



## Moray Integration Joint Board

Thursday, 24 June 2021

### To be held remotely in various locations

**NOTICE IS HEREBY GIVEN** that a Meeting of the **Moray Integration Joint Board** is to be held at **To be held remotely in various locations**, on **Thursday, 24 June 2021** at **13:30** to consider the business noted below.

### AGENDA

1. **Welcome and Apologies**
2. **Declaration of Member's Interests**
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6. **Chief Officer Report** 15 - 20
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# MORAY INTEGRATION JOINT BOARD

## MEMBERSHIP

Councillor Shona Morrison (Chair)

Mr Dennis Robertson (Vice-Chair)

Professor Siladitya Bhattacharya (Voting Member)

Professor Nicholas Fluck (Voting Member)

Mr Sandy Riddell (Voting Member)

Councillor Frank Brown (Voting Member)

Councillor Theresa Coull (Voting Member)

Councillor John Divers (Voting Member)

Professor Caroline Hiscox (Ex-Officio)

Mr Roddy Burns (Ex-Officio)

Ms Tracey Abdy (Non-Voting Member)

Mr Ivan Augustus (Non-Voting Member)

Mr Sean Coady (Non-Voting Member)

Ms Karen Donaldson (Non-Voting Member)

Jane Ewen (Non-Voting Member)

Mr Steven Lindsay (Non-Voting Member)

Mr Chris Littlejohn (Non-Voting Member)

Ms Jane Mackie (Non-Voting Member)

Dr Malcolm Metcalfe (Non-Voting Member)

Mrs Val Thatcher (Non-Voting Member)

Ms Heidi Tweedie (Non-Voting Member)

Dr Lewis Walker (Non-Voting Member)

Simon Bokor-Ingram (Non-Voting Member)

Mr Neil Strachan (Non-Voting Member)

Clerk Name:	Tracey Sutherland
Clerk Telephone:	07971 879268
Clerk Email:	tracey.sutherland@moray.gov.uk





## MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 27 May 2021

remote locations via video conference,

### **PRESENT**

Ms Tracey Abdy, Professor Siladitya Bhattacharya, Simon Bokor-Ingram, Ms Elidh Brown, Councillor Frank Brown, Mr Sean Coady, Councillor Theresa Coull, Councillor John Divers, Jane Ewen, Professor Nicholas Fluck, Mr Steven Lindsay, Ms Jane Mackie, Councillor Shona Morrison, Mr Sandy Riddell, Mr Dennis Robertson, Dr Lewis Walker

### **APOLOGIES**

Mr Ivan Augustus, Mr Roddy Burns, Ms Karen Donaldson, Professor Caroline Hiscox, Mr Chris Littlejohn, Dr Malcolm Metcalfe, Mr Neil Strachan, Mrs Val Thatcher

### **IN ATTENDANCE**

Also in attendance at the above meeting were the Moray Alcohol and Drugs Partnership Manager, Corporate Manager and Tracey Sutherland, Committee Services Officer.

#### **1. Chair of Meeting**

The meeting was chaired by Councillor Shona Morrison.

#### **2. Welcome and Apologies**

The Chair welcomed everyone to the meeting.

The Chair also noted that this would be Elidh Brown's last meeting of the IJB and the Board joined the Chair in thanking Elidh for her contributions over her time on the IJB.

It was noted that Heidi Tweedie would continue as the 3rd Sector rep on the Board.

### **3. Declaration of Member's Interests**

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

#### **4. Minute of Meeting of Moray Integration Joint Board on 25 March 2021**

The minute of the Meeting of Moray Integration Joint Board on 25 March 2021 was submitted and approved.

#### **5. Minute of Meeting of Moray Integration Joint Board on 29 April 2021**

The minute of the Special Meeting of Moray Integration Joint Board on 29 April 2021 was submitted and approved.

#### **6. Action Log of the Meeting of the Moray Integration Joint Board dated 25 March 2021**

The Chief Officer updated the Board on a change to the Action Log. An additional column has been added to provide an update on the action. It was further confirmed that completed actions would remain on the log for 1 cycle to provide an update to the Board.

Thereafter the Action Log of the meeting dated 25 March 2021 was discussed and updated accordingly.

### **7. Chief Officer Report**

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

The key work for the Partnership includes the implementation of Home First, Remobilisation post second wave of Covid-19, responding to the ongoing local covid transmission and budget control.

Mr Robertson asked whether there was any small pockets of the Community who were reluctant to come forward to receive the covid vaccines and also sought clarification in terms of the future for other vaccine programmes, was there confidence to be able to keep those staff who have been redeployed to the vaccine centre.

In response, the Chief Officer confirmed that work has been done on the cold spots in Moray with regards to the Covid-19 vaccines and the reasons why. He further added that the Vaccine teams have been carrying out work in those areas to increase the uptake. The Chief Officer confirmed that although the data was available he did not have it at hand but would circulate following the meeting.

Councillor Coull sought an update on the backlog of general practice appointments.

In response, Dr Walker confirmed that general practice is very busy at the moment. Work is beginning on re-starting the chronic disease management clinics. Patients are being prioritised initially and those with the most severe conditions are being called to appointments first.

Councillor Morrison asked whether any communications could be released regarding the upcoming deadline for the EU Resettlement Scheme, particularly reminding staff who may be eligible for the scheme.

In response, the Chief Officer confirmed that publicity would be included in staff newsletters.

Following further consideration, the Board agreed:

- i) to note the content of the report; and
- ii) that transforming services to meet aspirations of the MIJBs Strategic Plan remains a priority, with temporary focus on a narrow set of objectives being a necessity in response to the covid pandemic.

## **8. Clinical and Care Governance Committee Annual Assurance Report**

A report by the Chair of Clinical and Care Governance summarised the key matters considered and actioned by the Clinical and Care Governance Committee, under the revised governance arrangements, during the financial year 2020/21.

Following consideration the Board agreed to note the key points and assurances from the Committee outlined in section 4.

## **9. Audit Performance and Risk Committee Annual Assurance Report**

A report by the Chair of Audit, Performance and Risk Committee informed the Moray Integration Joint Board of a summary of matters considered and actioned during 2020/21 at the Audit, Performance and Risk Committee (AP&R).

Following consideration the Board agreed to note:

- i) the content of the report;
- ii) the External Audit Plan attached at Appendix 1; and
- iii) the Strategic Risk Register reviewed by AP&R Committee on 25 March 2021 attached at Appendix 2.

## **10. Premises Strategy Report**

A report by the Chief Officer informed the Board of the proposal to commit time and resource into developing a premises strategy that will support delivery of the Strategic Plan (Partners in Care) 2019-29 and recovery and remobilisation from Covid-19.

Following consideration the Board agreed to the proposal to complete a high level premises strategy.

## **11. Moray Alcohol and Drug Partnership Plans for 2021-22**

A report by the Moray Alcohol and Drugs Partnership Manager informed the Board of the plans of the Moray Alcohol and Drug Partnership (MADP) for 2021/22.

The Moray Alcohol and Drugs Partnership Manager gave an overview of the report and updated the Board on the Partnership to date.

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



**MEETING OF MORAY INTEGRATION JOINT BOARD**

**THURSDAY 27 MAY 2021**

**ACTION LOG**

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 24 JUNE 2021
1.	Action Log Dated 25 May 2020	MSG Improvement Action Plan – has not currently been prioritised, this will be taken forward through discussion at a MIJB development session	June 2021	Chief Officer	On agenda
2.	Revenue Budget Monitoring Quarter 2 for 2020/21	Report to be submitted to Audit, Performance and Risk Committee providing further detail regarding governance relating to other services that carry a joint liability in terms of budgetary responsibility.	June 2021	Chief Financial Officer and Chair of AP&R	Commentry included in budget report to APR 24/6/21 Separate report to be done
5.	Moray Mental Health Services	Full report on MHS to MIJB in 3 month's time.	Sept 2021	Jane Mackie	On schedule
6.	Home First Moray	A further report to be presented to the Board on progress of the project and also to include the questions raised by the Carers Representative	Sept 2021	Sean Coady	Report to CCG and APR committee this cycle with report to IJB thereafter

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 24 JUNE 2021
7.	Prescribing Budget Requirements 2021-22	The Acting Lead Pharmacist to be invited back to update the Board later in the year.	Sept 2021	Chief Officer	On schedule
8.	Outbased Care at Home	Update paper to be presented to the Board in 6 months	Sept 2021	Jane Mackie	On schedule
9.	Whistleblowing Standards	Implementation and organisation of training for third sector organisations	In progress	Corporate Manager and 3 <sup>rd</sup> Sector Rep	Verbal update (JN)
10	Chief Officer Report	Data on cold spot vaccination uptake in Moray to be provided to the Board	June 2021	Chief Officer	Cold spot mitigations included in CO report 24 June 2021
11	Chief Officer Report	Communications to be placed in staff newsletters to remind affected staff about the EU Resettlement deadline.	June 2021	Chief Officer	Completed



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

**Thursday, 25 February 2021**

**remote locations via video conference**

**PRESENT**

Mr Sandy Riddell, Cllr Frank Brown, Mr Ivan Augustus, Mr Simon Bokor-Ingram, Mrs Jane Mackie, Dr Malcolm Metcalfe, Mr Sean Coady, Mrs Jeanette Netherwood and Ms Sam Thomas

**APOLOGIES**

Ms Pauline Merchant and Mrs Jane Ewan

**IN ATTENDANCE**

Also in attendance at the above meeting was Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

**1. Chair of Meeting**

The meeting was chaired by Mr Riddell.

**2. Welcome and Apologies**

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

**3. Declaration of Member's Interests**

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

**4. Minute of Board Meeting dated 29 October 2020**

The Minute of the meeting dated 29 October 2020 was submitted for approval.

The Board agreed to approve the minute as submitted.

## **5. Action Log of Board Meeting dated 29 October 2020**

The Action Log of the meeting dated 29 October 2020 was discussed and updated accordingly at the meeting.

## **6. Clinical Governance Group Escalation Report**

A report by Sean Coady, Head of Service, informs the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 3 of 2020/21 (1 October up to 31 December 2020).

The Clinical Governance Group became the Clinical and Care Governance Group (CCG Group). The group is co-chaired by Ms Sam Thomas, Chief Nurse – Moray, and Mrs Jane Mackie, Head of Service/ CSWO.

An overview of papers that went through CCG Group during quarter 3 are set out in the report, as are areas of achievement. There has been some delay in progressing some actions due to the ongoing response to the pandemic and focus on the COVID-19 Vaccination Programme.

Mr Coady assured the Committee that the Clinical Risk Management (CRM) Group continues to meet every two weeks to discuss adverse events, complaints and risks. The group comprises of senior management, clinical leads, chief nurse and relevant service managers/ consultants.

It was noted complaints relating to COVID-19 vaccination programme are being managed centrally. Moray specific information can be incorporated into the report for the next committee.

There has been one Level 1 review required during quarter 3. Although the report states it will be complete by the end of February 2021, Mr Coady confirmed it is now complete. As previously stated all Level 1 and 2 reviews are discussed and monitored at the fortnightly CRM meeting.

Dr Metcalfe, chair of the corporate CRM, is progressing work with colleagues for those complaints that transcend services i.e. primary and secondary care.

The group discussed complaints and assurance was given by Mr Coady that all complaints are monitored by CRM to ensure they are progressing accordingly. Complaints received into Datix 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.

From the data presented regarding adverse events, it shows a steady increase in 'near misses' by quarter. Ms Thomas advised this rise may be as a result of recent work with staff in relation to Datix reporting and encouraging the reporting of any near misses. She also advised that at the next meeting with Charge Nurses they will start a 'deep dive' process to focus on how, what and why something requires to be reported, and that work, as it moves forward, will identify any trends.

The Chair thanked Mr Coady for the report, which gives assurance that progress is being made despite the current situation and there is the appropriate governance and safeguards in place.

The Committee noted the contents of the report.

## **7. Progress Update on Clinical and Care Governance Report**

A report by the Chief Officer provides an update to the Committee of the governance arrangements in place during the COVID-19 lockdown December 2020 to date, and progress in relation to the review of clinical and care governance arrangements and assurance framework following the workshop in January 2020.

Mrs Jeanette Netherwood presented the report and advised the associated action plan is in place and will be driven forward by the Clinical and Care Governance Group.

The Chair recalled the workshop held in January 2020 and the offer of support from Nick Fluck and Caroline Hiscox. The Chair is keen to take up that offer and build on what is in place and suggests a workshop in 2022 to take stock. The Chief Officer suggested a joint workshop with clinical and care governance committees across Grampian.

Mrs Mackie concluded discussions stating a learning point from responding to COVID-19 is the ability to provide assurance and governance in a supportive and helpful way. This has been demonstrated through governance procedures put in place to support Care Homes, Direct Payment Carers and Care at Home Providers. Real benefits have been realised with positive relationships established.

The Committee noted the governance arrangements during the continuing response to COVID-19 and the update on progress with output from the Clinical and Care Governance Workshop held in January 2020.

The committee welcomes a further progress update in August 2021.

The meeting closed at 13:29





**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 JUNE 2021**

**SUBJECT: CHIEF OFFICER REPORT**

**BY: CHIEF OFFICER**

**1. REASON FOR REPORT**

**1.1** To inform the Board of the Chief Officer activities that support the delivery against the Moray Integration Joint Board's strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Key work for the Partnership includes the implementation of Home First, Remobilisation post second wave of covid, supporting measures for the reduction local covid transmission, and budget control.

**2. RECOMMENDATION**

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

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

**3. BACKGROUND**

**Operation Home First**

**3.1** Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development to meet our aspirations set out in the Strategic Plan. The reduction of delayed discharges and the increased use of technology for consultations are two examples, where we had aspirations but the pace was slow.

**3.2** The strong relationships that exist in North East Scotland between key partners has enabled a swift and cohesive set of responses to how services have been delivered, and challenges met. Whole system leadership has built the common approach, with rapid and decisive decision making within the limits of delegated authority.

- 3.3 The evaluation of Home First was commissioned by the three Chief Officers, and this work has progressed and is being presented to Audit, Performance and Risk Committee in the current cycle. Locally we have seen variation on performance for delayed discharges, which warrants further exploration. A local Delayed Discharge Team was formed to take this work forward, and there have been a number of improvements taken forward. Delayed discharge is a whole system issue, in terms of impact and for transforming the pathway, and work is taking place across the system.
- 3.4 The Discharge to Assess programme is not yet fully implemented as recruitment to the team has taken some time. The Lead confirmed at the Clinical and Care Governance Committee of 27 May 2021 that the target is for the full team to have completed induction and training, and to be fully operational from the beginning of August.
- 3.5 Hospital at Home is being explored, and a bid has been made to Scottish Government for development funding. A strong case has been put forward, and having been asked to submit to the next round we await a decision from Scottish Government in regard to the success of the bid and funding allocation. This is expected by the end of June 2021.

### **Remobilisation**

- 3.6 To date the system has coped with some significant surges in demand, with a pan Grampian approach in how surge and flow through the system is managed to ensure patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is pressure in some service areas which will require a particular focus to work through the backlog of referrals.
- 3.7 As part of the development of our performance framework, and to support remobilisation, we are seeking further performance indicators from services to understand system pressures and how one part of the system impacts on other elements. Services have identified where remobilisation is proving more challenging, and this was reported to the May IJB. The restart of some day services for older adults is proving particularly challenging within the constraints of social distancing.
- 3.8 There have been particular concerns about the potential level of demand for mental health services. There is a careful watch on appropriate indicators. The current situation in Moray is that waiting times are well managed.
- 3.9 With regards to Child and Adolescent Mental Health (CAMHS) waiting times, CAMHS performance in Grampian has steadily improved, with 95.5% of CAMHS patients in Grampian seen within 18 weeks in March 2021. The current waiting time for CAMHS patients to be seen for a CHOICE (initial assessment and/or start of treatment) appointment at the CAMHS Rowan Centre in Elgin is 8 weeks.
- 3.10 Within adult mental health services there are currently 28 people waiting for a first psychological therapies assessment appointment. The longest wait of these is just under 13 weeks. In the January - April 2021 period 100% of people waiting for a first psychological therapies appointment were seen within the 18 week target, and it is not anticipated that any of the 28 people

waiting will breach this timeframe. No other parts of adult mental health services have waiting lists at this time.

### **Covid Vaccination Programme**

- 3.11 By the end of December 2020 all care home residents along with staff had been offered the first dose vaccine. Second dose vaccines have been administered in line with the Chief Medical Officer direction. Uptake rates are high, and up to date progress reports are available on the Public Health website at <https://www.publichealthscotland.scot/news/2021/february/covid-19-daily-dashboard-now-includes-vaccination-data/> Further cohorts have been vaccinated more rapidly in Moray as part of the response to the very high positive test results that were measured, and alongside this we have also been delivering the second dose programme. The team have responded dynamically to the ask to offer first vaccination to all residents over the age of 18, and this was completed by 20 May 2021.
- 3.12 With a longer term campaign being predicted for repeated covid vaccinations, along with delivery of this winter's flu campaign and all the other immunisation programmes, there is a need to rethink the size and shape of a workforce required to deliver an expanded vaccination programme into the future. The current workforce delivering the covid vaccination programme consists of a number of staff who have been redeployed, or who are on fixed term contracts. Planning for the future will be taken through the pan Grampian Vaccination Programme Board with a local workforce plan in development.
- 3.13 The "cold spot" areas in Moray with lower rates of covid vaccine uptake have been identified. Vaccine uptake across these areas range from 55% - 78%. There are also marked variances in vaccine uptake across all cohorts within these areas. To increase uptake rates in all cohorts a range of approaches have been deployed:
- Targeted approaches offering vaccines in workplaces, and access to drop-in clinics within the areas identified
  - Re-inviting those who did not attend their first appointment via the national system
  - Contacting those who did not attend by phone, to identify potential barriers and offer solutions, for example with transport. We are commencing with cohorts 4C (clinically extremely vulnerable) and 6C (16-64 year olds with underlying health conditions (Joint Committee on Vaccination and Immunisation (JCVI) Cohort)
  - To encourage and support attendance, particularly those within the younger age groups, a walk-in service was trialled. This proved extremely successful, with large numbers attending for their vaccine. This model also enables those from previous cohorts that were vaccine hesitant and did not take up the first opportunity to get vaccinated.

### **Portfolio arrangements**

- 3.14 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 is an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, where that is with partners and communities rather than individual entities. To

deliver further on this whole system, integrated approach, there is a desire to transition from an organisational leadership and management model to a system leadership and management approach. On an interim basis, as the model is developed, the Chief Officer will provide a leadership role for Dr Gray's Hospital alongside the responsibilities already carried, thus expanding the portfolio to encompass all Moray health and care services.

- 3.15 The senior management team membership for health and social care in Moray has been revised to incorporate community and acute leaders, and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system. The recent need to move patients out of ward 7 in Dr Gray's Hospital because of a water quality issue saw a very well co-ordinated approach across the system, with ownership of the challenge spread across acute and community in order to ensure patient safety.

#### **Budget Control**

- 3.16 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The senior management team in the Health and Social Care Partnership are meeting regularly to review spend, identify additional savings and to track progress on transformational redesign so that corrective action and appropriate disinvestment can be supported. There is a continued commitment from Scottish Government to support the covid response which will offset the effects of needing to focus on more immediate priorities in response to the pandemic, however the risks associated with less long term planning remain, and will need to be addressed as part of remobilisation.

#### **Civil Contingencies - IJB Category 1 Responder**

- 3.17 Work is progressing to establish the planning and response mechanisms following the amendment in status for IJB. Training has been provided by Scottish Government in 2 workshops for IJB Chairs and also Chief Officers. The output of these will be considered and taken forward in partnership with Moray Council, NHS Grampian and other Local Resilience Partnerships.

### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 We remain in a pandemic response phase, and are stepping up quickly where that is required. In parallel, there is the opportunity to accelerate work to achieve the MIJB ambitions as set out in the Strategic Plan and Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that encompasses Dr Gray's Hospital on an interim basis.
- 4.2 The challenges of finance have not gone away and there remains the need to address any underlying deficit. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only cover additional expenditure in the short-term and so it is important to understand the emerging landscape.
- 4.3 Transformational change, or redesign, that provides quality and safe services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.

- 4.4 Remobilisation has begun, and will build from achievements and learning from the current pandemic phase. The interdependencies between services will need to form part of the assessment on how we remobilise, as no part of the system operates in isolation.

## 5. **SUMMARY OF IMPLICATIONS**

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

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

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

### **(b) Policy and Legal**

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

### **(c) Financial implications**

There are no financial implications arising directly from this report. The Chief Finance Officer continues to report regularly on actual expenditure to ensure that the Scottish Government are sighted on additional costs arising from COVID-19.

### **(d) Risk Implications and Mitigation**

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

### **(e) Staffing Implications**

Staff remain the organisation’s greatest asset, and we must continue to engage with all sectors to ensure full involvement, which will create the best solutions to the challenges we face.

### **(f) Property**

There are no issues arising directly from this report.

### **(g) Equalities/Socio Economic Impact**

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

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

### **(h) Consultations**

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

6. **CONCLUSION**

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

Author of Report: Simon Bokor-Ingram, Chief Officer



**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 JUNE 2021**

**SUBJECT: REVENUE BUDGET OUTTURN FOR 2020/2021**

**BY: CHIEF FINANCIAL OFFICER**

**1. REASON FOR REPORT**

- 1.1 To inform the Moray Integration Joint Board (MIJB) of the financial outturn for 2020/21 for the core budgets and the impact this outturn will have on the 2021/22 budget.

**2. RECOMMENDATIONS**

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

- i) consider and note the unaudited revenue outturn position for the financial year 2020/21,
- ii) consider and note the impact of the 2020/21 outturn on the 2021/22 revenue budget, and
- iii) approve for issue, the Directions shown in APPENDICES 4 and 5 to NHS Grampian and Moray Council respectively.

**3. BACKGROUND**

- 3.1 The overall position for the MIJB is that core services were underspent by £503,557 as at 31 March 2021. The MIJB's unaudited financial position for the financial year ending 31 March 2021 is shown at **APPENDIX 1**. This is summarised in the table below.

	<b>Annual Budget</b>	<b>Actual Expenditure</b>	<b>Variance to date</b>
	<b>£</b>	<b>£</b>	<b>£</b>
MIJB Core Service	126,584,066	126,080,509	503,557
MIJB Strategic Funds & other resources	12,540,118	6,701,280	5,838,838
Set Aside Budget	12,620,000	12,620,000	0
<b>Total MIJB Expenditure</b>	<b>151,744,184</b>	<b>145,401,789</b>	<b>6,342,395</b>

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

#### **4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2020/21**

##### **4.1 Community Hospitals & Services**

4.2 The Community Hospitals and Services budget is overspent by £238,969 at the year-end. This includes £54,997 overspend on medical costs and community administration including cost of salaries and under recovery of income alongside £183,972 overspend for Community Hospitals. The main overspends relates to community hospitals in Buckie £176,386, Aberlour £20,471 and Keith £64,063 which is offset by an underspend in Dufftown £76,948. Community hospitals generally continue to be challenged with staffing to the required level to safely operate the bed complement. In Speyside, this includes the community hospitals in Dufftown and Aberlour where there have been attempts to stabilise the service and staff have been working across sites as a means of ensuring resilience. Long term sickness has also been a factor.

4.3 The outturn for Community Hospitals and Services budget is overspent by £13,552 less than previously forecast. This was primarily due to a slight reduction in the level of overspends in Nursing costs.

##### **4.4 Community Nursing**

4.5 The Community Nursing budget is underspent by £322,047 to the year-end. This is due to underspends across the Community Health Visiting service and District Nursing related to vacancies and development within the service

4.6 The outturn for Community Nursing is underspent by £26,339 less than previously forecast. This was primarily due to increased expenditure amongst the Health Visiting service which has reduced the underspend.

##### **4.7 Learning Disabilities**

4.8 The Learning Disability (LD) service is overspent by £577,342 at the year-end. The overspend is primarily due to the purchase of care for people with complex needs of £534,663, which includes young people transitioning from children's services, people being supported to leave hospital and for additional adaptation to a property of £5,000 to enable the service user to remain in their own home. 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. Overspending in this area is not specific to Moray – local authorities across the country face similar difficulties in funding LD services at the required level. The LD team are aware that without appropriate structure and routine, many of our service users will exhibit challenging behaviours which are costly to manage and are not desirable from the perspective of people's life experience and human rights. This is being offset by underspends on staffing of £194,321 that have existed throughout this financial year, related to vacancies mainly in physiotherapy, nursing and psychology services.

4.9 The outturn for the LD service is overspent by £113,393 less than previously forecast however, pressures remain in supporting people with complex needs. The transition of individuals moving from being cared for by their families to living more independently creates additional costs that have to be met. The whole system transformational change programme in learning disabilities can help ensure that every opportunity for progressing people's potential for independence is taken, and every support plan is scrutinised prior to authorisation, that expenditure is appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support. Whilst every element of expenditure is scrutinised prior to authorisation at service manager level, it has not been possible to reduce expenditure in line with the budget, as the nature of learning disabilities means that people will require on-going, lifelong support. The current level of scrutiny will remain in place.

#### 4.10 Mental Health

4.11 Mental Health services are underspent by £30,887 at the year end. This includes underspends in clinical, nursing and other services of £214,526 which is offset by an overspend of £183,639 within assessment and care. The underspend is mainly attributed to nursing pays of £229,271, and additional income being received of £45,182 relating to NHS Education for Scotland. This is being reduced by overspends relating to high cost care package and respite care for three new clients, all of which have high support needs.

4.12 The outturn for Mental Health is overspent by £114,639 more than the previous forecast. This was due in part to the purchase of care, since forecasting is difficult as it relies on meeting clients' needs as well as due to reducing underspends on staffing costs relating to nursing pay.

#### 4.13 Care Services Provided In-House

4.14 This budget is underspent by £1,213,489 at the end of the year. There are numerous variances within this budget heading, the most significant are due to the Care at Home services for all client groups which are underspent by £987,828. Supported Living services which include Waulkmill, Barlink and Woodview are underspent by £216,640. There are other minor underspends totalling £9,021.

4.15 The outturn for this budget is £164,511 less than previously forecast. This is primarily due to recruitment of more staff to deliver more hours for the Care at Home service which reduced the forecast underspend. The staffing underspend in Care at Home and community support workers is not expected to continue at the current level in 2021/22 as we continue through the pandemic and recovery with a clear focus on the Home First approach. Work to re-align budgets will take place during 2021/22.

#### 4.16 Older People and Physical Sensory Disability (Assessment & Care)

4.17 This budget is overspent by £1,904,432 at the end of the year. The year-end position includes an overspend for domiciliary care in the area teams of £2,527,217, which includes the Hanover complexes for the sheltered housing complexes at Forres and Elgin (£971,000) and permanent care costs (£443,296), due to an increase in nursing care requirements rather than residential. This is reduced by an underspend in day care and related

transport costs £622,785 which have been reduced through the pandemic. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer and for the relatively new models of care being embedded with Hanover.

4.18 The outturn for this budget is £387,568 better than the previous forecast. This was primarily due to the cost of care within the community, this budget is extremely difficult to forecast due to it meeting clients' needs. Monitoring the level of spend within domiciliary care with external providers will continue and this should be in context with the underspend in internal services with a view to budget re-alignment in the 2021/22 financial year.

#### 4.19 Intermediate Care & Occupational Therapy (OT)

4.20 This budget is underspent by £13,443 at the end of the year, this primarily relates to underspends of £12,457 on aids & adaptations, £9,241 on staff transport costs and £18,658 for Loxa Court, primarily because of Covid and other minor variances totalling £7,172. This is being reduced by overspends that relate to the landlord costs attributable to Jubilee cottages, £14,461 and Telecare equipment, £11,744 to facilitate people remaining in their own home and loss of income due to Covid £6,320.

4.21 The outturn for this budget is £102,443 better than previously forecast. The improved position is due to a reduction in stock at the end of the year of £68,785 and a greater underspend than expected for Varis Court of £33,658.

#### 4.22 Care Services provided by External Contractors

4.23 This budget is underspent by £346,609, this primarily relates to underspends in Learning Disability contracts of £449,090 and other contracts totalling £23,979, through service closures and the impact of Covid on services. Which is being reduced by loss of income £48,553, Blue badge scheme £18,057 and prior year savings that have not been achieved £59,850. External providers have been supported continuously throughout 2020/21 with supplier relief payments.

4.24 The outturn for this budget is £70,391 less than previously forecast due to the underspends on the Learning Disability contracts and Older people and non-client specific contracts being less than expected.

#### 4.25 Other Community Services

4.26 The Other Community Services budget is underspent by £418,054 at the year-end. This is due to underspends in community dental services of £144,996 mainly related to staffing, Allied Health Professionals £156,563 including an under spend in Podiatry and Speech and Language Therapy which is being partially offset by an overspend in Occupational Therapy and Dietetics. Specialist nurses are underspent by £96,594 including underspends at the Oaks arising from Covid response arrangements. In addition, Public Health is underspent by £73,268 mainly attributed to non-pay where activity has been deferred. These underspends are offset by an overspend in Pharmacy services of £53,367 including both salaries and equipment costs.

- 4.27 The outturn for other Community services budget is £37,912 better than previously forecast. This was primarily due to a slight increase in the underspend associated with Allied Health Professionals and Dental services.
- 4.28 Administration & Management
- 4.29 There is an overall underspend of £459,205 at the end of the year. This primarily relates to the vacancy target in Council services being overachieved by £434,998 and the business support unit administration service (£70,893) which includes a number of small underspends including clinical governance, International Normalised Ratio (INR) training and winter pressures. An overspend exists in the Admin & Management service (£46,686) mainly relating to under recovery of income.
- 4.30 The outturn for this budget is £8,027 better than previously forecast. This was primarily due to the vacancy target outturn in comparison to an earlier forecast.
- 4.31 Primary Care Prescribing
- 4.32 The primary care prescribing budget is reporting an under spend of £174,910 for the twelve months to 31 March 2021. The budget to March includes an uplift of £706,000 (non-recurring) for efficiencies not achieved and £115,000 recurring from within Moray IJB in 2020/21 allocated to prescribing in month 12. Locally, medicines management practices continue to be applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspectives.
- 4.33 The outturn is £794,910 better than previously forecast for this budget but this is mainly attributable to the funding allocations made at end of the year. The continuation of effective local medicines management practices has limited the negative impact of external factors on this budget.
- 4.34 Primary Care Services
- 4.35 Primary Care services are underspent by £127,460 overall following finalisation of the out turn position including a non-recurring benefit within Premises expenditure where a rates refund has been received and a small underspend on improvement grants following prioritisation of Covid response.
- 4.36 The outturn for this budget is £44,460 better than previously forecast mainly due to less than expected premises expenditure at year end.
- 4.37 Hosted Services
- 4.38 Within the scope of services delegated to the MIJB are hosted services. Budgets for hosted services are primarily based on National Resource Allocation Formula (NRAC). Hosted services are operated and managed on a Grampian-wide basis. Hosting arrangements mean that the one IJB within the Grampian Health Board area would host the service on behalf of all 3 IJB's. Strategic planning for the use of the hosted services is undertaken by the IJB's for their respective populations. The position for Moray's share of all

hosted services is detailed in 4.39. Final outturn figures for the whole of Grampian Hosted services are summarised in the table below:

<b>Hosted Service</b>	<b>Hosting IJB</b>	<b>Budget £000</b>	<b>Actual £000</b>	<b>Variance £000</b>
Chronic Oedema	Aberdeenshire	245	212	33
Diabetes/Retinal Screening	Aberdeenshire	1,041	923	118
Marie Curie Nursing	Aberdeenshire	801	825	(24)
Heart Failure Service	Aberdeenshire	285	290	(5)
Continence service	Aberdeenshire	730	720	10
HMP Grampian	Aberdeenshire	2,749	2,683	66
Police Forensic Examiners	Aberdeenshire	1,826	1,502	324
Intermediate Care	Aberdeen City	22,485	20,809	1,676
Sexual Health	Aberdeen City	2,421	2,235	186
GMED	Moray	11,395	11,580	(185)
Primary Care Contracts	Moray	656	576	80
<b>TOTAL</b>		<b>44,634</b>	<b>42,355</b>	<b>2,279</b>

4.39 For the Moray hosted services, the position overall is an over spend of £99,165. There are a range of services within the overall recharge which includes underspends services hosted out with Moray, namely Intermediate Care, Police forensic services, Retinal screening, Sexual Health and Heart Failure services and which is reduced by overspends including Grampian Medical Emergency Department (GMED), HMP Grampian and Diabetes. Within the total, the main overspend relates to GMED service (£258,568). Work is ongoing across Grampian to improved GMED position.

#### 4.40 Out of Area Placements

4.41 This budget was overspent by £138,935 at the year end, this is due to the number of specific individual placements required and activity not being uniform throughout the year as service relates to individual need.

#### 4.42 Improvement Grants

4.43 This budget is underspent by £324,262 at the end of the year. This is primarily due to the impact of Covid upon the service, with lockdowns and reduced access to housing because of the restrictions.

### 5. STRATEGIC FUNDS

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

- Integrated Care Fund (ICF);
- Delayed Discharge (DD) Funds;
- Additional funding received from NHS Grampian during the year which may not been fully utilised during 2020/21, some of which may be needed to be funded in future years; and
- Provisions for earmarked reserves, identified budget pressures, new burdens and savings that were expected at the start of the year.

- 5.2 At the end of the financial year there was slippage on Strategic Funds of £82,160 which has increased the overall underspend to £585,718.
- 5.3 During the 2020/21 financial year, Scottish Government made the full allocation of funding aligned to the Primary Care Improvement Fund, provided to commission primary care services and support the Government's Mental Health Strategy. The Scottish Government made a commitment to ensuring full sums would be invested and spent on the priorities identified in support of this. Allocations made during the year, that remain unspent are considered as earmarked funding and to be used for these specific purposes in future years. This has contributed to the overall increase in MIJB reserves.
- 5.4 After consideration of funding received, earmarked reserves and application of slippage on Strategic Funds, the MIJB financial position resulted in an underspend of £6,342,395 constituting the MIJB balance to carry forward to 2021/22. The reserves are detailed below in paragraph 9.

## **6. CHANGES TO STAFFING ARRANGEMENTS**

- 6.1 At the meeting of the Board on 28 March 2019, the Financial Regulations were approved (para 11 of the minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.
- 6.2 The staffing arrangements are noted in **APPENDIX 3** as dealt with under delegated powers for the period 1 Jan to 31 March 2021.

## **7. IMPACT ON 2021/22 BUDGET**

- 7.1 The actual out-turn for the 2020/21 Core Services budget year is an underspend of £503,557. Due to the ongoing impact of Covid 19 it is difficult to ascertain with certainty the 2020/21 variances to budget and the likely impact moving in to the next financial year. However, the variances against the budget have been reviewed and classified as one-off or likely to be recurring. Impact in 2021/22 will be monitored continuously and reported regularly to the MIJB. The overall position is summarised below:

Area	Para Ref	Recurring £	Non-Recurring £
<b>OVERSPEND</b>			
Staff	7.2	(126,205)	0
Purchasing of Care	7.3	(3,765,611)	0
Income	7.4	(550,126)	(59,017)
Supplies & Services	7.5	(116,149)	0
Property costs	7.6	(41,250)	0
Client transport	7.7	0	0
Aids & Adaptations	7.8	(11,744)	(5,455)
Other	7.9	(40,406)	0
<b>Sub-total</b>		<b>(4,651,491)</b>	<b>(64,472)</b>
<b>UNDERSPEND</b>			

Staff	7.2	523,486	2,084,168
Purchasing of Care	7.3	334,377	480,628
Income	7.4	62,031	407,967
Supplies & Services	7.5	31,702	173,733
Property costs	7.6	15,000	17,822
Client transport	7.7	0	186,374
Aids & Adaptations	7.8	0	20,123
Other	7.9	180,685	701,423
<b>Sub-total</b>		<b>1,147,282</b>	<b>4,072,238</b>
<b>TOTAL</b>		<b>(3,504,209)</b>	<b>4,007,238</b>
<b>Net Underspend</b>			<b>503,557</b>

- 7.2 Staff turnover can incur both under and overspends. Underspends can be attributed to the process of recruitment, which adds a natural delay, with posts being filled by new staff at lower points on the pay scale and in some circumstances the nature of the positions have been challenging to recruit to. The Council has recognised this turnover and had set as part of the budget process a vacancy factor saving, which has been met for numerous years. Overspends can be due to the use of bank staff to provide required cover for vacancies/sickness and from the historic incremental drift and efficiency targets imposed.
- 7.3 The purchasing of care overspend relates to the purchase of domiciliary care by the area teams and the underspend relates to the cessation due to closure of services. The demographics show that Moray has an ageing population and the spend on external domiciliary care is increasing in relation to both increasing hours of commissioned care and the number of packages of care. This also reflects the shift in the balance of care to enable people to remain in their own homes for longer and the new models of care being introduced with Hanover.
- 7.4 The under recovery of income budgets is apparent across a number of service headings. It is very difficult to predict the level of income accurately as client income is subject to the contributions policy which is based on a client's financial assessment. Income recovery on all care at home services continues to reduce as well as income from permanent care placements from deferred income. The income will continue to reduce due to the legislation in relation to the Carers Act and free personal care for under 65's as well as the impact of Covid. The Independent Review of Adult Social Care will likely impact in the longer term.
- 7.5 The Supplies and services overspend includes purchases of medical supplies, medical equipment and maintenance cost of equipment which is expected to be recurring. The non-recurring underspend includes transport costs which have been reduced during the last year due to restrictions on all travel.
- 7.6 The net small overspend in property costs primarily relates to energy costs and cleaning for services that were in operation throughout the Covid lockdown.
- 7.7 Client transport costs are underspent in numerous service headings, which are due to the impact of Covid 19

- 7.8 Aids and Adaptations underspend relates to Occupational therapy aids, servicing, stair lifts and day care services. Which is being reduced by overspends in Telecare/ Community alarm aids, to help support people to remain in their own homes.
- 7.9 Other category relates to minor variances across the services but also includes nonrecurring underspends relating to Drugs, Primary Care Prescribing and Primary Care services which are not expected to continue.
- 7.10 The financial results for 2020/21 show that underlying financial pressures on both the NHS and Council budgets remain, with the MIJB assuming responsibility for the budgets of the delegated functions and are expected to prioritise services within the budgets directed to it by Moray Council and NHS Grampian.
- 7.11 Through in-year reporting of the recovery plan/savings progress it was evident that whilst some small elements were delivering according to plan, other areas, were falling significantly short and with the impact of the Covid pandemic on expenditure, Scottish Government additional funding was made available that covered the underachievement of savings totalling £1,404,000. This was acknowledged in the preparation of the revenue budget 2021/22, resulting in a revised recovery and transformation plan. The MIJB has committed to continue to identify further efficiencies that will be reported throughout the year, recognising the remaining pressure on the budget and the required disinvestment to allow the programmes of transformation to develop.
- 7.12 Whilst the 2020/21 revenue budget position as reported to the Board on 26 March 2020 (para 11 of the minute refers) presented a balanced budget position, it has been highlighted that due to the current pandemic, there are risks to the delivery of the recovery and transformation plan inherent in the budget setting. The Senior Management Team are actively addressing the emerging situation to implement alternative measures to limit the financial pressure. Updates on the recovery and transformation process and further savings will be provided to the Board for approval during 2020/21 through the financial reporting processes.

## **8. UPDATED BUDGET POSITION**

- 8.1 During the financial year, budget adjustments arise relating in the main to the allocation of non-recurring funding that is received via NHS Grampian. In order to establish clarity of these budget allocations a summary reconciliation has been provided below.
- 8.2 The MIJB, for the 2020/21 has concluded the financial year in an underspend position due to additional funding being made available for Covid related expenditure and unachieved savings. The additional funding is advance payment and has been carried forward in General Fund Reserves. These additional funding contributions are also show in the table below:

	£'s
<b>Approved Funding 26.3.20</b>	<b>123,818,000</b>
Amendment to Set Aside funding	487,000
Balance of IJB reserves c/fwd to 20/21	186,692
<b>Revised funding at start of Quarter 1</b>	<b>136,256,692</b>
Adjustments in Quarter 1	1,261,592
<b>Revised funding at start of Quarter 2</b>	<b>137,518,284</b>
Adjustments in Quarter 2	1,593,186
<b>Revised Funding to Quarter 3</b>	<b>139,111,470</b>
Adjustments in Quarter 3	6,241,959
<b>Revised Funding to Quarter 4</b>	<b>145,353,429</b>
<b>Budget adjustments M10-M12</b>	
Moray Alliance	33,000
Moray Winter Planning	759,550
Moray District Nurses	45,566
Pay Uplift	391,342
Covid Payment	407,835
Primary Care	132,470
Moray Action 15 Mental Health	253,833
Moray School Nurse Funding	36,800
Moray Covid Funding	2,275,115
Moray PCIF	913,516
Com Living Change Fund	319,463
Moray Care Home IPC	141,000
Mental Health Drug Death Funding	42,330
Hosted Recharges Funding	16,603
Prescribing	136,508
Misc.	119
Learning Disability additional funding	84,136
Other	349
Amendment to set aside funding	368,000
Holiday pay mitigation funding	33,220
<b>Revised 2020/21 Financial Year Funding</b>	<b>151,744,184</b>

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

## 9. **RESERVES**

9.1 Members will recall the MIJB Reserves Policy, most recently approved on 30 January 2020 (para 11 of the minute refers). The next review date should be no later than March 2022. The closing financial position on Reserves for 2020/21 is £6,342,395. Of this reserve, £1,597,746 is a usable general reserve and has been utilised in supporting a balanced budget for 2021/22. The remaining £4,744, 650 is an earmarked reserve and will be called upon during the year in line with their specific purpose. In the main, the earmarked

reserves relate to the Primary Care Improvement Plan and Covid 19 funding received in 2020/21 for use in 2021/22. The detail is provided in the table below:

<b>Reserve Detail</b>	<b>Type</b>	<b>£'s</b>
Action 15 & PCIP	Earmarked	1,667,179
Covid 19	Earmarked	2,725,543
Community Living Change Fund	Earmarked	319,463
Physio Arise	Earmarked	32,465
Covid 19 – Flexibility & Surplus (utilised for 21/22 budget)	General	
<b>TOTAL</b>		<b>4,744,650</b>

## 10. **SUMMARY OF IMPLICATIONS**

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

This report is consistent with the objectives of the Strategic Plan and includes 2020/21 budget information for services included in MIJB in 2020/21.

### (b) **Policy and Legal**

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

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

### (c) **Financial implications**

The unaudited financial outturn for 2020/21 for the MIJB core budgets is £503,557 underspend. The financial details are set out in sections 3-9 of this report and in **APPENDIX 1**.

The estimated recurring overspend of £3,504,209 as detailed in para 7 will impact on the 2021/22 budget.

The movements in the 2020/21 budget as detailed in paragraph 8 have 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.

Due to the impact of the current pandemic, additional funding has been received and carried forward to help support the additional costs related to it. Considerations are being given to alternative measures that can be established to support the recurring overspends. There is a need for

constant scrutiny around this rapidly changing situation and reporting to the Board will inform throughout 2021/22

**(e) Staffing Implications**

There are no direct implications in this report.

**(f) Property**

There are no direct implications in this report.

**(g) Equalities/Socio Economic Impact**

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

**(h) Consultations**

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

**12. CONCLUSION**

**12.1 This report identifies Moray IJB's unaudited final out-turn position on the Core Budget of an underspend of £503,557 at 31 March 2021 and identifies major areas of variance between budget and actual for 2020/21.**

**12.2 The impact of the provisional outturn on the 2021/22 budget, of a recurring overspend of £3,504,209 is detailed in paragraph 7.**

**12.3 NHS Grampian and Moray Council have both carried forward reserves into 2021/22 which total £6,342,396.**

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

Background Papers: Papers held by respective Accountancy teams

Ref:

	Para Ref	Annual Net Budget £'s 2020-21	Budget (Net) To Date £'s 2020-21	Actual To Date £'s 2020-21	Variance £'s 2020-21
Community Hospitals	4.1	5,348,386	5,348,386	5,587,355	(238,969)
Community Nursing	4.4	5,174,976	5,174,976	4,852,929	322,047
Learning Disabilities	4.7	7,968,211	7,968,211	8,545,553	(577,342)
Mental Health	4.10	8,680,242	8,680,242	8,649,355	30,887
Addictions		1,176,408	1,176,408	1,143,468	32,940
Adult Protection & Health Improvement		151,174	151,174	152,079	(905)
Care Services provided in-house	4.13	16,396,584	16,396,584	15,183,095	1,213,489
Older People & PSD Services	4.16	17,929,893	17,929,893	19,834,325	(1,904,432)
Intermediate Care & OT	4.19	1,509,776	1,509,776	1,496,333	13,443
Care Services provided by External Contractors	4.22	8,413,365	8,413,365	8,066,756	346,609
Other Community Services	4.25	8,143,539	8,143,539	7,725,485	418,054
Admin & Management	4.28	4,363,088	4,363,088	3,903,883	459,205
Primary Care Prescribing	4.31	17,625,783	17,625,783	17,450,873	174,910
Primary Care Services	4.34	17,668,842	17,668,842	17,541,382	127,460
Hosted Services	4.37	4,426,931	4,426,931	4,526,095	(99,165)
Out of Area	4.40	669,268	669,268	808,203	(138,935)
Improvement Grants	4.42	937,600	937,600	613,338	324,262
<b>Total Moray IJB Core</b>		<b>126,584,066</b>	<b>126,584,066</b>	<b>126,080,509</b>	<b>503,557</b>
<b>Other Recurring Strategic Funds in the ledger</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other non-recurring Strategic Funds in the ledger</b>	<b>5</b>	<b>1,821,070</b>	<b>1,821,070</b>	<b>1,738,910</b>	<b>82,160</b>

	Para Ref	Annual Net Budget £'s 2020-21	Budget (Net) To Date £'s 2020-21	Actual To Date £'s 2020-21	Variance £'s 2020-21
<b>Total Moray IJB Including Other Strategic funds in the ledger</b>		<b>128,405,136</b>	<b>128,405,136</b>	<b>127,819,418</b>	<b>585,718</b>
<b>Other resources not included under core and strategic:</b>	<b>5</b>	<b>10,719,048</b>	<b>10,719,048</b>	<b>4,962,371</b>	<b>5,756,678</b>
<b>Total Moray IJB (incl. other strategic funds) and other costs not in ledger</b>		<b>139,124,184</b>	<b>139,124,184</b>	<b>132,781,789</b>	<b>6,342,395</b>
<b>Set Aside Budget</b>		<b>12,620,000</b>	<b>12,620,000</b>	<b>12,620,000</b>	<b>-</b>
<b>Overall Total Moray IJB</b>		<b>151,744,184</b>	<b>151,744,184</b>	<b>145,401,789</b>	<b>6,342,395</b>
<b>Funded By:</b>					
NHS Grampian		106,683,626			
Moray Council		45,060,558			
<b>IJB FUNDING</b>		<b>151,744,184</b>			

**Description of MIJB Core Services**

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

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

Moray IJB Hosted & Managed services:

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

Aberdeen City/Aberdeenshire IJB Hosted & Managed services:

- Intermediate care of elderly & rehab.
  - Marie Curie Nursing Service – out of hours nursing service for end of life patients
  - Continence Service – provides advice on continence issues and runs continence clinics
  - Sexual Health service
  - Diabetes Development Funding – overseen by the diabetes Network. Also covers the retinal screening service
  - Chronic Oedema Service – provides specialist support to oedema patients
  - Heart Failure Service – provided specialist nursing support to patients suffering from heart failure.
  - Police Forensic Examiner Service
  - HMP Grampian – provision of healthcare to HMP Grampian.
16. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian. These are managed centrally within NHS Grampian and charged to IJB's.

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

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

**Other definitions:**

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

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

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

**HEALTH & SOCIAL CARE MORAY****DELEGATED AUTHORITY REPORTS - PERIOD January 2021 – March 2021**

<b><u>Title of DAR</u></b>	<b><u>Summary of Proposal</u></b>	<b><u>Post(s)</u></b>	<b><u>Permanent/ Temporary</u></b>	<b><u>Duration (if Temporary)</u></b>	<b><u>Effective Dates</u></b>	<b><u>Funding</u></b>
ME Care Package WV	The care needs of an individual currently resident in hospital have been assessed and agreed in terms of the relevant legislation.	9.85FTE Support Workers @ Grade 4  1FTE keyworker @ Grade 5	Permanent		From appointment	Funding via the Moray Council
CAH Assessors	Temporary Assessment Provision (Assessors)	2FTE @ Grade 8 Care at Home Assessors	Temporary	12 months	From appointment	From the underspend against the Care at Home budget
LD Increase hrs 34-36.25	Increase post to 36.25 hours from 34 hours	Increase grade 9 Social Worker post to 36.25 hours	Permanent		From appointment	Vacancy target
Backfill for PA to Head of Service CSWO	Backfill for secondment	Recruit 1FTE @ Grade 5	Temporary	3 months	January to March	Funding from Vaccinations funding
Stretch to Step Co-ordinator	Create temporary post to support public health	1 x Band 4 30 hours (0.80wte)	Temporary	5 months	From appointment	Grant Funding
Management Secretary / Administrator	Create temporary post to support Covid Vaccination Programme	2 x Band 4 37.5 hrs (2.00wte)	Temporary	11 months	From appointment	SG Covid funding
Project Manager - Home First & Locality Management Model	Part of the Moray Mobilisation Plan.	1 x Band 7 37.5 hours (1.00wte)	Temporary	12 months	From appointment	SG Covid funding



## MORAY INTEGRATION JOINT BOARD

### DIRECTION

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

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

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

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

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

Associated Budget:- £72.8 million, of which £4.4 million relates to Moray's share for services to be hosted and £17.6 million relates to primary care prescribing.

An additional £12.3 million is set aside for large hospital services.

This direction is effective from 24 June 2021.



## MORAY INTEGRATION JOINT BOARD

### DIRECTION

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

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

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

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

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

Associated Budget:- £61.2 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations.

This direction is effective from 24 June 2021.





**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 JUNE 2021**

**SUBJECT: LOCAL CODE OF CORPORATE GOVERNANCE - UPDATE**

**BY: CHIEF FINANCIAL OFFICER**

## **1. REASON FOR REPORT**

1.1. To provide the Moray Integration Joint Board (MIJB) with an opportunity to comment on the updated sources of assurance for informing the governance principles as set out in the Chartered Institute of Public Finance (Cipfa) /Society of Local Authority Chief Executives (SOLACE) 'Delivering Good Governance in Local Government Framework document.

## **2. RECOMMENDATION**

**2.1. It is recommended that the MIJB:**

- i) consider and note the content of this report;**
- ii) consider and note the sources of assurance utilised in reviewing and assessing the effectiveness of the MIJB's governance arrangements, and;**
- iii) approve the updated Local Code of Corporate Governance which supports the Annual Governance Statement.**

## **3. BACKGROUND**

- 3.1 The MIJB is responsible for ensuring that its business is conducted in accordance with the law and relevant standards and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively.
- 3.2 The MIJB has a statutory duty to conduct a review at least once in each financial year of the effectiveness of its system and to include a statement reporting the review within its Statement of Accounts. The MIJB does this through its Annual Governance Statement which is published as part of its Annual Accounts.
- 3.3 The MIJB has established arrangements and continues to develop its governance framework which includes the system of internal control. This

system is intended to manage risk and support the achievement of the MIJB's policies, aims and objectives. Reliance is placed on the NHS Grampian and Moray Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives; to the extent that these are complementary to those of the MIJB.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 In April 2016 an updated CIPFA/SOLACE 'Delivering Good Governance in Local Government: Framework' was published. The framework, whilst written in a local authority context, is applicable to integration authorities particularly as legislation recognises an IJB as a local government body under part VII of the Local Government (Scotland) Act 1973.
- 4.2 The Framework defines the principles that should underpin the governance arrangements and provides a structured approach. On 27 June 2019, the MIJB approved an updated Local Code of Corporate Governance based on the Framework and adopting the principles by which to evaluate performance (para 15 of the minute refers). The principles as set out in the CIPFA/SOLACE Framework are:
- a. Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law,
  - b. Ensuring openness and comprehensive stakeholder engagement,
  - c. Defining outcomes in terms of sustainable economic, social and environmental benefits,
  - d. Determining the interventions necessary to optimise the achievement of intended outcomes,
  - e. Developing the entity's capacity, including the capability of its leadership and the individuals within it,
  - f. Managing risk and performance through robust internal control and strong public financial management; and
  - g. Implementing good practices in transparency, reporting and audit to deliver effective accountability.
- 4.3 The term 'Local Code' refers to the governance structure in place and is a statement of the policies and procedures by which functions are directed and controlled and how engagement with service users, the local community and other stakeholders is carried out. The collective policies and procedures of the MIJB constitute a Local Code of Corporate Governance.
- 4.4 The MIJB can achieve good governance by demonstrating that its governance structures comply with the principles as set out in the Framework. Regular review is carried out to assess the MIJB's performance against the principles, identify areas for development and inform the Annual Governance Statement.
- 4.5 In response to Covid-19, the Chartered Institute of Public Finance and Accountancy (CIPFA) has produced additional guidance in relation to the impact of the pandemic on governance arrangements with particular relevance to the annual review of the system of internal control and the publication of the Annual Governance Statement (AGS). **Appendix 1** displays the sources utilised in assessing MIJB's compliance against each governance principle. With regard to the partnership model of operation,

reliance is also placed on the systems and procedures of Moray Council and NHS Grampian and so for completeness, assurance sources are listed for these organisations.

## 5. **SUMMARY OF IMPLICATIONS**

**(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan (Partners in Care\_ 2019 - 29**

Good governance arrangements are fundamental to the effective delivery of the Strategic Plan.

**(b) Policy and Legal**

MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. The production and publication of the Annual Governance Statement is integral to this process.

**(c) Financial implications**

None arising directly from this report.

**(d) Risk Implications and Mitigation**

Effective governance is essential in providing the framework for the MIJB to conduct its business. The annual review of governance arrangements aims to ensure that internal controls, risk management and associated governance arrangements are being constantly developed with the aim of providing reasonable assurance on the framework as a whole. Regular review and application of a Local Code of Corporate Governance supports this process.

**(e) Staffing Implications**

None arising directly from this report.

**(f) Property**

None arising directly from this report.

**(g) Equalities/Socio Economic Impact**

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

**(h) Consultations**

Consultation on this report has taken place with the MIJB Chief Internal Auditor and Internal Audit Manager to the Moray Council, the Assistant Director of Finance, NHS Grampian, the MIJB Corporate Manager and Tracey Sutherland, Committee Services Officer, Moray Council who are in agreement with the contents of this report as regards their respective responsibilities.

## 6. **CONCLUSION**

- 6.1. The Board is asked to approve the updated Local Code of Corporate Governance to support the effective governance processes and the Annual Governance Statement of the MIJB.**

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



# LOCAL CODE OF CORPORATE GOVERNANCE

APPENDIX 1

GOVERNANCE PRINCIPLES		
Principle A Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Code of Conduct	Codes of Conduct	Codes of Conduct
Financial Regulations (March 2019)	Financial Regulations	Standing Financial Instructions
Standards Officer Appointment ( <del>March 2019</del> Sept 2020)	Scheme of Administration	Schedule of Reserved Decisions
Standing Orders ( <del>June-Nov</del> 2018)	Standing Orders	Operational Scheme of Delegation
Register of Interests	Human Resources Policies	Standing Orders
Scheme of Administration (June 2018)	Scheme of Delegation	Human Resources Policies ( <a href="#">inc Employee Conduct</a> )
Integration Scheme (April 2018)	Register of Interests	<a href="#">Employee Conduct Policy Staff Governance Committee</a>
Updated IJB Report Format (Sept 2018)	Integrity Group	Register of Interests
Information Commissioners Officer Registration	Employee Induction Process	Feedback Service
Duty of Candour Arrangements	Computer Use Policy	<a href="#">Staff-matter Surveys</a>
<a href="#">Whistleblowing Standards</a>	Duty of Candour Arrangements	Employee Induction Process
	Monitoring Officer Annual Report	<a href="#">NHS Scotland Staff Experience Review SLT Compliance Sub Group</a>
	Staff Engagement Programme	Duty of Candour Arrangements



## LOCAL CODE OF CORPORATE GOVERNANCE

	<a href="#">COVID interim management arrangements</a>	Policy for the Prevention, Detection and Investigation of Suspected Fraud, Theft or Corruption
		Whistleblowing Policy

### GOVERNANCE PRINCIPLES

#### Principle B Ensuring openness and comprehensive stakeholder engagement

#### SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Strategic Plan (2016-19)	Moray Connected Project	Annual Operational Plan (includes Financial Plan)
Performance <a href="#">Management Framework</a>	Community Consultation <a href="#">&amp; Engagement</a>	Performance Management Framework
Annual Performance Report	Complaints Procedures <a href="#">&amp; Responses</a>	Freedom of Information Compliance
Communications <a href="#">&amp; Engagement Strategy</a>	Use of Social Media	Feedback Service
Community Consultation	Freedom of Information Compliance	Engagement and Participation Committee
Third Sector Involvement	<a href="#">Employee Opinion Survey</a>	Grampian Clinical Strategy <a href="#">2016-2021</a>
IJB Membership – Broad Range of Stakeholders	Locality Planning	NHS Grampian Area Partnership Forum
Use of Social Media	<a href="#">Community Asset Transfers</a>	Equality, Diversity and Human Rights Policy
Freedom of Information Compliance	<a href="#">Participatory Budgeting Plans</a>	<a href="#">Stakeholder Engagement Framework</a>
Workforce <a href="#">Forum Development</a>		
Complaints Handling Policy		
<a href="#">Staff Surveys</a>		
<a href="#">Governance Framework</a>		



# LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES		
Principle C Defining outcomes in terms of sustainable economic, social and environmental benefits		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Strategic Plan (2016-19)	Moray 2027 – a Plan for the Future	Annual Operational Plan (includes Financial Plan)
	Corporate Plan	Governance Framework
Annual Performance Report	Community Planning Board	Performance Management Framework
Performance Management Framework	Local Outcome Improvement Plans – Updated with Partner Agencies	Engagement and Participation Committee
Climate Change Duties and Responsibilities	Governance Framework	Grampian Clinical Strategy 2016-2021
Moray Alliance Establishment	Performance Management Framework – being updated	
Equalities Outcomes (April 2021)	Best Value Report & Action Plan	
	Improvement and Transformation Plans	



# LOCAL CODE OF CORPORATE GOVERNANCE

## GOVERNANCE PRINCIPLES

### Principle D

**Determining the interventions necessary to optimise the achievement of intended outcomes**

### SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Risk Management Processes	Risk Management Processes	Risk Management Processes
Audit Planning (Internal & External)	Audit Planning (Internal & External)	Audit Planning (Internal & External)
Performance <a href="#">Management Framework</a>	Performance Management Framework – <a href="#">being updated</a>	Performance Management Framework
Budget Monitoring Processes	Budget Monitoring Processes	Budget Monitoring Processes
Financial Planning	Financial Planning – <a href="#">in line with Cipfa’s FM Code Principles</a>	Financial Planning
MIJB Committee Structure	Moray Council Committee Structure	Health & Safety Committee
<a href="#">Infrastructure Programme Board</a>	Asset Management Group	Annual Accountability Review
Health and Safety Arrangements	<a href="#">Ministerial Strategic Group – Self Assessment May 2019</a>	Asset Management Group
Business Continuity Planning	<a href="#">Workforce and ICT Strategies</a>	Ministerial Strategic Group – Self Assessment May 2019
Ministerial Strategic Group – Self Assessment – May 2019		Grampian Clinical Strategy <a href="#">2016-2021</a>
<a href="#">Governance Framework</a>		<a href="#">Clinical Governance Committee</a>



# LOCAL CODE OF CORPORATE GOVERNANCE

## GOVERNANCE PRINCIPLES

### Principle E

Developing the entity's capacity, including the capability of its leadership and the individuals within it.

### SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Workforce Planning and Organisational <a href="#">Development Strategy</a>	Workforce Planning	Employee Induction Processes
Workforce Forum	Elected Member Induction / Development	Board Member Induction
MIJB Voting Member Briefings	Personal Development Plans <a href="#">– to be revisited</a>	Staff Partnership Representation
MIJB Development Sessions	Employee Development Team	Leadership Schemes
Board Member Induction	Moray Management Methods	<a href="#">Staff Governance Committee</a>
Employee Recognition Awards <a href="#">Ceremony (not held 2020)</a>	Employee Induction Processes	<a href="#">“ We Care” programme</a>
System Leadership Programme	Employee Review and Development Programme	
	Staff Leadership Forum	
	<a href="#">Learning Visits / Listening Meetings</a>	
	<a href="#">Best Value Action Plan developed</a>	



# LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES		
<b>Principle F</b>		
<b>Managing risk and performance through robust internal control and strong public financial management.</b>		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Financial Regulations (March 2019)	Financial Regulations	Standing Financial Instructions
Risk Management Strategy and Risk Reporting	Risk Management Policy & Strategy	Budget Monitoring & Financial Planning
<a href="#">Governance Performance Framework</a>	Following the Public Pound – <a href="#">ALEO Funding</a>	Risk Management Framework & Reporting
Budget Monitoring & Financial Planning	Performance Management Framework	Audit Planning (Internal & External)
Production of Annual Accounts	Scheme of Delegation	Policy for the Prevention, Detection and Investigation of Suspected Fraud, Theft or Corruption
Audit Planning (Internal & External)	Section 95 Officer Appointment	Schedule of Reserved Decisions
<a href="#">Business Continuity &amp; Incident Response Plans</a>	Fraud, Theft, Bribery & Corruption Policy	Operational Scheme of Delegation
Performance Management Framework	Participation in National Fraud Initiative	Annual Report and Accounts (including annual governance statement)
Clinical & Care Governance Committee	Information Assurance Group	<a href="#">Performance Governance Committee</a>
Moray Performance Review (Chief Executive)	Budget Monitoring & Financial Planning	
Internal and External Audit Plans	Audit Planning (Internal & External)	
Integration Scheme (April 2018)	Procurement Regulations & Training	
<a href="#">Annual Governance Statement</a>	Business Continuity Plans – <a href="#">to be revisited post pandemic</a>	
<a href="#">Risk Policy (Sept 2020)</a>		



# LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES		
<b>Principle G</b>		
<b>Implementing good practices in transparency, reporting and audit to deliver effective accountability.</b>		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Committee Reporting Framework	Committee Reporting Framework	Board sub-Committee Reporting Framework
Financial Reporting – Budget Monitoring	Financial Reporting – Budget Monitoring	Financial Reporting – Budget Monitoring
Production & Approval of Annual Budget	Production & Approval of Annual Budget	Production of Annual Report and Accounts
Production of Annual Accounts	Production of Annual Accounts	Audit Planning (Internal & External)
Audit Planning (Internal & External)	Audit Planning (Internal & External)	Assurance Framework
Consultation	Statutory Returns	Public Sector Reform Act disclosure
<a href="#">Ministerial Strategic Group Local Objectives</a>	Consultation	
<a href="#">Governance Framework</a>	<a href="#">Chief Social Work Officer Annual Report</a>	
	<a href="#">Scottish Public Services Ombudsman – Complaints Reporting and Responses</a>	





**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 JUNE 2021**

**SUBJECT: UNAUDITED ANNUAL ACCOUNTS**

**BY: CHIEF FINANCIAL OFFICER**

**1. REASON FOR REPORT**

1.1. To inform the Board of the Unaudited Annual Accounts of the Moray Integration Joint Board (MIJB) for the year ended 31 March 2021.

**2. RECOMMENDATION**

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

- i) consider and note the unaudited Annual Accounts prior to their submission to the external auditor, noting that all figures remain subject to audit;**
- ii) note the Annual Governance Statement contained within the unaudited Annual Accounts; and**
- iii) note the accounting policies applied in the production of the unaudited Annual Accounts, pages 41 to 49 of the accounts.**

**3. BACKGROUND**

3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 requires that an integration joint board is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973.

3.2 The Local Accounts (Scotland) Regulations 1985 (as amended) ('the Regulations'), places a statutory obligation on the MIJB to submit draft Annual Accounts for the year ended 31 March 2021 to its external auditors by 30 June 2021 and the audited annual accounts are required to be approved by the MIJB and published by the 30 September each year. The Coronavirus (Scotland) Act 2020 provides opportunity for an Integration Authority to extend this timescale and relates mainly to the timing of the audit. Audited accounts, under the Act are required to be published by 30 November 2021.

3.3 A copy of the unaudited accounts is attached at **APPENDIX 1**

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 In relation to the Coronavirus (Scotland) Act 2020, Scottish Government has advised that the Act has been extended to 30 September 2021. Subsequently, this allows for the ability to delay the publication of Annual Accounts until November 2021. Audit Scotland have assessed the resources they have available to conduct the audit and have made a decision to exercise the powers to extend the timescales as set out in the legislation. The Chief Financial Officer has had regular contact with the external auditor to ensure reporting and inspections periods are appropriate and have adapted timelines accordingly, whilst ensuring the accounts preparation is completed in a timely manner.
- 4.2 The Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the Code) which is underpinned by the International Financial Reporting Standards (IFRS).
- 4.3 Audit Scotland, under the Coronavirus (Scotland) Act 2020 is required to complete their audit by 30 November 2021. The audited accounts and the External Auditor's report will be submitted to the MIJB at its meeting of 25 November 2021 prior to publication.
- 4.4 The Comprehensive Income and Expenditure Statement shows a surplus of £6.155m on the provision of services for the year. As at 31 March 2020, the Balance Sheet showed total Reserves of £0.187m. This increase is primarily due to late allocation of Scottish Government as advance payment to support the continued response and remobilisation of services in relation to Covid-19. Note 7 within the unaudited accounts breaks down the General Fund Reserve between what is General Reserve and available for utilisation and supporting the budget and what is earmarked for specific purposes.
- 4.5 The unaudited accounts are given at **Appendix 1** and consist of the following:
- Management Commentary** – provides the context through narrative that supports the financial statements. It describes the strategic intent of the MIJB, together with its performance through the year, highlighting areas of risk. It also provides some forward thinking on the forthcoming year and planned developments.
- Remuneration Report** – details the pay and pension benefits accrued by the MIJB senior officers during 2020/21.
- Annual Governance Statement** – is a means of reporting publicly on the MIJB's governance arrangements, and seeks to provide assurance that its business is conducted in accordance with law, regulations and proper practices and that public money is safeguarded and properly accounted for.
- Financial Statements** – provides detail of the main financial transactions through the Comprehensive Income & Expenditure Statement, Movement in Reserves Statement, and Balance Sheet.

**Notes to the Accounts** – explains the use of accounting policies and provides supporting information to the main financial statements.

- 4.6 As at 31 March 2021 there were significant variances between budget and actual on several services. These are evident in the Comprehensive Income and Expenditure Statement and are detailed in a separate report being presented to this Board entitled '*Revenue Budget Outturn for 2020/21*'. A summary on the major variances is included within the Management Commentary as part of the Unaudited Annual Accounts.
- 4.7 There has been a late national discussion led by Audit Scotland in relation to the treatment of Personal Protective Equipment (PPE) supplied during the pandemic by National Services Scotland. Currently, this expenditure is not reflected in the accounts of Integration Authorities. The latest information is that the proposed accounting treatment will likely result in an amendment to the annual accounts. A meeting has been convened for 23 June 2021 between the Local Authority (Scotland) Accounts Advisory Committee (LASAAC) and the Chartered Institute of Public Finance and Accountancy (CIPFA). We await the outcome. It should be noted that this will not affect the net position of the MIJB.

## 5. **SUMMARY OF IMPLICATIONS**

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

The unaudited Annual Accounts have been completed and are available for audit inspection within the specified timescale.

**(b) Policy and Legal**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. The MIJB's accounts are prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 which is underpinned by IFRS.

**(c) Financial implications**

The unaudited Annual Accounts provide all required information about the MIJB in relation to its financial position at 31 March 2021. The overriding principle in relation to annual accounts preparation is to provide a true and fair view.

**(d) Risk Implications and Mitigation**

There are no risk issues arising directly from this report. The unaudited Annual Accounts will be subjected to audit by external auditors, Audit Scotland, which will provide assurance that the Accounts for 2020/21 give a true and fair view of the financial position and expenditure and income of the MIJB for the year ended 31 March 2021.

**(e) Staffing Implications**

None arising directly from this report.

**(f) Property**

None arising directly from this report.

**(g) Equalities/Socio Economic Impact**

None arising directly from this report as there has been no change to policy as a result of this report.

**(h) Consultations**

In preparation of the unaudited Annual Accounts, consultations have taken place between finance staff of both Moray Council and NHS Grampian. The Chief Officer and other key senior officers have been consulted for comment where appropriate

**6. CONCLUSION**

- 6.1 The Annual Accounts, subject to audit, show an underspend on the provision of services of £6.155m for MIJB for the year ending 31 March 2021. At the beginning of the year the MIJB, held in its reserves £0.187m. The closing balance on the general fund reserve as at 31 March 2021 is £6.342m, consisting of £1.598m in a general reserve and ££4.744m that has been earmarked for specific purposes as detailed in the unaudited annual accounts 2020/21.**

Author of Report: Tracey Abdy, Chief Financial Officer

Background Papers: with author

Ref:

# MORAY INTEGRATION JOINT BOARD



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**UNAUDITED ANNUAL ACCOUNTS  
FOR THE YEAR ENDED 31 MARCH 2021**

If you need information from the Moray Council in a different language or format, such as Braille, audio tape or large print, please contact:

إذا كنتم في حاجة إلى معلومات من قبل مجلس موراي وتكون بلغة مختلفة أو على شكل مختلف مثل البراي، أسطوانة أوديو أو أن تكون مطبوعة باستعمال حروف غليظة فالرجاء الإتصال ب

Jeil pageidaujate tarnybos Moray tarybos teikiamą informaciją gauti kitokiu formatu, pvz., Brailio raštu, garso įrašų ar stambiu šriftu, kreipkitės:

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

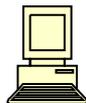
اگر آپ کو مورے کونسل سے کسی دیگر زبان یا صورت میں معلومات درکار ہوں مثلاً "بریلے، آڈیو ٹیپ یا بڑے حروف، تو مہربانی فرما کر رابطہ فرمائیں:



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



01343 563125



[accountancy.support@moray.gov.uk](mailto:accountancy.support@moray.gov.uk)

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## MORAY INTEGRATION JOINT BOARD MEMBERS

### Voting Members

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

### Non-Voting Members

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

### Co-opted Members

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

## MANAGEMENT COMMENTARY

### The Role and Remit of the Moray Integration Joint Board

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

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

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

### Key Purpose and Strategy

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

## MANAGEMENT COMMENTARY (continued)

### WE ARE PARTNERS IN CARE

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

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

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

### STRATEGIC PLAN KEY THEMES

**BUILDING RESILIENCE** – Taking greater responsibility for our health and wellbeing

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

**PARTNERS IN CARE** – Making choices and taking control over decisions

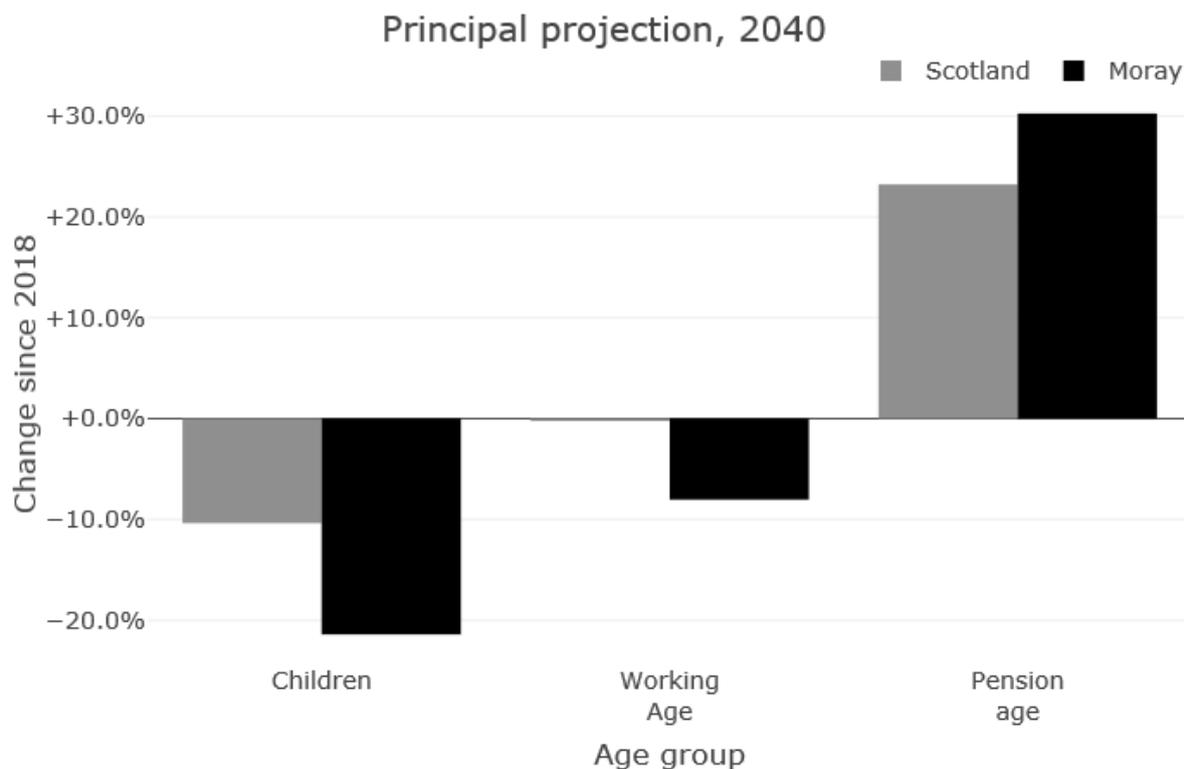
The Plan purposefully places an emphasis on prevention activities and seeks to prioritise these activities as a long term goal, actively pursuing good health and wellbeing for the population, this will mean increased investment in this area of work. It highlights the HOMEFIRST approach and the rationale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

## MANAGEMENT COMMENTARY (continued)

### Population

Moray is a largely rural area covering a land mass of 2,238 sq. km. It has a long coastline on the Moray Firth with harbours, fishing villages and world-class beaches. The area's projected population for 2021 is 95,792. The main centre of population is Elgin, which is home to more than one quarter of the people living in Moray. Other towns of population between 5,000 and 10,000 are Forres, Buckie, Lossiemouth and Keith. Moray's population has grown significantly in recent years from 87,160 in 1997. The population growth in Moray is slowing and it is projected that against the 2018 baseline<sup>1</sup> Moray will be one of the 14 councils in Scotland who will have had a population decline by 2030. This trend is forecast to continue.

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



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

## MANAGEMENT COMMENTARY (continued)

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

One of the major aims of integration and a key measurable target for MIJB is to reduce the number of Moray residents that are ready to be sent home from hospital but have been delayed in this process. This is referred to as a 'delayed discharge'. Delayed discharge can occur due to several reasons but quite often involves the onward provision of social care which can be complex in nature. The table below notes performance over a four year period showing the number of delayed discharge bed days occupied varying significantly and with minimal seasonal pattern up to March 2020.

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

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

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

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

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

## MANAGEMENT COMMENTARY (continued)

Rate of Emergency Occupied Bed Days for over 65's per 1000 Population			
Jun 20	Sept 20	Dec 20	Mar 21
2,038	1,995	1,883	1,780
Jun 19	Sept 19	Dec 19	Mar 20
2,117	2,097	2,112	2,173
Jun 18	Sept 18	Dec 18	Mar 19
2,380	2,375	2,344	2,274
Jun 17	Sept 17	Dec 17	Mar 18
2,558	2,531	2,495	2,444

### Covid 19 Challenges and Success

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

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

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

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

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

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

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

## MANAGEMENT COMMENTARY (continued)

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

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



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

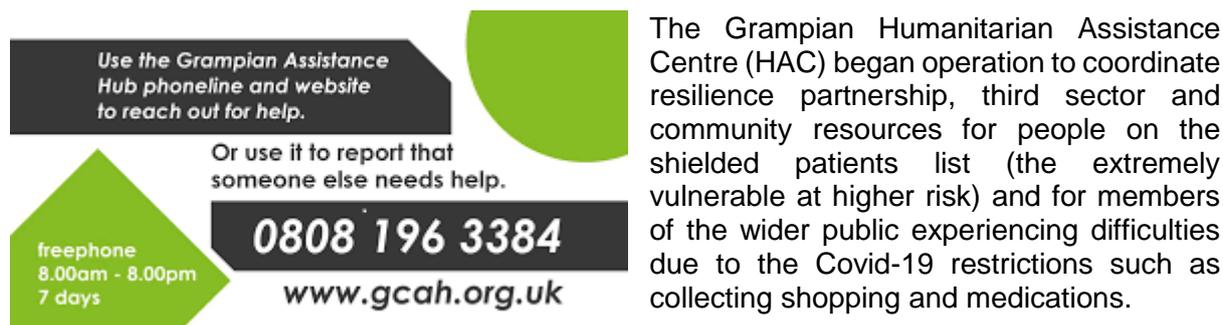
video (Attend Anywhere) calling by all GP practices in Moray with a 915% increase in consultations from the previous year (459 to 4200) and a 1173% rise in consultation hours delivered using the platform (58,000 to 690,200).

- Moray Community Optometry continued to support their patients through remote consultations during the first lockdown.
- Whilst the majority of building-based day services had to close temporarily, the Burnie Day Centre in Buckie continued to provide a critical service for adults with learning disabilities, with staff making adaptations to the service to ensure the provision of excellent day care and support that was safe, fun and meaningful.
- Many other services continued to be delivered face-to-face such as care at home and community nursing, and in supported living and residential care settings.
- Enhanced support was provided to commissioned services with a particular focus on care homes. Care homes play a vital role in providing a safe, caring environment for people to live, but are a high risk setting for Covid 19 due to the vulnerability of residents and the setting. A range of structures and processes were put in place to support and maintain good engagement with care home providers in Moray and to offer assurance to the Partnership around care homes' ability to cope with additional pressures placed on them. This included the establishment of a multi-disciplinary oversight group. Personal Protective Equipment (PPE) and staffing levels were monitored daily and an open line with the Chief Nurse was provided to offer clinical guidance and support. A consultant social work practitioner and lead nurse were seconded to provide support and carry out onsite visits. Weekly information returns were made to the Scottish Government.

## MANAGEMENT COMMENTARY (continued)

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

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



Use the Grampian Assistance Hub phonenumber and website to reach out for help.

Or use it to report that someone else needs help.

freephone  
8.00am - 8.00pm  
7 days

**0808 196 3384**

[www.gcah.org.uk](http://www.gcah.org.uk)

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

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

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

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

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

Enabling home working was one of the ways both Moray Council and NHS Grampian as employers reduced the risk of infection to people who receive services and the wider workforce, while maintaining core functions. Homeworking also supported shielding staff to continue working if possible while minimising exposure to the virus. ICT Services mounted an urgent response to enable as many staff as possible to do this, sourcing, building and distributing large volumes of laptops and mobile phones although orders were delayed due to the national demand and supply issues.

## MANAGEMENT COMMENTARY (continued)

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



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

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

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

### ➤ Supporting those in the community effected by coronavirus

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

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

## MANAGEMENT COMMENTARY (continued)

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

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



**Social Care Assistants Adele and Meg brave the elements in Lossiemouth**

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

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

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

## MANAGEMENT COMMENTARY (continued)

### Vaccination Programme

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

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

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



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

### Recovery and Re-mobilisation

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

## MANAGEMENT COMMENTARY (continued)

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

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

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

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

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

## MANAGEMENT COMMENTARY (continued)

### Financial Review and Performance

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives is asked to consider the financial position at a given point and any management action deemed as necessary to ensure delivery of services within the designated financial framework. From the mid-point in the financial year, the Board was presented with financial information that included a forecast position to the end of the year. In November 2020 the Board received a report for the first half of the year which at that point gave an anticipated forecast overspend to the end of the financial year of £0.3m. By the end of the December 2020, MIJB were forecasting a small underspend to the end of the year of £0.04m.

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 £7.028m. The largest element of spend related was £2.9m which was used to support sustainability payments to external providers of care. In February 2021, the Scottish Government announced further funding, primarily relating to Covid-19. These funds are to be held in an earmarked reserve and drawn down as appropriate for the continued support to the pandemic response and recovery. Additional detail is provided below.

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

## MANAGEMENT COMMENTARY (continued)

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

## MANAGEMENT COMMENTARY (continued)

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page 39. At 31 March 2021 there were usable reserves of £6.342m available to the MIJB, compared to £0.187m at 31 March 2020. These remaining reserves of £6.342m are for various purposes as described below:

Earmarked Reserves	Amount £000's
Action 15	151
Primary Care Improvement Plan	1,517
Covid-19	2,289
Winter Funding	306
Physio Arise	32
Community Living Change Fund	319
Care Home Infection Control	131
<b>Total Earmarked</b>	<b>4,744</b>
<b>General Reserves</b>	<b>1,597</b>
<b>TOTAL Earmarked &amp; General</b>	<b>6,342</b>

Significant variances against the budget were notably:

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

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

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

## MANAGEMENT COMMENTARY (continued)

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

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

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

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

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

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

## MANAGEMENT COMMENTARY (continued)

### Risks, Uncertainties and Future Developments

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

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

#### VERY HIGH

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

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

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

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

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

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

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

#### HIGH

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

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

Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position.

Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.

## MANAGEMENT COMMENTARY (continued)

### HIGH (continued)

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

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

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

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

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

Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources.

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

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

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

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

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

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

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

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

## MANAGEMENT COMMENTARY (continued)

### Development Aims for 2021/22

#### HOME FIRST

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

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

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

In addition we will seek to:

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

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**Dennis Robertson**

**Chair of Moray IJB**

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**Simon Bokor-Ingram**

**Chief Officer**

.....

**Tracey Abdy**

**Chief Financial  
Officer**

**24 June 2021**

## STATEMENT OF RESPONSIBILITIES

### Responsibilities of the MIJB

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

**Dennis Robertson**

**Chair of Moray IJB**

**24 June 2021**

## **STATEMENT OF RESPONSIBILITIES (continued)**

### **Responsibilities of the Chief Financial Officer**

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

In preparing the Annual Accounts the Chief Financial Officer has:

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Moray Integration Joint Board for the year ending 31 March 2021 and the transactions for the year then ended.

**Tracey Abdy CPFA**

**Chief Financial Officer**

**24 June 2021**

## REMUNERATION REPORT

### Introduction

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

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

### Moray Integration Joint Board

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

### MIJB Chair and Vice-Chair

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

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

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

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

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

## REMUNERATION REPORT (continued)

### Officers of the MIJB

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

### Chief Officer

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

### Other Officers

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

Total 2019/20	Senior Employees	Salary, Fees & Allowances	Taxable Expenses	Total 2020/21
£		£	£	£
101,244	Pamela Dudek Chief Officer (until 19/4/20)	5,553 (fye 105,209)	0	5,553
0	Simon Bokor- Ingram (interim Chief Officer 20/4/20 to 21/3/21) Chief Officer from 22/3/21	96,115 (fye 101,393)	0	96,115
63,721	Tracey Abdy Chief Financial Officer	87,271	0	87,271

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

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

## REMUNERATION REPORT (continued)

	In Year Pension Contributions		Accrued Pension Benefits		
	Year to 31/03/20	Year to 31/03/21		As at 31/03/2021	Difference from 31/03/2020
	£	£		£ 000's	£ 000's
Pamela Dudek Chief Officer (until 19/4/20)	21,660	1,204 (to 19/4/20)	Pension	44	7
			Lump Sum	98	17
Simon Bokor-Ingram, (Interim Chief Officer 20/4/20 to 21/3/21) Chief Officer from 22/4/21	0	13,142 (from 20/4/20)	Pension	38	0
			Lump Sum	80	0
Tracey Abdy Chief Financial Officer	13,318	18,075	Pension	18	2
			Lump Sum	18	0

### Disclosure by Pay bands

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

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

## REMUNERATION REPORT (continued)

### Exit Packages

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

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**Dennis Robertson**  
**Chair of Moray IJB**

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**Simon Bokor-Ingram**  
**Chief Officer**

**24 June 2021**

## ANNUAL GOVERNANCE STATEMENT

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

### Scope of Responsibility

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

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

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

### The Governance Framework

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

Given the scope of responsibility within the MIJB and the complexities surrounding the assurance arrangements, a Local Code of Corporate Governance was developed and the MIJB assesses the effectiveness of its governance arrangements against the principles set out in the document. The Code outlines the seven governance principles from the CIPFA/SOLACE guidance (as referenced below) and provides the sources of assurance for assessing compliance relative to the MIJB, Moray Council and NHS Grampian.

### Key Governance Arrangements

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

## ANNUAL GOVERNANCE STATEMENT (continued)

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

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

### Evaluation of the Effectiveness of Governance

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

##### Assessment of Effectiveness

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

## ANNUAL GOVERNANCE STATEMENT (continued)

### Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement

#### Assessment of Effectiveness

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

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

#### Assessment of Effectiveness

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

## ANNUAL GOVERNANCE STATEMENT (continued)

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

#### Assessment of Effectiveness

- The MIJB's decision making process ensures that the members of the Board receive objective and robust analysis of a variety of options indicating how the intended outcomes will be achieved, providing information on the associated risks and opportunities.
- Board papers reflect the broad range of matters under consideration including regular update reports by the Chief Officer on topical matters and agenda items covering opportunities and challenges arising from reconfiguration of services.

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

#### Assessment of Effectiveness

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

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

#### Assessment of Effectiveness

- As part of a robust risk monitoring framework, the Strategic Risk Register is reviewed and updated regularly and presented to every Audit, Performance and Risk Committee. A related action log was created for monitoring purposes and is owned and monitored by the Senior Management Team.
- A Performance Management Framework has been developed. Performance reporting falls within the scope of the Audit, Performance and Risk Committee and reporting is quarterly.
- The internal control system links closely with those of the Partners, given their operational remit for delivery of services under direction of the MIJB. The Audit, Performance and Risk committee through its consideration of reports monitors the effectiveness of internal control procedures. The MIJB Chief Internal Auditor undertakes an annual review of the adequacy of internal controls and the opinion is included within this statement.
- The MIJB has an independent S95 Officer who is a member of the MIJB, providing advice on all financial matters and ensure timely production and reporting of budget estimates, budget monitoring reports and annual accounts.

## ANNUAL GOVERNANCE STATEMENT (continued)

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

#### Assessment of Effectiveness

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

#### Review of Adequacy and Effectiveness

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

#### Moray Council Governance Framework

Moray Council is a local authority incorporated under the Local Government etc. (Scotland) Act 1994. The council is accountable to its electorate through 26 local councillors elected to serve in eight multi-member wards within the Moray area.

The council is regulated by statute across many areas of service provision including Social Care delivered under Direction of the MIJB for Adult Services, with plans in place to deliver Children's Services under similar governance arrangements.

Council governance is underpinned by a series of constitutional documents comprising:

- Standing Orders which regulate the form and conduct of meetings of the Council and its committees.
- A Scheme of Administration, which sets out the powers delegated to the Council and each committee.
- A Scheme of Delegation which sets out the tasks assigned to Senior Officers under delegated powers.
- Financial Regulations which support the application of sound internal financial controls and assist in ensuring the proper use of public funds.

## ANNUAL GOVERNANCE STATEMENT (continued)

Governance arrangements are kept up to date on an ongoing basis in response to changing need and, annually, these arrangements are reviewed in line with the governance principles referred to elsewhere in this statement. The findings from this review are summarised in a published Annual Governance Statement. [Link to follow](#)

The Statement describes the contributions to good governance made by members and officers in line with the principles identified as best practice and includes the oversight roles of the Chief Financial Officer, the Chief Social Work Officer, and the Monitoring Officer all of who are appointed under statutory provision. An opinion is also provided by the council's Internal Audit Manager on the system of Governance, Risk Management and Internal Control.

A review of the effectiveness of these systems has been completed and the Statement endorsed by the Leader of the Council and the Head of Paid Service (Chief Executive). No significant weaknesses in the Council's system of governance, risk management and internal control have been disclosed.

### NHS Grampian Governance Framework

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

- A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
- A Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board that are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
- Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations;

## ANNUAL GOVERNANCE STATEMENT (continued)

- The consideration by the Board of regular reports from the chairs of the performance governance, engagement and participation, staff governance, clinical governance, audit committee and from the Chair of the Endowment Trustees concerning any significant matters on governance, risk and internal controls;
- Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance Governance Committee; and of service quality against recognised professional clinical standards by the Clinical Governance Committee;
- Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief Executives of each of the partner organisations in the regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery.

Based on the evidence considered during the review of the effectiveness of the internal control environment NHS Grampian has confirmed that there are no known outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance on governance, risk management and control.

### Internal Audit Opinion

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

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

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

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

## ANNUAL GOVERNANCE STATEMENT (continued)

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

Being unable to progress audit work where services had been suspended or staff redeployed, Internal Audit also adapted its work programme to allow emerging control systems to be assessed e.g. for the distribution of funding streams linked to the pandemic. But there have been some limitations on internal audit activity occasioned by delays in being able to access key staff who themselves were encountering significant workload demands; by being unable to access certain facilities due to homeworking restrictions, and by being unable to access systems that potentially could be subject to audit.

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

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

## ANNUAL GOVERNANCE STATEMENT (continued)

### Prior Year Governance Issues

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

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

## ANNUAL GOVERNANCE STATEMENT (continued)

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

## ANNUAL GOVERNANCE STATEMENT (continued)

### Further Developments

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

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

#### Key Governance challenges going forward will involve:

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

## ANNUAL GOVERNANCE STATEMENT (continued)

### Statement

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

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

.....  
**Dennis Robertson**  
**Chair of Moray IJB**

.....  
**Simon Bokor-Ingram**  
**Chief Officer**

**24 June 2021**

## COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

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

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

## MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Moray Integration Joint Boards (MIJB) reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. Additional detail included within note 7 on page [45](#).

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

## BALANCE SHEET

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

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

The unaudited annual accounts were issued on 24 June 2021.

**Tracey Abdy CPFA**

**Chief Financial Officer**

**24 June 2021**

# NOTES TO THE FINANCIAL STATEMENTS

## Note 1 Significant Accounting Policies

### General Principles

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

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

### Accruals of Income and Expenditure

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

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

### Funding

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

### Cash and Cash Equivalents

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

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### Note 1 Significant Accounting Policies (continued)

#### Employee Benefits

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

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

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

#### Reserves

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

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

#### Indemnity Insurance

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

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

### Note 2 Critical Judgements and Estimation Uncertainty

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

Public Sector Funding – There is a high degree of uncertainty about future levels of funding for Local Government and Health Boards and this will directly impact on the MIJB.

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### Note 3 Events after the Reporting Period

The unaudited accounts were issued by Tracey Abdy, Chief Financial Officer on 24 June 2021.

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

### Note 4 Expenditure and Income Analysis by Nature

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

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### Note 5 Taxation and Non-Specific Grant Income

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

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

### Note 6 Debtors

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

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

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### Note 7 Usable Reserve: General Fund

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

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

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

	<b>Earmarked Reserves</b>				
	<b>General Reserves</b>	<b>PCIP Action 15</b>	<b>&amp; Covid-19</b>	<b>Other Earmarked</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Balance at 1 April 2019	0	257	0	0	257
Transfers (out)/in 2019/20	0	(70)	0	0	(70)
<b>Balance at 31 March 2020</b>	<b>0</b>	<b>187</b>	<b>0</b>	<b>0</b>	<b>187</b>
Transfer out 2020/21	0	(2,993)	(11,466)	0	(14,459)
Transfers in 2020/21	1,598	4,473	14,191	352	20,614
<b>Balance at 31 March 2021</b>	<b>1,598</b>	<b>1,667</b>	<b>2,725</b>	<b>352</b>	<b>6,342</b>

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

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

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### Note 8 Agency Income and Expenditure

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

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

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

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### Note 9 Related Party Transactions

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

#### Transactions with The Grampian Health Board

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

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

#### Balances with The Grampian Health Board

31 March 2020		31 March 2021
£000		£000
(187)	Debtor balances: Amounts due from The Grampian Health Board	(6,160)
<b>(187)</b>	<b>Net Balance due from The Grampian Health Board</b>	<b>(6,160)</b>

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### Note 9 Related Party Transactions (continued)

#### Transactions with Moray Council

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

#### Balances with Moray Council

<b>31 March 2020</b>		<b>31 March 2021</b>
£000		£000
0	Debtor balances: Amounts due from Moray Council	(182)
0	Creditor balances: Amounts due to Moray Council	0
<b>0</b>	<b>Net Balance due from Moray Council</b>	<b>(182)</b>

## **NOTES TO THE FINANCIAL STATEMENTS (continued)**

### **Note 10 VAT**

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

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

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

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

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







**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 JUNE 2021**

**SUBJECT: MINISTERIAL STRATEGIC GROUP IMPROVEMENT ACTION PLAN**

**BY: CHIEF FINANCIAL OFFICER**

**1. REASON FOR REPORT**

1.1. To seek endorsement from the Board on the Ministerial Strategic Group (MSG) Improvement Action Plan.

**2. RECOMMENDATION**

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

- i) consider and approve the review of progress and identified actions within the MIJB Improvement Action Plan, see APPENDIX 1; and**
- ii) agree that an update will be received from the Chief Financial Officer in six months' time on the improvement actions identified within the improvement action plan.**

**3. BACKGROUND**

3.1. The MSG was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership, direction and support in working across organisational and structural boundaries. It assumed overall responsibility for policy matters that crossed the local government / NHS Scotland interface and is a key forum for taking forward Convention of Scottish Local Authorities (COSLA) and the Scottish Government's joint political leadership of health and social care integration.

3.2. Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward by the MSG for Health and Community Care

- 3.3. At its meeting on 20 June 2018, the MSG agreed that the review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray (the then Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a “reference” group to the leadership group.
- 3.4. The MSG for Health and Community Care published a report on the review of progress with integration on 4 February 2019. Following publication it was agreed to reconvene the Leadership Group on the 12 February 2019; this group took on the new role of driving forward and supporting implementation of the review. Included in the review report was the expectation that Health Boards, Local Authorities and Integration Joint Boards should take this opportunity to evaluate their current position in relation to the review report’s findings and the Audit Scotland report on integration published in November 2018, and take action to make progress.
- 3.5. On the 25 March 2019 the Chief Officer received a letter from the Director-General, Health and Social Care and Chief Executive of NHS Scotland and the Chief Executive, COSLA requesting completion and submission of the self-evaluation template by 15 May 2019 in order that progress may be shared with the MSG.
- 3.6. The self-evaluation template was prepared on a collective basis with NHS Grampian, Moray Council and MIJB and was submitted as “draft” to the MSG by their deadline of 15 May 2019.
- 3.7. On 22 August 2019 the Chief Officer wrote to the Director-General Health and Social Care and Chief Executive NHS Scotland to inform on Moray’s key themes and actions for improvement, stating Moray’s Improvement Plan requires further consideration and collaboration with partners.
- 3.8. On 28 November 2019 the Chief Officer informed the MIJB that due to competing demands the update on the improvement actions would be deferred until early 2020. Progress on this was then paused due to the global pandemic.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1. On 14 April 2021 the Chief Financial Officer emailed all members to advise there would be a MIJB Development Session on 29 April 2021 to consider the MSG Improvement Action Plan. Members were given the opportunity to provide their views under each of the proposals and to indicate an independent view on ‘our rating’ ahead of the session.
- 4.2. Following discussion at the MIJB Development Session on 29 April 2021 on each proposal the Improvement Action plan was updated reflecting the views and comments of Board Members.
- 4.3. On 28 May 2021 the Chief Executives of Moray Council and NHS Grampian met with the MIJB Chair, Vice-Chair, Chief Officer and Chief Financial Officer where they discussed and approved the Improvement Action Plan **APPENDIX 1**.

- 4.4. The MSG has not requested an updated submission recently on the improvement action plan, however, MIJB Board Members and officers are agreed that this is a useful improvement tool with regular review. With this in mind it is considered necessary that the MIJB monitors the progress being made against the improvement actions identified in **APPENDIX 1**. The recommendation is that the Chief Financial Officer provides the MIJB with an update of progress at its meeting of 27 January 2022.
- 4.5. At the meeting of 28 May 2021, the Chief Executives of the Partnership organisations together with the MIJB Chair, Vice-Chair, Chief Officer and Chief Financial Officer agreed that regular discussion of the improvement actions, places a focus of areas of prioritisation for joint planning and improvement and was agreed as an approach going forward.

## **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”**

There are direct links to the achievement of the Strategic Plan and delivery on the national health and wellbeing outcomes.

### **(b) Policy and Legal**

None arising directly from this report.

### **(c) Financial implications**

None arising directly from this report.

### **(d) Risk Implications and Mitigation**

Close monitoring of improvement actions will support progress on integration and therefore mitigate a number of strategic risks.

### **(e) Staffing Implications**

None arising directly from this report.

### **(f) Property**

None arising directly from this report.

### **(g) Equalities/Socio Economic Impact**

An Equalities Impact Assessment is not required as there is no change to policy and procedures resulting from this report.

### **(h) Consultations**

Consultation on this report has taken place with the Chief Officer, the Corporate Manager and Tracey Sutherland, Committee Services Officer, Moray Council; who are in agreement with the content of this report as regards their respective responsibilities

## **6. CONCLUSION**

- 6.1. **The MIJB are asked to consider and approve the review of progress and identified actions within the Improvement Action Plan at Appendix 1.**

**6.2. The Improvement Action Plan will be reviewed regularly through a Partnership approach with a view to achieving continuous improvement.**

Author of Report: Isla Whyte, Interim Support Manager

Background Papers: with author

Ref:



# Review of Progress with Integration of Health and Social Care

## Health and Social Care Moray

### Improvement Plan 2021-2023

<b>Name of Partnership</b>	Moray
<b>Contact name and email address</b>	Simon Bokor-Ingram <a href="mailto:hscmchiefofficer@moray.gov.uk">hscmchiefofficer@moray.gov.uk</a>

Y	G
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**Y= Previous Rating**

**G- Rating agreed as at April 2021**

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice.				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating		Y	G	
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
Mechanism to be developed to ensure corporate support systems are adequate and appropriate in the LA and NHS both supporting the IJB and identifying activities where a multi-agency approach could be explored.		An assessment will be undertaken with regards to the level of support required and a review of the current arrangements. Discussions to be had with both senior teams to agree a position as some gaps remain.		December 2021
Strengthen connections across the partnership to ensure meaningful understanding and collaboration throughout all organisations.		Cross partnership meeting arrangements have been strengthened by extending the membership of the existing groups to include the Co-Chairs of the IJB, CEO's NHS and Council and finance leads across the 3 organisations. The Terms of Reference are kept under regular review.		Already in place and under regular review. Last reviewed Q4 20/21, and further refinement which is maturing the relationships.
Build on the confidence of HSCP delivery to support the NHS Grampian leadership of acute portfolios.		Interim arrangements for the leadership of the acute portfolio through HSCPs, with the development of a clear plan for how pathway management can be mainstreamed across		June 2021

		Grampian.	
	Continue to build on the good partnership relationships that exist	Good cross partnership relationships already in place and strengthened over the last year. Good focus, as part of our Covid recovery, to ensure these relationships are protected and developed.	Ongoing

<b>Proposal 1.2</b>				
<b>Relationships and collaborative working between partners must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
The North East Wide Transformation Groups bring together the LA CEOs and NHSG CEO with the 3 HSCP CO's, and separately the IJB Chairs and Vice Chairs with COs. The joint working continues to develop, and further evaluation of outcomes will instil greater confidence to share risk and transform services to better meet need.		The 3 COs have commissioned evaluation of Home First, which will be shared with the North East Groups.  The progression of pathway management and CO leadership of acute portfolios will create a more mature dynamic around whole systems working.		June 2021
Further work required to ensure transparency and improvement mechanisms on health and social care business within the wider organisation of the LA.		Agreement on items to be taken to CMT/SMT in the Council to ensure greater awareness and involvement in HSCP matters.  More opportunities for Councillors to be briefed on the work of the HSCP.		December 2021
Involvement and engagement in community planning has improved and we would aim to		IJB Chair member of the Community Planning Partnership Board (CPPB)		In place

	develop this further	CO in attendance at CPPB, member of Community Planning Officers Group and Chief Officers Group, and CO leading on sections of the Local Outcome Improvement Plan.	
	Process underway to plan collaboratively across the health and social care system in relation to the unscheduled care delegated pathways with the aim of reshaping services and shifting the balanced of care	Strategic Reviews underway in relation to specific delegated pathways, applying an agreed planning methodology signed off by IJBs. Regular meeting established pan-Grampian involving CEOs, NHS/Council and CO as well as finance leads with scrutiny of pathway work.	In place
	Improve information sharing between MIJB Members' and partner organisations	The re-introduction of briefings (medium to be determined) to Elected Members and Community Planning Partners to support	July 2021

<b>Proposal 1.3</b>				
<b>Relationships and partnership working with the third and independent sectors must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Continue to consider and assess relationships with the third and voluntary sectors to ensure effectiveness and appropriate engagement.	Further discussions underway to agree the improvement required and take action.		December 2021
	Strengthen locality planning arrangements to ensure ongoing engagement and involvement with third, independent and community groups in future community planning.	Parts of the operational portfolio have shifted to a local configuration with single management arrangements. This was implemented at the end of 2019 and continues to develop  Plans for adult services to join in the Local Management Groups and network groups to ensure coherence with Community Planning and Children's services in relation to locality work. Third sector involvement to increase through localities, for both adult and children's services.		December 2021
	Development Session to be delivered to identify specific improvement opportunities to support the change from transactional	A strengthening of understanding is required around what makes up these sectors to support efficient and meaningful connection and to embed		September 2021

	relationships to a co-produced arrangement.	understanding around the potential added value that can be achieved.  Clear roles and responsibilities to be determined	
	Strategic Planning & Commissioning Group to be re-established and refreshed	Define clear methodology, ensuring third sector participation and representation is appropriate, relevant and responsibilities are clear.	July 2021

<b>Key Feature 2 Integrated finances and financial planning</b>				
<b>Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.  Improved longer term financial planning on a whole system basis is in place.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	From April 2019 the LA Chief Financial Officer has attended the quarterly performance meetings scheduled between IJB Chair and Vice-Chair, CO and CFO, LA & NHS Chief Executive and NHS Director of Finance.	This action to strengthen arrangements is now embedded and regular meetings are held to fulfil this function. Meetings were less frequent at some points during the Covid-19 response but have now resumed at regular intervals		In place
	Ensure up to date financial information is shared for all parties to create a joint understanding of financial positions. Budget setting is also a key time to ensure robust conversations are had	This is captured throughout the year at financial performance reviews and the sharing of information amongst the finance leads for the 3 partner organisations and wider management teams		In place
	More frequent financial planning updates to enable partners to understand MIJB financial	Change frequency of review of Medium Term Financial Strategy		March 2022

	position and longer term plans.		
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<b>Proposal 2.2</b>				
<b>Delegated budgets for IJBs must be agreed timeously</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes.  Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Continuous dialogue throughout the year between all partners to ensure a robust and timeous process surrounding budget setting. As at April 2021, the IJB has always met its statutory duty in setting its revenue budget by 31 March each year.	Timelines for budget agreement and alignment of decision making in place strengthened by meeting arrangements and agreements put in place in 2019.		In place
	Ensure greater scrutiny around savings plans	Audit Performance and Risk Committee to review budget savings and report back to MIJB		To commence as part of 2021/22 reporting

<b>Proposal 2.3</b>				
<b>Delegated hospital budgets and set aside budget requirements must be fully implemented</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements.  The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance.  The set aside budget is being fully taken into account in whole system planning and best use of resources.
<b>Our Rating</b>		<b>Y</b>		
		<b>G</b>		
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	The North East System Wide Transformation Group continues to meet. One of the original aims of this group consisting of 3 LA and the NHSG Chief Exec's, IJB CO's and finance leads was to provide a mechanism to progress the implementation of set aside budgets. The group will continue to have oversight of service reviews, and will develop the joint working arrangements to include how COs managing acute portfolios can enhance whole system working.	Regular meetings have continued although the focus during the pandemic has changed to address current issues supporting wider decision making.  The focus on Home First has created a shared vision and expectation that will create the conditions for how resources can shift in the future, including the set aside budgets.  A key component for these reviews will be to identify the resources committed to the current model and the resources required to support the redesign and service model identified through the strategic review process. These will enable plans		In place and ongoing

		to be developed for changing use of resources linked to redesign and agreed outcomes. It would be through this approach that agreement will be reached in terms of resource allocation.	
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<b>Proposal 2.4</b>				
<b>Each IJB must develop a transparent and prudent reserves policy</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Difficulty in holding general reserves due to the Integration Scheme and the requirement to call on reserves.	Continue to review the Reserves Policy as agreed by the IJB		Next review required no later than March 2022
	Earmarked reserves will be created appropriately as part of the 20/21 annual accounts process.	The will form part of the close-down process and production on annual accounts for 2020/21		Draft Accounts 30 June 2021 Final Accounts 30 November 2021

<b>Proposal 2.5</b>				
<b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and Forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
<b>Our Rating</b>		<b>Y</b>	<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Ultimate aim would always be for the IJB S95 Officer to have both strategic and operational responsibility for finance staff in the LA and NHS. This is unlikely due to financial constraints and shrinking workforces.	Whilst the improvement action is considered the ideal position, the difficulty is recognised. The IJB CFO has excellent working relationships with key finance personnel of both the health board and local authority and manages this situation to ensure the IJB remain well-informed. The appointment of an independent CFO to the IJB in August 2017 ensures conflicts of interest are avoided		In place
	CFO to continue to forge strong working relationships	CFO's commitment to partnership working and excellent working relationships ensures progressive approach and full transparency.		Ongoing

<b>Proposal 2.6</b>				
<b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
<b>Our Rating</b>		<b>Y</b>	<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Better use of directions. Detail needs to be enhanced in order to facilitate appropriate action.	Directions will be reviewed to contain more specific change information and allocation of resources.		December 2021
	The revised Strategic Plan was approved by the IJB in October 2019 and launched in December of that year. It was prepared on the basis of a single budget.	10 year Strategic Plan launched formally in December 2019. Post Covid the Strategic Plan should be reviewed, to reflect the transformational changes over the last 12 months, and to reflect the changing profile of need.		In place Review required by October 2021 and report to MIJB November 2021
	The medium term financial strategy was approved in October 2019 and was prepared to facilitate a single budget.	There is now a requirement to review the Medium term financial strategy		March 2022
	The Strategic Planning functions need to be re-invigorated post Covid, using learning from the past 12 months to refocus on the longer term recovery of community and	Review as part of the remobilisation process, linking to Community Planning and the recovery plans of the LA and NHS.		July 2021

	services.		
	Evaluate the effectiveness of the IJB decision to invest in Discharge to Assess activities, and where the positive impacts are in other parts of the system.	Review part of the IJB approval process	October 2021
	The care for the elderly, palliative care and mental health strategic reviews to inform the future funding requirements to support its implementation and ensure resources are aligned to any revisions to current service configuration, Respiratory will be undertaken in autumn 2019 and rehabilitation medicine, A&E services and general medicine will likely be undertaken during 2020.	As Above –finance discussions to be worked through within the structures created cross system	March 2020
	MIJB to be an active member in community planning	Review the Strategic Planning Commissioning Group to strengthen the links between Community Planning and IJB.	August 2021

Key Feature 3 Effective strategic planning for improvement				
Proposal 3.1 Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership.  Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.  Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.  There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
<b>Our Rating</b>		<b>Y</b>	<b>G</b>	
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	Support the NHS Grampian leadership of acute portfolios through the Chief Officer.	Through the Chief Officer, the wider team of the HSCP will continue to develop pathways that span across traditional boundaries, using the Home First approach.		June 2021
	The Chief Officer will work with the CEO of the LA and NHS to develop a case for the potential delegation of Children's Social Work and Criminal Justice to the IJB.	The Chief Officer chairs the Programme Board, and will work collaboratively with a range of stakeholders, including the 2 CEOs, to improve services and to reach a decision point.		October 2021

<b>Proposal 3.4</b>				
<b>Improved strategic planning and commissioning arrangements must be put in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.  The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.  The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs.  The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>	<b>Timescale for Delivery</b>	
	Mechanisms to be established to facilitate cross-referencing of priorities where appropriate.	Strategic Planning Group will review cross referencing	November 2021	
	Development of infrastructure strategies that link physical assets to service models and pathways.	Better linkages between HSCP and LA and NHS, with a clear line of sight to	December 2021	
	View to establishing joint processes where appropriate.	Need to specify where this would be useful, discussion will happen within the arenas of the senior leadership teams	Ongoing	
	Development of better processes to	NHS Grampian Outcomes framework underway	Ongoing live work	

	evaluate and measure outcomes in line with Best Value.	and takes cognisance of the HSCP requirements, Corporate Manager working with both agencies to maximise use of systems and support outcomes monitoring fit for the future.	
	Development of revised Strategic Plan to be clearer on priorities.	Draft plan in place and work on priorities for transformation plan underway	November 2021
	Development of performance management framework.	Performance management framework in place and work is underway to continue to develop	December 2021
	Development of learning from transformational projects that has the potential to impact on the wider system.	Agreement to work more collaboratively through the COs in developing a process to improve this learning both locally and nationally.	March 2022
	Appointment has just been made to a Strategic Planning Lead/ Deputy Chief Officer	A revised structure and framework will be developed to support effective strategic planning.	August 2021

<b>Proposal 3.5</b>				
<b>Improved capacity for strategic commissioning of delegated hospital services must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.  Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.  There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
<b>Our Rating</b>		<b>Y</b>		
		<b>G</b>		
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	The arrangements are not advanced. The opportunities to link Home First, The Strategic Plan and the management of pathways across boundaries will create opportunities to commission differently.	Widening the Strategic Planning Group to encompass all areas of work across Moray.		July 2021
	Completion of the care for the elderly, palliative care and mental health strategic reviews and evaluation of the opportunities for transformational change.			

<b>Key Feature 4</b>				
<b>Governance and accountability arrangements</b>				
<b>Proposal 4.1</b>				
<b>The understanding of accountabilities and responsibilities between statutory partners must improve.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.  The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Continuous development of governance frameworks linking to frameworks of NHS and LA.	The IJB approved their governance framework in January 2021 following work that had been ongoing throughout 2020 and a development session held with Members in December 2020		In Place – to be kept under regular review
	Greater focus and development on the use of Directions.	There is a requirement to develop this work during 2021/22		March 2022
	Requirement to develop further the need to report to full council and the wider organisation bridging the highlighted gap.	Still being considered Increase in members briefings		March 2020 In place
	Improve mechanisms for effective dialogue	Continue to develop transparency through wider		March 2022

	and strengthening relationships with elected Members, ensuring appropriate governance at a level reflective of Partners.	circulation of key documents /briefings and minutes. Raise awareness for Elected Members in relation to access to Officers and Board Members.	
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<b>Indicator 4.2</b>				
<b>Accountability processes across statutory partners will be streamlined.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
<b>Our Rating</b>		<b>Y</b>		
		<b>G</b>		
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Accountability clear and transparent for directly managed services. Further work required in tandem with HSCPs across Grampian to better reflect the performance of hosted services, so that is visible in all 3 HSCPs.	Identified that gap exists, and further work being taken forward.		October 2021

<b>Proposal 4.3</b>				
<b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
<b>Our Rating</b>			<b>Y</b>	<b>G</b>
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Continued commitment to an induction programme for new members.			All in place
	Continued commitment to support IJB members on issues including code of conduct.			
	Continued commitment to regular development sessions to address routine and topical discussion to ensure good communication and effective joint working.			
	Continuation of national Chairs and Vice-Chair meetings are pivotal.			
	Continue to develop a robust governance framework for which the IJB to operate within.			

<b>Proposal 4.4</b>				
<b>Clear directions must be provided by IJB to Health Boards and Local Authorities.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
<b>Our Rating</b>		<b>Y</b>		
		<b>G</b>		
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Reduced support being provided by the LA legal services team has delayed progress here. Discussions are taking place to ensure an appropriate level of support can be maintained to ensure the effective issue of directions.	CFO and CO to take forwards, using the partnership arrangements to find a workable and sustainable solution.		November 2021
	As the processes surrounding the single budget system develops, the intention is to provide clearer and more meaningful directions to the LA and NHS following an IJB decision.	The most recent Scottish Government guidance will be used to develop the work required to improve the quality of directions		March 2022
	Ensure MIJB Members are fully appraised of the concept of directions	MIJB Development session to be held		December 2021

<b>Proposal 4.5</b>				
<b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.  Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.  Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>	<b>Timescale for Delivery</b>	
	Further work is required to join up operationally critical joint business arising from practice governance and clinical governance to ensure the flow of key information and learning.	The reporting through Clinical and Care Governance Group and on to the Committee needs to better reflect the key risks that the IJB carries. A workshop was held in January 2020 which included key stakeholder from across Grampian. The Clinical & Care Group is in place and Members of the Clinical and Care Governance Committee feels assured that the governance structure that supports it is operating effectively.	In place	
	Consolidate on the areas that are working well and to identify those areas where there are opportunities for further development, including	Joint Chairs of CCGG are Chief Nurse and Chief Social Worker who direct the agendas and request reports to provide assurance of effective	Ongoing	

	children's services for health and social work.	operations and identification of risk areas and mitigations.	
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<b>Key Feature 5</b>				
<b>Ability and willingness to share information</b>				
<b>Proposal 5.1</b>				
<b>IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
<b>Our Rating</b>		<b>Y</b>	<b>G</b>	
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Clearer agreement of the support from partners to ensure the timely delivery of the final document fit for publication. Reducing resources and service pressures across the system can limit this ambition.	Work with partner agencies to ensure that there are good contributions from all sectors to better reflect the wider achievements and challenges for the Partnership.		September 21
	As routine performance reporting is improved – the intention is to ensure this document will also improve and be seen as an ongoing piece of work and commentary.	Amendments are made each year in the production of the annual performance report with a view to continuous improvement.		Ongoing

<b>Proposal 5.2</b>				
<b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.  Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.  Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.  Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.  All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
<b>Our Rating</b>		<b>Y</b>		
		<b>G</b>		
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Further development of the MERIT awards to ensure an annual event is held with wider engagement of the partners.	Consideration will be given to reinstating this event once operations are at more reasonable level and pandemic response is stepped down		To be agreed
	Ongoing consideration of means by which best practice can be adopted at a local level.	As partnership starts to remobilise and recover can focus more on this side		To be agreed
	Further review with partners on how we can build on our success to date.			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	Further discussion required across the partnership and with Community Planning on achieving more coherent approaches to engagement and involvement.	<p>Already HSCP has demonstrated effective community engagement around a number of items. Evidence exists to support this.</p> <p>Willingness to work through community planning when mechanisms are more established.</p>		<p>In place</p> <p>Ongoing</p>
	MIJB to support meaningful engagement with CPP. Listen from the ground up	Robust action required – development session determined as effective mechanism to progress		March 2022

<b>Proposal 6.2</b>				
<b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities.  There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place.  There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.  There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
<b>Our Rating</b>			<b>Y</b>	
			<b>G</b>	
<b>Improvement Action</b>				
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	As part of the jointly agreed strategic planning process the intention is to strengthen further the community/public, user and carer engagement and participation in better understanding existing services and how these will change to better meet needs. This will be evaluated and actions agreed to further enhance this based on findings.	The Independent Review of Adult Social Care provides a platform for taking forward a range of initiatives to develop and strengthen the support provided to individuals in our community.		November 2021
	A Strategic Planning Lead / Deputy Chief Officer recently appointed (April 2021) will support process and re-establish the Strategic Planning and Commissioning Group	SPCG will be refreshed and reinstated		August 2021

	Strategic direction should have a focus on Carers as equal partners	Consider those with lived experience utilising a rights based approach. Greater inclusion is required	Ongoing
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<b>Proposal 6.3</b>				
<b>We will support carers and representatives of people using services better to enable their full involvement in integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement.  Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities.  Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
<b>Our Rating</b>		<b>Y</b>		
		<b>G</b>		
<b>Improvement Action</b>		<b>Comment / How we will Deliver</b>		<b>Timescale for Delivery</b>
	Ongoing evaluation of the community/public user and carer engagement approach as part of the agreed strategic planning process and adapt this based on learnings	The Independent Review of Adult Social Care (IRASC) has a number of recommendations on how we can enhance the quality of engagement with individuals, families and the community.		November 2021
	Engagement to be considered and ensure carers recognised as equal partners	The IRASC and its recommendations will support development		November 2021



**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 JUNE 2021**

**SUBJECT: ADULT SOCIAL CARE REVIEW**

**BY: CHIEF SOCIAL WORK OFFICER**

**1. REASON FOR REPORT**

1.1. To inform the Board of the current situation with respect to Adult Social Work and Social Care in Moray.

**2. RECOMMENDATION**

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

**3. BACKGROUND**

3.1. The Independent Review of Adult Social Care published its report in early February 2021. The review was commissioned by the Scottish Government and was independently chaired by Derek Feeley who was supported by an Expert Panel.

3.2. Between September and December 2020, the review team met with and listened to the views of over one thousand people, including many unpaid carers, as well as supported people and members of the social care workforce. This evidence formed the basis for the 53 recommendations in the final report.

3.3. The review sets out a bold and ambitious vision that, if fully implemented, has the potential to transform the lives of people with social care needs, unpaid carers and the wider adult social care sector. The review has received widespread political and public support but it needs government backing in order for its vision to be translated into reality. It is highly likely that implementation of the review recommendations will form part of the programme for government in the next election term. Whether this will include all of the recommendations and the full costs for implementation remains to be seen.

3.4. The review defines the purpose and vision of social care as:

‘Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity’.

3.5. The Report has identified **three key areas** that must change to improve outcomes for people using social care and their unpaid carers.

- The language that is used must change if people are to view social care as a positive investment in people with support needs and unpaid carers. See below example:

Old Thinking	New Thinking
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g. a care home)	A vehicle for supporting independent living
Variable	Consistent and fair

- The need to strengthen the foundations by building on what we already have and the many strengths of the Scottish system of social care support. The review identifies that Scotland has some ground-breaking legislation, specifically The Carers Act and Self-Directed Support legislation.
- The scale of change needed cannot happen without redesigning the system.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1 Important areas addressed within the report include:

- Purpose of social care and adopting a human rights approach;
- Access, eligibility and assessment
- Unpaid carers
- National Care Service
- A new approach to improving outcomes
- Models of care
- Commissioning for Public Good
- Fair Work
- Finance

##### **A Human rights based approach**

4.2 Underpinned by Human Rights legislation, the report describes how adult social care should develop to further meet the needs of people in a way that is collaborative, is based on meaningful conversations with emphasis on support delivery where, when and how people want it. It recommends a move away from protracted and repeated assessments to a more efficient asset based approach.

4.3 The review stresses the need to move away from eligibility criteria, where many people have to be in critical need or at crisis point to receive support. Instead it asserts there needs to be a focus on people planning the support they need, when they feel they need it, in order to live their lives well. Everyone should understand their rights and there should be no barriers to them accessing them. Where they need advocacy support or brokerage this should be available, and, where the system fails, they should have rapid access to an effective complaints system with the ability to put things right. Local community based support must be encouraged, supported and funded and instead of

assessments, people should have good conversations where they are in the driving seat, leading to choice and control over the support they receive.

### **Unpaid Carers**

- 4.4 The review acknowledges the role of unpaid carers throughout and also includes a chapter specifically on support for carers. It recognises unpaid carers as the largest group of care providers in Scotland, greater than the health and social care workforce combined and it acknowledges that they must be viewed as equal partners in the provision of care. It sets out a number of recommendations for improving support for unpaid carers.

### **A National Care Service for Scotland**

- 4.5 One of the most radical changes recommended by the review is the development of a National Care Service (NCS). This 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. As part of this proposed new structure responsibilities would shift from local authorities to national government, with a new Minister being appointed to oversee social care. It proposes that Local Integration Authorities would also 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. The role of the NCS would include:

- Overseeing commissioning and procurement, which is how local authorities currently develop some social care services. The review recommends that the NCS should set national standards while Integration Authorities should be responsible for commissioning and procurement at a local level, as well as being responsible for GP contracts;
- The NCS would lead on workforce development, including improvement programmes to raise standards;
- For people whose needs are highly complex, their social care provision would be overseen by the NCS;
- The NCS and NHS would both develop a set of joint outcome measures, which would set the standards for health and social care;
- The Care Inspectorate and Scottish Social Services Council would be part of the NCS, allowing the NCS to play a role in the inspection of services and the regulation of the social care workforce;
- The NCS would address gaps in social care in relation to workforce planning, data and research, IT and service planning.

### **A new approach to improving outcomes**

- 4.6 The review sets out a new approach to improving outcomes by enabling people to have more choice and control. It highlights a gap between legislative intent and lived experience in many cases. This includes self-directed support, which has not been implemented consistently across Scotland, leading to patchy service provision and the ambitions of self-directed support falling far short of their original intentions. The review calls for the experience and implementation of self-directed support to be improved by going back to the original principles of putting people's needs, rights and preferences at the heart of decision making. It also sets out a recommendation to improve the quality of care in care homes.

### **Models of Care**

- 4.7 The review sets out ways in which we need to build on the good models of care already being delivered, including:
- The need to reduce the use of institutional and residential care. Rather than support being delivered through institutional care people should be supported in their own homes and communities. This includes models such as extra-care housing and shared lives, as well as providing early support to enable people to stay in their own homes;
  - Making better use of adaptations and technology;
  - Ensuring that people who use services and unpaid carers are at the heart of all social care support by involving them better and earlier;
  - Building on community supports;
  - Better partnership working across traditional boundaries of health, social care support and other services such as housing.

#### **Commissioning for public good**

- 4.8 The review recognises that the current system for commissioning and procuring services acts as a barrier rather than a support to the development of quality, accessible social care services and therefore needs a radical overhaul. It highlights that procurement methodology and practices have increasingly driven and occasionally undermined commissioning decisions where price and competitive market environment, characterised by competitive tendering between providers, dominates. The review recommends a more collaborative approach to commissioning, involving people who use social care services, carers and communities in the design, development and monitoring of services. It further suggests exploring the idea of pressing the pause button on all current procurement until new ways of working are established.

#### **Fair work and the workforce**

- 4.9 The review sets out the need to improve the pay, conditions and experience of the social care workforce. It draws heavily on the Fair Work Convention report "Fair Work in Scotland's Social Care Sector". It suggests that the recommendations from the Fair Work Convention should be fully implemented, and that national minimum terms and conditions as a key component for commissioning and procurement by Integration Joint Boards should be put in place. It also suggests that, in partnership with the Independent Living Movement, the recommendations in the review should be extended to include Personal Assistants, as well as staff in the public, third and independent sectors.

#### **Integration Authorities**

- 4.10 The review recommends that Integration Authorities, created under the Public Bodies (Joint Working) (Scotland) Act 2014, should be reformed to take full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service. Local Authorities should no longer be responsible for commissioning and procuring adult social care support but can continue to provide social care services procured by reformed Integration Joint Boards. The review recommends one model of integration, the Integration Joint Board, should be used throughout the country. It determines there is no evidence that lead agency arrangements have delivered better results than Integration Joint Boards and advises that consistency will be important in the new system to simplify governance arrangements and improve public understanding of who is responsible for what.

## **Finance**

- 4.11 The review concludes that social care is currently not funded in a way which is sustainable or supports transformation of services. It acknowledges the need for significant additional investment in social care. The total bill for the proposals in the review comes in at an extra £660 million a year. Additional investment is recommended in several areas. These include enabling more people to access social care and at an earlier stage, before they reach crisis; implementing the Fair Work Convention and removing charges for non-residential social care support. In addition, the review recommends increasing the financial support for free personal and nursing care for self-funders and re-opening the Independent Living Fund, as well as directing funds to preparing for our ageing population. Support for carers is specifically mentioned as an area that needs more funding, with the recommendation that the 'National Care Service should also increase investment in a range of respite provision including options for non-residential respite, and for short breaks.' It does not recommend a specific approach to funding but suggests different ways to raise money through taxation.

## **Self-Evaluation and a focus on improvement**

- 4.12 Earlier this month Health & Social Care Moray, along with other Partnerships, was tasked by the national group of Chief Officers to complete a self-assessment template to reflect our state of readiness in respect of implementation of review recommendations, (other than those which relate to structure). The aim of this work is to get a picture of readiness to implement the recommendations in the review, identify exemplar practice and also potential barriers. Once collated, themes will be identified and may include areas for accelerated progress across Scotland or work with the Scottish Government and others to deliver.

- 4.13 The completed template is attached at **APPENDIX 1**.

## **Reactions and Early Actions**

- 4.14 How has the report landed:
- COSLA and SOLACE endorse principles of empowering people, valuing the workforce and embedding a human rights approach to social care.
  - Concern at the recommendation to remove accountability for social care from local government and give to Scottish Ministers
  - Review is strongly supported by Disability Groups, Carers organisations, third sector providers and Scottish Care – including creation of NCS.
  - Health and Social Care Scotland (Chief Officers' network) agreed to work collaboratively to work on areas of 'common ground'.
  - CSWOs are considering their final response to the paper.
- 4.15 Next steps:
- Scottish Government 100 days:  
The NCS will require legislation to set it up. In the first 100 days we will:
    - Start formal consultation on the legislation with a view to introducing it in the first year of the Parliament.
    - Establish a social covenant steering group, including those who use our care services, to ensure the new service is designed around the needs of care users and supports the needs of care workers.
  - COSLA established five work streams to go to Leaders by the end of May with alternative visions of the areas COSLA Leaders raised concerns with from the report:

- Workforce
- Resourcing
- National Care Service (including governance and legislation)
- Commissioning and Procurement
- Human Rights
- Letter from a number of third sector organisations concerned that recommendations will be watered down.
- Chief Officers' network focussing on developing a positive vision in collaboration.
- This excerpt from a parliamentary debate provides additional information on the National Care Service:
 

*“Our commitment to create a national care service will deliver services that are founded on fairness, equality and human rights, and will place that service on the same level of esteem as our national health service. The creation of a national care service will be the most significant public sector reform since the creation of the NHS in 1948, and the service will be operational within the five-year lifetime of this Parliament. In our first 100 days, we will begin the consultation on the necessary legislation, with a view to introducing it in the first year of the session. We will also establish a social covenant steering group that includes people with lived experience who use our care services, to ensure that they are part of the co-design process.”*

4.16 Areas of local focus are:

- i) **Commissioning** - Draft principles identified as being central to future ethical commissioning consideration, that supplement assumptions of fair, transparent and proportionate public sector processes:
  - Person-centred care first
  - human rights approach
  - full involvement of people with lived experiences
  - fair work practices
  - high quality care outcomes
  - method of delivery
  - climate and circular economy
  - financial transparency and commercial viability
  - shared accountability
- ii) **Unpaid carers**
  - Better, more consistent support to carry out caring roles well and regular access to quality respite provision, and a range of options short breaks should be developed.
  - Local assessment of carers' needs must better involve the person themselves in planning support.
  - Carers represented as full partners on Integration Joint Boards and on the Board of the National Care Service.

## 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 links to Outcome 7 of the Strategic Commissioning Plan “Partners in Care” – People using health and social care services are safe from harm.

**(b) Policy and Legal**

Social Work (Scotland) Act 1968; Carers (Scotland) Act 2016

**(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**

There is no requirement for an equality impact assessment because there is no change to policy required as a result of this report.

**(h) 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:

Health & Social Care Moray Senior Management Team  
Social Work Leaders Group

**6. CONCLUSION**

**6.1. The Adult Social Care Review is a document of complex change for adult social care. The early indicators are that many aspects have widespread support however there is much detail to be worked through with multiple stakeholders.**

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

Background Papers:

Ref:



Independent Review of Adult Social Care - Readiness Toolkit

APPENDIX 1

Name of HSCP: Health & Social Care Moray
Name of person completing the toolkit: Jane Mackie
Job title: CSWO/Head of Service
Item 11.

The form below sets out a number of the recommendations from the Independent Review of Adult Social Care (IRASC). We have removed recommendations (12, 15-29, 34-37, 42-51) which all relate to structure. We would ask HSCPs to provide an update on their current position and note any further comments.

A human rights based approach			
No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
1	Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.	The SSSC codes of practice for both employees and employers place solid social work values at the center of practice. The Profession in Moray are committed to upholding a Human Rights, Equity and Equality based approach, however there are several factors that impede this such as availability of resources/providers, need for more social work staff so waiting lists are eradicated and sufficient time to work in line with reflective practice and promote service users rights within a MDT context.	Practice Governance arrangements currently support the interrogation of risk and people being included on Practice risk register. This is inclusive of human rights approach. There is tension within the system that can lead to obstacles in supporting human rights, for example hospital discharge.
2	Delivering a rights based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.	There is not a common understanding across the system of people's rights in relation to Social Care. The rights which social workers want to uphold are people's capacity to make positive decisions and to make choices and have control in their lives. Frequently people are referred in times of crisis when this is most difficult to achieve. There needs to be greater information given to the public about what their rights are. Practice audits are undertaken to evidence how effectively social workers are undertaking their role utilising direct feedback from clients and carers; but this is not yet comprehensive.	Peer supervision and peer audit could have a role in enhancing consistency making it 'everyone's business'. This may lead to the development of new skills in social workers to enable them to evidence and measure the service user and carer's experience. Dedicated and protected CPD time to become the norm (staff often feel too busy with caseload to keep protected time aside for this). Use could be made of available resources from IRISS and the SSSC.
3	People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.	Pressure on the Access Team as Moray's front door to services and their waiting list of 160+ would indicate that this is currently not being achieved. The workload pressure prevents social workers from having more thorough conversations at first point of contact.	Lack of financial resource to make it a reality to do away with eligibility as there needs to be a way of ensuring those most in need are prioritised. Communities have shown great resilience in the covid pandemic in rising up to meet the needs of its members. Social work practice should refocus to better support communities and individuals. This is in line with the self-directed support standards and the promotion of micro and small enterprises.

4	<p>People should understand better what their rights are to social care and supports, and "duty bearers", primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.</p>	<p>Social Workers do endeavour to uphold the rights of their clients and carers, however, sometimes this can result in tensions across the system when an individual's human rights can be set against the priorities of the wider health and social care system.</p>	<p>These types of conversations require time and the establishing of a therapeutic rapport. Addressing staffing levels would assist with this to ensure there are enough personnel to respond in this way. Measuring the success of this type of interaction is impeded in current recording protocols of assessments and outcome measures. This will require the establishment of a performance management system that focusses on outcomes and not processes or inputs. Also require a reconsideration of financial regulations so that social workers are able to have greater autonomy.</p>
5	<p>Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.</p>	<p>This does happen, although not systematically. Moray has produced two market position statements collaboratively with providers to indicate the priorities of service development. In Learning Disability Services needs have been strategically identified leading to creation of a Learning Disability Transformation Plan, including new housing developments. This is also meant as a cross-reference between social care unmet needs and the Strategic Housing Investment Plan.</p>	<p>Unmet needs, particularly for older people, could be fed into the Health and Social Care Moray strategic plan.</p>
6	<p>Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.</p>	<p>These have been encouraged and supported in Moray through Social and Micro Enterprise Officer post established in 2011.</p>	<p>Diversion of increased funding could enable growth in this area. There needs to be a consideration of the use of Grants to support this further.</p>
7	<p>A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.</p>	<p>Moray adopted a Three-Tier Model and promotes these conversations, however it is most difficult to successfully implement for older people where the demands of the service are greatest.</p>	<p>A workforce model that takes account of the needs for conversations is required.</p>
8	<p>More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.</p>	<p>Limited advocacy available primarily for statutory reasons. Not to support people to get involved in service design and planning. We have the Mental Wellbeing Hub, a social movement for people with mental health problems, which has evolved and was initially supported by HSCM.</p>	<p>We should consider the role of TSi Moray and the Third Sector in supporting this. The Wellbeing Hub is potentially a model to follow for other groups.</p>
9	<p>When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.</p>	<p>Both NHS Grampian and Moray Council have a statutory complaints procedures and all complaints are investigated robustly.</p>	<p>Complaints and their resolution are reported to the Clinical and Care Governance Group and then to Committee or Health &amp; Social Care Moray.</p>
10	<p>Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home.</p>	<p>We follow the Scottish Government's Ordinary Residence Procedure. Each Authority area does have their own criteria and available resources so not all services can be completely replicated e.g if someone moves from a city to a rural area. Moving home can change outcomes and the support available so needs may be different.</p>	<p>Nationally aligned criteria and policies would support more seamless transfers.</p>

Unpaid carers			
No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
11	Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.	A market position statement is currently being developed to support the market place.	A more diverse range of respite options needs to be developed.
13	Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.	The process for unpaid carers to get access to support through an Adult Carer Support Plan or a Young Carers Statement has been reviewed and revised at the end of 2020 with the aim to further support carers to carry on caring. A dedicated Social Worker started in post 29/03/2021 to ensure that the carers voice is heard and that they are listened to and have an advocate to get the supports they need. To further enhance this, our current paperwork has been revised to highlight the carers voice, personal outcomes and how they want to achieve these. Closer relationships have been built with our local carers centre to ensure coproduced Adult Carer Support Plans meets the needs of the carer.	Further work needs to be carried out to review the current SDS process for carers, including how an indicative budget and personal budget are identified and recorded to ensure SDS legislation is adhered to.
14	Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.	At present there is a carers representative who sits on the IJB, they are also taking an active role in supporting of the local carers strategy. Quarriers, our local commissioned carers service attends HSCM's weekly remobilisation meetings to ensure unpaid carers voices are heard at all levels and the impact of any action is discussed.	Need to support with the identification of a 'relief' representative to ensure carers are always represented at IJB meetings and to relieve the pressure on the unpaid carer. To explore involving carers in future development processes.

Models of care			
No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
30	There must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.	We do try to involve the public and people who use our services in our planning but there is scope to improve	Refer to above. There is scope for involving third sector interfaces to develop this further.
31	Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives. Investment in, or continuance of, models of social care support that do not meet all of these criteria should be a prompt for very careful reflection both by a National Care Service and local agencies.	The approach in Moray for learning disability does emphasise this and in close cooperation with Moray Council Housing Department and the Strategic Housing Investment Plan, housing is developed specifically for them. For older people the balance of care in Moray does show we support older people to remain at home and in their communities.	There may be significant financial issues in developing this approach further.

Commissioning for public good			
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No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
32	Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.	Good practice currently around user intelligence groups and some market development work but opportunities for improvement, particularly regarding the monitoring of services.	An increase in focus in this area would require either additional commissioning staff resource or reprioritisation of commissioning work.
33	A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.	Good collaboration in respect of Self-directed Support and some collaboration through market development e.g. Supported accommodation and Extra Care housing but the majority of work still tending towards competition. The balance of scoring in tenders is always weighted in favour of quality. Where potential savings are identified from service redesign or decommissioning there is limited reinvestment of funding.	Under existing arrangements, governance of commissioning and procurement is split between IJB and Council. This has led to different perceptions of priority, risk and approach that we are working with Scotland Excel to reach a moderated position. Clarity in governance in the entire process would be welcome. In the future model it is not clear what the National role would be.
38	A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.	A focus on quality is well established in all commissioning work, including in tender scoring (as above).	
39	A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.	Outcomes based approach is firmly established in Learning Disability area and is central to the retender of Care at Home services. There is scope for expanding this approach into other areas, building on the learning in these areas.	
40	Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.	Some good work during the pandemic in shifting contract monitoring and support from information focussed to relationship focus. The learning for this will inform the future development of commissioning, including contract monitoring and market development.	
41	Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.	Well established and successful community and volunteer development with good links to the 3rd sector and the general community. Some peer support in contracts. No current grant funding although seed funding is a part of current community development. Current engagement with Scotland Excel will cover the subject of grants.	

<b>Finance</b>		
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No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
52	Robustly factoring in demographic change in future planning for adult social care.	Whilst gross in numbers is factored in to a degree, the increasing dependency of those very old isn't always factored in. This also applies to people in learning disability.	National approach and resources to do this would be welcomed.

