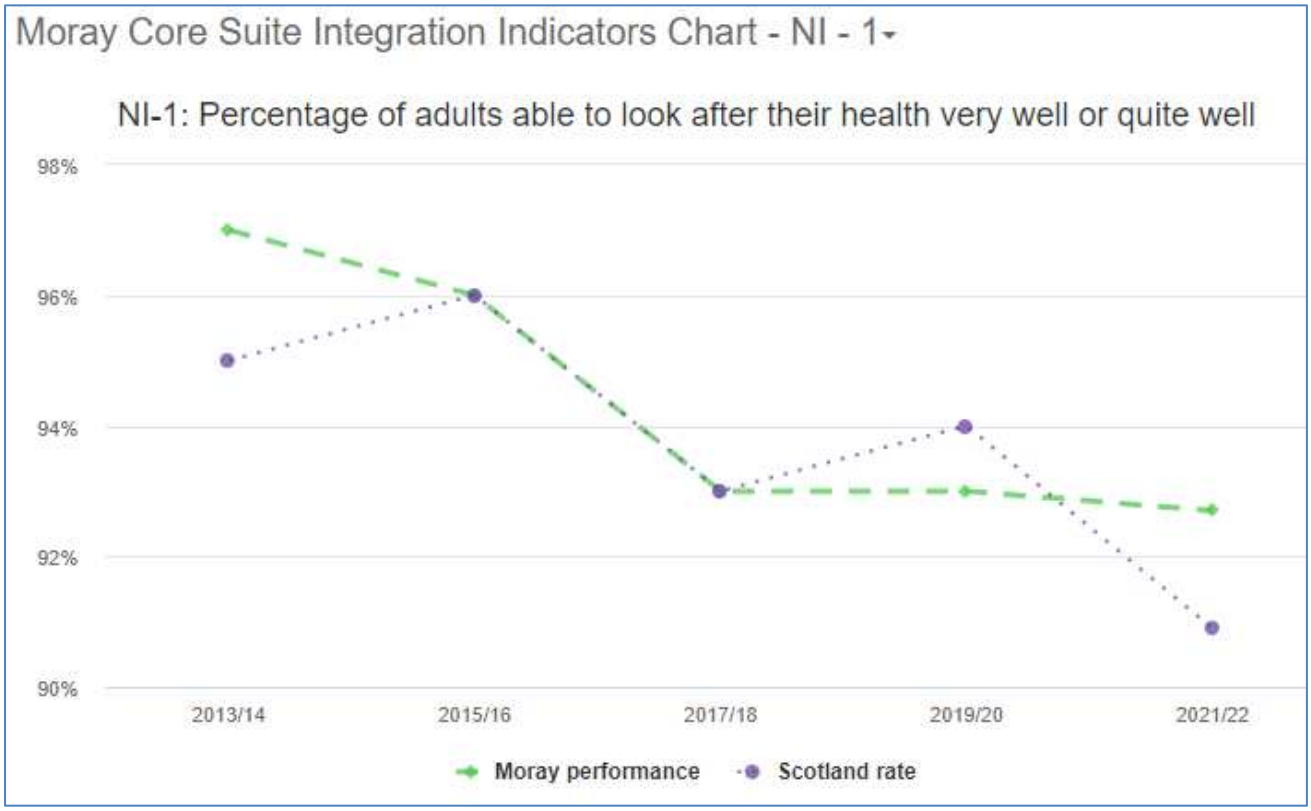
- Introduced a digital platform to offer physical activities to reduce social isolation;
- Created green space walks to support mobility and mindfulness
- Worked with community partners to offer a summer programme of events accessible for older people, supporting participants to try activities for the first time and renew confidence as part of a self-management focus
- Supported wider community groups to remobilise after the pandemic
- Launched a new Friday group to support with strength, balance and confidence
- Organised and distributed over 200 hampers promoting community connections
- Distributed over 1,000 information and activity booklets with a reach of over 2,500 community members.

The Health Improvement Team led on a range of health promotion work and initiatives for the prevention of ill-health in Moray, with outreach work supported by use of the mobile information bus.

This has included Confidence 2 Cook sessions, health walks, buggy walks. Baby Steps is a Health and Wellbeing programme for pregnant women with BMI of 30 or above. The aim is

to empower, motivate and support women to adopt healthy behaviours during pregnancy to benefit them, their unborn baby and the wider family: now and for the future. Step 2 stretch was a referral and self-referral programme for over 55s and offered 16 week supported self-management strength and balance and short walk programme to encourage individuals back into walking. It was delivered within four locations in Moray: Forres, Elgin, Buckie, and Aberlour.

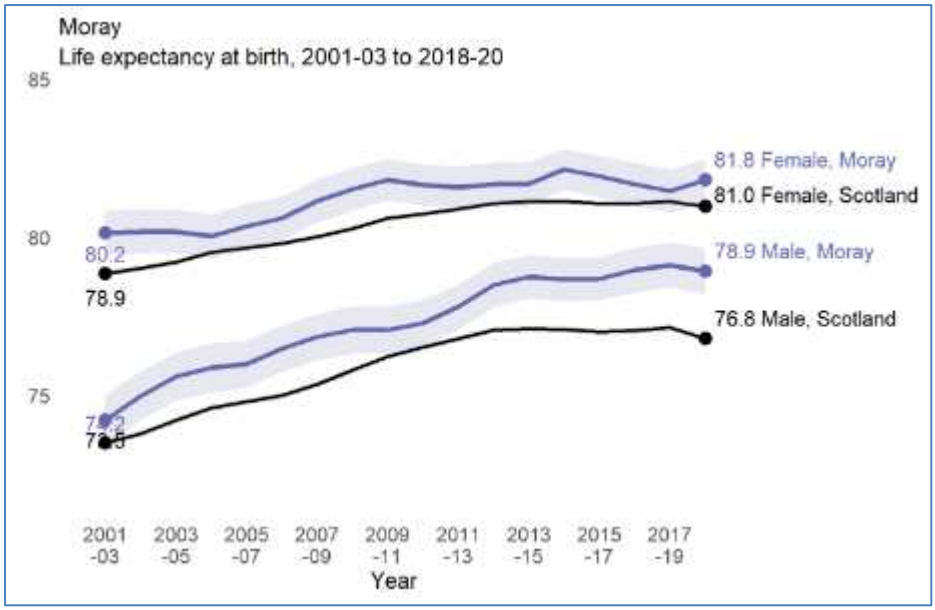
Performance issues and actions to improve performance



There has been a gradual reduction in performance in this measure as reported in the last 5 surveys for both Moray and across Scotland overall, but most respondents in Moray (93%) reported that they are able to look after their health very well or quite well.

In Moray, life expectancy at birth was higher for females (81.8 years) than for males (78.9 years) in 2018-20; higher than at Scotland level for both females and males. Over the period between 2001-03 and 2018-20 (the most recent published data), female life expectancy at birth in Moray has risen by 2.1%. This is the joint 26th highest percentage change out of all 32 council areas in Scotland and this is lower than the percentage change for Scotland overall (+2.7%). Over the period between 2001-03 and 2018-20, male life expectancy at birth in Moray has risen by 6.3%. This is the 3rd highest percentage change out of all 32 council areas in Scotland and this is higher than the percentage change for Scotland overall (+4.5%).[1]

[1]National Records of Scotland Data - Life Expectancy in 2018-20 by Council Area in Scotland https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/moray-council-profile.html#life_expectancy



Person-centred approaches to independent living and building a good life

Strategic priority 2: Home First – supporting people to live as independently as possible at home or in a homely setting.
Strategic Priority 3: Choice & Control – supporting people to make choices and take control over decisions affecting their care and support.
Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live as independently as possible at home or in a homely setting in the community.
Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.
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.
Outcome 5: Health and social care services contribute to reducing health inequalities.
Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve.

Key development and achievements

Action has been taken to reduce waiting times for psychological therapies within both adult mental health and primary care in Moray and meet the 18 week waiting time target. A Grampian Psychological Therapies Improvement Board has been set up to ensure compliance with the Scottish Government HEAT targets and work has been done locally to ensure historical data anomalies have been remedied in order to show an accurate record of people waiting.

Delayed discharges, particularly in the older adult specialist dementia unit continue to cause difficulties. Availability of care home placements is the predominant reason for delay.

Further work is required to identify ADHD diagnostic and treatment pathway and resource required to deliver. This is an issue across NHS Grampian as no additional resource was attached to the additional requirement for community mental health teams. Due to capacity issues the service can only see individuals with concurrent mental health issues.

The Learning Disability Service has developed two successful housing projects and is carrying out work to develop a 'gatekeeping' project and a development for people with extremely complex and challenging behaviour.

Highland Way in Buckie and Greenfield Circle in Elgin have enabled adults with learning disabilities to move into their own tenancies. Both projects were developed in partnership with Hanover Housing. Families of the tenants were fully involved in the commissioning of the support providers – Cornerstone in Buckie and Enable in Elgin.

A core feature of both developments has been the use of the Just Roaming telecare system, which permits real time monitoring of service user behaviour and alerts staff to potential risks that require staff support. The system also supports the refining of staffing input, as patterns of support are monitored and analysed. This has the effect of ensuring that tenants receive a support package which is tailored to meet their needs.

Work is underway to develop a group of 12 flats in Elgin for adults with a learning disability who have difficulty in managing their interactions with others and need support with gatekeeping. This is a partnership with Osprey Housing and progressing through the planning process.

A fourth project is the development of eight houses and a staff base adjacent to Woodview, our resource in Lhanbryde for those people who have the most complex and challenging behaviour. This is being developed in partnership with Grampian Housing Association. Most of the individuals who are proposed to move into this development are currently being supported in expensive, out of area resources and the development will bring them back to Moray.

This is in line with the Scottish Government's Coming Home report. To meet the requirements of the report and to strengthen local accommodation and support planning, the Learning Disability Service has created a dynamic support register to ensure oversight of individuals at the highest level of risk.

A support planning register is also maintained of those people whose parents or family carers are aged 70 or over or who are in poor health, recognising that as carers age and their health needs increase, they may be less able to provide care. This is reflected in the increased demand for day provision. There have also been a number of people who have needed both accommodation and care at very short notice because of the death or ill health of their family carer.

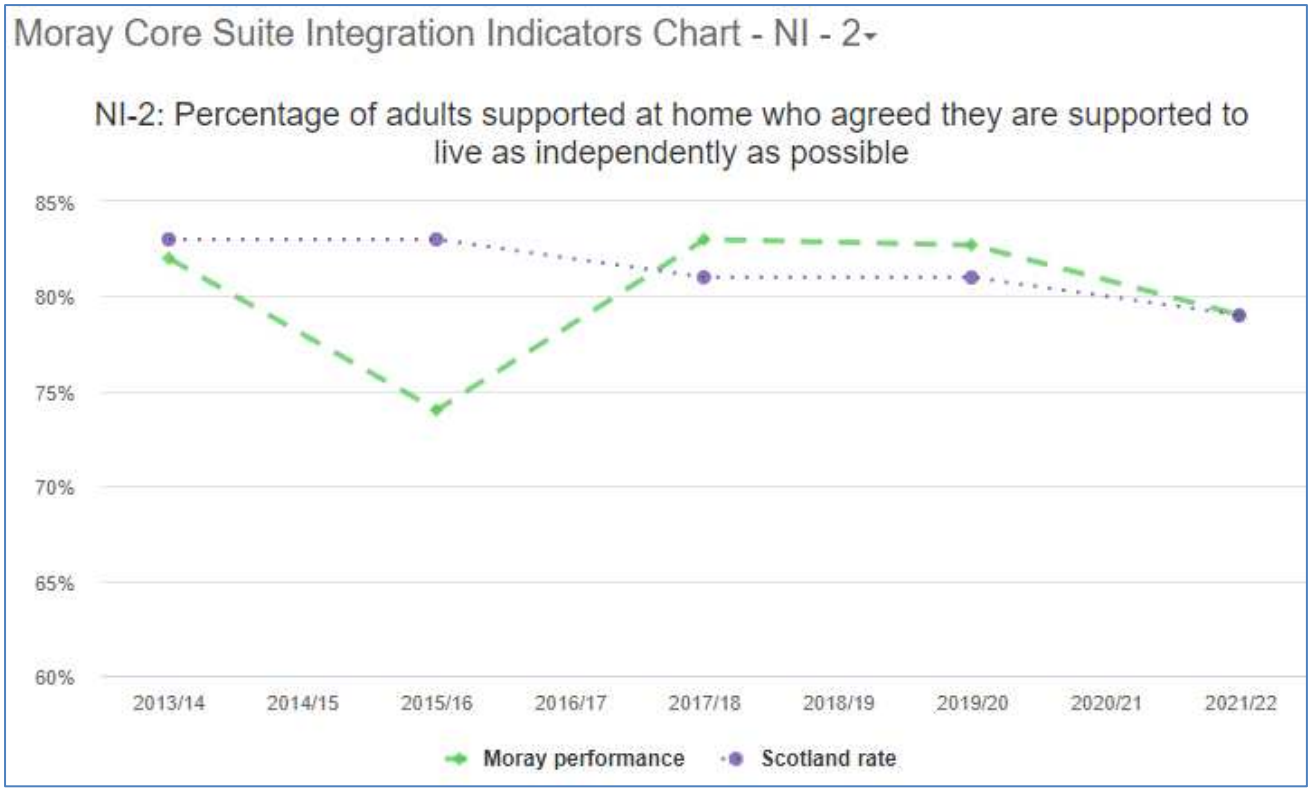
The crisis situations arising from above, has meant that there is increased pressure on the service's four respite beds. Over the past year one and sometimes two of these beds have

been occupied for extended periods of time. This has led to respite for other people being cancelled and has added to the pressure on families.

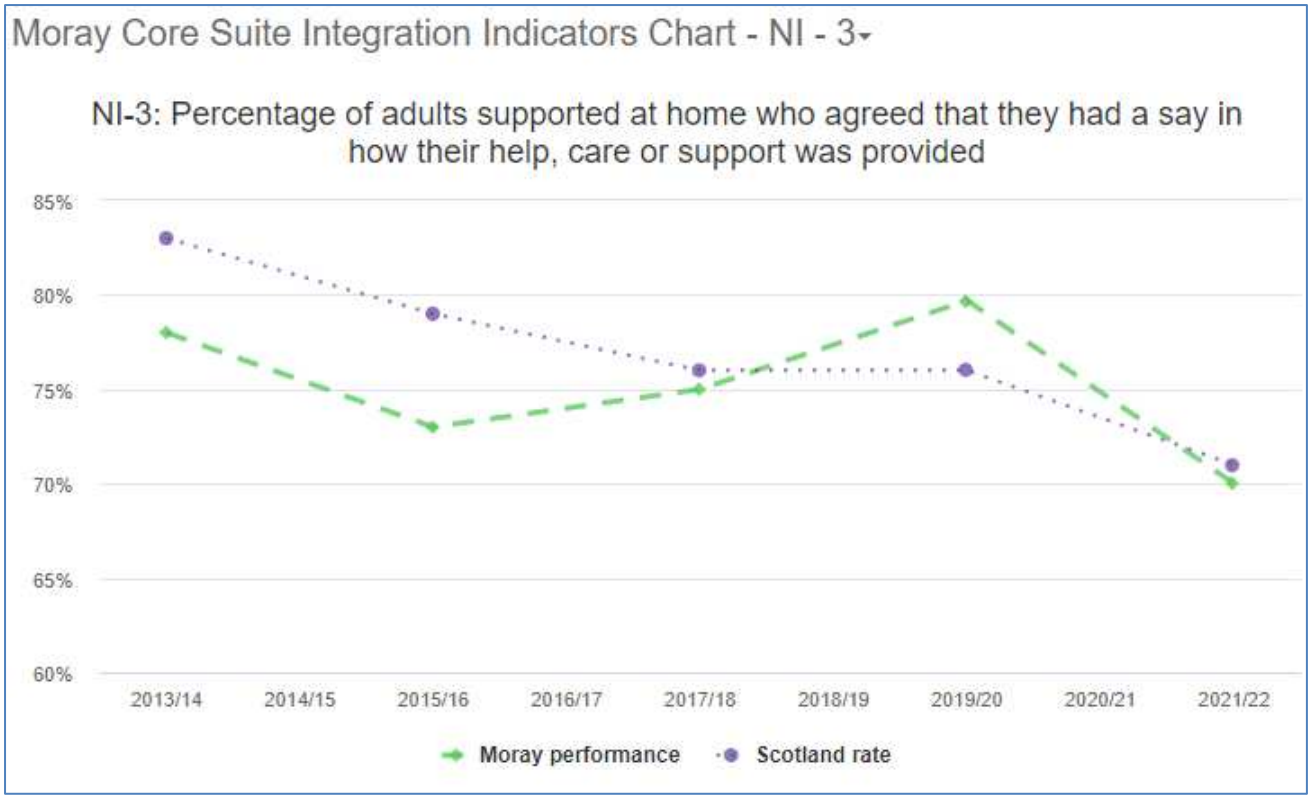
Performance issues and actions to improve performance

The measures in the survey that are used to track the performance of the person-centred approach to independent living all show reducing trend since 2013/14. In addition, there hasn't been a noticeable reduction in health inequality between the least and most deprived areas in Moray since 2010 for early mortality and emergency hospital admissions. However, Moray has lower levels of inequality compared to Scotland as a whole.

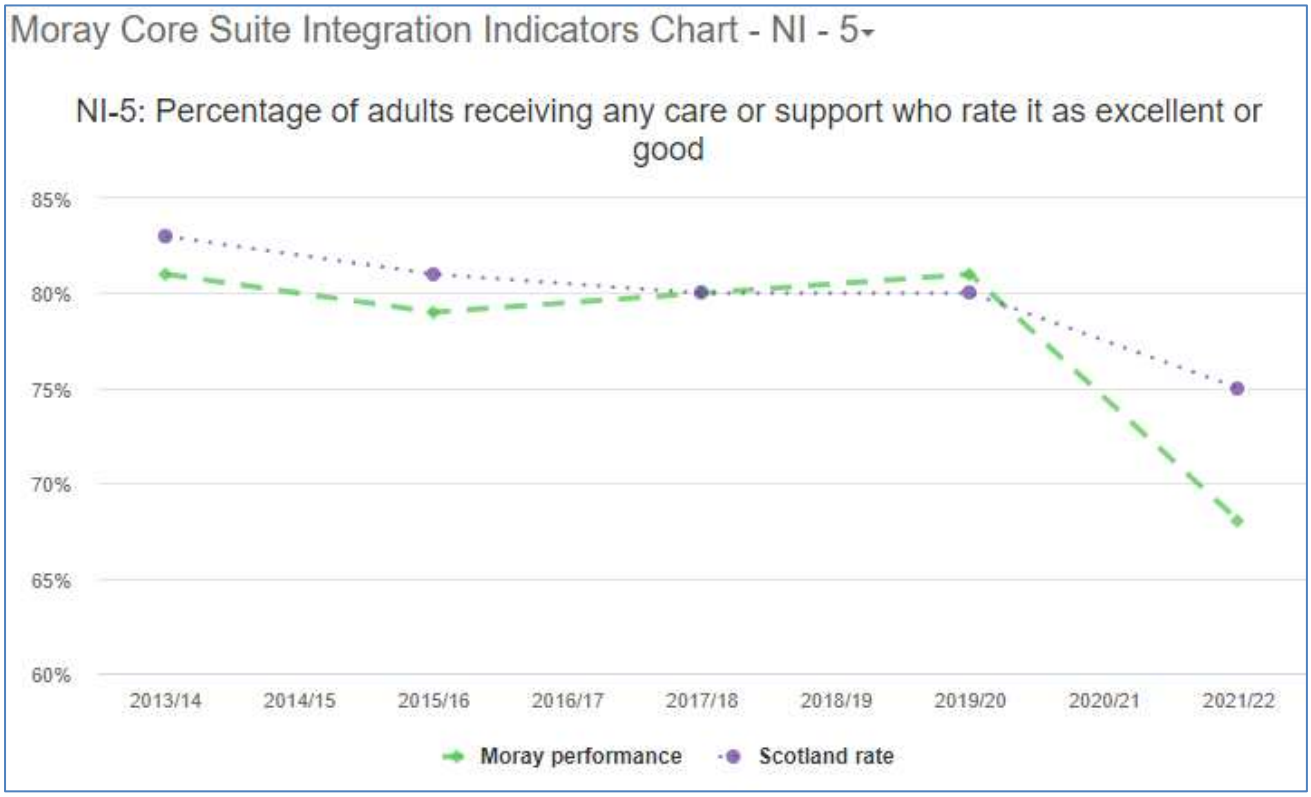
The trend in the proportion of people who agree they are being supported to live as independently as possible has reduced marginally for both Scotland and Moray in the past 3 year. However, around four-fifths (79%) of respondents agreed with this statement in the most recent survey.



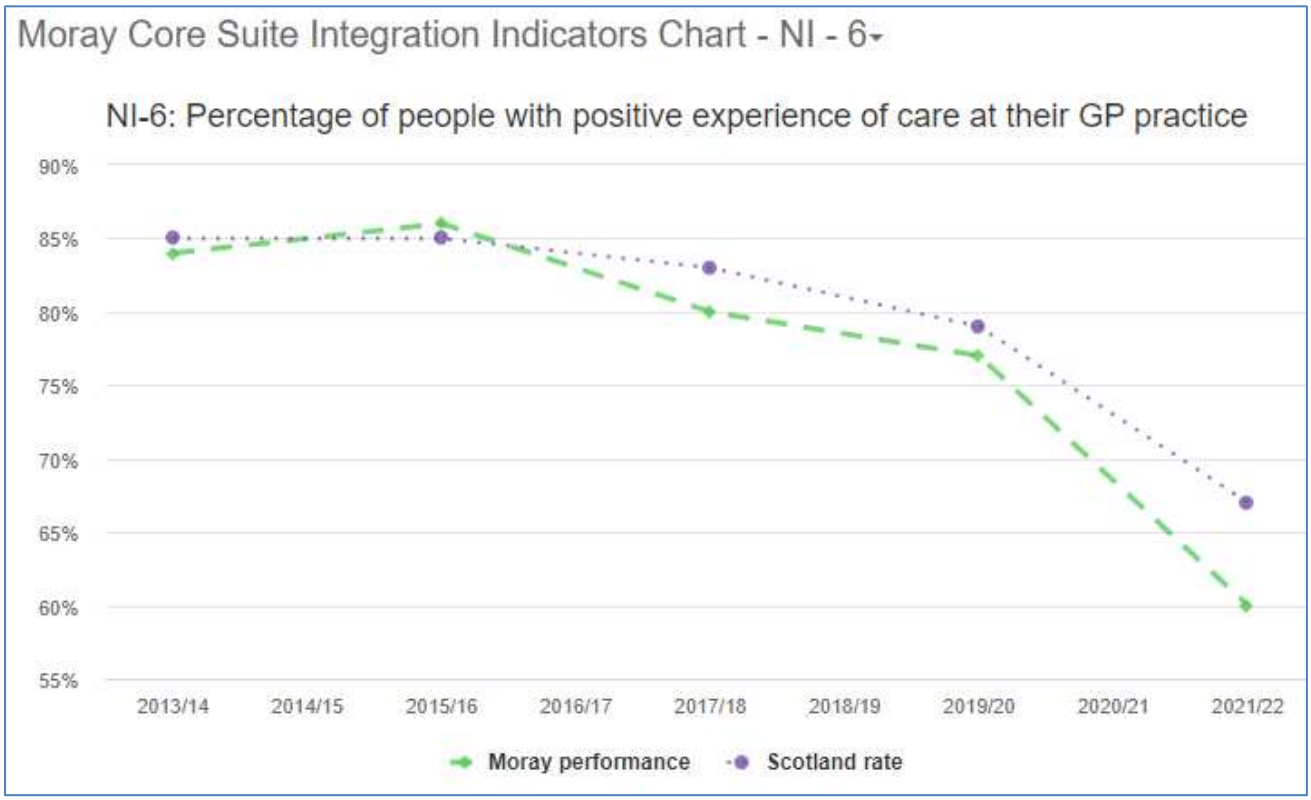
A smaller proportion of Moray respondents agreed they had a say in their care provision in the latest survey compared to previous years. With a positive response of 70%, Moray is similar to the Scottish average of 71%, but is down 10% from the previous survey.



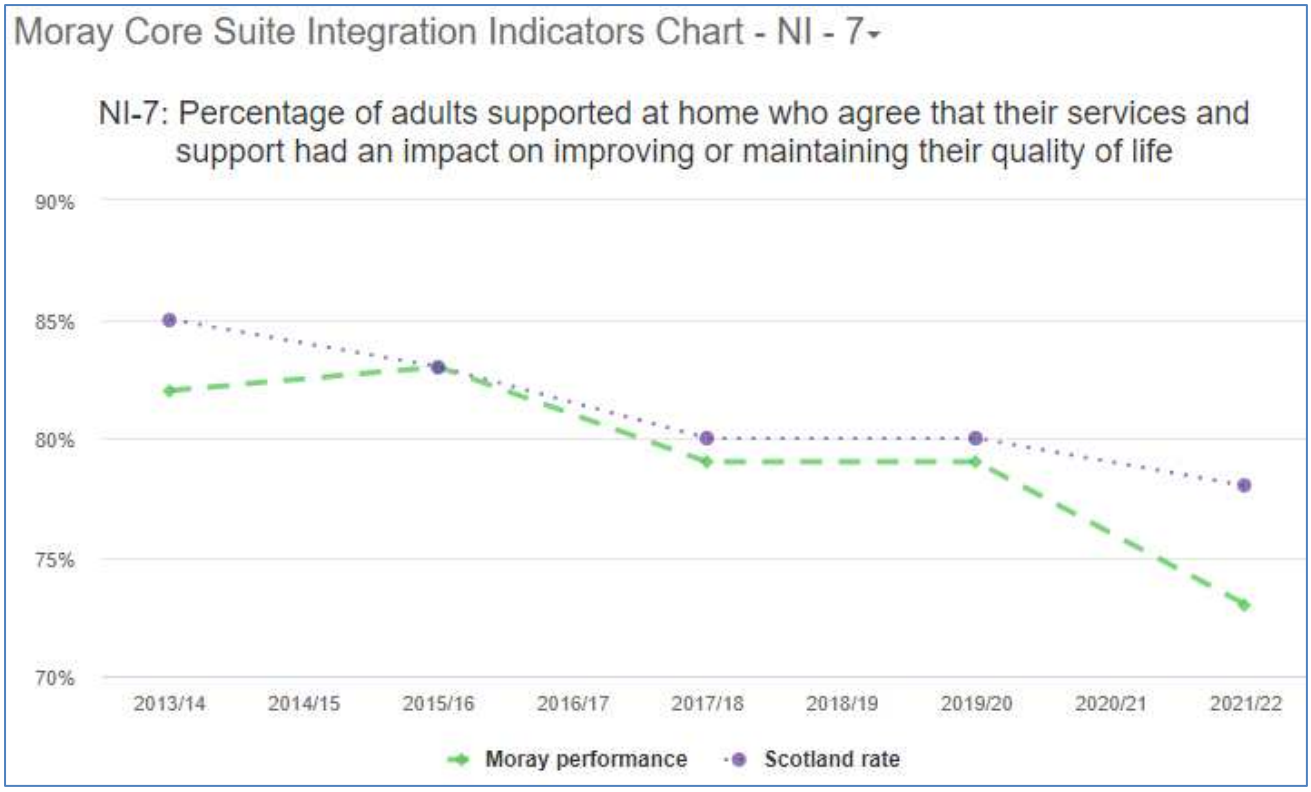
In previous surveys around 80% of Moray respondents have rated their care as excellent or good. That proportion reduced to 68%, below the Scottish average of 75%, in the latest survey.



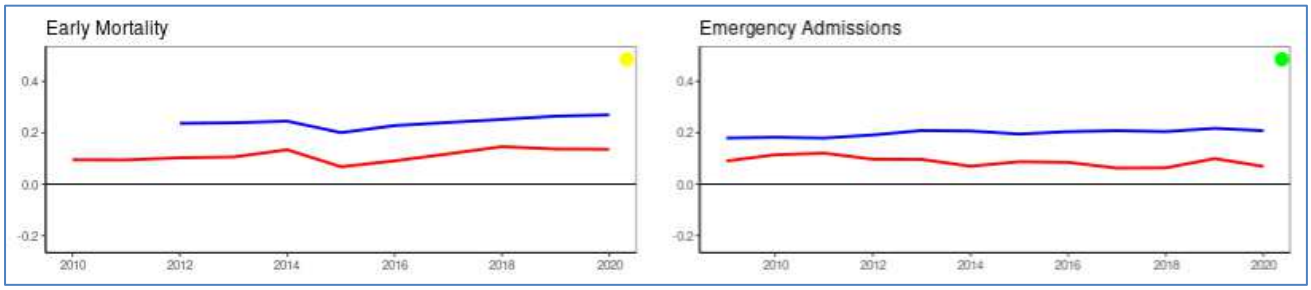
Just 6 out of 10 respondents in the latest survey had a positive experience of care at their GP practice, down from 85% in previous surveys. This deterioration in experience mirrors the decline across Scotland.



Similarly, a smaller proportion of Moray respondents agree that the care they received has had an impact on improving or maintaining their quality of life than in previous years. In the latest survey the proportion agreeing with this statement was 73%, below the Scottish proportion of 78%.

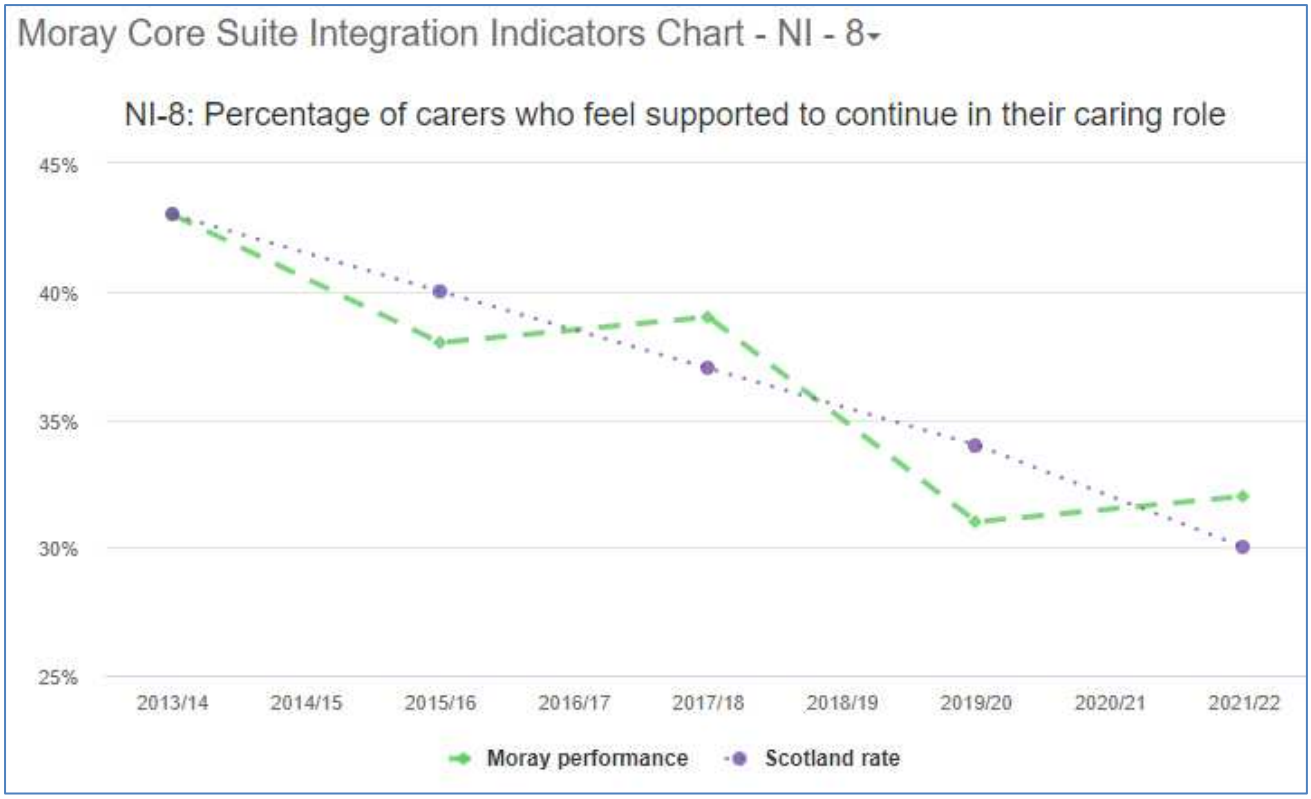


The Improvement Service's Community Planning Outcomes Profile tool[2] contains 2 measures that indicate the level of inequality between the least deprived and most deprived areas in Moray (the most recent data is for 2020). Inequality in the early mortality rate has consistently been below the Scottish level since 2012. The figure has remained stable over the past 2 years after 3 years of gradually rising, indicating that inequality has stopped widening, but is not reducing. Similarly, the inequality in emergency hospital admissions has been less than the Scottish level since 2010 and showed an improvement in 2020.



The percentage of carers in both Moray and across Scotland who feel supported has never been high, but has gradually reduced over the years from 43% to fewer than one in three (32% in Moray and 30% in Scotland).

[2] Scottish Government Improvement Service – Community Planning Outcomes Profile Tool - https://scotland.shinyapps.io/is-community-planning-outcomes-profile/



Safe services

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

Key development and achievements

All GP practices now have daily pharmacotherapy input and all GP practices have all 3 levels of the pharmacotherapy memorandum of understanding covered. Level one is facilitated by the pharmacy technicians and levels two and three activity covered by pharmacists. The Pharmacotherapy Service covers:

- 9900+ technical medication tasks e.g. medication reconciliation, advising patients, facilitating acute requests
- 2500+ medication reviews
- 900+ advanced pharmacist consultations monthly.

More than 20% of patients registered with Moray GP practices have a serial prescription which can ensure that medication is available for the year directly at the community pharmacy. In addition, there is now a rolling programme of adding care home residents which creates a more robust medication availability service to the care homes. The Moray programme is unique in Grampian.

New national standards for services providing medication assisted treatment (MAT) were introduced in May 2021 to ensure safe, accessible and consistently high-quality treatment for drug users to help reduce drug deaths and other harms and promote recovery. Local implementation has been taken forward by the integrated drug and alcohol

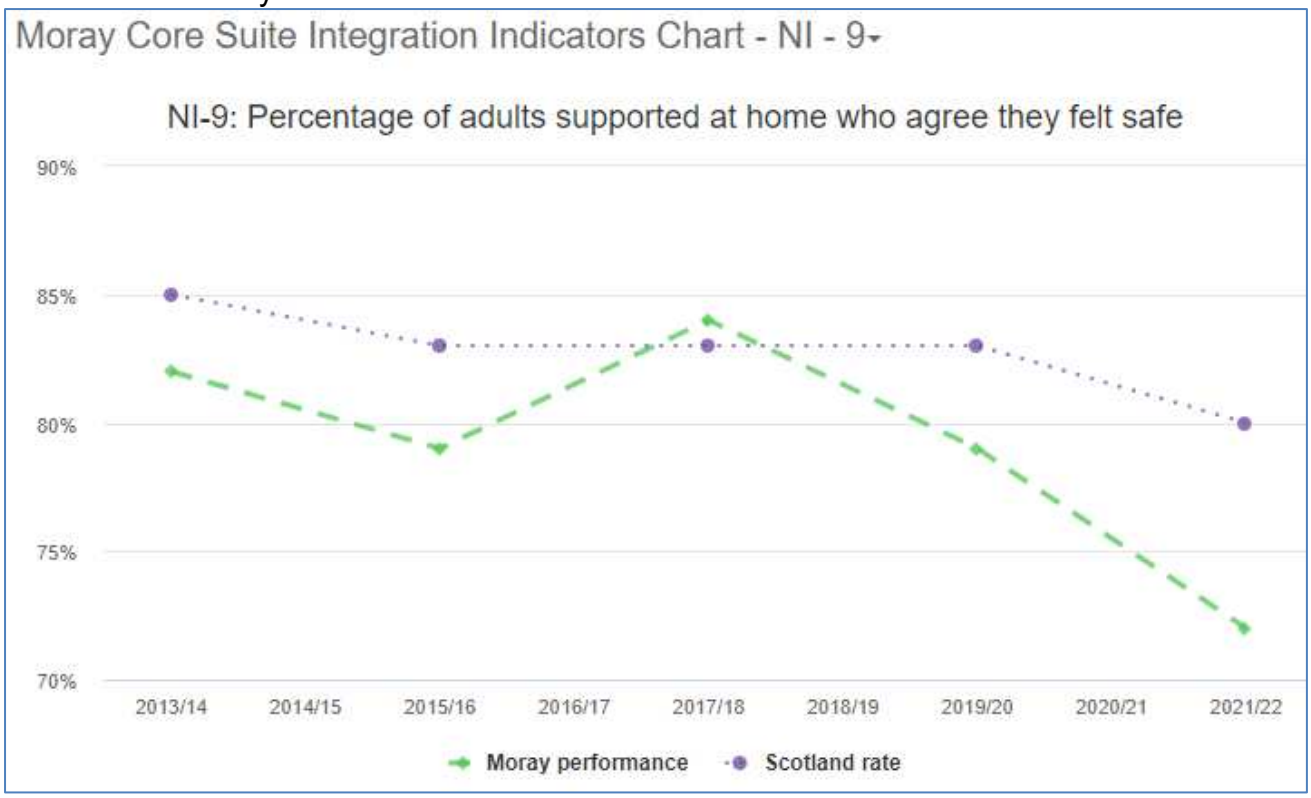
team, working alongside other stakeholders including Arrows, Police Scotland and Scottish Ambulance Service.

The Moray Health Improvement Team has delivered alcohol brief intervention (ABI) training to colleagues and teams from public services including Scottish Fire & Rescue Service and the Ministry of Defence, as well as the third sector.

The Learning Disability Service has been challenges by the significant number of adult protection cases that need attention and investigation by the team.

Performance issues and actions to improve performance

While most Moray respondents supported at home felt safe (72%) the proportion was lower than previous years (a high of 84% in 2017/18) and lower than Scotland (80%). However, this means that more than a quarter of Moray respondents were not able to agree with the statement that they felt safe.



Effective organisation

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

Key development and achievements

The Pharmacotherapy Service successfully escalated recruitment to 13.5WTE pharmacists and 10WTE pharmacy technicians. During period of leave, technician work is now covered remotely for seamless service. This level compares very favourably to the rest of Scotland per 5,000 patients. Due to the limited number of pharmacy technicians in the workforce, the service recruited one pharmacy assistant and plan to recruit one more to complete the staffing complement in an alternative way. There is a two year program of six trainee pharmacy technicians for succession planning.

The service continues to have a focus on skills development. 12 out of 16 pharmacists are in the process of completing the Independent Prescribing course by end of the year. Places are expected to be secured for the four remaining pharmacists in the next university cohort. Technicians are currently completing their accreditations. The service has established a full training program including guidance policies and protocols for the team.

Accommodation is a pressure on both mental health and drug and alcohol services. Ongoing discussions are taking place around accommodation for Ward 4, the in-patient ward, and Pluscarden Clinic, both at Dr Gray's Hospital, due to the installation of the Moray MRI scanner. The current drug and alcohol premises are inadequate and do not support delivery of the MAT standards. Discussions continue to secure appropriate alternatives.

Recruitment challenges to registered nursing posts remains an issue for adult and older adult mental health services, including both in patient areas. Use of agency nursing within older adult in patient area has had a significant financial impact. Medical posts also remain difficult to recruit to and the ongoing use of agency locums is a financial risk to NHS Grampian.

Four Social Work Consultant Practitioner (CP) posts were established to support and maintain professional standards for social work. The CPs ensure legislation is complied with and hold specific roles that are required under legislation, leading on Adult Protection, Adults With Incapacity, Mental Health Officer, Appropriate Adult Service. The team also take a lead in Self Directed Support development, Trauma Champion, Social Work learning and development and Learning Disability.

The team structure and associated roles are under review to permit a more flexible approach and to ensure that all o statutory and essential roles can be maintained at times of staff absence.

During the Covid lockdown period and following on from that, one CP was allocated the role of supporting care homes and service providers and monitoring quality standards. This has

been a valuable resource but it is not a statutory requirement and the role needs to be reviewed.

As well as the statutory tasks noted, the CPs support the development of Social Work learning and development and the first courses to be offered since lock down have now been delivered and a programme put in place to ensure continuing professional development opportunities are maintained. The practitioners also support the development of social care policy and procedures.

The CPs are now aligned to locality management and provide support with complex social work issues.

Staff absences and burnout

Health and Social Care Moray acknowledges the significant pressures that continue to be felt by its workforce. Unfortunately the summer period did not reduce the pressures felt following the pandemic response. The inability to recruit to all vacancies means that our staff continue to be stretched. We do not underestimate how detrimental this can be, and we are working with our partner organisations to offer support to staff for their health and wellbeing, in particular in conjunction with Moray Health and Wellbeing Group and the We Care programme, sponsored by NHS Grampian.

The Health Improvement Team also leads on a number of staff wellbeing initiatives, such as healthy weight, mental health and smoking cessation. They also provide onsite and outreach sessions to staff teams on request.

All staff are encouraged to take breaks, and leave due, and care packages of small comforts such as free refreshments, biscuits and confectionary have been provided where possible.

There are also groups encouraging physical activity and mindfulness, encouraging staff to look after their own wellbeing.

Notes on staff absences and difficulties faced

Complaints to the IJB

Complaints received by the Moray IJB are reported in line with recommendations from the Complaints Standards Authority and the IJB's Complaints Handling Procedure. There were no complaints received in 2021-22 relating to the dissatisfaction with the Moray IJB's policies, decisions or administrative or decision-making processes followed by the Board.

Within Health and Social Care Moray, complaints received by NHS Grampian and Moray Council are recorded on two separate systems. Reports from the systems are submitted quarterly to the Clinical and Care Governance Committee and published annually.

In 2021-22, 89 complaints were received. This compared to 67 the previous year.

Table 1 – combined data from Datix and Lagan (complaints received) for 2021/22

	Early resolution	**Investigation**	**Ombudsman**	**Total**
Allied Health Professionals	0	2	0	**2**
Community Hospital Nursing	1	0	0	**1**
Community Nursing	2	10	1	**13**
General Ophthalmic Services	0	3	0	**3**
GMED	3	22	0	**25**
Mental Health - Adult Mental Health	2	14	1	**17**
Primary Care Contracts Team	0	1	0	**1**
Public Dental Service	1	0	0	**1**
Public Health	0	2	0	**2**
Access Team	1	0	0	**1**
Care at Home	6	2	0	**8**
Head of Service	4	1	0	**5**
Learning Disability	2	0	0	**2**
Mental Health	1	0	0	**1**
Moray East	1	0	1	**2**
Moray West	1	0	0	**1**
Occupational Therapy	4	0	0	**4**
Total	**29**	**57**	**3**	**89**

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback. Complaints provide valuable information which can be used to continuously improve services, the experience and satisfaction of people along with their families and carers.

8. Significant decisions and directions

Decisions made by the Moray IJB during the year 2021-2022 are set out in the Board and Committee papers which are hosted on the Moray Council website.

https://moray.cmis.uk.com/moray/CouncilandGovernance/Committees.aspx

Meetings continued to be held remotely. The IJB is committed to openness and transparency in its decision-making and since January 2022 support has been in place to enable meetings of the board to be webcast.

In line with the Public Bodies (Joint Working) (Scotland) Act 2014 which established the legal framework for integrating health and social care in Scotland, Moray IJB has in place a mechanism to action its Strategic Plan, and this mechanism takes the form of binding directions from the IJB to one or both of NHS Grampian and Moray Council.

Directions are a key aspect of governance and accountability between partners and are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget.

The directions policy and procedure was developed to ensure compliance with the statutory guidance on directions issued by the Scottish Government in January 2020 and seeks to enhance governance, transparency and accountability between the IJB and its partner organisations – Moray Council and NHS Grampian - by setting out a clear framework for the setting and review of directions and confirming governance arrangements

It was approved by the Moray IJB on 31 March 2022.

Risk register

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

Covid, winter pressures and rising demand for services has delayed the development of some aspects of transformation plans. There has been significant financial planning and budgetary work with partner organisations to maintain oversight of the additional funding and resource that have been made available from Scottish Government and endowments. This work will need to continue over the next year as budgets return to their pre-Covid levels and services adjust

Levels of staff redeployments, acting up arrangements and requirements for some staff to shield have impacted on the workforce and there will be a period of time before services and staff return to “business as normal”. Staff wellbeing is a key priority and a significant emphasis is being placed on ensuring that everyone is provided with the support that is available, where it is needed.

9. Financial performance and best value

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives, is asked to consider the financial position at a given point and any management action deemed as necessary to ensure delivery of services within the designated financial framework.

From the mid-point in the financial year, the Board was presented with financial information that included a forecast position to the end of the year. In November 2021, the Board received a financial report which forecast an expected overspend to the end of the financial year of £2.3m. This forecast reduced throughout the remainder of the year and in December 2021, MIJB were forecasting a small underspend to the end of the year of £0.2m. In March 2021, the MIJB agreed a savings plan of £0.407m. At the end of the financial year, only £0.11m had not been achieved. Scottish Government additional funding was made available that covered the underachievement on the savings target and £0.11m was received as part of Covid funding.

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

To support the response to Covid-19, the Scottish Government developed a process to assess the impact of Covid on Integration Authorities' budgets. They did this through the development of local mobilisation plans for each health board area, which in turn captured each Integration Authority. The objective was to demonstrate the impact on IJB budgets and provide appropriate financial support. The local mobilisation plans were updated regularly throughout the year and funding allocations were made by the Scottish Government on the basis of these updates. At the end of the financial year, the cost of the mobilisation plan for Moray was £5.2m, this included £0.11m for the underachievement of the approved savings plan. The largest element of spend was £3.18m which was used to support sustainability payments to external providers of care. Any unspent funds are held in an earmarked reserve and drawn down as appropriate for the continued support to the pandemic response and recovery. Additional detail on the areas of spend supported through Covid-19 funding is highlighted in the table below:

Description	Spend to 31 March 2022 £000's
Additional Staffing Costs	160
Provider Sustainability Payments	3,176
Remobilisation	1,178
Cleaning, materials & PPE	90
Elgin Community Hub	556
Prescribing	154
Other	(244)
Additional Capacity in Community	17
Underachievement of Savings	110
Total	**5,197**

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend
Community Hospitals	5,494	5,477	17
Community Health	5,490	4,932	558
Learning Disabilities	8,264	9,691	(1,427)
Mental Health	9,267	9,542	(275)
Addictions	1,282	1,259	23
Adult Protection & Health Improvement	151	158	(7)
Care Services Provided In-House	17,215	16,238	977
Older People Services & Physical & Sensory Disability	19,014	20,536	(1,522)
Intermediate Care & OT	1,524	1,828	(304)
Care Services Provided by External Contractors	8,540	8,271	269
Other Community Services	8,576	8,460	116
Administration & Management	2,400	2,404	(4)
Other Operational Services	1,176	1,192	(16)
Primary Care Prescribing	17,416	18,310	(894)
Primary Care Services	18,278	18,307	(29)
Hosted Services	4,619	4,632	(13)
Out of Area Placements	669	832	(163)
Improvement Grants	940	758	182
Total Core Services	**130,315**	**132,827**	**(2,512)**
Strategic Funds & Other Resources	27,470	7,937	19,533
TOTALS (before set aside)	**157,785**	**140,764**	**17,021**

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

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page 39. At 31 March 2022 there were usable reserves of £17.021m available to the MIJB, compared to £6.342m at 31 March 2021. These remaining reserves of £17.021m are for various purposes as described below:

Earmarked Reserves	Amount £000's
Action 15	72
Primary Care Improvement Plan	2,259
Covid-19	9,016
GP Premises	232
Moray care home infection control	223
Community Living Change Fund	319
National Drugs MAT	103
National Drugs Mission Moray	207
OOH Winter Pressure funding	202
Moray Cervical screening	110
Moray hospital at home	199
Moray interface discharge	205
Moray School nurse	46
Moray Psychological	492
MHO Funding	51
Care at Home Investment funding	656
Interim Care Funding	695
Moray Workforce well being	54
Moray Winter Fund HCSW	256
Moray Winter Fund MDT	367
Total Earmarked	15,764
General Reserves	1,257
TOTAL Earmarked & General	**17,021**

All reserves are expected to be utilised for their intended purpose during 2022/23. More details can be found in the Unaudited Annual Accounts 2021-22.

Significant variances against the budget were notably:

Note 1: Older People Services and Physical & Sensory Disability - This budget was overspent by £1.5m at the end of the year. The final position includes an overspend for domiciliary care in the area teams, which incorporates the Hanover complexes for very sheltered housing in Forres and Elgin and for permanent care due to more clients receiving

nursing care than residential care. The ageing population requiring more complex care and local demographics also contributes to this overspend.

Note 2: Learning Disabilities – The Learning Disability (LD) service was overspent by £1.4m at the end of 2021-22. This consists of a £1.5m overspend, primarily relating to day services and the purchase of care for people with complex needs. Adults with learning disabilities are some of the most vulnerable people in our community and need a high level of support to live full and active lives. The overspend was offset in part by an underspend of £0.1m, relating primarily to staffing in speech and language and psychology services. The transformational change programme in learning disabilities helps to ensure that every opportunity for progressing people's potential for independence is taken, and every support plan involves intense scrutiny which in turn ensures expenditure is appropriate to meeting individual outcomes.

Note 3: Care Services Provided In-House – This budget was underspent by £1.0M at the end of the year. The most significant variances relate to the Care at Home services for all client groups and the Supported Living services which are underspent predominantly due to vacancies and issues with recruitment and retention. Overspends in internal day services £0.1m mainly due to transport costs and less income received than expected.

Note 4: Community Health – This budget was underspent overall by £0.6m at the end of 2021-22 and is primarily due to vacancies, unplanned leave and retirements. Recruitment and retention is an issue, which is not just apparent in Moray and a plan is currently in place to deal with this going forward.

Note 5: Intermediate Care & Occupational Therapy (OT) – This budget was overspent by £0.3m. This relates primarily to OT equipment where costs have increased due to manufacturing and supply to Moray and more complex equipment requests.

Set Aside

Excluded from the financial performance table but included within the Comprehensive Income & Expenditure Account is £13.04m for Set Aside services. Set aside is an amount representing resource consumption for large hospital services that are managed on a day to day basis by the NHS Grampian. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector. Set Aside services include:

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

The budget allocated to Moray is designed to represent the consumption of these services by the Moray population. As a result of prioritising resources to support the Covid pandemic Public Health Scotland have not produced activity data for Set Aside services for the 2019/20 or 2020/21 financial years. The figures for 2021/22 have been derived by uplifting

2019/20 figures by baseline funding uplift in 2020/21 (3.00%) and 2021/22 (3.36%):
2021/22 2020/21 2019/20 2

	2021/22	2020/21	2019/20	2018/19
Budget	13.04m	12.62m	12.252m	11.765m
Number of Bed Days and A&E Attendances	--------	-------	-------	47,047

10. Inspections

In 2020, the Care Inspectorate introduced an additional new Standard for Older People Care Homes in addition to the 5 existing ones: How good is our care and support during the Covid-19 pandemic? This standard was added to robustly assess care home arrangements in response to the pandemic, with a focus on infection prevention and control (IPC), personal protective equipment (PPE) and staffing. This was implemented to meet the statutory duties outlined in the Coronavirus (Scotland) (No.2) Act and subsequent guidance.

Care Inspectorate Inspections of registered services during 2021-22 have been targeted at areas of higher risk in order to assess care and support during the ongoing pandemic.

Between April 2021 and March 2022, the Care Inspectorate undertook six inspections in services commissioned by Health & Social Care Moray. The following table details the individual services inspected during this period, the care grades achieved across each Standard and the number of requirements made. Full details of these inspections can be accessed from the Care Inspectorate website and via the individual links provided in the following table.

Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?	How good is our care & support during the COVID-19 pandemic?
Cornerstone: Parkholme Care Home, Lossiemouth						
29.03.22	4 Good	Not assessed	Not accessed	Not accessed	Not accessed	4 Good
Real Life Options Elgin: Support services - care at home and housing support service combined						
08.06.21	5 Very good	5 Very good	5 Very good	Not assessed	5 Very good	5 Very good
Capercaillie Care Ltd: Support Service						
05.11.21	3 Adequate	3 Adequate	3 Adequate	Not assessed	Not assessed	3 Adequate
Parklands Group: Speyside Care Home, Aberlour						
13.10.21	4 Good	Not assessed	Not assessed	Not assessed	Not assessed	4 Good
Intobeige: Spynie Care Home, Elgin						
08.12.21	3 Adequate	Not assessed	Not assessed	Not assessed	Not assessed	4 Good
Caledonia Homecare: Support Service						
29.09.21	2 Weak	2 Weak	2 Weak	Not assessed	3 Adequate	2 Weak

The inspection reports are available on the Care Inspectorate website.

The Mental Welfare Commission (MWC) undertake local visits, either announced or unannounced, which involve visiting a group of people in a hospital, care home or prison service. Local visits are not inspections, however the Commission details findings from the visit and provide recommendations, with the service required to provide an action plan within three months.

In May 2021, the Mental Welfare Commission made an announced local visit to Ward 4 at Dr Gray's Hospital in Elgin, which is an18-bedded acute psychiatric admission ward for adults.

The Commission visitors spoke to patients and staff and reviewed patient files. One recommendation was made – for managers to ensure that work is undertaken to meet the needs of patients in relation to privacy, dignity and wellbeing.

A joint inspection, led by the Care Inspectorate, of adult support and protection in the Moray partnership commenced in March 2022. The report was published in June 2022.

11. Looking forward – priorities for 2022-23

The current Strategic Plan was initially agreed to cover the 10 year period from 2019-2029 with a commitment to review the plan every three years. A refreshed strategic plan is due to be published early in 2023. This will align with the development of the Dr Gray's Hospital Plan for the Future (2023-2033) to ensure there is a whole system strategic approach to supporting the health and wellbeing of the Moray population.

As locality planning matures, locality planning groups will be supported by the Strategic Planning and Commissioning Group to inform the continuous cycle of prioritising, planning, implementing and reviewing our work to ensure it reflects and responds to local needs and aspirations.

The lived experiences of unpaid carers has informed the development of a refreshed draft strategy for Moray's unpaid carers of all ages which will be consulted on during 2022-23.

Officers have progressed the business case for the delegation of Moray Children's Social Work and Criminal Justice to the IJB. Moray Council and NHS Grampian have now agreed the delegation, the next step to update the Integration Scheme and get approval from the Scottish Government.

The draft Workforce Plan 2022-2025 will be implemented. The plan takes account of the requirements set out in the National Workforce Strategy for Health and Social Care in Scotland, and identifies the partnership's workforce needs and priorities. It has been developed through engagement with managers, staff teams and partnership representatives around the five pillars of the workforce journey - plan, attract, train, employ and nurture.

Reducing the number and length of time people are delayed in hospital remains a priority. Moray continues to progress the Home First approach to supporting people to avoid unnecessary hospital admission and to return home, wherever possible, without delay. This

work has developed into Hospital without Walls - an ambitious model involving all aspects of Home First alongside unscheduled care, primary/secondary care and acute services. Hospital without Walls will offer hospital-level care to patients who are acutely unwell in their own home.

Hospital without Walls will establish a suite of responsive, co-ordinated, multi-disciplinary care supporting older people with frailty and multi-morbidity. Initial effort has been concentrated on developing a Home First Frailty Team who will be primarily focused at the 'front door' of Dr Gray's Hospital but will also offer support within the community. The multi-disciplinary team will provide rapid geriatric assessments and allow a quick turnaround of those presenting at the front door. This will combine elements of the Discharge to Assess service which is now embedded into the system and provides an intermediate support approach for hospital in-patients who are medically stable and do not require acute hospital care but may still require rehabilitation. They are discharged home with short-term support to be fully assessed for longer-term needs in their own home.

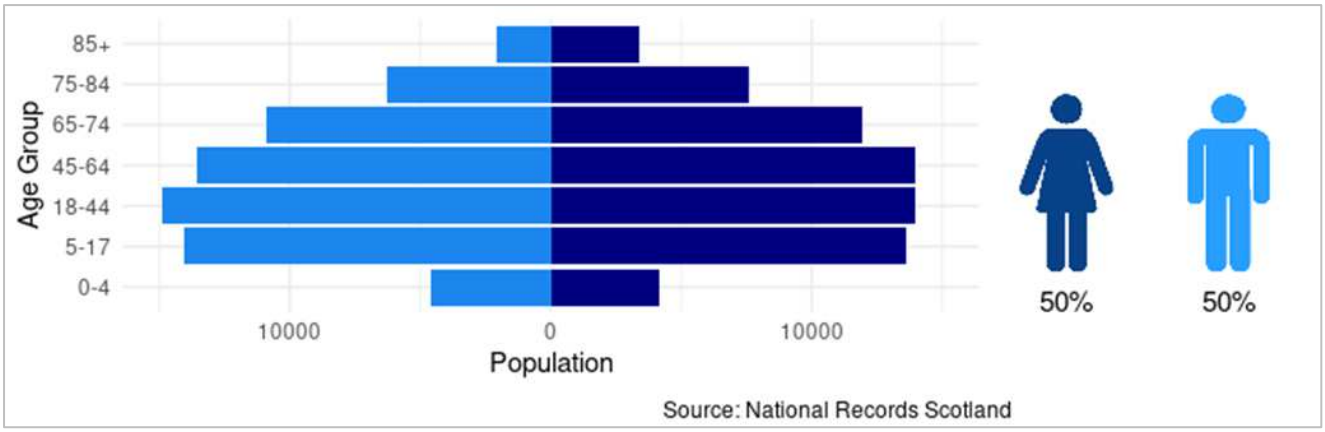
The IJB responded to the Scottish Government's consultation on a National Care Service for Scotland following the recommendation of the Independent Review of adult social care. The National Care Service would operate as a new body to oversee social care, similar to how the National Health Service oversees health, enabling social care to have a more equal footing with health care. It proposes that Local Integration Authorities would have more powers and would be directly funded by national government, rather than receiving their funding from local authorities and Health Boards as they do at the moment.

Appendix A: Area profile

Our population

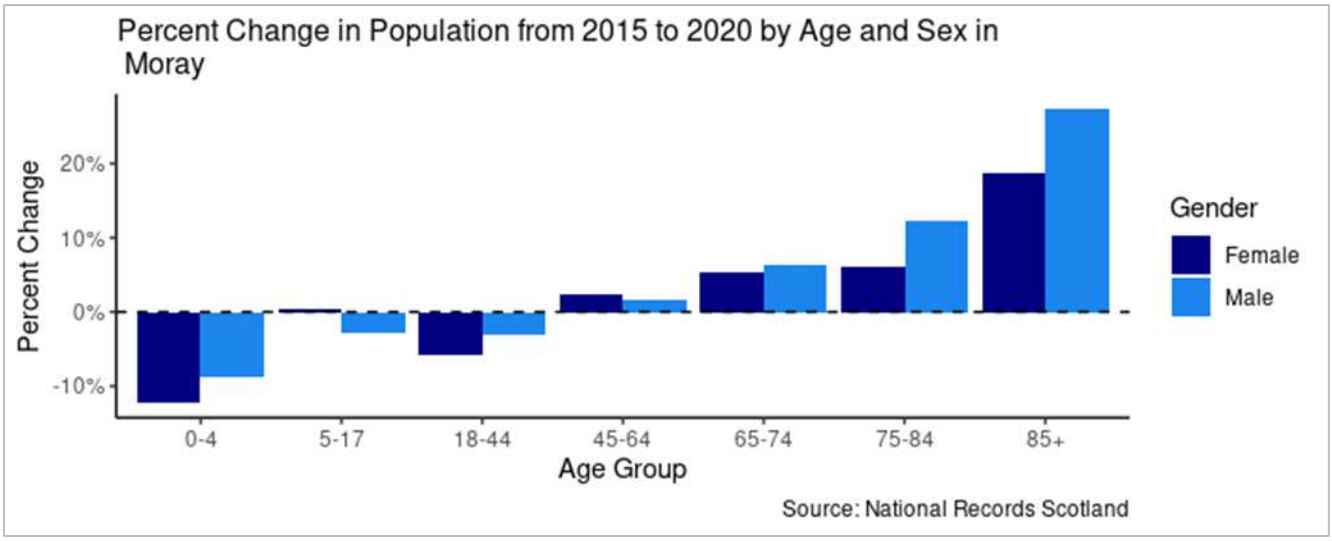
Moray had a population of 95,710 as of June 2020 (National Records of Scotland) while the number of households was 43,175. Between 1998 and 2020, the population of Moray increased by 10.3%. Note that the results of Scotland's 2022 census aren't available yet, but when they are published they will provide a more accurate representation of Moray's current population and demographic.

Figure 1: Population breakdown in Moray.



In terms of overall size, the 45 to 64 age group was the largest in 2020, with a population of 27,544. In contrast, the 16 to 24 age group was the smallest, with a population of 9,019.

Figure 2: Change in population structure over the last five years.



Although the overall age profile broadly follows the national trend towards an aging population, Moray has higher percentages of people in each of the 75+, 60+, and 45+ age groups when compared with the Scottish average. In particular, the evidence indicates that we have higher percentages of older people in our more coastal and rural areas. According

to the National Records of Scotland, it is predicted that by 2039 the number aged over 65 will have increased by 73% in Moray compared to 66% nationally.

The flip side to a higher proportion of older people is a lower proportion of younger and working age people. A smaller available workforce has implications for the stability of the local economy and in parts of Moray the area's aging population will result in a smaller available workforce in the coming years and also increase service demand in certain areas.

The evidence shows a significant outward migration of young people leaving school for higher education in the main cities and relatively slow inward migration from the age of 25 onwards compared to rural areas that are adjacent to the main cities.

The National Record of Scotland projected population figure for Moray of 98,680 by 2039 has not taken into consideration significant numbers of additional military and support personnel and their families arriving in Moray. This will impact on our population demographics, for example by increasing the gap between the number of males and females in the 16-29 age groups.

General Health

For the most recent time periods available, Moray HSCP had:

- An average life expectancy of **78.9** years for males and **81.8** years for females.
- A death rate for ages 15 to 44 of **110** deaths per 100,000 age-sex standardised population[4]
- **23%** of the HSCPs population with at least one long-term physical health condition.
- A cancer registration rate of **612** registrations per 100,000 age-sex standardised population[4]
- **17.54%** of the population being prescribed medication for anxiety, depression, or psychosis.

Deprivation

Moray is a rural area which presents us with challenges in ensuring that our rural communities can access services and that people can connect with each other to avoid social isolation and the negative outcomes that loneliness can lead to.

The Scottish Index of Multiple Deprivation (SIMD) ranks all data zones in Scotland by a number of factors; access, crime, education, employment, health, housing and income. Of the 2020 population in Moray, **2.7%** live in the most SIMD Quintile, and **12%** live in the least deprived SIMD Quintile.

Summary table

Indicators	Data Type	Time Period	Forres and Lossiemouth Locality	Buckie Locality	Elgin Locality	Keith and Speyside Locality	Moray HSCP	Scotland
Demographics								
Total population	count	2020	30,033	19,898	30,399	15,380	94,930	5,466,000
Gender ratio male to female	ratio	2020	1:0.96	1:1.06	1:1.05	1:1.02	1:0.97	1:1.05
Population over 65	%	2020	22	25	19	25	21	19
Population in least deprived SIMD quintile	%	2020	20	0	17	0	12	20
Population in most deprived SIMD quintile	%	2020	1.8	0	6.7	0	2.7	20
Housing								
Total number of households	count	2020	13,761	9,702	14,594	7,778	45,835	2,653,521
Households with single occupant tax discount	%	2020	34	34	34	33	34	38
Households in Council Tax Band A-C	%	2020	61	70	61	70	65	59
Households in Council Tax Band F-H	%	2020	8.4	3.8	8.6	5.7	7	13
General Health								
Male average life expectancy in years	mean	2016-2020*	79.8	79.3	78.6	79.8	78.9	76.8
Female average life expectancy in years	mean	2016-2020*	83.1	82.4	82.1	82.5	81.8	81
Early mortality rate per 100,000	rate	2018-2020	97	94.9	140.4	82.8	110	116
Population with long-term condition	%	2020/21	21	24	23	25	23	20

Indicators	Data Type	Time Period	Forres and Lossiemouth Locality	Buckie Locality	Elgin Locality	Keith and Speyside Locality	Moray HSCP	Scotland
Lifestyle & Risk Factors								
Alcohol-related hospital admissions per 100,000	rate	2019/20	526	352	553	499	474	673
Bowel screening uptake	rate	2017 - 2019	67	68	68	67	68	62
Unscheduled Care								
Emergency admissions per 100,000	rate	2020/21	6,992	7,337	8,339	7,659	7,599	9,467
Unscheduled bed days per 100,000	rate	2020/21	50,761	61,901	53,426	60,111	55,426	64,439
A&E attendances per 100,000	rate	2020/21	18,653	18,057	24,415	17,627	20,194	20,421
Last 6 months of life spent in community setting	%	2020/21	91	92	92	92	92	90
Potentially Preventable Admissions per 100,000	rate	2020/21	922	1,136	1,168	962	1,051	1,180
Unscheduled Care (Mental Health Hospitals)								
Emergency admissions per 100,000	rate	2020/21	186	196	257	254	222	252
Unscheduled bed days per 100,000	rate	2020/21	12,563	6,775	14,685	11,912	11,929	23,674
Readmissions (28 days) per 1,000	rate	2020/21	70	26	28	79	49	84

**At HSCP and Scotland level, the time period is a 3-year aggregate (2018-2020)*

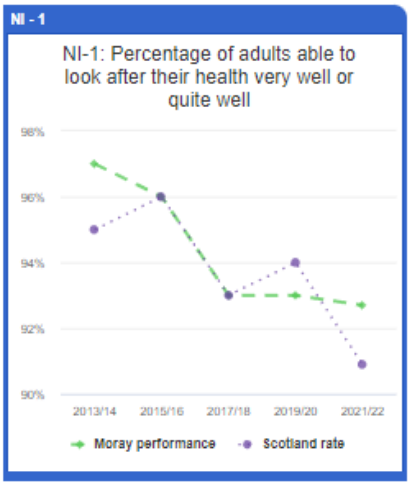
Appendix B: Core Suite of National Integration Indicators

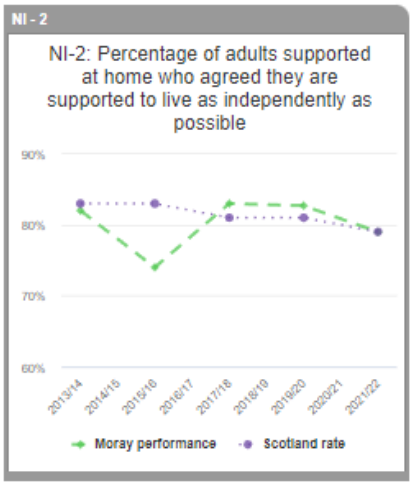
The Core Suite of National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

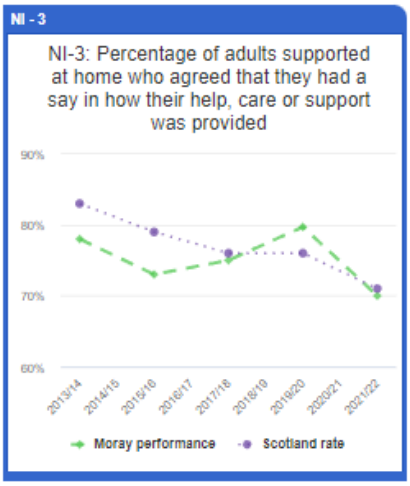
The Integration Indicators are grouped into two types of measures. Numbers 1-9 below are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which is undertaken using random samples of patients identified from GP practice lists in Moray. The remaining indicators are derived from partnership operational performance data. There are also a number of indicators still under development as shown below.

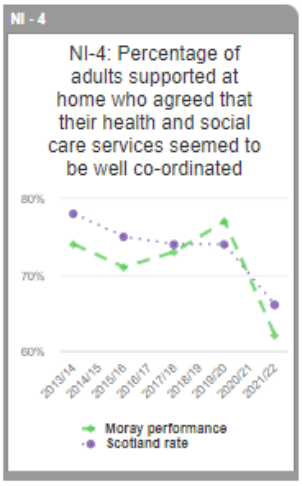
Health and Care Experience Survey (HACE) Indicators

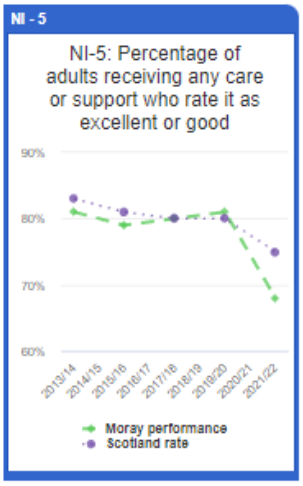
1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good.
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who would recommend their workplace as a good place to work (*no data available for this indicator*).

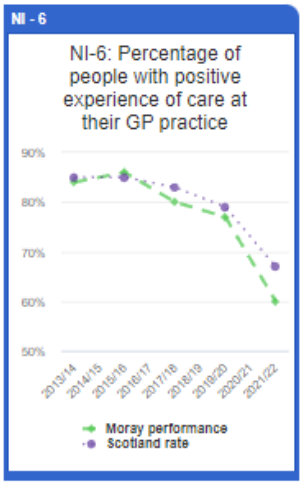

NI - 1
NI-1: Percentage of adults able to look after their health very well or quite well
98%
96%
94%
92%
90%
2013/14
2015/16
2017/18
2019/20
2021/22
Moray performance
Scotland rate

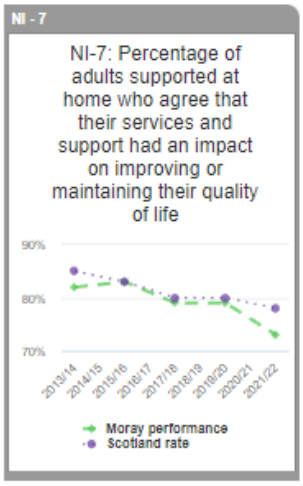

NI - 2
NI-2: Percentage of adults supported at home who agreed they are supported to live as independently as possible
90%
80%
70%
60%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate

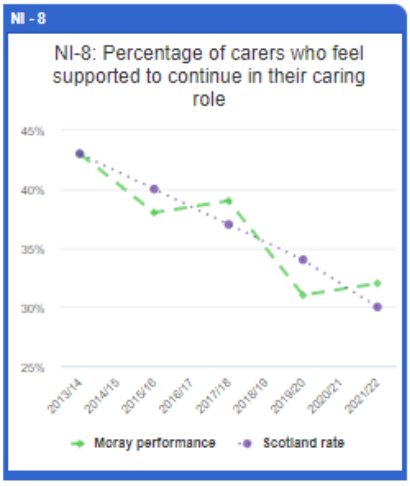

NI - 3
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided
90%
80%
70%
60%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate

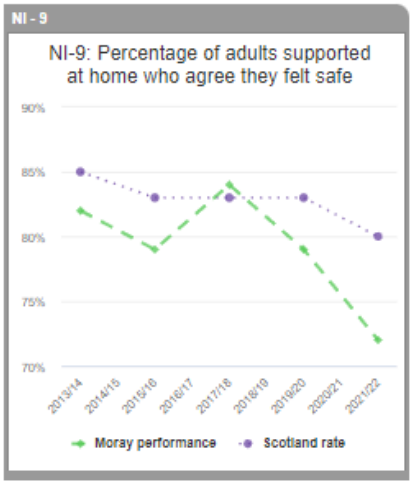

NI - 4
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
80%
70%
60%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate

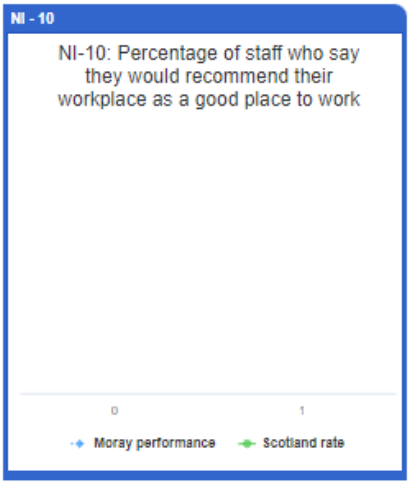

NI - 5
NI-5: Percentage of adults receiving any care or support who rate it as excellent or good
90%
80%
70%
60%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate


NI - 6
NI-6: Percentage of people with positive experience of care at their GP practice
90%
80%
70%
60%
50%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate


NI - 7
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
90%
80%
70%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate


NI - 8
NI-8: Percentage of carers who feel supported to continue in their caring role
45%
40%
35%
30%
25%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate


NI - 9
NI-9: Percentage of adults supported at home who agree they felt safe
90%
85%
80%
75%
70%
2013/14
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate

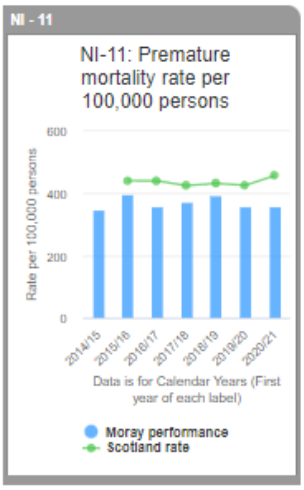

NI - 10
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
0
1
Moray performance
Scotland rate

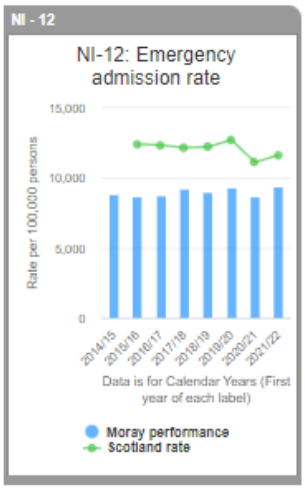
Operational Indicators

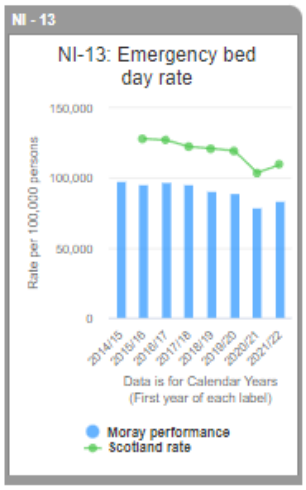
11. Premature mortality rate per 100,000 population.
12. Rate of emergency admissions per 100,000 population for adults.
13. Rate of emergency bed days for adults per 100,000 population.
14. Rate of readmissions to hospital within 28 days of discharge per 1000 admissions.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. % of care services graded 'good' (4) or better in Care Inspectorate Inspections
18. % of adults with intensive needs receiving care at home.
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population.
20. % of health and care resource spent on hospital stays where the patient was admitted in an emergency.
21. % of people admitted from home to hospital, who are discharged to a care home (*no data available for this indicator*).

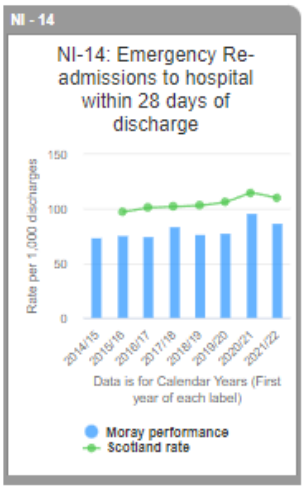
22. % of people who are discharged from hospital within 72 hours of being ready (*no data available for this indicator*).
23. Expenditure on end-of-life care (*no data available for this indicator*).

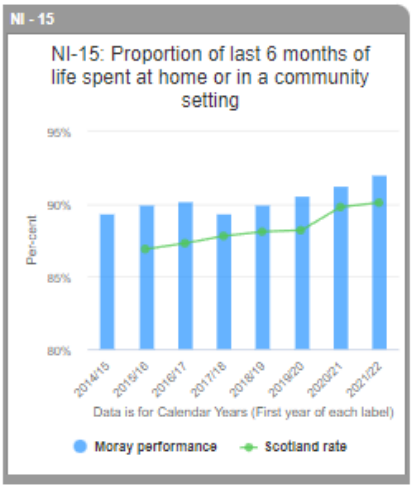
(Please note that NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20 so this Indicator has not been included in this report). Under Development by Public Health Scotland (PHS)

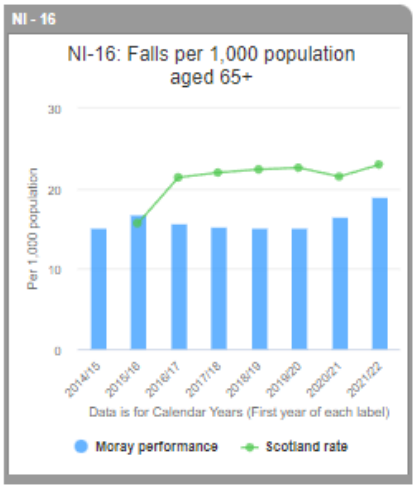

NI - 11
NI-11: Premature mortality rate per 100,000 persons
Rate per 100,000 persons
600
400
200
0
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
Data is for Calendar Years (First year of each label)
Moray performance
Scotland rate

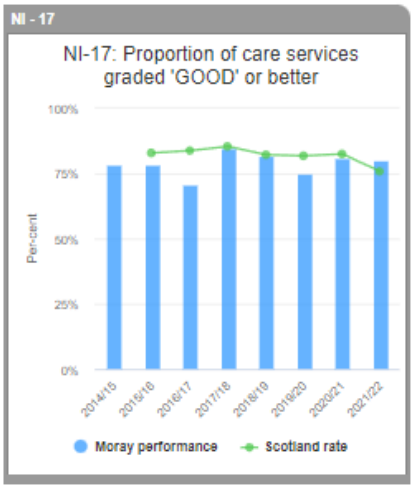

NI - 12
NI-12: Emergency admission rate
Rate per 100,000 persons
15,000
10,000
5,000
0
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Data is for Calendar Years (First year of each label)
Moray performance
Scotland rate

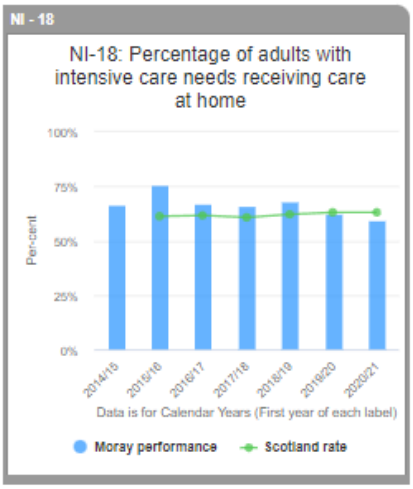

NI - 13
NI-13: Emergency bed day rate
Rate per 100,000 persons
150,000
100,000
50,000
0
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Data is for Calendar Years (First year of each label)
Moray performance
Scotland rate

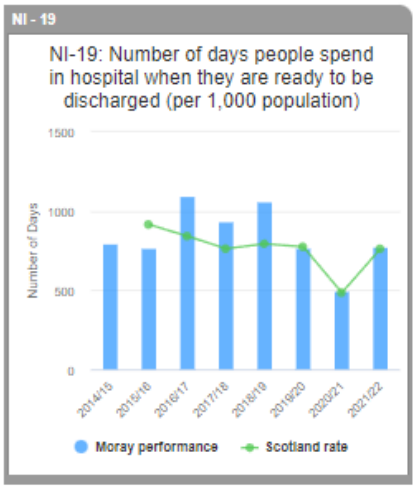

NI - 14
NI-14: Emergency Re-admissions to hospital within 28 days of discharge
Rate per 1,000 discharges
150
100
50
0
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Data is for Calendar Years (First year of each label)
Moray performance
Scotland rate

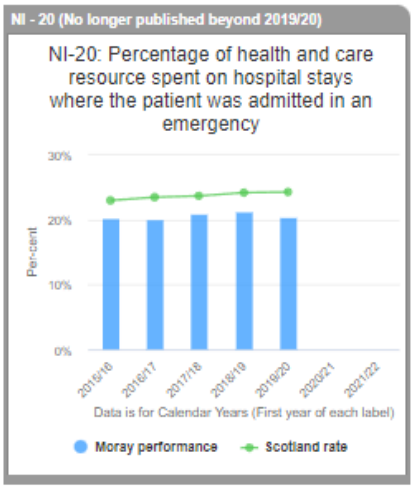

NI - 15
NI-15: Proportion of last 6 months of life spent at home or in a community setting
Per-cent
95%
90%
85%
80%
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Data is for Calendar Years (First year of each label)
Moray performance
Scotland rate


NI - 16
NI-16: Falls per 1,000 population aged 65+
Per 1,000 population
30
20
10
0
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Data is for Calendar Years (First year of each label)
Moray performance
Scotland rate


NI - 17
NI-17: Proportion of care services graded 'GOOD' or better
Per-cent
100%
75%
50%
25%
0%
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate


NI - 18
NI-18: Percentage of adults with intensive care needs receiving care at home
Per-cent
100%
75%
50%
25%
0%
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
Data is for Calendar Years (First year of each label)
Moray performance
Scotland rate


NI - 19
NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
Number of Days
1500
1000
500
0
2014/15
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Moray performance
Scotland rate


NI - 20 (No longer published beyond 2019/20)
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
Per-cent
30%
20%
10%
0%
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22
Data is for Calendar Years (First year of each label)
Moray performance
Scotland rate

Appendix C: National Health and Wellbeing Outcomes

The nine National Health and Wellbeing Outcomes provide the foundation for the Moray Strategic Plan. The outcomes are high level statements by the Scottish Government setting out what health and social care partners are attempting to achieve through integration and how improvements can be made for people. The outcomes framework below has been used to report progress in Moray.

	Outcome	What people can expect
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	• I am supported to look after my own health and wellbeing • I am able to live a healthy life for as long as possible • I am able to access information
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.	• I am able to live as independently as possible for as long as I wish • Community based services are available to me • I can engage and participate in my community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	• I have my privacy respected • I have positive experiences of services • I feel that my views are listened to • I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together • Services and support are reliable and respond to what I say
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	• I'm supported to do the things that matter most to me • Services and support help me to reduce the symptoms that I am concerned about • I feel that the services I am using are continuously improving • The services I use improve my quality of life Health and social care services contribute to reducing health inequalities
5	Health and social care services contribute to reducing health inequalities.	• My local community gets the support and information it needs to be a safe and healthy place to be

	Outcome	What people can expect
		• Support and services are available to me • My individual circumstances are taken into account
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.	• I feel I get the support I need to keep on with my caring role for as long as I want to do that • I am happy with the quality of my life and the life of the person I care for • I can look after my own health and wellbeing
7	People using health and social care services are safe from harm	• I feel safe and am protected from abuse and harm • Support and services I use protect me from harm • My choices are respected in making decisions about keeping me 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. decisions	• I feel that the outcomes that matter to me are taken account of in my work • I feel that I get the support and resources I need to do my job well • I feel my views are taken into account in decisions
9	Resources are used effectively and efficiently in the provision of health and social care services.	• I feel resources are used appropriately • Services and support are available to me when I need them • The right care for me is delivered at the right time

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 NOVEMBER 2022**

SUBJECT: **HEALTH AND SOCIAL CARE MORAY ANNUAL COMPLAINTS REPORT 2021/22**

BY: **CORPORATE MANAGER, HSCM**

1. REASON FOR REPORT

1.1. To provide the Board with the Health and Social Care Moray (HSCM) Annual Complaints Report for 2021/22.

2. RECOMMENDATION

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

i) consider and note the contents of the annual report; and

ii) approve the annual report for publication on the HSCM website

3. BACKGROUND

3.1. The first Health and Social Care Moray (HSCM) Annual Complaints Report (2020/21) was published at the end of September 2021 and can be found on the HSCM website https://hscmoray.co.uk/complaints.html

3.2. The annual report summarises and builds on the quarterly reports produced for Clinical and Care Governance Committee. It includes details of the numbers and types of complaints and information about the stage at which complaints were resolved, the time taken to do so, and about the actions that have been or will be taken to improve services as a result of complaints.

3.3. A report to the Clinical and Care Governance Committee in August 2022 provided information on the agreed Complaints Key Performance Indicators for the Model Complaints Handling Procedures for Local Authorities (LA), which were published in March 2022 on the SPSO website (this includes Health and Social Work Partnerships, in relation to social work functions delegated from LAs). The Committee also received information detailing the 9 NHS performance indicators.

3.4. The NHS Grampian Annual Complaints report provides information on all complaints, concerns, comments and feedback recorded on Datix, this includes

any recorded under HSCM. The Annual Complaints Report produced by the Council includes all council related complaints recorded on lagan, this includes any Council related services under HSCM.

3.5. The SPSO have advised to ensure there is no double reporting of figures but it should be made clear where partnerships' complaints performance information is published.

3.6. Given the importance HSCM places on receiving comments and feedback to use to continuously improve services, the experience and satisfaction of people along with their families and carers the Clinical and Care Governance Committee agreed, at their meeting on 25 August 2022 (para 6 refers) to continue to publish annual complaints performance information to demonstrate HSCM's commitment to valuing complaints.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The Clinical and Care Governance Committee noted the contents of the Draft Annual Complaints report at their meeting on 27 October 2022 (para 10 of the minute refers) and agreed to submit the draft annual report to this Board meeting for approval prior to publication.

4.2. The information from complaints from April 2021 to March 2022 has been collated and presented following the LA KPIs and NHS Performance Indicators. The draft HSCM Annual Complaints Report for 2021/22 is attached at **Appendix 1**.

4.3. Prior to publication, the annual report will include links to the Council's and NHSG's Annual Complaints Performance Reports, which are expected to be available in November and December, respectively. The HSCM Annual Complaints report provides supplementary information specific to Health and Social Care Moray.

4.4. There have been no complaints received relating to the dissatisfaction with the MIJB's policies, decisions or administrative or decision-making processes followed by the MIJB. The MIJB's definition of a complaint is: "*An expression of dissatisfaction by one or more members of the public about the MIJB's action or lack of action, or about the standard of service the MIJB has provided in fulfilling its statutory responsibilities.*"

4.5. There was a drop in the number of complaints received during 2020/21, as detailed in the report, which is likely due to the Covid-19 pandemic; in 2020 there were many services that were suspended and many others where service delivery was altered in some way to accommodate the requirements for social distancing.

5. SUMMARY OF IMPLICATIONS

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

As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities.

(b) Policy and Legal
Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications
None directly associated with this report.

(d) Risk Implications and Mitigation
There are systems and processes in place across service areas to support clinical governance, providing assurance to the HSCM Senior Leadership Team and to the Clinical and Care Governance Committee. There are platforms within Health and Social Care to discuss and share good practice, learning and challenges.

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

(e) Staffing Implications
This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

(f) Property
None directly arising from this report.

(g) Equalities/Socio Economic Impact
Not required as there are no changes to policy.

(h) Climate Change and Biodiversity Impacts
None directly arising from this report.

(i) Directions
None directly arising from this report.

(j) Consultations
Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- Corporate Manager

- Tracey Sutherland, Committee Services Officer, Moray Council
- Clinical and Care Governance Group

6. CONCLUSION

6.1. The governance and monitoring of complaints forms part of core business for teams and services and provision of a good quality, effective and safe service is a key priority for all staff. Monitoring and learning from all feedback is an ongoing process.

Author of Report: Isla Whyte, Interim Support Manager
Background Papers: with author
Ref:

Annual Report on

Complaints 2021 – 2022

01/04/21 – 31/03/22

Table of Contents

INTRODUCTION 3

BACKGROUND 4

COMPLAINTS HANDLING 5

KEY PERFORMANCE INDICATORS 6

WHAT IS INCLUDED 8

SUMMARY 8

LEARNING FROM COMPLAINTS 9

COMPLAINT PROCESS AND EXPERIENCE 14

INDICATOR 1 16

INDICATOR 2 18

INDICATOR 3 18

INDICATOR 4 19

DRAFT

Introduction

This Complaints Handling Annual Report summaries Health and Social Care Moray's (HSCM) performance in terms of handling complaints during 1 April 2021 and 31 March 2022.

Within HSCM, complaints received by NHS Grampian (NHSG) and Moray Council (the Council) are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.

The NHSG Annual Complaints report provides information on all complaints, concerns, comments and feedback recorded on Datix (electronic risk management information system), this includes any recorded under HSCM.

The Annual Complaints Report produced by the Council includes all council related complaints recorded on Lagan (communication management system), this includes any Council related services under HSCM.

Datix is used by NHSG and is therefore accessed by NHS employed staff, Lagan is used by the Council and is used by Council employed staff.

Links to these annual reports can be found here: (TO BE ADDED ONCE AVAILABLE)

Given the importance HSCM places on receiving comments and feedback to use to continuously improve services the Moray Integration Joint Board (MIJB) have committed to continue to publish annual complaints performance information to demonstrate HSCM's commitment to valuing complaints.

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Background

The original Model Complaints Handling Procedures (MCHPs) were first developed by the SPSO in collaboration with complaints handlers and key stakeholders from each sector and were published in 2012. The MCHPs were produced taking account of the Crerar and Sinclair reports that sought to improve the way complaints are handled in the public sector, and within the framework of the SPSO's Guidance on a MCHP.

The MCHPs also reflect the SPSO Statement of Complaint Handling Principles approved by the Scottish Parliament in January 2011. Following recommendations from the Scottish Government's social work complaints working group in 2013, a separate MCHP for social work was developed. The 'Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016' (the Order) brought social work complaint handling under the remit of the SPSO Act and subsequently the separate documents for Local Authorities (LA) and Social Work sectors were combined into a single document, the LA MCHP.

The SPSO revised and reissued all the MCHPs (except the NHS) in 2020 under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January 2020 to give public sector organisations time to implement any changes by April 2021.

The revised Local Authority MCHP, published 2020, applies to social work complaints, whether they are handled by local authority or health and social care partnership (HSCP) staff.

The NHS was the last public sector to adopt the MCHP on 1 April 2017 and it has not yet been revised since it was first published.

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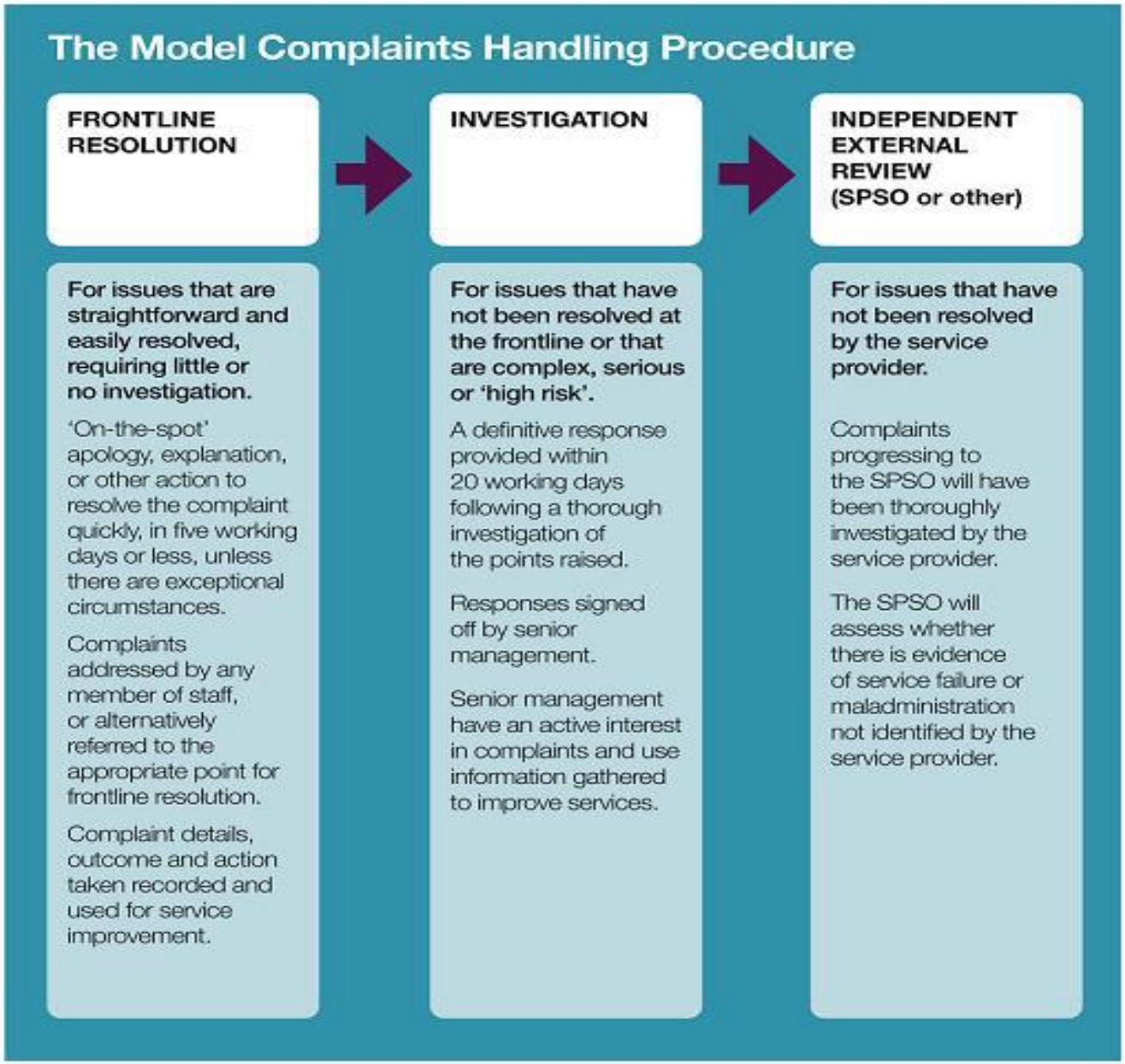
Complaints Handling

There is a standard approach to handling complaints across the NHS and Local Authority, which complies with the SPSO's guidance on a model complaints handling procedure and meets all of the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

The complaints process followed by both NHSG and the Council have the same target response timescales. Early resolution, or front line, complaints will be responded to within 5 working days and complaints handled at the investigation stage have a response time of 20 working days. Where it is not possible to complete the investigation within 20 working days an interim response should be provided with an indication of when the final response should be provided.

The decision as to whether the complaint is upheld or not will be made by the manager or Head of Service. If the person raising the complaint is not satisfied with the outcome then they many contact the Scottish Public Services Ombudsman (SPSO) for an independent review and assessment, however prior to this, every effort is made to engage with the complainant to resolve the matter to their satisfaction.



The governance and monitoring of complaints forms part of core business for teams and services and the provision of a good quality, effective and safe service is a key priority for all.

Key Performance Indicators

Performance Indicators are measures and targets that help assess and demonstrate how functions are carried out.

In March 2022 the agreed Complaints Key Performance Indicators (KPIs) for the Model Complaints Handling Procedures for Local Authorities (LA) were published on the SPSO website. There are four mandatory KPIs for LAs (this includes Health and Social Work Partnerships, in relation to social work functions delegated from LAs). These are:

Indicator One	**The total number of complaints received** *The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.*
Indicator Two	**The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days** *The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full*
Indicator Three	**The average time in working days for a full response to complaints at each stage** *The average time in working days to respond at stage 1, stage 2 and after escalation*
Indicator Four	**The outcome of complaints at each stage** *The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation*

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The qualitative indicator on learning from complaints was part of the published draft indicators but has now been removed. However, Part 4 of the SPSO Model Complaints Handling Procedure on Governance stresses the importance of learning from complaints, and the requirements to record and publicise learning.

With regard to Indicator Four the updated MCHP has provided a definition of "resolving" a complaint. "*A complaint is resolved when both the organisation and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not*". This focusses efforts to, wherever possible and appropriate, resolving complaints to the service user's satisfaction. To do this it is necessary to identify and clarify what outcome the service user wants at the start of the process which maybe a change in process for some people currently involved with complaints. It will also change the number of categories of outcomes for complaints to:-

- Upheld
- Not upheld
- Partially upheld and
- Resolved

The above KPIs are applicable for data collected from 1 April 2022.

Complaints about a service that is provided by HSCM on behalf of the NHS, require to be captured using the 9 NHS performance indicators. These are:

- Learning from complaints
- Complaint process experience
- Staff awareness and training
- The total number of complaints received
- Complaints closed at each stage
- Complaints upheld, partially upheld and not upheld
- Average time to close complaints at each stage
- Complaints closed in full within the timescales
- Number of cases where an extension is authorised

The data detailed in this report is based on the four KPIs detailed above and also includes information pertaining to some of 9 NHS performance indicators. For detail on staff awareness and training and the number of cases where an extension is authorised please refer to the NHS Grampian Annual Complaints report.

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There is a challenge for reporting of complaints for HSCM due to the fact that there is a need to use two recording systems which then requires collation and as the systems hold data in slightly different ways. This means that there are differences in how the information is reported for some of the indicators.

What is Included

This is HSCM's second published annual complaints performance report. It includes performance statistics, in line with the complaints performance indicators detailed for complaints received about community health and social care services under the direction of the Moray Integration Joint Board.

Any complaints received relating to the dissatisfaction with the MIJB's policies, decisions or administrative or decision-making processes followed by the MIJB will be reported, even if the number is nil. The MIJB's definition of a complaint is: "*An expression of dissatisfaction by one or more members of the public about the MIJB's action or lack of action, or about the standard of service the MIJB has provided in fulfilling its statutory responsibilities.*"

Information about complaints referred to the Ombudsman are also included.

Figures reported do not include complaints raised regarding the vaccination appointments or processes as these are being dealt with through a dedicated team covering the Grampian area.

Summary

Complaints provide valuable information that can be used to continuously improve services, the experiences and satisfaction of people along with their families and carers.

Our Model Complaints Handling Procedure reflects the partnership's commitment to serving the public by valuing complaints.

It seeks to resolve issues through local, early resolution and, where necessary, to conduct thorough, impartial and fair investigations of complaints. This will enable us to address dissatisfaction and should prevent the problems that led to the complaint from occurring again.

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Learning from Complaints

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback. Complaints provide valuable information which can be used to continuously improve services, the experience and satisfaction of people along with their families and carers.

The tables 1a, 1b, 2 and graph 1 below set out the stages the complaints were closed and what the complaint was about and what action taken.

Table 1a

Complaints Information Extracted from Datix – Actions Taken/Stage (closed complaints)

	Early resolution	Investigation	Ombudsman	Total
Access - Improvements made to service access	1	4	0	5
Action plan(s) created and instigated	0	1	0	1
Communication - Improvements in communication staff-staff or staff-patient	2	21	1	24
Conduct issues addressed	2	1	0	3
Education/training of staff	1	7	0	8
No action required	4	22	2	28
Risk issues identified and passed on	0	1	0	1
System - Changes to systems	0	1	0	1
Share lessons with staff/patient/public	1	6	0	7
Waiting - Review of waiting times	0	2	0	2
Total	11	68	3	80*

**Figure more than total number of closed complaints as there could be multiple actions taken for each complaint*

Table 1b

Complaints Information Extracted from Lagan – reason for complaint (closed complaints)

	Early resolution	Investigation	Total
Complaint against service assessment	3	1	4
Complaint against staff	5	3	8
Other	1	0	1
Process / Procedure	8	0	8
Total	17	4	21

The governance and monitoring of complaints forms part of core business for teams and services and the provision of a good quality, effective and safe service is a key priority for all.

Noted below are some actions arising from the review of complaints received during the last financial year (data extracted from Lagan).

Additional training and support has been made available to teams around communicating with those using services with a focus on having positive and supportive discussions with clients and their families.

Referral processes have been reviewed.

Processes for communicating changes to care packages reviewed.

Consideration and review of processes for recording decisions.

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Table 2

Complaints Information Extracted from Datix – Actions Taken by Service (closed complaints)

	Allied Health Professionals	Community Hospital Nursing	Community Nursing	General Ophthalmic Services	GMED	Mental Health - Adult Mental Health	Primary Care Contracts Team	Public Dental Service	Public Health	No value	Total
Access - Improvements made to service access	0	0	0	0	2	2	1	0	0	0	5
Action plan(s) created and instigated	0	0	0	0	0	0	0	0	0	1	1
Communication - Improvements in communication staff-staff or staff-patient	1	1	4	3	12	2	0	0	0	1	24
Conduct issues addressed	0	0	2	0	1	0	0	0	0	0	3
Education/training of staff	0	0	4	0	3	0	0	0	0	1	8
No action required	1	2	4	0	11	8	0	0	1	1	28
Risk issues identified and passed on	0	0	0	0	1	0	0	0	0	0	1
System - Changes to systems	0	0	0	0	0	1	0	0	0	0	1
Share lessons with staff/patient/public	0	0	2	0	3	0	0	1	0	1	7
Waiting - Review of waiting times	0	0	0	0	1	0	1	0	0	0	2
Total	2	3	17	3	34	14	2	1	1	5**	80*

**Figure more than total number of closed complaints as there could be multiple actions taken for each complaint*

***no specific service recorded on datix system*

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Active review of complaints through reporting and investigation is a useful tool to identify learning and improve services. Below are some of the actions and learning from complaints closed between 01/04/2021 and 31/03/202 (data extracted from Datix).

Communication	GMED continues to work with stakeholders on patient pathways and professional to professional calls.
	Staff reminded of the importance of sharing information in a timely, appropriate and sensitive manner and acknowledging and responding to correspondence or information received.
	All members of staff have been reminded of the importance of clear and concise communication.
	First point of contact staff reminded that effective communication in a polite and respectful manner is required.
	Staff have been reminded to be mindful of language used when communicating with patients and their families to ensure no misunderstanding of information or intent is taken.
Record Keeping – paper held records and electronic	Learning for staff around dealing with sensitive documentation shared.
	Additional training given regarding contemporaneous paper held record keeping.
	Community Module IT issues escalated to senior management within the appropriate NHSG IT department.
Infection, Prevention and Control	Staff instructed to undertake further Infection, Prevention and Control training including donning and doffing.
System/Process change	A post-operative information sheet to be developed and implemented through the NHSG governance structures to supplement verbal information. This will include post-operative care, guidance and identifying who to contact for further information/support.
Education / training / share lessons learned	Regular Continuing Medical Education (CME) sessions are scheduled for the clinical team to ensure national clinical standards and guidelines are shared and reliably implemented within GMED for a specified condition. These are ongoing and aim to continuously ensure that patients receive evidence-based and consistent care.
	Guidance shared on how to access training programmes. This was especially pertinent to staff who are moving between health board areas.
	Staff were required to undertake additional training and carry out reflective practice. Additional supervision was implemented to support development.
	GMED Service Managers undertook a review of process of investigating complaints, in light of complaint response not meeting timescales.

DRAFT

Care Opinion is a site where anyone can share their experience of health or care services. The following stories relate to HSCM services and were published during this reporting period. For more stories that have been written about NHS Grampian, please visit Care Opinion https://www.careopinion.org.uk/services/sn9

I was an emergency admission to Acute Psychiatric Ward 4. Immediately, on admission, I was calmly re-assured by all Staff on Duty. throughout my recovery, the care I received was second to none.

My initial depressive and anxiety condition was quickly improved with the Professional, Compassionate and Kind treatment I received from every single member of Staff....

From Senior Nurses, Health Care Support Workers....Domestic Staff were also friendly when vital cleaning of each room was carried out !!!!

There is no doubt whatsoever, The entire Team in this ward have GREATLY contributed to my successful return to strong mental health with an added insight to " Behaviour Triggers" to warn me of early signs so no recurrence of this distressing condition, both for myself and my family, who were helped every step of the way on my recovery.

Recently I was not feeling too well around 6pm despite trying to treat myself, but I phoned NHS24 who must have been very busy as it was half an hour before I spoke to a call handler who passed my symptoms to the duty clinician.

The outcome was a 12 mile journey from my home to the Moray GDocs medical clinic at The Oaks Hospice in Elgin. I was seen by the duty Nurse Steven who was very thorough and reassuring throughout my visit for treatment.

Sincere thanks to all involved as my pain was relieved after being administered an NSAID injection by the empathetic Nurse Steven who also changed my dressings as well as checking out the site where surgery had taken place 10 days prior.

DRAFT

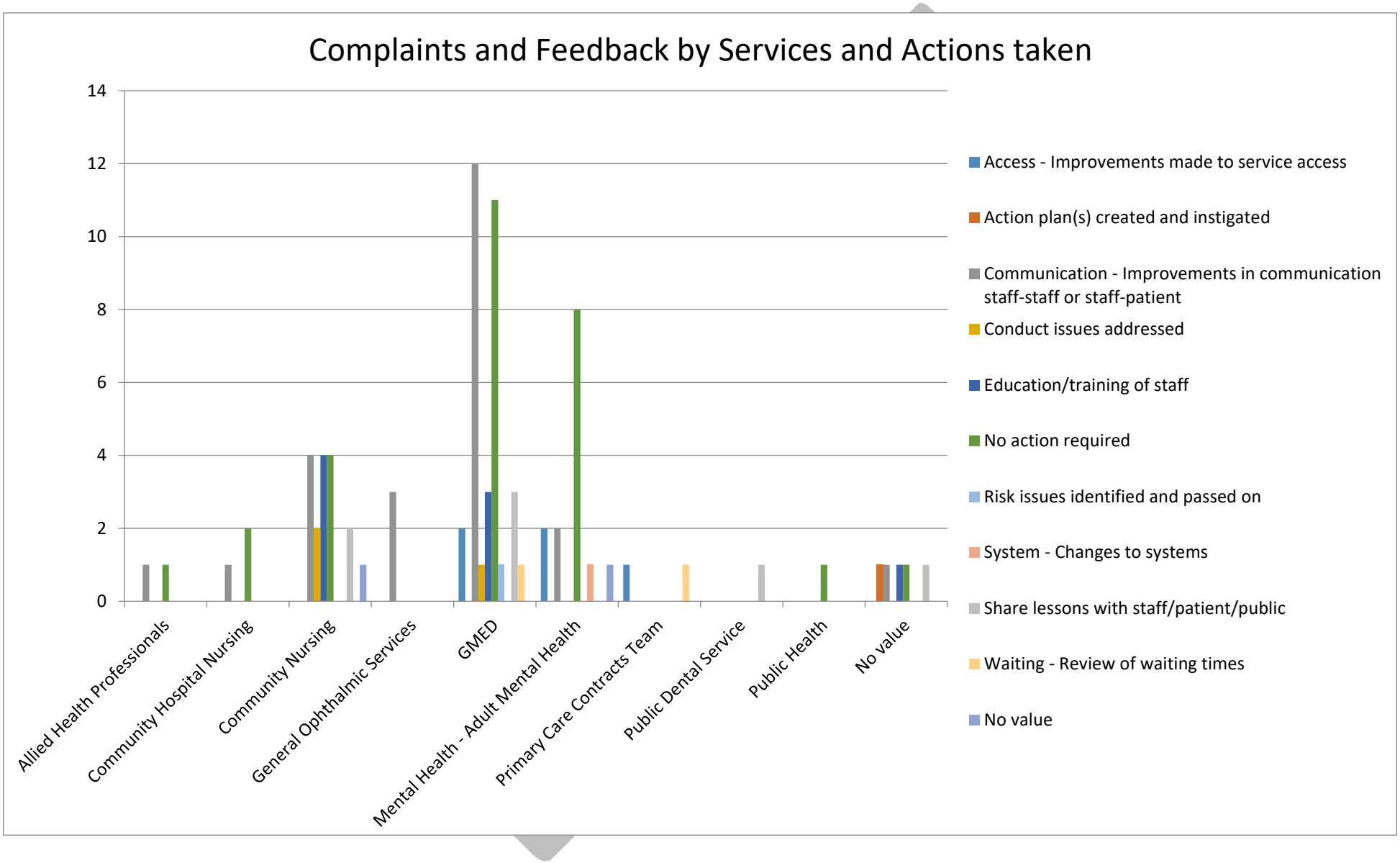
Complaint Process and Experience

NHS Grampian paused the experience survey during the pandemic and recommenced in the second quarter of this year. This survey is sent out to participants 2 months after their complaint was closed. Data is available from complainants whose complaint was closed in March 2022 onwards and will therefore be included in next year's HSCM Annual Complaints Report.

Moray Council issue a customer satisfaction survey to all complainants once their complaint is closed. In 2021/22, Moray Council issued 482 surveys and received 58 responses, giving a return rate of 12%. This is the lowest in recent years with 15% recorded in 2020/21 and 13% in 2019/20. Many of the customer satisfaction surveys are completed as anonymous, unless the customer chooses to insert their complaint reference, there is no way of knowing who the return survey is from or which service it was about. More information on this can be found in the Moray Council Complaints Performance Report.

DRAFT

Graph 1 Complaints Information Extracted from Datix – Action Taken by Service (closed complaints)



Indicator 1 - **The total number of complaints received**

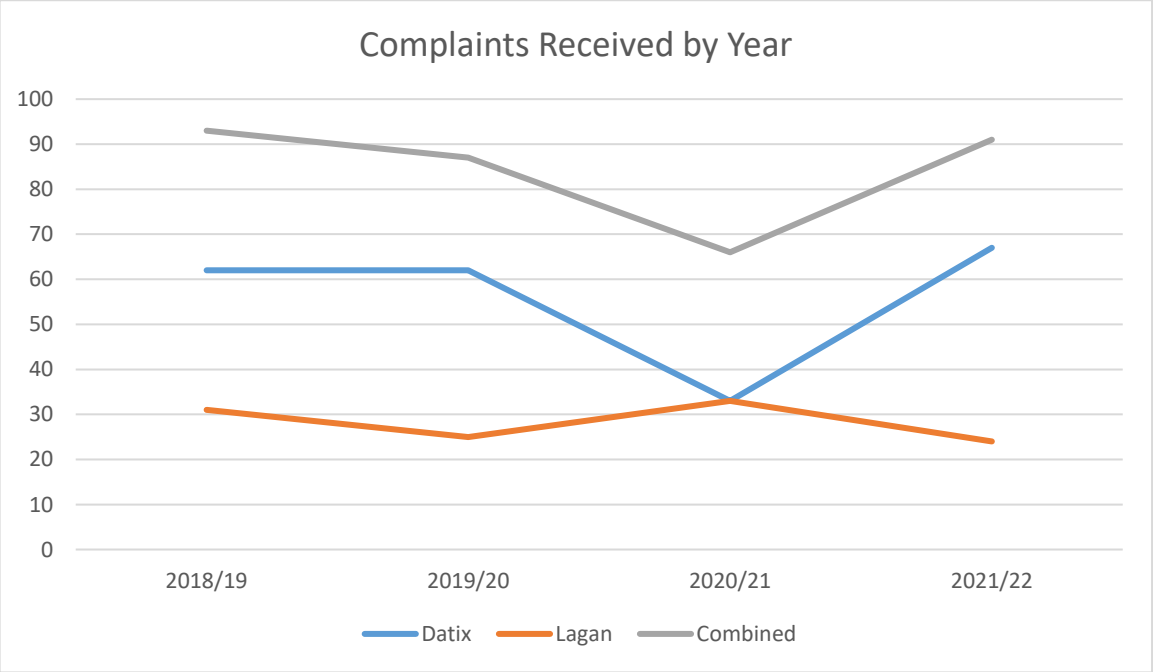
The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.

Table 3 – total number of complaints (received)

System recorded	Early Resolution / Frontline	Investigation	**Total**
NHS - Datix	9	58	67*
Moray Council - Lagan	20	4	24**
Total	29	62	**91**

**Note – 1 complaint received into Datix was closed as no consent was received and 1 complaint was withdrawn – these are not included in Table 4 figures below*
***Note - 2 complaints received into Lagan were cancelled – these are included in Table 4 figures below*

Graph 2 - Complaints Received by Year



Datix – Complaints Received by Year:

Year	Total
2018/19	62
2019/20	62
2020/21	33
2021/22	67

Lagan - Complaints Received by Year:

Year	Total
2018/19	31
2019/20	25
2020/21	33
2021/22	24

There was a drop in the number of complaints NHS received during 2020/21, for health services, which is likely due to the Covid-19 pandemic; in 2020 there were many services that were suspended and many others where service delivery was altered in some way to accommodate the requirements for social distancing.

Table 4 – combined data from Datix and Lagan (complaints received) for 2021/22

	Early resolution	Investigation	Ombudsman	Total
Allied Health Professionals	0	2	0	2
Community Hospital Nursing	1	0	0	1
Community Nursing	2	10	1	13
General Ophthalmic Services	0	3	0	3
GMED	3	22	0	25
Mental Health - Adult Mental Health	2	14	1	17
Primary Care Contracts Team	0	1	0	1
Public Dental Service	1	0	0	1
Public Health	0	2	0	2
Access Team	1	0	0	1
Care at Home	6	2	0	8
Head of Service	4	1	0	5
Learning Disability	2	0	0	2
Mental Health	1	0	0	1
Moray East	1	0	1	2
Moray West	1	0	0	1
Occupational Therapy	4	0	0	4
Total	29	57	3	**89**

Indicator 2 - **The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days**

*The number of complaints **closed** in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full*

Table 5 – number and percentage of complaints at each stage closed within timescales

	Early Resolution/Frontline with timescale	Investigation within timescale
NHS - Datix	6 out of 8 (75%)	19 out of 54 (35%)
Moray Council - Lagan	8 out of 17 (47%)	1 out of 4 (25%)

Complaints received into HSCM are often multi-faceted and include more than one service which can impact on response times due to the level of investigation and coordination required.

During last year HSCM were not able to achieve the targets timescales for responding in all cases. This is a particular target area for improvement and work continues to identify obstacles preventing and opportunities to improve response times, raise awareness of the need to seek how to resolve matters to the complainants' satisfaction and to streamline processes.

Indicator 3 - **The average time in working days for a full response to complaints at each stage**

Table 6 – *average time in working days to respond*

	Early Resolution/ Frontline	Investigative
NHS - Datix	5 working days	44 working days
Moray Council - Lagan	14 working days	27 working days

DRAFT

Indicator 4 - **The outcome of complaints at each stage**

The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation

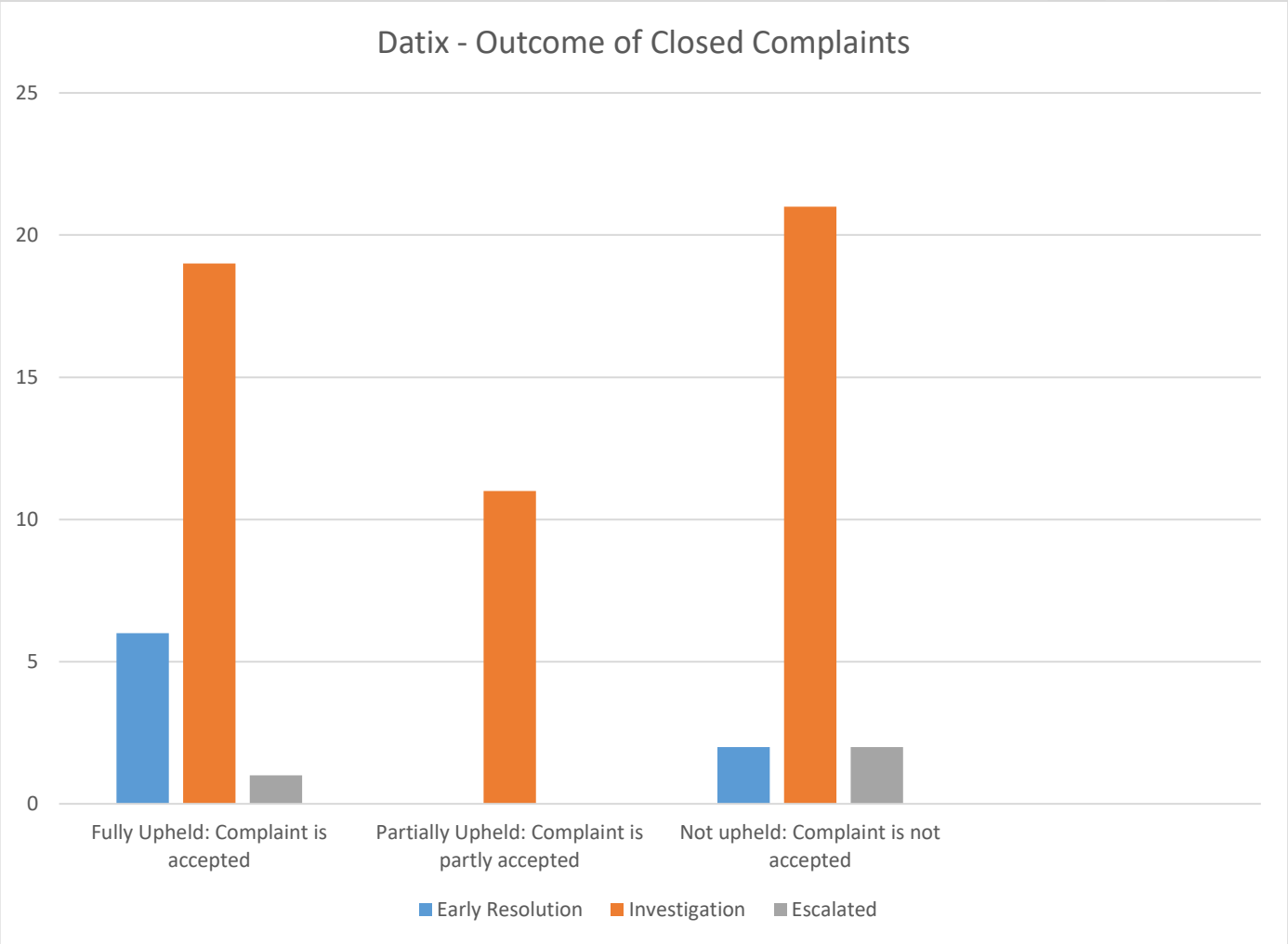
Table 7 – Stage 1 – Frontline / Investigative and Escalated (combined data from Lagan and Datix)

Service	Upheld	Partially Upheld	Not Upheld	Grand Total
Care at Home	1	3	2	6
Head of Service	0	3	2	5
Learning Disability	0	2	0	2
Mental Health	0	0	1	1
Moray East	0	1	1	2
Moray West	0	1	0	1
Occupational Therapy	1	1	2	4
Allied Health Professionals	1	0	1	2
Community Hospital Nursing	0	1	2	3
Community Nursing	7	1	2	10
Generic Ophthalmic Services	2	1	0	3
GMED	11	5	10	26
Adult Mental Health	3	2	8	13
Primary Care	1	0	1	2
Primary Care Contracts Team	0	1	0	1
Public Dental Service	1	0	0	1
Public Health	0	0	1	1
Total	28 (34%)	22 (26%)	33 (40%)	**83**

DRAFT

Graph 3 below shows the amount of complaints fully upheld, partially upheld and not upheld as recorded in Datix during 2021/22. Out of 66 closed complaints on the system 2 complaints were withdrawn by complainant, and 2 were closed as consent was not received.

From the remaining 62 complaints closed during 2021/22 **- approximately 42% were fully upheld, 18% were partially upheld and 40% were not upheld**

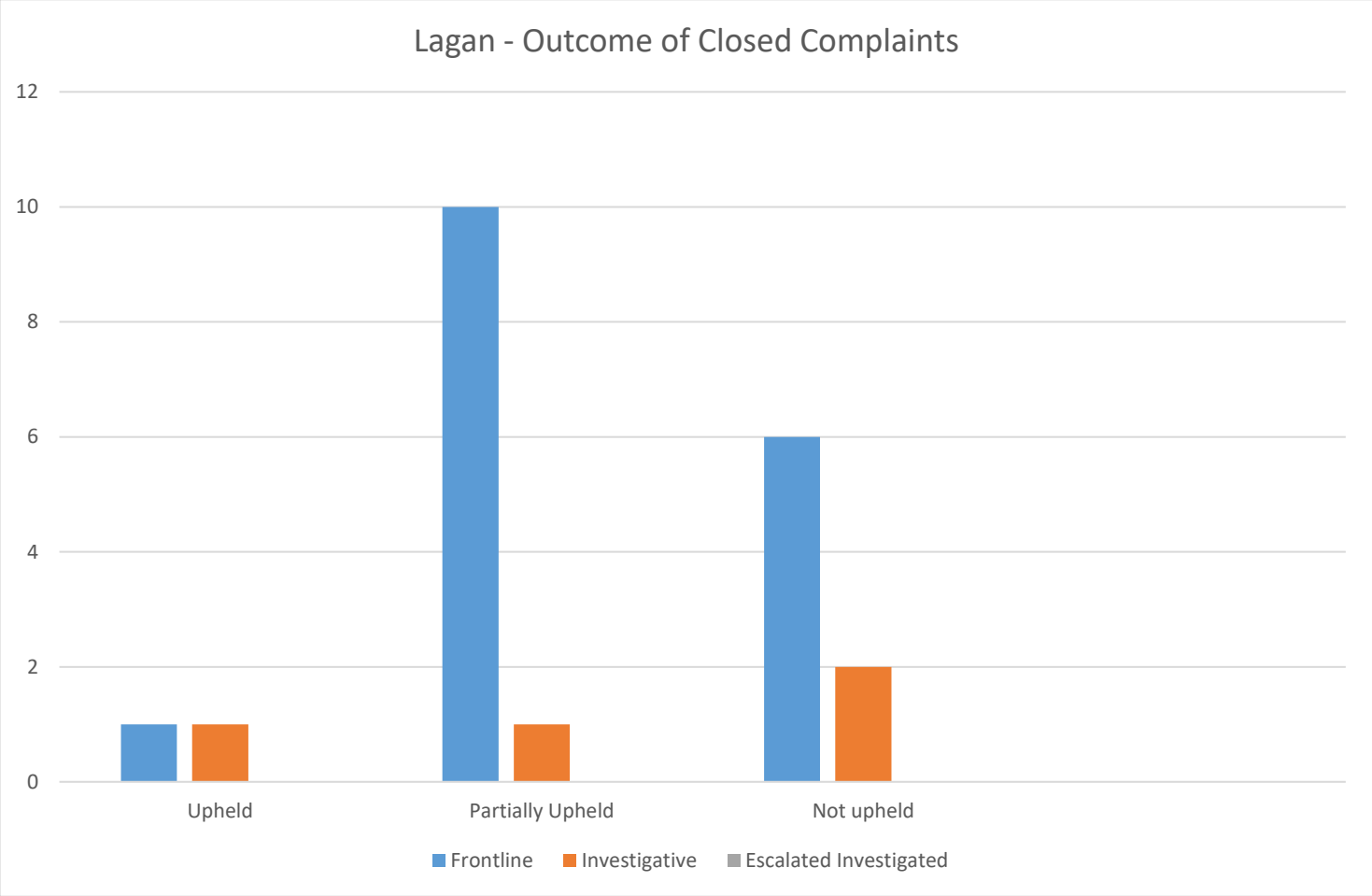


Complaints Information Extracted from Lagan:

21 complaints were closed during 2021/22: **10% were upheld, 52% were partially upheld and 38% were not upheld**

Graph 4 below shows the amount of complaints upheld, partially upheld and not upheld as recorded in Lagan from the **21 closed** complaints during 2021/22.

One complaint was escalated to the SPSO but was not upheld – this complaint is included in the Partially Upheld / Investigative column.



REPORT TO: **MORAY INTEGRATION JOINT BOARD COMMITTEE ON 24 NOVEMBER 2022**

SUBJECT: **CIVIL CONTINGENCIES - RESILIENCE STANDARDS PROGRESS**

BY: **CORPORATE MANAGER**

1. REASON FOR REPORT

1.1. To provide the Board with the first annual assurance report on the MIJB's resilience arrangements in fulfilling its duties as a Category 1 responder under the Civil Contingencies Act 2004.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and note the progress to date and note the risk highlighted in this report and the contents of this report alongside the HSCM Civil Contingencies Group Action Plan (APPENDIX 1).

3. BACKGROUND

3.1. In May 2016, Scottish Government Health Resilience Unit (SGHRU) published the NHS Scotland Standards for Organisational Resilience (the Standards): this was subsequently updated, revised and a second edition published in May 2018.

3.2. The stated purpose of the 41 Standards is to "support NHS Boards to enhance their resilience and have a shared purpose in relation to health and care services preparedness in the context of duties under the Civil Contingencies Act 2004".

3.3. Each Standard, of which there are 41, sets out:

- A statement of an expected level of resilience practice
- A rational/basis for the Standard (set within the context of statutory duties under the Civil Contingencies Act 2004 and other key legislation and guidance
- A series of indicators/measures of what should be in place, or achieved, within/by the Health Board.

3.4. An assurance report was submitted to this committee on 25 March 2021 providing an update on progress against NHS Grampian's Resilience Improvement Plan and

provided an overview of the work of the HSCM Civil Contingencies Group, para 9 of the minute refers.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. In January 2021, the Cabinet Secretary for Health and Sport wrote to confirm that the Scottish Government concluded that the results of consultation showed that there were no clear equality, operational or strategic planning barriers to progressing the proposal and legislating for the inclusion of Integration Joint Boards (IJBs) within the Civil Contingencies Act 2004 as Category 1 responders. The amendment was laid before the Scottish Parliament on Monday 18 January and approved, with legislation becoming effective from 18 March 2021.

4.2. The MIJB were provided with an outline of requirements arising from the inclusion of IJBs at Category 1 Responders under the Civil Contingencies (Scotland) Act 2004 on 25 November 2021 (para 19 refers).

4.3. Progress has been made in strengthening the links with partner organisations of NHS Grampian, Moray Council and the Local Resilience Partnership to ensure appropriate governance structures are in place and risk identification and mitigation measures and plans are aligned. Health and Social Care Moray (HSCM) are represented on NHS Grampian's Civil Contingencies Group, Local and Regional Resilience Partnerships and there is close working with the civil contingency lead and Emergency Planning officer in Moray Council. The civil contingency worksteam continues to increase, an oversight of the current governance framework is shown in **APPENDIX 1**.

4.4. The impact of the Covid-19 pandemic on civil contingencies and partnership working across HSCM, Moray Council and NHS Grampian has been unprecedented. The HSCM Civil Contingencies Group have continued to meet quarterly during the Covid-19 response and recovery phases to focus on key issues, identify training needs, monitor and manage risks and progress key actions.

4.5. Debriefs and lessons learned from Storm Arwen during November 2021 and Storm Malik and Corrie January 2022, continue to be discussed and implemented. The recommendations from the Scottish Government report, published 28 October 2022, will be incorporated into resilience planning, where appropriate, across the partnership.

4.6. Work continues to update the 'Surge Planning' across the Health and Social Care Partnership's (HSCP's) ensuring cross working to strengthen our resilience across the system. Much of this is co-ordinated through the Grampian Local Resilience Partnership (GLRP). The relationships with the other Health and Social Care Partnerships resilience teams and NHSG Civil Contingencies Unit, allows sharing of ideas, plans and support for debriefs.

4.7. The interim action plan (**Appendix 2**) is in place to support NHS Grampian's Resilience Improvement Plan, to close the gaps and address areas of improvement in Moray, with assurance processes around these. The plan, overseen by HSCM Civil Contingencies group on behalf of the Chief Officer, is linked to each Standard and self-assessment level against each Standard is

detailed. (Please see **Appendix 2** for criteria for scoring the self-assessment). This plan will be updated in 2023 against the revised Standards.

4.8. The following actions have been identified for 2022-23: these are predicated on the ongoing maintenance of actions already achieved, identified risks and continuance of the supporting resilience processes and practice in place across the health and social care system:

- Care for People – Strategic document to be finalised November 2022. Planning will allow for a Delivery Plan and group to support that work. A co-ordinator is employed by Moray Council to support community resilience and work with partners to refine the way in which vulnerable people are identified, to support better direct resources to them.
- Clarify roles and responsibilities for staff within HSCM and invocation of plans, both in hours and out of hours.
- Review existing service business impact analysis (BIA) and recovery plans to ensure they reflect new ways of working. A programme for supporting service managers to review and exercise plans is in place.
- Training gaps identified and action to address the gaps.
- Continue to work closely with partners to share information and learning with other responders to enhance coordination and efficiency in responses, with any gaps in preparedness identified and incorporate into the action plan.
- Persons at Risk Database (PARD) – data continues to be accessed via the Care First system to identify vulnerable people within social care. We are currently considering building resilience into the access and sharing of this data.

4.9. The Partnership are signed up to Page One, which is run by Police Scotland. It is the method of activating the GLRP. This was used during the storms of 2021/22.

4.10. NHS Grampian have been contacted by Audit Scotland to advise of their intention to carry out an audit of NHS Grampian's Business Continuity arrangements. Whilst responding to the pandemic HSCM had to suspend testing and exercising of plans, however it is planned that a revised schedule will be agreed.

4.11. The Partnership's Senior Managers on Call (SMOCs) continue with a 24/7 rota throughout the year. They are responsible for emergency response across HSCM. A review of these arrangements and training is planned to commence in November 2022.

4.12. Prior to March 2021, IJB's were reliant on NHS Board and Council specialist advisors for support. Currently HSCM is represented by the Corporate Manager on all matters involving Civil Contingencies. Unlike other partnerships, HSCM does not employ a subject matter expert on this topic and this has been highlighted and placed on the Strategic Risk Register, with a High rating.

Persons At Risk Database (PARD)

4.13 A letter has been submitted to the Scottish Government on behalf of the three HSCP's in Grampian, highlighting the information governance issues that prevent the sharing of health data to identify vulnerable people in the event of an incident. It is important to note that there is no actual database as the name suggests. All three partnerships have to accept that there is a risk meantime, that we are not

sighted on this data. It is understood that this situation is a common theme in many of the HSCP's across Scotland.

4.14. The implications of the increasing Civil Contingencies work on the Corporate Managers time is evidenced by **APPENDIX 1**.

4.15. Training and development will continue throughout 2022/23, to ensure the Partnership's emergency response plans, teams and partners are clear on their roles and how to execute these in the event of adverse events.

5. SUMMARY OF IMPLICATIONS

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

This report forms part of the governance arrangements of Moray Integration Joint Board; good governance arrangements will support the Board to fulfil its objectives.

(b) Policy and Legal

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the UK. Part 1 of the Act established a clear set of roles and responsibilities for specified organisations involved in emergency preparedness and response at local level (known as Category 1 responders). Moray Council and NHS Grampian are also Category 1 responders.

Sector resilience and preparedness is the responsibility of the Chief Officer. The Corporate Manager is responsible for acting as the point of contact for Moray and for driving forward all matters relating to civil contingencies and resilience within Moray, supported by HSCM Civil Contingencies Group and Moray Resilience Group.

(c) Financial implications

There are no financial implications associated with this report.

(d) Risk Implications and Mitigation

HSCM Civil Contingencies Risk Register is routinely monitored by the HSCM Civil Contingencies Group with actions and risks escalated to the system leadership group and senior management team as appropriate.

(e) Staffing Implications

There are no implications directly arising from this report.

(f) Property

There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed as there is no change to policy or procedure.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

None arising directly from this report.

(j) Consultations

Consultation on this report has taken place with the Chief Officer, Chief Financial Officer, Ross Ferguson, Emergency Planning officer, Moray Council, Isla Whyte, Interim Support Manager and Tracey Sutherland, Committee Services Officer, Moray Council, who are in agreement with the content of this report as regards their responsibilities.

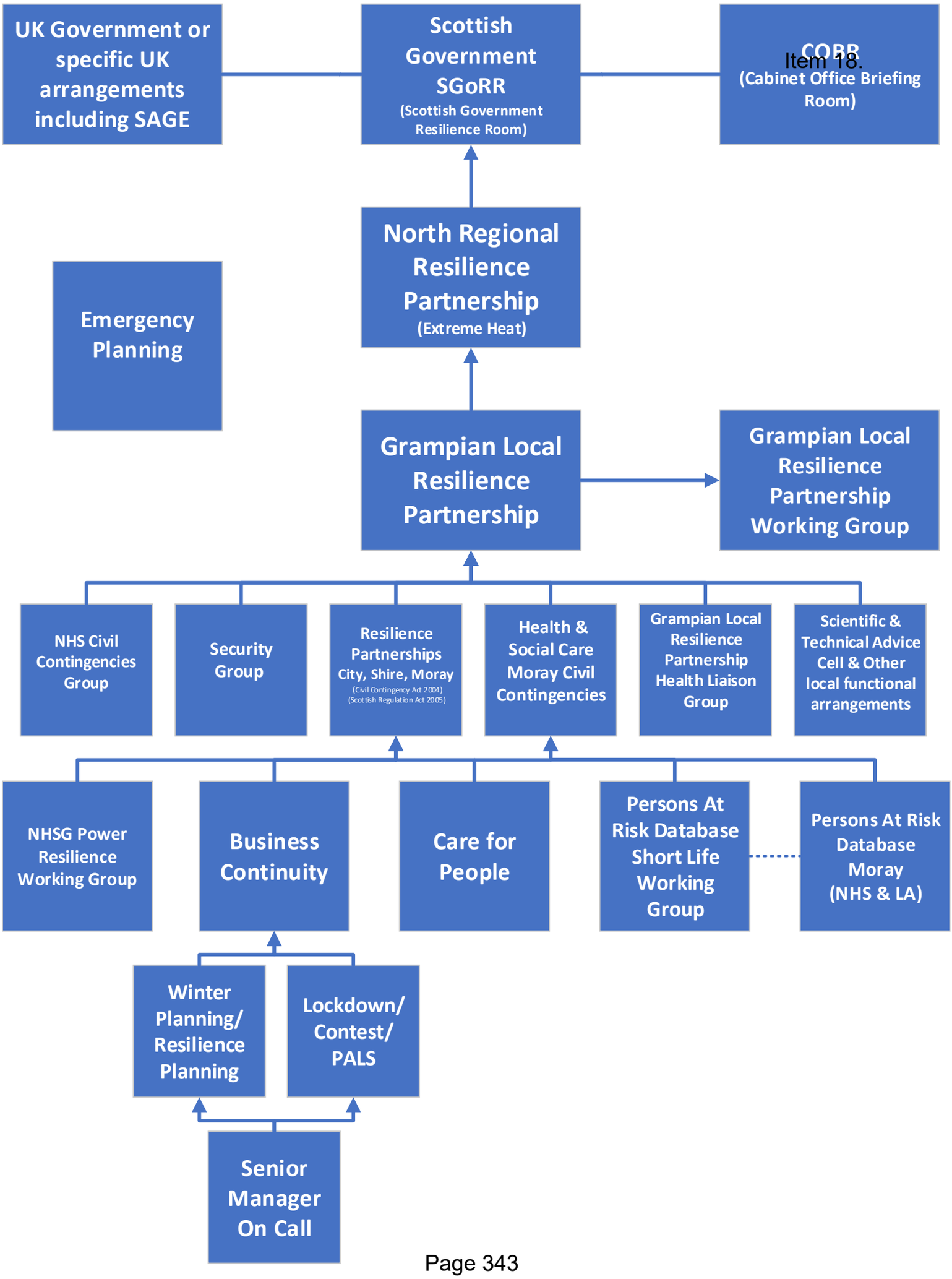
6. CONCLUSION

6.1 This report summarises the actions that are being progressed to ensure that HSCM meets the appropriate standards and establishes robust contingency arrangements to ensure critical functions can be maintained during disruptive incidents. Progress is being made but there are some areas that require urgent attention and these are being prioritised by senior management. Without dedicated resource, there is a risk to MIJB that it may not fulfil all of its statutory duties as a Category 1 responder under the Civil Contingencies Act 2004.

Author of Report: Sonya Duncan, Corporate Manager
Background Papers: with author

APPENDIX 1

Civil Contingencies Mapping Document for MHSCP



Moray Civil Contingencies Improvement Action Plan

APPENDIX 2

Last Updated: 07/11/22

To support the national standards

ID	Description	Linked to	Self Assess Level (see criteria on next page)	Requirement	RAG Status	Action Required	Evidence	Owner	Expected Completion Date	Completion Date	Progress update	Proposed revised completion date
2	Governance	Standard 2	2	Work plan in place to include training, review of plans, sector based exercising and participation in NHSG programme of exercising	A	Rolling programme of work to be reviewed and updated following COVID. SBAR sent to Chief Officer October 2022 and added to Risk Register	Annual work plan agreed and in place.	Interim Support Manager	~~31/10/2020~~ 31/3/2021		1/3/22 impacted due to covid - plans to be reviewed initially and plan for testing to be established for Sept 15/5/21 suspend exercising until after winter surge and covid response. Plan exercises for changes ways of working and impacts of flooding/power outages. 7/11/22 ongoing exercises as part of NHSG. Discussion with Head of NHSG CCU regards SMoC training. SBAR to CO regards lack of subject matter expert. No CCU Advisor in HSCM to deliver training	31-Mar-23
3	Business Continuity	Standard 7,8	2	a) HSCM to have up-to-date, effective Business Continuity (BC) / contingency plans for all prioritised services and functions. b) HSCM to have an overarching BC Plan with agreed list of critical functions/services.	G	Critical functions list agreed during COVID response. Overarching plan to be completed	A) Services have up to date plans in place b) Critical functions approved and overarching BC plan in place and agreed by Systems Leadership Group (SLG)	a) Service Managers and Commissioning manager b) Corporate Manager	11-Nov-22	07-Nov-22	a) plan agreed for implementation to review current status and update/complete plans by end Sept. 7/11/22 - critical functions revisited as part of Industrial Action planning. b) no longer required , agreed to follow NHS Grampian Business Continuity Management as per discussion with NHSG CCA (7/11/22)	30/03/23 30/09/23
4	Specific needs of Children in MI & BC planning	Standard 10	2	The specific needs of children and young people to be addressed in all relevant Major Incident and Business Continuity plans, and ensure that its responses / interventions are sensitive to their needs	A	Sectors to develop model for engagement of Children's social work services in Resilience Groups	Engagement of Children's social work services in resilience planning	Systems Leadership Group	31-Dec-22	31-Mar-23	To be taken forward through the care for people team next meeting April 2022 7/11/22 Children's services not yet formal adopted by IJB. Care for People will specifically consider the needs of children and ensure all volunteers have PVG checks.	31-Mar-24
7	Pandemic Influenza	Standard 16	2	NHS Board shall develop and review its Pandemic Influenza Plan jointly with local partnerships and RRP, and seek their endorsement. A joint multi-agency plan shall be developed, if one does not already exist.	A	Review of documents and updating where necessary. Completion and sign off	MID/Pandemic Flu response plan detailing integrated health system response to MID/Pan Flu, and setting out links to RP response	HSCM Civil Contingencies Group	31-Mar-23		To be taken forward with NHSG and LRP Health liaison group. Date to be advised. 7/11/22 currently waiting for pandemic enquiry response, other policies/documents likely to follow to inform the new proposed documents - discussed with NHSG CCU Lead.	annual
8	Pandemic Influenza	Standard 17	2	Link with NHSG Board in exercising Pandemic Flu plan every 3 years	G	Grampian wide health and social care system pandemic table top exercise.	Exercise documentation and records of attendees. Post exercise report with lessons learned.	HSCM Civil Contingencies Group	30-Sep-22	31-Mar-23	Linked to number 7 above. 7/11/22 Pandemic response supersedes all exercise plans and will be reviewed by NHSG and all partnership agencies. Local lessons learned have been identified and	31-Mar-23
10	Information Security and ICT Resilience	Standard 31	2	BIA/Recovery plans reviewed for IT and Communications	A	Review and update list of critical ICT requirements following changes to working practices as a result of COVID and advise NHSG EHealth and Moray Council accordingly.	BIAs updated and held centrally. Critical functions list agreed. NHS eHealth and Moray Council informed of requirements.	HSCM Civil Contingencies Group	31-Jan-23		All staff supplied with appropriate IT during the pandemic response. Ongoing work under Smarter Working programmes across services, considering IT security, access etc. All services continue to update BIA's accordingly. Debrief to be arranged following Adastra cyber attack. Ongoing work for Comms as part of power outage preparations.	

11	Supply Chain Resilience	Standard 39	2	BIA/Recovery plans reviewed for suppliers	A	Define list of critical suppliers and ensure risk assessment mitigation measures are in place. NHSG Board to be informed.	BIAs updated and held centrally. Critical functions list agreed. Risk assessment completed with actions to mitigate detailed.	NHSG and Moray Council	31-Dec-22		This is addressed by the partner organisations of HSCM and NHS Grampian. Fuel and utilities are managed by NHSG. Fuel shortages are planned with NHSG. Fuel outages are managed by NHSG Estates. Care Homes have individual resilience plans and commissioning and the oversight team have sight of these.	
12	(Surge) Winter Plan	Standard 18	4	Sectors shall have robust Winter Plans and implement a range of actions to enhance resilience during winter period.	G	Review and update plan - short term working group to be established.	Winter plan in place and action plan in place. Part of Grampian's year-round planning cycle and participation in joint planning, table top exercises and debrief exercises.	Systems Leadership Group	31-Mar-23	30-Nov-22	1/3/22 in place and operational. Further development to integrated to BC arrangements to be undertaken Dec 2021 - winter plan in place and agreed by SMT 25/8/21 GOPES is being developed for Grampian operational system pressures identification. Surge/Winter plans revisited 9/11/22. Submitted to IJB 24/11/22. Plans also inclusive on possible power shortages and Staff Industrial Action. SLWG to be established April 2023	30-Apr-22
13	Major Incident /Resilience Plans	Standard 9	2	NHS Board shall have Major Incident or resilience plans that reflect its emergency preparedness. Sectors to sign off plan. Through HSCP, GP / Primary Care made aware of their role in the Major Incident Plan and expectations of them.	A	Take final NHS Board plan to SLG and HSCM CC Group for discussion and sign off.	Grampian plan signed off and partnership working with primary care in place.	Systems Leadership Group	31-Mar-23		NHS G plan currently being updated.	Annual
14	Training	Standard 12	1	Training gaps identified: - who needs to be trained and in what course / session	A	A locally delivered Civil Contingencies programme of training courses for HSCM managers and staff to be identified and implemented	NHSG Civil Contingencies Unit (CCU) training programme in place and dates communicated to SLG	Interim Support Manager	31-Mar-23		1/3/22 learning to come from debriefs - list of mandatory and desirable training identified. Plan to address any identified gaps to be developed 25/8/21 training needs analysis to be defined and implemented to identify where gaps in skills/knowledge are and to define training plan to address gaps 7/11/22 as Category 1 responders HSCM has responsibility to provide training for all staff as required. HSCM does not have a CCU Advisor and we are currently reliant on the services of NHSG and Moray Council supporting us in this task. We currently access training on Turas and any available format from both partner organisations.	ongoing
15	Care for People	Standard 38	1	Establishment of the care for people plan and supporting framework for implementation, including clarification of roles and responsibilities for partner agencies		Using revised C for P plan from Aberdeen City as basis update for Moray, communicate widely across partnership. Resurrect regular Care for People meetings	Up to date Care for People plan in place, mechanism for identification of people at risk of harm in place, Care for people team meetings taking place regularly and plans exercised	Head of Service / CSWO	31-Mar-23		1/3/22 Corporate Manager and Emergency Planning officer MC to arrange meeting for April 2022 to review draft TOR and actions from debriefs 10/10/21 care for people team TOR to be reviewed. To be led jointly by MC and HSCM. 14/9/21 meeting of Care for People team scheduled 6 October 2021. Draft Care for People plan being prepared from Aberdeen City updated version Initial meeting was held in July and draft plan to be developed to incorporate comments made 11/11/22 - Care for People Strategic document agreed. Delivery Group to be initiated.	31-Mar-24

16	Category 1 Responder / Organisational Resilience	Standard 5, 13	2	Civil Contingencies- Report to Discharge duties of Cat 1 Responder to CO Actively participate in Local and Regional Resilience Partnerships. Programme in place to assess, mitigate or manage resilience risks.	A	IJBs included within the Civil Contingencies Act 2004 as Category 1 responders, effective 18 March 2021. Report to IJB 24/11/22 to highlight the risk to the IJB not delivering its full responsibility without subject matter expert.	Managers are participating in the appropriate forums and working closely with colleagues in the LRP, Moray Council and NHS Grampian to ensure that necessary communication channels and protocols are in place for response action and that plans are in place, and exercised collaboratively. Where any gaps in preparedness are identified they will be incorporated into the action plan.	Moray Integrated Joint Board	ongoing		1/3/22 Work to clarify roles and responsibilities underway. Organisational Change Steering group met Feb 2022 with follow up in April 2022 regarding role and escalation for SMOC 12/12/21 Report regarding responsibilities for CO under civil contingencies submitted to IJB in November 2021 7/11/22 All HSCM staff have access to training via partners learning platforms i.e. Turas. Also access to partners training as and when offered. Discussions ongoing about Moray specific training supported by NHSG CCU team. Costs to be agreed.	01/06/2022 Complete ongoing

NHSS STANDARDS FOR ORGANISATIONAL RESILIENCE

ASSESSMENT & IMPROVEMENT PLAN – BENCHMARKING CRITERIA

PLANNING (1)	IMPLEMENTING (2)	MONITORING (3)	REVIEWING (4)
Level 1 - Planning	**Level 2 - Implementing**	**Level 3 - Monitoring**	**Level 4 - Reviewing**
Benchmarking against 'action' undertaken and analysed	Resilience Committee / Resilience Exec Lead tasked to progress 'action'	Action' implemented consistently and geographically across Health Board	Action' has been mainstreamed into existing services
Planning arrangements have been initiated	Implementation plan and methodology agreed	Agreed process in place and being reviewed over time	Quality assurance and performance management established to review 'action' on an on-going basis
local improvement plan to meet standards developed and forms integral part of Health Board's Resilience Committee's work plan	Collating appropriate information to monitor delivery of 'action'	Associated learning and improvement planning in place to ensure delivery of standard	
	Some evidence of 'action' being delivered		

1	Governance	Standard 3	4	Civil Contingencies Group (or equivalent) in place for each sector, and actively meeting	G
5	Command Control and Coordination - Major Incident / BC response	Standard 11	2	Control room arrangements agreed and tested.	A
6	Major Incident / BC Response - Control Room	Standard 11	2	Staff identified and trained: - Loggists - Control Room Manager	A
9	Governance	Standard 5	3	Sector risks to be recorded, monitored and escalated where necessary	G

	Terms of Reference agreed, meeting dates agreed. Reviewed annually - due in January 2021	HSCM Civil Contingencies Group	~~31/01/2021~~ 31/3/2021	
Training needs across HSCM to be identified ie loggist / control room lead / management in crisis. Documentation of command and control in HsCM produced for pandemic response - to	Documented roles and responsibilities. Incident Management Team identified. Control Room arrangements documented. List of staff trained held locally ie loggists	HSCM Civil Contingencies Group	18/12/2020 Dec 2020	18-Dec-20
Staff to be identified to attend training.	Central list of trained staff held. Training programme in place and communicated via SLG and HSCM Civil Contingencies Group	Interim Support Manager	31-Jan-21	completed 31/1/21
Risk Register to be presented to HSCM Civil Contingencies Group for comment, update and approval.	Risk Register in place and maintained with actions to mitigate risks in place. System in place to escalate those risks deemed High or Very High to SLG where necessary.	HSCM Civil Contingencies Group	ongoing	30-Jul-21

completed?	
15/5/21 advertised at workforce Forum to get volunteers. Very little response. **Add** lack of volunteers and therefore trained resource to risk register 30/7/21 Command and control arrangements in the pandemic	########
completed for existing staff need to develop to provide more resilience in our response teams	
30/7/21 put as standard agenda item	