Moray Integration Joint Board

Thursday, 29 September 2022

Council Chambers

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board, Council Chambers**, **Council Office, High Street, Elgin, IV30 1BX** on **Thursday, 29 September 2022** at **09:30** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Councillor Tracy Colyer (Chair)

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

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

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

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 30 June 2022

remote locations via video conference,

PRESENT

Mr Ivan Augustus, Simon Bokor-Ingram, Mr Sean Coady, Councillor John Divers, Mr Graham Hilditch, Mr Steven Lindsay, Mr Derick Murray, Mr Sandy Riddell, Mr Dennis Robertson, Councillor Kathleen Robertson, Dr Paul Southworth, Mrs Val Thatcher

APOLOGIES

Professor Siladitya Bhattacharya, Mr Roddy Burns, Councillor Tracy Colyer, Ms Karen Donaldson, Jane Ewen, Professor Caroline Hiscox, Councillor Scott Lawrence, Ms Jane Mackie, Mr Neil Strachan

IN ATTENDANCE

Also in attendance were the Corporate Manager, Self Directed Support Development Worker, Independent Living Team Manager, Interim Strategy and Planning Lead, Interim Chief Financial Officer and Tracey Sutherland, Committee Services Officer.

1. Welcome and Apologies

The Vice Chair, Dennis Robertson, welcomed everyone to the meeting and apologies were noted.

2. Declaration of Member's Interests

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

3. Minute of Meeting of 26 May 2022

The minute of the meeting of 26 May 2022 were submitted and approved.

4. Action Log - 26 May 2022

The Action Log of the meeting of 26 May 2022 was discussed and updated accordingly.

5. Membership of Board and Committees Report

A report by the Corporate Manager updated the Moray Joint Integration Board (MIJB) of vacancies and member appointments.

The Corporate Manager, highlighted an error in the report. The report should state that there are now 2 voting members for the Clinical and Care Governance Committee.

The Vice Chair welcomed the new third sector representative, Mr Graham Hilditch and the substitute Mrs Sheila Brumby to their first meeting.

Mr Steven Lindsey, Staff Representative, confirmed that he will be changing roles from 1 September 2022 so this would be his last meeting. He confirmed that his replacement would be appointed in due course.

Following consideration the Board agreed to:

i) note the resignation from the Board as set out in section 4.1;

ii) note the confirmation of appointment of members to the Clinical and Care Governance Committee;

iii) note the appointment of the third sector representative and substitute; and

iv) note the updated membership of Board and Committees attached at Appendix 1.

6. Chief Officer Report

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

Following consideration the Board agreed to:

i) note the content of the report; and

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

7. Revenue Budget Outturn 2021-22 Report

A report by the Interim Chief Financial Officer informed the Moray Integration Joint Board (MIJB) of the financial outturn for 2021/22 for the core budgets and the impact this outturn will have on the 2022/23 budget.

Following consideration the Board agreed to:

i) note the unaudited revenue outturn position for the financial year 2021/22;

ii) note the impact of the 2021/22 outturn on the 2022/23 revenue budget; and

iii) approve for issue, the Directions shown in Appendix 4 to NHS Grampian and Moray Council.

8. Unaudited Annual Accounts

A report by the Interim Chief Financial Officer informed the Board of the Unaudited Annual Accounts of the Moray Integration Joint Board (MIJB) for the year ended 31 March 2022.

Following consideration the Board agreed to:

i) 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 42 of the accounts.

9. Proposed Delegation of Children and Families and Justice Social Work to MIJB

A report by the Chief Officer, Health and Social Care asked the Board to consider the outcomes of the business case on the proposed delegation of Children and Families and Justice Social Work to the Moray Integration Joint Board.

Following consideration the Board agreed:

i) approve the Business Case for delegation of Children's and Families and Justice Social Work Services to MIJB attached as Appendix 1

ii) to note that the Business Case has been submitted to Moray Council and NHS Grampian Board for their respective approvals

iii) that financial accountability for the service remains with the Council for a period of 18 months up to 21 March 2024.

iv) that Officers enter into dialogue with the Scottish Government (as the statutory approval body) over the formal amendments required to the Integration Scheme to enable the delegation; and

v) to note the final version of the Scheme will come back to the MIJB on 29 September 2022 for approval.

10. Self Directed Support Day Opportunities Test of Change Report

A report by the Chief Social Work Officer informed the Board as to the progress of the Day Opportunities test of change and to consider the permanency of the Self-Directed Support (SDS) Enablers.

Following consideration the Board agreed to:

i) note the work undertaken to meet the aims and objectives of the test of change; and

ii) approve the movement of budget from the decommissioned contracts to fund the permanency of the Day Opportunities team and the role of the SDS Enablers.

11. Unmet Need in Health and Social Care Moray

A report by the Chief Social Work Officer escalated the issues raised in this report, previously submitted to the Clinical and Care Governance Committee on 26 May 2022, on the current position on unmet need in Health and Social Care Moray.

The Vice Chair suggested that it would be helpful to provide a further report for CCG looking at the steps taken to improve recruitment given that although the situation is improving it is very precarious.

Following consideration the Board agreed to:

i) note the current situation within Health and Social Care Moray and the mitigation actions that have been introduced

ii) note the continuing additional pressures placed upon Health and Social Care Moray staff;

iii) note the recovery being achieved, but recognises the fragility of the improvement and the long-term impact on staff; and

iv) a further report to CCG detailing the steps taken to increase and improve recruitment.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 30 JUNE 2022

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 30 JUNE 2022
1.	Additional Investment Winter Funding	A financial report with regard to the additional funding will be reported either within the usual quarterly financial report or a separate financial report specifically in relation to this fund. A development session be arranged to enable thorough discussion on how to best use the fund.	March 2022	Chief Financial Officer	Incorporated into Budget Report Presentation was made to development Session 6 June 2022 – further sessions to be scheduled
2.	Lossiemouth Locality Community Engagement	Final report to be submitted summarising the outcomes of the public consultation and seeking agreement to proceed with recommendations.	September 2022	Locality Manager	Additional time required due to impact of Omicron wave – to be reported in September 2022 along with final report
3.	Civil Contingency (Scotland) Act 2004	Annual report to provide assurance on the reslilience arrangments in place to discharge the duties on the IJB under the 2004 Act	November 2022	Chief Officer	Scheduled

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 30 JUNE 2022
4.	Ministerial Strategic Group Improvement Action Plan Update Report	An update from the Chief Financial Officer will be provided in a further twelve months' time	January 2023	Chief Financial Officer	Scheduled
5.	Reserves Policy Review	Next review will be no later than March 2023	March 2023	Chief Financial Officer	Scheduled
6.	Locality Planning	First draft of Locality Plans to be presented to the Board	September 2022	Head of Service	Scheduled
7.	Home First – Discharge to Assess	Development session to be arranged to look at ensuring the system is realistic and sustainable and resources are flexible to ensure the project can continue to move forward.	September 2022	Head of Service	An additional development session will be scheduled
8.	Home First – Discharge to Assess	Update on progress with actions identified in section 4 to be submitted to the Board within 6 months	November 2022	Head of Service	Scheduled
9.	Unmet Need in HSCM	An update report to be presented to CCG Committee looking at the steps taken to date to improve recruitment and with other suggestions on how to improve the precarious situation.		Head of Service	

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022**

SUBJECT: **MEMBERSHIP OF BOARD AND COMMITTEES**

BY: **CORPORATE MANAGER**

1. REASON FOR REPORT

1.1. To inform the Board of changes to Membership. This is due to the requirement for the Chair and Vice-Chair positions on the Board to rotate between NHS Grampian and Moray Council.

2. RECOMMENDATION

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

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

ii) the requirement to appoint a new Chair of the Audit Performance and Risk (APR) Committee; and

iii) the change of the NHS Grampian Staff Representative Stakeholder Member

3. BACKGROUND

3.1. At the meeting of the Board on 29 August 2019 (para 9 of the minute refers) the Board approved the rotation of Chair from a Council to a Health Board Member in October 2019.

3.2. As the current Chair of the Board, Councillor Tracy Colyer will now take on the role of Vice-Chair with effect from 1 October 2022.

3.3. As the current Vice-Chair of the Board, Mr Dennis Robertson will now take on the role of Chair with effect from 1 October 2022.

3.4. Due to the rotation of Chair/Vice-Chair of the Board there is a requirement to appoint a Moray Council voting member as Chair of the APR Committee to take up post with effect from 1 October 2022. This cannot be the Chair or Vice-Chair of the Board.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The Chair and Vice-Chair of the Board is allocated on a rotational basis every 18 months. The next rotation is due on 1 April 2024.

4.2. The Chair of the APR Committee requires to be appointed from a member of the organisation which does not Chair the Board. As an NHS member is the incumbent Chair of the Board, the new Chair of APR Committee must be a Local Authority voting member.

4.3. The current Council members of APR Committee are Councillor John Divers and Councillor Scott Lawrence, and either would be eligible for appointment of Chair of APR Committee.

4.4. Mr Derick Murray is the current Chair of Clinical and Care Governance (CCG) Committee. This committee is required to be chaired by a NHSG voting member. No further action is required.

4.5. Mr Stuart Falconer will replace Mr Steven Lindsay as the NHS Grampian Staff Representative Stakeholder Member from 1 September 2022.

4.6. There is no update on the vacant positions of GP Lead and Non Primary Medical Services Lead.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

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

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as the report is to inform the Board of changes required to membership of the Board and APR Committee.

(h) Climate Change and Biodiversity Impacts
None arising from this report.

(i) Directions
None arising from this report.

(j) Consultations
Consultation on this report has taken place with Tracey Sutherland, Committee Services Officer, Moray Council, who is in agreement with the report.

6. CONCLUSION

6.1. The rotation in Chair and Vice-Chair of the Board at 1 October 2022 should be noted and confirmed.

6.2. A Chair of APR Committee should be appointed from the Council voting membership of the Board.

6.3. The new NHSG Staff Representative Stakeholder should be noted and confirmed.

Author of Report:	Sonya Duncan, Corporate Manager
Background Papers:	None
Date:	12 September 2022

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022**

SUBJECT: **CHIEF OFFICER REPORT**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

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

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

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

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

3. BACKGROUND

Home First and Hospital without Walls

3.1 Work continues to develop the Home First portfolio of projects with a focus on ensuring projects are sustainable, scalable and meet the strategic objectives of HSCM. A minor revision will see the portfolio broadened ensuring it emphasises a whole system approach with work stream specific key performance indicators (KPIs) a requirement going forward. Recent efforts have also concentrated on tackling delayed discharges, with a three-phase plan currently in operation. Hospital without Walls continues to be developed and a recent submission to Scottish Government has been made to explore how digital solutions can be incorporated into the model.

Remobilisation

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

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

3.4 Waiting times for elective procedures at Dr Gray's Hospital continue to increase during the post pandemic period. During the months of June and July a total of 157 patients received their elective surgical procedure. During this time we were able to protect elective beds to allow major joint surgery to take place. Unfortunately, a combination of continued high volumes of unscheduled care activity demand, plus an incident in our theatre suite on the 10 August 2022, where a drainage pipe was dislodged flooding the theatre department disabling 2 of the 4 theatres, all elective surgery has been cancelled for the time being. Emergency surgery capability remains in place. We are awaiting the results of air samples which, if clear, will allow us to resume our elective care programme. The results will be reported week of 19 September 2022 and will be considered by the Incident Management Team.

3.5 The significant pressure on Social work/Social care continues with limited signs of any sustained improvement. Homecare staff consistently have absence rates of over 8% and some weeks more than 10%. The internal home care service is successfully recruiting staff, but these gains are offset by numbers of staff leaving. The backlog of social care (the weekly number of people awaiting assessments is consistently between 140 and 150) and inability to meet demand, with 142 people currently awaiting care amounting to 1,219 hours of unmet need (as at 12 September 2022), is resulting in family carers having to shoulder increased care, and in its turn this leads to high demand for carer support, combined with concern from community members at levels of unmet need. The inability to meet care needs also impacts upon delays from hospital with 97% (37 out of 38) current delayed discharges being delayed as a result. The sustained pressure on care staff is beginning to impact on quality that some providers can deliver, with additional concerns about sustainability. One Large Scale Investigation is underway at a care home and commissioning are contacting all providers to discuss their situation.

Covid Vaccination Programme

Schools

3.6 While there have been more non consents than in previous years, the Programme is going well. This includes the staff, who require flu and Covid

vaccination, if in an eligible cohort. This cohort will be completed by end of November 2022.

Care Homes (1406 individuals)

3.7 These are going extremely well, with very, very few numbers not being able to be vaccinated due to the time frame of 12 weeks, since last vaccination, not being reached yet. We will provide a follow up service for those not yet eligible. We have had minimal non consents - less than in previous years. We have also achieved in providing some 1st doses for people who have recently moved into a care home. Staff have also been offered their vaccines during our visits.

The care home cohort should be completed by Saturday 17 September 2022, with only the follow ups to cater for at a later date, when eligible.

Housebound residents (900 individuals)

3.8 This is a large cohort in respect of time and distance to be travelled. We are contacting people first to ascertain their housebound status and reduce unnecessary visits. We have had a good uptake with everyone consenting to receiving the vaccines so far. We have also came across many people who are needing more support, so have been getting involved with GPs and Quarriers.

This cohort is projected to be completed by the end of October 2022.

Health and care workforce (5722 individuals)

3.9 There is extensive communications to encourage people to come forward for vaccination. There has been a slow start. Two Community Treatment And Care (CTAC) nurses have been delivering peer-to-peer vaccines within the GP Practices across Moray. These have had a good response with over 100 people vaccinated so far. These will be completed by Friday 16 September 2022. Anyone missed can get their vaccine at Fiona Elcock Vaccination Centre (FEVC) through the appointment system. The health and care workforce cohort should have been completed by 24 September 2022, but it looks like this will now overrun into other cohorts.

Over 80s (5719 individuals)

3.10 We commenced the over 80s cohort week starting 19 September 2022, with outreach venues and clinics within the FEVC.

Other Groups

3.11 Over 65s (16673 individuals) commence on 3 October 2022.
At risk (12902 individuals) and household contacts commence 24 October 2022.
Over 50s (14720 individuals) will be commencing on 28 November 2022, and sooner dependant on staff availability.

Ukrainian Refugee Scheme

3.12 Moray have offered a Warm Scots Welcome to 91 Ukrainian Displaced Persons (UDPs). 11 UDPs have been accommodated in a Welcome Hub in Elgin with 80 UDPs hosted in Moray. The Refugee Resettlement Team (RRT) have taken a proactive role to facilitate local matching, allowing the UDPs to leave the Elgin Welcome Hub to be supported

by local hosts who are willing to aid the humanitarian crisis. Further health requirements have been discussed in a later report.

3.13 Through the UK sponsorship scheme, Ukrainians can apply for a three-year visa and if they choose Scotland to live, they must either have a private sponsor or select the Scottish Government as their 'super sponsor'. Scotland's 'super sponsor' scheme removes the need to seek out private sponsors on social media in advance of being able to obtain a visa and travel.

3.14 Moray has welcomed 43 Ukrainian persons, 26 adults and 17 children, through the private sponsor scheme, although others have arrived through different schemes. The Ukrainian families are supported by hosts families scattered throughout Moray. All host families regardless of the scheme must clear mandatory checks, including Disclosure Scotland and property checks, in order to receive their £350 monthly thank you payment.

3.15 As more Ukrainians seek sanctuary in Scotland, a dedicated refugee and resettlement team has been recruited, including a project officer and 1.5 WTE support staff. Alongside the resettlement team, a multi-agency team has been assembled to support the hosts and arrivals to navigate the benefits, education and health systems to name but a few, in order to help integration into Moray.

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

Dr Gray's Strategy

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

Portfolio arrangements

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

a desire to transition from an organisational leadership and management model to a system leadership and management approach. The portfolio leadership arrangements have now been confirmed as permanent. Further opportunities for the alignment of services around pathways will be led by the Chief Officer.

3.19 The impending retirement of our Chief Social Work Officer in October this year has meant that we have needed to recruit a Head of Service who also meets the requirements to be eligible to be Chief Social Work Officer. The decision on assigning the Chief Social Work Officer role is a function of the Council. A refined job description to incorporate the delegation of Children's Services was developed; the post advertised nationally; and a selection process undertaken. The Council Appointments Committee met on Friday 9 September 2022 and considered a report on the outcome of the selection process, and ratified the recommendation of the recruitment panel which was to appoint to the role. The HR process will now need to be completed which will allow there to be continuity with no gap between the current post holder leaving and the new incumbent taking up post.

3.20 The Chief Finance Officer post continues to be covered on an interim basis. The Chief Officer is working with the Council Head of Finance and the NHS Grampian Director of Finance to secure a longer term solution.

Budget Control

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

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

Payment Verification

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The opportunity remains to accelerate work of the MIJB ambitions as set out in the Strategic Plan. Home First is the programme designed to do that, with

the opportunities of an expanded portfolio of health and care that also encompasses Dr Gray's Hospital and Children's Social Work and Justice Services.

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

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

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

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

(c) Financial implications

There are no financial implications arising directly from this report. The interim Chief Finance Officer continues to report regularly. Scottish Government covid related supplier relief ends in June this year, and we will monitor impacts on our independent suppliers as part of the risk management process.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Climate Change and Biodiversity Impacts

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

(i) Directions

There are no directions arising from this report.

(j) Consultations

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

6. CONCLUSION

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

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022**

SUBJECT: **REVENUE BUDGET MONITORING QUARTER 1 FOR 2022/23**

BY: **INTERIM CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) of the current Revenue Budget reporting position as at 30 June 2022 for the MIJB budget.

2. RECOMMENDATIONS

2.1 It is recommended that the MIJB:

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

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

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

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

3. BACKGROUND

3.1 The financial position for the MIJB services at 30 June 2022 is shown at **APPENDIX 1.** The figures reflect the position in that the MIJB core services are currently over spent by £692,358. This is summarised in the table below.

	Annual Budget £	Budget to date £	Expenditure to date £	Variance to date £
MIJB Core Service	131,991,560	32,423,621	33,115,979	(692,358)
MIJB Strategic Funds	27,364,316	1,392,400	1,392,287	112
Set Aside Budget	12,620,000	-	-	-
Total MIJB Expenditure	**171,975,876**	**33,816,021**	**34,508,266**	**(692,246)**

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

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2022/23

Learning Disability

4.1 The Learning Disability (LD) service is overspent by £199,758. The overspend is predominantly due to care purchased £218,719 less income received than expected £6,812 and other minor overspends totalling £2,077. This continues to be offset by an underspend in clinical Speech and Language services and psychology services of £27,849.

4.2 The LD Service manager and their team are aware of the overspend. There is national pressure on learning disabilities budgets due to escalating costs in Learning Disabilities. The most significant cost pressure is in terms of demand, volume, unit cost and complexity. The number of people with learning difficulties is also increasing, there has been a post lockdown surge in demand because of lack of structured activities during lockdown leading to an increase in complex and challenging behaviour and associated measures needed to support individuals and families.

Mental Health

4.3 The Mental Health service is overspent by £121,464. Clinical Nursing and other services are overspent by £86,710. The overspend is primarily due to staffing in medical services which is partly offset by underspends across Nursing Psychology and Allied Health Professionals (AHPs).

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

4.5 Assessment and care is £34,754 overspent primarily due to the purchase of care and costly care packages.

Care Services Provided In-house

4.6 This budget is underspent by £312,554 this relates to underspend in staffing across all the services in this budget totalling £407,734 which is being reduced by an overspend of £10,978 in property primarily due rising energy costs and cleaning costs and £33,055 in day care services due to rising transport costs and less income received than expected due to a reduction in social work meals income.

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

Older People and Physical Sensory Disability (Assessment and Care)

4.8 This budget is overspent by £669,289. This primarily relates to overspends for domiciliary care in the area teams £481,132, permanent care £164,197 and

other minor variances of £23,960. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer.

4.9 For the first three months of this financial year is showing an overspend of £669,289. This is a decrease of £155,653 from the same point in the year in 2021/22. Whilst it is noted there is a decrease there are considerable amount of unmet need to resource packages which have already had a community care assessment. This will continue to be monitored throughout the next quarter balanced alongside the unmet need list and outstanding community care assessments yet to be initiated.

Care Services provided by External Contractors

4.10 This budget is underspent by £418,857. This relates primarily to ceased contracts in Mental Health and Learning Disabilities. This funding will be utilised within the year with contracts being procured with other providers to take on the role of care. A government grant of £59K for telecare is also contributing to the underspent and again this will be utilised this year.

Admin and Management

4.11 This budget is underspent by £103,936. This is predominantly due to underspends in NHS Grampian within management business support through staff secondment, alongside underspends in equipment, transport, administration costs and additional income has been received.

Primary Care Prescribing

4.12 The primary care prescribing budget is overspent by £392,665 to June 2022, an increase of £154,483 on this budget at the same point in 2021/22. This position is based on only one month's actuals for April and an accrued position for May and June as information is received two months in arrears. The budget to month 3 does not yet include allocation from MIJB core uplift yet to be included which would improve the position. For 2021/22 the overall prescribing volume of items in total was 5.35% higher than in 1920/21. The prescribing volumes overall are now greater than pre Covid levels and continuing to increase. To June 2022 the estimate of items is greater to date than anticipated, with higher volume in May. The emerging volume pattern for 2022/23 is to be reviewed as the increase is greater than expected across Grampian. Following negotiations and agreement between the Scottish Government and Community Pharmacy Scotland the average price per item fell to £10.62 and an average price of £10.62 per item has been used to estimate position to June. The fall in price was in line with expectations as part of national Pharmacy Contract for 2022/23.

5. STRATEGIC FUNDS

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

- Additional funding received via NHS Grampian and Moray Council (this may not be fully utilised in the year resulting in a contribution to overall MIJB financial position at year end which then needs to be earmarked as a commitment for the future year.
- Provisions for earmarked reserves has been made to fund unutilised allocation for Primary Care Improvement Funds, Action 15, additional investment funding & Covid in 2022/23, identified budget pressures, new

burdens, savings and general reserve that were expected at the start of the year.

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

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

6. PROGRESS AGAINST THE APPROVED SAVINGS PLAN

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

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

Efficiencies	**Para Ref**	**Full Year Target**	**Expected progress at 30 June 2022**	**Actual Progress against target at 30 June 2022**
		£'000	£'000	£'000
External Commissioning		110	28	0
Total Projected Efficiencies		**110**	**28**	**0**

6.3 Savings have not been taken in quarter 1 but savings will be taken and achieved in full by quarter 2.

7 IN YEAR EFFICIENCIES/ BUDGET CONTROL

7.1 Ordinarily, results for the first quarter of any financial year are approached with caution, with 2022/23 being no different and Covid-19 continues to place additional uncertainty on the budget at this early stage in the year.

7.2 Through budget monitoring processes and further investigate work, we are utilising Covid reserves but this is gradually reducing as Covid related expenditure ends. This requires finance and operational areas to work together in effective identification that provides an audit trail.

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

8. IMPACT OF COVID – 19

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

8.2 Health and Social Care Moray (HSCM) continue to provide returns to Scottish Government on the Local Mobilisation Plan (LMP) via NHS Grampian, which are now on a monthly basis. The plan for 2022/23 estimates that additional in-year spend relating to Covid-19 will be £1,735,000 to the end of the current financial year. Reported expenditure at the end of quarter 1 was £212,000 million. The costs are summarised below:

Description	**Spend to 30 June 2022 £000's**
Reducing Delayed Discharge	
Staffing	143
Provider Sustainability Payments	4
Remobilisation	57
Cleaning, materials & PPE	7
Total	**212**

8.3 A letter was received from the Scottish Government on the 12 September 2022 with an update on the Covid reserves. Due to a number of significant changes to Public Health policies in relation to Covid over the summer, the profile of Covid spend reduced significantly compared to when funding was provided to IJB's for Covid purposes. In response to this the Scottish Government have announced their intention to reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. The amount to be reclaimed will not be agreed until Quarter 2 information and forecast position is available. MIJB currently has £9,016,000 in the Covid ear marked portion of the reserves, £1,735,000 is currently forecasted to be spent leaving the potential balance of £7,281,000 to be reclaimed.

9. CHANGES TO STAFFING ARRANGEMENTS

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

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

10. UPDATED BUDGET POSITION

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

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

10.3

	£'s
Approved Funding 31.3.22	**142,673,000**
Set Aside Funding	**12,620,000**
Balance of IJB reserves c/fwd to 22/23	17,020,716
Amendment to Moray Council core	(280,982)
Amendment to NHS Grampian core	185,405
Amendment to NHS Grampian Core uplift	(1,317,000)
Budget adjustments M01-M03	
Primary Care	287,948
NI Uplift	280,540
Public Health Earmarked	37,755
Hosted Recharges	15,712
Mental Health	13,129
Misc	203
Nes Dental Outreach	(30,500)
Investment in social care	(3,000)
MHO funding	18,000
Adult disability payment	45,000
Transitions client FYE	184,956
Gr 1- 4 pay award	110,994
Social work capacity in adult services	409,000
Winter planning	(295,000)
Revised Funding to Quarter 2	**171,975,876**

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

11. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan 'Moray Partners in Care 2019 – 2029'
This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2022/23.

(b) Policy and Legal

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

(c) Financial implications

The financial details are set out in sections 3-8 of this report and in **APPENDIX 1**. For the period to 30 June 2022, an overspend is reported to the Board of £692,246.

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

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

(d) Risk Implications and Mitigations

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

There are general and earmarked reserves brought forward in 2022/23. Additional savings continue to be sought and service redesign are under regular review. Progress reports will be presented to this Board throughout the year in order to address the financial implications the MIJB is facing.

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

(e) Staffing Implications

There are no direct implications in this report.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

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

(i) Directions
Directions are detailed in para 10 above and in **Appendix 4**.

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

12. CONCLUSION

12.1 The MIJB Budget to 30 June 2022 has an over spend of £692,358 on core services. Senior Managers will continue to monitor the financial position closely and continue to report on the Recovery and Transformation Plan.

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

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

MORAY INTEGRATION JOINT BOARD

APPENDIX 1

JOINT FINANCE REPORT APRIL 2022 - JUNE 2022

	Para Ref	Annual Net Budget £'s 2022-23	Budget (Net) To Date £'s 2022-23	Actual To Date £'s 2022-23	Variance £'s 2022-23
Community Hospitals		5,506,474	1,376,741	1,402,861	(26,120)
Community Nursing		5,255,734	1,313,934	1,227,412	86,522
Learning Disabilities	4.1	8,817,060	1,785,830	1,985,589	(199,758)
Mental Health	4.3	9,346,847	2,286,038	2,407,502	(121,464)
Addictions		1,138,113	300,906	348,266	(47,359)
Adult Protection & Health Improvement		159,372	29,376	29,577	(201)
Care Services provided in-house	4.6	18,301,300	4,405,424	4,092,869	312,554
Older People & PSD Services	4.8	20,565,949	4,984,515	5,653,804	(669,289)
Intermediate Care & OT		1,632,153	417,396	502,143	(84,747)
Care Services provided by External Contractors	4.10	9,233,270	2,351,820	1,932,964	418,857
Other Community Services		8,426,669	2,106,915	2,011,904	95,011
Admin & Management	4.11	1,107,350	564,386	460,450	103,936
Primary Care Prescribing	4.12	17,178,252	4,222,843	4,615,509	(392,665)
Primary Care Services		18,043,150	4,510,788	4,573,278	(62,490)
Hosted Services		4,686,175	1,153,188	1,196,483	(43,295)
Out of Area		669,268	141,435	226,226	(84,791)
Improvement Grants		939,600	228,067	149,602	78,465
Total Moray IJB Core		131,991,560	32,423,621	33,115,979	(692,358)
Other non-recurring Strategic Funds in the ledger		1,020,972	902,852	902,852	0
Non Recurring earmaked		0	0	0	0
Other resources not included in ledger under core and strategic:	5	26,343,343	489,548	489,436	112
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		159,355,876	33,816,021	34,508,266	(692,246)
Set Aside Budget		12,620,000	-	-	-
Overall Total Moray IJB		171,975,876	33,816,021	34,508,266	(692,246)

Funded By:

NHS Grampian	110,824,012
Moray Council	61,151,864
IJB FUNDING	171,975,876

Description of MIJB Core Services

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

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

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

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

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

6. Adult Protection and Health Improvement

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

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

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

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

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

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

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

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

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

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

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

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

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

- HMP Grampian – provision of healthcare to HMP Grampian.

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

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

Other definitions:

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

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

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

Appendix 3

HEALTH & SOCIAL CARE MORAY

DELEGATED AUTHORITY REPORTS - PERIOD April 2022 to June 2022

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
OPDS MRC support Workers	Transfer posts to MRC from closed day services	3 x 36.25 hours grade 4 3 x 21.75 hours grade 4	Permanent		ASAP	Budget already in place
Recruitment for AM client	New service user moving into development and requiring support	1 x 36.25 hours grade 5 4.36 x 36.25 hours grade 4	Permanent		ASAP	Council funded
Barlink Recruitment	Increase staffing establishment	2.8 x 36.25 hours grade 4	Permanent			Funding from closure of Murray Street and vacancy target
Change of admin role - LD	Regrading of admin role	1 x 36.25 hour grade 4	Permanent			Funding from LD budget
Access Team FCA	Create additional first contact advisor	1 x 36.25 hour grade 4	Temporary	6 months	October to March	Covid funded
Improving recruitment in Care at Home	Create grade 7 and grade 5	1 x 36.25 hours grade 7 1 x 36.25 hours grade 5	Temporary	5 months	November to March	Covid funded

Appendix 3

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Support to increase the personal assistant workforce	Create 1FTE grade 5	1 x 36.25 hours grade 5	Temporary	2 months	February to March	Covid funded
Temporary Consultant Practitioner Post	Create 1FTE grade 11	1 x 36.25 hours grade 11	Temporary	6 months	October to March	SG Funded
Temporary Consultant Practitioner Post	Create 1FTE grade 11	1 x 36.25 hours grade 11	Temporary	12 months	April to March	Funded from care at home investment
Extend social workers post - Care at home investment funding April to December 2022	Extend grade 9	3 x 36.25 hours grade 9	Temporary	9 months	April to December	Funded from care at home investment
ASP – Admin	Create grade 3	1 x 36.25 hours grade 3	Temporary	12 months	At appointment	Funded from care at home investment
Assistant Community Development Officer	Create grade 5	1 x 36.25 hours grade 5	Permanent			Funded from MDT funding
CW Children's Service Support	Create grade 4 and grade 5	1.4 x 36.25 hours grade 4 1 x 36.25 hours grade 5	Permanent			Funded from recharge to children's service

Appendix 3

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Merge Care Assistant posts - Artiquins	Merge vacant posts	Create 1 x 36.25 hours grade 4	Permanent			Budget already in place
Support to increase the personal assistant workforce	Continue temporary post	Extend 1 x 36.25 hours grade 5	Temporary	3 months	April to June	Covid funded
Acting up assistant manager woodview	Acting up grade 5 to grade 7	1 x 36.25 hours grade 7	Temporary	6 months	April to September	Funding already in budget from underspend
Assistant Self-Directed Support & Carers Officer	Extend post to March 2023	1 x 36.25 hours grade 5	Temporary	6 months	October to March	Funded from carers funding
Reallocation of staff	Transfer posts from Phoenix day service to MRC	2 x 36.25 hours grade 4	Permanent			Budget already in place
Agreement for member of staff to take a 2 year sabbatical.	Staff sabbatical.	1 x 25.38 hours grade 9	Temporary	2 years	April 22 to April 24	No funded required

Appendix 3

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Specialist Nurse for Child Protection School Nursing	New Post	Band 7 37.5 hours	Permanent	n/a	At appointment	School Nursing Funding from SG
Adult Immunisation Nurse	fixed term posts for Autumn/winter flu vaccs	Band 5 262.5 hours	Temporary	5 months		Vaccination Funding
Vaccination Support Workers	fixed term posts for Autumn/winter flu vaccs	Band 2 262.5 hours	Temporary	4 months		Vaccination Funding
Immunisation Admin Assistant	Temp posts to support Immunisations	Band 2 75 hours	Temporary	2 years		PCIF Slippage

APPENDIX 4

MORAY INTEGRATION JOINT BOARD
DIRECTION

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

1.	Title of Direction and Reference Number	MIJB Updated Budget Position 20220401MC02 20220401GHB02
2.	Date Direction issued by the Moray Integration Joint Board	29.09.2022
3.	Effective date of the Direction	01.04.2022
4.	Direction to:	NHS Grampian and Moray Council
5.	Does the Direction supersede/update a previous Direction? If yes, include the reference number(s) of previous Direction	Yes last budget monitoring report for 21/22 budget outturn to MIJB on 30.06.2022
6.	Functions covered by Direction	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme and all functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.
7.	Direction Narrative	Directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below
8.	Budget Allocation by MIJB to deliver on the Direction	*Moray Council associated budget* - £64.6 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations. NHS Grampian associated budget - £70.8 million, of which £4.7 million relates to Moray's share for services to be hosted and £17.1 million relates to primary care prescribing.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022**

SUBJECT: **LOCALITY PLANNING UPDATE**

BY: **HEAD OF SERVICE**

1. REASON FOR REPORT

1.1. To inform the Board of the work done to date on locality planning.

2. RECOMMENDATION

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

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

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

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

3. BACKGROUND

3.1. Locality planning empowers those living and working in a locality to play an active role in identifying the priorities for health and social care in each of those localities and to shape the delivery of services for the future.

3.2. MIJB has made a commitment to locality planning as part of its strategic vision, with locality planning sitting under Theme 2: Home First.

3.3. Four localities have been identified and four locality managers appointed:

- Elgin, Lesley Attridge
- Forres and Lossiemouth, Iain MacDonald
- Speyside and Keith, Cheryl St Hilaire
- Buckie, Cullen and Fochabers, Laura Sutherland

3.4. A previous report was submitted to the board on 31 March 2022 outlining the process for developing the plans with the intention of presenting a first draft of

plans at this meeting. An MIJB development session was also held on 28 July 2022.

3.5. A short life working group called the Locality Planning Management Group (LPMG) has been set up to drive forward the locality planning process and a soft structure was defined on how the plans should be completed. Locality Managers have been given some freedom on how they develop their plans, allowing them to work to their strengths and the individual characteristics of each locality.

3.6. The LPMG recognised that it was unlikely each locality would progress at the same pace and as such only the Forres and Lossiemouth locality is in a position to provide a first draft locality plan for this meeting. First draft plans for the remaining localities will be provided at the January 2023 meeting of the Board followed by a sign off of the full plans for publication at the March 2023 meeting.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Locality profiles

4.1. As part of understanding the health and social care landscape within each of the localities existing information was collated in the form of both locality profiles and a locality dashboard. Locality profiles provided top level health and social care intelligence which provides a broad overview of the locality population and the dashboard provides more operational data that illustrates the current state of the health and social care system within the locality.

4.2. Both profiles and the dashboard have been provided and signed off by the LPMG. Locality managers have begun sharing and disseminating the information as the first step to identifying potential locality profiles. Following the decision of this meeting the profiles will be made available to the public. A copy of the locality profile for Forres and Lossiemouth has been provided for supplementary reading. **Appendix 1.**

Individual locality updates

4.3. Forres and Lossiemouth – The locality oversight group (a group of health and social care, local authority, third sector and community representatives within the locality) has been established and meetings have been held to discuss local priorities based on both the locality profiles, other available health and social care data, national trends and ongoing community engagement activity.

4.4. Participation on the oversight groups has been positive with representation across the partnership, third sector and community. Links have been made with the local leads for Community Planning activity and the Children and Young Peoples locality work to ensure continuity in planning and priority setting.

4.5. Following an analysis of the available data a first set of priorities has been identified and work is ongoing by the locality oversight group to finalise the appropriate actions. This work to date can be show in the draft locality plans for Forres and Lossiemouth. **See Appendix 2.**

4.6. Keith and Speyside – A community engagement event called ‘Let’s talk Health, Wellbeing and Communities’ was held on 31 August 2022 in Keith. The event’s

purpose was to raise awareness around the various health, social care and other services and support available via the third sector and professional services, to those in the locality but also to provide a networking opportunity for the various professions and promote multi-disciplinary team (MDT) working. A questionnaire was distributed and will be used to further identify potential local priorities.

4.7. A professional directory has been launched as a resource to support MDT working across the locality. Its purpose is to promote joined up working and relationship building by providing regular updates, including a bi-monthly newsletter, but ultimately put professionals in touch with each other. In tandem, a community directory is also being developed which will be available to the public and details the various support and services (including community and volunteer organisations) accessible in the locality.

4.8. A previous 'Coffee and Chats' group is to be replaced by a locality oversight group. The ambition is to keep this more fluid and organic, being conscious of the time commitment of meetings and reducing the need for them when possible. Instead the group will be kept up to date through the above mentioned newsletter, email and direct contact with individuals.

4.9. Some early potential priorities have been identified, particularly around prevention and self-management. Proposals around a community hub are currently being explored, however are at the early stages of development.

4.10. Buckie, Cullen and Fochabers – Health and social care intelligence is currently being collated and evaluated. Alongside the above mentioned locality profiles, existing plans i.e. Children Services, Moray LOIP and Buckie LOIP, are being evaluated to identify cross-over themes and trends that can help set potential priorities. The Locality Manager recognises that there has already been sufficient community engagement carried out that any new engagement would unlikely result in new information at this time.

4.11. A locality oversight group is still to be set up, however, similar to the Keith and Speyside oversight group the ambition is to keep this less structured and reduce the need for physical meetings. Instead, the Locality Manager sees their role as one who integrates into existing groups and will collect feedback as the locality plans are developed.

4.12. At the time of this report the Locality Manager has indicated that a first draft of the locality plan should be completed by mid-September and will go out for consultation to the public as well as members of the oversight group.

4.13. Elgin – Works to date have concentrated on developing MDT working in the community. Each MDT is at different stages of this progression but both focus on being person centred to achieve better outcomes for the Elgin population.

4.14. Health and social care intelligence is currently being collated and evaluated. Alongside the above mentioned locality profiles, existing plans i.e. Children Services, Moray LOIP, are being evaluated to identify cross-over themes and trends that can help set potential priorities for the Elgin Locality.

4.15. A locality oversight group is still to be set up, however, it is recognised that the priorities for the Elgin locality may serve as priorities for the wider Moray

population as it often acts as a central hub. However, there would still remain a focus to establish key priorities for the Elgin population through the oversight group.

4.16. Identified for the Elgin/coastal palliative population is the need for provision of end of life facility the in the absence of a community hospital, where a person chooses not to remain at home or requires a period of symptom management before returning home, but would not require admission to an acute hospital. Work is underway to commission this as a test of change for a 1 year period. Following this an evaluation will take place looking at the impact and benefits this has had to this population.

Finance

4.17. Work has begun on splitting the MIJB budget down to a locality level. The legal requirement is that the integration authorities must show the proportion of the total budget that has been spent on each locality. This is likely going to be an iterative process over many generations of plans, and will be closely linked to the delivery of services across the localities with the goal of moving away from historic east/west split.

Performance and evaluation

4.18. Both Performance and Evaluation teams have been involved since the beginning of the planning process. This is to ensure they are kept up to date and available to provide guidance as things progress. Once action plans start to materialise, they will become more involved and this will ensure actions are properly monitored and any impact can be sufficiently monitored.

Application to formally recognise the 4 localities nationally

4.19. At present if national data sets provide a level of detail further than Moray-wide then this is only available as an east / west split. On recommendation from our partners in Public Health Scotland an application can be made requesting that the various performance monitoring bodies recognise the four localities. In doing so, further health and social care intelligence can be made available at a locality level.

4.20. The Board is being asked to approve the application(s) for the four localities to be recognised by the various performance monitoring bodies.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

At present there are no direct financial implications to locality planning. It is hoped that opportunities to pull together resources and work more effectively will lead to greater efficiencies. Deliberation will need to be given to how

services are commissioned at a locality level and its impact on acquisition of services.

(d) Risk Implications and Mitigation

There are risks around the ability of MIJB to embed a locality model, particularly around existing cultures and systems. This is being monitored by the LPMG and will become a key objective of the HSCM Wellbeing Partnership.

(e) Staffing Implications

As the modelling for change in service delivery progresses the staffing implications will be identified and taken forward following the appropriate policies

(f) Property

There are no property implications to this report.

(g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

There are no implications as a result of this report.

(i) Directions

None directly arising from this report.

(j) Consultations

Consultations have taken place with the Locality Plan Management Group, Chief Officer, Chief Financial Officer, Public Health Scotland and comments incorporated regarding their respective areas of responsibility.

6. CONCLUSION

6.1. Locality planning will provide the opportunity to identify health and social care priorities within natural communities and plan service delivery from the ground up.

6.2. Each locality is progressing its plan at pace, albeit behind the original planned schedule. A further report will be presented to the MIJB in January 2023 where the remaining localities will present first draft plans. The MIJB will then be asked to approve the final plans for publication at the following meeting in March 2023.

6.3. Following a decision of this meeting, an application will be made to the various national performance monitoring bodies to formally recognise the four localities in Moray. This process will be supported by our partners in Public Health Scotland.

Author of Report: Jamie Fraser, Project Manager
Background Papers:
Ref:

20220929 FINAL Locality Planning Update Appendix 1

April 2022

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Table of Contents

Summary Table

Indicators	Data Type	Time Period	Forres and Lossiemouth Locality	Buckie Locality	Elgin Locality	Keith and Speyside Locality	Moray HSCP	Scotland
Demographics								
Total population	count	2020	30,033	19,898	30,399	15,380	94,930	5,466,000
Gender ratio male to female	ratio	2020	1:0.96	1:1.06	1:1.05	1:1.02	1:0.97	1:1.05
Population over 65	%	2020	22	25	19	25	21	19
Population in least deprived SIMD quintile	%	2020	20	0	17	0	12	20
Population in most deprived SIMD quintile	%	2020	1.8	0	6.7	0	2.7	20
Housing								
Total number of households	count	2020	13,761	9,702	14,594	7,778	45,835	2,653,521
Households with single occupant tax discount	%	2020	34	34	34	33	34	38
Households in Council Tax Band A-C	%	2020	61	70	61	70	65	59
Households in Council Tax Band F-H	%	2020	8.4	3.8	8.6	5.7	7	13
General Health								
Male average life expectancy in years	mean	2016-2020*	79.8	79.3	78.6	79.8	78.9	76.8
Female average life expectancy in years	mean	2016-2020*	83.1	82.4	82.1	82.5	81.8	81
Early mortality rate per 100,000	rate	2018-2020	97	94.9	140.4	82.8	110	116
Population with long-term condition	%	2020/21	21	24	23	25	23	20

**At HSCP and Scotland level, the time period is a 3-year aggregate (2018-2020)*

Indicators	Data Type	Time Period	Forres and Lossiemouth Locality	Buckie Locality	Elgin Locality	Keith and Speyside Locality	Moray HSCP	Scotland
Lifestyle & Risk Factors								
Alcohol-related hospital admissions per 100,000	rate	2019/20	526	352	553	499	474	673
Bowel screening uptake	rate	2017 - 2019	67	68	68	67	68	62
Unscheduled Care								
Emergency admissions per 100,000	rate	2020/21	6,992	7,337	8,339	7,659	7,599	9,467
Unscheduled bed days per 100,000	rate	2020/21	50,761	61,901	53,426	60,111	55,426	64,439
A&E attendances per 100,000	rate	2020/21	18,653	18,057	24,415	17,627	20,194	20,421
Last 6 months of life spent in community setting	%	2020/21	91	92	92	92	92	90
Potentially Preventable Admissions per 100,000	rate	2020/21	922	1,136	1,168	962	1,051	1,180
Unscheduled Care (Mental Health Hospitals)								
Emergency admissions per 100,000	rate	2020/21	186	196	257	254	222	252
Unscheduled bed days per 100,000	rate	2020/21	12,563	6,775	14,685	11,912	11,929	23,674
Readmissions (28 days) per 1,000	rate	2020/21	70	26	28	79	49	84

Notes for this profile:

- All years shown are calendar years unless otherwise specified.
- Upper and lower 95% confidence intervals are shown throughout this document where available. In charts, these are displayed as shaded areas either side of trend lines, or as black error bars in bar charts. Confidence intervals show the range of possible values and a certainty that the true value falls within them.
- Definitions for the indicators shown are available in Appendix 1.
- Any zero figures for some indicators will indicate either suppression of small data or a complete lack of data available for this locality

Demographics

Summary:

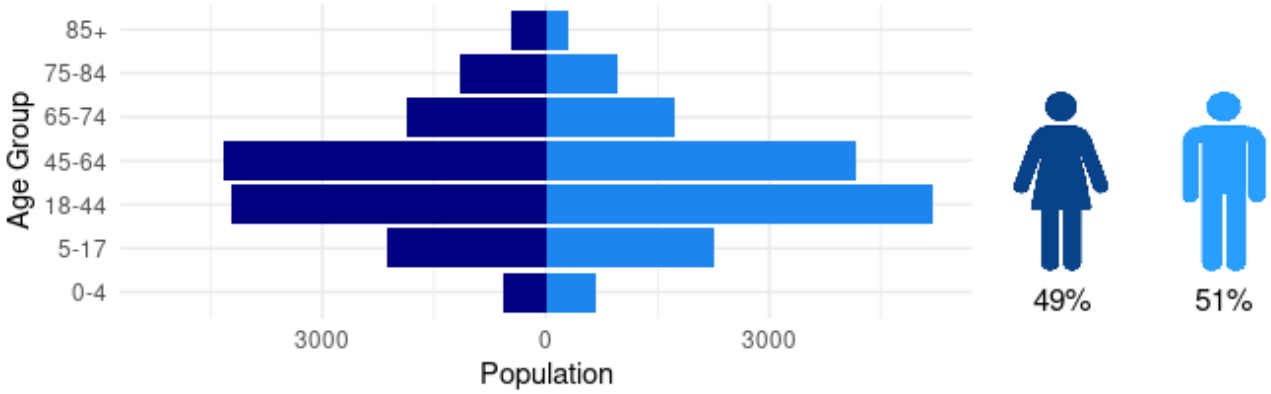
For the most recent time periods available, Forres and Lossiemouth Locality had:

- A total population of **30,033** people, where **51%** were male, and **22%** were aged over 65.
- **20%** of people lived in the least deprived SIMD quintile, and **1.8%** lived in the most deprived quintile.

Population

In 2020, the total population of Forres and Lossiemouth locality was 30,033. The graph below shows the population distribution of the locality.

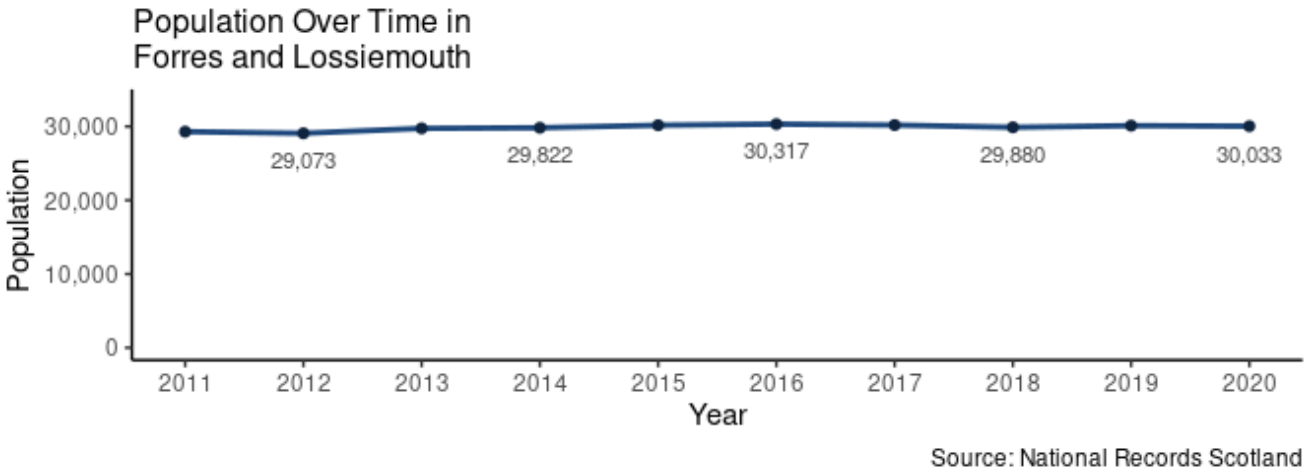
Figure 1: Population breakdown in Forres and Lossiemouth.



Source: National Records Scotland

Figure 2 shows the historical population of Forres and Lossiemouth, along with the NRS population projections. The population has been rising in general, however it has fallen since last year. The population in Forres and Lossiemouth is estimated to NA from NA to NA *Please see the footnotes for more information on how the population projections were calculated[1].*

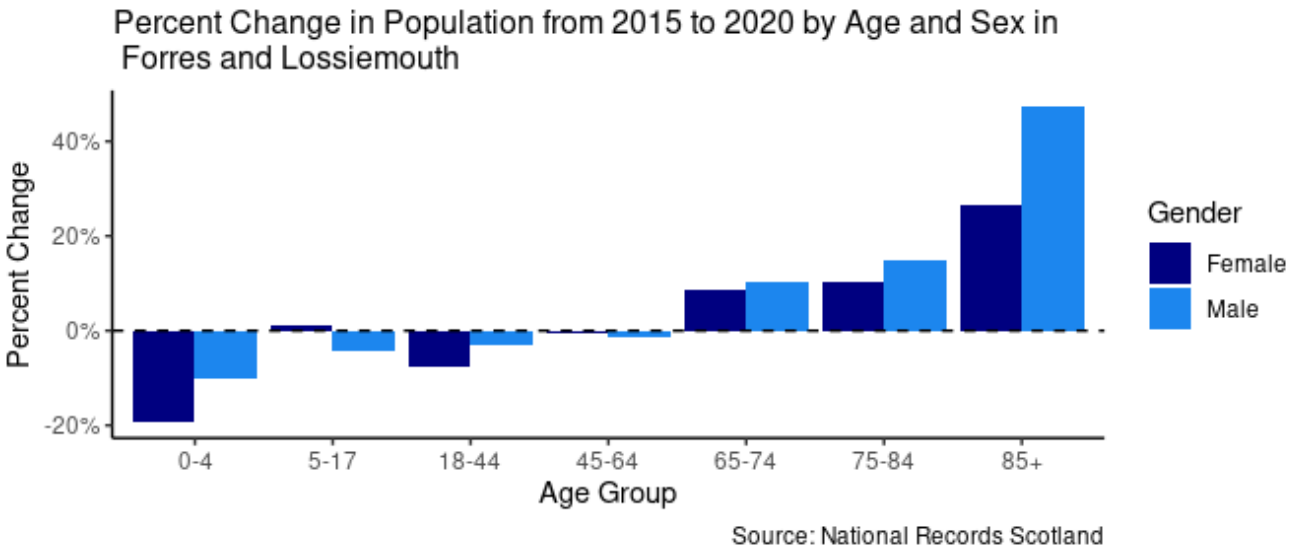
Figure 2: Population time trend and projection.



Source: National Records Scotland

Figure 3 shows how population structure has changed between 2015 and 2020.

Figure 3: Change in population structure over the last five years.



Deprivation

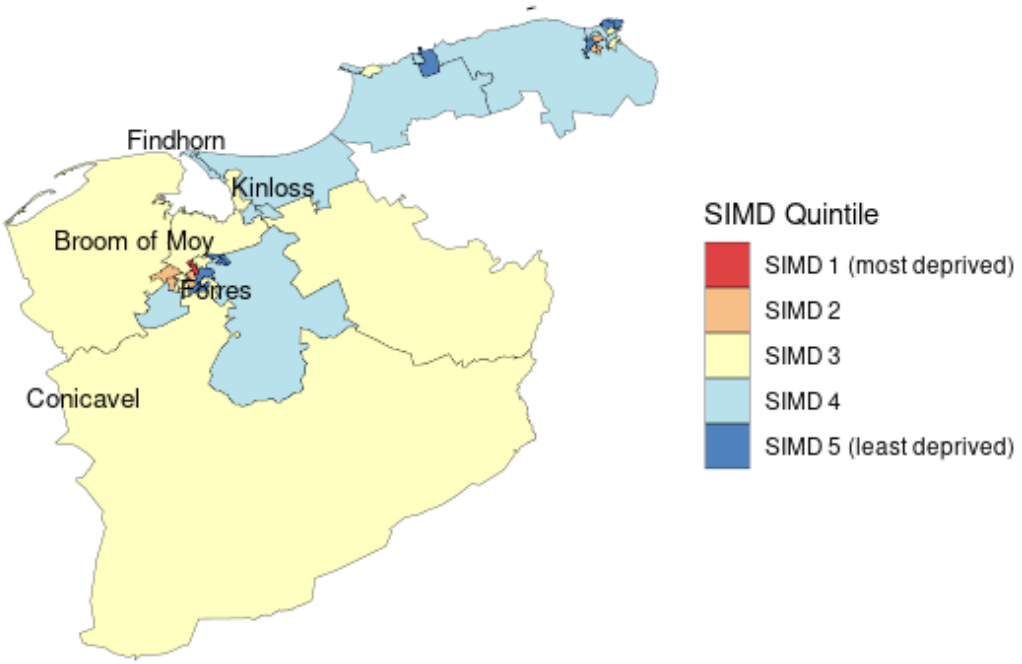
The following section explores the deprivation structure of Forres and Lossiemouth through the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks all datazones in Scotland by several of factors: Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone is then given an overall deprivation rank, which is used to split datazones into Deprivation Quintiles (Quintile 1 being the most deprived, and Quintile 5 the least). The most recent SIMD ranking was carried out in 2020. This section mainly focuses on the SIMD 2020 classifications, however the 2016 classifications are used to assess how deprivation has changed in Forres and Lossiemouth when compared to the rest of Scotland.

Of the 2020 population in Forres and Lossiemouth, **1.8%** live in the most deprived SIMD Quintile, and **20%** live in the least deprived SIMD Quintile. The following table details the percent of the population living in the 2016 SIMD Quintiles, the percent living in the 2020 SIMD Quintiles, and their difference for comparison.

Table 1: Percentage population living in the 2016 and 2020 SIMD Datazone Quintiles

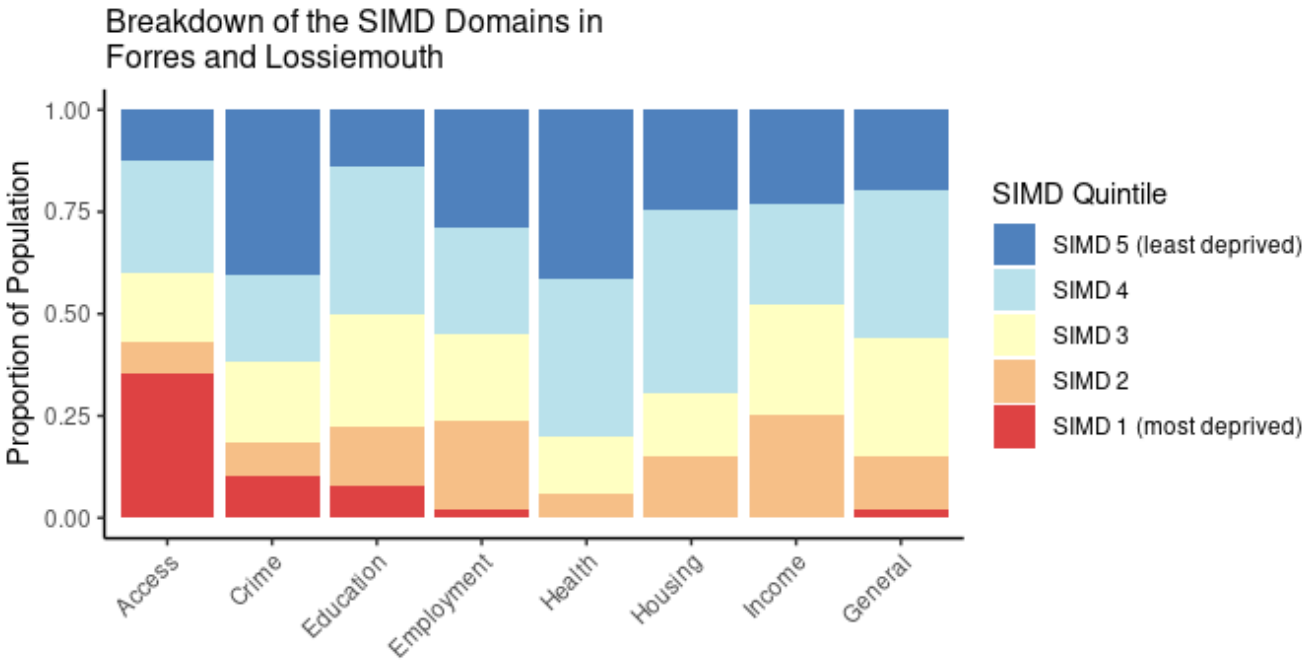
Quintile	Percent of Pop (2016)	Percent of Pop (2020)	Difference
SIMD 1	0.0%	1.8%	1.8%
SIMD 2	10.6%	13.2%	2.7%
SIMD 3	32.3%	29.1%	-3.3%
SIMD 4	29.2%	36.2%	6.9%
SIMD 5	27.8%	19.7%	-8.1%

Figure 4: Map of Data Zones within Forres and Lossiemouth coloured by SIMD quintiles.



Source: Scottish Government, Public Health Scotland

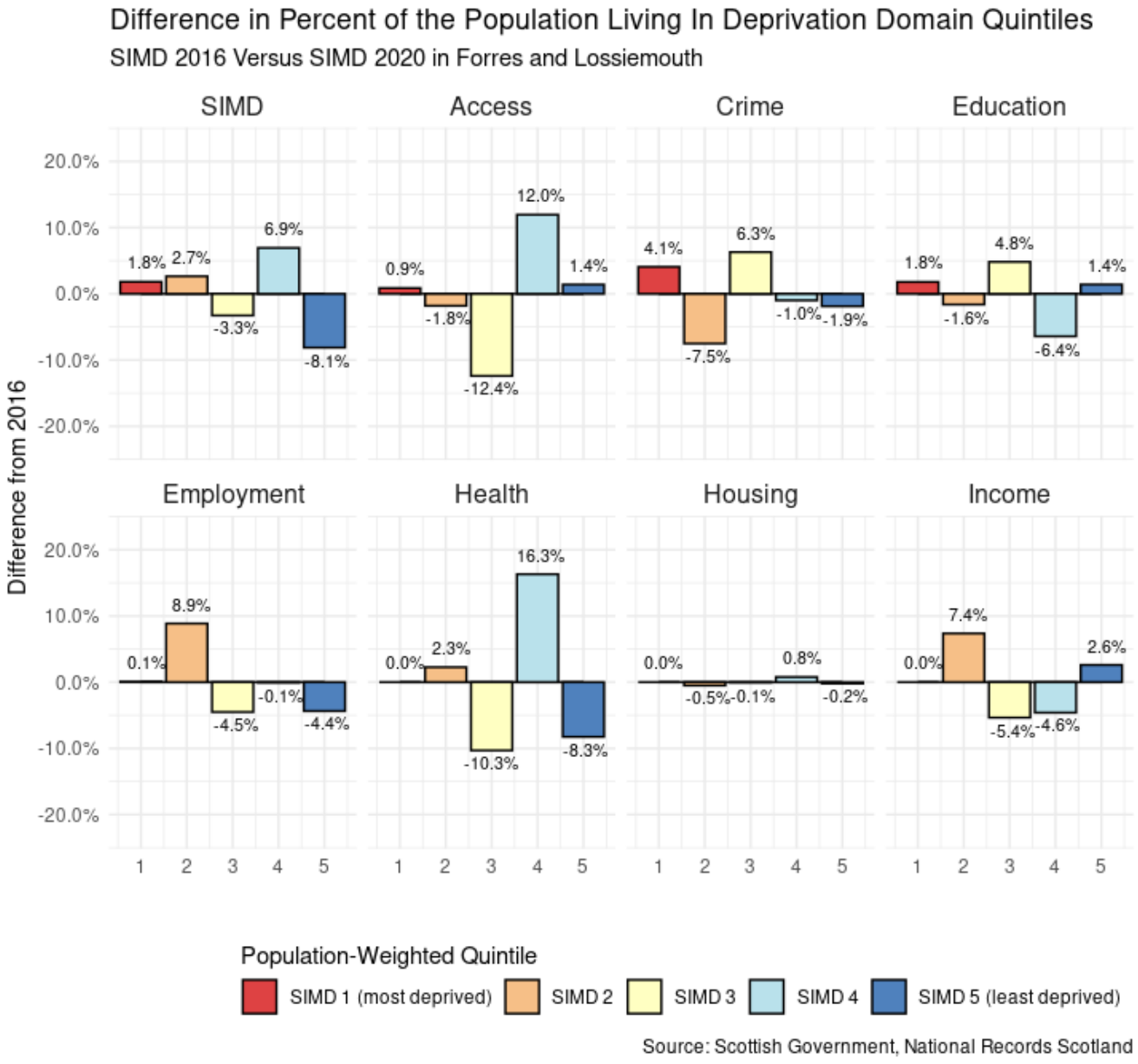
Figure 5: Proportion of the population that reside in each 2020 SIMD quintile by domain.



Source: Scottish Government, Public Health Scotland, National Records Scotland

Figure 6: Percentage population living in the 2016 and the 2020 SIMD and Domain Quintiles

Figure 6 presents a comparison between the 2016 Scottish Index of Multiple Deprivation figures, and the new 2020 SIMD figures. The percentages of the population living within each SIMD quintile and domain quintile were calculated first using the 2016 SIMD datazone classifications, and then the 2020 SIMD classifications. The differences in these percentages are plotted in Figure 6. Negative values on the y axis indicate a decrease in percent of the population living within a quintile, while positive values indicate an increase in percent of the population living within a quintile. **Please note that quintiles have been weighted by the Scottish population so, any local changes in SIMD quintile do not necessarily indicate a difference in deprivation, but rather a difference in deprivation in comparison to the rest of Scotland.**



Households

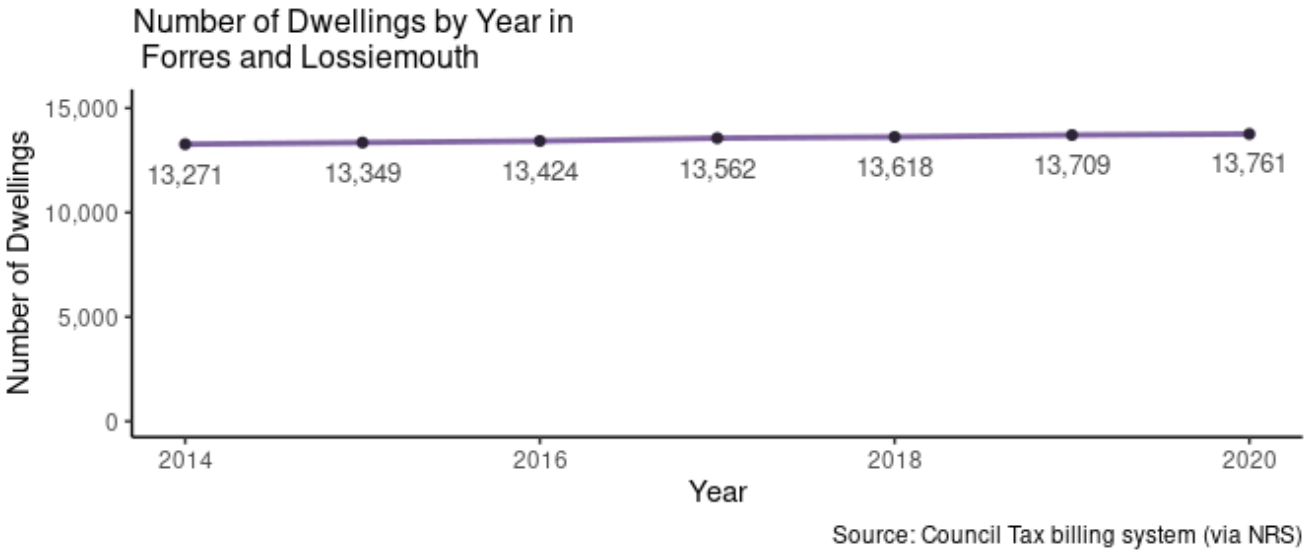
Summary:

For the most recent time periods available, Forres and Lossiemouth Locality had:

- **13,761** dwellings, of which: **95%** were occupied and **1.7%** were second homes.
- **34%** of dwellers received a single occupant council tax discount, and **4.9%** were exempt from council tax entirely.
- **61%** of houses were within council tax bands A to C, and **8.4%** were in bands F to H.

The graph below shows the number of dwellings in Forres and Lossiemouth from 2014 to 2020.

Figure 7: Number of dwellings time trend.



Of the total number of dwellings in 2020, 34% (4,726 households) were occupied by an individual receiving a single occupant council tax discount. Furthermore, 4.9% (673 households) were occupied and exempt from council tax.

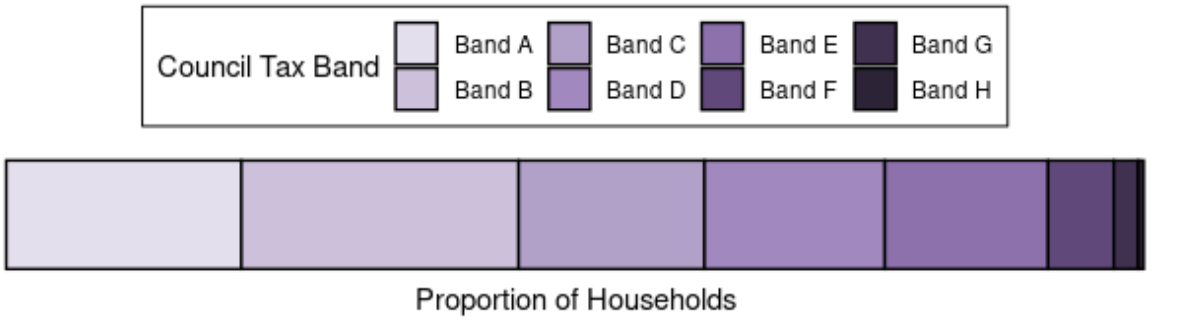
There were 238 dwellings classed as a second home in 2020, these dwellings made up 1.7% of the households in Forres and Lossiemouth.

Table 2: Breakdown of dwelling types by year for Forres and Lossiemouth locality.

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	13,271	12,591	480	4,537	609	194
2015	13,349	12,675	460	4,594	624	211
2016	13,424	12,746	446	4,638	628	230
2017	13,562	12,840	491	4,744	646	230
2018	13,618	12,810	572	4,793	653	234
2019	13,709	12,982	482	4,841	657	245
2020	13,761	13,031	492	4,726	673	238

The proportion of households within each council tax band are displayed in the chart below, figures are shown in Table 3.

Figure 8: Breakdown of households by council tax band for Forres and Lossiemouth in 2020.



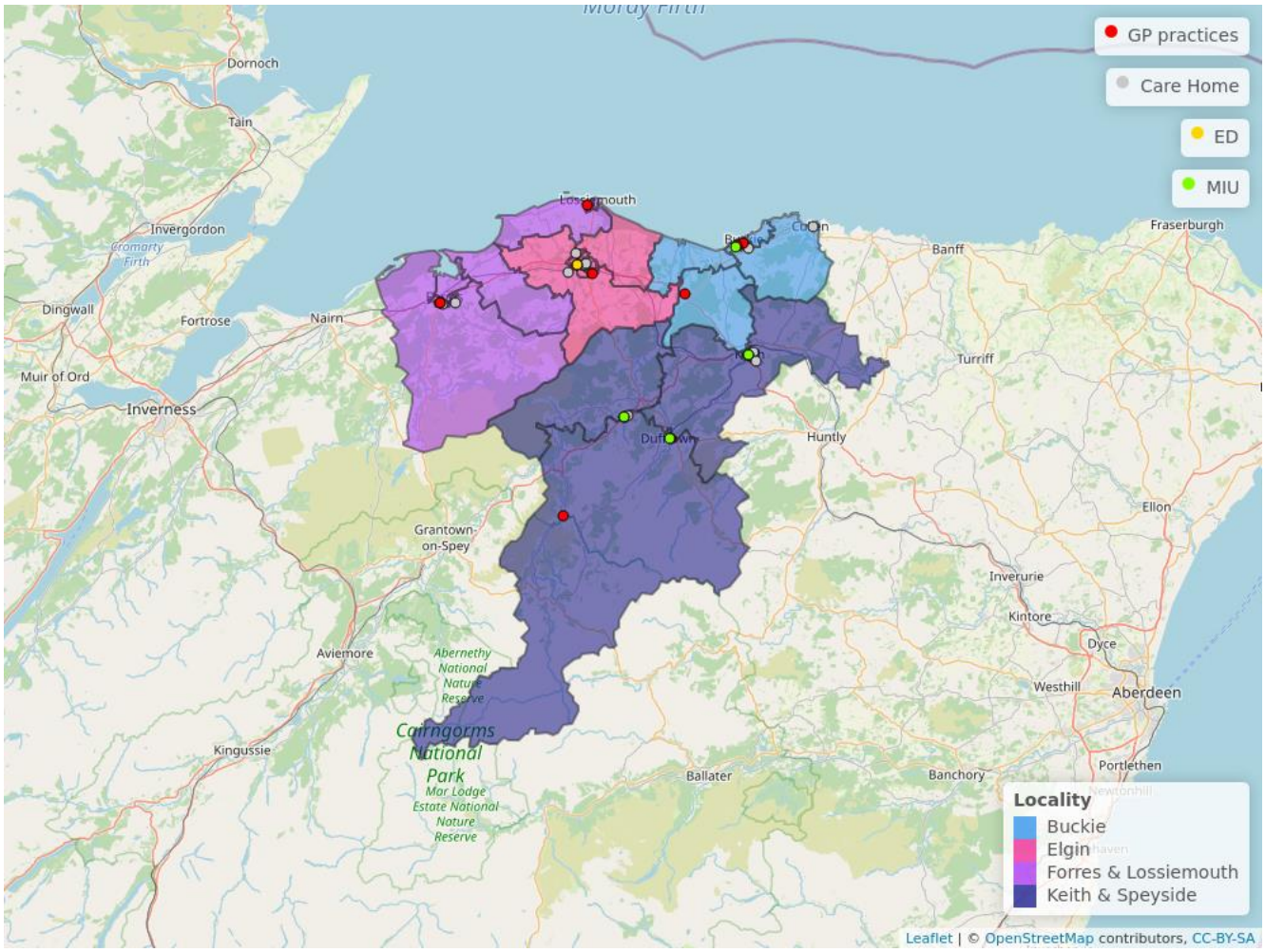
Source: Scottish Assessors' Association (via NRS)

Table 3: Percentage of households by council tax band for Forres and Lossiemouth in 2020.

Tax Band	A	B	C	D	E	F	G	H
Percent of households	21%	24%	16%	16%	14%	5.8%	2.1%	0.48%

Services

Figure 9: Map of GP practices by locality in Moray HSCP[2].



ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Table 4: Number of each type of service in Forres and Lossiemouth Locality[2].

Service Type	Service	Number
Primary Care	GP Practice	3
A&E	Emergency Department	0
	Minor Injuries Unit	0
Care Home	Elderly Care	2
	Other	1

General Health

Summary:

For the most recent time periods available[3], Forres and Lossiemouth Locality had:

- An average life expectancy of **79.8** years for males and **83.1** years for females.
- A death rate for ages 15 to 44 of **97** deaths per 100,000 age-sex standardised population[4]
- **21%** of the locality's population with at least one long-term physical health condition.

Life Expectancy

In the latest time period available from 2016-2020 (5 year aggregate), the average life expectancy in the Forres and Lossiemouth locality was **79.8** years old for men, and **83.1** years old for women. A time trend since 2013-2017 can be seen in figure 10

Figure 10: Average life expectancy in men and women over time.

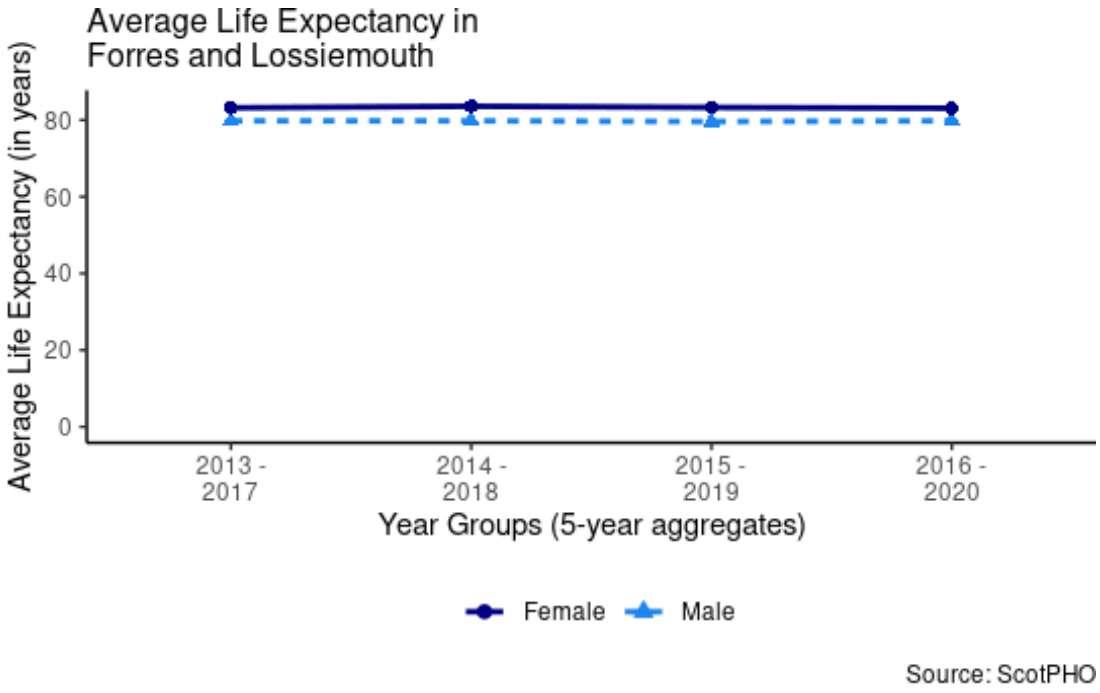


Table 5 provides the average life expectancy for men and women in different areas for the latest time period available. Please note that these are 5 year aggregates for the locality from 2016-2020, but 3 year aggregates from 2018-2020 at partnership, Health Board, and Scotland level.

Table 5: Average life expectancy in years for the latest time periods (2016-2020 aggregated years for the locality; 2018-2020 aggregated years for other areas).

Locality	Partnership	Health Board	Scotland
83.1	81.8	82	81
79.8	78.9	78.3	76.8

Where Locality = Forres and Lossiemouth, Partnership = Moray HSCP, Health Board = NHS Grampian.

Deaths, aged 15-44

The following chart shows a trend of death rates among 15-44 year olds per standardised 100,000 population[4] by area (i.e. Early mortality rate per 100,000). In the most recent aggregate time period available (from 2018-2020), the mortality rate in Forres and Lossiemouth locality was **97** deaths per standardised 100,000 population. Figure 12 then provides comparisons of deaths for all localities in Moray HSCP, for the two latest time aggregates available.

Figure 11: Deaths aged 15-44 years by geographical area and over time.

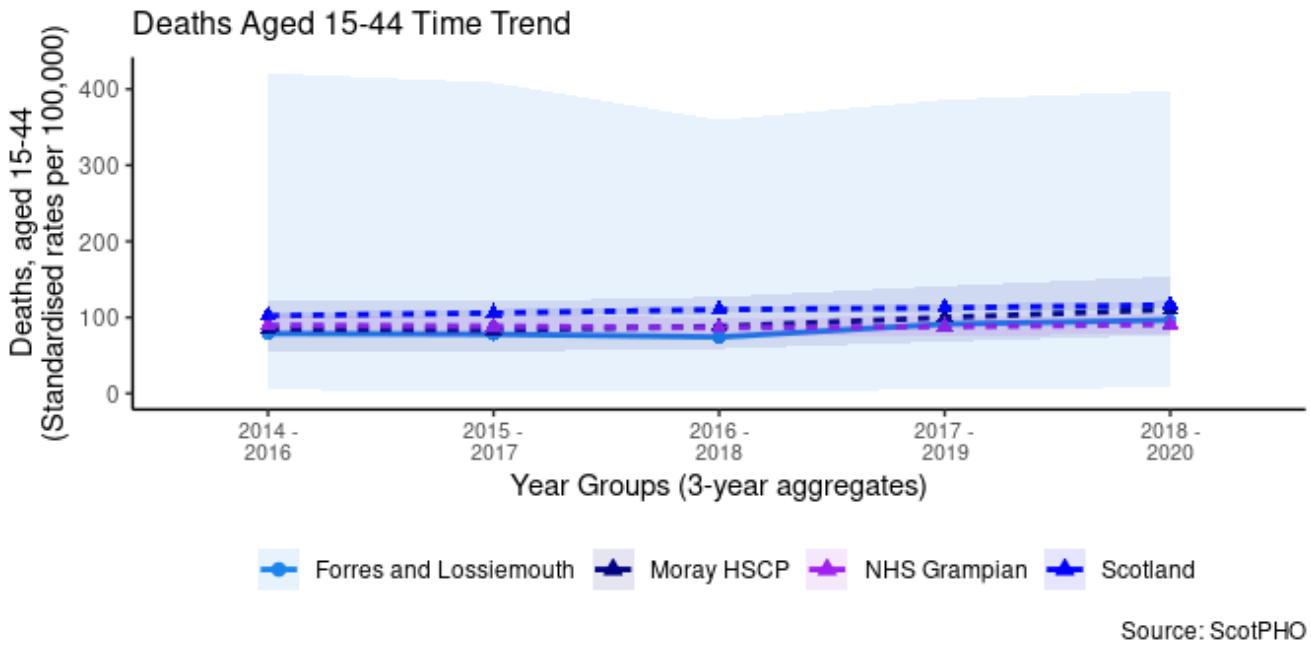
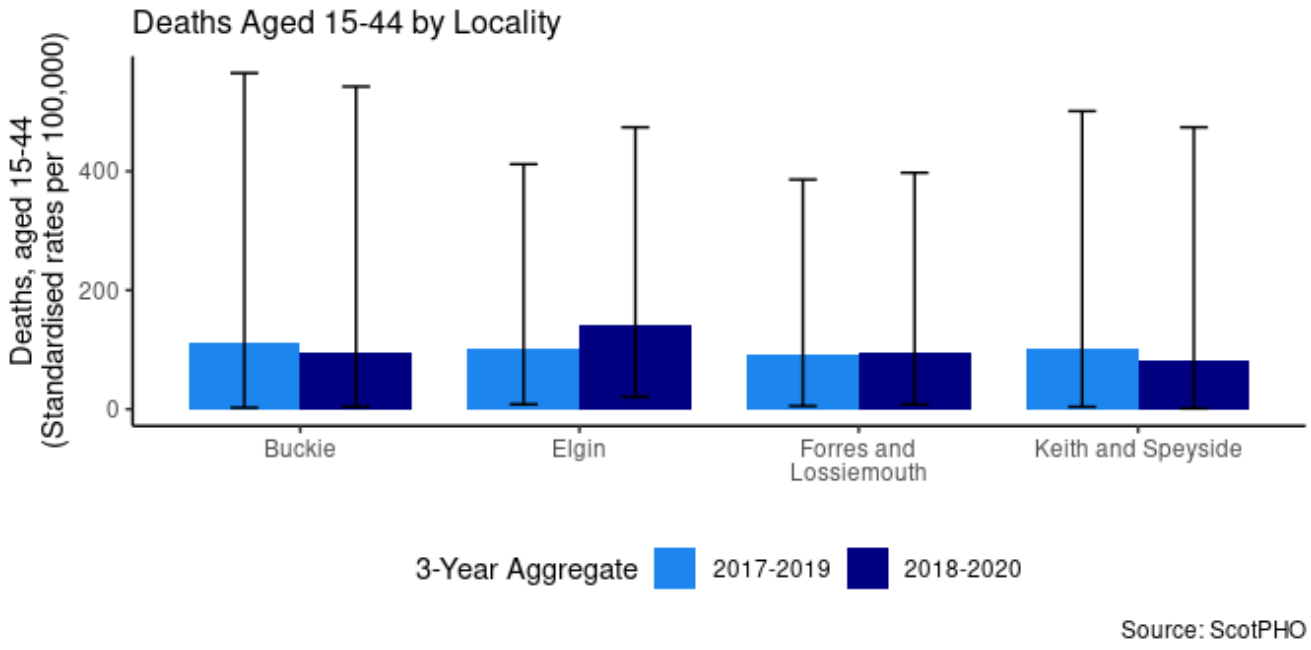
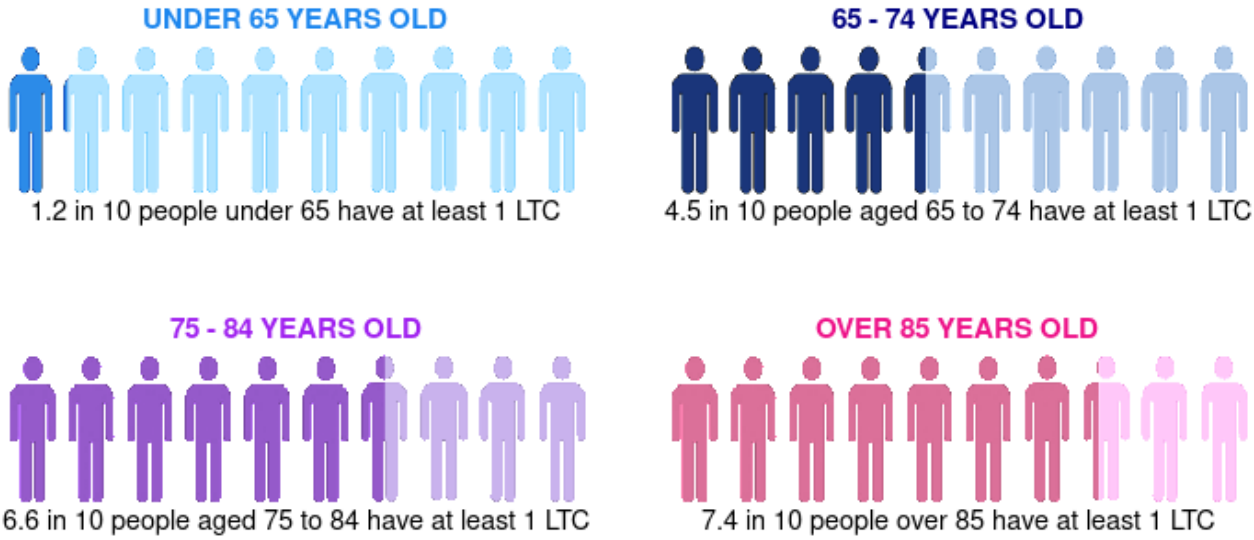


Figure 12: Deaths at ages 15-44 in Moray HSCP localities.



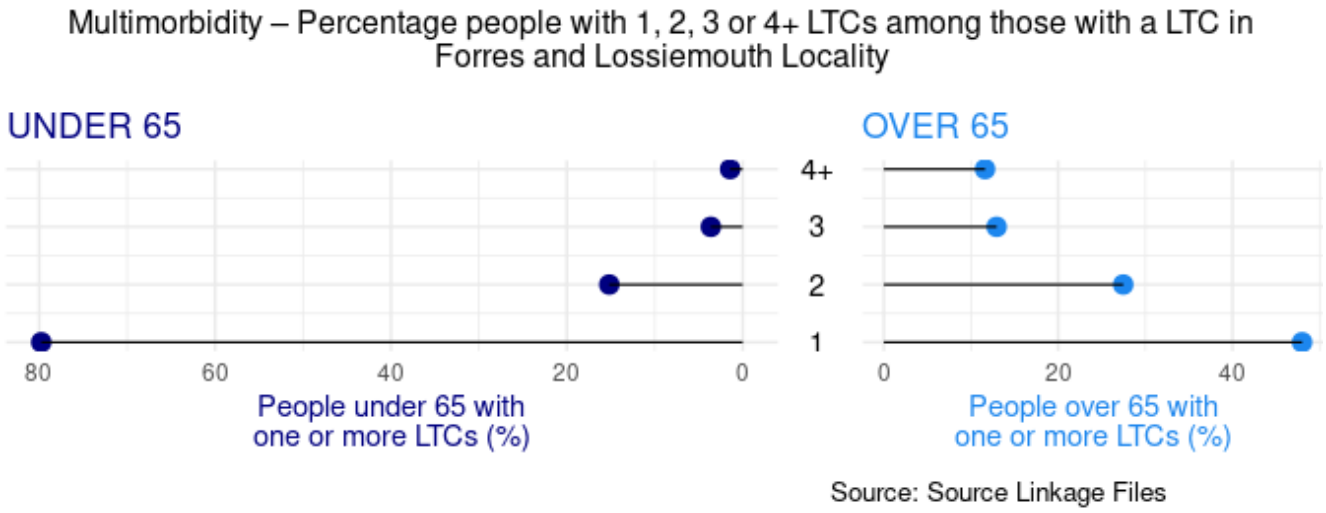
Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2020/21, in Forres and Lossiemouth Locality, **21%** of the total population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. *Please see footnotes for information and caveats on identifying LTCs.*[5]



The co-occurrence of two or more conditions, known as multimorbidity, is broken down in figure 13, distinguishing between age groups. Note that this chart *excludes* the population in the locality who do not have any physical long-term conditions. Figure 13 therefore shows that among the people who have a LTC, **20**% of those under the age of 65 have more than one, compared to **52**% of those aged over 65.

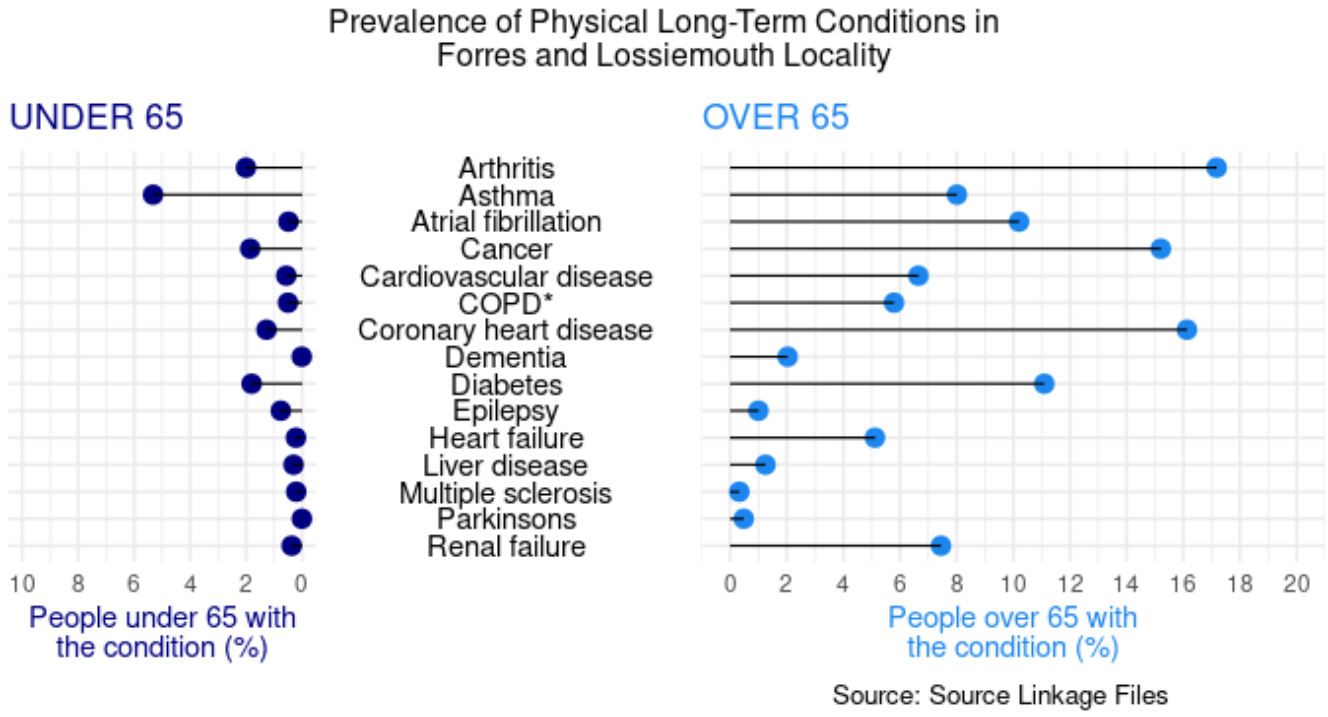
Figure 13: Multimorbidity of physical long-term conditions by age group in 2020/21.



Most common physical Long-Term Conditions (LTCs)

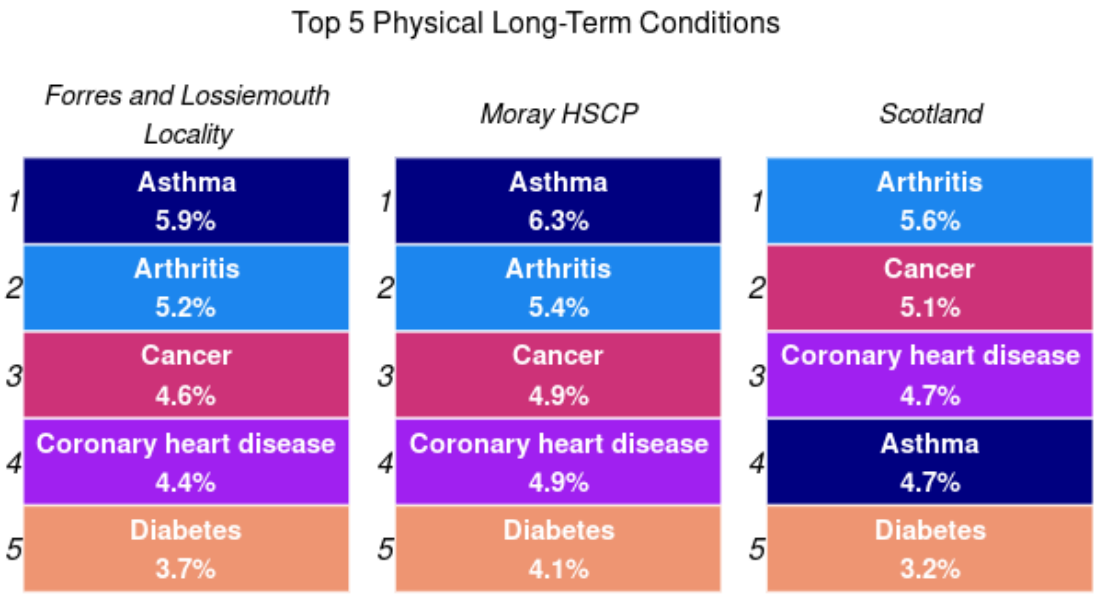
Below is a breakdown of the physical LTCs, for the financial year 2020/21. Figure 14 shows the prevalence of different LTCs in each age group in Forres and Lossiemouth locality, and Table 6 illustrates the top 5 physical LTCs across all ages at locality, partnership, and Scotland level.

Figure 14: Percentage people with each physical LTC, split by age group.



**COPD: Chronic Obstructive Pulmonary Disease*

Table 6: Prevalence of the five most common physical LTCs as a percentage of the population across geographical areas (where 1 = most prevalent).



Lifestyle and Risk Factors

Summary:

Mental and physical wellbeing has close ties with people's lifestyles and behaviours. Financial security, employment and location are influences that often have a bearing on these choices. Issues can develop when alcohol, smoking or drug use shape lives. This section provides data on drug-related hospital admissions, alcohol-related hospital admissions, alcohol-specific mortalities and bowel screening uptake, to give an overview of some of the lifestyles and behaviours for Forres and Lossiemouth locality. These can give an idea of quality of life and prosperity.

For the most recent time periods available[3], Forres and Lossiemouth had:

- **526** alcohol-related hospital admissions per age-sex standardised 100,000 population[4]. This is a lower rate of admissions than for Scotland (673).
- a **67%** uptake of bowel cancer screening for the eligible population.

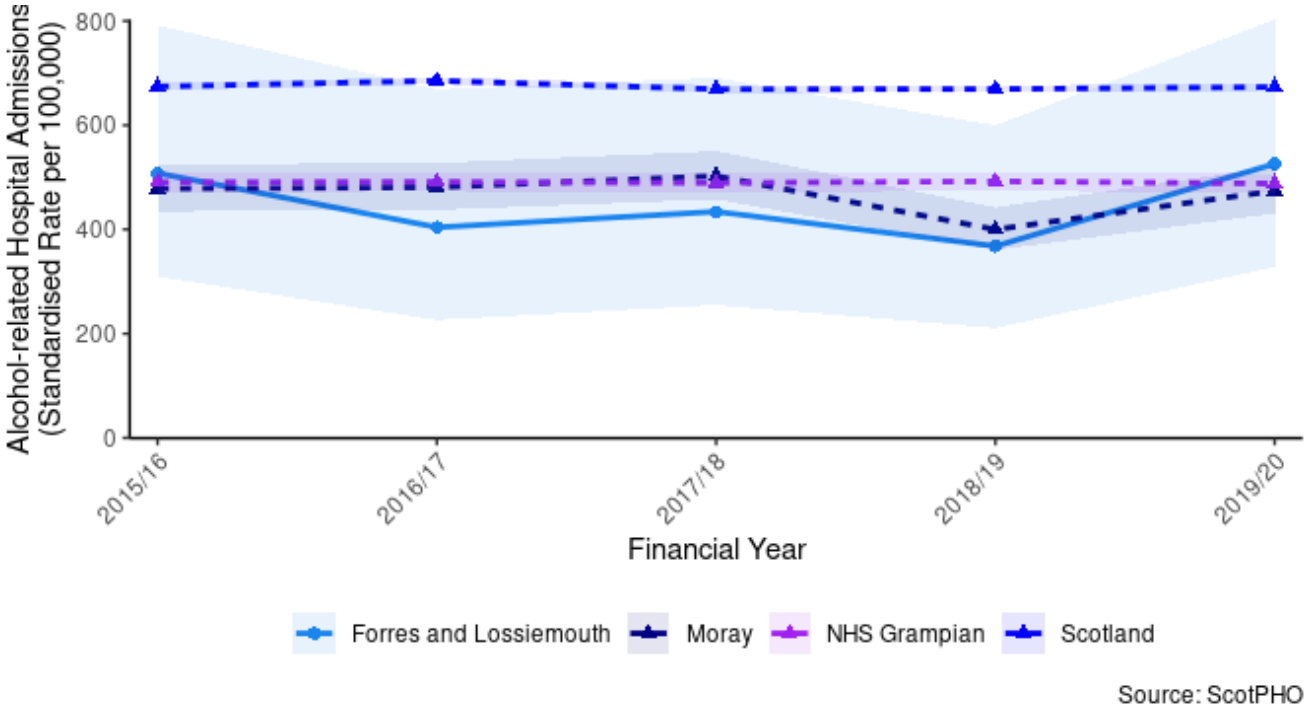
Alcohol-related Hospital Admissions

There were 526 alcohol-related hospital admissions per age-sex standardised 100,000 population[4] in Forres and Lossiemouth locality for the most recent time period available (3 year financial year aggregate for 2019/20).

This is a 3.6% increase since 2015/16 (3 financial year aggregates).

A trend of the change in alcohol-related hospital admissions for Forres and Lossiemouth locality compared with Scotland, Moray HSCP and NHS Grampian is shown in the chart below from 2015/16 onwards.

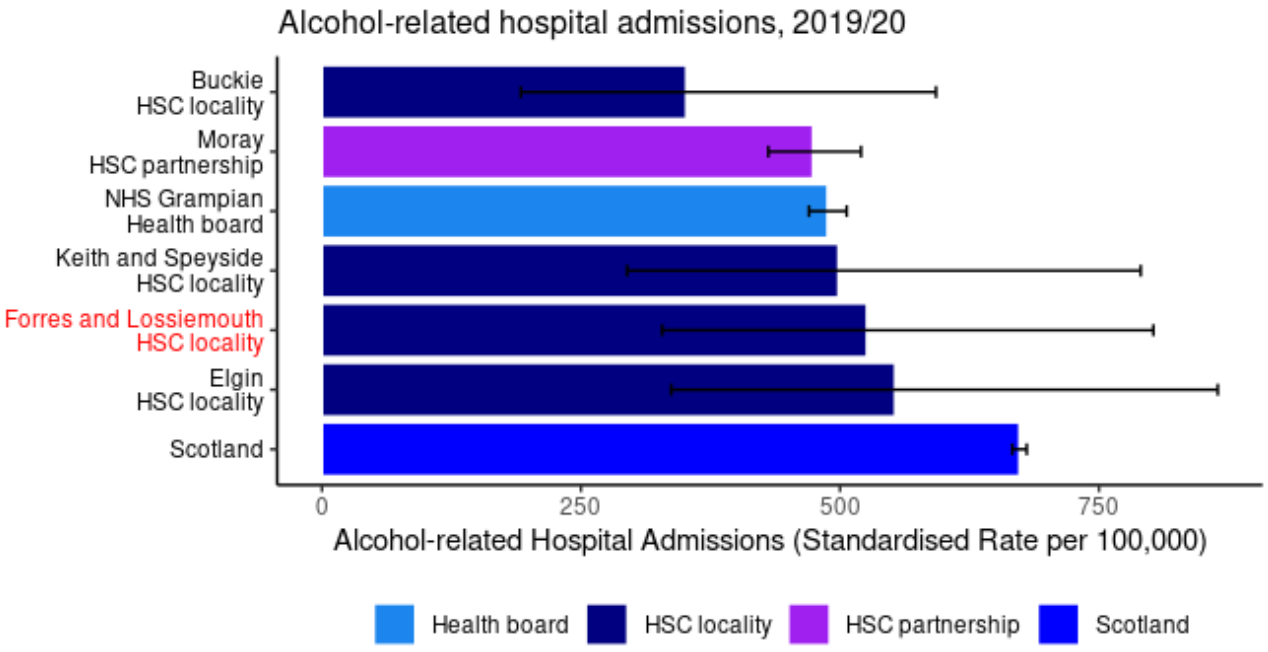
Figure 15: Trend of Alcohol-related Hospital Admission Rates by geographical area.



Source: ScotPHO

A comparison of areas at the most recent time period (2019/20 aggregated financial years) is available below. This shows Forres and Lossiemouth locality has a higher rate of admissions (526) than Moray Partnership (474), and a lower rate of admissions than Scotland (673) overall.

Figure 16: Comparison of Alcohol-related Hospital Admission Rates for the period 2019/20.



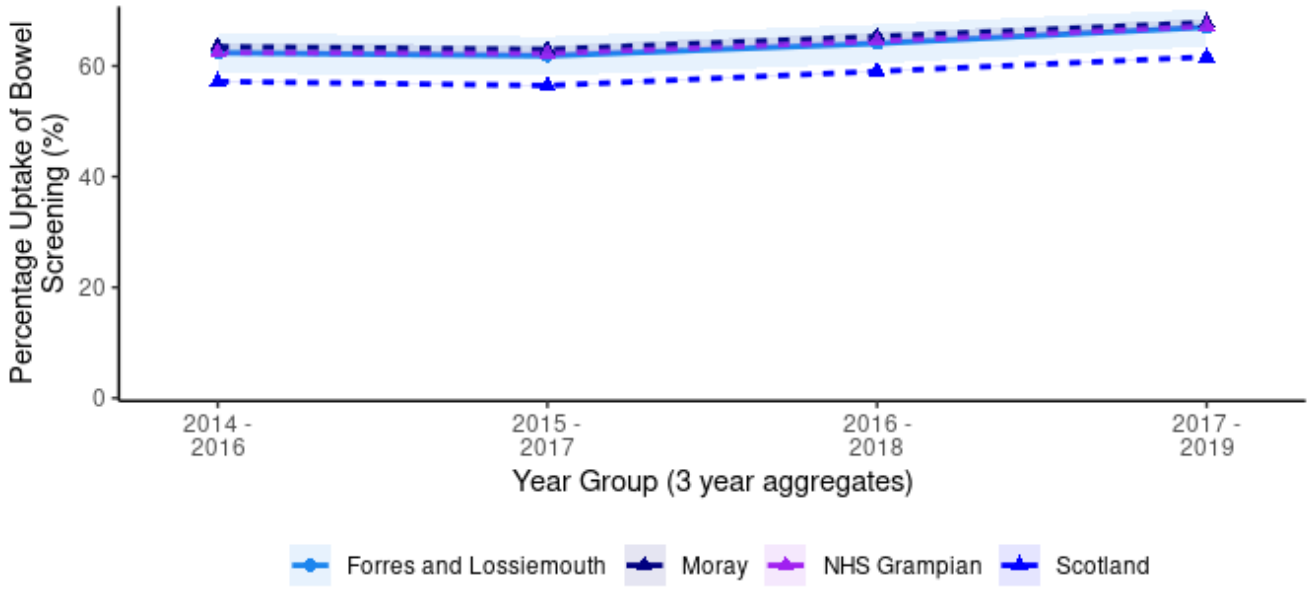
Source: ScotPHO

Bowel Screening Uptake

Bowel screening is offered every two years to eligible men and women aged between 50-74 years old. Eligible people are posted a test kit which is completed at home. Since 1st April 2013, those aged 75 and over can also self-refer and opt into screening.

A trend of the percentage uptake of bowel screening among the eligible population is shown below for Forres and Lossiemouth locality compared with Scotland, Moray HSCP and NHS Grampian. Data is suppressed into 3 year aggregates. The 2017 - 2019 uptake rate for Forres and Lossiemouth is **67%**.

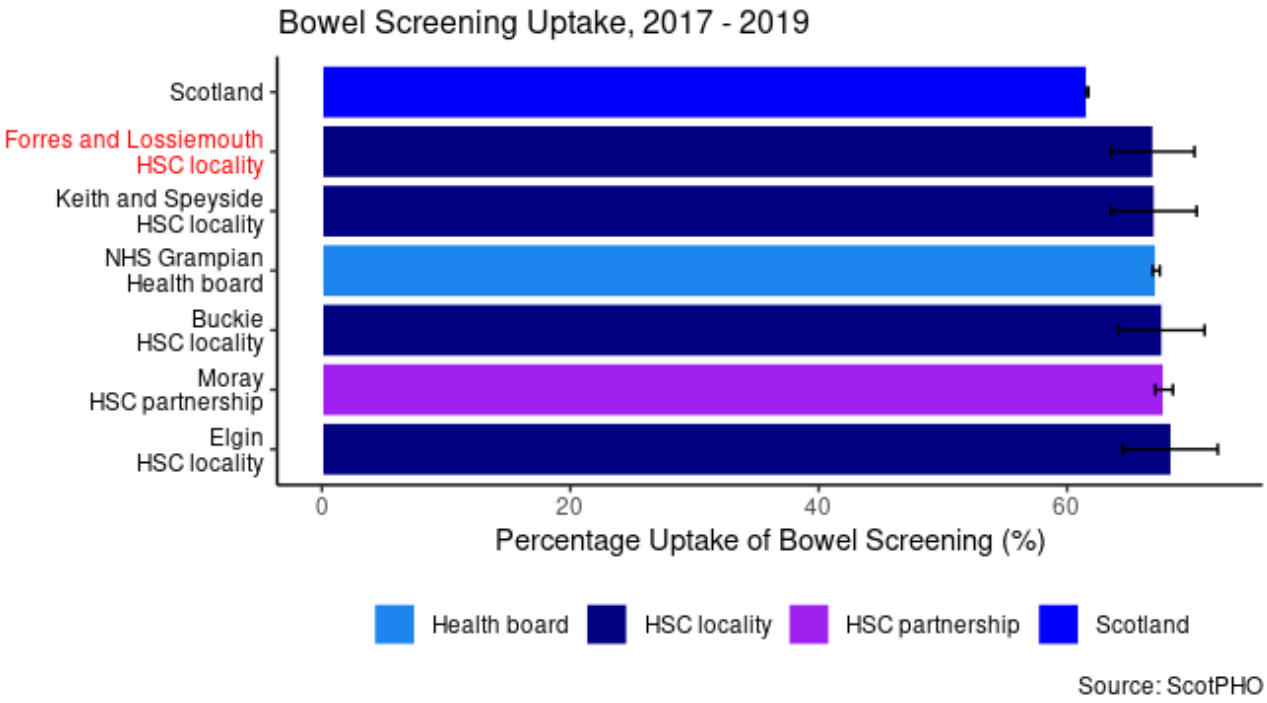
Figure 17: Trend of Bowel Screening Uptake for eligible men and women, by geographical area.



Source: ScotPHO

Compared with Scotland, Forres and Lossiemouth locality has a higher percentage uptake of bowel cancer screening for the period 2017 - 2019.

Figure 18: Comparison of Bowel Screening Uptake for 2017 - 2019.



Hospital and Community Care

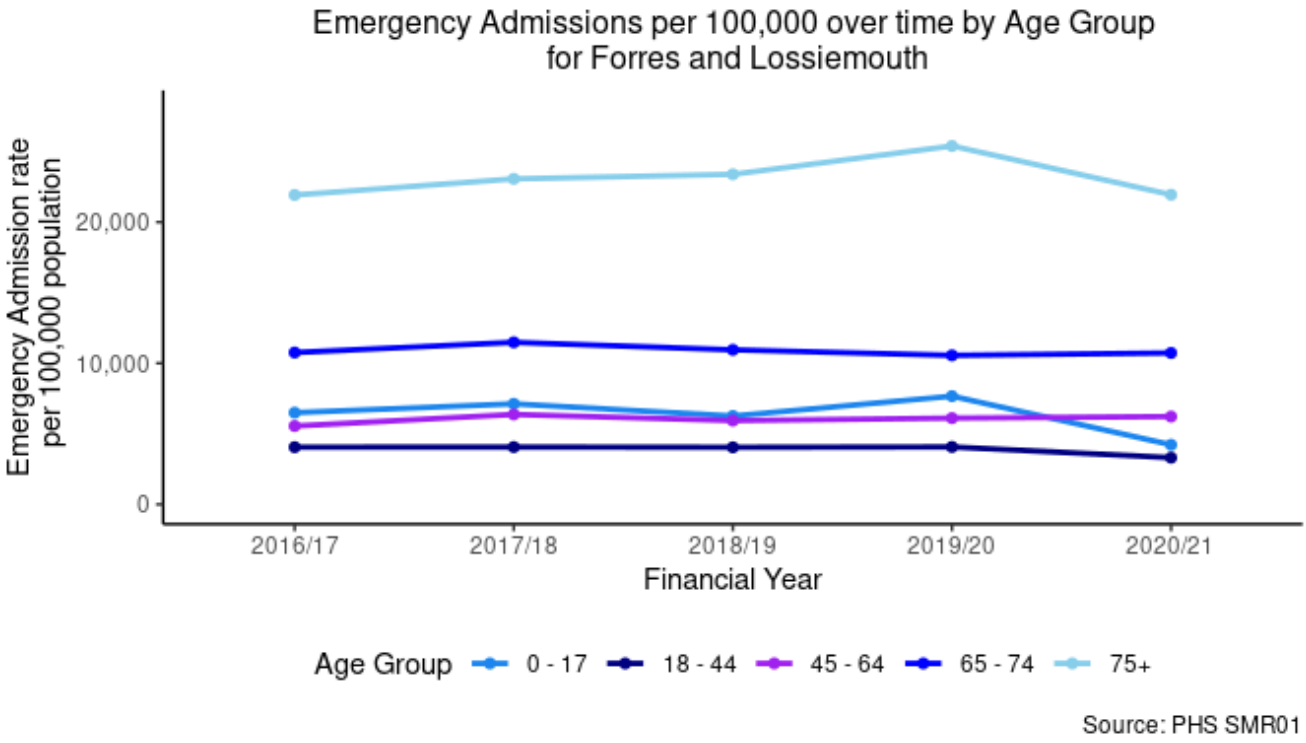
This section includes acute hospital data, delayed discharge bed days and A&E attendances.

For the most recent time periods available, Forres and Lossiemouth had:

- **6,992** emergency hospital admissions per 100,000 population.
- **50,761** unscheduled acute specialty bed days per 100,000 population.
- **18,653** A&E attendances per 100,000 population.
- **599** emergency hospital admissions from falls per 100,000 population.
- **94** emergency readmissions (28 day) per 1,000 discharges.
- **922** potentially preventable hospital admissions per 100,000 population.
- People on average spent **91%** of their last 6 months of life in a community setting.

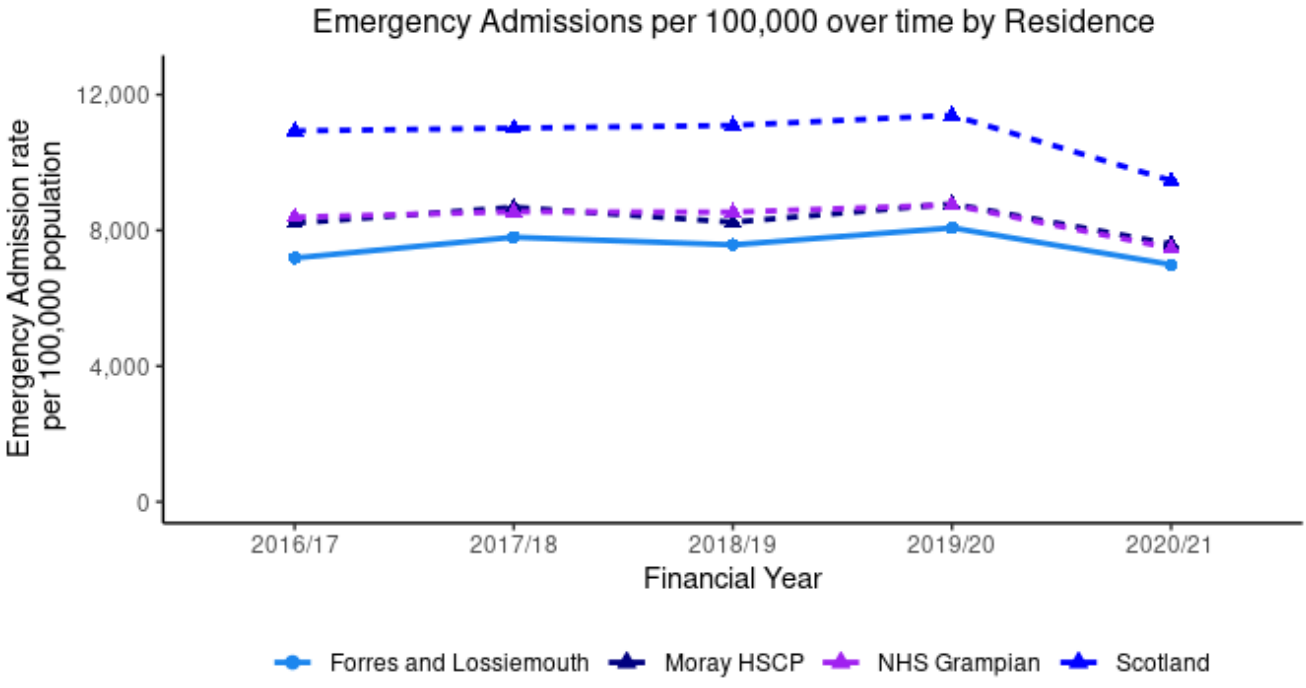
Emergency Admissions

Figure 19: Emergency admissions by age group



Source: PHS SMR01

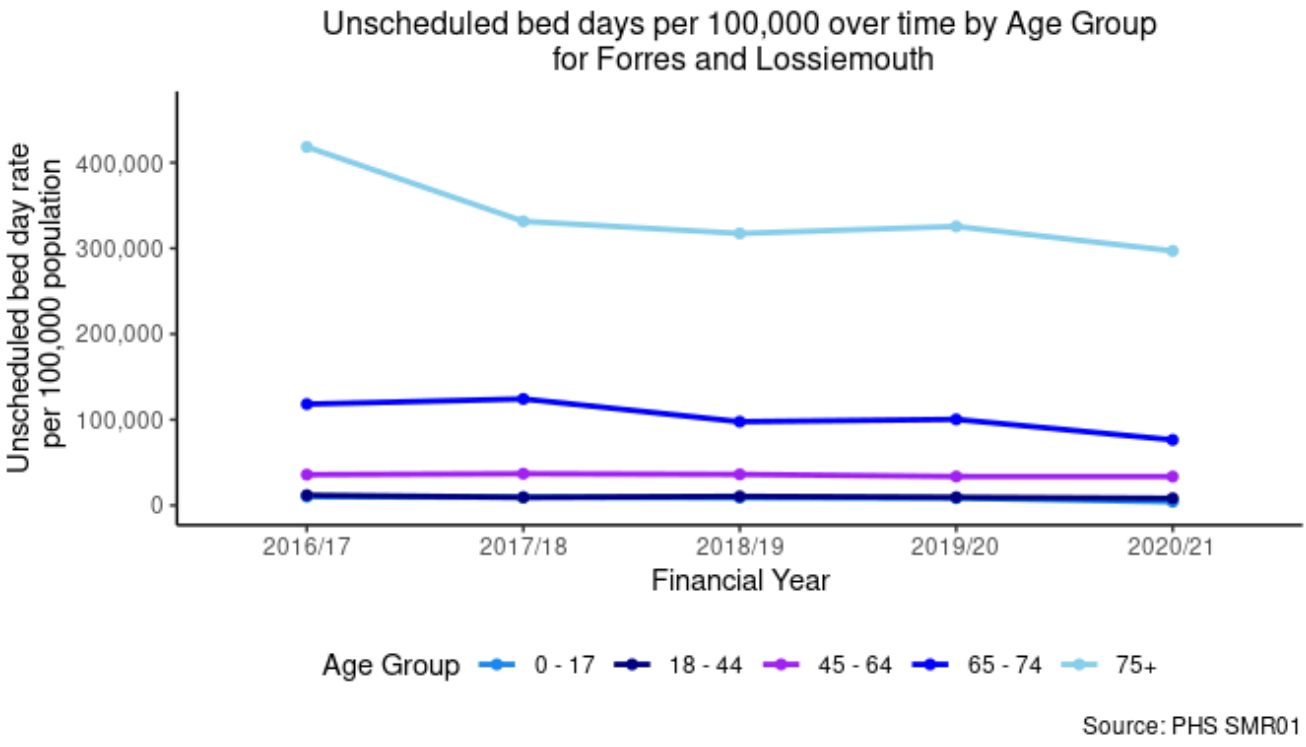
Figure 20: Emergency admissions by geographical area



Source: PHS SMR01

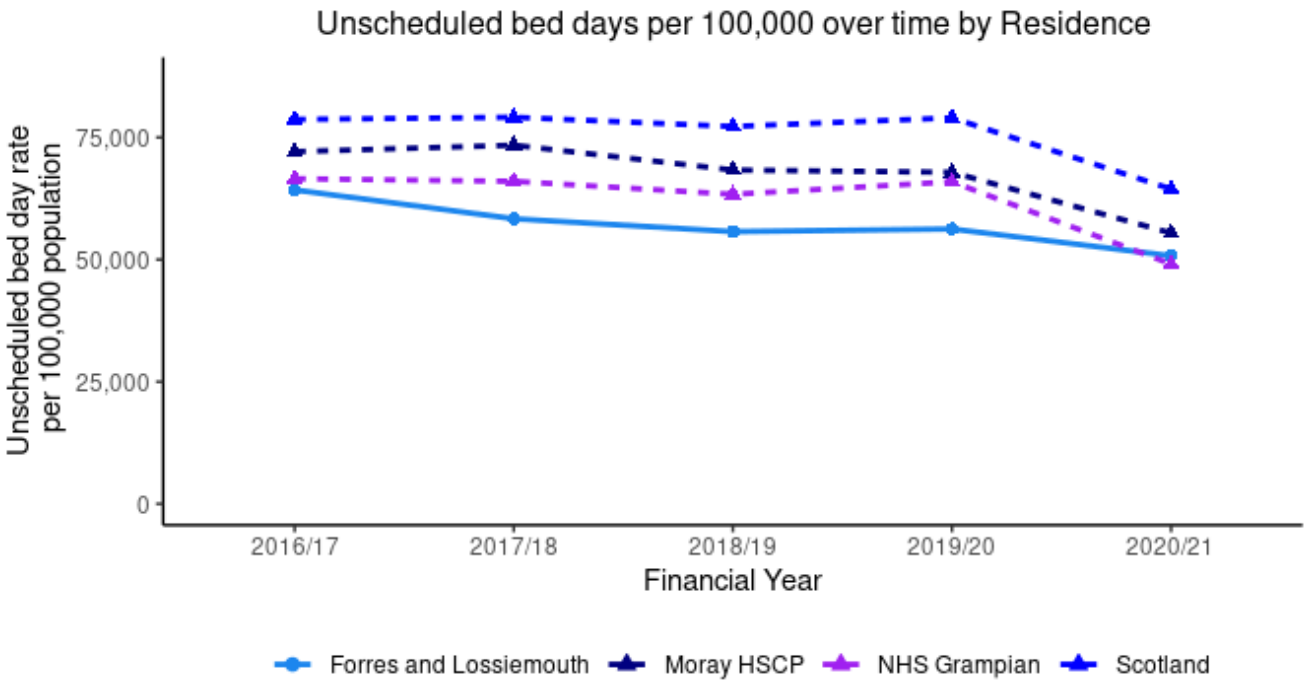
Unscheduled Acute Bed Days

Figure 21: Unscheduled bed days by age group



Source: PHS SMR01

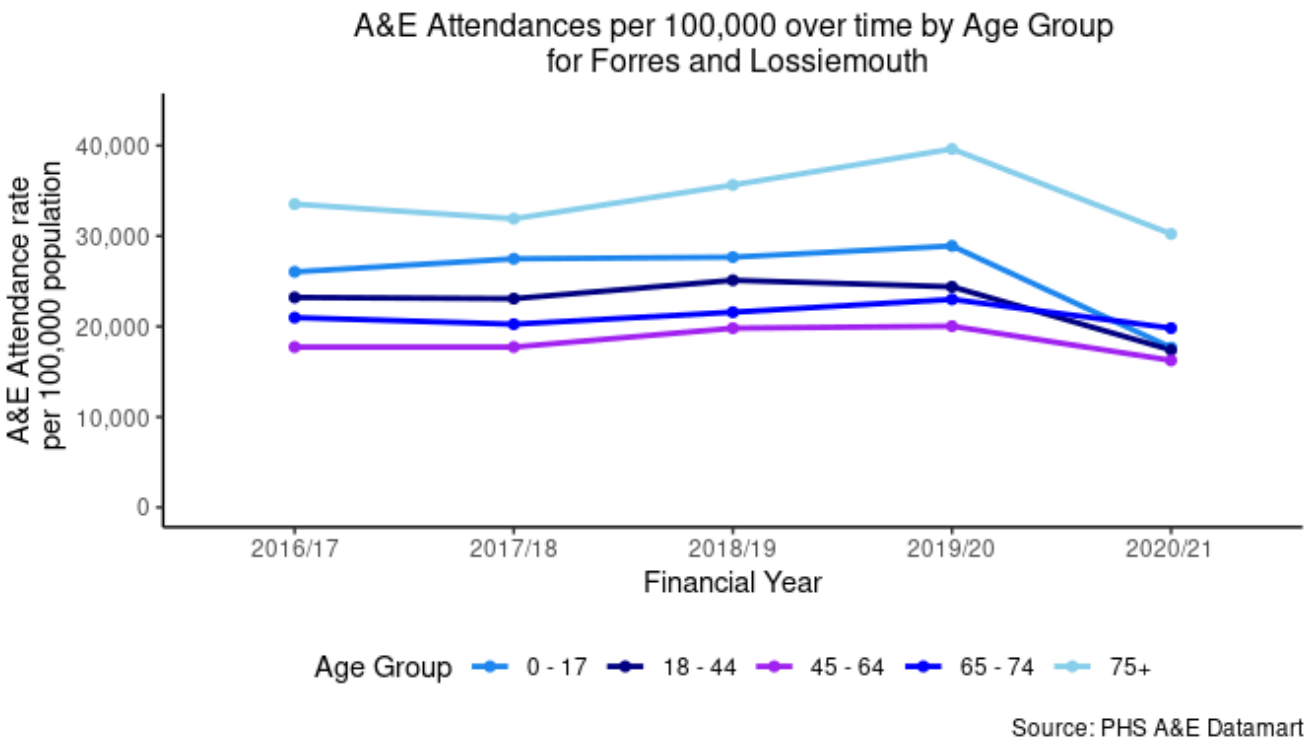
Figure 22: Unscheduled bed days by geographical area



Source: PHS SMR01

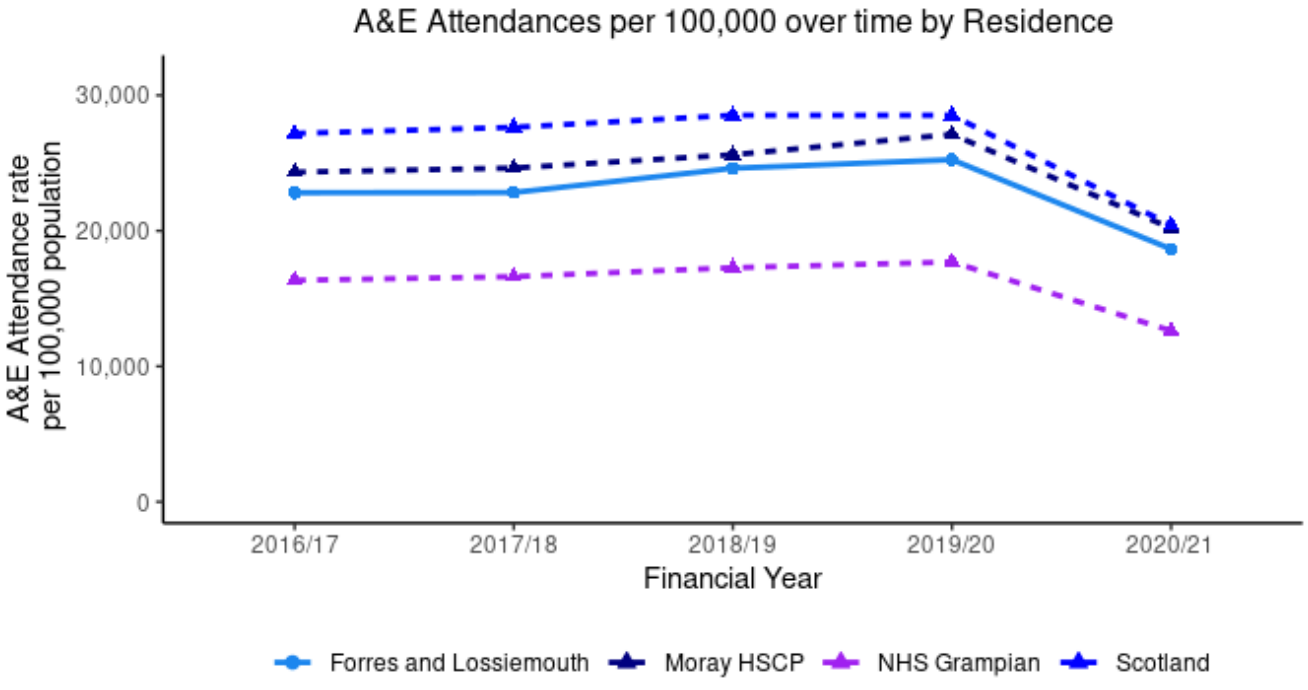
A&E Attendances

Figure 23: A&E attendances by age group



Source: PHS A&E Datamart

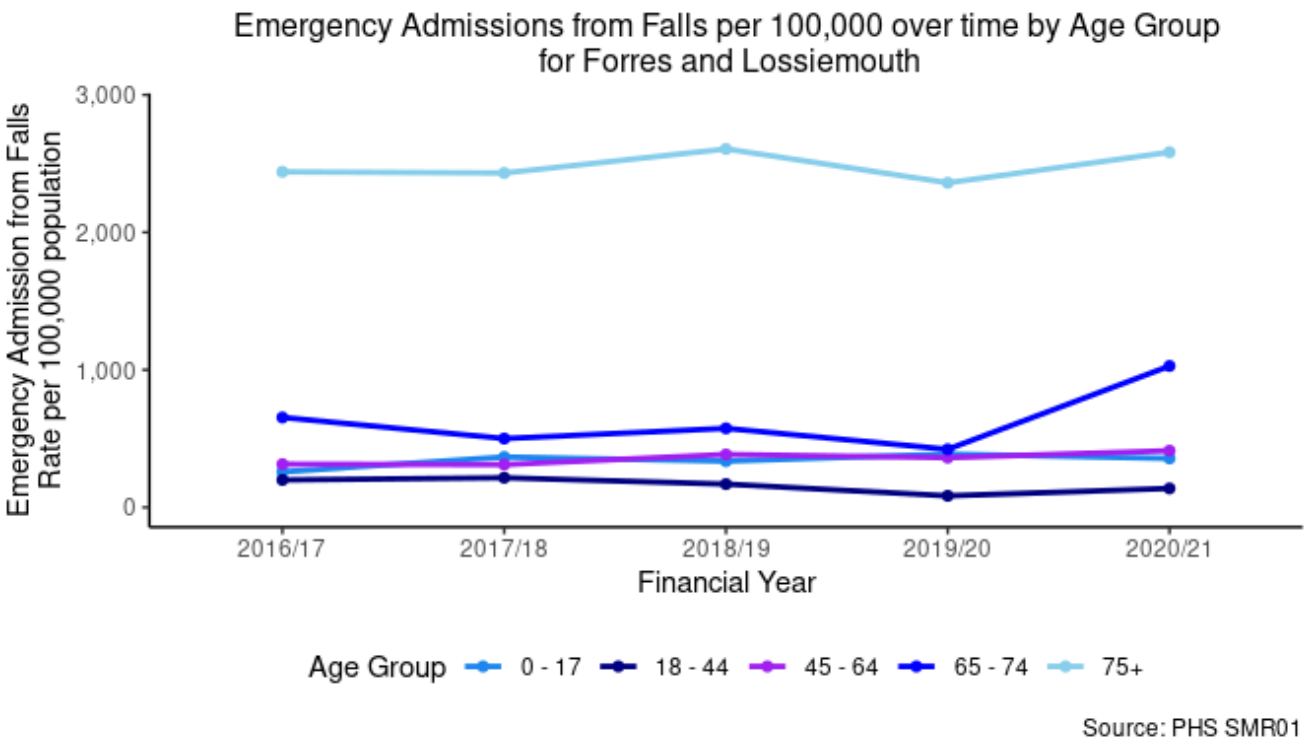
Figure 24: A&E attendances by geographical area



Source: PHS A&E Datamart

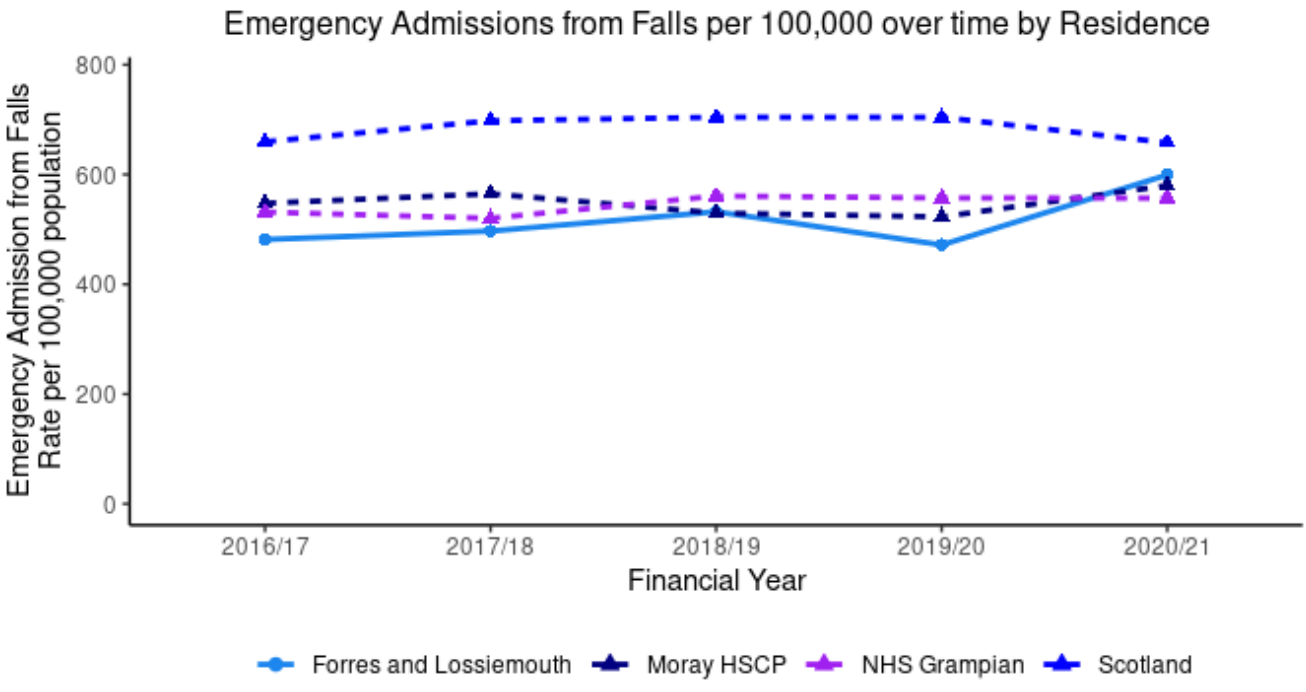
Emergency Admissions from a Fall

Figure 25: Falls by age group



Source: PHS SMR01

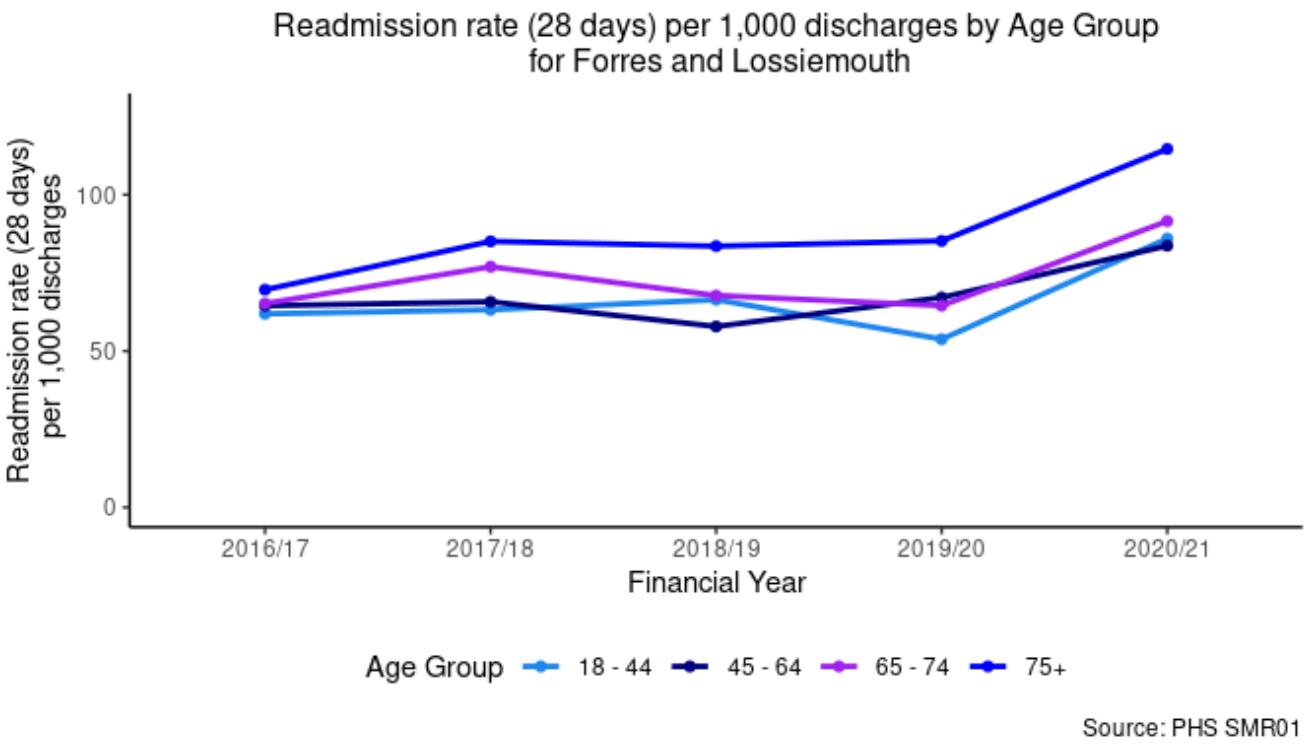
Figure 26: Falls by geographical area



Source: PHS SMR01

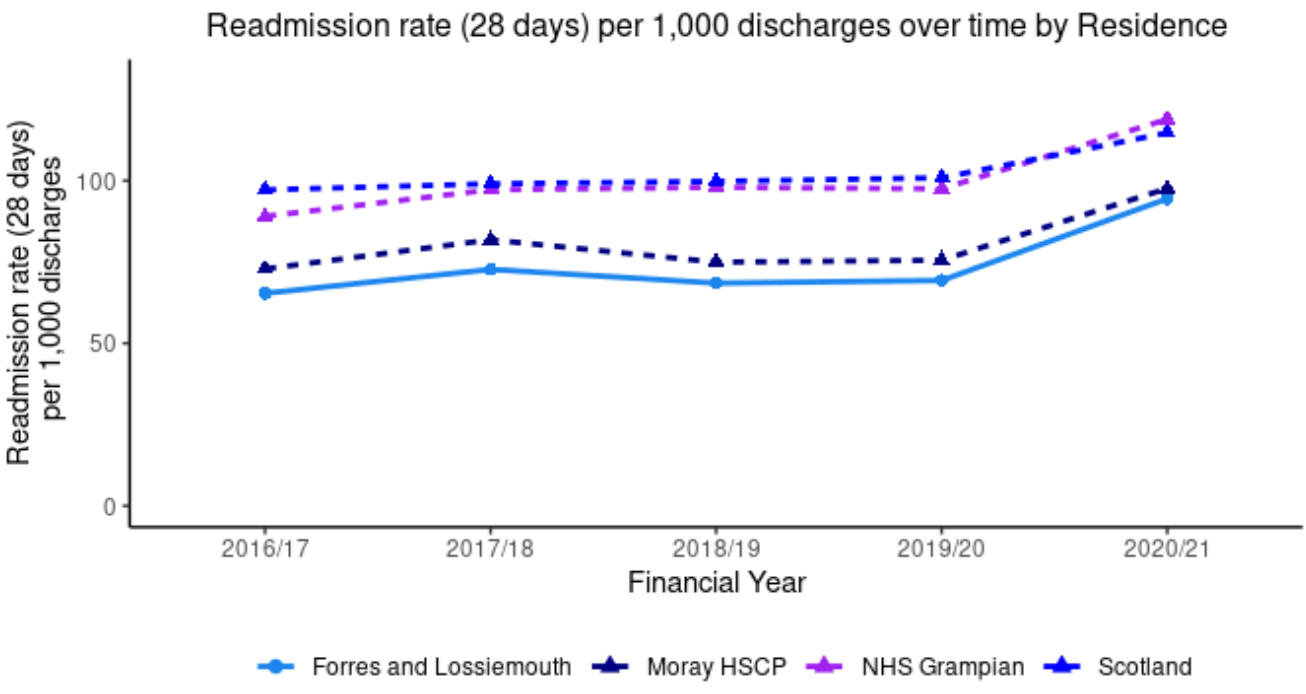
Emergency Readmissions (28 days)

Figure 27: Emergency readmissions by age group



Source: PHS SMR01

Figure 28: Emergency readmissions by geographical area

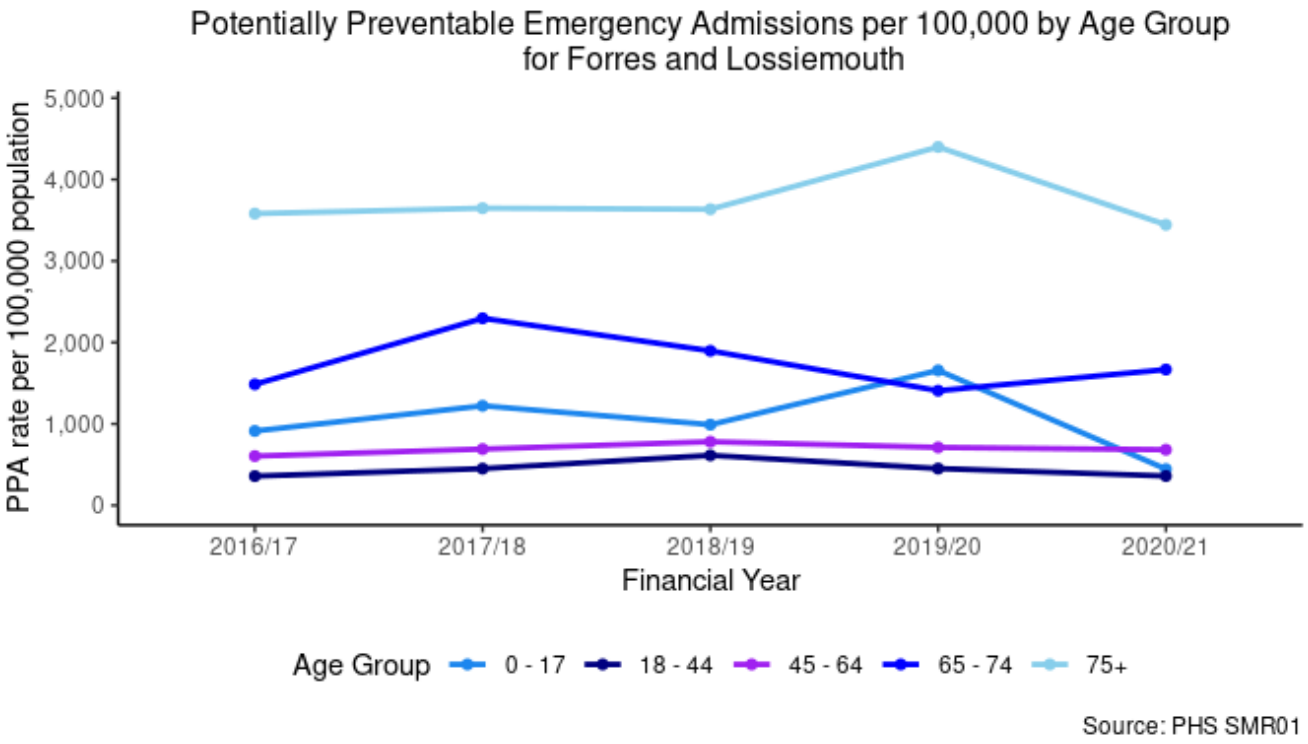


Source: PHS SMR01

Potentially Preventable Admissions (PPAs)

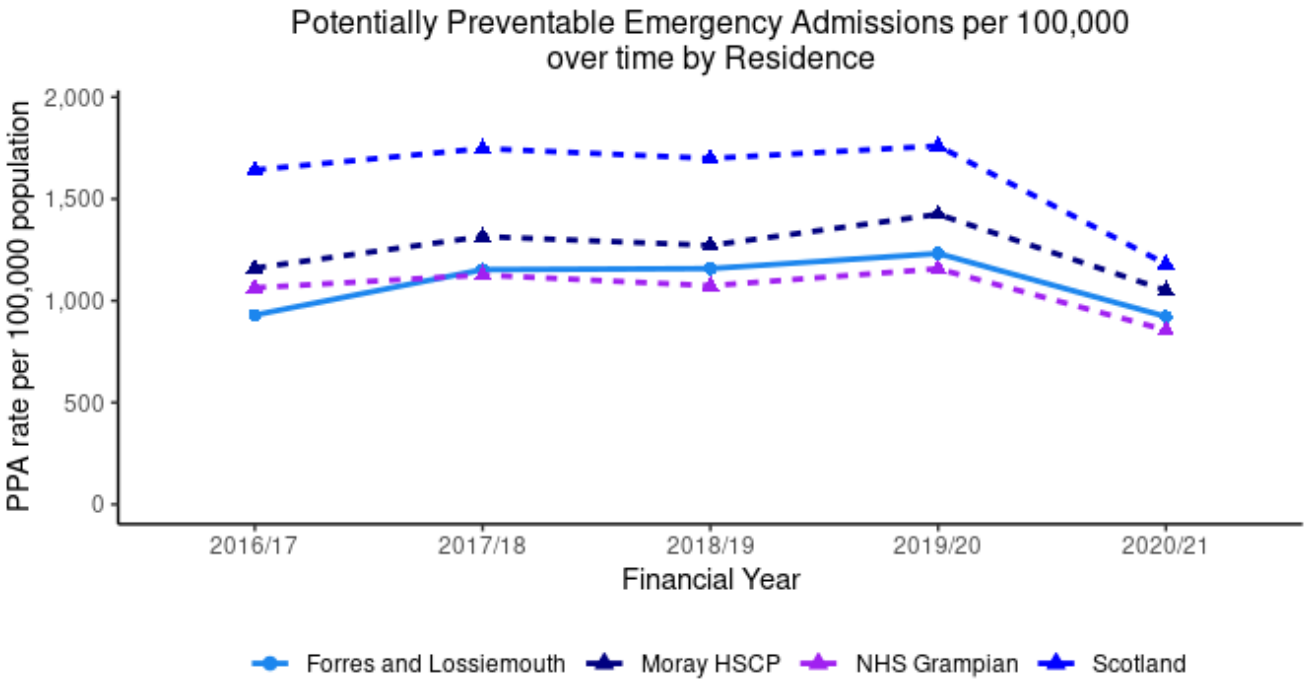
Information on which conditions are counted as PPAs is available in Appendix 3.

Figure 29: PPAs by age group



Source: PHS SMR01

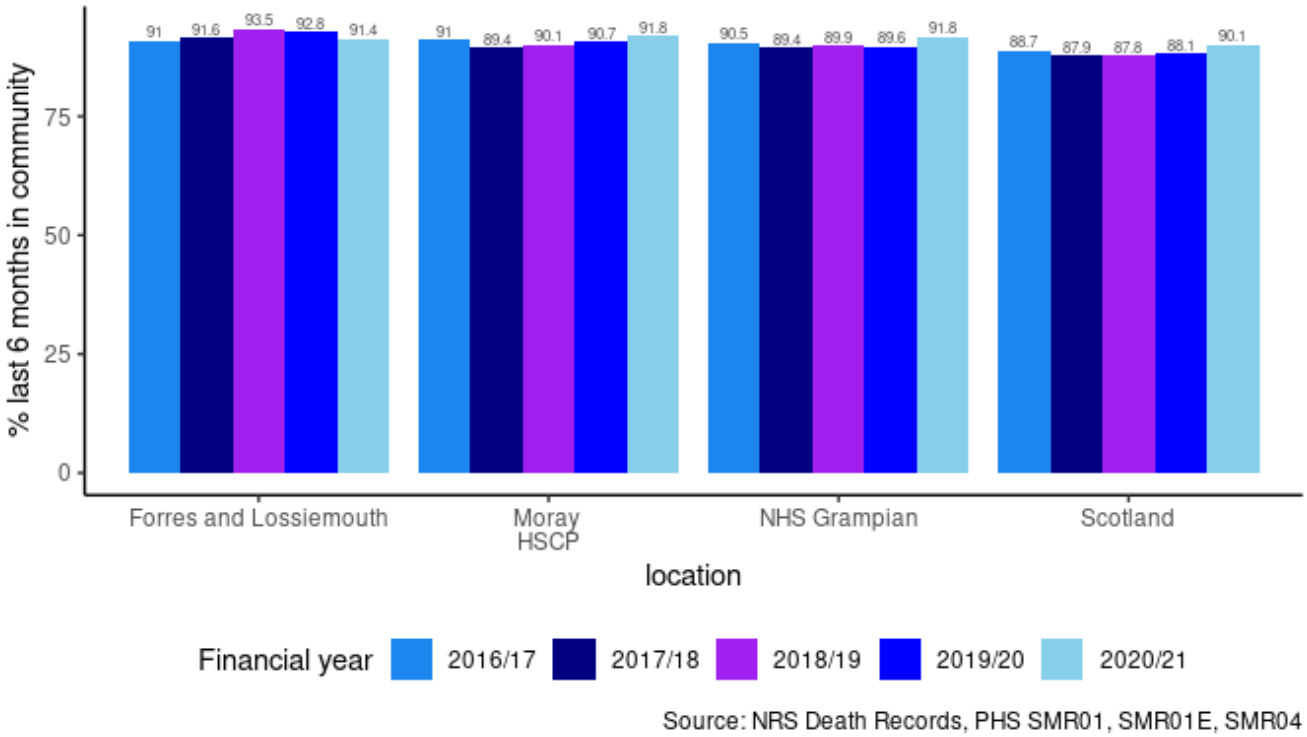
Figure 30: PPAs by geographical area



Source: PHS SMR01

% Last 6 months in a Community Setting

Figure 31: Last 6 months in a community setting by geographical area



Source: NRS Death Records, PHS SMR01, SMR01E, SMR04

Mental Health related Unscheduled Care

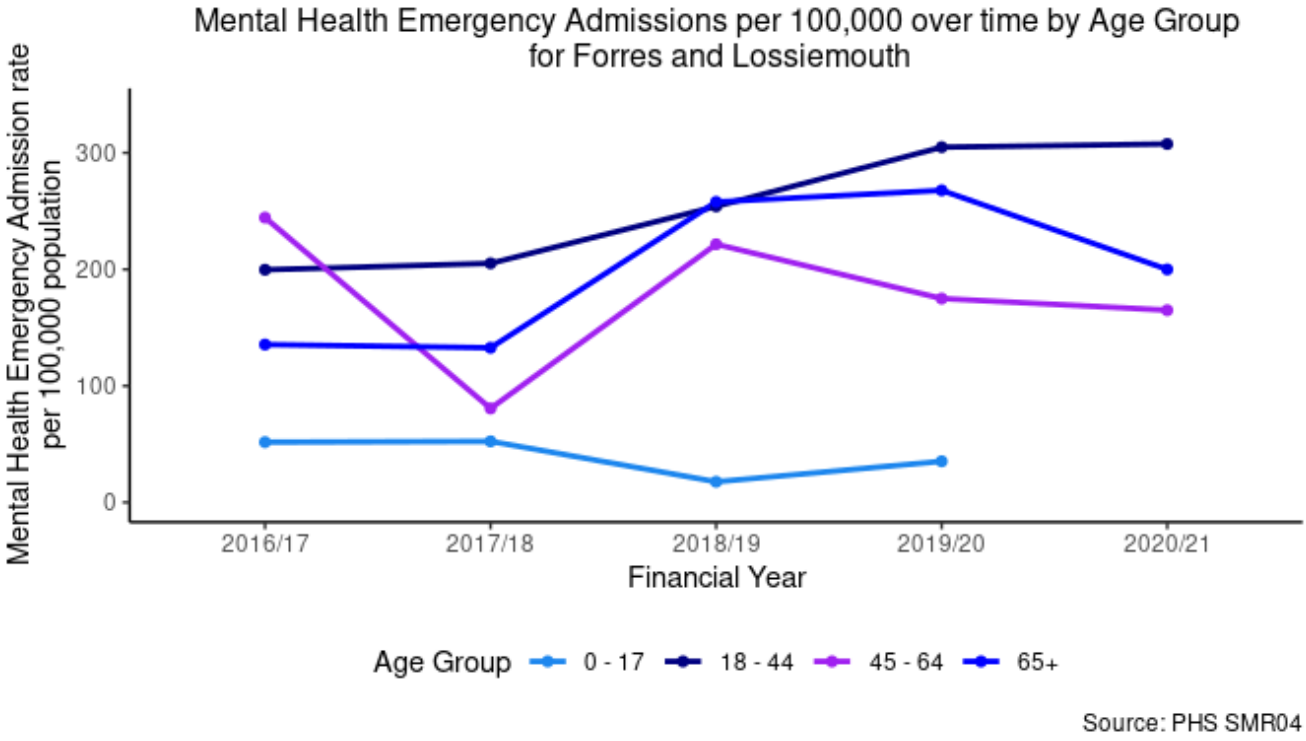
This section looks at mental health related unscheduled care indicators.

For the most recent time periods available, Forres and Lossiemouth had:

- **186** emergency mental health specialty admissions per 100,000.
- **12,563** unscheduled mental health specialty bed days per 100,000.

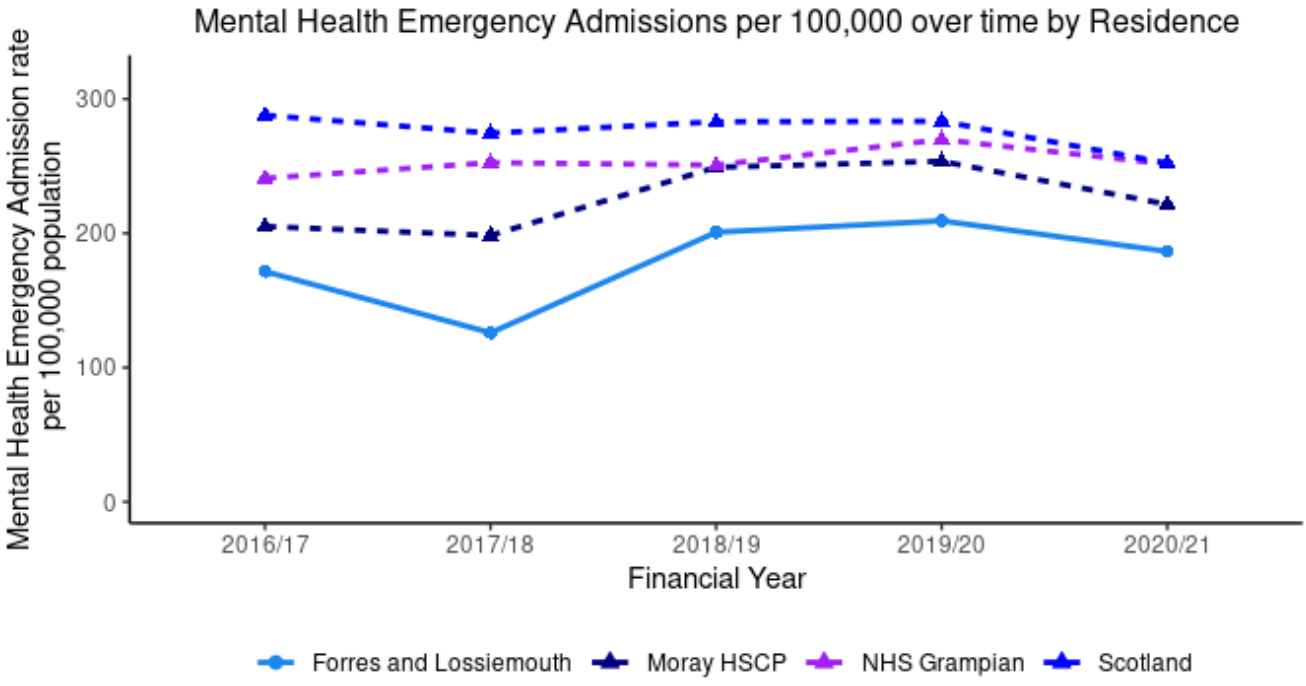
Emergency Admissions (MH)

Figure 32: MH Emergency admissions by age group



Source: PHS SMR04

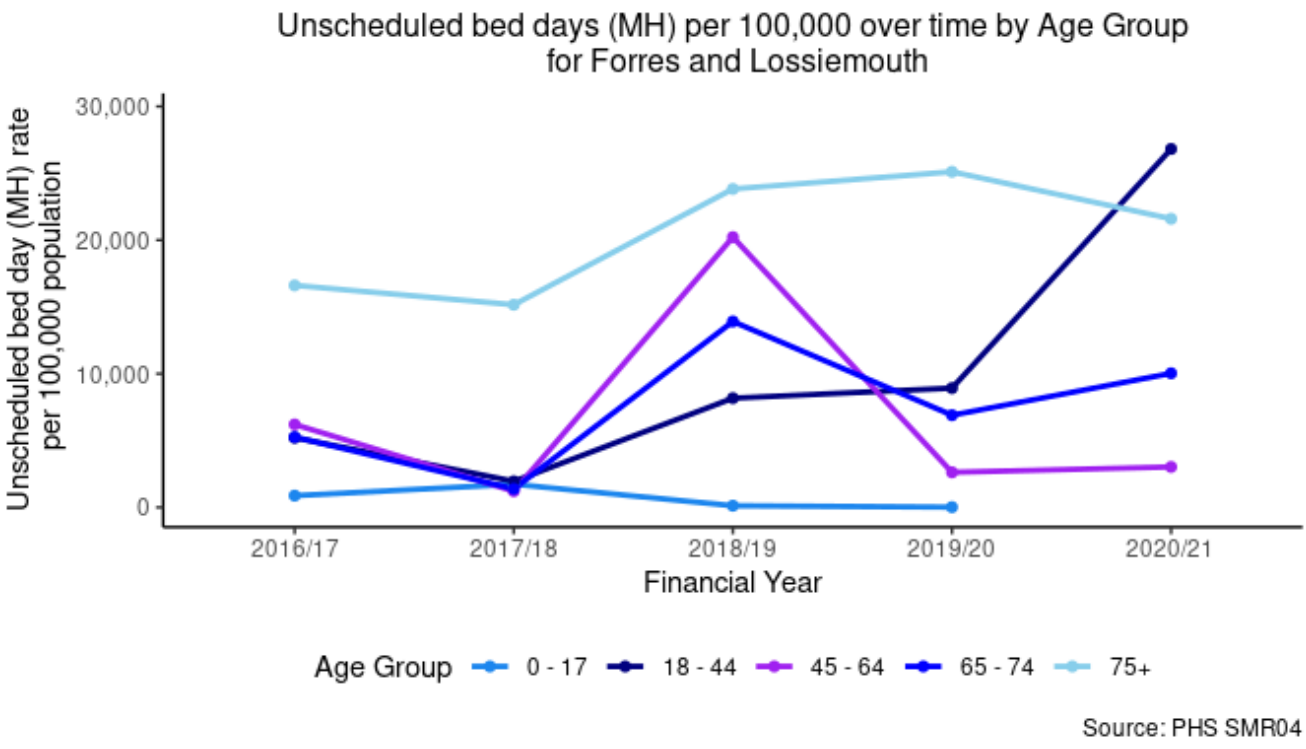
Figure 33: MH Emergency admissions by geographical area



Source: PHS SMR04

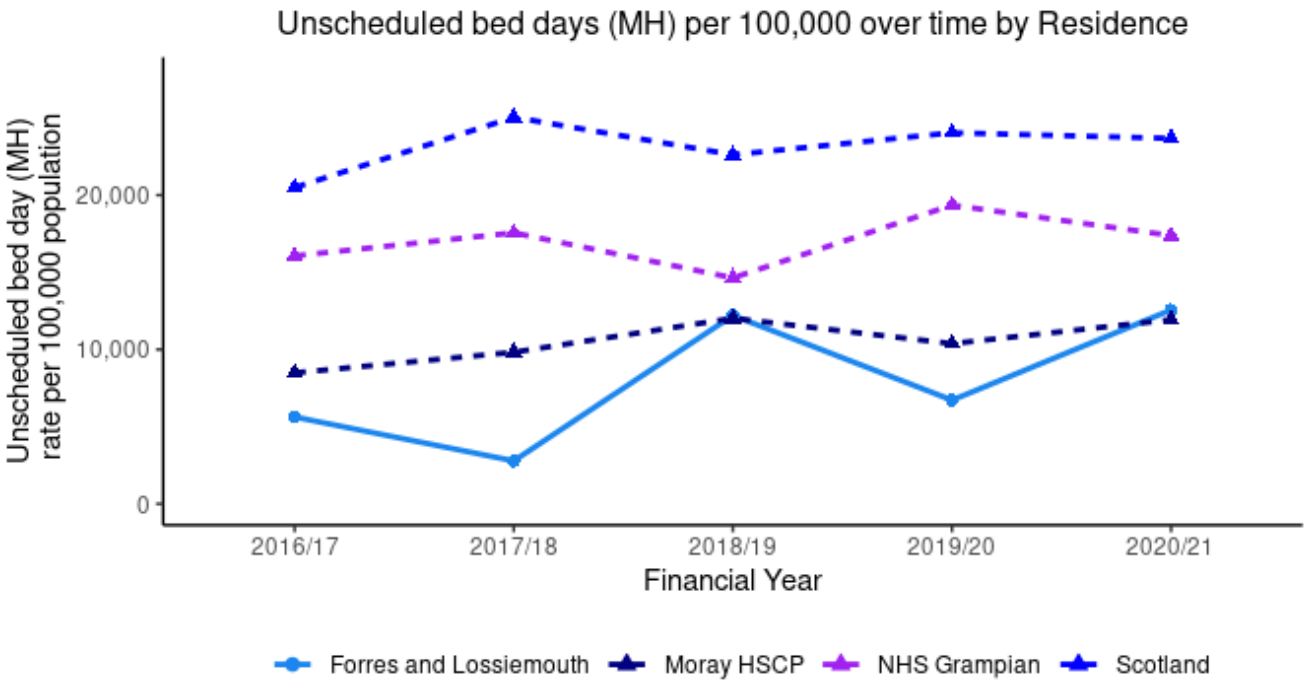
Unscheduled Bed Days (MH)

Figure 34: MH Unscheduled bed days by age group



Source: PHS SMR04

Figure 35: MH Unscheduled bed days by geographical area



Source: PHS SMR04

Footnotes

1. Population projections are not currently provided by NRS at the locality level. To explore how the population in Forres and Lossiemouth is expected to change in the future, the percent changes in population projection to 2025 for Moray by age group and gender were calculated from the NRS Local Authority Population Projections. These percent changes were then applied to the Forres and Lossiemouth 2018 mid-year population estimates (also split by age group and gender) to obtain population projection estimates for Forres and Lossiemouth, based on the projections for the HSCP and the current population structure of the locality.
2. Care Home Data included in the Services Map and Table was sourced from the Care Inspectorate. GP Practice data from October 2021, and Hospital and A&E data was sourced from Public Health Scotland Open Data. Only services that are within the physical boundary of the HSCP or Locality are included in the map and table, so there may be services outside Moray which people may use but are not shown.
3. The data used in General Health and Lifestyle & Risk factors sections (except for long-term conditions) of this locality profile are taken from ScotPHO. There may be more recent data available for the indicators elsewhere.
4. Data taken from ScotPHO is often reported using the European Age-Sex Standardised Rate per 100,000. This allows for comparisons across different areas to be made. However, for the proposed Moray Localities, the standardised rates have not yet been calculated - to compensate for this, the averaged standardised rates across the IZ within the new localities have been used where IZ ScotPHO data is available.
5. Physical long-term conditions data comes from the Source Linkage Files, and the conditions are identified using ICD-9 and ICD-10 codes in the diagnosis fields. Please note that the Source Linkage Files data only contains information on people who have had contact with the NHS through either inpatient admissions, outpatient attendances, daycase attendances, A&E attendances or through prescribed items, the data does not show all service users in Scotland who have been diagnosed with an LTC as not all of these individuals will have used these services. Also note that LTC rates are based on an adjusted population indicator in the Source Linkage Files so that population sizes are closer to the official estimates.

Appendices

Appendix 1: Indicator Definitions

Indicator	Definition
% last 6 months of Life Spent in a Community Setting	The percentage of time spent by people in their last 6 months of life in the community. Community includes care home residents as well as those living in their own home. Considers all hospital activity (e.g. geriatric long stay (GLS), mental health, acute). Inpatient activity with a care home location code recorded in SMR is included within the Community percentage for all years presented. This activity represents beds funded by the NHS which are located within a care home.
A&E Attendances	Attendance rates to A&E departments for patients by residence per 100,000 population. Includes all ages.
Alcohol-related hospital admissions	General acute inpatient and day case stays with diagnosis of alcohol misuse in any diagnostic position (ICD-10 code: E24.4, E51.2, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, R78.0, T51.0, T51.1, T51.9, X45, X65, Y15, Y57.3, Y90, Y91, Z50.2, Z71.4, Z72.1). All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Alcohol-specific deaths	Alcohol related deaths (based on new National Statistics definition): 5-year rolling average number and directly age-sex standardised rate per 100,000 population. (ICD-10 codes from the primary cause of death: E24.4,F10,G31.2,G62.1,G72.1,I42.6,K29.2,K70,K85.2,K86.0,Q86.0,R78.0,X45,X65,Y15).
Bowel Screening Uptake	Bowel screening uptake for all eligible men and women invited (aged 50-74): 3-year rolling average number percentage. Eligible men and women are posted a guaiac-based faecal occult blood test kit (FOBT) which should be completed at home. This involves collecting 2 samples from each of 3 separate bowel movements. The kit is returned in a pre-paid envelope to the central screening centre in Dundee and tested for hidden traces of blood in the stool. Individuals who have a positive FOBT result are referred to their local hospital for assessment and, where appropriate, offered a colonoscopy as the first line of investigation.
Cancer Registrations	New cancer registrations: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. ICD10: C00-C96 excluding C44 (principal diagnosis only).
Death, aged 15-44	Deaths from all causes (ages 15-44 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Deaths assigned to year based on death registration date.
Delayed Discharge Bed days	Number of days people aged over 18 spend in hospital when they are ready to be discharged per 100,000 population. Note that this may not always reflect the council area responsible for the person's post hospital discharge planning. The HSCP total is based on the area responsible for

	the person's post hospital discharge planning, which reflects what is published nationally.
Drug-related hospital admissions	General acute inpatient and day case stays with diagnosis of drug misuse in any diagnostic position (ICD10: F11-F16, F18, F19, T40.0-T40.9), 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Emergency Admissions	Rate of emergency (non-elective) admissions of patients of all ages per 100,000 population. This has been separated into two indicators – one for acute specialty and one for mental health specialty stays. An emergency admission is defined as being a new continuous spell of care in hospital where the patient was admitted as an emergency. The total number of emergency admissions is then calculated by counting the number of continuous spells in hospital within a financial year. (See also the "Hospital Care in Mental Health Specialities" definition).
Emergency Admissions from a Fall	Rate of acute emergency admissions (non-elective) of patients of all ages where a fall was logged as an ICD-10 code. ICD-10 codes W00-W19 were searched for in all diagnostic positions, in conjunction with the admission type codes 33 (Patient injury, home accident), 34 (Patient injury, incident at work) and 35 (Patient injury, other).
Emergency Readmissions (28 day)	The rate of readmissions of all adults (18+) within 28 days of an admission per 1,000 discharges. An emergency readmission is where the subsequent admission is an emergency and occurs up to and including 28 days from the initial admission. The initial admission can be of any type but must end within the time period of interest
Hospital Care in Mental Health Specialties	Mental health admission data is taken from SMR04, which holds records on patients receiving inpatient care in mental health (psychiatric) facilities. Episodes beginning with a transfer have also been included in these figures, as well as emergency admissions as many of these episodes will have started as unplanned acute admission. Therefore the initial unscheduled admission need not have been to a mental health long stay speciality.
Life expectancy, females	Estimated female life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones). Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Life Expectancy, males	Estimated male life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones) Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Physical Long-Term Conditions	Health conditions that last a year or longer, impact a person's life, and may require ongoing care and support. The LTCs presented are: Arthritis, Atrial Fibrillation, Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD), Cerebrovascular Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Failure, Multiple Sclerosis, Parkinson's, and Renal Failure.
Population prescribed drugs for	Estimated number and percentage of population being prescribed drugs

anxiety/depression/psychosis	for anxiety, depression or psychosis.
Potentially Preventable Admissions (PPA)	Emergency admissions (non-elective) of patients of all ages for conditions based on 19 “ambulatory care sensitive conditions” from “The health of the people of NEW South Wales - Report of the Chief Medical Officer". These conditions result from medical problems that may be avoidable with the application of public health measures and/or timely and effective treatment usually delivered in the community by the primary care team. Please see complete list of ICD-10 codes included in Appendix 3.
Unscheduled Bed days	Rate of unscheduled bed days of patients of all ages per 100,000 population. Takes the bed days spent only within the year of measurement – stays that overlap financial years will have their respective days counted either side. This has been separated into two indicators – one for acute speciality and one for mental health specialty stays.
Mental health A&E attendances	Rate of MH-related A&E attendances of patients of all ages per 100,000. Filters the initial diagnosis code upon arrival as 'Psychiatric'
Mental health NHS24 calls	Rate of MH-related NHS24 calls of patients of all ages per 100,000. Filtered using the Mental Health grouping category in the call nature field of the Unscheduled Care database

Appendix 2: Date of Indicator Data Extractions

Section	Indicator	Date of data extraction
Demographics	Population structure	2021-09-09
Demographics	Population projection	2021-09-09
Demographics	SIMD2016	2021-09-09
Demographics	SIMD2020	2021-09-09
Households	Household estimates	2021-10-06
Households	Household in each council tax band	2021-10-06
Services	GP Practice locations	2021-10-08
Services	Care Home locations	2021-10-08
Services	A&E locations	2021-10-08
General Health	Life expectancy males	2021-10-08
General Health	Life expectancy females	2021-10-08
General Health	Deaths ages 15-44 years	2021-10-09
General Health	LTC multimorbidity	2021-10-09
General Health	New cancer registrations	2021-10-09
General Health	% and number of people with a prescription for anxiety, depression or psychosis	2021-10-09
Lifestyle & Risk Factors	Drug-related hospital admissions	2021-10-18
Lifestyle & Risk Factors	Alcohol-related hospital admissions	2021-10-18
Lifestyle & Risk Factors	Alcohol-specific mortality	2021-10-18
Lifestyle & Risk Factors	Bowel screening uptake	2021-10-18
Hospital and Community Care	Emergency Admissions (Acute)	2021-10-18
Hospital and Community Care	Unscheduled bed days (Acute)	2021-10-18
Hospital and Community Care	A&E Attendances	2021-10-18
Hospital and Community Care	Delayed discharge bed days	2021-10-18
Hospital and Community Care	Fall emergency admissions	2021-10-18
Hospital and Community Care	Emergency Readmissions (28 day)	2021-10-18
Hospital and Community Care	% last 6 months in community setting	2021-10-18
Hospital and Community	Potentially Preventable Admissions (PPAs)	2021-10-18

Care		
Hospital Care (Mental Health Specialty)	Emergency Admissions	2021-10-18
Hospital Care (Mental Health Specialty)	Unscheduled bed days	2021-10-18
Hospital Care (Mental Health Specialty)	A&E Attendances	2021-11-01
Hospital Care (Mental Health Specialty)	NHS24 Calls	2021-11-01

Appendix 3: Conditions included as Potentially Preventable Admissions (PPAs)

Condition	ICD10 codes included	Comments
Ear Nose And Throat	H66, J028, J029, J038, J039, J06, J321	NA
Dental	K02, K03, K04, K05, K06, K08	NA
Convulsions And Epilepsy	G40, G41, R56, O15	NA
Gangrene	R02	NA
Nutritional Deficiencies	E40, E41, E43, E550, E643, M833	NA
Dehydration And Gastroenteritis	E86, K522, K528, K529	NA
Pyelonephritis	N10, N11, N12	NA
Perforated Bleeding Ulcer	K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286	Excludes episodes with following main OPCS4 codes: S06, S57, S68, S70, W90, X11
Cellulitis	L03, L04, L080, L088, L089, L980	NA
Pelvic Inflammatory Disease	N70, N73	NA
Influenza And Pneumonia	J10, J11, J13, J181	NA
Other Vaccine Preventable	A35, A36, A370, A379, A80, B05, B06, B161, B169, B26	NA
Iron Deficiency	D501, D508, D509	NA
Asthma	J45, J46	NA
Diabetes Complications	E100, E101, E102, E103, E104, E105, E106, E107, E108, E110, E111, E112, E113, E114, E115, E116, E117, E118, E120, E121, E122, E123, E124, E125, E126, E127, E128, E130, E131, E132, E133, E134, E135, E136, E137, E138, E140, E141, E142, E143, E144, E145, E146, E147, E148	NA
Hypertension	I10, I119	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61
Angina	I20	Exclude episodes with main OPCS4 codes: K40, K45 K49, K60, K65, K66
COPD	J20, J41, J42, J43, J44, J47	J20 only included if secondary diagnosis has one of J41 - J44,

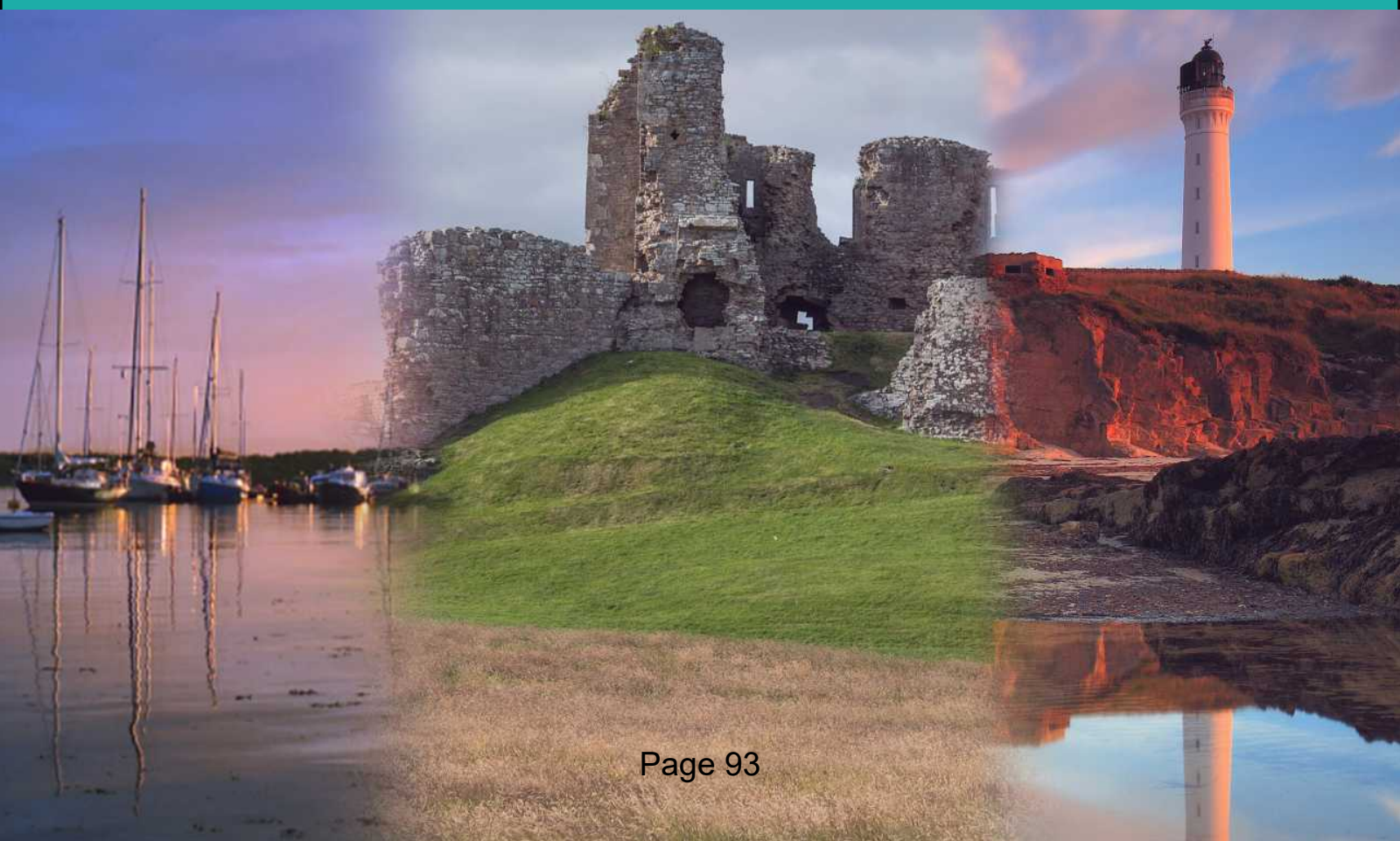
		J47
Congestive Heart Failure	I110, I50, J81	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61

HEALTH & SOCIAL CARE MORAY

Health and Social Care Locality Plan

Forres and Lossiemouth

Draft 2023 / 24



CONTENTS

FOREWORD

I am delighted to present this 2022/2025 Locality Plan. The actions outlined within this plan support the overarching Strategic Plan for Health and Social Care in Moray, which was widely consulted on with many stakeholders, including citizens, patients and service users.

Each of the four local areas (Elgin; Forres and Lossiemouth; Keith and Speyside; and Buckie and Cullen) that make up the Health and Social Care Moray Partnership have developed their own specific Locality Plan with partners, including patients, service users, carers, the third and independent sectors. Within the Forres and Lossiemouth Locality Plan we have included actions and areas for improvement which are also being implemented on a region wide basis, and highlighted those more specific to Forres and Lossiemouth.

Locality Plans will be updated annually to show how the Strategic Plan is being implemented locally.

This Plan captures some of the ways that the Forres and Lossiemouth Locality will work to deliver on the strategic priorities over the next three years. This is far from an exhaustive list, but represents some of the most significant pieces of work being taken forward across Forres and Lossiemouth Locality during the lifetime of the Strategic Plan. There is a particular emphasis on equality of access and service provision, community engagement, partnership working and also in using information and data to support improvement.

The Health and Care Partnership believe that the region's people can flourish, with access to health and social care support when they need it, so it is crucial to ensure that the services delivered reflect the needs of individuals.

Forres and Lossie Locality is committed to planning and designing services in partnership with local people, working in partnership with residents, staff, independent contractors and also our key partners across primary care, secondary care, health and social care, care homes, housing and the third sector providers.

I look forward to seeing the delivery of the plan which will support the the provision of high quality health and social care services for the people of Forres and Lossiemouth locality.

Simon Boker Ingram
Chief Officer, Health and Social Care Moray

INTRODUCTION

1.1. What is a locality?

A locality is described as a small area within the Integration Authority. They are not defined by hard borders but instead represent natural communities. Localities are expressed by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres and social work offices.

Moray has four localities and is supported by four Locality Managers:

Elgin, Lesley Attridge

Forres and Lossiemouth, Iain Macdonald

Speyside and Keith, Cheryl St Hilaire

Buckie, Cullen and Fochabers, Laura Sutherland

1.2 What is Locality Planning

Locality planning empowers residents and those working in a locality to play an active role in identifying the priorities for health and social care in each of those localities and to shape the delivery of services for the future. It shows how the strategic objectives of Health and Social Care Moray (HSCM) will be delivered at a community level, acknowledging the unique wants and needs of those in each locality.

1.3 Who is the Locality Plan for?

This plan is for people living in the Forres and Lossiemouth area of Moray who currently have access to health and social care services and also for those who may require care and support in the future. Furthermore, it is aimed at people who are well and want to maintain or improved their health and wellbeing.

1.4 What is included in the Locality Plan?

A locality plan explains how health and social care services will be delivered across each locality based on the wants and needs of those livings and working in it. It identifies how the strategic objectives of HSCM, as well as the 9 Health and Wellbeing indicators as established by Scottish Government, will be met. Locality Plans identify local priorities and describe how these will be met through an action plan.

1.5 The benefits of locality planning

- Each locality has the opportunity to play an active role in service design and improvement.
- The process will increase awareness of current services and celebrate successful partnership working.
- Identify and ensure that the needs of the locality are being addressed by those who know it best.
- Creates a culture where these developing relationships can lead to real change and encourages multi-disciplinary team working.

1.6 The wider picture

This plan will be one of a number plans for Health and Social Care Moray and will align with our wider strategic priorities as well as the nine national health and wellbeing outcomes.

The strategic plan sets out our high level priorities which provides direction for the Partnership. The commissioning strategy ensures funding is aligned to the projects that are linked to the strategic priorities. Locality planning will in turn help inform future commissioning priorities.

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. The suite of nine national health and wellbeing outcomes focus on improving the experience and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Health and Social Care Moray Themes

Theme 1 : Building Resistance

Taking greater responsibility for our health and wellbeing.

Theme 2 : Home First

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

Theme 3 : Partners in Care

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

1.7 What are we hoping to achieve?

The plan is centred on the Moray Health and Social Care 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."

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

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

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

1.8 What are the main challenges?

Locality planning is not just about redesigning health and social care services, it is about changing the perception on the delivery of health and social care and promoting ownership within communities. This change in culture and thinking is unlikely to happen over-night and instead will be an iterative process. Ensuring that people are engaged with from the start of the process is key to success.

In addition, the health and social care landscape has changed significantly over the last 3 years. In some instances the COVID-19 pandemic has had a negative effect on the public's perception of service delivery. Rebuilding these relationships and growing a more resilient delivery will be paramount to the success of health and social care in Moray.

Finally, unpacking existing practice and processes across HSCM will take time. Historic team structures and models of delivery will need to be evaluated to see how they will operate at a locality level – ensuring they does not become cumbersome and overly bureaucratic at the expense of service delivery.

1.9 Locality Planning in Forres and Lossiemouth

In order to develop the locality plan an Oversight Group has been established to cover the Forres area and a separate group to cover the Lossiemouth area. Reporting to the Moray Health and Wellbeing Partnership the remit of the Oversight Group is to:

- Promote the values and priorities of the strategic plan for HSCM.
- To share locality health and social care performance and demographic data to help determine locality priorities.
- Support and empower the community members, and health and social care professionals within the locality to identify and deliver their priorities.
- To create, review and monitor the locality plan.

The Oversight Group includes a core membership, however can be supplemented by other members, groups and representatives. As such, membership should be considered fluid allowing for it to adapt to the specific needs of a locality.

Title and Organisation	
Locality Manager, HSCM	Community Council Members
GP, GP Practices	Development Trust Memebers
Practice Manager, GP Practice	Community Organisation Members
Social Work	Community Nursing, NHSG
Occupational Therapists, Moray Council	Community Support Unit
Occupational Therapists, NHSG	Children's Services Locality Representatives
Physiotherapy, NHSG	Mental Health Services
Care at Home, Moray Council	Leanchoil Trust Representative
Lossie 2 to 3 Group Representative	

1.10 The relationship with other locality initiatives

HSCM Locality Plans do not plans do not operate in isolation and should be considered alongside the various other locality initiatives in Moray, particularly Children and Young Families locality planning and the Local Outcome Improvement Plans (LOIP). Effort has been put in to ensure there is no duplication of effort, and HSCM is working closely with partners to combine resources and share thinking where possible.

1.11 What people in Moray are telling us?

Engagement and participation with those who live and work in Moray is essential to developing a good understanding of health and wellbeing priorities in the locality and what challenges and opportunities there are. Whilst engagement has been carried out on specific health and social care issues in Moray, thinking about how people living and working in each of the localities are purposefully able to participate and work to develop local plans, is at an early stage. This plan reflects the need to dedicate more time and resources and ongoing meaningful engagement with all of the communities within Moray, building on the good work done so far.

ABOUT THE LOCALITY

This section highlights key information about the Forres and Lossiemouth Locality taken from the Locality Profile which was developed as an information resource for the development of the locality plans. The full profiles are available on the HSCM website.

2.1 Geography

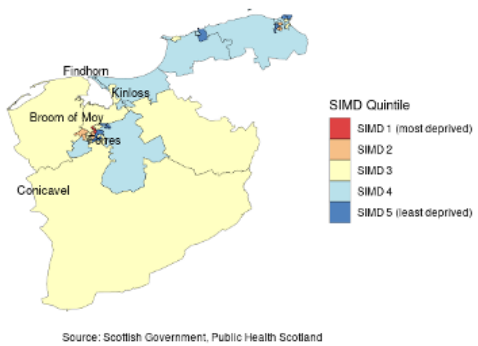
The Forres and Lossiemouth locality ranges from Lossiemouth to Brodie to Dava and includes the larger settlements of Forres, Lossiemouth, Hopeman, Burghead, Kinloss and Findhorn as well as smaller settlements including Dallas, Duffus, Dyke Logie and Rafford.

Many of the areas retain a village feel about them and a strong sense of identity. The area is home to two armed forces bases – RAF Lossiemouth and Kinloss Barracks. The area shares much of the Moray Coast and has a historic fishing heritage. Findhorn is also home to the renowned Findhorn Foundation - a spiritual community and ecovillage. Inland the area has a strong whisky heritage with many areas supporting the supply chain through its farming sector.

The locality also shares its borders with Highland Council and NHS Highland.

2.2 Population

The Forres and Lossiemouth locality has a population of 30,033 (as at the latest 2020 census) making it the second largest of the four localities in Moray. It has a roughly equal gender ratio of male to female at 1:0.96 with the average life expectancy of males being 79.8 years and females 83.1 years. It has the second lowest percentage of population under 65 at 22%, most likely as a result of the younger armed forces population, however the locality is seeing growth in those over the age of 65.



Source: Scottish Government, Public Health Scotland

Of the population in the Forres and Lossiemouth locality, 1.8% live in the most deprived Scottish Index of Multiple Deprivation (SIMD) Quintile and 20% live in the least deprived SIMD Quintile. The SIMD ranks all datazones in Scotland by several factors, including; Access, Crime, Educatio, Employment, Health, Housing and Income.

The following map shows the datazones within the Forres and Lossiemouth locality coloured by SIMD quantiles.

2.3 Health and Social Care Assets

The Health and Social Care Partnership Resources in the Forres and Lossiemouth Locality

Service Type	Service	Number
Primary Care	GP Practice	3
A&E	Emergency Department	0
	Minor Injury Units	0
Resedential Care Homes	Care Homes	2
	Sheltered / Very Sheltered Housing	3

The locality is also in close proximity to Dr Grays Hospital, the only medical hospital in Moray.

2.4 Health and Social Care Challenges

The Forres and Lossiemouth communities are quite diverse. There are strengths and challenges that are reflected across the whole locality and there are also examples of health inequalities that relate only to a small part of the whole locality.

The locality has higher than average life expectancy rates in comparison to the Moray or National average, and lower than average percentage of the population with a long term health condition. Of the long term life conditions people do have the five most common in order of prevalence are: Asthma, Arthritis, Cancer, Coronary Heart Disease and Diabetes. All are below the Moray average, however Diabetes rates per 100,000 are above the national average.

The locality records lower than average Unscheduled Care Emergency Admission and Unscheduled Care Bed days than the Moray or National average. The locality also records lower numbers of preventable hospital admissions than the Moray or National average.

The locality records lower than average Mental Health Emergency Admissions than the Moray or National average, however has a higher than average use of unscheduled bed days (particularly for the 18 to 44yr old category), and also records higher readmissions than the Moray average.

The locality reports a higher number of alcohol related hospital admissions than the Moray average.

Overall people reporting falls are lower than the Moray average however following a period of a decreasing trend there was a sharp increase in number of fall reported within the locality during 2021/22.

Delayed Discharges from hospital tend to be lower than other Moray localities and there tends to be less instances of people waiting for an allocation of homecare. However the numbers of people waiting for a social care assessment, or review, are higher than other localities.

A great deal of data is available which provides the ability to drill down into specific communities within the locality. Providing the opportunity to either take a locality wide approach or a community specific approach to address health and social care inequalities.

2.5 What are the people living and working in Forres and Lossiemouth telling us?

The people of Forres and Lossiemouth are very proud of their communities. There are many assets that promote healthy living in terms of facilities, community groups, beaches, parks and forests.

Through engagement activities, surveys and public events the community have noted the points below as priorities to improve the health and wellbeing of their local population:

- Improve access to GPs/appropriate health professionals, reduce the time spent on the telephone trying to make appointments, make support available to help people utilise online options such as e-consult.

- Increase support for children and adults mental health, promote where possible alternatives to medication to manage mental health, and to reduce the stigma that still exists around mental health. Parents are also requesting help in regards to how best to support a child's mental health.

- More help, advice and guidance to self-manage health conditions.

- People acknowledge the importance of a healthy lifestyle but indicate that they struggle to live a healthy lifestyle; in particular in relation to diet, alcohol, smoking, exercise, and sleep.

- Increased support needed to access digital technology.

- Increased support for unpaid carers, and an increase in the numbers of paid carers.

- An improved public transport network, particularly between the coastal villages and Lossiemouth. Localised services where possible, the requirement to travel to DGH & ARI for some treatments is also noted as expensive and time consuming. Transport to access public spaces could also be improved.

- Increase the opportunities to reduce social isolation, and increase access to community facilities.
- Increase options for sheltered housing within the Lossiemouth community.
- Greater access and promotion of sport & leisure facilities, wellbeing activities, outdoor gyms, community gardens, and men's shed type opportunities.
- Increase access to financial advice.
- Increase opportunities for the elderly: such as befriending programmes, buddying, neighbourhood schemes, social opportunities, and intergenerational work.
- Development and promotion of active travel and cycle paths.

PEOPLE AND FINANCES

3.1 People

Health and social care teams operate across Moray and the principles for of the teams are:

- To be multi-disciplined.
- Meeting the needs of “people” must be at the core of everything they do.
- Professionals acknowledge the skills and expertise of others within the team.

The oversight group for Forres and Lossiemouth will work with the local health and social care teams, organisations and communities to review the best use of available resources and how this can be managed to support the ongoing work to deliver the strategic priorities within the Formartine area.

Health and Social Care Moray continue to hold discussions with key partners and stakeholders across health and social care developing our workforce plans across our integrated teams. Evidence shows that staff who are valued, treated well and supported to give their best will deliver better outcomes for people. We commit to value our workforce and develop the changes that need to be made to ensure a high quality of service is provided. This will ensure a healthy organisational culture from a capable workforce who are then able to deliver integrated services, supported through effective leadership and management.

3.2 Finance

The 2022/23 budget for Health and Social Care Moray is £172m. The split of this budget can be seen below. Whilst some of the budget can be split to a locality level, many of them are still running Moray wide and it is expectd these split out across the localities as progress is made in the coming years.

Health and Social Care Moray - Revised Budget as at 30 September 2022	
	£000
Locality Based Services	
Buckie, Cullen and Fochabers	4,327
Keith and Speyside	3,701
Forres and Lossiemouth	1,738
Elgin	927
Area Based Services	
West	12,599
East	7,346
Moray Wide Services	
Community Services	2,939
Access Team	620
Learning Disabilities	8,817
Mental Health	9,347
Addictions	1,138
Adult Protection and Health Improvement	159
Care Services provided in-house	18,301
Intermediate Care & OT	1,632
Care Services Provided by External Contractors	9,233
Other Community Services	6,157
Admin & Management	1,107
Other Operational Services	645
Primary Care Subscriping	17,178
Primary Care Moray	18,043
Hosted Services	4,686
Out of Area Placements	669
Improvement Grants	940
Other non-recurring Strategic Funds in Ledger	761
Other resources not incl. in the ledger under core and strategic	26,691
Set Aside Budget	12,620
Budget Total	**172,324**

WHAT DO WE NEED TO DO?

4.1 Our Local Priorities

In accordance with the nine health and wellbeing outcomes set by the Scottish Government, our Health and Social Care Moray strategic themes and the various community and staff consultation and engagement events, we have identified the following key priorities for 2023 to 2025.

- To improve the mental health and wellbeing of the local population.
- To reduce the health impact of drugs and alcohol use within the local population.
- To develop and promote prevention and self-care approaches within the locality.
- To improve multi-disciplinary team working.
- To increase access to minor injury assessment and treatment.
- To develop models of engaging with the community and ensuring the communities voice is visible within locality planning and strategic planning processes.
- Improve timescales for the completion of social care assessments and reviews.
- Improve transport provision between Lossiemouth and coastal villages.
- Support access to appropriate health and social care services.

ACTION PLAN

Local Priority 1					
Mental health and wellbeing.					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Seek more detailed information on causes of death rate 18 - 44yr olds	Oct - 22		Increase in access to preventive mental health services		
Review bed occupancy days due to mental health and reasons for this	Oct - 22				
Facilitate a focused session with key locality stakeholders to determine additional preventive approach's to support positive mental health and wellbeing	Dec - 22				

Local Priority 2					
Reduce the health impact of Drug and Alcohol use within the local population					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Gather further information in relation to drug and alcohol related hospital admissions for Forres population	Dec - 22		Reduction in the number of hospital admissions as a result of drug or alcohol use		
Review current services available locally and Grampian wide	Dec- 22				
Share updated information and services available with GPs and Health and Social care Professionals	Mar - 23				

Local Priority 3					
Further develop and promote prevention and self care approaches within the locality.					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Falls - Review, refresh and promote frailty information	Dec - 22		Reduction in the number of falls, particularly in those requiring hospital admission		
Falls - Review the role of the FNCT to encompass a falls response	Dec - 22				
Social Prescribing - Complete current test of change taking place within Forres and scale up to include Lossiemouth	Jun - 23				
Social Prescribing - Complete current test of change taking place within Forres and scale up to include Lossiemouth	Sept -22		Increase in the number of individuals who are redirected towards a non clinical based service/intervention		
Social Prescribing - Develop a model encompassing a range of services available within Forres and Lossiemouth	Mar - 23				
Identify gaps within current range of services available within Forres and Lossiemouth	Jun -23				
Review preventative approaches to address the 5 most prevalent long term conditions: asthma, COPD, diabetes, heart disease, & cancer	Mar - 24		Reduction in the requirement for hospital based admissions		

Consider preventative approaches to address the impact of alcohol consumption and resultant hospital admissions	Jun - 23		Reduction in the requirement for hospital based admissions		
Ensure an individuals finance is considered in all preventive conversations through the use of MEOC tool	Mar - 23		Increase citizens awareness of financial supports		

Local Priority 4					
Improve Multi Disciplinary Team working					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Document current models of provision within Forres and Lossiemouth	Dec - 22		Improvement in MDT working within Forres and Lossiemouth areas		
Evaluate 'How Good Is Our MDT Working' within Forres and Lossiemouth	Mar - 23				
Discuss and agree any improvements to current models	Jun - 23				

Local Priority 5					
Increasing access to minor injuries assessment and treatment.					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Promote discussion at a HSCM strategic level regards FHCC potential contribution towards Minor Injury assessment and treatment	Dec - 22		Improve access to Minor Injury provision.		
Consider the reintroduction of Minor Injury provision within FHCC	Mar - 23				

Local Priority 6					
Establish models of engaging with the community and ensuring the communities voice is visible within locally planning and strategic planning processes					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Update contact information for Forres and Lossiemouth Locality and promote	Oct- 22		Increase community representation within locality and Moray wide HSCM planning processes		
Arrange a contact point at FHCC and MCMP where information can be shared and the views of the community gathered	Dec - 22				
Review public Information messaging within the locality.	Mar- 23				
Plan a community engagement event for Forres which promotes positive messaging, gathers views of public and other stakeholders, and contributes towards locality planning and HSCM Strategic Plan	Jun -23				
Review the role of the Third Sector and Community Groups in the Forres Locality Planning model	Jun - 23				

Local Priority 7					
Improve timescales for the completion of social care assessments and reviews.					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Explore Forres and Lossiemouth locality options to support social care staff in completion of assessments	Mar - 23		Improve time for completion of social care assessments and reviews.		

Local Priority 8					
Improve transport provision between Lossiemouth and coastal villages.					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Gather data to evidence or otherwise the need for an enhanced transport provision	Dec- 22		Increase community representation within locality and Moray wide HSCM planning processes		
Facilitate further discussions with key transport providers and local community	Dec - 22				
Support local community based transport initiatives	Mar -23				
Promote active travel	Mar -23				

Local Priority 9					
Support access to appropriate health and social care services.					
Action	**Timeline**	**Lead**	**Desired Outcome**	**KPI**	**Progress %**
Review public information regarding contacting local GP, and health and social care professionals.	Dec - 22		Increase in public satisfaction in accessing health and social care appointments		
Promote and inform public in regards to the current models of practice.	Mar - 23				
Support individuals within localities to access health care support through digital technology	Sep - 23				

HOW WILL WE KNOW WE ARE GETTING THERE?

6.1 Measuring Performance

The targets within the Locality Action Plan will be reviewed by Locality Oversight Group on a bimonthly basis, with a more in depth review against locality performance and demographic data on an annual basis.

Regular reports from the Locality Oversight Group to the HSCM Senior Leadership Team and the Moray Integration Joint Board will help demonstrate what outcome integrating services is having for the people who access the services and support. A performance report will be developed each year as required by legislation.

7.1 Reference Documents

- Health and Social Care Moray Strategic Plan 2019 - 2029
- Health and Social Care Standards 2015
- National Health and Wellbeing Outcomes 2017
- Public Health Scotland Strategic Plan 2020 – 2023
- Scottish Public Health Observatory Profile Data for Forres and Lossiemouth Areas
- NHSG Forres and Lossiemouth Locality Profile Data
- NHSG Health and Wellbeing Profiles
- HSCM Daily Performance Data
- HSCM Healthier Lives, Healthier Communities Survey Results
- Lossiemouth Community Development Trust 5 Year Plan

HEALTH & SOCIAL CARE MORAY

Health and Social Care Moray are committed to meaningful and sustained engagement with all stakeholders.

If you would like to be added to our locality communications group please contact us and we will send you an application form. We will keep you up to date with opportunities to work with us and use your knowledge, skills and live in experience to help acheive positive change.

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REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022**

SUBJECT: **REFUGEE FUNDING FOR HEALTH ASSESSEMENT TEAM (HAT)**

BY: **INTERIM STRATEGY AND PLANNING LEAD**

1. REASON FOR REPORT

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

2. RECOMMENDATION

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

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

ii) notes current total spend to date circa £43,000, with Moray's proportion to be £8,649.87

3. BACKGROUND

3.1. Due to the humanitarian response to the war in Ukraine, refugees are being dispersed nationally. Grampian at present have around 1275 Ukrainian Displaced Persons (UDP) (in the community i.e., staying in people's homes and within hotels).

3.2. UDPs have been arriving in the Grampian area via a few routes and accessing housing in several ways. This includes: to stay with family and friends (Family Visa Scheme), being sponsored by the Oil and Gas group and via the Ukrainian Welcome Hub hotels. UDPs under the variety of Visa Schemes have recourse to public funds which includes the ability to claim benefits and have the right to work in the UK. Many have already obtained work.

3.3. Aberdeen City have a high number of UDPs in Welcome Hub hotels (due to large amount of hotel accommodation, student accommodation) and Aberdeenshire and Moray more through the 'self-matching' Homes for Ukraine Private Sponsor Scheme/community. UDPs could potentially be staying in hotels for 12 months or more, this is much longer than initially predicted. Scottish Government have encouraged local Refugee and Resettlement Teams (RRT) to support with local matching as the Scottish Super Sponsor Scheme is under immense pressure.

3.4. Early projections suggest there will be a potential further 2000 arrivals in Grampian by March 2023. It would be unknown to say how many will stay permanently across Grampian, but national statistics show 38% intend to stay in the UK for 3 years or more with an additional 29% state they intend to stay for up to 3 years.

3.5. A Mutual Aid request for funding went to Scottish Government in June, the mutual aid request was declined in August. There are currently no consequential from Westminster in place for funding however this may be reviewed going forward. A response to the Scottish Government will be issued highlighting these risks. Therefore, funding must be sought locally.

3.6. There are currently circa 1,275 Ukrainians residing in the Grampian area, either within a person's home or their own tenancy (circa 330) or within a welcome hub (circa 950). Per capita this is a much larger cohort than other areas in Scotland. However, this is a changing picture daily. At present a small percentage of refugees, only 4.7% have moved from hubs into permanent accommodation.

3.7. As of 1 Sep 22, **Moray** have offered a Warm Scots Welcome to **89 UPD.** 21 UDPs have been accommodated in a Welcome Hub in Elgin with 68 UDPs hosted in Moray. The Refugee Resettlement Team (RRT) have taken a proactive role to facilitate local matching, allowing the UDPs to leave the Elgin Welcome Hub to be supported by local hosts who are willing to aid the humanitarian crisis.

Ukrainian Health Needs

3.8. Through direction from the local RRT, the Health Assessment Team (HAT) have been gathering data on the UDPs and these statistics are outlined below for information;

- Most of the Ukrainian refugees reported that their health was either good or excellent (81.2%). Of this 18.8% who reported their health as either fair or poor, 70.9% have one or more health conditions.
- 80-85% of Ukrainian arrivals require interpretation services.
- Most reported disease conditions, are high blood pressure, underactive thyroid, asthma, diabetes and kidney diseases.
- Circa. 62% are female.

3.9. At present there appears to be a low number of mental health referrals. Discussions with Mental Health service colleagues note that this figure may rise in the coming years as the trauma of war and experiences come to light over a longer period. Preliminary assessment suggests that the health needs identified

by the HAT reflect elements of the health status of the Ukrainian population prior to the current conflict. WHO data highlights the “epidemiological transition” experienced by Ukraine in the period following independence. This was characterised by high levels of deaths from circulatory disease, incidence of infectious diseases such as TB and HIV, and a low uptake of childhood immunisation (though this had improved considerably by 2019). A more formal, population health need assessment is underway and may help clarify further the health status of those being accommodated in Grampian.

3.10 Healthcare reforms were instituted in 2014, seeking to meet the commitment to free, universal healthcare within the Ukrainian Constitution. However, the existing healthcare infrastructure is considered to be ineffective in its services with an underdeveloped family medical provision. In 2021 the WHO noted that the system remained financially underfunded with informal out of pocket expenses paid by individuals and families being the largest component of healthcare. Consequently, Ukrainians now resident in Grampian are likely to have a different set of expectations regarding the availability of health and healthcare support and further supports the need for a coordinated response pan-Grampian.

Work done to date

Health Assessment Team

3.11 In May 2022 Test and Trace temporary staff were redeployed via the meaningful work programme to assist with the Ukrainian Arrivals. This team ensures that a Health Needs Assessment of all refugees within 4 weeks on arrival is completed. This is a requirement from the Scottish Government as per the Deputy Chief Medical Officer’s (DCMO) Letter dated 6 April 2022. The teamwork both within the community for those Ukrainians arriving at the area and settling into accommodation, and those who arrive via a Ukrainian Welcome Hub.

3.12 A total of 1550 health assessments have been carried out to date for refugees at the hubs (some refugees have already been moved onto permanent accommodation or have left for another area and further refugees have arrived at the hubs).

3.13 The health assessment team are based within the Ukrainian welcome hubs and provide signposting to residents to ensure the appropriate health care services (e.g., pharmacy, optometry) are accessed. These individuals are non-registered staff providing a central coordination point for the refugee health needs and for staff.

3.14 Informally the team are also providing ongoing support and can build relationships with the refugees and families. This type of informal listening and support is recognised to be an early prevention and helps staff to understand challenges and take mitigating action as appropriate. For instance, in some of the hubs, they have set up peer support and family communal areas for people to talk and support one another.

3.15 Feedback from across all IJBs has been hugely positive about the work the team have been doing, and the requirement for this going forward.

Registration with GP practices

3.16 Ukrainian arrivals who have a permanent residence either within their own tenancy or within a sponsor's home have been registered with GP practices within the area across Grampian in which they reside. At this point no funding has been provided to the GP practices for the additional resource required for this cohort. The Health Assessment has assisted with registration at GP practices where required.

3.17 Residents of the Ukrainian welcome hubs in Aberdeen have not been registered with a GP practice, unless they have required a GP appointment. Aberdeenshire and Moray Ukrainian Welcome hubs have had differing approaches to GP registration, this is due to a number of factors including shorter length of stay within in the hubs, and less choice of GP practices within each locality.

Service Level Agreements (SLA) with Practices

3.18 In June 2022 a small number of Aberdeen City GP practices offered to provide a number of additional sessions to make GP appointments available for Ukrainians with immediate primary care needs. To date around 197 appointments have been carried out via the SLAs. This is only 6% of the refugees' requiring appointments albeit its longer appointments required due to need for translation and referrals.

3.19 The SLA worked well for the initial intake of welcome hub residents, however the limited number of available appointments meant that there were not sufficient appointments available. One of the GP practices who was doing a fortnightly session has now withdrawn from the SLA in Aberdeen City.

3.20 Moray has yet to implement an SLA with GP practices. UDPs have registered with the GP practice in the locality they reside.

Ukrainian Health Hub

3.21 In August 2022, due to the limited number of appointments, and growing demand, a Ukrainian Health Hub was set up making use of the Marywell Vision system in Aberdeen City. This model has been dependant on locum shifts by GP's, ANPs and Pharmacists and as the model has progressed it became obvious that there were not the available locums to provide an effective and efficient service, this model also put pressures on the Marywell staff, and is not manageable without additional resource.

Finance of Service provision to date:

3.22 To date the SLA and Ukrainian Health hub has costed a total of circa £32,100 to date for Aberdeen City.

Development

3.23 This report looks to present potential options as to the model of delivery, the associated risks and costs for a coordinated response to meeting health needs for this cohort of patients.

3.24 The options appraisal was developed and approved by a pan Grampian group including Chief Officers from the IJBs, Grampian Primary Care Lead, HCSP Leadership team, HSCP Primary Care Leads, LMC and Local Authority

Representation have been working together to determine the preferred model of delivery.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. An options appraisal which was consulted with a stakeholder group of Chief Officers, Primary Care Contracts, Primary Care Leads, Local Authority Leads for Ukrainian Response, Strategy, Local Medical Committee, Clinical Director for Primary Care and Director of Finance for NHSG.

The group agreed on 6 objectives to be met on which each option was scored:

1. To ensure safe and effective delivery of GMS services to the Ukrainian refugee population within Grampian (including GP registration and a timely health need assessment/signposting)
2. To ensure effective and efficient use of public resources
3. To ensure General Practice sustainability within Grampian
4. To protect unscheduled care and essential services from unnecessary demand using a preventative approach
5. Effective and appropriate management of initial risk and safeguarding
6. To ensure fair and equitable services are delivered in line with legislation and policy

4.2 The preferred option has 2 elements;

- Patient Assignment to GP practices, to include an Assignment Payment (to be agreed) at a rate of £150 per patient
- Health Assessment Team (non-registered staff) recruitment to March 2023

4.3 A key factor in this decision has been the concerns regarding GP sustainability in Grampian and ensuring a model that is able to protect services whilst responding to and supporting the refugees who are in need. Work has begun to collate tacit information on practice capacity to inform a fair and best approach to the assignment of refugees across local practices.

4.4 At present in Grampian, we have a significant number of practices at their maximum list size and concerns of sustainability. Any agreed assignment of patients will need to be done on a pro-rata basis across practices. This is a concern in particular for Aberdeen City who has the largest numbers in its boundaries due to the availability of hotel accommodation.

4.5 The key benefits of this model are;

Increased Levels of Care - Holistic, safe and appropriate levels of support to address the complex health needs for a new and complex patient population.

Increased Consistency in Service Delivery Model - Allows initial triage and assimilation into a very different health system, then ongoing complex care delivered by primary care team.

Reduce Sustainability Risks – Reducing the risk to sustainability across the area by having a coordinated approach to allocation of patients.

Workforce Planning – the HAT team will be trained in care navigation and signposting to relevant services. This provides a trained workforce which would be available to primary care services after the 12 months. This service is also agile and scalable depending on refugee numbers.

Finance

4.6 The extent of the financial implications is yet unknown due to the reactionary and unprecedented situation due to the war in Ukraine and unknown number of refugees who will arrive locally.

01 April 2022 – 31 August 2022	
Title	**Cost**
SLA & Ukrainian Health Hub	£32,100
Health Team Overtime	£6,000
Health team Travel[1]	£995.23
Use of Interpreters	£4,154.10
Total	**£43,075**
Moray Contribution	£8,649.87
Shire Contribution	£17,299.73
ACHSCP Contribution	£17,299.73

4.7 The immediate funding will be provided from reserves from all 3 HSCPs in Grampian (and therefore not affecting current budgets). However, the following table outlines a projection based on current knowns for the potential financial implications to the IJB:

Health Assessment Team (Pan Grampian)				
Title	**Cost**	**2022/23 (1st October – 31st Mach)**	**23/24 (1st April – 31st August)**	**Comments**
Health Assessment Team	£280,474	£140,237	£140,237	2 x Band 6 5 x Band 4 12-month Contracts
Service Manager	£34,106	£17,053	£17,053	0.5 x Band 8a *T*o manage the HAT team
Mobile phones (2nd Hand laptops available)	£4690	£3808	£882	Year 1 - Handset plus 6-month Contract Year 2 - 6 Month Contract

[1] Please note that travel expenses are not reflective of future expenses as the mileage that was granted when the Health Assessment Team were not permanently based within Welcome Hubs.

Total Expenditure	£319,270	£161,098	£158,172	
Indicative Split (prior to Scottish Government Confirmation of funding - % split based				
Moray Contribution	**£63,854**	**£31,926.95**	**£31,927**	**20%**
Shire Contribution	£127,708	£63,853.90	£63,854	40%
ACHSCP Contribution	£127,708	£63,853.90	£63,854	40%
Total Contributions	£319,270	£159,635	£159,635	

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"
It is essential that this funding is invested to address both the criteria as set out by Government and to retain alignment with the aims detailed in the Corporate Plan and Morays Partners in Care.

(b) Policy and Legal
There are no direct legal considerations arising from this report.

(c) Financial implications
Scottish Government has provided additional funding to Local Authorities to address the pressures on local services to support the UDPs. This funding is expressed as a "per person" tariff of £10.5K for year one. It is essential that this funding is invested to address both the criteria as set out by Government and to support the health needs and access to primary care services. It is noted that the MIJB will require to underwrite the costs of the HAT whilst the intention would be for income to recompense this from the funds awarded to the Local Authority. Debate continues with Scottish Government regarding the use of the tariff to cover the £150 per GP registration.

(d) Risk Implications and Mitigation
Debate continues with the Scottish Government regarding the use of the tariff to cover the £150 per GP registration. In the interim, the financial costs of GP registration will charged to the budget.

(e) Staffing Implications
Agreeing to the preferred option will see 7 new posts created for a 12-month period. As per NHS Grampian procedures these go through the redeployment process, as such those currently within the Health Assessment Team will be able to apply via the redeployment route before any external recruitment commences. It is also noted that this will upskill a number of individuals into roles which would then be applicable to primary care when contracts end giving potential increased workforce pool.

(f) Property

There are no property implications in relation to this report.

(g) Equalities/Socio Economic Impact
EIA can be found in **Appendix 1**.

(h) Climate Change and Biodiversity Impacts
There are no implications as a direct result of this report.

(i) Directions
Directions to NHS Grampian to employ the Health Assessment Team as per section 4.7. The outcomes of the HAT is to provide access to health services and support the health and wellbeing needs of the UDPs.

(j) Consultations
Chief Officer; Chief Social Work Officer; Chief Financial Officer MIJB; Equal Opportunities Officer; have been consulted.

6. CONCLUSION

6.1. The Board are asked to fund the continuation of the Pan Grampian Health Assessment Team from reserves until such funds can be recompenses through the dedicated funding allocated to the Local Authority.

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

SECTION 1 - DO I NEED AN EIA?

DO I NEED AN EIA?

Name of policy/activity: Refugee Schemes
Please choose one of the following: Is this a: • New policy/activity? √ • Existing policy/activity? • Budget proposal/change for this policy/activity? • Pilot programme or project?

Decision Set out the rationale for deciding whether or not to proceed to an Equality Impact Assessment (EIA) A commitment to support the Afghan Relocation Scheme will engage Human Rights and Equality legislation on the grounds of ethnicity, religion, disability, sex, sexual orientation, gender reassignment. It is important that due regard will be given to the need to • Eliminate discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010 • Promote equality of opportunity • Foster good relations between groups who share a protected characteristic and those who don't. **Date of Decision:**

If undertaking an EIA please continue onto the Section 2. If not, pass this signed form to the Equalities Officer.

Assessment undertaken by:

Director or Head of Service	
Lead Officer for developing the policy/activity	**Carmen Gillies** Interim Strategy and Planning Lead
Other people involved in the screening (this may be council staff, partners or others i.e contractor or community)	Don Toonen, Equal Opportunities Officer, Moray Council

SECTION 2: EQUALITY IMPACT ASSESSMENT

Brief description of the affected service

1. Describe what the service does: Respond to a request from the UK Government, seeking the local authorities' support to participate in the accelerated relocation scheme to provide housing and other support to Refugees in particular Ukrainian Displaced Persons (UDPs)
2. Who are your main stakeholders? ● Ukrainian Refugees
3. What changes as a result of the proposals? Is the service reduced or removed? This is a new service
4. How will this affect your customers? The service is aimed at supporting Ukrainian families/unaccompanied children who will be very vulnerable following events in Ukraine over the last 6 month. They may or may not speak/understand English, they are likely to have been severely traumatised and may have psychological and/or physical support needs. Given the situation, they will have few or no possessions and will have to integrate into a society which is all new. In Moray they will be settling in an area with a strong military presence and will have to adapt to a dominant presence of military aircraft. If school children are among the refugees they will need to be supported with integration into the education system, likely with additional support regarding language and emotional/cultural resilience.

5. **Please indicate if these apply to any of the protected characteristics**		
Protected groups	**Positive impact**	**Negative impact**
Race	√	√
Disability	√	
Carers (for elderly, disabled or minors)	√	
Sex	√	√
Pregnancy and maternity (including breastfeeding)	√	
Sexual orientation	√	√
Age (include children, young people, midlife and older people)	√	
Religion, and or belief	√	√
Gender reassignment	√	√
Inequalities arising from socio-economic differences	√	
Human Rights	Article 3 – Freedom from Torture & Inhuman or	

	Degrading Treatment Article 8 - Respect for your Private & Family Life, home and correspondence Article 14 - Protection from Discrimination on the grounds of disability Article 5 – Right to Liberty & Security Article 6 – Right to a fair trial https://www.equalityhumanrights.com/en/human-rights/human-rights-act Whether and when human rights are engaged or breached would be decided on a case by case basis depending on the circumstances of each individual case.

6. Evidence. What information have you used to make your assessment?

Performance data	
Internal consultation	**Discussions with staff involved in Syrian Resettlement.**
Consultation with affected groups	
Local statistics	
National statistics	**The Scottish Government have issued visas for approximately 38,000 UDP to enter Scotland.**
Other	**COSLA briefings and information session.**

7. Evidence gaps

Do you need additional information in order to complete the information in the previous questions? SG provide weekly statistics to estimate the arrivals to Scotland. Weekly briefing have been established (Bronze, Silver and Gold) to inform policy making for SG.

8. Mitigating action

Can the impact of the proposed policy/activity be mitigated? Please explain **Race/religion**: Experience with the Syrian Resettlement has shown that there is a small but vociferous group of people who express ill feelings towards migrants. The publicity

around the arrival of Ukrainian families has been nationwide, with a massive response from the local community to offer support through hosting families within their own homes, charity events to raise funds. As yet no adverse behaviour has been displayed to the UDPs.

A welcome hub has been established to support the arrivals and the host families. A dedicated Refugee Resettlement Team has been established to coordinate the response. The weekly hub sessions offer support to the hosts and UDPs, to support their integration into their communities. Support covers child protection, equal opportunities legislation, cultural differences, access to medical services, benefits, employment, education. The families were introduced to uniformed officers from Police Scotland to help them overcome their suspicions/fears of police and armed forces.
A welcome pack was drawn up and translated, covering information about practical issues including access to medical services, housing, benefits, fire prevention.

Grampian Regional Equality Council (GREC) is leading on a partnership approach with local authorities, higher education and voluntary organisations from Aberdeen City, Aberdeenshire and Moray aimed at exploring and tackling systemic and institutional racism. One of the strands of this partnership is a focus on resettlement.

Additional support is needed for those family members with limited command of English. This has been provided by face-to-face interpretation, written translation and support through the Council's EAL team and from UHI Moray.

Disability: It is likely that the arrivals will have suffered severe psychological trauma and/or physical injuries. Psychological trauma is likely to surface several months after their arrival. Support from psychological medical and social work services, educational psychology, occupational therapy might be needed.

Socio-economic inequalities: Arrivals are likely to have lost all/most of their possessions and income. If granted refugee status they will have a right to work as well as benefits but they are likely to need support in accessing these.

The support is through an integrated approach involving DWP, Fire and Rescue, Police Scotland, NHS Grampian, Education Services, Health and Social Care, Housing Services, Income Maximisation, Council Financial Services, Third Sector.

9. Justification

If nothing can be done to reduce the negative impact(s) but the proposed policy/activity must go ahead, what justification is there to continue with the change?
SG have committed to a Warm Scots Welcome, issuing nearly 40,000 visas to UDPs to Scotland.

SECTION 3 CONCLUDING THE EIA

Concluding the EIA

1. No negative impacts on any of the protected groups were found.	
2. Some negative impacts have been identified. The impacts relate to:	
Reducing discrimination, harassment, victimisation or other conduct prohibited under the Equality Act 2010	√
Promoting equality of opportunity	√
Fostering good relations	√
3. Negative impacts can be mitigated the proposals as outlined in question 8	√
4. The negative impacts cannot be fully mitigated but are justified as outlined in question 9.	
5. It is advised not to go ahead with the proposals.	

Decision Set out the rationale for deciding whether or not to proceed with the proposed actions: **Date of Decision:**

Sign off and authorisation:

Service	
Department	
Policy/activity subject to EIA	
We have completed the equality impact assessment for this policy/activity.	Name: Position: Date:
Authorisation by head of service or	Name:

director.	Position: Date:
Please return this form to the Equal Opportunities Officer, Chief Executive's Office.	

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022**

SUBJECT: **HEALTH AND SOCIAL CARE MORAY DRAFT INTEGRATED WORKFORCE PLAN 2022 - 2025**

BY: **SERVICE MANAGER**

1. REASON FOR REPORT

1.1. To present the Board with the draft Integrated Workforce Plan.

2. RECOMMENDATION

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

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

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

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

3. BACKGROUND

3.1 The Workface Plan 2019-2022 was approved by MIJB at the meeting of 28 November 2019 (para 13 of the minute refers). It set out the position across the Health and Social Care Moray (HSCM) workforce and the considerations that need to be front and centre for looking to the future.

3.2 The HSCM Draft Integrated Workforce Plan 2022-2025 (**Appendix 1**) outlines the priorities and ambitions for the next 3 years, as we aim to be the employer of choice, supporting our staff through their work life cycle.

3.3 Prior to the pandemic, Health Boards and Health and Social Care Partnerships (HSCPs) were required to publish a 3 year Integrated Workforce Plan by April 2021, building on the national Integrated Health and Social Care Workforce Plan published in December 2019.

3.4 In light of the pandemic, the Scottish Government agreed to defer the deadline for development of the full plan and asked that an Interim Integrated Plan be developed. This interim plan was delivered to the Scottish Government in April 2021.

3.5 Further guidance was then received in Director's Letter DL 2022 (09) providing guidance to NHS Boards and HSCPs on completion of their Three Year Workforce Plans, including the key information and analysis that should be set out in those plans. NHS Boards and HSCPs were required to submit a copy of their plan to the Scottish Government by 31 July 2022. Then undertake an analysis and feedback process, pursuant to which the plans should be published on organisations' websites by 31 October 2022.

3.6 The purpose of this plan is to identify HSCM's workforce needs and demands and set out the priorities for the next 3 years. The Health and Social Care Moray Chief Officer is ultimately responsible for workforce planning, this is delegated to the responsible officer in the partnership within the Workforce Management Forum. The Forum membership includes staff, managers, recognised trade unions and staff partnership representatives.

Consultation process

3.7 To enable a comprehensive review of the current workforce plan a consultation process took place with stakeholders, including NHS Grampian, Moray Council, HSCM Senior Leadership Team, staff, partnership reps and the Third Sector. This has mainly been a virtual experience, using Teams technology due to social distancing as a result of the pandemic. The draft plan has been presented to the Workforce Management Forum and Moray Partnership Forum in September 2022.

3.8 The HSCM Draft Integrated Workforce Plan reflects discussions with stakeholders, including, staff surveys, one to one discussions with the Service Manager, workforce and consultation events around the 5 Pillars model (**Appendix 2**). Consultation involved Third Sector Stakeholders by way of group discussions, the Service Manager was invited to meet with tsiMoray.

3.9 This Plan has been developed in conjunction with HSCM service areas and specialties. Staff Partnership/Trade Union colleagues will continue to be involved in the review of services through workforce steering groups.

Recruitment and Retention

3.10 There is a national recruitment crisis, with all vacancies becoming harder to fill particularly for GPs, Advanced Nurse Practitioners, and Allied Health Professionals.

3.11 Data sets detailing the HSCM workforce highlights that our workforce is becoming older and as a result choosing to work part time or retire. 30.4 % of our workforce are aged between 45 – 54 years with a further 17.2 between the ages of 55-60 years.

3.12 Recruiting and retaining staff remains a major challenge and HSCM needs to be innovative in using incentives to attract and develop the workforce in the health and social care sector. Recruitment and retention is impacting on sustainability of services and current models.

3.13 HSCM hope that by adopting a more dynamic, flexible and hybrid approach, prospective employees will find HSCM an attractive model of working and in turn positively impact recruitment and retention of staff.

3.14 Work is being done around the distribution of staff and delivering services differently, such as flexible and dynamic working practices. HSCM has set out several key priorities (aligned to the NHS Scotland Recovery Plan) including a focus on staff health and wellbeing, management of ongoing demand resulting from successive COVID-19 waves, and progressing work to improve the care of patients and carers of Moray. Many of these priorities will continue to be key areas of focus in our Strategic Plan.

3.15 There is anecdotal evidence that recruitment and retention in Moray is exacerbated by the lack of rented accommodation, HSCM has experience of people from out-with the area having to turn down offer of work due to being unable to secure appropriate accommodation in the area. It is often not viable for people to take the offer of secondment or short term contracts due to this issue.

Implementation

3.16 On approval, the Integrated Workforce Plan will be published on the HSCM webpage and launched to staff through the Global email system. HSCM may consider posted information through Social Media sites.

3.17 A delivery plan is under development to focus on solutions for the next 12 months to address immediate challenges and help delivery the outcomes under the 5 pillars for workforce planning.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The purpose of this Draft Integrated Workforce Plan is to identify HSCM workforce needs and demands and set out the priorities for the next 3 years.

4.2. This plan provides a framework to develop a sustainable workforce fit for the future, one which is able to deliver the strategic aims of the partnership.

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"
Health and Social Care Moray (HSCM) understands that to best achieve the strategic aims, we must closely align our Integrated Workforce Plan with our Strategic Plan

(b) Policy and Legal
Boards and HSCPs are required to submit a copy of their plan to the Scottish Government (DL 2022, (09)).

An analysis and feedback process took place in August, pursuant to which the plans should be published on organisations' websites by 31 October 2022.

(c) Financial implications

Medium Term Financial Framework (MTFF) is an essential part of the strategic planning process that supports the MIJB to develop plans which consider the financial climate and broader economic impacts. A robust medium term financial framework will provide transparency and support informed decision making.

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

(d) Risk Implications and Mitigation

The Integrated Plan outlines throughout risk, challenges and opportunities and comments on Recruitment, Retention and Sustainability.

Given the significant amount of staff aged 50 and over, attention needs to be given to plan for sustainability. There have been a significant number of retirals and staff leavers over the last year which can mean a loss of organisational intelligence and experiences which may have an impact on services as teams adjust. Approximately 18.8% of the workforce left the Partnership in the last year.

(e) Staffing Implications

The Draft Integrated Workforce Plan outlines the HSCM workforce profile, and comments on age and gender profile, retirement issues and challenges with part time and full time equivalents.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as there is no change to policy.

(h) Climate Change and Biodiversity Impacts

There are no direct implications.

(i) Directions

None as a direct result of this report.

(j) Consultations

The following have been consulted and are in agreement with the report where it relates to their area of responsibility:

Carmen Gillies, Interim Strategy and Planning Lead, HSCM

6. CONCLUSION

6.1. The Committee is asked to approve the content of the HSCM Draft Integrated Workforce Plan and approve the publication of this plan by end of October 2022.

Author of Report: Trish Morgan, Service Manager
Background Papers: with author
Ref:

HEALTH AND SOCIAL CARE MORAY.
INTEGRATED WORKFORCE PLAN 2022 - 2025

FORWARD

We are pleased to present Health and Social Care Moray's Integrated Workforce Plan, for 2022 – 2025.

The plan outlines our priorities and ambitions for the next 3 years, as we aim to be the employer of choice, supporting our staff through their work life cycle.

Throughout the last 2 years Health & Social Care Moray (H&SCM) staff have encountered the most challenging time in recent years as a result of the COVID -19 global pandemic. There is no doubt that this has impacted on staff and services within the Partnership. We now look to the future and how best to move forward as we enter a period of recovery.

Health and Social Care Moray have delivered community-based services, and assumed responsibility for strategic commissioning, since 1 April 2016. Since this time, we have worked jointly as partners in health and social care to improve the delivery of services to the people of Moray. We plan to continue to maintain and develop excellent joint working relationships between health and social care professionals; building on our existing links with the primary and acute sectors and the Third and Independent Sectors.

It is recognised that our workforce is key to delivering new ways of working and therefore crucial that we support them in obtaining and /or retaining skills, knowledge and aptitudes required to deliver the level of person-centered care that we are striving towards. We are listening to and actively including them in determining the way forward for the Partnership.

We are determined to support our staff as we embrace the opportunities of digital working. The new ways of working that accelerated during the pandemic have been well tried and tested, and we can do more to create quality and capacity for the benefit of our residents. Our digital plan and Smarter Working plan supports staff to maximise hybrid working going forward, keeping in mind the needs of the Service

Recruiting and retaining staff remains a major challenge and we need to be innovative in using incentives used to attract and develop to work in the health and social care sector.

This Plan has been developed in conjunction with our service areas and specialties. Staff Partnership/Trade Union colleagues will continue to be involved in the review of services through workforce steering groups.

This Workforce Plan provides a framework to develop a workforce fit for the future, one which is able to deliver the strategic aims and providing a sustainable workforce for the future.

Finally I would like to recognise and commend the efforts of our Workforce over the period of the Covid Pandemic, without whom we would be unable to continue to meet the health and social care needs of the Moray population.

Do you have a visual impairment or have difficulty understanding the English Language?

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

NHS Grampian will pay for “Language Line” telephone interpretation or “face to face” interpretation for staff whose first language is not English, should this be required. Similarly, NHS Grampian will pay for British Sign Language interpretation or the production of materials in different formats for staff with communication disability.

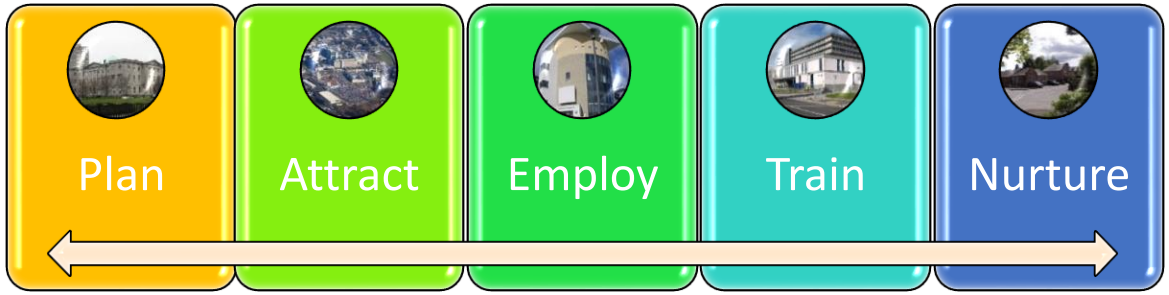
Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245

CONTENTS

1. Introduction to Health and Social Care Moray

The Purpose of this Workforce Plan is to identify our workforce needs and demands and set out our priorities for the next 3 years. The Health and Social Care Moray Chief Officer is ultimately responsible for workforce planning, this is delegated to the responsible officer in partnership with the Workforce Management Forum

This Workforce Plan aligns with our local strategy Moray Partners in Care, service operational plans, digital planning and financial plans, it reflects on our service priorities and our short, medium and long term plans.



We asked our workforce to consider the availability, affordability and adaptability of their workforce in relation to the overall direction to meet the needs of that service. We used the 5 Pillars model to help understand the short, medium and long term projections

Who are we and what is our Vision?

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

- Social care services;

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

Children and Families and Justice Services are current in the process of being formally delegated into the MIJB.

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

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

The full list of delegated functions can be viewed at the link:

http://www.moray.gov.uk/downloads/file102766.pdf

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

Moray is a largely rural area covering 1,233Km2 H&SCM has 1795 staff to service a population of 95,710 (figures as 2020). The area is served by 12 GP Practices, 4 Community Hospitals, 14 Local Authority Care Homes and 5 Sheltered Housing units. Since the inception of the MIJB in April 2016, the Partnership is formed with staff employed by NHS and the Moray Council. In 2020, there were more females (50.4%) than males (49.6%) living in Moray. There were also more females (51.2%) than males (48.8%) living in Scotland overall. In terms of overall size, the 45 to 64 age group was the largest in 2020, with a population of 27,544.

Our Vision

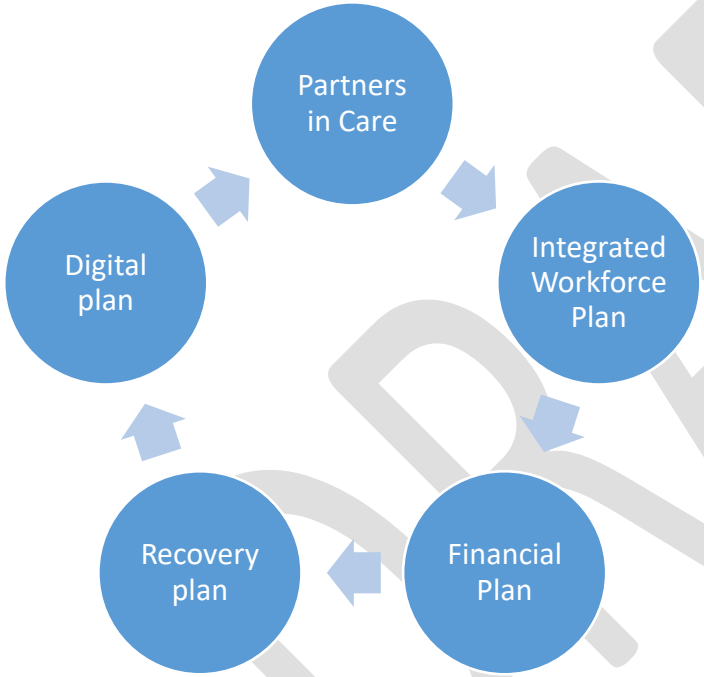
Moray Partners in Care, The Strategic Plan, aims to deliver the best service for the population, with the vision of;

"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"

To enable the Partnership to fulfil this Vision we have built on what we know and as such have identified three strategic themes where we will direct effort; in effect, we wish to major on health.

Home First	**Partners in Care**	**Building resilience**
Being supported at home or in a homely setting as possible	Empowering people to make choices and take control over decisions affecting their care and support	Enabling people to take responsibility for their own health and wellbeing (public and workforce**)**

HSCM understand that to best achieve our strategic aims, we must closely align our workforce plan with our strategic and financial plans, amongst others.



This Medium Term Financial Framework (MTFF) is designed to assist the MIJB from a planning perspective based on the totality of its financial resource across health and social care, in meeting the needs of the people of Moray.

It will support the delivery of the Strategic Plan within the context of the significant financial challenge being faced and the continuing pressure being driven by growing demand and complexity, higher costs and increasing expectations.

Medium term financial planning is an essential part of the strategic planning process that supports the MIJB to develop plans which consider the financial climate and broader economic impacts. A robust medium term financial framework will provide transparency and support informed decision making.

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

The main objectives of the MTFF are:

- To look to the longer term to help plan sustainable services, estimating the level of resources required to operate these services and deliver on the MIJB's strategic ambition.
- To estimate the level of increasing demand on services and provide a single document to communicate the financial context to all stakeholders and support partnership working.
- The MTFF includes a five-year budget forecast that will be reviewed annually to ensure our strategic priorities remain the focus in a challenging financial climate. A full review will be required as the new Strategic Plan is developed during 2022

The MIJB is facing new risks which may impact on its budget over the next few years:

- Covid 19 – there have been major changes to the profile of services and associated costs as a result of Covid 19. It is not yet known if these will be recurring in nature
- Health Debt – we are acutely aware of what is being described as the health debt, resulting from services which were paused during the pandemic and in some instances have not fully resumed.

- Covid 19 Funding – health and social care has seen a significant input of funding since March 2020 to support services through the pandemic. This is not expected to continue, although there is a growing reliance on this additional support by providers and services.
- National Care Service – this will have a major impact on services and how they are delivered in the coming years, the full extent of which is still uncertain.

It is important that the MIJB understands its appetite to risk to enable effective management and mitigation of the inherent risks.

2: Our Workforce

Our workforce is made up of the following health & social care services:

- Primary care services: GP; Dental; Pharmacy; ophthalmology
- Community hospitals
- Minor injury units
- Public health services
- Health visitors
- School nurses
- Vaccination programme
- Pharmacotherapy services
- Community link workers
- Community based Allied Health Professions:-
- Social care services for adult care home provision
- Home care services
- Community mental health services
- Care and support for adults with physical and learning disabilities
- Unpaid Carer support service
- Adult support and protection

Occupational Therapy; Physiotherapy; Podiatry; Speech and Language; Dietetics	➢ Alcohol and other drug services ➢ Adult Social Care OT's

During the Covid 19 pandemic, our workforce has met with significant challenges to both work and personal lives, working under immense pressure.

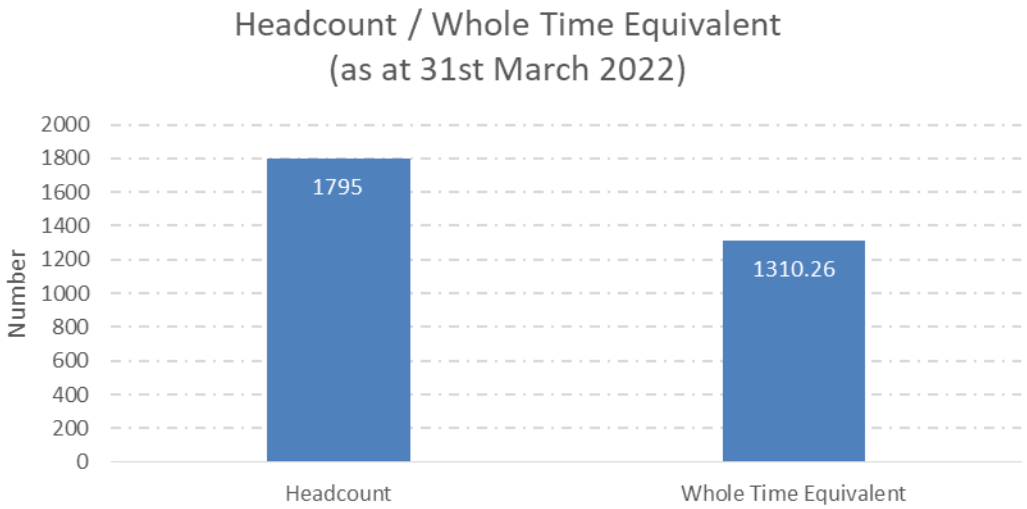
There is anecdotal evidence that recruitment and retention in Moray is exacerbated by the lack of rented accommodation, we have experience of people from out-with the area having to turn down offer of work due to being unable to secure appropriate accommodation in the area. It is often not viable for people to take the offer of secondment or short term contracts due to this issue.

To make sure health and social care services reflect the priorities and respond to the needs and issues of local communities, locality plans will be developed following a "bottom up" approach to provide a framework for improvement from the perspective of local people who use and deliver health and social care services.
Locality managers have been appointed to lead on the development of locality planning for the following four areas:

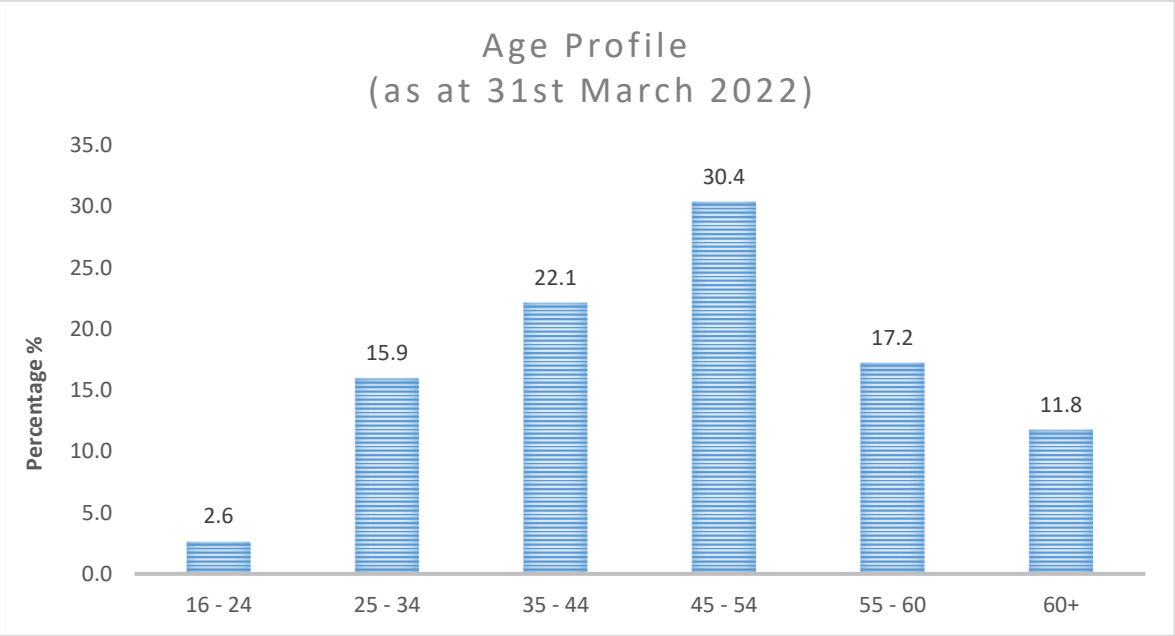
- Buckie, Cullen and Fochabers
- Elgin
- Forres and Lossiemouth
- Keith and Speyside

Local representatives, including health and social care professionals, third and independent sectors, housing, service users and carers will collaborate in each locality to influence and inform service planning as we move towards achieving the objectives set out in the Strategic Plan.

Since the creation of HSC Moray, an integrated system was formed with staff employed by NHS Grampian and the Moray Council. The current headcount (at April 2022) is 1795 with 1310.26 WTE. There is a 9% increase in NHS staffing numbers and 8.7 % increase in WTE for substantive posts since 2020(prior to Covid).

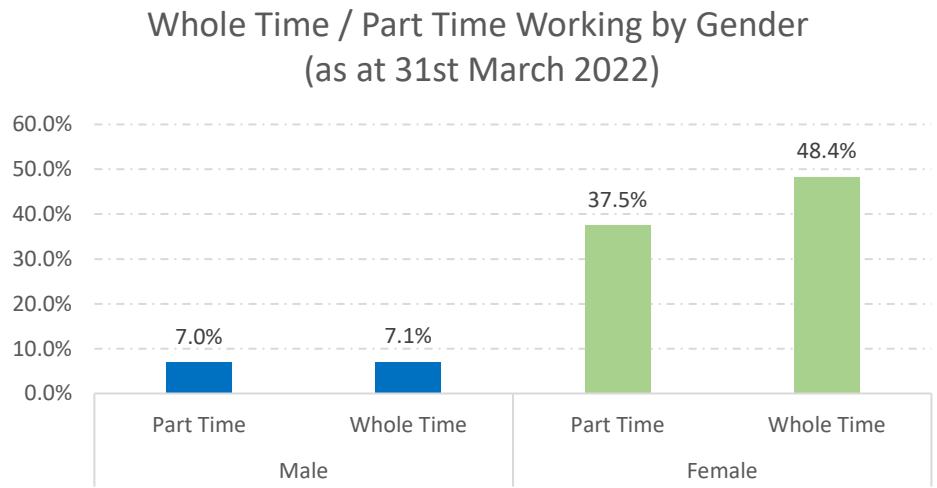


Our workforce is becoming older and as a result choosing to work part time or retire. 30.4 % of our workforce are aged between 45 – 54 years with a further 17.2 between the ages of 55-60 years



Given the significant amount of staff aged 50 and over, attention needs to be given to plan for sustainability. There have been a significant number of retirals and staff leavers over the last year which can mean a loss of organisational intelligence and experiences which may have an impact on services as teams adjust. Approximately 18.8% of the workforce has left the Partnership in the last year.

We have absences of 4.8% across the Partnership. This figure does not take into account those absences due to Covid – 19. These Covid absences are recorded as 'Special Leave'. This provision will end in August 2022 and all Covid absences will be collated under normal sick leave arrangements. Absences and related stress can mean people leave the workforce early, either by choosing to work out with the Health Service or retire early**.** We also have a number of our workforce choosing to work part-time, or reduced hours, 44.5% of the workforce choose to work part time.



HSCM need to consider the long term workforce planning for staff, affording those opportunities, ambition and development of special interests that will increase retention. Our workforce is predominately females with approximately 85.9 % of the workforce being female.

Home First

The Home First initiative continues to grow as we explore opportunities to maintain people at home or in a homely setting. Our Discharge 2 Assess service is now fully operational with a range of OT, PTs and ANPs delivering short term rehabilitation in a person's home

Hospital without Walls is the newest initiative and is recruiting a number of ANPs, PTs and nurses as part of the Home First Frailty Team - a front-door team with a focus on earlier identification of frailty and morbidity through rapid comprehensive geriatric assessments.

In our communities we are about to recruit 2 Wellbeing Officers as part of the low acuity localised element of Hospital without Walls which focuses on realistic medicine as well as incorporating the three conversations models. Finally, our Community Response Team are currently recruiting for a further 14 Health Care Support Workers, allowing for more work to be done across the localities but also at the front door.

Care at Home (CAH)

Care at Home (CAH) has, over the last year, been under immense pressure due to insufficient staff resources impacting on ability to maintain operational services and necessary developments.

It has been extremely challenging to be able to cover current and established packages of care. There has been very little capacity to add in new packages of care which has contributed to some delays of discharge from hospital and in the level of unmet need in the community.

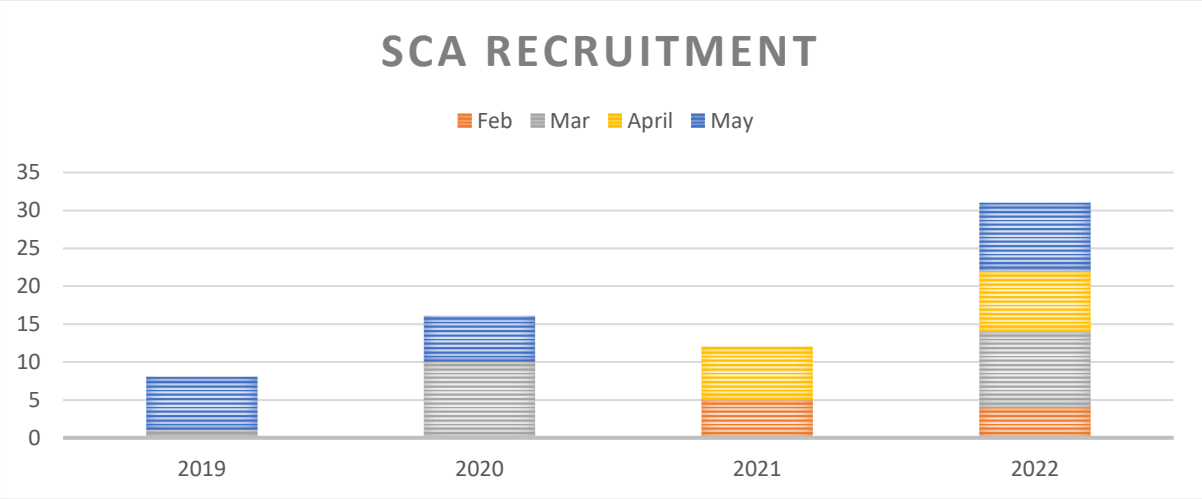
Lack of capacity has also created a delay in reviewing the current service and planning for meeting future service needs.

Our Care at Home team have implemented a Recruitment Cell (made up of 2WTE, 1 grade 7 and 1 grade 5), to manage all aspects of recruitment for improved information, marketing, selection, recruitment and induction training. We have also worked with HR and

the Information Officer to use all media outlets, including social media to provide information to the public but also advertise all available posts – we are also targeting geographical areas.

This temporary test for change was put in place in February to support recruitment across all of the service but primarily with Social Care Assistants (SCA). This “test” has proved successful in terms of numbers coming into the service and raising the profile of Care at Home and the role of Care Assistants.

Since the recruitment cell was introduced 31 new members of staff have been successfully recruited to the SCA post. This is compared to 12 over the same period in 2021, 16 over the same period in 2020 and 8 in 2019, as seen below.



The recruitment cell is also working with DWP and Moray College to take forward work to engage with students and those looking for employment.

Since the start of the Pandemic, volunteers from communities and organisations across Moray have come together to support some of the most vulnerable in our communities. They have supported the NHS in a variety of roles including supporting our vaccination centres, delivering supplies and LFD kits across Moray and at the front door of our acute hospital Doctor Gray's Hospital (DGH) in Elgin.

Self-Directed Support

The SDS legislation was enacted on 1st April 2014, and more recently national SDS Standards were introduced in March 2021 with the aim to achieve implementation consistency across Scotland. The 12 SDS Standards are:

- Independent Support & Advocacy
- Early Help & Support
- Strength Based Asset Based Approach
- Meaningful & Measurable Recording Practice
- Accountability
- Risk Enablement
- Flexible & Outcome Focussed Commissioning
- Worker Autonomy
- Transparency
- Early Planning for Transitions
- Consistency of Practice
- Budgets & Flexibility of Spend (under development with CoSLA)

A Day Opportunities team has been developed, including the creation of SDS Enabler posts, which give support to embedding the SDS Standards, in particular around taking a strength and asset based approach.

The vision for the team is to connect individuals into their own community, looking at the personal interests and hobbies, as opposed to prescribing services to individuals.

Limited resources mean that we cannot carry on in the same way, however, we can effectively support individuals to participate in meaningful activities and promote independence. One example of this is a referral which came into Day Opportunities for a paid support service, following the SDS Enablers building a positive relationship, and having good conversations, the individual is not in receipt of a paid support but has become a volunteer with FACT. Through this the individual is achieving his outcome for social support, but is also giving something back to the local community.

Our Volunteer Workforce

Volunteers also support and complement our Social Care services in a variety of roles, including alarm responders for vulnerable individuals, befrienders and transport, which all contribute to people being able to live safely in their own home.

All volunteers employed under the umbrella of HSCM, whether that be via NHS Grampian or Moray Council, undergo a rigorous recruitment and induction process to ensure their safety and that of the people and service that they support.

> 'Our research indicates that volunteers play an important role in improving People's experience of care, building stronger relationships between services and communities, supporting integrated care, improving public health and reducing Health inequalities'.

– Kings Fund, Volunteering in health and care, securing a sustainable future

With the ever increasing demand on services and pressures on staff, HSCM have recruited an NHS Volunteer Coordinator for Moray who will work with our NHS services across Moray. This role will introduce volunteers to support specific departments and services, where they will be able to contribute to improving the patient's journey and alleviate pressures on staff.

Volunteers across our NHS services in Moray will be recruited and placed with services where they will undertake a variety of roles including mealtime companions, befriending, patient transport, ward support, reception, health walk leaders and more.

Volunteers should never be a replacement for staff, but can undertake non clinical roles that can free staff up to concentrate on clinical and specialised work and they can improve the patient's journey.

HSCM have also increased our Social Care Volunteer Coordinator roles from 1.5 WTE to 2 WTE, allowing scope for us to recruit more volunteers to meet the ever increasing need across our communities.

The Social Care Volunteer Coordinators will also be reviewing current volunteer roles and ensuring that these and new roles are utilising our volunteer support efficiently and effectively and meeting the needs of our services that they are aligned with in our communities.

Volunteering can support the individuals wellbeing and mental health and encourage more people into jobs and careers in Health and Social Care.

We have numerous professionals volunteering with us including current staff undertaking different roles, retired individuals and volunteers with specific skill sets.

We currently have over 200 volunteers across our Health and Social Care services, which does not include other volunteers HSCM work in partnership with, including members of our IJB, B.A.L.L and Set groups in our communities, specialist and community third sector and community groups.

Over the coming years, HSCM will continue to evaluate and monitor the successes of having a volunteer workforce, how this supports demand and any further investment that might be required as our volunteer workforce continues to increase. HSCM will also ensure that Volunteers feel valued and an important part of our workforce, through ensuring that volunteering is incorporated and considered in all of our planning, policies, public engagement, reporting and through our annual celebration during volunteer week

Primary Care Contractors

Sustainability in Primary Care is recognised as particularly challenging. As such NHSG has put in place a dedicated Primary Care Sustainability Group, looking at GPs initially. We have approximately 109 GPs working over 12 Practices in Moray Practices. We are keen to look a sustainability issues across all our Primary Care Services.

With recruitment of staff being a key issue, we are exploring areas to include dedicated staff bank and proactive recruitment marketing.

Staff numbers are impossible to measure with accuracy as independent contractors do not have to supply us with WTE information. As a result, meaningful workforce statistics are somewhat difficult to come by.

Dentistry

We have approximately 40 Dentists working across 17 Dental Practices in Moray. All of these bar 1 are independent practices.

The COVID-19 pandemic has impacted on Dental Services and Education. There has been a significant reduction in the number of new dentists coming into the workforce. We are aware that this is not unique to Grampian and is being experienced across the country.

Locally, however, this has led to some practices choosing to reduce their NHS commitment by deregistering patients due to difficulties with recruiting dentists. Other practices may choose to only provide dental treatment for their patients on a private basis and deregister patients who can't afford private dental care.

As independent contractors to the NHS, they are able under the regulations to do this, and practices are free to take the decisions they feel are right for their business.

Pharmacotherapy

The Pharmacotherapy Team have, over the period of the pandemic, managed to triple their staffing. It appears that staff are more open to new challenges and new posts, which means that they are better able to support the roll out of the GMS Contract. However there is still an education and training challenge that we have to develop the staff and service further as we aspire to increasing advanced specialist pharmacist roles.

We have pharmacists and technicians in every practice, and successful recruitment means that we have gone from having 10 members to 34 in the last 2 years.

All practices in Moray now have daily access to pharmacotherapy service in place. During Covid we accelerated the recruitment process to assist re lack of GPs available.
Contingency succession planning has involved recruiting further re 6 trainee technicians to our Moray team for a 2 year program of "grow your own "

Community Pharmacy; Pharmacy First Plus

The specification of the PFP service requires a registered Community Pharmacist Independent Prescriber (CPIP) to be in the pharmacy for a minimum of 25 hours per week offering the service. The specification does not permit locum pharmacists, or those working less than 25 hours to provide the service as each CPIP has a different level of skill and experience. This provides a quality assured level of service for Moray's population, expanding their clinical service, working closely with their local GP surgeries and other healthcare professionals to ensure that they treat the most appropriate patients and have referral pathways to other clinicians if a patient presents with a condition beyond their scope of practice.
In Moray we have 5 pharmacies providing PFP and 3 ready to commence. We have also had discussions with other CPs not providing despite having the CPIPs to consider provision of this service

NHS Grampian has supported those pharmacies delivering PFP to upgrade / introduce treatment rooms within their pharmacies, providing improvement funding during 2021/22. In Moray we see the significant benefit in expanding the provision of PFP, both across the full opening hours of participating pharmacies and the number of pharmacies providing the service. We are currently

working to provide enhanced records access for these pharmacists and provide digital solutions to support their prescribing. Expansion of this service will require increased staffing and development of skillmix

Optometry

Support from the Scottish Government and NHS Grampian towards Community Optometry is appreciated and has enabled Practices to survive the difficult times over these last years. This leads to significantly less strain on Secondary Care services.

The first cohort to the BSc (Hons) Optometry Programme at University of Highland and Islands (UHI) enrolled in September 2020 and all teaching was delivered remotely in 2020-2021 due to COVID - student practice placements were also cancelled.

All teaching has been on-campus since September 2021 at the Centre for Health Science, Inverness – both second year and new intake first year students. Of the 16, who were part of the Practice Placement Programme, Moray gave placements to 1 second year and 2 first year students.

UHI are actively seeking more practices in Moray/Grampian who would be interested in hosting a student on practice placement and advertising is going out to all Moray practices to encourage offering this opportunity.

GMED (Out of Hours)

The Out of Hours Primary Care service has been operating a winter surge plan through the Covid pandemic. In May 2022 GMED held a Strategic Planning Workshop to look at the short and medium term plans for the service following the impact of Covid 19. Representatives from all sub teams within the service have attended.

Following the workshop a 12 month road map is being developed. This will focus on:

- Finalising service set up and moving on from the Surge Plan
- Staff recruitment and retention, including workforce planning
- Improved understanding, processes and pathways with stakeholders
- Further development of pharmacy and logistics processes
- Improvement in facility management and access

Taking account of the detailed planning and preparation work that is required, we are planning for implementation to begin around Autumn 2022.

HSCM value to importance the views of our Primary Care Colleagues. To this end we asked our Primary Care Leads about the challenges and opportunities the Covid Pandemic had on their workforce. Here is a snapshot of what they told us:

The Challenges experienced by the workforce;

'Increased staff absence and levels of stress and anxiety affecting staff morale'

'Redeployment roles of staff creating uncertainty due to rapidly changing guidelines'

'Supporting & developing staff adequately with absence of face to face meetings'

Lack of face to face appointments has impacted on large backlog of services/treatment'

'Different levels of willingness to restart services as we come out of Covid'

'Training challenges as training has become mostly about COVID'

'Impact on recruitment due to Dental Students not graduating'

Opportunities and positive effects experienced by the Workforce

'Microsoft Teams has been welcomed as saved travelling time and standardisation of service by sharing documents digitally'

Pressure in some areas has allowed other services to develop to support patients, as well as developing relationships'

'The development of Near Me/Attend anywhere software providing more patient choice'

'The ability to work remotely has offered more opportunity for staff to manage work/life balance'

'In pharmacy in particular there has been a significant increase in recruitment due to the (forced) roll out of GMS'

3. We are listening: engaging with our Workforce and Stakeholders

For the purposes of the completion of the Workforce Plan, consultation with Stakeholders has mainly been a virtual experience, using Teams technology due to social distancing as a result of the pandemic.

Our Workforce Plan reflects discussions with stakeholders, including, staff surveys and consultation events around the 5 Pillars model. Consultation included:

Local Service Leads, including Locality Managers
Financial Planning Leads
Trade Unions
NHS/Local Authority/Health & Social Care Moray Workforce and Planning Leads
Social Work/Social Care and Planning Leads
Professional lead officers, including nursing, Acute Manager, AHP Lead
HR Lead
Primary Care Contractor Representatives

We are committed to listening to our workforce, our service users and our stakeholders. We have used different methods of engaging with our staff and stakeholders, both listening to their views on developmental service changes and challenges and sharing of information, to keep all our staff abreast of the same. We have utilised surveys, developmental workshops and individual discussions.

Direct Consultation with our Managers and Staff

We asked our staff about pressures/challenges which have been experienced, here is a snapshot of what they told us:

- There is an increase in patients presenting with complex needs
- Recruitment and retention of staff is challenging, there is a need to develop an attractive job pack.
- High staff sickness rates – staff are tired and working more and extra than usual, staff are redeployed to support service areas at risk.
- Risks around staff leaving due to a change process, consultation and trialled supports to be in place.
- The continued emergency footing due to the pandemic has made it difficult for staff to have space and time to undertake planning and to have protected time to understand and implement the NHS recovery plans
- Delivery of a safe, effective and sustainable Health Visitor and School Nursing Service
- More complex patients requiring more in-depth treatment, priority to see patients prior to hospital admission.

Staff feel they have no time to update or consolidate training, or enter into new education opportunities During 2020/2022, our workforce has met with and managed the greatest challenge the health service has faced; a significant and challenging impact of working and living with COIVD19. This has impacted on how we have delivered services during the pandemic and our staff have shown remarkable resilience throughout. HSCM appreciate the efforts of staff to be flexible and adapting to new ways of working during the last two years.

The views of our workforce are extremely important to us and we held discussions with Managers to allow us to fully understand the issues facing staff moving forward. Here is a sample of what they told us;

- Protecting and supporting staff wellbeing throughout the pandemic and the recovery
- Staff feeling overworked and lack of enthusiasm towards career progression
- Temporary posts impacts on the long term service delivery. Attracting and employing into temporary posts is challenging.
- There is a significant shortfall of students numbers in Scotland for AHP positions particularly, There is a lack of students enrolling in AHP service and not many applying for NHS posts. Due to geography we do not get many applicants
- Managing the balance of pandemic related work/development work is an immediate concern. Staff sickness absences is creating workload pressures on already fatigued staff
- Post pandemic exhaustion – the risk has become 'normal'
- Retirement cover – skills lost from the service without adequate succession planning
- There is risk of not being able to recruit qualified staff to AHP posts
- There are challenges with Moray Council and NHS IT systems not linked together, therefore time wasted working between the two.

We asked our staff about their plans towards workforce priorities:

Short Term

- Review and develop staffing capacity and identify areas requiring additional resources and review current continuous learning/professional development needs within the integrated team and develop annual training plans.
- Ensure all staff are supported to use protected time regularly to focus on Continued Professional Learning activity, and have Annual Personal Appraisals.
- Ensure staff have the opportunity to participate and lead new developments, project initiatives and provide support using coaching and mentoring model.
- Develop opportunities for staff at all levels of service (OT) to gain experience in all areas of service and provide greater opportunities for junior staff development.
- Consideration of protected time for training and investment in staff at a time when service development is critical but operational output needs to continue at pace
- Ensuring we are able to make interim posts permanent to provide stability and robust leadership to the department
- Recruitment and retention, attract applicants from wider afield and outside Scotland

- Maintaining a safe, affordable and effective workforce/skill set across locality teams
- It is critical to have space and time to undertake planning and have protected time to discuss and digest as a service the NHS recovery plans.
- Test of change within adult services to maximise MDT, create new opportunities to expand skill set and mix within the team and move away from top heavy caseloads for RMO's
- Continue to support the health & wellbeing of staff throughout Covid and the recovery of this.

Meduim Term

- Enable staff to adopt the optimum mix of home and office working, both for themselves and the requirements of the Service
- Consider and plan for SPPA changes and potential retiremnets as result
- Review and develop workforce planning within all services to consider potential future retirements
- Consider actions and resources required for recent BPA Cuture report
- There is a need for succession planning across all services
- Commitment to facilitating students, by offering a nurturing and positive learning experience
- Consider and plan for changes in Mental Health legislation and impact on need for MHO resource
- Maximise development of current workforce through training and development opportunities

Consultation with the Third Sector

Third Sector Interface Moray (TSI), is the primary channel of communication between HSCM and the Third Sector. We value our colleagues in the Third Sector and acknowledge the combined workforce supports the Partnership in many and diverse ways. It provides us with a range of preventative and specialist services.

Our Third Sector colleagues report having many similar issues with their workforce as that experienced by HSCM. In discussions with this group we acknowledge themes around;

- Communication
- Training opportunities
- Recruitment and retention
- Connectivity

We aim to continue to work closely with our Third Sector Colleagues and make sure they are a valued part of our mutually dependant workforce.

Our Services and Team

Moray Staff Health & Wellbeing Team is an informal group that was set up as a consequence of COVID -19, when there was a perceived need for staff across Moray to be supported and kept informed of issues, challenges and opportunities to focus on their health & wellbeing. The group highlights and offers many opportunities for staff to join a variety of workshops and forums where they are able to connect with colleagues during the difficult times that Covid presented. Staff were encouraged to link to the We Care programme. As we begin to come out of the pandemic, the group continues to be invaluable and as such it will merge into a more formal group with a focus on the Healthy Working Lives agenda in Moray.

The Workforce Management Forum meets every 2 months.The purpose of the Forum is to provide an opportunity for any workforce issues within Health and Social Care Moray (HSCM) to be discussed in an open and constructive way. It supports the development and achievement of common goals and objectives.

This will involve sharing information and ideas between staff, managers, recognised trade unions and professional organisations on behalf of all employees in an open and honest way, where the views of all parties are listened to and respected. The Forum adopts a problem-solving approach to develop and improved services that meet the needs of all our stakeholders i.e. clients, service users, patients and staff.

Where there are issues within a specific service, discussions and consultation may take place in a different formal or informal setting as appropriate and according to agreed procedures involving those affected.

Our **Health & Safety Group** meets every 6 weeks and reports to the NHS Grampian, Occupational Health, Safety & Wellbeing Committee

The purpose of the Groups is to provide a channel of communication, co-operation and involvement between employees, employers and trade union/ Health and Safety representatives on all relevant health, safety. It is set up to monitor the partnership's compliance with policies and procedures to ensure it complies with both internal health and safety policy and external legislation. And of course to promote the health, safety and wellbeing of Partnership employees at work.

The Moray Sector Partnership Forum (MPF) is the main vehicle for addressing local employee relations issues. It is accountable to the Grampian Area Partnership Forum (GAPF) and has delegated authority to develop and reach agreements on local issues, which should be notified to GAPF. Such agreements will also be subject to approval by individual trade unions involved. Their members are committed to working in partnership to achieve outcomes, which benefit staff and NHS Grampian and will establish shared values which are based on team working, openness, honesty and mutual respect.

The MPF recognises that individual members of staff and their Trade Unions or Staff Organisations have a right to be involved and feel able to influence those things which impact upon their working life. The Forum ensures that all staff groups are directly involved and informed of matters concerning the activities of NHSG.

Moray Partnership System Leadership Group (SLG) meets on a fortnightly basis with every other month dedicated to a development session. HSCM System Leadership Group (SLG) ensures management oversight and decision-making at a Moray-wide level. There is a monthly meeting with a focus on Core Business which encompasses oversight of operational business and matters requiring escalation or support from the wider management team. This includes issues relating to finance, service delivery, risk management, Workforce, Health and Safety, Civil contingencies, performance monitoring and implementation of IJB policy.

SLG Development meetings focus on new developments, communication on progress with projects and sharing of good practices.

The SLG membership is Heads of Services, Chief Financial Officer, Service Managers, Locality Managers, Corporate Manager and Clinical Leads and is chaired by the Chief Officer.

HSCM places a strong emphasis on empowering services in local service delivery and decision-making enabled by the formation of integrated multi-disciplinary teams managed and organised within localities.

The Interim Workforce Plan has been approved as a working document by Moray Senior Leadership Team and the Integrated Joint Board (IJB)

4. Service Transformation

Digital Transformation

Our Service Transformation through Digital Strategy 2020-2025 describes how NHS Grampian and partners will 'exploit digital technology to improve health and care, enable staff to work to the best of their abilities and support financial stability. The goal is to modernise services. To do this will require universal adoption of electronic records and for the relevant information to be accessible to all who need to see it – citizens, clinicians, care providers and analysts. In turn those electronic systems need to be safe, secure, accessible and reliable'.

The NHS Grampian Strategy is to deliver a digitally competent workforce in Grampian, working with NES, COSLA and other partners;

- We will promote digital skills through the learning management system and ensure that staff can access the development relevant to their role.
- We will work with partner universities and colleges to embed digital health into the available education, including undergraduate curricula.

http://nhsgintranet.grampian.scot.nhs.uk/depts/CorporateCommunication/Corporate%20Communication%20Documents/Miscellaneous/eHealth/Service-Transformation-Through-Digital.pdf

Our workforce has had to be flexible with staff largely working from home for the period of the pandemic and by the introduction of TEAMS technology we have continued to connect with colleagues and keep vital communication around services alive. As we are coming out of the pandemic, it is unlikely that our workforce will return to what was the norm. In Moray we are in the process of mapping out a 'return to the office' and will continue to have a flexible and adaptable workforce.

We are supported by the NHS Grampian, Smarter Working Team, whose vision is;

To create vibrant and dynamic working environments for all staff, where a range of settings and technologies support different work styles, improve wellbeing, and enable environmental sustainability

With the aim of;

- Improved working experience, better interconnectivity of individuals and teams and services delivered more effectively
- The environmental impacts of work, and the costs of maintaining an ageing estate are reduced
- Staff having more choice about when, where and how they work, supported by effective and appropriate use of technology
- Staff have the opportunity to lead more balanced and healthier working lives

In doing this we will manage;

- Unnecessary travel both to work and for work
- Offices and accommodation that do not support effective collaboration and networking
- Average occupancy in a traditional office over the working day at below
- Spaces that are not fit for purpose

We would hope that by adopting a more dynamic, flexible and hybrid approach, prospective employees will find HSCM an attractive model of working and in turn affect recruitment and retention of staff.

Recovery and Remobilisation

Alongside our partner, NHS Grampian, we are committed to supporting the current developments around the NHS Scotland Recovery Plan. We are currently engaging with our partners and stakeholders around the work in relation to strategic direction and identify key priorities to deliver. In terms of workforce impact, work will be done around the distribution of staff and delivering services differently, such as flexible and dynamic working practices. We must support our staff by building on their resilience, by doing so we will focus on their wellbeing, training needs as well as making staff retention and recruitment as our core priorities.

The Grampian Remobilisation Plan (October 2021- March 2022) set out several key priorities (aligned to the NHS Scotland Recovery Plan) including a focus on staff health and wellbeing, management of ongoing demand resulting from successive COVID-19 waves, and progressing work to improve the care of patients and carers of Moray . Many of these priorities will continue to be key areas of focus in our Delivery Plan 2022/23.

Primary Care Improvement Plan

The aim of this is to deliver the 6 PCIP work streams under The Scottish General Medical Services contract, thus allowing our GP contractors to concentrate on complex care and all other aspects of the Expert Medical Generalist role. Our PCIP tracker is used by our Integration Authorities in partnership with the Health Board and the GP Sub-Committee to agree and monitor progress of primary care reform across all localities in line with service transfer as set out in the Memorandum of Understanding.

Plan for the Future

HSCMoray is fully engaged in the NHS Grampian's Plan for the Future, Healthier Together 2022-2028 plan. The pan sets out the intent moving forward and the Partnership is committed to the intent of creating a sustainable health and social care system over

the next 6 years and beyond. The Plan sets out 'the need to balance enabling wellness while still responding to illness and ensuring timely delivery of services', in order to 'do the things that can positively impact on health' and we will work with colleagues, partners and the public to support the reduction of demand on our services.

5. Supporting our Workforce Social and Psychologic Wellbeing

During 2021/2022, our workforce has met with and managed the greatest challenge the health service has faced, a significant and challenging impact of working and living with COIVD19. We must listen to all staff across the Partnership and determine how best to support them, in particular those who have experienced impact on their physical, mental health and wellbeing.

Whilst we expect that the 'smarter working' agenda will have a positive impact of staff heath & wellbeing, as we are coming out the other side of the COVID 19 pandemic, it is time to consider what our workforce requirement will be in the coming months to support and encourage our community (and our workforce) to continue to take charge of their own health and wellbeing. We will promote positive health messages and signpost to sources of advice and support as required, developing skills and confidence which will allow self-management of long-term health conditions; building resilience and fostering a culture of early intervention and prevention including concerns around mental health and loneliness whilst living with Covid.

We Care

Staff Health and Wellbeing programme – We Care - is focused on:

- Ensuring our staff are safe whilst working during the pandemic and helping them in maintaining their wellbeing by providing equitable access to a range of support, and
- Ensuring our staff groups will be given time to recuperate and recover once the COVID situation starts to ease and prior to the managed remobilisation of services which have been paused or reduced at this time.

The current programme has 6 key elements that focus on both keeping staff safe in the workplace and whilst working remotely, and resources that can help to maximise their wellbeing. Overarching Objectives:

- Align, improve access to and enhance existing support for staff wellbeing
- Provide access to key resources and support for wider determinants of health
- Support the wellbeing of those working remotely
- Support the wellbeing of teams and enable teams to integrate wellbeing practices into their work
- Support staff to integrate a culture of wellbeing into the workplace
- To ensure the programme is designed around staff engagement, needs and input

www.nhsgrampian.org/wecare

There are many initiatives run throughout Grampian under the We Care Banner.

Value Based Reflective Practice

Our teams have the opportunity to undertake Value Based Reflective Practice which offers protected time in a safe place to reflect on issues in a confidential environment. This enables them to;

- (re)connect with core values and motivations
- Refect on 'work' in a supportive setting
- Enhance relationships with colleagues
- Develop resilience and wellbeing at work
- Enhance person centred pactice

NHS Grampian Healthpoint

HSCM Heathpoint is delivered out of Dr Gray's Hospital in Elgin, It is a walk in service which offers free and confidential health advice from trained staff on a wide range of topics, it includes;

- Practical ways to improve your health
- Advice and information on health concerns
- Information on local and National support groups and organisations
- Information for carers
- Information and advice on long term conditions
- Access to free condoms
- Access to smoking cessation services
- How to access NHS services

The Healthpoint service is delivered by comprehensively trained Advisors, although they are unable to offer medical advice they are well positioned to signpost to appropriate services.

The **iMatter survey tool** is conducted annually across all teams within the HSCM. Staff members are requested to anonymously complete the online survey and share their staff experiences. Once data has been collected, teams are directed to discuss the findings and collectively look at what we do well and identify the desired outcomes to be achieved, as a team.

The response rate to the 2021 survey was 44% (730/1670). This is compared to 63 % in 2019. Staff have voiced a sense of 'survey fatigue'. We consulted widely, on several matters, as we tried to navigate through the beginnings of COVID 19 and this may have impacted on potential engagement in this survey. The August iMatters survey has just been completed and results have as yet not been reported.

In the 2021 survey Overall satisfaction levels were high in relation to staff feeling well informed, appropriately trained, treated fairly and consistently, being involved in decisions related to their job, and, provided with a continuously improving and safe environment. A slightly lower score was achieved in relation to the visibility of our Board Members and decision making at an Organisation level. This has been exacerbated by Covid and lock downs and locally we are making sure that we have mechanisms in place where our IJB and Senior Management Team are both visible to and approachable by all Staff.

6. Conclusion

Our Workforce Plan has begun to set out strategic direction for the next 3 years. Throughout the next 3 years we will continue to take every opportunity to engage our workforce and stakeholders in understanding their needs and the needs of the Service moving forward.

HSCM need to consider the long term workforce planning for staff, affording those opportunities, ambition and development of special interests that will increase retention. We would aim to attract experienced and skilled people into the workforce while also 'growing our own' by offering development opportunities to our existing staff. We will also seek to attract young people into the service by working with schools in the area.

During 2020/2022, our workforce has met with and managed the greatest challenge the health service and social care has faced in many years; a significant and challenging impact of working and living with COIVD19.

This has impacted on how we have delivered services during the pandemic and our staff have shown remarkable resilience throughout. We have dealt the challenges of suspending some services, pausing and reducing others, allowing some staff to be flexibly redeployed into other priority areas, for example the Vaccination Centres.

It has also given cause to reflect on Covid-19. As Grampian recovers, remobilises and renews as part of the North East system, there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 as an imperative.

Using the 5 Pillars we can best describe our workforce priorities, challenges and risks as follows;

Workforce Priorities			
Pillar	Short- living with Covid 19 – return to BAU	Medium- Recovery and remobilisation	Long – Transformation
Plan	• Consolidation of Business as usual (BAU) priorities post pandemic • 'living with Covid 19' • Whole system working approach. • Initial embedding of Children and families into IJB improving working links. • 3rd sector and volunteer options to assist existing services where possible to alleviate pressure on services. • Improving working relationships – more whole system rather than Silo.	• Monitoring and supporting compliance- staff performance reviews etc. • Performance monitoring and support for both services and staffing. • Reviewing services- budgets, staffing models etc. • Identifying staffing gaps efficiency deficits. • Review reports and paperwork staff are having to complete on a regular basis for relevance and potential duplication of effort.	• Building resilience in teams and adopting a risk based strategy • Agile recruitment model- long term planning for posts retiring etc. • Embedded whole system working allows for better support and better working relationships and restores efficiency. • Organisational change where necessary to maximise efficiencies without adding to risk. • Enhancing Primary/secondary care interface. • Digital enhancement allowing for better service, using innovation hub and Moray Growth deal initiatives. • Redesign of Unscheduled Care and Flow Navigation Centre to assist with flow and staffing. • G-OPES risk strategy alteration to trigger whole system response to staffing crises. • Streamlined and simplified processes
Attract	• Investigating hybrid working where applicable for staff groups	• Adopting a hybrid working model for those that wish to accept this and their role allows	• Sustainability models- centralisation, remote working etc, digital support networks for consultant etc.

	• Investigating future plans for planned retirement and potential retention options.	• Researching funding initiatives for further innovations work both local and Moray wide • Long term workforce planning for staff members, opportunities, ambitions etc, special interests.	• Agile working model • Innovation work streams
Train		• Allowing dedicated training times to renew and consolidate mandatory training. • Career start initiatives for GPs. • Apprenticeship proposal • Bespoke and national training initiatives and incentives	• Attracting a younger workforce using retention clauses and better terms and conditions where possible. This may be helping accommodation sourcing etc or procuring a contract for short term housing options for key staff. (RAF and Army have unoccupied married quarters, or could do private initiative- there are lots of second homes in Scotland). • Recruitment initiatives, including reach of advertisements and support around housing and other requirements for staff moving to the Moray area • Education proposals and opportunities.
Employ		• Front loading budgets and release of funds to pre-empt planned retirement or gaps. (CRES). • Local bank staff facilities. • Contingency staffing rotas. • Flexibility of teams to work across Localities were needed	• Improving retention in staffing using a nurture strategy that incorporates self-help and social prescribing where appropriate. • Reorganisation to promote growth and promotion as well as consolidation.

Nurture	• Staff wellbeing will be a priority, focusing on taking breaks, annual leave and prioritising health of staff. • Making staff feel valued in their roles by adopting a nurture approach. • Bringing back the 'team' feel to working post homeworking and Covid restrictions	• Post Covid Lessons learned.	• Objectives established for individuals and services, echoing overall strategies where possible. Regular monitoring of said objectives with support. • Improved communications and opportunities for involvement from HSCM, ensuring everyone feels valued, listened to and an integral part of the organisation

Workforce Challenges			
Pillar	Short	Medium	Long
Plan	• Retention • Post pandemic exhaustion – the risk has become 'normal'. • Sustainability – an overall feeling that the pandemic may be over for the public but for the services, we will be dealing with the impact for many years.		• Recruitment and retention- a fear that our current models are non-sustainable and that we will adopt a centralised model with outreach facility that will cause more complaints and impact on our communities.
Attract	• Workload- heavy workloads impacting on an already exacerbated staff • Lack of available services such as housing, dentists etc. impact on recruitment.	• Workload- the crises continue and the workloads increase rather than decrease. • Housing- there is a lack of available housing in Moray that is beginning to affect recruitment opportunity.	• Long term members of staff ask to go part time but are not replaced.
Train	• Staff feel they have no time to update or consolidate training, or enter into new education opportunities	• Staff constantly firefighting have no time to upskill and may actually become deskilled in some areas.	• Education policies and development becomes stagnant due to staffing crises.
Employ	• Recruitment- impacts on all 5 pillars, staff are refusing to release staff for secondment as services are understaffed.	• Recruitment and retention	• Recruitment- vacancies unfilled, models become non-viable. Reliance on locum, agency and bank becomes regular.

		• There is a national recruitment crisis, with all vacancies becoming harder to fill particularly for GP, ANP, AHP. • Our workforce is becoming older with a prevalence for part time.	
Nurture	• Absences and Vacancies • Wellbeing- An inability to fill vacancies and coping with sickness absence as well as pressure from hybrid working is impacting on staff.	• Absences and vacancies – We will start to see more long term sickness based on stress.	• Sustainability – GP, AHP, ANP, consultant and dental, optom and specialist nurse recruitment and replacement is extremely difficult. Some of our services will not be able to retain current working models.

Workforce Risks

Our derogation of risk has become normal business as usual (BAU) during Covid. Staff are used to working long hours and feeling constantly under pressure. Contingency practices have become BAU. G-OPES risk profiling does not trigger whole service response as planned. Issues remain localised.

Short term
Absence increases, particularly long term absences, leading to people leaving for external employment or retiring early.
Housing shortages are causing issues with recruiting.

Medium
Recruitment and retention is impacting on sustainability of services and current models.
Our workforce is becoming older, and considerable prevalence for part time working.

Long term
HSCM services as we know them become non-viable.
Reliance on locum, Agency and bank staff puts additional pressure on budgets.

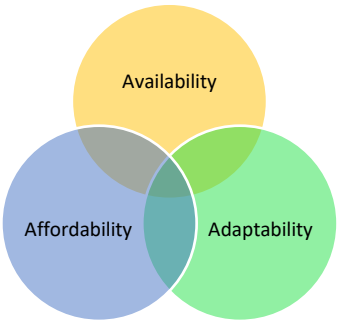
Workforce Learning; We are in the process of organising a 'lessons learned' from Covid report for all services under Head of Services

In conclusion, Health & Social Care Moray aim to support the needs of our population and communities' therein with the delivery of high quality, effective services. To do this we need a robust workforce not only now but in the future. We will continue to strive to recruit and retain a skilled workforce, fit for the future.

We will engage our workforce in our plans for the future and support them to feel motivated to support the transformation agenda within the HSCM Partnership.

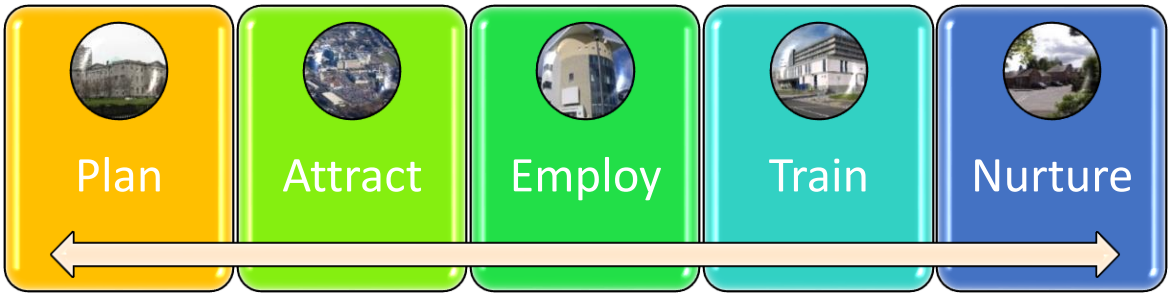
Workforce Plan Summary Template (2022 -25)

In development of your workforce planning summary, please consider the availability, affordability and adaptability of your workforce to meet the overall direction for your service over the next 3-5 years, underpinned by your service and financial plans.



The Workforce Strategy five Pillars - Framework 2022 -25

Plan – supporting evidence-based workforce planning;
Attract – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland;
Train – supporting staff through education and training to equip them with the skills required to deliver the best quality of care;
Employ – making health and social care organisations "employers of choice" by ensuring staff are, and feel, valued and rewarded;
Nurture – creating a workforce and leadership culture focusing on the health and wellbeing of all staff



Service Area:	
Responsible Lead:	

Please describe your short/medium/long term **workforce priorities** using the 5 pillars
Please describe your short/medium/long term **workforce challenges** using the 5 pillars

Workforce Plan Summary Template (2022 -25)

Please describe your short medium/long term **workforce risks** using the 5 pillars
Please describe any other workforce learning, initiatives and development opportunities you wish to be featured within your summary

DL 2022 (09) National Health and Social Care Workforce Strategy – 3 year Workforce Plan Development Guidance:

DL 2022 (09)
National Health and S

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022**

SUBJECT: **RECORDS MANAGEMENT PLAN PROGRESS UPDATE REPORT**

BY: **RECORDS AND HERITAGE MANAGER AND DATA PROTECTION OFFICER.**

1. REASON FOR REPORT

1.1. To inform the Board of the Progress Update Review (PUR) invitation and acknowledge the updated Elements of the Board's Records Management Plan (RMP). These updated Elements will be submitted to the Keeper, National Records of Scotland (NRS), before the 31 October 2022 deadline.

2. RECOMMENDATION

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

i) considers the updated Elements; and

ii) approves them for submission to NRS.

3. BACKGROUND

3.1. The Public Records (Scotland) Act 2011 (PRSA) compels organisations to submit a Records Management Plan (RMP) to The Keeper, NRS. The first RMP was approved for submission at the 29 November 2018 meeting (para 13 refers) and submitted by MIJB in December 2018. An interim report was received in March 2019 requesting some minor amendments and the RMP was then approved in May 2019.

3.2. The MIJB's 2019 RMP covers 14 Elements and states that 10 elements are covered by Moray Council's RMP. The remaining 4 Elements are:

- Element 1: Senior Management Responsibility
- Element 9: Data Protection
- Element 13: Assessment and Review
- Element 14: Shared Information

3.3. Another Element has since been added:

- Element 15: Public Records Created by third parties.

3.4. Since 2019 the Senior Management of the MIJB has changed, this Element should be updated.

3.5. Since 2019 further Data Protection training has been undertaken and more Data Protection Guidance has been produced. Element 9 can be updated to reflect this.

3.6. Element 13 has previously not been fully completed. Information Commissioner's Officer (ICO) registration is current and Data Protection training was refreshed summer 2022. However, the annual report has not been received by the Board due to complications from the Covid-19 pandemic as well as the workload pressures on the Records & Heritage Manager and Data Protection Officer. A report will be produced at the end of the calendar year.

3.7. Element 14 focuses on shared information, this element does not need updating as there is an existing Data Sharing Agreement in place between the MIJB and its partners – the Moray Council and NHS Grampian. All new data sharing agreements should be highlighted to the Information Governance Team before completion. It is anticipated that most new agreements would be completed either by the Council or NHS, not directly by the Board.

3.8. The new Element 15 should be included in the PUR. It is anticipated that no information is held as the Board does not currently utilise any 3rd parties, instead having partnerships with the Council and NHS who are already required to comply with the PRSA and their own RMPs.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Moray Council last submitted an updated RMP in January 2020, however, due to the knock on effects of the Covid-19 pandemic NRS have only recently completed their initial report. This report highlights areas of improvement that are needed by the Council. Work to address these elements is currently in progress.

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"
Information underpins the Board's over-arching strategic objectives and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

(b) Policy and Legal
The Records Management Plan will fulfil our statutory requirements set out in Part 1 of the Public Records (Scotland) Act 2011.

(c) Financial implications
None

(d) Risk Implications and Mitigation
Risk to Information Management and Security if RMP is not adhered to.

(e) Staffing Implications
Strain on the DPO's workload.

(f) Property
None

(g) Equalities/Socio Economic Impact
An Equality Impact Assessment is not required as the report does not deal with actions which may impact adversely on groups with protected characteristics.

(h) Climate Change and Biodiversity Impacts
None

(i) Directions
None

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

Council's Information Assurance Group and Isla Whyte, Support Manager, Health and Social Care Moray

6. CONCLUSION

6.1. The Board will note the requirements to maintain a RMP, acknowledge the progress and changes that have occurred since the first RMP submission, and, endorse the Records & Heritage Manager to complete the Board's RMP PUR to reflect the changes outlined above. This will be submitted to the NRS before the October deadline.

Author of Report: Alison Morris, Records and Heritage Manager and DPO
Background Papers:
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 SEPTEMBER 2022**

SUBJECT: **MEMBERS' EXPENSES**

BY: **INTERIM CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of amendments to the policy for reimbursement of expenditure incurred by individuals discharging their duties in relation to Moray Integration Joint Board (MIJB).

2. RECOMMENDATION

2.1. It is recommended that the MIJB note the changes made to the Members' Expenses Policy (APPENDIX 1).

3. BACKGROUND

3.1. Members of the MIJB, its Committees and supporting groups, will from time to time incur expenses in performing their duties as members. A policy was developed to ensure that members are fairly reimbursed for expenditure necessarily incurred in performing these duties.

3.2. MIJB approved this policy at its meeting on 31 March 2016 (para 13 of the minute refers) and forms part of the Members' Handbook

3.3. The policy applies only to members who are not already covered by their organisations respective expenses policies. Where appropriate, Members of the MIJB, will continue to claim business expenses in accordance with the policy of their respective organisations.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Changes have been made to the travel expenses and subsistence allowance section and are tracked for ease of reference.

4.2. These amendments are in line with Moray Council's travel expenses and subsistence rates.

4.3. Expenses will only be reimbursed where wholly, exclusively and necessarily incurred on MIJB, Committees and supporting working groups business and must be supported by receipts or other evidence.

5. SUMMARY OF IMPLICATIONS

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

(b) Policy and Legal
This policy provides a robust mechanism that ensures all representative members of the specified groups are equitably reimbursed for expenses incurred whilst discharging their responsibilities.

(c) Financial implications
The costs of expenses claimed will be met by the MIJB.

(d) Risk Implications and Mitigation
Without effective procedural arrangements in place to deal with issues such as expenses, there is a risk that members will be financially penalised for their representation on MIJB business. The absence of a written policy and procedure may leave the MIJB open to misinterpretation.

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

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

(g) Equalities/Socio Economic Impact
An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed as a direct result of this report.

(h) Climate Change and Biodiversity Impacts
There are no direct climate change and biodiversity implications as there has been no change to policy

(i) Directions
There are no direct Directions implications.

(j) Consultations
Consultation has taken place with the Chief Officer, who is in agreement with the report.

6. CONCLUSION

6.1. The updated expenses policy will ensure that members are reimbursed for expenses incurred on MIJB, Committees and supporting working group business while at the same time keeping control of costs.

Author of Report: D O'Shea Interim Chief Financial Officer
Background Papers: attached at Appendix 1
Ref:

Appendix 1

MORAY INTEGRATION JOINT BOARD

MEMBERS' EXPENSES POLICY

Introduction

Individuals discharging their duties in relation to the Moray Integration Joint Board (IJB), its Committees and supporting working groups, will from time to time incur expenses in performing their duties. This policy has been developed to ensure that members are fairly reimbursed for expenditure necessarily incurred in performing their duties.

This policy applies only to members who are not already covered by their respective organisation's expenses policies. Members of the IJB, its Committees and supporting working groups or employees of organisations where an expenses policy exists will continue to claim business expenses in accordance with the policy of their respective organisations. To qualify for reimbursement, expenses must be incurred wholly, exclusively and necessarily in the performance of the Board members duties and must be supported by receipts.

Claimable Expenditure

Travel expenses
Travel expenses will be reimbursed subject to the mode of travel being the most economical and efficient in view of all the circumstances. Where a journey involves more than one member, car sharing should always be considered.

Vehicle mileage will be reimbursed at the HMRC rate in force at the time when the expenditure was incurred (currently 45p per mile). Prior to claiming mileage for the first time and annually thereafter members will have to demonstrate that they hold a valid driving licence and motor insurance covering business travel. Travel by motorcycle is reimbursed at 24p per mile and travel by bicycle is reimbursed at 20p per mile. Mileage claims should be accompanied by a VAT receipt for fuel sufficient to cover the miles claimed to allow for VAT to be reclaimed where allowable. The VAT receipt must be dated before the first journey claimed.

Travel by public transport on the business of the group that they are a member of will normally be booked on the IJB, its Committees and supporting working group Members. Where the Member makes his or her own transport arrangements reimbursement will be made for standard class travel only.

Parking and Other Fees
Parking charges will be reimbursed on production of the appropriate receipts. Parking fines or similar penalties will not be reimbursed.

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Subsistence
When travelling outside Moray on IJB business and where meals are not provided; Members may claim the actual cost of meals purchased up to the maximum amount allowed, which are currently:

Exceeding 4 but no more than 8 hours	~~A maximum of £15.00~~£6.17	Lunch rate

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Exceeding 8 but no more than 12 hours	~~Up to a further £10.00~~£8.60	Lunch & Tea rate
Exceeding 12 hours	~~Up to a further £10.00~~£13.81	Lunch & Evening rate

Receipts must be provided for all expenditure incurred and attached to claims.

Support for Carers
Carer representatives who need support for their caring responsibilities in order to participate in the business of the IJB will be invited to discuss their needs with the Chief Officer so that appropriate support can be provided.

Claiming Expenses
Expenses should be claimed monthly using the standard claim form, which will be supplied to all members covered by this policy. Claims delayed by more than three months will not normally be paid. Receipts should be attached and the completed claim form sent for the attention of the relevant senior manager for authorisation.

Version Control

March 2016	Policy developed by Chief Financial Officer, reviewed by Chief Officer and approved by MIJB
April 2016	Policy implemented
August 2020	Moray Council logo updated, subsistence section updated and version control table added.
September 2022	~~Next policy review date~~Travel expenses and subsistence section updated
September 2024	Next policy review date

Concern in relation to expenses not covered within this policy should be raised with the Chief Officer or Chief Financial Officer of the MIJB.

MORAY INTEGRATION JOINT BOARD

Volunteering Expenses Subsistence Form

All expenditure must be agreed in advance, supported by valid vat receipts and attached to this form where appropriate.

	Claimant Details					
Claimant Name:						
Claimant Address:						
		Postcode:		Telephone:		
Base (if relevant)						
Date	**Journey Details** (to / from and reason for journey – meeting, event etc.)	**Method Of Travel**	**Mileage**	**Travel Fares £**	**Other Expenses Details**	**Other Expenses £**
Official use only	Sub Totals					£

Claimant: I declare that the expenses claimed above have been incurred by me and that reimbursement has not or will not be made to me by any other public or charitable funds in respect of this claim.

Signed : _____ Date : _____

FOR OFFICIAL USE ONLY

Payment Agreed by : _____ Date : _____

Approved by : _____ Date : _____ Cost Centre / Management Centre: _____/_____