

# **Moray Integration Joint Board**

# Thursday, 28 November 2019

# Inkwell Main, Elgin Youth Café

NOTICE IS HEREBY GIVEN that a Meeting of the Moray Integration Joint Board is to be held at Inkwell Main, Elgin Youth Café, Francis Place, Elgin, IV30 1LQ on Thursday, 28 November 2019 at 09:30 to consider the business noted below.

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## MORAY INTEGRATION JOINT BOARD

## **MEMBERSHIP**

Mr Jonathan Passmore (Chair)

Councillor Shona Morrison (Vice-Chair) Councillor Tim Eagle Councillor Louise Laing Mr Sandy Riddell

Mr Dennis Robertson

Non-Executive Board Member, NHS Grampian Moray Council

Moray Council Moray Council Non-Executive Board Member, NHS Grampian Non-Executive Board Member, NHS Grampian

#### **NON-VOTING MEMBERS**

Ms Tracey Abdy Mr Ivan Augustus Ms Elidh Brown Mr Sean Coady Mr Tony Donaghey Ms Pamela Dudek Mrs Linda Harper Mr Steven Lindsay Ms Jane Mackie Dr Malcolm Metcalfe Dr Graham Taylor

Mrs Val Thatcher Dr Lewis Walker Chief Financial Officer, Moray Integration Joint Board
Carer Representative
tsiMORAY
Head of Service and IJB Hosted Services
UNISON, Moray Council
Chief Officer, Moray Integration Joint Board
Lead Nurse, Moray Integration Joint Board
NHS Grampian Staff Partnership Representative
Chief Social Work Officer, Moray Council
Deputy Medical Director, NHS Grampian
Registered Medical Practitioner, Primary Medical Services,
Moray Integration Joint Board
Public Partnership Forum Representative
Registered Medical Practitioner, Primary Medical Services,
Moray Integration Joint Board
Public Partnership Forum Representative
Registered Medical Practitioner, Primary Medical Services,
Moray Integration Joint Board

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



## MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

## Thursday, 31 October 2019

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

## PRESENT

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

#### APOLOGIES

Professor Amanda Croft

#### IN ATTENDANCE

Also in attendance at the above meeting was Tracey Sutherland, Committee Services Officer.

## 1. Chair

The meeting was chaired by Mr Jonathan Passmore.

## 2. Welcome and Apologies

Mr Passmore welcomed everyone to the meeting and his first as Chair of the IJB. He further thanked Councillor Shona Morrison for her time as Chair.

## 3. Declaration of Member's Interests

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

## 4. Minute of the Integration Joint Board meeting dated 29 August 2019

The minute of the meeting dated 29 August 2019 was submitted for approval.

Dennis Robertson asked that his title be changed from Councillor to Mr as he was not





a member of the MIJB in his capacity as a Councillor.

Subject to the change noted above, the Board agreed to approve the minute as submitted.

## 5. Action Log of the Integration Joint Board meeting dated 29 August 2019

The Action Log of the meeting dated 29 August 2019 was discussed and the Board noted:

Under reference to item 4 - Mr Burns and Professor Croft have now been invited to attend the MIJB.

Under reference to item 5 - the evaluation report of the Overnight Responder Service Pilot would now be presented later in 2020.

Under reference to Item 6 - the Draft Strategic Plan will be discussed later in the agenda.

## 6. Minute of the Integration Joint Board Clinical and Care Governance Committee meeting dated 30 May 2019

The minute of the meeting of Clinical and Care Governance Committee dated 30 May 2019 was submitted and approved.

## 7. Minute of the Integration Joint Board Audit, Performance and Risk Committee dated 25 July 2019

The minute of the Audit, Performance and Risk Committee was submitted for approval by the Board.

Mr Riddell asked that the word 'minute' be changed to reflect that it was a not of the meeting as the meeting was note quorate.

## 8. Minute of the Integration Joint Board Audit, Performance and Risk Committee meeting dated 1 August 2019

The minute of the Audit, Performance and Risk Committee dated 1 August 2019 was submitted for approval by the Board.

Mr Stephen Lindsey asked that his apologies be added as they were submitted prior to the meeting.

Subject to the above amendment, the minute of the meeting of Moray Integration Joint Board Audit, Performance and Risk Committee of 1 August 2019 was approved. 9. Chief Officers Report 31 October 2019

A report by the Chief Officer asked the Committee to note the update.

Mrs Dudek updated the meeting to inform them that the proposal to move children and families social work to the MIJB had been agreed. She further added that a report to the next meeting of MIJB would seek agreement in principle for the move. The move will require a lot of work and due diligence and it is not anticipated to be completed until Autumn 2020. All the constitutional documents will need to be reviewed to take into account the change. Dr Taylor sought clarification on whether this included Community based Children's services like paediatrics. Mrs Dudek confirmed that the change involved children's social work only.

The Chair confirmed that the Scheme of Integration between NHS Grampian and Moray Council was due to be reviewed so the existing agreement will be assessed for appropriateness for going forward and including the Children and Families element which will need to be credible and workable to allow the changes to be deliverable. The Chair asked that if any members of the Board had any thoughts on the due diligence, that they be passed to Mrs Dudek and not to wait for the report to the Board.

Mrs Dudek also gave an update on the Grampian wide strategy developments and prevention.

Following consideration the Board agreed to note the updates provided.

## 10. Moray Integration Joint Board Meeting Dates 2020-21

A report by the Chief Officer proposed the schedule of meetings of the MIJB, the Audit, Performance and Risk Committee and the Clinical and Care Governance Committee for 2020/21.

Mrs Dudek confirmed that the dates had been developed to try and ensure optimum attendance at the meetings.

Following consideration the board agreed to endorse the schedule of meetings for MIJB, Audit Performance and Risk Committee and the Clinical and Care Governance Committee for 2020/21.

## 11. Progress on the Implementation of the Carers (Scotland) Act 2016

A report by the Chief Social Work Officer/Head of Service Strategy and Commissioning informed the Board of the progress to date to implement the Carers (Scotland) Act 2016 into everyday practice in line with the duties encompassed within the Act and key areas for development.

Mr Augustus raised concerns regarding how the act could be implemented as he was aware that there is a difficulty in employing carers. In response Mrs Mackie confirmed that she shared his concerns but felt it was important to put the resources in to implement the plan.

Mr Robertson sought clarification on whether there is a process to provide staff with additional training to assist moving clients from hospital to home as there was acknowledgement that this is an area of concern.

In response Mrs Mackie confirmed that there is a need to involve carers in a different way and that the debate around discharge needs to be handled sensitively where there is a difference of opinion between staff and family.

The Chair confirmed that there is more work required from the Board, around how it aligns with the strategic plan, the understanding of what the resources and requirements are and if there is sufficient resources available to undertake all the work identified.

Following further consideration the Board agreed to:

- i) note the progress to date in relation to the Caters (Scotland) Act 2016
- ii) approves the developments highlighted to ensure that key duties and requirements within the Act are embedded in Moray; and
- iii) notes the use of the Scottish Government allocated funding for the implementation of the Carers Act.

#### 12. Adult Protection Committee

A report by the Chief Social Work Officer/Head of Service informed the Board of the appointment of a new convener for Moray Adult Protection Committee; the outcome of the self evaluation exercise undertaken and note the improvement plan.

Mrs Mackie informed the Board that the new Chair is Ms Samara Shah who has also taken over the role of Chair of the Moray Child Protection Committee.

Mrs Dudek reminded the Board that Adult Protection is the responsibility of the Board to ensure that the Adult Protection Committee and Chair are appointed.

Mr Riddell confirmed that he was re-assured by the report. He highlighted that it was apparent that 1 or 2 agencies had really engaged with process and sought confirmation that other agencies were now engaging.

In response Mrs Mackie confirmed that there had been a large response from social work staff and confirmed that there was good attendance at Adult Protection Committees.

The Chair sought clarification on whether a member of the IJB sit on the Committee and suggested the Chair of Clinical and Care Governance.

Mrs Dudek confirmed that the membership is now the responsibility of the Board. Mr Riddell, Chair of CCG said that he would need to consider the frequency of meetings prior to agreeing to sit on the Board to ensure the meetings didn't clash with other responsibilities. Mrs Mackie agreed to send the dates to Mr Riddell.

Mrs Dudek further added that there is a pan Grampian Chief Executives Group and in Moray there is a Chief Officer multi agency group which currently meet monthly but will shortly be moving to meeting every 2 months.

The Chair, with reference to the Action Plan sought confirmation that Adult Protection is a priority for all work areas and commented that it would be helpful to include identified risks and implications if this area is not resourced properly.

In response Mrs Mackie confirmed that it is a priority and that the IJB need to be clear about the resource priority. She further confirmed that the final workshop will fully identify the resource and any gaps will be identified.

Following consideration the Moray Integration Joint Board noted the content of the report.

## 13. Moray Strategic Plan - Partners in Care 2019-2029

A report by the Chief Officer provided the Board with the final Moray Strategic Plan -Partners in Care 2019-2029 and associated appendices post final consultation and seek approval to adopt and publish the plan.

The Chair thanked Mrs Dudek and her team for bringing the Plan to the Board and all the work that had gone into the documents so far.

Mr Metcalfe said that it was an impressive piece of work but expressed concern about some of the language used in the document and that members of the public may not understand some of the language used. He felt that it would be useful to have a glossary of terms as the document will be in the public domain.

In response Mrs Dudek confirmed that a glossary of terms could be added to the plan. She also confirmed that an easy read version will also be available and this will be circulated to members of the Board.

The Chair confirmed that Cllr Morrison, Mrs Dudek and himself have discussed the content of the forward and the draft will be presented to the Board for approval, prior to inclusion into the plan.

Mr Robertson expressed concern about using words like ensure as this may be raising expectations. The Chair confirmed that the plan is a 10 year working document and will be reviewed frequently to ensure the Board is working towards delivery.

Following further consideration the Moray Integration Joint Board agreed to:

- i) agree to adopt the Strategic Plan (Appendix 1), Transformation Plan (Appendix 3) and the Medium Term Financial Framework (Appendix 4);
- ii) note the feedback from the final consultation (Appendix 2);

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

and

agree to supporting documents to the Strategic Plan in the form of the Performance Framework, Organisational Development and Workforce Plan and

iv) the Communication, Engagement and Participation Plan being presented to the MIJB in November 2019.

## MEETING OF MORAY INTEGRATION JOINT BOARD



## THURSDAY 29 AUGUST 2019

## ACTION LOG

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





ITEM 4

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
6.	Moray Strategic Plan – Partners in Care 2019- 2029	A glossary of terms to be included in the plan. The foreward for the plan will be circulatd to the Board for approval, prior to inclusion in the plan		Pam Dudek Pam Dudek
7.	Items for the Attention of the Public	Strategic Plan Drug related deaths Overnight Responder Service Pilot	Sept 2019	Fiona McPherson



## Scottish Health Awards

The Scottish Health Awards took place Thursday 14 November 2019 at the Corn Exchange in Edinburgh. This awards ceremony is extremely prestigious and had over 500 nominations from across Scotland, 51 making the finals. Moray Teams/individuals were finalists in 4 of the 17 categories.

Moray mental health services are involved in the national pilot relating to Distress Brief Interventions, this programme of work was a winner on the night in the Care for Mental Health Category.

We had 3 other finalists as follows:

Baby Steps Programme and our local Midwife Kirsteen Carmichael in the Midwifery Award Category.

You Choose initiative with Elidh Brown and Heidi Tweedie representing Moray, was a finalist in the Innovation Category.

Boogie in the Bar was represented by Laura Sutherland, Public Health Team and Carmen Gillies, Community Development Team in the Healthier Lifestyle Category.

This pays testimony to some of the excellent work undertaken by the highly motivated staff in Moray.

#### Upper Speyside

Following significant consideration of a number of risks emerging in upper Speyside relating to the Community Hospitals and Care at Home services, the decision was taken by Health and Social Care Moray (HSCM) to temporarily suspend inpatient operations at the Fleming Hospital in Aberlour. The main drivers for this related to staff availability, particularly trained nursing staff, alongside staff health and wellbeing and patient safety concerns. This was very challenging for all involved and particularly the community. The change of moving all inpatients to Stephen Hospital in Dufftown and all outpatients/day cases to Fleming has allowed stability in the interim period. This change took place following some intensive planning on the 18 November 2019.





Of the 9 patients in Fleming, 7 have gone home or to another appropriate facility, moving across the 2 remaining patients to Dufftown. Staff have worked closely with patients and their families to support this transition and will continue to assess the challenges of transport during this interim arrangement on an individual basis. Additional effort has been put in place to support volunteering and a team of Health Care Support Workers will support the community teams, District Nursing and Home Care as part of the interim arrangements. Care Home beds in Aberlour have also been agreed for short term use in those circumstances where this type of setting is able to provide the appropriate level of care locally.

Senior management in HSCM have increased their visits to the area and have offered surgeries for anyone with individual concerns. Amanda Croft, CEO, NHS Grampian visited both sites on 14 November 2019 to hear first-hand the workforce position. Increased support will continue to be provided throughout this temporary arrangement.

A meeting took place with the community and community leaders at the Fleming Hospital 11 November 2019 with good representation. Those who attended expressed their concerns and raised very important points for consideration. HSCM will now work closely with key partners and the community to consider the best way forward in achieving a sustainable health and social care system locally.

A report will come to the January 2020 Board advising on progress.

## Ministerial Strategic Group

The draft review of progress with integration self-evaluation submission to the Ministerial Strategic Group (MSG) for Health and Community Care was presented to the Board in June 2019 (para 13 of the Minute refers).

There was an agreement to provide an update on the improvement actions identified within the submission to the Board on 28 November 2019. Due to competing demands this update will now come to the January 2020 Board.



## REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

## SUBJECT: MEMBERSHIP OF MORAY INTEGRATION JOINT BOARD

## BY: CHIEF OFFICER

## 1. <u>REASON FOR REPORT</u>

1.1. To inform the Board of proposed changes to the membership of the Moray Integration Joint Board.

## 2. <u>RECOMMENDATION</u>

# 2.1. It is recommended that the Moray Integration Joint Board (MIJB) agrees changes to its discretionary membership.

## 3. BACKGROUND

3.1. The Public Bodies Joint Working (Scotland) Act 2014 ("the Act") and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") make provisions about various matters including the membership of the MIJB. As a minimum this must comprise voting members nominated from the NHS Board and Council; co-opted non-voting members who are holders of key posts with the NHS and Council or the MIJB; and co-opted non-voting members who are representatives of groups who have an interest in the MIJB. There is flexibility to appoint additional non-voting members as the Board sees fit. The Moray Health and Social Care Integration Scheme ("Integration Scheme") outlines certain agreed provisions re membership (and includes the specific provisions taken from the Act and the Order).

## 4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The Board is asked to agree to an additional member, proposed by Pamela Dudek, Chief Officer, as detailed below.
- 4.2. Non-voting member (additional member): Chris Littlejohn, Deputy Director of Public Health and Head of Health Improvement, NHS Grampian.





4.3. The appointment of Mr Littlejohn provides the Board with public health expertise input when required.

## 5. SUMMARY OF IMPLICATIONS

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

In line with the HSCM Integration Scheme, prepared in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Effective governance arrangements support the delivery of plans.

## (b) Policy and Legal

Complies with the terms of the Integration Scheme.

#### (c) Financial implications

None arising directly from this report.

#### (d) Risk Implications and Mitigation

None arising directly from this report.

## (e) Staffing Implications

None arising directly from this report.

## (f) Property

None arising directly from this report.

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

None arising directly from this report.

#### (h) Consultations

Consultation on this report has taken place with the Aileen Scott, Legal Services Manager, Moray Council and Caroline Howie, Committee Services Officer, Moray Council who are in agreement with the report where it relates to their area of responsibility.

#### 6. <u>CONCLUSION</u>

#### 6.1. This report recommends changes to the membership of the MIJB.

Author of Report: Isla Whyte, Interim Support Manager Background Papers: with author Ref:



## REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

## SUBJECT: REVENUE BUDGET MONITORING QUARTER 2 FOR 2019/2020

## BY: CHIEF FINANCIAL OFFICER

## 1. <u>REASON FOR REPORT</u>

1.1 To update the Moray Integration Joint Board (MIJB) on the current Revenue Budget reporting position as at 30 September 2019 and provide a provisional forecast position for the year end.

#### 2. <u>RECOMMENDATION</u>

- 2.1 It is recommended that the MIJB:
  - i) note the financial position of the Board as at 30 September 2019 is showing an overspend of £1,453,329 on core services;
  - ii) note the provisional forecast position for 2019/20 of an overspend of £2,791,556 on core services;
  - iii) note the progress against the recovery plan;
  - iv) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 July to 30 September 2019 as shown in APPENDIX 3; and
  - v) approve for issue, the Directions arising from the updated budget position shown in APPENDIX 4.

## 3. BACKGROUND

3.1. The financial position for the MIJB services at 30 September 2019 is shown at APPENDIX 1. The figures reflect the position in that the MIJB core services are currently over spent by £1,453,329. This is summarised in the table below.





	Annual Budget £	Budget to Date £	Expenditure to Date £	Variance to date £
MIJB Core Service	117,706,861	58,519,977	59,973,306	(1,453,329)
MIJB Strategic Funds	3,501,219	425,774	420,587	5187
Set Aside Budget	11,765,000	-	-	-
Total MIJB Expenditure	132,973,080	58,945,751	60,393,893	(1,448,142)

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

3.2. The first provisional forecast outturn to 31 March 2020 for the MIJB services is included in **APPENDIX 1**. The figures reflect the overall position in that the MIJB core services are forecast to be over spent by £2,791,555 by the end of the financial year. This is summarised in the table below.

	Annual Budget	Provisional	Anticipated	Variance against
	Ł	Outturn to 31	Variance	base
		Mar 2019	to 31 Mar	budget
			2019	%
		£	£	
MIJB Core Service	117,706,861	120,498,416	(2,791,555)	(2)
MIJB Strategic Funds	3,501,219	2,289,453	1,211,766	35
Set Aside Budget	11,765,000	11,765,000	-	-
Total MIJB Expenditure	132,973,080	134,552,869	(1,579,789)	(1)

## 4. KEY MATTERS /SIGNIFICANT VARIANCES FOR 2019/20

## Community Hospitals & Services

- 4.1 There are overspends within community hospitals and services for the four localities Elgin, Buckie, Forres, Keith/Speyside totalling £200,000 to 30 September.
- 4.2 Over spends continue to be realised for these services. The main overspends relates to community hospitals in Buckie £124,000, Keith & Speyside hospitals combined £59,000 and community medicine £21,000 reduced in part by under spends in community admin £4,000. Community hospitals generally have been challenged with staffing to the required level to run safely the bed complement. In Speyside, this includes the community hospitals in Dufftown and Aberlour. Attempts to stabilise the trained staff complement have been a constant issue and the staff have been working across sites as a means of ensuring some resilience. Long term sickness has also been a factor.
- 4.3 This budget is forecasted to be £389,000 over spent by the end of the financial year, this is only slightly improved recognising the task of maintaining staffing and non-financial objectives including waiting times and delayed discharge objectives. The current forecast is based on the existing situation

but due to the work required over the next few months a significantly different picture may present at the end of this financial year.

## Learning Disabilities

- 4.4 The Learning Disability service is currently over spent by £145,000. The overspend is primarily due to the purchase of care for people with complex needs £82,000, including high cost care packages, start up (one off) costs for Individual Service Fund (ISF) packages. The overspend also includes £120,000 for day services and other minor overspend variances of £8,000. This is being further reduced by underspends relating to staffing vacancies including Allied Health Professionals £22,000, Other Psychology staff £27,000, Nursing £10,000 and Medical staffing £6,000.
- 4.5 This budget is forecasted to be £539,000 over spent by the end of the financial year after including assumptions that the staffing underspend will continue. Based on current activity the day care is forecast to be overspent by £335,000, which is being reduced by an underspend within the Residential and Nursing element of £94,000. Domiciliary Care continues to be a pressure as there are complex and high cost care packages and this will result in a forecast overspend of £338,000. Housing Support and Respite are forecast to overspend by £90,000. Children transitioning to adult services have created a higher than normal (but not unexpected) financial pressure for the year in excess of £700,000. For clients transitioning from children's services to adult services, business case for the individual clients have been made and funding will be released up to this value once approved. The increasing use of day service provision is to ensure that all service users with a level of need have structured day time activity. The Learning Disability (LD) team are aware that without appropriate structure and routine, many service users will exhibit challenging behaviours which are costly to manage and are not desirable from the perspective of people's life experience and human rights. Such behaviour has a big impact on carers, both family and paid and the LD team experience indicates that the management of such behaviour is almost inevitably more expensive than a proactive approach. The provision of structure and routine through the delivery of day services is a proactive way of managing this.
- 4.6 The whole system transformational change programme in learning disabilities can help assure that every opportunity for progressing people's potential for independence is taken, and every support plan is scrutinised prior to authorisation. The system can then have confidence that the money spent is required and appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support

## Mental Health

4.7 Mental Health services are overspent by £83,000. This includes overspends relating to medical staff including locum staff costs £70,000, Allied Health Professionals £14,000, Administration £10,000, other staff including Psychology £14,000, less income than expected £6,000 and other overspends of £48,000 relating mainly to unmet prior efficiency which is partly offset by underspends on nursing £52,000, purchase of care £26,000. There are ongoing vacancies in Psychology and reducing medical sessional time will assist to improve the budget position in the next 6 months. Senior managers will continue to closely monitor this budget.

4.8 This budget is forecasted to be overspent by £125,000 by the end of the financial year. This includes the continuing underspend in the purchase of care and reducing overspend within clinical and nursing services through improved staffing position. It is anticipated that the integrated management of both mental health and substance misuse services from November 2019, will enable some financial efficiencies before the year end to return the budget variance to normal.

## Addictions

- 4.9 The Addictions service is currently £8,000 under spent to date. The Moray Alcohol and Drugs Partnership (MADP) is under spent by £6,000 which is being reduced by an over spend in the substance misuse service of £3,000.
- 4.10 This budget is forecasted to be £46,000 under spent by the end of the financial year. This is made up of an under spend in the MADP service of £51,000 and an over spend of £5,000 in the substance misuse service. This is due to new contracts with external providers that will not be incurring full year costs.

#### Care Services Provided in-house

- 4.11 Care services provided in-house are underspent by £271,000. There are numerous variances within this budget heading, the most significant are primarily due to the Care at Home services for all client groups which are underspent by £259,000. Supported Living services which include Waulkmill, Woodside and Barlink are underspent by £42,000. Day Services for all client groups is overspent £26,000 which is primarily due to client transport. Other minor overspends £7,000.
- 4.12 This budget is forecasted to be £549,000 under spent by the end of the financial year. The Care at Home services for all client groups are forecast to underspend by £500,000 primarily due to staffing. The Supported Living Services are forecast to underspend by £80,000. Day Services will overspend by £39,000 primarily due to client transport. Other services to underspend by £8,000.

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

- 4.13 This budget is over spent by £736,000. There is an overspend relating to domiciliary care of £927,000 which includes the Hanover complexes for the new sheltered housing at Forres and Elgin. This is being offset by an underspend in permanent care of £191,000. The overspend also includes client income under recovery of £114,000. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer and for the new models of care piloted by Hanover. This is also representative of the true cost of care.
- 4.14 This budget is forecasted to be £1,476,000 over spent by the end of the financial year. The forecast overspend is expected to continue as detailed above, with domiciliary care overspend of £1,813,000 which is offset in part by continuing underspends in residential care of £345,000

#### Intermediate Care & Occupational Therapy

4.15 Intermediate Care and Occupational therapy service is currently over spent by £27,000. This is primarily due to the Aids and Adaptions including Community Alarm and telecare equipment budget overspent by £27,000. The other overspend relates to the landlord costs attributable to Jubilee cottages, The Page 20

Bungalow and Woodview of £10,000. Underspends are in the Hospital Discharge Team and Varis Court £10,000. Weekly monitoring of high end equipment expenditure is in place due to the existing pressure on the budget. Service users are being supported to live more independently at home and therefore require equipment and adaptations to support this. This is in line with the demographic growth along with the complexities of conditions that service users require to be supported with at home.

4.16 This budget is forecasted to be £281,000 over spent by the end of the financial year. The forecast overspend is primarily due to the commitment spend against aids, adaptation, community alarm and telecare equipment £263,000. There will also be an over spend due to landlord expenditure on Jubilee Cottages and The Bungalow of £20,000. The process by which equipment is procured through the Joint Equipment store has historically made it difficult to forecast year end spend. This is because it is not a set order every quarter but a fluid procurement process that changes depending on the volume of service users being assessed and then requiring equipment or adaptations. This changes month to month and therefore not a static spend each quarter.

#### Care Services provided by External Contractors

- 4.17 This budget is overspent by £111,000. This is primarily due to prior year savings target of £28,000 and current year saving of £23,000 not being achieved. There are overspends relating to additional waking night care provision of £28,000; OLM licences £5,000; void expenditure £14,000 and client income is under recovering by £12,000.
- 4.18 This budget is forecasted to be £146,000 over spent by the end of the financial year. Prior year savings of £46,000 and current year savings of £23,000 will not be achieved. Expenditure is expected to continue to the end of the year of £77,000 relating to overspends for additional waking nights; voids and client specific income will not be achieved.

## Other Community Services

- 4.19 This combined budget is underspent by £128,000. This is due to underspends in community dental services salaries £69,000, Allied Health Professionals £47,000 including an underspend in Physiotherapy and Speech and Language Therapy which is being partially offset by an overspend in Occupational Therapy Specialist nurses £23,000 including underspends at the Oaks and in Geriatrician Support. In addition, Public Health is underspent by £24,000 to date. Pharmacy services are overspent by £35,000 including salaries and equipment costs.
- 4.20 This budget is forecasted to be £232,000 under spent by the end of the financial year. This broadly anticipates continuance of current expenditure patterns except in public health where spending is expected to increase during the latter part of the year as planned programmes are delivered.

## Admin and Management

4.21 Admin and Management is currently underspent by £95,000. This includes £23,000 relating to underspends in salaries relating to provision of senior management, senior nursing and medical staffing. Within Business Support an underspend to date of £73,000 includes Step Down beds relating to

contract compliance and Winter Pressures where expenditure is lower than budget to date.

4.22 This budget is forecasted to be £549,000 under spent by the end of the financial year. This is primarily due to the vacancy factor target which is expected to be exceeded by £402,000 and under spend of £147,000 due to NHS Grampian Admin and Management as detailed above.

## Primary Care Prescribing

- 4.23 The primary care prescribing budget is reporting an over spend of £586,000 to date. The budget to September includes the full year roll forward budget and a further £100,000 savings which were approved for 2018/19. This follows the Health and Social Care Prescribing Budget Supporting Information and Data paper which was presented to NHS Grampian, Grampian Medicines Management group on 10 January 2018 and to MIJB on 29 March 2018 (para 10 of the Minute refers), in which an uplift to budget was recommended (£1,200,000) but was not implemented by the MIJB.. The current overspend reflects the movement in prices and volume since April. Senior Management have undertaken a number of cost management activities to reduce the overspend and achieve additional savings. However, there remains a significant cost pressure due to the national price increases for a small number of frequently prescribed items and increasing volume of items supplied at 2.0% over 2018/19 levels.
- 4.24 This budget is forecasted to be £1,097,000 over spent by the end of the financial year reflecting continuance of prescribing volumes and spend in line with current levels.

## Primary Care Moray

- 4.25 The Primary Care Moray service is currently under spent by £115,000 due to profile of Primary Care expenditure including Premises and a continuing underspend in Board Administered Funds, which is offset in part by an overspend in Enhanced Services.
- 4.26 This budget is forecast to be under spent by £191,000 by the end of the financial year as the impact of overspends in Enhanced Services are offset by continuing profile of expenditure and a reducing underspend in Board Administered Funds.

## Hosted Services

- 4.27 This budget is currently overspent by £111,000. This is mainly due to the Grampian Medical Emergency Department (GMED) Out of Hours service £124,000 and Police Forensic Medical Examiner service £20,000, which is being offset by underspends in other hosted services, including the Prison service, Sexual Health and Retinal screening £33,000.
- 4.28 This budget is forecasted to be over spent by £226,000 by the end of the financial year. Service managers are continuing to review the GMED service and are developing options to deliver this service in the future and reduce the overspend. These options will need to be agreed with all 3 IJB's in Grampian.

## Out of Area Placements

4.29 This budget is currently overspent by £84,000, due to the number of specific individual placements required being greater than anticipated.

4.30 This budget is forecast to be overspent by £101,000 by the end of the financial year as this pattern of placement is expected to continue as plans are developed for alternative future care arrangements.

## 5. STRATEGIC FUNDS

- 5.1 Strategic Funds is additional Scottish Government funding for the MIJB, they include:
  - Integrated Care Fund (ICF);
  - Delayed Discharge (DD) Funds;
  - Additional funding received from NHS Grampian during the year which may not have been fully utilised during 2019/20, some of which may be needed to be funded in future years; and
  - Provisions for earmarked reserves, identified budget pressures, new burdens and savings that were expected at the start of the year.
- 5.2 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. The 2018/19 outturn position resulted in the MIJB having a deficit of £1,193,000 and a financial recovery plan was put in place. , where the Recovery Plan will continue to be monitored and reported through 2019/20.
- 5.3 On the basis of the current position and the provisional forecast position to the financial year end, the MIJB remain in a deficit position, with the projected deficit to the end of the year being £1,579,790. In line with the Integration Scheme, any MIJB deficit is required to be met by the funding partners in their proportionate share of the budget based on agreed funding levels between the partners, Moray Council's share would be 37% of the deficit: £585,000 and NHS Grampian's share would be 63%, £995,000. Given the remaining estimated shortfall, services are required to consider options for bringing the budget into line and to achieve the recovery plan.

## 6. PROGRESS AGAINST THE RECOVERY PLAN

- 6.1 The financial recovery plan was submitted to the IJB on 29 November 2018, (para 18 of the minute refers) it was acknowledged that service redesign takes time to implement whilst ensuring the wellbeing of the population, as such the high level plan was for recovery over the years 2019/20 to 2021/22.
- 6.2 The progress against the recovery plan will be reported during the 2019/20 financial year. The following table details progress during the second quarter. An update will be provided as part of quarter 3 reporting.

Theme	Para Ref	Full Year Target	Forecast Progress against target at 31 March 2020 Exceeded / (Shortfall)
		£'000	£'000
Mental Health		300	190
Care Services Provided In- House		500	125
Community Hospitals	6.3	100	(459)
Care Services Provided by External Contractors		350	137
Prescribing	6.4	200	(278)
Accountancy Driven		120	70
Slippage	6.5	1,500	(783)
Total Recovery Plan		3,070	(998)

- 6.3 Community Hospitals have not met the target for quarter 2. The recovery plan option appraisal in relation to future models of care is still being developed and the current challenges in relation to in-patient services are impacting on the position.
- 6.4 Prescribing has not met the target for quarter 2. This may improve as the actual position is reported and local medicines management practices continue to be applied. The impact of national price changes and volume increases are greater than expected and has negated effort in relation to medicines management to date.
- 6.5 Slippage is an area of high risk as outlined in the recovery plan. The position above reflects the position after consideration of additional savings realised in year that are reflected within the services.

## 7. ADDRESSING THE 2019/20 OVERSPEND

- 7.1 The overspend being forecast to the end of the year on core services is £2.8m and after the consideration of Strategic Funds this is reduced to £1.6M. This is significant and in-line with the Integration Scheme needs to be addressed through corrective action in the current year. The scale of efficiency needed in-year is significant and clearly, there is limited time available to introduce additional savings measures. Action is required promptly to enable spending to be reduced and ensuring every effort is made to minimise the forecast overspend and subsequent impact on NHS Grampian and Moray Council whilst keeping services safe.
- 7.2 The Senior Management Team (SMT) has responded to this difficult task by identifying actions that would impact on the MIJB but have low or no impact on front line services. The SMT has taken account of the following principles:
  - **Safety** proposals should not compromise on safety
  - **Impact** aim to minimise the impact on services
  - Strategy limit actions that would conflict with the MIJB's strategic direction

Correspondence has been circulated to all officers with budget responsibility for immediate action in addressing the MIJB financial position 2019/20.

## 8. CHANGES TO STAFFING ARRANGEMENTS

- 8.1 At the meeting of the Board on 25 January 2018, the Financial Regulations were approved (para 6 of the minute refers) and updated at the meeting on 28 March 2019 (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.
- 8.2 Changes to staffing arrangements dealt with under delegated powers through appropriate Council and NHS Grampian procedures for the period 1 July to 30 September 2019, are detailed in **APPENDIX 3**.

## 9. UPDATED BUDGET POSITION

- 9.1 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.
- 9.2 In addition, the MIJB, for the first time in 2018/19 concluded the financial year in an overspend position following the application of reserves. In line with the Integration Scheme, the funding Partners were called upon to meet this overspend in an agreed proportion. Communication has remained paramount throughout the year so the effects of the MIJB overspend could be built into the financial planning of NHS Grampian and Moray Council. These additional contributions are also shown in the table below:

	£'s
Approved Funding 29.3.19	128,938,000
Amended directions from NHSG 10.7.19	46,457
Balance of IJB reserves c/fwd. to 19/20	256,863
Revised funding to Qtr 1	2,074,935
Revised funding at start of Qtr. 2	131,316,255
Budget adjustments M4-M6	
Removal of Moray Training from MIJB	34,261
Additional pay allocation from MC	215,088
Additional pay allocation from NHSG	852,789
Prescribing tariff reduction	(335,099)
Prescribing global sum	(46,158)
Moray Alliance	43,414
Primary Care Improvement Fund	347,177
Winter Pressures funding	298,030
Mental Health Act	128,297
Public Dental Service	(7,000)
GP Out of Hours	85,942
Other	40,084
Revised Funding to Quarter 3	132,973,080

9.3 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.

## 10. SUMMARY OF IMPLICATIONS

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

This report is consistent with the objectives of the Moray 2026 and includes 2019/20 budget information for services included in IJB in 2019/20.

## (b) Policy and Legal

There are no policy or legal implications in this report.

#### (c) Financial implications

The financial details are set out in sections 3-9 of this report and in **APPENDIX 1**. For the period to 30 September 2019, an overspend is reported to the Board of £1,448,141.

The staffing changes detailed in **APPENDIX 3** have already been incorporated in the figures reported.

The movement in the 2019/20 budget as detailed in paragraph 9.2 have already been incorporated in the figures reported.

## (d) Risk Implications and Mitigation

The most significant risk arising from this report is the control and management of expenditure to provide the Health and Social Care services required for the Moray Area, within budget. This will increase the reliance on additional monies provided by Scottish Government for specific purposes being utilised to balance these budgets

The current overspend is not unexpected and is in a similar situation as 2018/19 at this juncture, but gives cause for concern going forward. There are no general reserves for 2019/20 but there are earmarked reserves of £256,863 which is anticipated to be utilised in full. Further savings and recovery plans will be required to be identified in order for the MIJB to make every effort to break even for 2019/20 and cover the budget pressures from 2020/21 onwards.

## (e) Staffing Implications

There are no direct implications in this report but **APPENDIX 3** summarises staffing decisions that have been implemented through delegated authority.

## (f) Property

There are no direct implications in this report.

## (g) Equalities/Socio Economic Impact

There are no equality implications in this report as there has been no change to policy.

## (h) Consultations

The Chief Officer, the System 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

## 11. <u>CONCLUSION</u>

- 11.1 The MIJB Budget to 30 September 2019 has an over spend of £1,448,141 and the first provisional forecast position of £1,579,790 overspend. Senior managers will continue to monitor the financial position closely and to continue to develop recovery plans and to comply with the measures put in place, as detailed in paragraph 7.
- 11.2 The finance position to 30 September 2019 includes the changes to staffing under delegated authority, as detailed in APPENDIX 3.
- 11.3 The financial position to 30 September 2019 reflects the updated budget position and a revised Direction has been prepared accordingly, as detailed in APPENDIX 4.

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

#### MORAY INTEGRATION JOINT BOARD

#### JOINT FINANCE REPORT APRIL 2019 - SEPTEMBER 2019

	Annual Net Budget £'s 2019-20	Budget (Net) To Date £'s 2019-20	Actual To Date £'s 2019-20	Variance £'s 2019-20	Most recent Forecast £'s 2019-20	Variance To Budget £'s 2019-20
Community Hospitals	5,078,021	2,516,580	2,716,371	(199,790)	5,467,504	(389,483)
Community Nursing	4,732,632	2,366,549	2,355,856	10,693	4,711,712	20,920
Learning Disabilities	6,898,204	2,985,336	3,130,274	(144,938)	7,437,536	(539,332)
Mental Health	8,347,149	4,144,199	4,227,220	(83,022)	8,472,107	(124,958)
Addictions	1,143,349	517,357	509,715	7,642	1,097,121	46,228
Adult Protection & Health Improvement	153,366	66,799	66,273	526	152,456	910
Care Services provided in-house	16,307,245	7,912,393	7,640,946	271,447	15,758,277	548,968
Older People & PSD Services	16,808,956	7,959,617	8,695,234	(735,617)	18,284,756	(1,475,800)
Intermediate Care & OT	1,560,070	905,397	932,651	Item 7 (27,254)	1,841,546	(281,476)
Care Services provided by External Contractors	8,864,045	5,051,798	5,162,733	(110,935)	9,010,106	(146,061)
Other Community Services	7,858,767	3,901,342	3,773,057	128,285	7,626,685	232,082
Admin & Management	2,342,872	1,408,432	1,313,297	95,135	1,793,858	549,014
Primary Care Prescribing	16,052,862	8,034,986	8,620,992	(586,006)	17,149,862	(1,097,000)
Primary Care Services	15,747,980	7,883,111	7,768,011	115,100	15,556,980	191,000
Hosted Services	4,216,975	2,119,445	2,230,279	(110,834)	4,442,810	(225,835)
Out of Area	669,268	282,871	366,631	(83,760)	770,000	(100,732)
Improvement Grants	925,100	463,765	463,765	0	925,100	0
Total Moray IJB Core	117,706,861	58,519,977	59,973,306	(1,453,329)	120,498,416	(2,791,556)
Other Recurring Strategic Funds in the ledger	651,465	131,518	111,517	20,001	471,548	179,917
Other non-recurring Strategic Funds in the ledger	363,939	294,256	309,070	(14,813)	358,565	5,374
Total Moray IJB Including Other Strategic	303,335	234,230	303,070	(14,013)	550,505	5,574
funds in the ledger	118,722,265	58,945,751	60,393,893	(1,448,141)	121,328,529	(2,606,265)
Other costs which may be incurred not in the ledger:	2,485,815	0	0	0	1,459,340	1,026,475
Total Moray IJB (incl. other strategic funds) and other costs not in ledger	121,208,080	58,945,751	60,393,893	(1,448,141)	122,787,869	(1,579,790)
Set Aside Budget	11,765,000	-	-	-	11,765,000	0
Overall Total Moray IJB	132,973,080	58,945,751	60,393,893	(1,448,141)	134,552,869	(1,579,790)

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## Description of MIJB Core Services

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

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

11. Other Community Services budget comprises of:-

 Community services for each locality (Allied Health Professionals (AHP's), Dental services, Public Health, Pharmacy and other specialist nursing roles).

12. Admin & Management budget comprises of :-

- Admin & Management staff infrastructure
- Business Support Contribution to the Chief Officer costs
- Target for staffing efficiencies from vacancies
- 13. Primary Care Prescribing includes cost of drugs prescribed in Moray.

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

- 15. IJB Hosted, comprises of a range of services hosted by IJB's but provided on a Grampian wide basis. These include:-
  - GMED out of hours service.
  - 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.
  - HMP Grampian provision of healthcare to HMP Grampian.
- 16.Out of Area Placements for a range of needs and conditions in accommodation out with Grampian
- 17. 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 selfdirected support options.

## HEALTH & SOCIAL CARE MORAY

## DELEGATED AUTHORITY REPORTS - PERIOD JULY 19 SEPT 19

<u>Title of DAR</u>	Summary of Proposal	<u>Post(s)</u>	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
PCIP projects	Immunisations workstream	Admin Officer 1.0 wte B3	temporary	2 years	July 19	Temp posts as part of the immunisation element of the PCIP recurring funding.
PCIP projects	Immunisations workstream	Immunisations Officer 1.16 wte B5	temporary	2 years	July 19	Temp posts as part of the immunisation element of the PCIP recurring funding.
PCIP projects	MSK Physio workstream	Physio Post 4.00 wte B7	Permanent	n/a	Sept 19	Perm posts as part of the MSK Physiotherapy element of the PCIP recurring funding
Management structure	Management Structure	Integrated Service Manager 3.00 wte	Permanent	n/a	Aug 19	Implementation of management structure approved by IJB 29/03/2019 and subsequent management realignment.
Relocation of staff Phoenix OPDS	Relocate two staff members from Phoenix OPDS to KRC and Gurness	2 x grade 4 Support Workers	Permanent	N/A	July 19	Funding transfers with staff member no funding implications
Transfer post to KRC	Transfer post from Day Services Infrastructure to KRC – to match service	1 x DSO	Permanent	N/A	July 19	Funding transfer with staff member no funding implications

#### APPENDIX 3

Workchoice Supported Placements	Delete vacant post and matching external income.	1 x Workchoice Placement	Permanent	N/A	July 19	Delete vacant post and matching external income to fund
Clerical Assistant CCF Team	Recruit temporary Clerical Asst	1 x Grade 3, 21.75hrs Clerical Asst	Temporary	1 year	July 19	Vacant Grade 4 Admin Asst post
Moray Training Secondment	Cease secondment of Training Officer 1 year	1 x Grade 8 Training Officer	N/A	N/A	July 19	Delete staff budget and matching income budget
CLDT temporary posts	End temporary posts funded from external source	0.5 x grade 3 Clerical Asst 22hr grade 4 Housing Support Worker Reduce hours 36.25 – 34.00	N/A	N/A	September 19	Delete posts and additional hours as external funding ceased. No impact of budget
Woodview Adult/Children's Service	Delete Business Support post and increase existing Clerical Asst post	Delete grade 5, 28 hrs Business Support Admin, Increase grade 3 to 36.25 hrs	Permanent	N/A	September 19	Deleting grade 5 posts and transfer to increase grade 3 post
Towerview – relocation of staff	Relocate staff from Towerview to Cedarwood and Artiquins DS	1 grade 8 DSO, 1 grade 4 Care Asst, 1 x DCO Grade 7. Delete vacant grade 4 Care Ass	Permanent	N/A	July 19	Staff will transfer to other service with existing budget. Deletion of Care Assistant post is a budget saving
## MORAY INTEGRATION JOINT BOARD

## DIRECTION

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

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

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

Services:	All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget:-	£66.4 million, of which £4 million relates to Moray's share for services to be hosted and £16 million relates to primary care prescribing.
	An additional £11.8 million is set aside for large hospital services.

This direction is effective from 28 November 2019.



## REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

## SUBJECT: CHARGING FOR SERVICES

## BY: CHIEF FINANCIAL OFFICER

## 1. <u>REASON FOR REPORT</u>

1.1 To ask the Moray Integration Joint Board (MIJB) to consider the charges for services for the 2020/21 financial year.

## 2. <u>RECOMMENDATION</u>

- 2.1 It is recommended that the MIJB:
  - adhere to the request of the Moray Council that the MIJB recommend to them, the charges for the services delivered within the delegated functions;
  - ii) considers and approves the charges set out at APPENDIX 1 for recommendation to Moray Council for approval and inclusion into their budget setting processes; and
  - iii) notes the recommended charges will be subject to assessment for the socio-economic impact and reported back to the MIJB where there is significant impact and no mitigation.

## 3. BACKGROUND

- 3.1 Integration Authorities do not currently have statutory powers to set charges for the services aligned to delegated functions. Moray Council, therefore has the legal responsibility to set social care charges on behalf of the MIJB.
- 3.2 Moray Council has in place a Charging for Services policy that was updated and approved by the Policy & Resources Committee on 24 October 2017 (para 8 of the minute refers). The policy states that a review of charges should be undertaken annually as an integral part of the budget process.
- 3.3 During 2017 discussions took place between the MIJB Chief Financial Officer and the Head of Financial Services, Moray Council, where it was considered appropriate for the MIJB to be involved in the setting of charges for the





services for which it has commissioning responsibility. Whilst Moray Council retains the statutory responsibility for this duty, the recommendation made to the Moray Council Policy and Resources Committee, at its meeting of 24 October 2017, was that the MIJB should be requested to recommend the charges for services delivered. A report was presented to this Board on 14 December 2017 where it was agreed that the MIJB would take responsibility for recommending charges for services to Moray Council (para 6 of the minute refers).

- 3.4 On 2 October 2018, the Moray Council Policy and Resources Committee approved that the MIJB were requested to recommend charges for the services delivered under their remit. Subsequently, the MIJB at its meeting of 29 November 2018 approved the charges for the 2019/20 financial year to be recommended to Moray Council for approval and inclusion into their budget setting process (para 6 of the minute refers).
- 3.5 On 29 October 2019, the Moray Council Policy and Resources Committee approved that for a third year, the MIJB would be requested to recommend charges for the forthcoming financial year, 2020/21 for the services being delivered under this remit.

## 4. KEY MATTERS RELEVANT TO RECOMMENDATION

## **Charging Overview**

- 4.1 The net funding provided to the MIJB from Moray Council considers the impact of social care income generation from charging for services. On this basis, the MIJB Chief Officer, Chief Financial Officer and the Head of Financial Services, Moray Council have met to consider an equitable approach reflecting this position.
- 4.2 Not all charges are within the control of the Moray Council. Some charges levied by the Council are set by statute, some are limited by statute and some have the method of calculation prescribed by statute.
- 4.3 On 29 October 2019, Moray Council presented a report on Charging for Services to its Policy and Resources Committee (para 7 of the draft minute refers). This report agreed that the default position for the increase of charges for the 2020/21 financial year will be 5%.
- 4.4 In prior years, Moray Council's methodology for proposing charges has been in-line with the Consumer Price Index (CPI). The latest measure of CPI released in September 2019 is 1.7%. CPIH extends the CPI to include a measure of the costs associated with owning and maintaining a home, along with council tax and is considered the most comprehensive measure of inflation. Currently (September 2019) CPIH is 1.7%.
- 4.5 It is important, when considering the setting of charges to also consider the MIJB's overall financial position. Another report being presented to this meeting today is the Revenue Budget Monitoring position to the end of September which includes a forecast to the end of 2019/20 of £1.6M overspend on core services. Salary increases for staff working within Health and Social Care Moray have been considerably higher in 2019/20 than CPI. Pay inflation is an important measure as 38% relating to Moray Council and

46% relating to NHS Grampian MIJB expenditure is attributable to wages and salaries and has considerable impact on the MIJB financial position.

## Charging for Care Services (means tested)

4.6 It is necessary that the MIJB considers its approach to income maximisation within the context of its existing policies. The introduction of Self-Directed Support through the Self Directed Support (SDS) (Scotland) Act 2013 led the Moray Council to review its charging policy for non-residential services to ensure a fair, effective, consistent and transparent system. This led to the introduction of the Contributions Policy. Under SDS, individuals are informed of their entitlement to support as part of their overall personal budget designed to meet their needs and achieve their outcomes. It also determines how much they will have to contribute (based on their ability to pay) for the care and support they choose. With the introduction of the Contributions Policy, the services which charges are being made for are reduced. It is important to understand that charges still require to be determined to enable personal budgets to be calculated and any associated contributions to be applied to overall budgets. The Contributions Policy is currently under review by Health and Social Care Moray's (HSCM) SDS Steering Group. Consultation will begin on the new policy in early 2020 and a draft will be presented to the MIJB thereafter.

## <u>Taper</u>

4.7 If a service user has income over the charging threshold, the local authority has the power to determine what the person pays for their service, provided it does not exceed the cost of providing that service.

COSLA recommend that the charge towards social care is not based on all remaining income. A percentage is determined of the remaining income that is available to the service user over the threshold and this determines the maximum contribution a service user will pay towards their care.

A recent benchmarking exercise nationally highlighted the following:

- The Scottish average taper is 61%.
- Moray is above the Scottish average with the current taper 70%, meaning that for someone who has £100 excess income, we would require them to pay £70 maximum.
- 3 areas in Scotland have a 100% taper meaning there will be no further disregard of excess available income after applying standard disregards.
- 4.8 The SDS Steering Group is cautiously assessing the impact of increasing the taper as part of the review of the Contributions Policy. As an example, increasing the taper to 75% would result in a weekly increase to a service user (on full benefits) of £5.65 per week/£293.80 per annum.
- 4.9 There are currently 294 service users who have applied for financial assistance and are now paying a contribution towards their care. This is a decrease of 41.2% (500 service users) following the extension of Free Personal Care for under 65s on 1 April 2019.

## Housing Support Charges

- 4.10 Individuals are financially assessed to pay up to the maximum amount set per week.
- 4.11 In order to support the protection of the MIJB's financial position and considering the Moray Council's proposals around income generation, discussions have been held with the service and 5% increase would seem a reasonable increase in this area.
- 4.12 It should be noted that **APPENDIX 1** reflects the highest rate for the proposed 2020/21 charges. There is no longer a weekly charge applied within a specific range. This is a means tested rate and a financial assessment is undertaken to ensure that individuals only pay what they can afford to pay up to the maximum rate.

### Charges for Care Services (non-means tested)

4.13 In addition to services charged against an individual's financial assessment, a small number of services are charged at a flat rate.

Existing charges were recently benchmarked against other local authorities in Scotland. The revised charges are based on further alignment of Moray's charges to the Scottish average but not exceeding the cost of care to HSCM.

Additionally, an increase in some charges will also help offset the increased costs associated with service delivery.

4.14 Community Alarm - The community alarm service is provided to support independent living at home. Historic charges have not reflected the cost of providing this service including staffing costs, assessment, installation and collection of equipment, administrative costs etc.

The recent benchmarking exercise highlighted the following:

- The Scottish average is £3.63 per week.
- Moray is the second lowest in Scotland with a current charge of £1.48 per week.
- There are currently 1514 individuals in Moray being charged for a community alarm.
- The current income is £116,517. With an increase to £3.63 per week, the income would be £285,783 (based on the current number of service users).
- 4.15 It is proposed to increase the weekly charge to the Scottish average over a two year period to more accurately reflect the cost of providing the service. It should be noted that there is an associated risk with this proposal in that the uptake of the service may be affected, by increasing costs, which subsequently may impact on income. In addition, there may be an impact on wider health and social care services as it is recognised that a community alarm is a key enabler to support people living independently.
- 4.16 Meal Charges Service users currently receiving meals whilst attending day services are charged for a two course meal.

## The recent benchmarking exercise highlighted the following:

- The Scottish average is £4.17 per week.
- Moray is currently the fifth highest area in Scotland with a current charge of £4.95 per week.
- There are 59 people in Moray being charged for this currently.
- The current income is £15,187.

As Moray is already higher than the Scottish average in its charging for meals, it is proposed to limit the increase to CPIH at 1.7%.

4.17 Stairlift Maintenance - There is a current charge for maintenance of certain types of stairlifts. The recent benchmarking exercise did not include stairlift charges although several local authority areas do provide service and maintenance at a charge.

There is a modest charge for individuals following an initial 12-month warranty period where maintenance is not charged. It has been difficult at this stage to identify average Scottish cost of stairlift maintenance but in 2014, the charity Which? conducted a UK survey which stated the average charge for maintenance was £99 per annum.

There are 233 people in Moray who are currently charged with maintenance of their stair lift.

The current income is £14,698 with service users charged £15.77 (inc VAT) quarterly. With an increase of 5% per quarter (£16.56 inc VAT), the income would be £15,434 (based on current number of service users).

A 5% increase is proposed in support of income generation and would seem reasonable given the Which? survey conducted in 2014.

- 4.18 In other areas where there is currently no reliable benchmarking, proposed charges have been made by considering a range of factors which include, the need to increase income (where appropriate), the service being provided and the potential negative impact of increasing charges.
- 4.19 Blue Badge Local Authorities administer the Blue Badge Scheme on behalf of the Scottish Government, which has set the maximum administration fee at £20. Badge validity lasts for 3 years.
- 4.20 In April 2018, The Fairer Scotland Duty, part 1 of the Equality Act 2010 came into force placing legal responsibility on public bodies in Scotland to consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. In this respect, the setting of charges would fall within this section of the duty and as a result due consideration is being given to the consequent impacts and mitigation.
- 4.21 HSCM will continue to work with service users and in collaboration with Moray Council's Income Maximisation Team to ensure all individuals are getting the benefits assistance they are entitled to so no one who really needs a service has to give it up.

- 4.22 The revised charges will ensure services are sustainable for the future, supporting residents to live independently.
- 4.23 Officers have followed guiding principles as set out by Moray Council and attention to the service planning responsibilities of the MIJB have been considered in proposing the charges to be recommend to Moray Council as part of their budget setting processes for 2020/21 and will be reported in February 2020. These recommendations are set out at **APPENDIX 1**.

## 5 SUMMARY OF IMPLICATIONS

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

The levying of charges for social care services is an essential component of delivering priorities on a sustainable basis.

## (b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 dictates that the setting of social care charges will not be able to be delegated by a local authority to an integration authority as part of the joint working arrangements prepared under the Act.

## (c) Financial implications

Charging for services provides a consistent approach to the levying of charges where appropriate, however the net financial benefit is limited and constrained by the Contributions Policy.

## (d) Risk Implications and Mitigation

There are no risks arising directly from this report. There remains a risk in that any increase or introduction of charges could have a detrimental effect on service uptake.

## (e) Staffing Implications

None arising directly from this report

## (f) Property

None arising directly from this report

## (g) Equalities/Socio Economic Impact

Full assessment of the socio-economic impact of the Social Care charges on the protected groups as outlined in the Fairer Scotland Duties legislation will be carried out prior to Moray Council setting its charges for the 2020/21 financial year.

## (h) Consultations

The Head of Financial Services, Moray Council, the Head of Service – Strategy and Commissioning, Health & Social Care Moray and the Support Manager within the Community Care Finance Team have been consulted and their comments have been incorporated within this report.

## 6 CONCLUSION

6.1 Moray Council, by way of their statutory duty for setting charges for services, has requested the MIJB recommends the charges for services to be delivered for the 2020/21 financial year, ensuring a strategic role is maintained.

Author of Report: Tracey Abdy, Chief Financial Officer, Moray Integration Joint Board Background Papers: with author Ref:

## SOCIAL CARE SERVICES

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2019/20	PROPOSED CHARGE 2020/21	DATE OF LAST CHANGE
	General				
1.	Moray Lifeline / Telecare	To bring the Moray charges in line with the Scottish average over a 2 year period. 2020/21 would be year 1	£19.28 per quarter inc VAT	£33.22 per quarter inc VAT	April 2019
2.	Blue Badge	Maximum permitted by statute	£20 per badge – badge valid for 3 years	£20 per badge – badge valid for 3 years	April 2012
3.	Stair Lift Maintenance	Contribution to annual maintenance 5% increase	£15.77 per quarter (inc vat)	£16.56 per quarter (inc vat)	April 2019
4.	Wash/Dry Toilet Maintenance	Contribution to annual maintenance 5% increase	£25.75 per quarter	£27.04 per quarter	April 2019
5.	Hire of Day Centre Rooms	5% increase	£5.18 per hour	£5.44per hour	April 2019
6.		1.7% increase in line with CPIH and to reflect recent benchmarking across Scotland	£6.10 (inc vat)	£6.20 (inc vat)	April 2019
9.	Case Review carried out on behalf of another local authority	5% increase	£94.69	£99.42	April 2019

## SOCIAL CARE SERVICES

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2018/19	PROPOSED CHARGE 2019/20	DATE OF LAST CHANGE
	Day Care Meals - Olde	r People and Shared Lives:			
10.	Meal	1.7% increase in line with CPIH and to reflect recent benchmarking across Scotland	£4.95	£5.03	April 2019
10b.	Tea & Biscuits	5% increase	£0.72 per cup	£0.76 per cup	April 2019
10c.	Light meal (Shared Lives Service only)	5% increase	£2.68	£2.81	April 2019
10d.	Packed lunches (Murray Street)	1.7% increase in line with CPIH and to reflect recent benchmarking across Scotland	£4.95	£5.03	April 2019
I	Hanover Housing Ass	ociation Very Sheltered Accom	modation		
11a.	Linn Court, Linn Avenue, Buckie	5% increase	£40.10 - £105.27	£110.53	April 2019
11b.	Cameron Court, Plasmon Hill, Forres	5% increase	£20.55 - £73.80	£77.49	April 2019
11c	Chandlers Court, Elgin	5% increase	£61.54	£64.62	April 2019
	Castlehill Housing Ass	sociation Very Sheltered Acco	mmodation	·	
11d.	Bayview Court, Culler	5% increase	£32.25 - £37.33	£39.20	April 2019

## SOCIAL CARE SERVICES

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2018/19	PROPOSED CHARGE 2019/20	DATE OF LAST CHANGE
11e.	Conval Court, Aberlour	5% increase	£14.09	£14.79	April 2019
11f.	Tomnabat Court, Tomintoul	5% increase	£22.55	£23.68	April 2019



## REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

# SUBJECT: PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORTING SUBMISSION 2018/19

## BY: CHIEF OFFICER

## 1. REASON FOR REPORT

1.1 To present the draft Moray Integration Joint Board (MIJB) Climate Change Duties Report submission for 2018/19.

## 2. <u>RECOMMENDATION</u>

2.1 It is recommended that the MIJB consider and approve the draft submission to Sustainable Scotland Network (APPENDIX 1) for the reporting year 2018/19.

## 3. BACKGROUND

- 3.1 The Climate Change (Scotland) Act 2009 introduced targets and legislation to reduce Scotland's emissions by at least 80% by 2050.
- 3.2 Section 44 of the Act places duties on public bodies relating to climate change and requires them to:-
  - contribute to delivery of the Act's emissions reduction targets,
  - contribute to climate change adaptation, and
  - act sustainably
- 3.3 Following public consultation and parliamentary scrutiny a Statutory Order under section 46 of the Act came into force in November 2015. This Order contained a list of public bodies required to annually report on compliance with the climate change duties. These major players listed in the Order were expected to submit their reports to the Scottish Government for 1 April 2015 to 31 March 2016 by 30 November 2016 and annually thereafter. Both Moray Council and NHS Grampian have fulfilled these requirements.
- 3.4 Integration Authorities were required to provide annual reports for the first time in November 2017 and this was approved by this Board on 14 December 2017 (para 7 of the minute refers).





## 4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The report attached in **APPENDIX 1** is required to be submitted to the Scottish Government by 30 November 2019.
- 4.2 The content is limited because MIJB do not own any property or vehicles and do not develop the policy surrounding the use of fuel, procurement, transport, energy, waste, ICT, property and infrastructure. The policies that are followed by staff are developed by the employing organisation, either Moray Council or NHS Grampian.
- 4.3 The principle areas that the MIJB and managers can influence is the development of a culture of environmental awareness including climate change impacts and ensuring that policies are adhered to appropriately, for example:-
  - to reduce their travelling to meetings & service user contacts where possible
  - making use of video/ telephone conferencing if available.
  - encouraging staff to car share to/from work and for attending meetings in the same location where possible
  - consider further development of use of existing ICT applications such as Attend Anywhere to explore opportunities for reducing travel for staff/patients/service users within Moray
  - reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste.

## 5. <u>SUMMARY OF IMPLICATIONS</u>

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

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan 2016-19

## (b) Policy and Legal

None directly associated with this report

## (c) Financial implications

None directly associated with this report

## (d) Risk Implications and Mitigation

None directly associated with this report

## (e) Staffing Implications

None directly associated with this report

## (f) Property

None directly associated with this report

## (g) Equalities/Socio Economic Impact

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

## (h) Consultations

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

Legal Services Manager Caroline Howie, Committee Services Officer Chief Financial Officer, MIJB

## 6. <u>CONCLUSION</u>

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

Author of Report:	Jeanette Netherwood, Corporate Manager
Background Papers:	held by author
Ref:	

**APPENDIX 1** 

#### MORAY IJB 2018/19 CLIMATE CHANGE DUTIES REPORT

## 1 Profile of reporting body

1a Name of reporting body

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

**Moray Integration Joint Board** 

1b Type of body

**Integration Joint Boards** 

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

1

#### 1(d) Metrics used by the body

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

Metric	Units	Value	Comments
Population size served	Population	96,000	Represents 1.8% of Scotland's population.

#### 1(e) Overall budget of the body (£).

Specify approximate £/annum for the report year.

£117M

#### Comments

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

#### 1(f) Report year.

Specify the report year.

2018/19 (Financial year)

#### 1(g) Context

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

The staff of IJB and Health and Social Care Moray operate from buildings owned or leased by NHS Grampian (NHSG) or Moray Council and any information relating to energy, emissions or waste will be included in their respective returns.

Pool cars are used, but again are owned and use fuel that will be reported via the NHS Grampian and Moray Council returns.

Staff of IJB/Health and Social Care Moray operate within the policy and procedures of their employing organisations for property, infrastructure, waste, fuel, procurement and business travel.

Many staff are required to work closely with colleagues in other areas ie NHSG in Aberdeen so video conferencing is promoted to save time, travel costs and emissions.

Due to the rural nature of Moray one of the strategic aims of the Moray Integration Joint Board is to promote local & accessible services and work is underway to identify options and innovations for using digital solutions for service delivery where ever possible to reduce travel and emissions and reduce health inequalities.

## 2 Governance, Management and Strategy

#### 2a How is climate change governed in the body?

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

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

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

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

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

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

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

**2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document? 1** Provide a brief summary of objectives if they exist.

There were no specific climate change mitigation and adaptation objectives included in the strategic plan 2016/19.

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

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

No the MIJB does not have a specific plan or strategy for climate change.

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

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

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

Topic Area	Name of document	Link	Time period covered	Comments
Adaptation				
Business Travel				
Staff Travel				
Energy Efficiency				
Fleet Transport				
Information and				
Communication Technology				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and Sewerage				
Land use				

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

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

Ensure all staff are aware of climate change and carbon reduction aims and targets as identified in respective employing organisations' policies

To encourage awareness of behaviour changes of staff working within HSCM to reduce carbon footprint through further adoption of policies by :-

- reduce their travelling to meetings & client contacts where possible

- making use of video conferencing or attend anywhere technology if available.
- encouraging staff to car share to/from work and for attending meetings in the same location where possible
- consider further development of use of existing ICT applications such as Attend Anywhere to explore opportunities for reducing travel for staff/patients/clients within Moray

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

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

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

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

N/A

#### 2h Supporting information and best practice 0

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

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

#### 3 Emissions, Targets and Projects

#### 3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year.

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

N/A

#### 3b Breakdown of emission sources 🕕

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

If providing consumption data for Water – Supply, please also include the Emission Source and consumption data for Water – Treatment.

If providing consumption data for Grid Electricity (generation), please also include the Emission Source and consumption data for Grid Electricity (transmission & distribution losses).

(a) Emission factors are published annually by the UK Government Department for Environment, Food and Rural Affairs (Defra).

N/A

#### 3c Generation, consumption and export of renewable energy 0

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

#### N/A

#### 3d Targets 🟮

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

N/A

#### 3e Estimated total annual carbon savings from all projects implemented by the body in the report year 🟮

If no projects were implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown" into the comments box.

If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

#### N/A

#### 3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year 🟮

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

N/A

## 3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report grant the second second

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.



**3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead** If no projects are expected to be implemented against an emissions source, enter "0". If the body does not have any information for an emissions source, enter "Unknown" into the comments box. If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

N/A

## 3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead 1

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.

N/A

- **3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint 1** If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").
- N/A

#### 3k Supporting information and best practice 0

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

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

## 4 Adaptation

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

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

Moray Council has identified climate change on it's Corporate Risk Register - assessment developed by a group that included consultation with SEPA, Scottish Flood Forum, Adaptation Scotland and Moray Council.

Other impacts of climate change such as flooding are included in Business Continuity plans for services, and the NHS Grampian's Resilience Plan.

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

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

If specific climate change risks are identified for delivery of the services by MIJB they will be recorded on either service or corporate risk registers and will be managed in accordance with the Risk Management Policy

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

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

A review of guidance notes for managers in relation to risk registers is underway and will be expanded to include the need for consideration of the impact of climate change on service delivery, as identified in information provided by NHSG and Moray Council.

4d Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")? 1

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change

(Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

N/A

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

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

Risk registers and assessments are reviewed on an annual basis as a minimum.

Moray Council and NHS Grampian will review their arrangements and notify the Chief Officer or senior management team of any actions that required to be taken. This would then be communicated via Operational Management team to services for action.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions? Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

The MIJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally.

**4g What are the body's top 5 priorities for the year ahead in relation to climate change adaptation? 1** Provide a summary of the areas and activities of focus for the year ahead.

The MIJB and Health and Social Care staff will adopt the priorities and policies set out by NHS Grampian and Moray Council

#### 4h Supporting information and best practice 0

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

N/A

#### **5** Procurement

**5a How have procurement policies contributed to compliance with climate change duties? •** Provide information relating to how the procurement <u>policies</u> of the body have contributed to its compliance with climate changes duties.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

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

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

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

#### 5c Supporting information and best practice 0

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

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

## 6 Validation and Declaration

#### 6a Internal validation process 🚺

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

reviewed by Senior Management Team and approved by Moray Integration Joint Board

#### 6b Peer validation process 🟮

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

Peer reviewed by the Moray Council Energy Officer and the Climate Change and Sustainability Co-ordinator.

#### 6c External validation process 🟮

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

N/A

#### 6d No Validation Process 🟮

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

N/A

#### **6e Declaration**

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

Name:	Pam Gowans
Role in the body:	Chief Officer
Date:	28/11/2019



## REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

## SUBJECT: MORAY SURGE PLAN WITH WINTER ROTAS 2019/20

## BY: ISLA WHYTE, INTERIM SUPPORT MANAGER

## 1. <u>REASON FOR REPORT</u>

1.1. To inform the Board of the Health and Social Care Moray, Dr Gray's Hospital and GMED Winter/Surge Plans for 2019/20.

## 2. <u>RECOMMENDATION</u>

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB) considers and notes:
  - i) that Health and Social Care Moray (HSCM), Dr Gray's Hospital and GMED (the NHS out of hours service) have robust and deliverable plans in place to manage the pressures of surge at any time of the year including the festive period; and
  - ii) that the Moray Surge Plan 2019/20 will be sent to NHS Grampian for inclusion in the Grampian Health and Social Care Winter (Surge) Plan, which in turn will be submitted to the Scottish Government

## 3. BACKGROUND

- 3.1. Surge planning is a critical part of operational business to ensure business continuity during a potentially pressured time of the year.
- 3.2. In reviewing and updating Moray's Surge Plan, HSCM and Dr Gray's Hospital take part in Grampian's year-round planning cycle and participate in joint planning, table top exercises and debrief exercises.
- 3.3. Services are requested to review their business continuity plans annually and review prioritisation of critical functions.
- 3.4. Regular cross system meetings are held to learn from previous experience and ensure progress against the Grampian wide action plan.





3.5. 6 Essential Actions to Improve Unscheduled Care is a national programme which continually seeks to share best practice and engage partners across NHS Scotland to deliver sustainable improvement to deliver unscheduled care target and compliance with national standard. Across Grampian there are 3 priority areas of focus for unscheduled care which are reflected in Moray's Surge Plan; these are escalation, admission avoidance and discharge planning

## 4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Historically system pressure tended to be over the festive period and into January when there was increased requirement to admit people into hospital or to provide care to people within their own homes. This increase was as a result of the holiday period, GP surgeries being closed and the increase in demand caused by seasonal increase in respiratory illnesses.
- 4.2. Analysis of rates of admissions and discharges to Dr Gray's Hospital has demonstrated that this year activity has not changed significantly when comparing the summer months to winter.
- 4.3. The Moray Surge Plan is developing to ensure Moray is as prepared as possible for the coming winter period and any surge in activity throughout the year in order to minimise any potential disruption to services. It provides staff with key pieces of information and contacts, as summarised below:
  - Processes / systems in place to prevent inappropriate admissions to hospital.
  - Discharge planning processes to manage and support safe and timely discharge of patient care out of hospital.
  - Information and escalation process for GMED.
  - Transport options and details of how to book.
  - Staff and public communication ie flu management and prevention, weather warnings and messages to be communicated to the public.
  - Accommodation options within the community and criteria for admission.
  - Dr Gray's Hospital surge plans and standard operating procedures.
  - Specific contact information for services over festive period.
  - Festive rotas.
- 4.4. A Moray Sector Winter Plan Scenario Exercise was held on 27 September 2019. This exercise focussed purely on the Moray Surge Plan. Any learning from this exercise has been incorporated into the current draft plan. The action plan (attached at **APPENDIX 1**) sets out ongoing actions and new areas of focus for this year.
- 4.5. Over the next year HSCM will be aligning the plan more closely with the Major Incident Plan (Dr Gray's Hospital) and HSCM Business Continuity Plan (BCP) to ensure a one system approach. The Moray Surge Plan would then be used throughout the year. HSCM will still review and exercise the plan annually in line with the process required for NHS winter planning submission to the Scottish Government.
- 4.6. Ongoing review of the overall Grampian Health and Social Care Winter (Surge) Plan by the 3 Chief Officers across Grampian will take place using weekly Page 68

monitoring data and weekly data returns will be sent to Scottish Government Health Directorate (SGHD).

## 5. <u>SUMMARY OF IMPLICATIONS</u>

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

HSCM, Dr Gray's Hospital and GMED Surge Plans for 2019/20 are aligned with the national and locally agreed priorities as well as the National Health and Wellbeing outcomes.

## (b) Policy and Legal

None arising directly from this report.

## (c) Financial implications

There are no immediate financial implications arising from this report. The Scottish Government has provided an allocation of funding to NHS Grampian to support winter pressures that might be faced during 2019/20. From that,  $\pounds 65,000$  has been allocated to MIJB for temporary additional capacity for discharge co-ordination at Dr Grays and for unscheduled short stay beds at Loxa Court.

## (d) Risk Implications and Mitigation

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

## (e) Staffing Implications

None arising directly from this report, however staffing is of significant relevance throughout this period as winter ailments will also affect staff. Staff levels will be under constant review and actions taken as appropriate to mitigate risk. Each year staff are offered the flu vaccination to help reduce the risk of catching the infection at work.

## (f) Property

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

## (g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as there are no changes to policy as a direct result of this report.

## (h) Consultations

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

- Brydie Thatcher, Medical and Unscheduled Care Manager, Dr Gray's Hospital
- Jeanette Netherwood, Corporate Manager, HSCM
- Chief Officer, MIJB
- Chief Financial Officer, MIJB
- Caroline Howie, Committee Services Officer, Moray Council

## 6. <u>CONCLUSION</u>

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

Author of Report: Isla Whyte, Interim Support Manager Background Papers: with author Ref:

## Action Plan for Winter 2019/20

Ref.	Action	Timescales	Lead/s	Financial Cost / Status
1.	Communication Between Partners & Escalation I. Partnerships, Acute sector and other departments along with Partners to test winter/business continuity plans	During September 2019	HSCM Civil Contingencies Group	Via existing resources
	II. Daily Cross System Huddles chaired by senior decision maker and include all partners to be held.	Ongoing – meet daily	Group in place	Via existing resources
	III. Real-time reporting of critical incidents to partners as per agreed protocols.	Ongoing	Chief Officer	Via existing resources
	IV. All partners contribute to/inform the submission of exception reports to the Scottish Government.	Ongoing	Chief Officer	Via existing resources
2.	Joint Working and Integration I. Regular meetings involving Partnerships, Acute sector and NHS Grampian to prioritise system issues.	Ongoing - weekly meeting in place	NHSG Senior Leadership Team	Via existing resources
3.	<ul> <li>Anticipatory Demand and Prevention <ol> <li>To facilitate managing patients at home.</li> <li>Promoting flu vaccination for all staff and aim to achieve 50% uptake of front line staff.</li> </ol> </li> <li>III. Anticipatory Care Plans are reviewed ahead of winter period.</li> </ul>	Ongoing From October 2019 November 2019	HSCM Senior Leadership Group NHSG Senior Leadership Team / HSCM Senior Leadership Group HSCM Senior Leadership Group	Via existing resources Via existing resources Via existing resources
4.	<ul> <li>Planned Healthcare Capacity and Activity</li> <li>I. Surge Capacity Plans (mix of beds configured) in place for additional staffed beds in acute and community hospital sites.</li> <li>II. Flu vaccinations programme arranged for Local Authority emergency road maintenance personnel</li> </ul>	September 2019 October 2019	A Smart / B Thatcher C Power / M Atherton	Via existing resources Via existing resources
5.	e.g. gritter staff. Unscheduled Care Capacity and Demand I. Robust Winter Plan, which reflects predicted demand, are agreed and tested.	Workshops – November 2019? November 2019	A Pattinson / S Coady	Via existing resources

					APPENDIX 1
	١١.	Agree actions from test of Winter Plan.	Ongoing	A Pattinson / S Coady	Via existing resources
	111.	Minimising delayed discharges by reducing the number prior to winter.	November 2019	A Pattinson / S Coady	Via existing resources
	IV.	Increase capacity for Discharge Coordinator role (for 6 months) and alignment to Hospital Discharge Team.	November 2019	A Pattinson / S Coady	Via SG Winter Fund Allocation
	V.	Surge capacity plans agreed and in place.			
	VI.	Rotas, across the local health and social care system are in place.	November 2019 November 2019	A Smart / B Thatcher A Pattinson / S Coady	Via existing resources Via existing resources
	VII.	Short term project for unscheduled short stay beds			C C
		(intermediate care bed facility) at Loxa Court (to be reviewed).	Mid December 2019	S Coady / L Attridge	Via SG Winter Fund Allocation
6.	Infecti	on Control			
	١.	Ensure standards are being met.	Ongoing	Service Managers	Via existing resources
	11.	Monitor hand hygiene performance in community and Dr Gray's Hospital.	Ongoing	A Smart / B Thatcher	Via existing resources
7.	Busine I.	ess Continuity Plans Critical functions identified and prioritisation of services/functions agreed.	November 2019	HSCM Senior Leadership Group	Via existing resources


#### REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

#### SUBJECT: PROPOSED DELEGATION OF SERVICES - UPDATE

#### BY: PAMELA DUDEK, CHIEF OFFICER

#### 1. <u>REASON FOR REPORT</u>

1.1. To provide the Board with further information on the process and estimated timeline for the delegation of Children and Families Social Work Services and Criminal Justice Services.

#### 2. <u>RECOMMENDATION</u>

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB):
  - note the proposal by the Moray Council at its meeting on 25 September 2019 (para 5 of the draft Minute refers) to proceed with the next steps to implementation in the potential delegation of Children and Families Social Work services and Criminal Justice Social Work Services to the MIJB; and
  - ii) take the opportunity to comment on this proposal as part of the process.

#### 3. BACKGROUND

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework surrounding the progression of the integration of health and social care services in Scotland.
- 3.2. The MIJB was established as a public body on the 1<sup>st</sup> April 2016 following approval by the Scottish Parliament of the Moray Integration Scheme on the 6<sup>th</sup> February 2016. The Integration Scheme provides the legal framework for the partnership arrangement between Moray Council and Grampian Health board in the delegation of key functions and resources to the MIJB.





3.3. The Integration Scheme was reviewed and progressed through due process early 2018. Further functions were delegated as a result of legislative changes at that time and as such the Scheme is relatively up to date.

#### 4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The minimum delegation of services as set out in legislation relates to adult health and social care services, with the ability to delegate further services as the partnership between the Council and Health Board see fit. This arrangement as noted above is reflected and agreed legally via the Moray Integration Scheme.
- 4.2. This proposal has been stimulated by the need for the Moray Council to consider its management arrangements, putting in place a revised management structure that includes the portfolio of the Chief Officer of the Integration Joint Board, seeking to align services in a way that optimises outcomes for the people of Moray.
- 4.3. Social Work resilience and improving outcomes for the children of Moray are key drivers in this decision making. It is considered that a families approach across health and social care has the potential to improve outcomes for children in the same way anticipated and demonstrated in adult services.
- 4.4. It should be noted however that childrens health and social care services do not work in isolation and as such the wider partnership arrangements relating to all partners participating in the Integrated Childrens Services Plan remain paramount to success. The necessary arrangements already exist to support this community planning partnership arrangements through the Executive Leadership Group and Chief Officers Group, bringing together all partners with a stake in improving outcomes for the children of Moray.
- 4.5. Criminal Justice Services also relate well to other adult services, such as mental health and drug and alcohol services. There is an opportunity to align appropriate services through integration, again seeking to improve outcomes for people.
- 4.6. The process of delegation requires the Health Board and Council to agree on the proposed delegation and a paper will go to the NHS Grampian Board on 5 December 2019 and to Moray Council on 27 November 2019, seeking approval in principle to progress to the next steps for implementation in determining delegation of these services, allowing due diligence to be carried out in preparation of final approval.
- 4.7. It should be noted that the agreement articulated through the Integration Scheme is between the Health Board and the Council. The MIJB will participate in the process and through the application of due diligence ensure visibility of the finer detail and the revised Integration Scheme. This will allow a successful and robust transition should the delegation go ahead.
- 4.8. Should the Council and Health Board approve the process to proceed it is anticipated that a period of 12 18 months will be required for all the detailed work, relevant approvals and due diligence to be undertaken prior to a report

being submitted to both Health Board and Council for final approval of the delegated services.

- 4.9. There is at present an interim Head of Service in place managing business as usual, tasked with progressing change and supporting the transition. There are significant areas of work to be progressed and these will proceed alongside the process of delegation. The scale of this work should not be underestimated. This is resource intensive and is likely to require short term investment to ensure success. Funding will be sought from the Council transformation fund to assist this, the requirements are currently being determined.
- 4.10. Currently the interim Head of Service is working on improvement and modernisation plans with a view to understanding the future requirements and likely configuration of services within the health and social care landscape. This work is supported by the Moray Council Chief Executive, Chief Social Work Officer and MIJB Chief Officer.
- 4.11. The process requires detailed work in order to inform and update the Integration Scheme, confirmation of the services in scope and to reach agreement around future resource. The Council and Health Board will be updated on progress and make decisions at key points in the process.
- 4.12. The Integration Scheme, once agreed by both Parties (Health Board and Council) will lay before Parliament for final agreement, this process generally takes on average 6 weeks. Subsequently, the functions can then move across to the MIJB.

#### 5. SUMMARY OF IMPLICATIONS

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

This proposal sits consistently with the ambitions of the MIJB Strategic Plan and the Moray Council Corporate Plan and the overall ambitions underpinning Integration of Health and Social Care in Scotland.

#### (b) Policy and Legal

The implementation of recommendations made in this report will ensure that the Grampian Health Board and Moray Council complies with legal requirements relating to the delegation of service to the integration authority.

#### (c) Financial Implications

In preparation for the delegation of additional functions to the MIJB it will be necessary for the MIJB to obtain assurance that financial resources are adequate to allow it to carry out the functions and to assess the risks associated with this. The MIJB Chief Financial Officer will work with both the Council Section 95 Officer and the Health Board Director of Finance in establishing the required assurance.

#### (d) Risk Implications and Mitigation

A profile of risks will be established and presented as part of the process.

#### (e) Staffing Implications

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

An organisational change steering group and joint workforce forum exists and will support the implementation of the plan should it proceed.

There are also significant staffing issues in regard to the work need to prepare the revised Integration Scheme, if it is to go ahead, which will impact heavily on the Council's legal service and will have implications for the workload of that service.

#### (f) Property

There are no direct property implications however there is an established Infrastructure Programme that has the task of linking with the asset management arrangements of both NHS Grampian and Moray Council to ensure a joined up approach in the estate and enable the priorities and supporting infrastructure for transformation are co-ordinated and prioritised through formal routes.

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

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

At this point there are no requirements to complete an assessment.

#### (h) Consultations

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

Legal Services Manager, Moray Council Senior Solicitor Litigation and Licensing, Moray Council Systems Leadership Team, Health and Social Care Moray Corporate Management Team, Moray Council System Leadership Team, NHS Grampian

#### 6. <u>CONCLUSION</u>

6.1. The Moray Council has proposed the delegation of further functions to the MIJB. In line with the legal process, work will commence in preparation of a detailed report for the delegation of Childrens and Families Social Work and Criminal Justice Services to the MIJB with a timescale of completion set for 12 to 18 months.

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



#### REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

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

#### BY: PAMELA DUDEK, CHIEF OFFICER

#### 1. <u>REASON FOR REPORT</u>

1.1. To provide the Board with additional key documents supporting the Moray Strategic Plan – Partners in Care 2019-2029 due to be published December 2019.

#### 2. <u>RECOMMENDATION</u>

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB):
  - i) approve the suite of high level supporting documents to the Moray Strategic Plan Partners in Care 2019-2029; and
  - ii) note the strategic documents will be reviewed annually.

#### 3. BACKGROUND

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for the delegated functions under their direction.
- 3.2. The MIJB is required to have in place an established Strategic Planning Group which must be involved in all stages of developing and reviewing plans. The Act prescribes certain groups/persons that must be represented in the membership of this group.
- 3.3. The MIJB is required under the legislation to consult widely on the development of the Strategic Plan to ensure the health and social care services that are commissioned are in the best interests of the local population
- 3.4. The Moray Strategic Plan 2019-2029 was presented to the MIJB for approval at its meeting of the 31 October 2019 alongside the results of the consultation, the Transformation Plan and the Medium Term Financial Strategy (para 13 of the draft Minute refers).





3.5. The Board was advised that further documents would be presented in support of the strategy at the meeting 28 November 2019.

#### 4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. There are 4 additional documents relevant to the strategic plan for approval. The Performance Framework (APPENDIX 1), the Organisational Development Strategy 2019 – 2024 (APPENDIX 2), the Workforce Plan 2019 – 2022 (APPENDIX 3) and the Communication, Engagement and Participation Plan (APPENDIX 4).
- 4.2. The Performance Framework sets out the approach to performance management noting the key measures in place to support the 9 national health and wellbeing outcomes. This will ensure ongoing surveillance of the health and social care system in Moray on key performance indicators alongside the desire to establish more meaningful measures, consistent with the strategic plan and emerging transformation plans.
- 4.3. Staff are the greatest asset in health and social care and so the organisational culture and tone is significant in ensuring the delivery of high quality care. It is essential that Health and Social Care Moray (HSCM) understand the experience of staff within the organisation and work hard to ensure staff feel valued, supported and able to thrive. A revised Organisational Development Plan and Action Plan 2019 2024 has been established setting out the key themes of focus going forward supporting this ambition.
- 4.4. There are many challenges facing health and social care services in Moray and workforce supply, recruitment and retention are critical to success. HSCM are also operating within an environment where innovation and change is necessary requiring health and social care systems to think differently about workforce roles going forward, being creative in considering the different ways in which the workforce can be shaped to meet the ever growing need. Integrated multi-professional teams are an essential element of the workforce as well as the interface and integration with third sector providers, independent contractors and the contribution of community resources in supporting local people to stay well. This requires some different thinking and the workforce planning process to evolve in that context.
- 4.5. The Workforce Plan 2019 2022 sets out the position currently across HSCM workforce and the considerations that need to be front and centre for looking to the future. This plan will be developed further in the coming years to ensure the document reflects findings of national workforce work that is in place and local requirements that emerge from redesign and improved understanding of the potential at a local level.
- 4.6. A revised Communication, Engagement and Participation Plan 2019 2024 has been prepared, setting out the ambition and approach to this crucial activity. HSCM want to work with communities, individuals, the workforce and with partners ensuring communication, engagement and participation is optimised; this plan seeks to underpin this.
- 4.7. All of the strategic documents will be reviewed annually to ensure the content remains in line with the strategic and transformation plans.

#### 5. <u>SUMMARY OF IMPLICATIONS</u>

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

These documents underpin the intentions of the Moray Strategic Plan – Partners in Care 2019 – 2029 due for launch December 2019 replacing the MIJB Strategic Commissioning Plan 2016 – 2019.

#### (b) Policy and Legal

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

#### (c) Financial Implications

Pivotal to the effective delivery of the Strategic Plan are the financial resources available to the MIJB. To assist in the planning process, a Medium-Term Financial Framework was approved at the MIJB meeting 31 October 2019 (para 13 of the draft Minute refers).

#### (d) Risk Implications and Mitigation

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

#### (e) Staffing Implications

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

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

#### (f) Property

There are no direct property implications however there is an established Infrastructure Programme that has the task of linking with the asset management arrangements of both NHS Grampian and Moray Council to ensure a joined up approach in the estate and enable the priorities around infrastructure that support transformation are co-ordinated and prioritised through formal routes.

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

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

An Equalities Impact Assessment has been completed in relation to the Moray Strategic Plan – Partners in Care 2019 – 2029 and will be part of the suite of documents published.

An equalities outcome report and monitoring report is due for completion by March 2020 and will be developed in relation to this strategic plan.

#### (h) Consultations

The following have been consulted and are in agreement with the report where it relates to their area of responsibility: Systems Leadership Team Workforce Departments of Moray Council and NHS Grampian Corporate Communication, Health and Social Care Moray Health Intelligence Department, NHS Grampian

#### 6. <u>CONCLUSION</u>

- 6.1. Partners in Care is the MIJB Strategic Plan 2019-2029. This 10 year plan seeks to set the approach to care that would wish to be seen across Moray and sends a clear statement of intent to the public and the workforce.
- 6.2. The associated documents set out in this report provide underpinning frameworks, all of which are critical to the success of the plan.

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

Appendix 1



# **Moray Integration Joint Board**

## DRAFT

### **Performance Management Framework**

2019 - 2022

#### Contents

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#### 1. Introduction

Moray Integration Joint Board (MIJB) revised and approved their Strategic Plan for Health and Social Care in Moray, "Moray Partners in Care" 2019 to 2029, in October 2019. The Plan sets out the priorities for the MIJB for the next ten years and forms the central part of the strategic planning and performance framework.

MIJB is committed to developing a strong performance management culture in an open and transparent manner.

Implementing and embedding this Performance Management Framework (PMF) will support achievement of Moray IJB strategic priorities, with a specific focus on the following themes:

- 1. Building Resilience where people are enabled to take responsibility for their own health and wellbeing
- 2. Homefirst keeping people at home or in a homely environment
- 3. Partners in Care where people are empowered to make choices and take control

This PMF supports the MIJB in its performance management role and will:-

- Define performance management within the MIJB as it strives to deliver its Strategic Plan.
- Ensure everyone understands their responsibilities in delivering priorities and how this will be measured and reported.
- Provide a guide to all those involved in the performance management process.
- Set clear performance goals and measures that are understood This will support open scrutiny from both within MIJB, its Partner bodies and from the public.

#### 2. Vision

Our vision as articulated in our Strategic Plan is:

#### "We come together as equal and valued partners in care to achieve the best health and well-being possible for everyone in moray throughout their lives"

The PMF underpins the delivery of the Strategic Plan by providing the mechanism by which the MIJB will demonstrate its progress

#### 3. Performance Management Framework

The purpose of the PMF is to ensure that information is available which enables the Board and other key personnel to understand, monitor and assess the quality and performance of services, which will enable appropriate action to be taken when performance against set targets does not meet expectations.

#### **Principles and Purpose**

The following principles underpin this PMF:-

- a) **Creating a performance culture** these arrangements are intended to support the development of a culture of continuous improvement to deliver defined benefits to the people of Moray. This will be supported by clear objectives at all levels which drive a culture of high performance and accountability.
- b) Transparency the measures and evidence used to assess performance and inform decision making will be clear. Services and teams will understand what is required, how performance is measured and what to do if performance falls below expected levels. This will be supported through the implementation of rigorous assurance and review mechanisms.
- c) Delivery focus the performance management approach will be integrated, action orientated and focussed on delivering improved performance. Performance improvement plans, tools and techniques will be developed to support individual and team achievement.
- d) **Accountability** performance management arrangements will ensure there are clear lines of accountability in place to enable positive ownership.

#### Planning and performance management process

The PMF is integral to our strategic commissioning approach, as outlined in our Strategic Change and Service Improvement Framework (insert LINK)



For effective performance management, the 'Analyse-Plan-Implement-Review' cycle must operate at all levels of the MIJB. This ensures that the MIJB is continually working towards achieving its vision, delivering upon its plans and responding to the evolving needs of the Moray population.

#### 4. Analyse – outlining aspirational and stretching objectives

The MIJB's Strategic Plan 2019-29 "Partners in Care" fulfils a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and is the key document setting out the strategic priorities for integrated health and social care services in Moray, built up from both national and local priorities.

A Strategic Health Needs Analysis for the population of Moray (insert link) was completed in February 2019 and the findings informed the development of the 3 strategic themes.

These themes, performance outcomes and projects to deliver change will be set out in the developing Transformation Plan. By identifying and aligning appropriate national and local performance information to the themes it will be possible to describe in detail the shifts in service delivery that are required.

Projects taken forward by Transformation Boards will follow the Strategic Change and Service Improvement Framework, where analysis of data and provision of information is an integral element in the identification, evaluation and evidence based decision making process for option appraisal.

#### 5. Plan

A key element of performance management and assurance arrangements is the need to ensure that individuals and teams are aware of their responsibilities in respect of delivering improvements in service and performance. MIJB's strategic priorities will be cascaded into objectives for all teams and individuals throughout the organisation and measurable targets will be agreed and set. This links directly to the continuous development and improvement of services and individuals, via individual review and development planning processes.



#### Strategic Plan

The 3 themes will be driven forward by Transformation Boards reporting to the Strategic Planning and Commissioning Group. Each Transformation Board will take

forward their specified stretch aims, describe the changes in performance that are required to deliver the aim, and monitor the performance progress.

Associated projects will have clear action plans setting out delivery milestones and measureable indicators of progress and responsibilities clearly defined.

#### Service Plans

Service Plans will be produced that support delivery of the Strategic Plan and will translate objectives into service targets, aligning with finance, workforce development and risk issues.

It will be the responsibility of the relevant Service Manager to deliver and monitor progress of service plans via agreed action plans with clear and measureable milestones which will support both the delivery of the Strategic Plan priorities as well as all other service functions. Any significant performance breaches or risks identified during the monitoring process will be escalated to the Performance Management Group or System Leadership Group for a corrective action/decision to be made.

Performance colleagues work alongside Service Managers and Lead Officers to assist in the development of local performance indicators across services and produce relevant information in the monitoring of indicators – e.g. exception reports on activity trends.

#### Locality plans

Locality Plans require development and the Locality Managers will be integral to this process. The plans will align to the Strategic Plan themes, link to the Transformation Plan where appropriate, but will be focussed on the specific requirements of the locality.

Any resource implications or risk of delivery of locality priorities will be escalated to Systems Leadership Group for a corrective action/decision to be made.

#### Individual appraisals/Personal Development Plans (PDP)

Discussions at annual appraisals will provide clarity of priorities throughout Health and Social Care Moray, so that the vision and values of the MIJB runs from the Strategic Plan to the individual staff members who ultimately will be the key to successful delivery.

#### Performance management processes, systems and information

Critical to good performance management is the support of robust processes and systems for identifying, collecting, producing, recording and monitoring performance information.

The strategic plan, service and project plans set out the measurable objectives and targets that describe the outcomes and change that is required. The table below outlines the mechanism to ensure accountability of delivery of these objectives.

Level	Plan	Who is Accountable?	How is it Monitored?
Strategic	Strategic and Transformation Plan	MIJB members	Reviewed at Audit Performance and Risk Committee, quarterly. Annual Performance report.
Strategic	Transformation Plan / Strategic Plan	Strategic Planning and Commissioning Group / Transformation Boards	Performance information will be reviewed by transformation boards to inform decisions on priorities and options.
Operational	Locality Plans	Chief Officer	Chief Officer review progress with Heads of Service and Locality Managers
Operational	Service and Team plans	Head of Service or relevant Service Manager	Reviewed by teams regularly using dashboards. Key system indicators reviewed at Performance Management Group. Exceptions escalated to System Leadership Group for action and reported to Audit Performance and Risk Committee
Operational	Project Initiation and Business Cases	Project lead	Data and performance information will be analysed to inform and provide evidence for decisions
Individual	Team plan or individual development plans	Each member of staff	Reviewed with line manager regularly thorough appraisal process

#### Performance measures, targets and standards

Strategic objective actions will be assigned to the relevant Transformation Board to enable specific focus on delivering the shift agenda. The links/co-dependencies to other work areas will be clarified during the target setting process.

The set of Performance Measures currently reported to MIJB will be reviewed and agreed for the various levels within the organisation. These include specifically

MIJB, Transformation Boards, Localities and Service Management levels. They will include:

- National Health and Wellbeing Outcomes (**APPENDIX A**)
- Publicly Accountable indicators (APPENDIX B)
- Locally set standards and targets for Service Management

#### Reporting and analysis of information

Timely and accurate data is essential for effective performance monitoring. Heads of Service and Service Managers will work alongside and be supported by performance colleagues Health and Social Care Moray and in Health Intelligence, NHS Grampian to have systems in place to collect the agreed service information for performance monitoring purposes. This will include reporting and analysis of information to support service delivery with ongoing monitoring of performance against national outcomes and local indicators

Dashboards will be used to collate the appropriate measures for the subject or service covering quality, safety, efficiency and resource allocation and will assist managers by highlighting performance variance from target by using a Red/Amber/Green status. A sample dashboard is provided in **APPENDIX C**.

Performance will continue to be monitored through the Performance Management Group on a **quarterly** basis.

Local indicators will continue to be reported to the Audit, Risk and Performance Committee of the MIJB **quarterly** basis.

National and Ministerial Group indicators will be reported to the MIJB on an **annual** basis.

An Annual Performance Report outlining the progress in delivering the Strategic Plan objectives is required to be produced and published by 31 July each year, following approval by the MIJB.

#### 6. Implement

There are a number of key actions required to embed this PMF across Health and Social Care Moray. These will include:-

- The review of performance measures to align to the new strategic plan priorities and transformation plan outcomes
- Development of the suite of performance measures for localities

• Communicating this framework and embedding the culture of continuous performance improvement throughout the organisation.

These actions will be taken forward by the performance management group of HSCM and progress reported to Audit Performance and Risk committee.

#### Scrutiny and assurance

Scrutiny of quarterly performance reports on agreed key indicators is delegated to the Audit, Performance and Risk Committee by the MIJB, with the yearend scrutiny of the Annual Performance Report undertaken by the MIJB.

A key component of the scrutiny and performance assurance process includes the inspection of services by external scrutiny bodies. The findings from those inspections taking place during the year are reported to Clinical and Care Governance Committee or Audit Performance and Risk committee as appropriate, and will form part of the public Annual Performance Report.

#### Published Annual Performance Report

Under Section 42 of the 2014 Public Bodies (Joint Working) Scotland Act, the MIJB will publish an Annual Performance Report. This will follow the Scottish Government's Guidance for Health and Social Care Integration Partnership Performance Reports. The key areas included in this are:

- Assessment of Performance in Relation to the National Health and Wellbeing Outcomes
- Financial Performance and Best Value
- Reporting on Localities
- Inspection of Services
- Review of Strategic Plan (where a review has occurred)

#### 7. Review

This stage in the cycle is about learning from the information produced and from various other sources, including findings of external inspections and audits. It is crucial to creating a performance culture and is about understanding what has and has not worked.

Analysis, knowledge and information is collated from a number of sources and assessed to check that progress is on target, or where it is not to check that the reasons for the variances are understood. Sources include:

- current performance how are we performing against targets? Are objectives and targets still relevant and realistic?
- national priorities have national priorities remained the same?
- self-assessment following evaluation from strategic through to service and locality level, what have we learned about ourselves and how we are performing?
- resource availability how are we performing financially?
- risks what are our main risks and how are we managing these?
- surveys what do public, service users and/or staff think about particular themes & objectives? Have the public's priorities changed?
- complaints and feedback what are our service users saying? What are we doing well/poorly?
- staff views what are our staff saying? Are our staff motivated and engaged in delivering our vision and objectives?
- external audits and inspections what are our external scrutiny bodies saying about us? How do they feel we are performing following inspection? Are changes needed, if so, how quickly can we implement these?
- internal audits do we have process of internal audit of services and if so what are the outcomes and findings of these audits?
- SWOT analysis what are our current strengths, weaknesses, opportunities and threats?

As a result of analysing all the information, informed decisions can be made and corrective action taken where required. This may include a redistribution of resources, revised plans and timescales, or even a revision to our objectives and priorities in the next round of planning.

#### 8. Key Outcomes

#### Implementation of the Performance Management Framework

Following the implementation of the Performance Management Framework it is intended the following outcomes will be achieved:

- All staff will have a clear understanding of the PMF and how their work contributes towards the delivery of MIJB priorities.
- All staff will believe that achieving good performance is important
- There will be integrated and timely reporting with high quality commentary for performance reviews
- Data quality will be considered important and good arrangements will be in place to ensure quality at all levels
- The PMF will support External scrutiny
- To provide assurance that performance information is robust
- The approach to managing performance issues will be consistent across services.
- The MIJB will play a key role in monitoring and reviewing performance

#### APPENDIX A

#### National Health and Wellbeing Outcomes

The MIJB's Strategic Plan "Partners In Care" 2019-2029 fulfils a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014. It is the key document setting out the strategic priorities for integrated health and social care services. This is guided both by the national health and wellbeing outcomes as well as local needs. These outcomes are described in the 'National Health and Wellbeing Outcomes Guidance' 'and include:-

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

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

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

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5: Health and social care services contribute to reducing health inequalities

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Outcome 7: People using health and social care services are safe from harm

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

#### APPENDIX B

#### Core Suite of National Integration Indicators

Level	Indicator No	Indicator
	NI - 1	Percentage of adults able to look after their health very well or quite well
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
	NI - 8	Total combined % carers who feel supported to continue in their caring role
	NI - 9	Percentage of adults supported at home who agreed they felt safe
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work
	NI - 11	Premature mortality rate per 100,000 persons (European age-standardised mortality rate per 100,000 for people aged under 75)
	NI - 12	Emergency admission rate (per 100,000 population)
	NI - 13	Emergency bed day rate (per 100,000 population)
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting
	NI - 16	Falls rate per 1,000 population aged 65+
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
	NI - 18	Percentage of adults with intensive care needs receiving care at home
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready
	NI - 23	Expenditure on end of life care, cost in last 6 months per death

		Local Indicators
Level	Indicator No	Indicator
	L07	Rate of emergency occupied bed days for over 65s per 1000 population
	L08	Emergency Admissions rate per 1000 population for over 65s
	L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population
	L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population
	L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)
	L12	A&E Attendance rates per 1000 population (All Ages)
	L13	A&E Percentage of people seen within 4 hours, within community hospitals
	L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support
	L15	Smoking cessation in 40% most deprived after 12 weeks
	L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral
	L17	Percentage of clients receiving drug treatment within 3 weeks of referral
	L18	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCP)
	L19A	Number of complaints received and % responded to within 20 working days - NHS
	L19B	Number of complaints received and % responded to within 20 working days - Council
	L20	NHS Sickness Absence % of Hours Lost
	L21	Council Sickness Absence (% of Calendar Days Lost)
	L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral

#### Ministerial Strategic Group indicators

1.	Emergency Admissions
	- Number of emergency admissions
2.	Unplanned bed days
	- Number of unscheduled hospital bed days; acute, Number of unscheduled hospital bed days; geriatric long stay, Number of unscheduled hospital bed days; mental health
3.	A&E
	- Number of A&E attendances, % seen within 4 hours, Number of admissions from A&E, A&E conversion rate (%)
4.	Delayed Discharges
	- Number of delayed discharge bed days
5.	End of Life Care
	- Percentage of last six months of life by setting, Bed days in last six months of life by setting
6.	Balance of Care
	- Percentage of population in community or institutional settings

#### **APPENDIX C**

#### **SAMPLE** MONTHLY PERFORMANCE DASHBOARD

Service:

Period:

Performance	Sample	Out-turn	Traffic Light	Trend
Perspective	Indicators			
People	Staff turnover			
	Absence rates			
	Locum/agency			
	levels			
	IMatter Survey			
	results			
Standards	Number of			
	incidents			
	reported			
	Number serious			
	adverse			
	incidents			
	Number of			
	complaints			
	received			
	% complaints			
	completed			
	within timescale			
	Cleanliness			
Service Delivery	Waiting times			
	for service			
	Levels of			
	Unplanned work			
	Levels of			
	emergency			
	demands			
	Levels of Unmet			
	need			
Finance	Spend against			
	budget			
	Cost per client			

Traffic Light Key:

Red = target not met and out with tolerable variance

Amber = target not met but within tolerable variance

Green = target achieved or exceeded

#### **General Guidance**

#### **Developing Local Performance Indicators**

To ensure our performance indicators are meaningful and effective, the following criteria are considered when developing individual indicators/measures:

- relevant to the MIJB aims and objectives, and are therefore aligned to both the national outcomes and local deliverables;
- attributable the measured activity is aligned to the priorities of the MIJB and it is clear where accountability lies;
- well defined clear and unambiguous, so data will be collected consistently and the measure is easy to understand and use;
- timely producing information regularly enough to track progress and quick enough for all data still to be useful;
- reliable accurate to allow for its intended use and responsive to change;
- comparable with either past periods or similar activity elsewhere

#### **Target Setting**

All objectives, actions and targets should be SMART:

Specific: the need for a specific goal over a more general one, stating exactly what is expected

Measurable: if it is not measurable, how will we know how we are performing?

Achievable: goals and targets need to be challenging yet realistic, and not necessarily aspirational

Relevant: choosing objectives that matter and have a strong link to the improvement priorities

Time-bound: helps us to focus our efforts, and quite often deadlines are externally set

Appendix 2



## MORAY INTEGRATION JOINT BOARD

## DRAFT

# Organisational Development & Implementation Plan

2019 - 2022

#### **ORGANISATIONAL DEVELOPMENT PLAN**

## Foreword

Welcome to Health and Social Care Moray's Organisational Development (OD) Plan. This plan describes the partnership's approach to developing a positive organisational culture that will help the partnership deliver its strategic priorities and aims and ensure the provision of an integrated, high quality health and social care service for the Moray population.

We believe that a strong, positive workforce that adopts a culture of "Partners in Care" is critical to the success of delivery of our strategic plan, creating a single, responsive and flexible health and social care system where our workforce is equipped to improve outcomes and the lives of people using our services.

The Health landscape is a challenging and complex one with a significant amount of work to do; maintaining quality whilst reducing overall costs and becoming more efficient whilst continuing to meet the increasing demands on services will depend on everyone who works within the partnership being engaged, appreciated and happy at work.

Continuing to build on the positive foundations of joint working that already exist through the Moray Health and Social Care Partnership, this plan will make a strong contribution towards the development of the strong and cohesive identity and culture that will help the workforce of Health and Social Care Moray to be well equipped to embrace the challenges that lie ahead.

Pam Gowans

**Chief Officer** 

## Introduction

#### Purpose

The Moray Integration Joint Board Integration Scheme requires that Health and Social Care Partnerships develop an Organisational Development Strategy for integrated teams. The plan alongside the workforce plan will consider staff communication, staff engagement, staff and team development, leadership development and the training needs.

This Organisational Development (OD) Plan sets out how Health and Social Care Moray (HSCM) will develop the shared culture, priorities and commitment required to help the organisation and its workforce deliver the best possible health and wellbeing services for the people of Moray. The vision, principles and values set out in the Strategic Plan are embedded in this document.

Setting out the actions required to ensure the organisation is fit and able to respond to the dynamic, challenging and fast pace of change in the current public sector environment, the scope of this plan extends across the leadership at all levels of the organisation, the professional and technical capacity of the workforce as well as the underpinning systems and structures that form the mechanisms through which the organisation functions.

Our context is one of transformational change. This plan will be implemented to take account of the requirements of the workforce to facilitate positive change as needs and priorities adapt through the evolving process of integration. Our priorities will be focussed on the three Strategic Themes as set out in the our Strategic Plan "Partners in Care" (LINK) :-

- Building Resilience
- Home First
- Partners In Care

#### What is Organisational Development?

Organisational Development is a planned approach to supporting organisational change from a strategic level so that people skills, behaviours, capability and effectiveness are developed to achieve the performance required to ensure the organisational priorities are delivered.

It is about aligning the workforce with the vision, purpose, values and principles, and developing the capacity and potential of both the organisation and the people within it.

The benefits of an OD approach are that they support the development of a positive culture that underpins innovation and creativity, increases job satisfaction, develops effective interpersonal relationships and fosters greater participation and therefore engagement in defining organisational goals and creating plans to help achieve them.

## Context

#### **Our Organisation**

Following the introduction of The Public Bodies (Joint Working) Scotland Act 2014 setting a new legal framework for the future of health and social care services in Scotland, the Moray Integration Joint Board approved the establishment of the new integrated partnership between health and social care services know as Health and Social Care Moray (HSCM).

HSCM as an integrated partnership has responsibility, for a range of health and social care functions relating to adults and many universal health services such as general practice and children's health services. It is responsible for the operational delivery of integrated services, as well as ensuring that the quality and performance of services meets the aims of the MIJB Strategic Plan.

#### **Our Aims and Priorities**

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

This will be done through promotion of choice, independence, quality and consistency of service by providing a seamless, joined up, high quality health and social care service.

HSCM will always do its utmost to support people to live independently in their own homes and communities for as long as possible as long as it is safe to do so and will strive to ensure resources are used effectively and efficiently to deliver services that meet the needs of an increasing number of people with longer term and often complex care needs; many of whom are older.

The values of set out by the MIJB and HSCM are to:

- a. listen and treat people with dignity and respect
- b. show care and compassion to people
- c. be person centred
- d. be safe, effective and responsive in our service delivery

## Organisational Development

#### **Our Organisational Development Aims**

This plan is designed to support delivery of the objectives outlined in the Strategic Plan, by ensuring that skills, competencies and confidence of our workforce can meet the assessed Health needs of the people of Moray.

OD priorities will be specifically to help HSCM build the right workforce to deliver quality care, ensure the leadership and accountability required to support that and create shared processes across sections and professionals where technology and innovation are embedded in identifying and developing new ways of service delivery.

#### **Our Organisational Themes**

Following the diagnostic activity and discussions with the senior and operational management teams HSCM, the following three areas have been identified as the main themes of the OD plan:

1) Employee Engagement, Morale and Motivation	Engaging with the workforce and local community to build positive working relationships, strong localities and effective joint partnerships that foster a positive workforce climate and culture
	Empowering people to achieve individual and collective goals and to be their best self at work, linked to organisational values and to provide space and opportunity for creativity and innovation to flourish
2) Workforce Transformation and change	Developing a progressive, forward looking organisation and workforce with a future focus embracing transformation and innovation
	Establishing a culture of review and seeking improvements that are efficient and improve performance across the organisation
	By promoting and developing leadership skills development at all levels of the organisation we will provide a strong and clear focus on delivery of the key strategic priorities of the organisation.
3) Communication and Engagement	Fostering two way communications with a clear purpose and target audience

#### **Organisational Development Priorities and Actions**

#### A) Employee engagement, morale and motivation

Engaging with the workforce and local community to build positive working relationships, strong localities and effective joint partnerships that foster a positive workforce climate and culture

During the initial engagement workshops people said they wanted to be valued, be listened to and wanted to work well together. At the Talking Shops people said they wanted problems to be addressed and they wanted to feel valued and respected. The workforce planning session identified that managers see engagement as a major theme and the low response rate to IMatter indicates that there is room to improve how engaged the workforce are.

Culture can be defined as 'the way things are done' and is generally made up from shared assumptions, beliefs, values and norms. HSCM has identified that it wants to

create a shared culture that supports its workforce to deliver the best possible health and well-being services for the people of Moray.

The engagement programme will increase the visibility and recognition of senior managers across the workforce, increase the capacity of key staff members, provide opportunities for employee voice and influence and develop opportunities to recognise and value the contribution of the workforce.

Empowering people to achieve individual and collective goals and to be their best self at work, linked to organisational values and behaviours and to provide space and opportunity for creativity and innovation to flourish.

Staff have indicated through I Matter survey results that they want clear roles, accountability and information that underpin involvement and empowerment in decision making processes.

Managers and supervisors across all teams will be encouraged to develop and embed a culture that supports transformation, where staff are able to suggest improvements, problem solve, have involvement in development of creative and innovative ideas. This will be a key factor in successful delivery of the Strategic themes.

#### B) Workforce transformation and effective change

Feedback from the council's employee engagement activity highlights concern for, and a desire to improve how the resources and technology are used to deliver services as an integrated organisation.

Having a workforce that embraces transformation and innovation is key for the future development of the organisation. Opportunities will be created to allow the identification and description of ambitious, long term aspirations and will include exploring risk appetite and management of risk.

To do this there will be activities that will help people to seek out opportunities for innovation using a 'no limits' or 'considering the art of the possible' type approach. An environment will be created where progressive thinking and evidence based proposals are used to establish scalable pilots with mainstream implementation planning, monitoring and evaluation, making links with other development projects and partners to enhance future service delivery.

With ongoing financial constraints and increasing demand for services it is vital that the drive for efficiency, either financial or procedural, is embedded as an integral part of any continuous improvement approach. Quality is at the centre of everything we do and we see continuous improvement being a key enabler to support our staff, partners and communities to facilitate changes which will ensure the best possible experience and health and well-being outcomes for our population.

As leaders of an organisation that seeks innovation and creativity from the workforce, space will be created for managers and teams at various levels in the organisation to discuss and launch new corporate initiatives, encouraging debate and challenge and increasing understanding and buy in.

There will also be clarity around the responsibilities and expectations of managers and a clear link between individual and organisational performance.

All staff will have regular appraisals aligned to the common values and principles of HSCM.

#### 3) Communication and Engagement

Fostering two way communications with a clear purpose and target audience

Survey results from both the council employee survey and Imatter underpin the requirement to have clear and effective communications that enable other elements of the OD plan.

There will be a clear communications strategy that builds on existing approaches to provide clarity and direction on the purpose of each message and how it should be delivered to the various sections of the workforce.

Face to face communications will be developed whereby every member of the organisation has the opportunity to meet with other members of their team and the wider workforce.

Different forms of communication will be explored including digital platforms that may provide an effective platform for engagement.
#### Health and Social Care Moray – Organisational Development – Implementation Plan

#### A) Employee Engagement, Morale and Motivation

Engaging with the workforce and local community to build positive working relationships, strong localities and effective joint partnerships that foster a culture of a positive, confident and empowered workforce

Planned Outcome	Action Required	Milestones	Timescale Lead	Progress update
Staff have more confidence	Increased visibility and recognition			
in senior managers	of senior management amongst all levels of the organisation			
Employees feel they are	Development of Staff recognition			
recognised and valued	programme			
across HSCM and by IJB for their contributions				
New staff are inducted to	New start and new manager			
HSCM and understand the	induction programme to be			
partnership arrangements	reviewed to represent HSCM			
Teams feel empowered to				
identify creative and				
innovative solutions, make				
decisions and take action				

#### B) Workforce transformation and change

Developing a progressive, forward looking organisation and workforce with a future focus embracing transformation and innovation

Planned Outcome	Action Required	Milestones	Timescale	Lead	Progress update
Corporate framework for continuous improvement approach in place and in action	Adopt methodology set out in Commissioning Framework and embed across all services	Adoption by IJB Communication with teams	Oct 2019	PD	complete
Opportunities for "wicked" issues to be addressed in new ways	Identification of opportunities for the Moray Alliance approach Programme of workshops to examine activity streams, workflows, common areas, durliantian gape and to be colution				
	duplication, gaps and to be solution focussed				
All staff to receive feedback and development support aligned to the common values and principles of HSCM	Implementation of appraisal and development processes via Turas				
Staff will feel that the Leadership and management of the organisation is of a	Management development programme in place				
high standard	Manager responsibilities and expectations are clearly specified and achieved				

#### C) Communication and Engagement

Fostering two way communications with a clear purpose and target audience

Planned Outcome	Action Required	Milestones	Timescale	Lead	Progress update
Staff know how communication and engagement is undertaken	Communications Strategy and implementation plan in place	Strategy to IJB	28/11/19	F McPherson/ E McKechnie	On target
and are clear of their role	Comprehensive guidance , processes and protocols in place to support implementation				
Staff feel they know what is going on in their organisation	Development of the monthly HSCM newsletter				
	Development of employee engagement activities				
	Development of HSCM Intranet as an effective platform for internal communication and engagement				
Staff have opportunities to contribute to decision making process	Establishment of regular team meetings across the workforce with meaningful two way flow of communication				

Appendix 3



## Moray Integration Joint Board

### DRAFT

Workforce Plan

2019 - 2022

#### Defining the plan - Introduction

Health and Social Care Moray have delivered community-based services and assumed responsibility for strategic commissioning since 1 April 2016. Throughout the last three years we have worked jointly as partners in health and social care to improve the delivery of services to the people of Moray. Our vision is that by 2021 we will have achieved service improvements and be able to provide the local population with the highest quality of person-centered care.

Our aim is to continue to personalise care, educate individuals and give them choice and control over the lives they lead. Services will be planned, coordinated and delivered within localities and in support of the 2018 General Medical Services (GMS) Contract increase our focus on local patient-centered care delivered through newly developed multi-disciplinary teams.

We recognised that our workforce is key in progressing new ways of working and that retaining their skills is fundamental in the delivery of new models of care. Our aim is to focus on these new models, develop new career pathways and enhance the roles within multi-disciplinary teams; highlighting the opportunities for cross-sector learning and development of new generic roles e.g. Link Workers, Social Care Assistants, Advanced Nurse Practitioners and Paramedic Practitioners.

We also plan to continue to develop 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.

Health and Social Care Moray welcome changes that will benefit service users. We aim to support the strategic themes contained within Moray Partners in Care and The Primary Care Improvement Plan and as part of the Workforce Plan agree how we will prepare the workforce for changes in service delivery. 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.

Recruiting and retaining staff remains a major challenge and we need to review our approach and the incentives used to attract individuals to work in the health and social care sector.

This Plan has been developed by the Senior Management Team in conjunction with their service areas and specialties. Staff Partnership/Trade Union colleagues will continue to be involved in the review of services through workforce steering groups. The challenges, risks and solutions are the responsibility of everyone within Health and Social Care Moray with the aim of providing a well-aligned, supported and sustainable workforce for the future.

This Workforce Plan aims to guide our service departments develop a workforce fit for the future, one which is able to deliver the strategic aims described within Moray Partners in Care and the Primary Care Improvement Plan for Moray i.e. a sustainable workforce competent in managing service demands and safeguarding the continued delivery of high-quality care.

#### Mapping service change - Direction of Travel

Health and Social Care Moray will work with all their partners to plan effectively for the future needs of the community. We will encourage people, including our own workforce, to take charge of their own health and wellbeing and that of their families and communities. 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 longterm health conditions; building resilience and fostering a culture of early intervention and prevention including concerns around mental health and loneliness.

Develop services in partnership with providers of health and social care services including the Third Sector and Independent Care Sector to provide a more cohesive level of care which can be delivered safely at home or in a homely setting. We will develop multi-disciplinary teams (MDTs) which will provide more holistic care and prevent hospital admissions wherever possible. Determining what type of skill mix is needed to meet future demand will promote succession planning and enhanced MDT roles in primary care.

A commitment to work with people as partners in their own care, support and treatment. Provide the necessary information that will allow then to make informed choices regarding their personalised care and support planning. Shared decision-making will allow individuals and families feel empowered to discuss and understand treatments available i.e. Realistic Medicine. We need to ensure that in taking this objective forward the workforce have the required competencies to deliver this and are encouraged and supported by a clear career pathway,

The 2018 GMS contract represents a significant change in how general practices operate and their links with Health and Social Care Moray and the professionals working within our communities. Our vision is that by 2021 Health and Social Care Moray will have well-resourced and sustainable

primary care systems in place which will be delivered by a network of GP Practices. The GMS contract supports the development of a new role for GPs, the Expert Medical Generalist and senior clinical decision maker; moving their workload and responsibilities to a multi-disciplinary team. Practice Managers, administrative staff and General Practice Nurses will generally remain directly employed by the Practice as independent contractors. The multi-disciplinary teams will, in the main, be employed by the NHS or Scottish Ambulance Service however they will be embedded within practice teams. This model provides continuity of care to people, whilst supporting practice sustainability and professional governance. The MDTs will focus on anticipating care needs, supporting self-management and the co-ordinated operational delivery of care and will include new roles e.g. Paramedic Practitioners.

Our workforce is our most valuable resource and in order to retain the skills and knowledge already present it is essential that we promote continuous professional/ skills development and support staff in career progression. Ensuring our workforce is motivated and multi-skilled with the ability to undertake a wide range of health and social care tasks will assist the new ways of delivering services e.g. skill mixing will help determine the most appropriate use of our workforce.

We continue to face major challenges in recruiting and retaining staff and as such we need to look to new ways of recruiting e.g. using social media and websites like Facebook and Linkedin to attract people to live and work in Moray and consequently improve workforce supply. We also need to look at how we motivate, support and develop existing staff e.g. career development, flexibility of working conditions for those who may be considering retirement.

#### Establishing workforce needed to meet service demand -Challenges

Recruiting and retaining staff remains a major challenge and we need to review our approach towards recruiting and be more creative in the incentives used to attract individuals into the health and social care sector. There are some key factors that affect this, including but not exclusively, pay and conditions and the rurality of Moray. Whilst some of these factors remain, as they have been over the last three years, there has been a move to a different working pattern for Social Care Assistants (complete shifts) and a review of Care at Home staffing structure from management and leadership through to team structure. We need to encourage more existing staff to engage in different ways of working and encourage them to develop their skills and apply for new roles, for example, multi-disciplinary team working including Paramedic Practitioners, Advanced Nurse Practitioner and Community Link Workers.

Moray has a growing elderly population, consistent with national trends. Population projections from the National Records of Scotland show over the last 10 years a 40% increase in the over 65 population in Moray and a reduction of 22% in the 15-64 age-group (mainly working age). These figures highlight the impact this will continue to have on our workforce who are supporting an ageing population, many with complex health and social care needs.

We need to look at alternative ways of working, retain highly experienced staff and provide opportunities for those who wish to continue working beyond their chosen retiral or state pension age. With changes to state pension age there is likely to be an increase in staff working for longer although for some of the workforce, specifically some NHS staff, early retirement at the age of 55 may prove quite appealing. We need to fully support our ageing workforce by exploring alternative roles which will fit with their preferred work/life balance and retain their expertise within the Partnership.

Financial challenges continue to be high on the agenda and we need to look to our new models of working to deliver services more efficiently e.g. using members of the multi-disciplinary team to deliver care rather than GPs, training and developing more Social Care Assistants.

#### Understanding workforce availability - Current Workforce

As set out in the National Health and Social Care Workforce Plan: Part 1, NES is working with stakeholders to bring together and align relevant workforce data under a data platform called the 'Data Lake' which will better inform workforce planning. Full implementation of this is expected by the end of 2019.

Going forward, the NES data platform will be crucial in supporting more integrated local, regional and national workforce planning in health and social care. For now, the workforce information data is built around different reporting systems for the Moray Council and NHS Grampian. Consequently, complete harmonisation of workforce information is not feasible at this stage, however, workforce statistics have been provided by both partners which are populated in the tables below.

Workforce statistics taken from NHS Grampian and The Moray Council as at 31 August 2019 are outlined below:

#### Table 1

Organisation	Headcount	WTE
The Moray Council up to Grade 8	690	486.53
The Moray Council Grade 9 +	93	85.68
NHS Grampian	776	622.20
Total	1559	1194.41

Table 1: Integration Workforce Summary by Headcount, Working Time Equivalent (WTE) and Number of Posts

#### Table 2

Organisation	Whole Time	Part Time	Total
The Moray Council	234	549	783
NHS Grampian	345	431	776
Total	579	980	1559

Table 2: Integration Workforce Summary by Part Time/ Time Total

#### Table 3

Organisation	Male	Female	Total
The Moray Council	118	665	783
NHS Grampian	102	674	776

Table 3: Integration Workforce Summary by Gender Organisation Male Female

#### Table 4

Age	Profile					Total
<25	25-34	35-44	45-54	55-59	60+	
32	108	143	251	140	109	783
17	132	171	276	95	85	776
	<25	<25	<25         25-34         35-44           32         108         143	<25         25-34         35-44         45-54           32         108         143         251	<25         25-34         35-44         45-54         55-59           32         108         143         251         140	<25         25-34         35-44         45-54         55-59         60+           32         108         143         251         140         109

Table 4: Integration Workforce Summary by Age

#### Table 5

Job Family	Total Headcount	WTE
Admin Services	116	93.35
Allied Health Profession	121	92.02
Dental Support	40	31.18
Medical and Dental	34	22.31
Nursing and Midwifery	383	324.57
Other Therapeutic	27	22.91
Personal and Social Care	7	6.40
Senior Managers	1	1.00
Support Services	47	28.47
Totals	776	622.20

Table 5: Total Headcount by NHSG Job Family

### Implementing, monitoring and refreshing - Action Plan and Review

Our Workforce Plan is a working document which will be reviewed on an ongoing basis by the Senior Management Team. The Action Plan is attached as Appendix 1 and will be completed and reviewed on an on-going basis. HR and OD professionals from the Moray Council and NHS Grampian will provide advice and guidance in relation to the workforce objectives that require HR/OD input e.g. redesign involving organisational change; innovative recruitment.

Effective staff engagement will play an integral part in implementing many aspects of this plan. To ensure its success, support will be available from trade union and staff side colleagues through the Joint Staff Forum and other staff working groups.

#### Appendix 1

Workforce Planning Action Plan 2019/22Definition: Short – Up to 1 year Medium – 1 to 3 years Long – 3 to 5 yearsMapping workforce skills and competencies

	Description of Action	Lead	Timescale for Implementation – Short, Medium or Longer term	Description of Potential impact on Workforce / Service	Financial resources required	Progress towards implementation
1	Workforce Review, particularly Mental Health Nurses	Service Managers	Long term	Ageing workforce Create generic roles/new roles to meet service demands	Increase of training budget, cost of developing new roles	
2	Develop the Mental Health Strategy Plan	Specialist Service Manager	Medium	Create stronger links with Integrated Children's Services		
3	Develop local induction and training i.e. new ways of working, different IT systems, Policies and Procedures, Health and Safety procedures. Aim to transform the culture and philosophy of care which will assist in meeting future	Senior Management Team	Long	Training implications for staff. Maintain staff engagement and motivation which reflects on the delivery of services. Development of new roles e.g. Generic Healthcare Support Workers, Advance Nurse Practitioners. Develop career pathways and provide opportunities for staff motivated to advance in their chosen career.	Increase in Training and Recruitment budgets will be required.	

	service demands.					
4	Target the recruitment of workforce groups with higher than average rates of turnover.	Service Managers	Medium/Long	Encourage recruitment of the people who demonstrate our core values and understand our vision. Recognise the need to support staff development, particularly those working in specialist units, improve positive leadership and accountability.	Uncertain of exact budget implications, in many driven by national terms and conditions.	On-going
5	Career Planning and Talent Management; awareness of age profile and the need to be proactive. Develop career pathways and new ways of delivering service. Embrace technology	Service Managers	Medium/Long	Improve engagement and motivation when career pathways are defined. Understand the benefits of technological advances.	Increase in L&D and recruitment budget.	
6	Information sharing - develop easy access to service information across Health and Social Care Moray	Senior Managers, IT Security and Information Governance.	Short	Swift transition of information, better for Clients and Patients. Enable staff to provide a quality service	Within existing budget	

7	Ensure Acute	AHP Lead	Medium		
	Medical Units have	Moray			
	dedicated access				
	to physiotherapy,				
	OT and access to				
	appropriate				
	services				
8	Implementation &				
	evaluation of MH				
	and Wellbeing				
	services - Choose				
	Life, Stress				
	Control, Moray				
	Feelgood Festival.				

Item 12

Appendix 4



### **Moray Integration Joint Board**

### DRAFT

### Communication, Engagement & Participation Framework 2019-2022

#### 1. Introduction

"Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people."

#### - Ministerial Strategic Group for Health and Community Care

People who use services are almost always the best people to know what works for them. They should be at the heart of what we do by being involved in the planning, design and delivery of health and social care services.

Our Strategic Plan is called Moray Partners in Care and this is exactly the approach we intend to take to broaden and improve our communication, engagement and participation work.

In this framework we set out how we intend to develop our enabling approaches to help us deliver the best services we can in order to improve health and wellbeing outcomes.

Through listening to and learning from what partners are telling us, our framework will develop and grow to reflect the changing needs and ways our stakeholders wish to work together with us.

Our aim is to communicate and engage with people in more meaningful and sustained ways than we have previously. This will have increased importance in supporting the scale of change and transformation required by the Moray Integration Joint Board to sustain service delivery at a time of growing demand and limited resources.

Through robust and systematic engagement and the active involvement of all stakeholders, supported by effective communication, we can:

- Increase awareness and understanding of the challenges we face
- Work with stakeholders to design and deliver local solutions to local issues
- Provide person-centred services which improve health and wellbeing outcomes.

Communicating with and involving people has to be part of everyone's roles, not just something that happens when changes need to be made. It is essential it is embedded into core business right across the partnership.

Individuals and groups the Board want to engage with need to be nurtured and assured that they can influence decisions and that decision-makers genuinely listen to and value their experiences, views and ideas.

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#### 2. Why communication, engagement & participation are important

Improvements to health and social care happen frequently. Some change and redesign will be small and people who use our health and social care services need to be informed about these. However, some of the changes in our Transformation Plan will affect more people and we want to make sure everyone understands how it will work, how they can be involved and how, together, we want to achieve success.

Involving people in the planning, design and delivery of services helps to build our Partners in Care approach at an individual, service, locality and Moray-wide level.

Continual and open dialogue builds a culture of transparency and trust which is a critical element of what we want to achieve. Being open about the challenges we face and involving all stakeholders, including our staff, in highlighting issues and identifying solutions are fundamental building blocks in delivering high quality, safe and sustainable services that meet local needs.

Like all integrated Boards we have a legal duty to involve people in our work. The Public Bodies (Joint Working) (Scotland) Act 2014 lays out the principles governing the integration of health and social care services and the Community Empowerment (Scotland) Act 2015 creates a renewal of local democracy and citizen participation. The Act also places a statutory duty on Community Planning Partnerships to establish Local Outcomes Improvement Plans and Locality Plans focusing on areas that will benefit most from improvement.

Involvement isn't something we only do because we are obliged to. We have a genuine desire to work together with our partners in care to shift from "doing to" to "doing with" in order to achieve our strategic priorities and outcomes whereby people receive more integrated services, high quality care and support and a better experience.

#### 3. Working together, transforming together

Working towards equal partnerships and effective relationships will make a big difference to the success of the Board's Transformation Plan 2019-2024.

Stakeholder engagement is about knowing who our stakeholders are, understanding them and knowing how best to involve them in transformation and engagement work. This framework is relevant to our work with all internal and external stakeholders including:

- People who use health and care services, their carers and representatives
- Communities of interest such as people with protected characteristics
- Staff working in the partnership of Health & Social Care Moray and wider staff groups from NHS Grampian and Moray Council

3

Communication, Engagement & Participation Framework 2019-2022

- Third Sector including community bodies and groups, service providers, social enterprises and volunteers
- Independent sector and private business.

The Board is commitment to engaging stakeholders at the very beginning of any change and redesign programme and to supporting people to become part of a continuous conversation about health and care services.

The Board has adopted an approach to system-wide service change which means engaging people who use our services, the public and staff as well as other providers of services, listening and learning from people's individual experiences of health and social care. We will use all of this lived experience to inform our thinking, alongside professional opinion and evidence.

#### 4. Our approaches to communication, engagement & participation

There are many ways people who use services, carers and people who provide services can be involved in our work. In order for people to be empowered they should be able to choose how and when they participate.

Activities progress from information sharing, involving/engaging and consulting, to joint working as equals (co-production) and devolved decision making.

We will continue to build on insights gathered from previous work to inform engagement and participation in our transformation programmes going forward.

We will strive to be as inclusive as possible in our reach to ensure that individuals or groups whose voices are not traditionally as strongly heard or represented are identified and involved.

We will continue to adopt processes which create opportunities for people to work together to produce realistic solutions. In this way we will maximise the understanding of change among staff, people who use our health and social care services, the public, our communities and our other key stakeholders.

We will demonstrate that we have listened and how we have used what we have been told.

It is clear from our ongoing engagement that communities care passionately about the services they receive and want to influence, inform and be involved in how care and support are delivered.

There are still, however, a number of barriers that need to be reduced or removed if people are to be encouraged to work with us.

Our engagement work must evidence how it meets the National Standards for Community Engagement. There are seven Standards:

• **INCLUSION** – We will identify and involve the people and organisations that are affected by the focus of engagement

Communication, Engagement & Participation Framework 2019-2022

- **SUPPORT** We will identify and overcome all barriers to participation
- **PLANNING** There is a clear purpose for engagement which is based on a shared understanding of community needs and ambitions
- **WORKING TOGETHER** We will work effectively together to achieve the aims of engagement
- **METHODS** We will use methods of engagement which are fit for purpose
- **COMMUNICATION** We will communicate clearly and regularly with the people, organisations and communities affected by the engagement
- **IMPACT** We will assess the impact of the engagement and use what we have learned to improve future community engagement.

Our communications will be underpinned by the following standards and principles:

STANDARD	PRINCIPLE
OPEN AND CREDIBLE	Reasons are given for decisions. Questions and requests for information are welcomed and answered promptly. Credibility is earned by responsible, honest and timely communication.
CORPORATE AND CONSISTENT	Communication style and message is consistent with our aims and values. It is proactive and planned where possible and is the same for all audiences
TWO/THREE WAY	Systems exist to support communication up and down the way at all levels of the organisation as well as across teams, departments and services. Opportunities are available for open and honest feedback from all stakeholders so people have opportunities to share their experiences, contribute their ideas and opinions about issues and decisions.
TIMELY AND TARGETED	Communication is provided at the time it is needed, is relevant to the people receiving it and provided in the right way for people.
CLEAR AND CONCISE	Communication is jargon-free, in plain English, is easy to understand and relevant.
ACCESSIBLE	Communication is delivered using styles, formats and materials that are accessible and appropriate to the needs of the audience.

We will continue to work closely with our key partners to make sure we share our resources wisely, reduce duplication of effort and achieve better outcomes for and with our communities.

#### 5. Progress to date

This framework builds on the foundations set out in Communication & Engagement Strategy for 2016-2019.

Key highlights from the last three years include:

- Set-up of the Health & Social Care Moray website. The site hosts information on the IJB and its members and activities; documents such as strategies, audit and performance reports, news, locality projects and opportunities for involvement.
- Establishment of social media channels. Health & Social Care Moray's own Facebook page has attracted over 900 followers. It now sits within a Facebook for business platform and hosts pages within that account.
- Involvement of the Strategic Planning Reference Group members in a series of workshops to support the development of the new Strategic Plan.
- Locality engagement in Forres and Keith. This has been based around transformation projects and has involved community information and involvement events as well as formal consultation in Forres. Stakeholder representatives are actively engaged in both project working groups.
- People with lived experience of mental health shared their aspirations for making recovery real in Moray as part of the review of delivery of the strategic plan Good Mental Health for All.
- > Establishment of the Positive Dementia engagement group.
- > The MERIT Awards, an annual celebration of the workforce, was introduced.
- > Moray Matters, a refreshed staff newsletter, has been circulated.
- The IMATTERS continuous improvement tool continues to be used to identify opportunities to improve staff experience.

#### 6. Linking it all together

This communication, engagement and participation framework has not been developed in isolation. It cannot be a standalone document and must become embedded within our overall station approach as outlined in Moray Partners in Care 2019-2029 and Transformation Plan, other organisational enablers such as our Workforce & Organisational Development Plan and Digital Infrastructure Programme.

#### Our vision

We come together as equal and valued partners in care to achieve the best possible health and wellbeing for everyone in Moray.

#### Our strategic priorities

Building resilience - Taking greater responsibility for our health and wellbeing

Communication, Engagement & Participation Framework 2019-2022

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

Partners in care – Making choices and taking control over decisions affecting our care and support

This framework will support the programmes of work taken forward by the Transformation Programme Boards reporting to the Strategic Planning and Commissioning Group of the Moray Integration Joint Board.

#### 8. Aims and objective

There are three main aims for this framework. A number of key objectives sit under each one and will be taken forward through a series of actions which will be detailed in a supporting action plan.

AIM	AIM 1: Build greater awareness of the Health & Social Care Moray brand		
	Objective	Timescale	
1.1	Establish and maintain the identity of HSCM		
1.2	Promote and protect the reputation of HSCM		
1.3	Build staff confidence and awareness of HSCM		
1.4	Build stakeholder confidence and awareness of HSCM		

AIM	AIM 2: Communicate effectively with internal and external stakeholders		
	Objective	Timescale	
2.1	Create effective tools for communication with all staff teams		
2.2	Develop robust vehicles for two-way staff engagement		
2.3	Create accessible platform for sharing of information within all		
	teams		
2.4	Celebrate workforce		
2.5	Enhance existing information sharing processes		
2.6	Develop robust vehicles for communication with all		
	stakeholders		
2.7	Review forms of communication with key stakeholders		

AIM	AIM 3 - Embed meaningful and sustained engagement and participation		
	Objective	Timescale	
3.1	Continuously seek stakeholder feedback and experiences to monitor and improve service delivery		
3.2	Develop more robust mechanisms to systematically use feedback to inform improvement and feed this back to stakeholders		
3.3	Increase the range of involvement opportunities available		
3.4	Take forward Locality Engagement		
3.5	Develop participation in Transformation Programme Boards		
3.6	Critically evaluate current working arrangements and relationships with stakeholders		

#### 9. Framework into action

To support the implementation of this framework an annual action plan will be developed which will detail the work to be carried out to deliver on the objectives.

This action plan will be reported to and scrutinised by the Strategic Planning and Commissioning Group.

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#### REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

#### SUBJECT: STRATEGIC RISK REGISTER – NOVEMBER 2019

#### BY: CHIEF OFFICER

#### 1. <u>REASON FOR REPORT</u>

1.1 To provide an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated November 2019.

#### 2. <u>RECOMMENDATION</u>

- 2.1 It is recommended that the Board consider and note the:
  - i) amendments to the description of risk; and
  - ii) updated Strategic Risk Register included in APPENDIX 1

#### 3. BACKGROUND

- 3.1 The strategic risk register is reviewed regularly as part of a robust risk monitoring framework, to identify, assess and prioritise risks related to the delivery of services in relation to delegated functions, particularly any which are likely to affect the delivery of the Strategic Plan.
- 3.2 The Moray Integration Joint Board (MIJB) Strategic Risk Register is attached to this report as **APPENDIX 1** and sets out the inherent risks being faced by the MIJB, together with a current assessment on the level of the risks and any mitigation actions being taken to reduce the impact of the risks.
- 3.3 Risk scores are weighted, based on assessment according to their likelihood and corresponding impact, as per Section 5 of the MIJB Risk Policy.

#### 4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Strategic Risks have received an initial review to ensure they align to the new Strategic Plan for 2016-2019. The amendments have been tracked on page one of **APPENDIX 1** for ease of reference. The revised risks have been updated accordingly.





- 4.2 As the Transformation plan evolves, the Strategic Risk Register will be reviewed further to ensure that it reflects any concerns that may impact on the delivery of the objectives set out in the Strategic Plan. Changes such as inclusion or removal from the register will be agreed by the Chief Officer and Senior Management Team before submission to Audit, Performance and Risk Committee for review each quarter.
- 4.3 The Risk Management Framework is under review and it is intended that the development session in February 2020 will include a workshop to consider MIJB risk appetite in relation to delivery of the Strategic Plan.

#### 5. <u>SUMMARY OF IMPLICATIONS</u>

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

The MIJB requires effective governance arrangements for those services and functions delegated to it and Risk Management systems are integral to this.

#### (b) Policy and Legal

As set out in the terms of reference, the Board has responsibility to provide assurance of the adequacy of the risk management framework.

There are no legal implications arising from this report.

#### (c) Financial implications

There are no direct financial implications arising from this report however the Board should note the failure to manage risks effectively could have a financial impact for the MIJB.

#### (d) Risk Implications and Mitigation

This report forms part of the governance arrangements for identifying and managing strategic risks of the IJB.

#### (e) Staffing Implications

There are no additional staffing implications arising from this report. Senior Management Team have considered areas of high risk and are seeking to redeploy staff to address these as a matter of urgency.

#### (f) Property

There are no property implications arising 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.

#### (h) Consultations

Consultations have been undertaken with the Chief Financial Officer and Chief Internal Auditor and comments have been incorporated in this report.

#### 6. <u>CONCLUSION</u>

### 6.1 This report recommends the Board note the revised and updated version of the Strategic Risk Register.

Author of Report:Jeanette Netherwood, Corporate ManagerBackground Papers:held by authorRef:





### HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT NOVEMBER 2019





#### **RISK SUMMARY**

- 1. The Moray Integration Joint Board (MIJB) does not function as set out within the Integration Scheme, Strategic Plan and in-line with Standing Orders and fails to deliver its objectives or expected outcomes.
- 2. There is a risk of MIJB financial failure in that the demand for services outstripping available financial resources. Financial pressures being experienced by the funding Partners will directly impact on decision making and prioritisation of MIJB
- 3. Inability to recruit and retain qualified and experienced staff to provide safe care whilst ensuring staff are fully able to manage changes resulting from integration.
- 4. Inability to demonstrate effective governance and effective communication <u>and engagement</u> with stakeholders.
- 5. Inability to <u>deal\_cope\_</u>with unforeseen external emergencies or incidents as a result of inadequate emergency <u>and resilience</u> planning-<u>and resilience</u>.
- 6. Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.
- 7. Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level.

8. <u>Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of Risk of major disruption in continuity of ICT operations inability to resolve data sharing and including data security requirements being compromised.</u>

9. Requirements for support services ICT and Property are not prioritised by NHS Grampian and Moray Council.

RISK RATING	LOW	MEDIUM	HIGH	VERY HIGH
RISK MOVEMENT	DECREASE	NO CHANGE	INCREASE	

The process for managing risk is documented out with the MIJB Risk Policy.





1		
Description of Risk: Political	The Integration Joint Board (IJB) does not Scheme of Administration and fails to deliv	function as set out within the Integration Scheme, Strategic Plan and er its objectives or expected outcomes.
Lead:	Chief Officer	
Risk Rating:	Low/ medium/ high/ very high	MEDIUM
Risk Movement:	Increase/ decrease/ no change	REDUCED
Rationale for Risk Rating:	Membership of IJB committees has been stable and the majority of members have attended several cycles of meetings. Moray Council political balance has remained consistent since July 2018. The strategic plan has been reviewed and the strategic objectives and expected outcomes are integral to this.	
Rationale for Risk Appetite:	The MIJB has zero appetite for failure to m	eet its legal and statutory requirements and functions.
Controls:	<ul> <li>Integration Scheme.</li> <li>Strategic Plan ""Partners in Care" 2019 to 2029</li> <li>Governance arrangements formally documented and approved.</li> <li>Agreed risk appetite statement.</li> <li>Performance reporting mechanisms.</li> <li>Consultation with legal representative for all reports to committees and attendance at committee for key reports.</li> </ul>	
Mitigating Actions:	Induction sessions are held for new IJB members. IJB voting member briefings are held regularly. Conduct and Standards training held for IJB Members July 18 with updates provided by Legal Services as appropriate SMT regular meetings and directing managers and teams to focus on priorities. Regular development sessions held with IJBand System Leadership Group Strategic Plan has been developed. New management structure is in place and wider system re-design and transformation governance structures being developed for implementation at the same time. The proposed governan	
Assurances:	Audit, Performance and Risk Committee	Il be presented to IJB in January 2020 for consideration e oversight and scrutiny.





nan	mopoy
	Internal Audit function and Reporting
	Reporting to Board.
Gaps in	None known
assurance:	
Current	Scheme of administration is reported when any changes are required.
performance:	Report outlining the development of the transformation plan and the Strategic Planning and Commissioning Group
	providing oversight was presented and approved by MIJB on 29 November 2018.
	Report on Standards Officer agreed by IJB March 2019
Comments:	. A report has been submitted to MIJB in November 2019 which introduces the suite of reports outlining the proposed
	direction and governance arrangements for the IJB including Communication Strategy, Peformance Framework,
	Organisational Development and Workforce plans and amendments to Strategic Risk Register.

2		
Description of Risk: Financial	There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced by the funding Partners will directly impact on decision making and prioritisation of MIJB	
Lead:	Chief Officer/Chief Financial Officer	
Risk Rating:	Low/ medium/ high/ very high	VERY HIGH
Risk Movement:	Increase/ decrease/ no change	NO CHANGE
Rationale for Risk Rating:	Increase/ decrease/ no change NO CHANGE	





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Rationale for Risk Appetite:	MIJB recognises the pressures on the funding partners but also recognises the significant range of statutory services and nationally agreed contracts it is required to deliver on within that finite budget. MIJB has expressed a zero appetite for risk of harm to people.
Controls:	Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation. Corrective action has been implemented through correspondence with budget holders and increased scrutiny at senior management level. Recovery Plan agreed and to be monitored regularly. Service reviews are underway and outcomes will be reported to the IJB.
Mitigating Actions:	Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group. The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with kep personnel of both NHS Grampian and Moray Council. These conversations continue in preparation of the 2020/21 budget setting process to ensure the MIJB perspective is considered as part of the budget setting processes of the Partners. This MIJB has seen a definite benefit as a result of this process in the 2019/20 budget setting process and allocations. Chief Officer and CFO will continue to engage with the partner organisations in respect of the financial position throughout the year with a focus on the progress of the recovery plan. Quarterly partnership meetings with a focus on finance have been put in place with partner CEOs, Finance Directors and the Chair/Vice Chair of the IJB. The MIJB is acutely aware of the recurring overspend on its core services. In addition to the Recovery Plan, service reviews are being carried out to ensure services are prioritised in accordance with the Strategic Plan whilst working within the funding allocated.
Assurances:	MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.
Gaps in assurance:	None known
Current performance:	Budget Outturn for 2018/19 saw an overspend after consideration of strategic funds of £1.2m. This was met by NHSG and MC in the agreed proportions of 63% / 37% respectively as per the Integration Scheme. Plans are being progressed in relation to service planning and financial review during 2019/20. The current forecast to the end of 2019/20 is £1.6m overspend
Comments:	Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge and forecast overspend. Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS





3				
Description of	Inability to recruit and retain qualified and e	Inability to recruit and retain qualified and experienced staff to provide safe care, whilst ensuring staff are fully able to		
Risk:	manage change resulting from Integration			
Human Resources				
(People):				
Lead:	Chief Officer			
Risk Rating:	Low/ medium/ high/ very high	HIGH		
<b>Risk Movement:</b>	Increase/ decrease/ no change	INCREASING		
Rationale for Risk Rating:	Some front line services are experiencies experience, and this places pressure on experience.	ing difficulties with recruitment to vacancies requiring specific skills and kisting staff.		
	The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. Council services are still determining what elements of service provision need to reduce and we are working with these services to establish our level of support. Some social work services are experiencing high levels of sickness absence and difficulties with recruitment with associated impacts on service delivery. This is also an identified issue in Mental Health where recruitment to a key			
Rationale for Risk Appetite:	<ul> <li>clinical post has been out to advert five times without successful appointment.</li> <li>k The MIJB is acutely aware of the lean management team in place and the strain this can place on the wider system.</li> </ul>			
Controls:	Management structure in place with updates reported to the MIJB. Organisational Development and Workforce Plans are being updated to align to the new strategic plan. Continued activity to address specific recruitment and retention issues. The chief social worker has reviewed the situation with managers and have instigated action to employ a Consultant Practitioner to considering options for address some of the particular issues affecting social work services. Management competencies continue to be developed through Kings Fund training. Communications Strategy has been reviewed and is being presented to IJB in November 2019 for approval as part of the Strategic plan suite of papers.			



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	Incident reporting procedures in place per NHSG and Moray Council arrangements.
	Council and NHS performance systems in operation with HSCM reporting being further developed.
	SMT review vacancies and approve for recruitment
Mitigating Actions:	System re-design and transformation. Support has been provided from NHSG with transformation and our co- ordinated working with Dr Grays in a one system – one budget approach through the Moray Alliance.
	Appointments to the Management Structure presented to the MIJB meeting on 28 March 2019 and then to Moray Council Full Council for information on 27 June 2019 have progressed and all Locality Managers will be in post with effect from January 2020. Joint Workforce Planning is being undertaken and the joint workforce forum was re-established in September 2019.
	Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position. Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.
Assurances:	Operational oversight by Moray Workforce Forum and reported to MIJB.
	Organisational Steering Group is overseeing the management structure review
Gaps in	Joint or single system not yet agreed for incident reporting.
assurance:	Organisational Development Plan and Workforce plan has been updated and presented to MIJB in November 2019.
Current performance:	iMatter survey undertaken during July 2019 across all operational areas showed improvement in response rate although there are still some teams that require to engage. Managers have worked with teams and developed action plans with 64% completed by the deadline in comparison to 50% in previous year The Systems Leadership Group will be taking forward the implementation of the Organisational Development once approved
Comments:	Regular reporting and management control in place

4	4		
Description of	tion of Inability to demonstrate effective governance and effective communication and engagement with stakeholders.		
Risk:			
Regulatory:			
Lead:	Chief Officer		
Risk Rating:	low/medium/high/very high MEDIUM		
<b>Risk Movement:</b>	increase/decrease/no change	NO CHANGE	





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Rationale for Risk	
Rating:	Performance framework to be further developed from a planning perspective to show the links through operational
	service delivery to strategic objectives.
<b>Rationale for Risk</b>	The MIJB has a low risk appetite to failure.
Appetite:	
Controls:	Annual Governance statement produced as part of the Annual Accounts 2018/19 and submitted to External Audit by the statutory deadline
	Performance reporting mechanisms in place and being further developed through performance management group.
	Community engagement in place for key projects areas such as Forres and Keith with information being made available
	to stakeholders and the wider public via HSCM website.
Mitigating	Schedule of Committee meetings and development days in place and implemented.
Actions:	Schedule of Committee meetings and development days in place and implemented.
Actions.	Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17.
	Annual Performance Report for 2018/19 published in August 2019. Lessons learnt from previous years were
	incorporated into the approach for the production of the report that was published on 2 August 2019 against a target of
	31 July 2019.
	Social media is actively used as a method of engaging with the public, with short videos focussing on particular
	services being trialled.
Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and
	MIJB.
	Internal audit of Health Governance was carried out by PricewaterhouseCoopers. The findings will be reported to a
	future meeting of the Audit, Performance and Risk committee following scrutiny by NHSG Audit Committee.
Gaps in	Discussions at the development session held by Clinical and Care Governance Committee on 29 November 2018
assurance:	identified areas to be covered at Committee in future reports. A programme of reports to Clinical Governance Group
	has been developed and exception reports will be submitted to CCG Committee.
	A workshop will be held in January 2020 to self assess the mechanisms in place for Clinical and Care Governance to
	identify any areas for improvement and to provide evidence that there is a robust assurance process in place.
Current	Communications Strategy has been reviewed and has been presented to IJB November 2019 for approval.
performance:	Annual Performance Report 2018/19 published August 2019 Audited Accounts for 2018/19 were publicised by
	deadline 30 September 2019
Comments:	NHS Grampian System Leadership Team are developing their framework for governance and HSCM are fully engaging
	and participating in this process.
	HSCM are progressing with setting out the Governance framework for their functions across services (ie Health and
	Safety, Civil Contingencies, Risk Management, Performance Management etc) and linkages with NHS and Council


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groups to facilitate communication flows. PwC Internal Audit of Health Governance completed

5		
Description of	Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience	
Risk:	planning.	
Environmental:		
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	HIGH
<b>Risk Movement:</b>	increase/decrease/no change	INCREASED
Rationale for Risk Rating:		
	Potential impact of Brexit is assessed at a National level who then highlight key areas for assessment locally. Work has been undertaken by NHS Grampian and Moray Council to assess potential issues on workforce and potential impacts resulting from supply chain disruption (medical supplies, energy/fuel supplies) as well as potential for increased civil disruption Reporting mechanisms to both Council and NHS Grampian will be established when the date is known.	
	The Grampian Emergency Planning unit that provided specialist advice, support and planning resource for Emergency Planning across Grampian was disbanded in August 2019. This has altered response mechanisms for the Moray Council and a review of protocols for communication has been undertaken. The new Emergency Planning officer will take up post on 25 November 2019 and links will be established.	
	Progress is being made in updating HSCM Business Impact Analysis (BIA) and Business Continuity Plans (BCP) are and work is ongoing to establish the system wide understanding of the critical functions that will underpin all emergency and distruptive incident planning.	
	Scottish Government have published the national Mass Casualties Plan for implementation by 1 September that has implications for Chief Officers and senior teams of all Health and Social Care Partnerships. NHS Grampian Civil Contingencies unit are leading on the distributation of information and briefing of this subject.	
Rationale for Risk Appetite:		
	Some services are experiencing pressures resulting in business continuity arrangements being invoked, such as	





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	Homecare services in Forres and Cullen, Care at Home Reablement Team (START) (increased demand and high levels of staff sickness last week)
Controls:	<ul> <li>Winter/Surge Plan updated and has been tested alongside NHSG plans for winter and officers have participated in exercises.</li> <li>HSCM Civil Contingencies group established and meeting regularly to address priority subjects.</li> <li>NHS Grampian Resilience Standards Action Plan approved (3 year).</li> <li>Business Continuity Plans in place for most services although overdue a review in some areas .</li> </ul>
Mitigating Actions:	Outstanding BIA/BCP have been escalated to System leadership group for actioning and progress is being made. Information from the updated BIA/BCP has informed elements of the Winter Plan (Surge plan).
	A Friday huddle has been implemented to gather the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend.
	Pandemic awareness briefing by Maha Saeed, Consultant Lead, held 12 December 2018 for service managers across HSCM. NHS Grampian have amended their approach and HSCM Pandemic plan requires redrafing and testing
	Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources.
	Briefing for Mass Casualties Plan held by NSHG Civil Contingencies Unit for HSCM managers on 10 September 2019. Officers have attended a Business Continuity Workshop, Winter Plan cross Grampian exercise and training in writing contingency plans
Assurances:	Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.
Gaps in assurance:	Some table top exercises have been completed but a programme requires to be set out for 2020 Progress has been made however further work is required to address the targets in the implementation plan that have not been met and the Resilience standards as identified by the NHSG Civil Contingencies Group. Pandemic flu plans require to be progressed
	Many services have business continuity arrangements and some are overdue for an update. Work is progressing to





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	performance:	collate a critical functions list for agreement by System Leadership Group that will inform planning arrangements going forward.
		Annual report on progress against NHS resilience standards to be submitted in March 2020.
	Comments:	The HSCM resilience group will schedule and review progress in achieving the NHSG resilience standards, reporting
		updates to System Leadership Group.





6		
Description of Risk: Reputational	Risk to MIJB decisions resulting in litigation	n/judicial review. Expectations from external inspections are not met.
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	MEDIUM
Risk Movement:	increase/decrease/no change	NO CHANGE
Rationale for Risk Rating:		
Rationale for Risk Appetite:	The MIJB has some appetite for reputational risk relating to testing change and being innovative. The MIJB has zero appetite for harm happening to people.	
Controls:	Clinical and Care Governance (CCG) Committee established and future reporting requirements identified Links for operational Risk Registers being further developed Complaints procedure in place. Clinical incidents and risks are being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner. Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to Clinical Care & Governance committee. Reports from external inspections reported to appropriate operational groups and by exception to SMT for subsequent reporting to CCG or Audit Performance and Risk Committee as appropriate.	
Mitigating Actions:	This is discussed regularly by the three North East Chief Officers. Additional resource has been allocated to support the analysis of information for presentation to CCG committee Process for sign off and monitoring actions arising from Internal and External audits has been agreed	
Assurances:	Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny.	
Gaps in assurance:	Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues.	
Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. Internal Audits by Price Waterhouse Cooper on Health and Safety Governance and Unscheduled Care Discharge	





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	Process have not raised any significant issues.	councilo
Comments:	Report was published in June 2019 for the Self-Directed Support Thematic review b place during October 2018. The report makes very positive comment on the progre understanding of the staff at the core of this service. An area for further development training of staff going forward and for increasing Health staff knowledge about the proportunities.	ess being made and the level of nt was highlighted in regard to

7		
Description of	Inability to achieve progress in relation to national Health and Wellbeing Outcomes.	
Risk:		
Operational	Performance of services falls below acceptable level.	
Continuity and		
Performance:		
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	MEDIUM
<b>Risk Movement:</b>	increase/decrease/no change	NO CHANGE
Rationale for Risk	Potential impacts to the wide range of serv	ices in NHS Grampian and Moray Council commissioned by the MIJB arising
Rating:	from reductions in available staff resources	s as budgetary constraints impact.
	Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service and currently there is no reduction in the levels being experienced.	
Rationale for Risk Appetite:		
Controls:	Performance Management reporting framework.	
2019 to 2029 "Partners in Care" Strategic Plan approved and Transformation Plan being developed.		
	Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities.	
	Best practice elements from each body brought together to mitigate risks to MIJB's objectives and outcomes.	
	Chief Officer and SMT managing workload pressures as part of budget process.	
Mitigating	Performance Management Framework is being reviewed and updated.	





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Actions:	council <sup>o</sup>
	Service managers monitor performance regularly with their teams and escalate any issues to the Performance
	Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.
	Performance Management Group are reviewing key performance indicators across HSCM services to align with the revised strategic plan.
	A key area of focus where performance data is below target relates to Delayed discharges. Input has been gathered from across the system and the output from the workshop in July has been used to inform actions, that have been introduced where possible, with some actions to feature in the Transformation Plan
Assurances:	Audit, Performance and Risk Committee oversight.
	Operationally managed by service managers, receiving reports from Performance management group (which has a specific focus on performance). Strategic direction provided by Systems Leadership Group.
Gaps in assurance:	Development work will be undertaken to establishing clear links to performance that describe the changes proposed by actions identified in the new Strategic Plan
Current	Close monitoring and performance management in place.
performance:	The process for production of the Strategic Plan 2019-29 is underway and will facilitate further linkages across
•	operational, Local and National Performance Indicators with progress in delivery of the National Outcomes as a clear focus.
Comments:	Regular and ongoing reporting.
	Work is progressing with performance monitoring and reporting with key performance indicators and appropriate owners being identified in Mental Health, Drug and Alcohol and Provider Services. Development of the Ministerial Steering Group indicators and links to local indicators that underpin them is underway.

8		
Description of Risk:	Inability to progress with delivery of Strates	nic Objectives and Transformation projects as a result of inability to resolve
ICT	Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of inability to resolve data sharing and data security requirements.	
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	MEDIUM
Risk Movement:	increase/decrease/no change NO CHANGE	
Rationale for Risk	Corporate Information Security policies in place and staff are required to complete training and confirm they have read,	





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Rating:	understood and accept the terms of use.	
Rationale for Risk Appetite:	MIJB has a low tolerance in relation to not meeting requirements.	
Controls:	Computer Use Policies and HR policies in place for NHS and Moray Council and staff are required (through and automated process) to confirm they have read these every 6 months PSN accreditation secured by Moray Council Guidance regularly issued to staff. Guidance on effective data security measures issued to staff.	
Mitigating Actions:	Integrated Infrastructure Group established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters. Linkages to Infrastructure board and Information sharing groups have been established. Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings are held regularly. They will have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.	
Assurances:	Strict policies and protocols in place with NHS Grampian and Moray Council.	
Gaps in assurance:	Protocol for access to systems by employees of partner bodies to be documented. Information Management arrangements to be developed and endorsed by MIJB. Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed.	
Current         Training programme to be developed on records management, data protection and related issues for staff we across and between partners.		
Comments:	Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.	





9		
Description of Risk: Infrastructure	Requirements for support services are no	t prioritised by NHS Grampian and Moray Council.
Lead:	Chief Officer	
Risk Rating:	low/medium/high/very high	HIGH
Risk Movement:	increase/decrease/no change	NO CHANGE
Rationale for Risk Rating:	<ul> <li>Sk Changes to processes and necessary stakeholder buy-in still bedding in.</li> <li>Moray Council is undertaking a Property review of office and depot accommodation and the potential impact for HSCM services requires consideration.</li> <li>ICT infrastructure service plans in NHS Grampian and Moray Council are not visible to HSCM and development of communication and engagement process is required.</li> <li>Moray Council, in predicting a budget deficit for the current financial year have implemented special arrangements to ensure only essential expenditure is incurred. This includes the consideration to the deferring of projects already in the Capital plan.</li> <li>Interim Premises, Infrastructure and Digital Manager in place to provide additional leadership in relation to major infrastructure projects.</li> </ul>	
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.	
Controls:	Chief Officer has regular meetings with pa	artners
	Infrastructure Programme Board established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT. Process for submission of projects to the infrastructure board has approved and implemented to ensure appropriate oversight of all projects underway in HSCM.	
Mitigating Actions:	Dedicated project Manager in place – monitoring/managing risks of the Programme Membership of the Board reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities. Process for ensuring infrastructure change/investment requests developed	



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Infrastructure Manager linked into other Infrastructure groups within NHSG & Moray Council to ensure level of	
'gatekeeping'.	
Dr Grays site development plan is being produced collaboratively with input from NHSG and HSCM management.	
Infrastructure Programme Board functions to provide robust governance and assurance that proposed projects have a	
robust business case and meets requirements of the respective partner organisations. This board reports to Strategic	
Planning and Commissioning Group.	
Further work is required on developing the process for approval for projects so that they are progressed timeously.	
Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort.	
Attendance at Infrastructure Board by NHS Grampian officers has reduced resulting in discussions at meetings being incomplete.	
The Infrastructure Board meets regularly and highlights/exceptions are taken to SLG for communication and	
information purposes.	
Existing projects will be reviewed as part of the development of the new Strategic Plan process to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities.	



# REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

# SUBJECT: UPDATE ON THE LEARNIING DISABILITY TRANSFORMATION PROJECT

### BY: CHARLES MCKERRON, INTEGRATED SERVICE MANAGER (LEARNING DISABILITIES-ACTING)

# 1. REASON FOR REPORT

1.1 To update the Board of the continuing progress being made in implementing the Learning Disability Transformation Project.

# 2. <u>RECOMMENDATION</u>

2.1 It is recommended that the Moray Integration Joint Board (MIJB) considers and notes the continuing progress in implementing the Learning Disability Transformation Project Plan as outlined in The Learning Disability Transformation Project Overview (APPENDIX 1).

# 3. BACKGROUND

- 3.1 Following the submission of an update report to a meeting of the Board on 30 August 2018, it was agreed that a further progress report would be provided to this Board in relation to this Learning Disability Project (paragraph 10 of the minute refers).
- 3.2 To this end, the Learning Disability Transformation Project Management Board has agreed that the attached project overview report is submitted to the MIJB for their information and consideration (See APPENDIX 1).
- 3.3 The Board will note that the overview report has three main sections which this report will summarise.
- 3.4 The first section of the overview report outlines the origins of the transformation project. It identifies that the original key driver for this transformation project was the way in which the Integrated Community Learning Disability Services had historically provided support was not financially sustainable in the long term because of increasing demand on services. It also considered that with the increased focus on personalisation





across all service areas, there were further opportunities to support people to address their aspirations to live more independent lives.

- 3.5 Based on emerging best practice in England and Wales, Health and Social Care Moray (HSCM) developed its transformational project by which the Integrated Learning Disability Team would undertake to work across a range of internal services, service users and external providers to implement a project plan that would result in a new model of delivering health and social care services for people with a learning disability in Moray and which would aim to address these issues.
- 3.6 The underpinning rationale for this approach is the progression model. The progression model is a person-centred developmental approach that seeks to help every adult with a learning disability to achieve their aspirations for independence. It is a relational change from traditional care management approaches by focussing on the individuals' hopes and choices, using these as the basis to co-develop care and support plans that enable each person to reach their potential.
- 3.7 The progression model is based on the premise that;-
  - A higher quality of life occurs when services deliver better outcomes for people with a learning disability.
  - Better outcomes result in an eventual reduced demand for services.
  - Need is a driver of services, and therefore cost.
  - By focussing on improved outcomes, and so reducing need, the service has the opportunity to reduce the level of expenditure and develop a more sustainable financial model.
- 3.8 To achieve this transformational change required changes to be made in relation to:-
  - The way in which assessments are carried out;
  - Support plans are prepared;
  - Risks are managed;
  - Reviews are undertaken; and
  - Services are provided.
- 3.9 The project plan therefore took a systems wide approach that encompasses the Integrated Learning Disability Team, Commissioning and In-house Support (e.g. Day Services). The inter-relationship between the different parts of the system involved in the delivery of integrated learning disability services and the progression model is illustrated on page 6 of the overview report.
- 3.10 The second section of the Overview Report, outlines what the Learning Disability Project has achieved in the last 2 years. Since the project went live in October 2017, the following project plan activities have been completed;
  - The development and implementation of new care support and treatment plans
  - An outcomes based approach to contract monitoring to better hold provider organisations to account
  - A stronger emphasis on commissioning of both services & accommodation that supports independent living
  - The launch of a market shaping strategy

# Page 156

- A new approach to the delivery of accommodation
- Outcomes based supervision and coaching for staff
- The adoption of open space events as an innovative new way of meaningfully engaging with people who have a learning disability.
- 3.11 A Balanced Scorecard approach has been adopted to identify and measure the benefits being achieved through the implementation of this project. This is designed to look at the impact of this initiative from 4 inter-related perspectives.
  - The Personal Outcomes achieved for the Customer (service user);
  - The Financial Impact of the initiative;
  - Internal Processes; and
  - Workforce Learning
- 3.12 Project progress is monitored through project board meetings. The balance scorecard is presented along with a number of individual case studies. These case studies are collated as part of this report.

### Personal Outcomes achieved for the Customer (service user)

- 3.13 In relation to Personal Outcomes, the case studies illustrate how a change in professional intervention has impacted on people's lives. For example in case study 1, a young man was supported with the daily living skills he needed to leave his overcrowded family home and live on his own.
- 3.14 In case study 2, an individual was given the support he needed to gain the skills to live independently. The impact of the transformation project was so powerful that one individual won the Skills & Learning Award at the Scottish Learning Disability Awards 2019.
- 3.15 The success of the project to date has been highlighted by the Care Inspectorate as part of their thematic review of Self Directed Support in Moray when they stated:-

"An important element of the learning disability service transformation approach was increasing individuals' choice and using an asset based approach in supporting people to achieve positive outcomes. The emphasis on an asset based approach and positive risk taking genuinely seemed to facilitate maximum choice and control for people with learning disabilities."

Care Inspectorate Thematic Review of Self Directed Support; Moray Local Partnership Report. March 2019.

### Internal Processes

3.16 The Overview Report notes that a total of 85 progression based care support and treatment plans have been completed by the Integrated Learning Disability Team. Of which, 46 have been identified as having significant potential to benefit from a progression focused approach.

### Workforce Learning

3.17 By following project management best practice, a learning review event involving representatives from all workstreams was undertaken in November Page 157

2018. Based on a facilitated focus group approach, the workshop collectively agreed on the strengths and future areas for development in terms of this transformation approach. Some of the strengths and weaknesses are outlined in the Overview Report (page 14) and the full Learning Review Report is available on request from the author of this report. The insights gained from the Learning Review Event have been used to inform the next phase of the Transformation Project which is outlined in the following section.

# 4. KEY MATTERS RELEVANT TO THE COMMITTEE

### Current and Future Work Streams

4.1 The third main section of the Overview Report focuses on plans for the future and provides details of the five projects. Having now embedded the progression model as the underpinning philosophy for the delivery of learning disability services in Moray, the Learning Disability Transformation Project Board has now adopted a programme approach to overseeing the implementation of five separated but inter-related learning disability projects, The following is a brief summary of these 5 projects which are outlined in the Project Overview document.

### The Financial Impact

- 4.2 As previously noted in a report presented to this Board on 31 August 2017 (para 11 of the minute refers), the underpinning premise of the progression model is that personal outcomes can be improved and a potential reduction in people's support costs can be secured over the medium to long-term.
- 4.3 The Learning Disability Transformation Project seeks to provide services in a way which is more sustainable. The Project Overview document **APPENDIX** 1 identifies financial benefits emerging from the transformational change programme, particularly for moving from older "block funded" contracts to individual budgets. However, it also highlights where there are additional financial pressures. Typically people with aging parents who have been very well supported by their families in their family home require significantly more support when they move into their own homes. An additional financial pressure is also incurred when people who have been placed out of area as children return to Moray as young adults to their own tenancies with support. The figures stated in section 3.2 (page 11) of the Project Overview document are based on a snapshot of service user requirements as an indicator of the potential financial impact of the project.
- 4.4 The people chosen were those individuals who went from Residential Care to Supported Accommodation as they had a quantifiable cost prior to the new way of delivering support was adopted. Those new to the service or those who moved from a family setting to a funded care setting prior to the beginning of the Transformation Project have not been included. Inevitably those new to the service or those who move from family carers will require their service to be funded; the progression model ensures that the most cost effective care is put in place.
- 4.5 In addition to the work with individuals, the model supports the ongoing work to move away from the extensive use of "block funded" contracts for care and

support to one of individual budgets. Block contracts are inflexible and inefficient. An individual budget approach is a more flexible and cost effective way of funding people and is supported in legislation by the Social Care (Self-directed Support) (Scotland) Act 2013.

### Implementing the Market Shaping Strategy

- 4.6 As well as supporting people to develop their skills of daily living, providing the right type of accommodation, that helps people fulfil their aspirations, is a core element of the progression model.
- 4.7 With this in mind, the Project Board approved a Market Shaping Strategy in 2018. The purpose of this strategy is to provide an opportunity to have an ongoing conversation with local providers of accommodation so that it can be ensured that the right type of accommodation in relation to each stage of their personal development and their lives is provided.
- 4.8 Conversations between the Commissioning Team and Providers are now ongoing and the progression model provides the shared understanding of what is collectively wanted to be achieved.

### The Learning Disability Housing Development Project

4.9 One of the immediate outcomes of the Market Shaping Strategy based conversations is The Learning Disability Housing Development Project. This is a 4 to 5 year project in collaboration with the Moray Council Property Services.

The key objectives of this project are as follows:-

- I. To provide appropriate bespoke and specialised accommodation that supports the progression focused aspirations of 10-12 people who receive support from the Integrated Learning Disability Team;
- II. To ensure that all accommodation supports greater independence for the inhabitants and therefore achieves real choice and control;
- III. To develop a workforce recruitment plan for supporting the 10-12 people that is sustainable in the long-term; and
- IV. To ensure that all accommodation and recruitment options are financially sustainable and represent best value.

The basis of this project reflects a refined understanding of the future housing needs of people with a learning disability in Moray.

# CareCubed Implementation (Care Fund Calculator)

4.10 Health and Social Care Moray wishes to maximise best value in the provision of services for people with a learning disability; including accommodation. The primary aim is to ensure that the accommodation, care and support for each person is proportionate, suitable and matched to their assessed, eligible needs/personal outcomes and secondly, offered at a market competitive rate.

- 4.11 The use of the CareCubed tool is designed to support a move away from a block purchasing model and to ensure that the correct level of care is being commissioned to support each service user. The tool is also designed to support the achievement of personal outcomes for service users and ensure best value in providing accommodation, care & support for service users with learning disabilities. The output from the tool can be used in negotiations with provider agencies to ensure that the most sustainable level of care is commissioned for each person.
- 4.12 A two year project plan has been established to test and then mainstream the use of this tool.

# Overnight Responder Service

- 4.13 Following the report submitted to this Board on 29 August 2019 (para 11 of the minute refers), the Board approved the Integrated Learning Disability Services work in partnership with Cornerstone to undertake a 12 week test of change in relation to how overnight care is provided for a group of people with a learning disability living in the Elgin area.
- 4.14 Based on the progression model principles, the test of change will explore the viability of using Technology Enabled Care (TEC) and other approaches in terms of enhancing an individual's independence. When the test of change is completed in 2020, the findings will be used to inform how overnight support in the future is commissioned and provided.
- 4.15 The test of change is now scheduled to begin in January 2020 following which a learning event will be scheduled and a further report will be provided to the IJB.

### Establishing a Learning Disability Forum

- 4.16 Following the principles of co-production and of learning together, the Learning Disability Transformation Project Board is working to establish a Learning Disability Forum as a key means of engaging with people with a learning disability in Moray. It is the intention to hold the first forum in the Spring of 2020.
- 4.17 While these five projects have their own project management group, progress is also monitored through the overarching Learning Disability Transformation Project Plan (phase 5).

# 5 SUMMARY OF IMPLICATIONS

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

The Learning Disability Transformation Project is consistent with the MIJB vision statement and with the 5 strategic priorities identified in the Strategic Commissioning Plan 2016-2019.

# (b) Policy and Legal

There are no legal implications from implementing the Learning Disability Transformation Project.

The development and implementation of the new progression operating model means that policy and procedures will be revised accordingly.

### (c) Financial implications

There are no direct financial implications associated with this report. The financial impact of the Progression Model is considered in sections 4.2 to 4.5 of this report.

### (d) Risk Implications and Mitigation

As part of the project management approach, a risk & issues log is reviewed at each meeting of the Learning Disability Transformation Project Board. All risks are escalated to the appropriate level for mitigating action.

### (e) Staffing Implications

The focus of the Learning Disability Transformation Project is on cultural change. There are therefore no staffing implications directly arising from this report.

### (f) Property

There are no property issues directly arising from this report.

# (g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required for this report as there has been no change to policy

### (h) Consultations

This report has been circulated to Roddy Huggan (Commissioning Manager and Commissioning Workstream Manager, John Campbell (Provider Manager and In-house Support Workstream Manager), Jane Mackie (Joint Operational Manager & Programme Sponsor), Bruce Woodward (Snr Performance Officer), Tracey Abdy (Chief Financial Officer) and Caroline Cameron (Accountant,Snr Finance Officer) who are in agreement with the report where it relates to their area of responsibility.

### 6 <u>CONCLUSION</u>

6.1 The purpose of this report, and the accompanying Project Overview document (Appendix 1), is to inform the Board of the progress made in deploying the progression model in Moray since October 2017.

6.2 The Learning Disability Transformation Project is underpinned by a strong project management approach and moving forward the focus of the Learning Disability Project Management Board is currently to oversee 5 separate but inter-linked projects based on the progression model philosophy. These projects are; Implementing the Market Shaping Strategy, The Learning Housing Development Project, the implementation of CareCubed, the Overnight Responder Test of Change and Establishing a Learning Disability Forum.

Author of Report: Charles McKerron, Integrated Service Manager (Learning Disabilities/Drug & Alcohol/Consultant Social Work Practitioners-Acting)

Background Papers: available from the author of this report

Ref:



<u>Appendix 1</u>

The Learning Disability Transformation Project Overview

Programme Sponsor	Jane Mackie, Joint Operational Manager
Project Sponsor	Charles McKerron, Integrated Services Manager (Learning Disabilities/Drug and Alcohol Services / Consultant Social Work Practitioners)
Project Manager	Robin Paterson
Partners	Alder Advice

# **Document Change Control**

Date of Change	Version	Summary of Changes	Made by
30 5 19	1	Initial Draft	R. Paterson
24 6 19	2	Changes following PB	R. Paterson
		Meeting	
9919	3	Up-date and Conclusion	R. Paterson
		added	
11 9 19	4	Further refinements to the	R. Paterson
		future housing element	
20 9 19	5	Changes to Forum and Night	R. Paterson
		Responder sections	
11 10 19	6	Minor changes made when	R.Paterson
		completing the draft IJB	
		report	

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### 1.0 Report Purpose

The purpose of this report is to tell the story of the Learning Disability Transformation Project in Moray. It will cover the past, the present and our aspirations for the future.

The report starts in 2017 with the realisation by Health & Social Care Moray that we have an opportunity to improve the personal outcomes for people with a learning disability but that this can only be achieved by embarking on an ambitious transformation journey.

The next section of the report will move on to 2019 and will describe what the Learning Disability Transformation Project has achieved in the last two years. It will focus on the outcomes for people with a learning disability and will highlight case studies that tell how this project has impacted on their lives.

Finally, the report will look at our plans for the future. This will include continuing to develop a shared understanding with our providers on how we can best work together and offer accommodation that supports the aspirations of people with a learning disability living in Moray.

# 2.0 The Past: Establishing the Learning Disability Transformation Project

# "The Journey of a 1000 miles starts with the first step." Ancient Chinese proverb

In 2017, based on identifying emerging best practice from England and Wales, Health & Social Care Moray's Integrated Learning Disability Service, with support from Alder Advice, saw that there were significant opportunities to improve how we deliver support for adults with a learning disability. Adopting new ways of working and delivering support in a different way could help people with a learning disability achieve greater levels of independence, whether in terms of their living arrangements or at work or at leisure.

At the same time, demographic changes across Scotland have meant that expenditure for all Health & Social Care Service Partnerships has increased in recent years while budgets have been constrained. The experience of the Integrated Learning Disability Service in Moray is no different. From 2005/06 to 2014/15 there has been a 15% increase in expenditure. Consequently, it was recognised that the way in which Health & Social Care Moray has provided integrated learning disability support to date would not be financially sustainable in the medium to long-term.

Grounded on an understanding of the challenges and the opportunities that were open to us, Health & Social Care Moray's Integration Joint Board, agreed in August 2017 to support colleagues to undertake a transformation change programme that would aim to deliver greater levels of independence for people with a learning disability and, at the same time, would aim to achieve best value for money.

### 2.1 The Progression Model

Based on the best practice identified in England & Wales, the underpinning rationale for this new approach to delivering support for people with a learning disability in Moray is the progression model.

The Progression Model is a person-centred developmental approach that seeks to support each adult with a learning disability to achieve their aspirations for independence.

It is a relational change from traditional care management approaches by focussing on the individuals' hopes and choices, using these as the basis to co-develop support plans that enable each person to reach their potential.



As illustrated in the above diagram, based on this model and over an extended period of time, people can increase their independence and decrease their reliance on support for health and social care services. This means that better outcomes for people with a learning disability can be achieved with less health & social care intervention.

There is therefore a strong ethical and financial case for service transformation which in summary is:-

- A higher quality of life occurs when services deliver better outcomes for people with a learning disability.
- Better outcomes resulting in an eventual reduced demand for services.
- Need is a driver of services, and therefore cost.
- By focussing on improved outcomes, and so reducing need, we have the opportunity to reduce the level of expenditure and develop a more sustainable financial model.

The model therefore supports the dual goals of securing better outcomes for people in a way that is more financially sustainable. At the inception of this project it was also understood, that to achieve this transformational change would require changes to be made to:-

- The way in which assessments are carried out;
- Support plan are prepared;
- Risks are managed;
- Reviews are undertaken; and
- Service are provided.

The introduction of the progression model was linked to the opportunity created by moves to develop more effective integration working between NHS Grampian and Moray Council enabled by The Public Bodies (Joint Working) Scotland Act 2014 to integrate health and social care services across Scotland.

Learning from the English and Welsh experiences of adopting the "Progression" model, our ambition was to create a Scottish model of "Progression".

To secure these changes would therefore require a systems wide change not only for Integrated Learning Disability Services but also for Commissioning, In-house support (Employment Support and Day Services) and on-going conversation with people who access learning disability services in Moray.

Furthermore, the above aspirations for transformational change would need to be aligned to and informed by new ways of working with people with a learning disability.

# 2.2 A Project Management Approach

To this end, introducing a whole system change that will profoundly affect the culture and delivery of learning disability services was identified as being required. It would need to include:-

- New ways of professional practice including the way in which professionals engage with people who have a learning disability and their families.
- Revision to the framework within which health and social services operates.
- Changes to the role and models of our in-house provider services.
- The introduction of improved systems for commissioning supporting a more effective operation of the commissioning cycle.

The following diagram illustrates the scope of the responsibilities of the Community Learning Disability Tream (CLDT-Integrated Learning Disability Team), Commissioning and In-House Services.



This model –with its 3 inter-connected workstreams- was adopted in the summer of 2017 as the basis of the first project plan and continues to provide the structure for the subsequent project plans.

The project plan is also underpinned with governance and support which includes benefits realisation, communication and engagement with the learning disability community

# 2.3 Project Aim

The aim of the project plan for the first 6 months was:-

• To be successfully operating within a progression focused framework, across learning disability services by spring 2018 and to achieving the benefits noted above.

In relation to securing this aim, the key activities that formed part of this first project plan (phase 1) include the adoption of a new operating model for integrated learning disability services and in-house services, a market shaping strategy for the commissioning of accommodation and the use of open space approaches to engage with people who have a learning disability in a meaningful way.

Through adopting a project management approach, the Learning Disability Transformation Project is overseen by a Project Board which initially met once every 6 weeks and which has the responsibility for overseeing the implementation of the project plan and for monitoring emerging project risks and issues.

# 2.4 Engaging with the Learning Disability Community

As noted above, an integral element of the project plan was to engage with people with a learning disability in a meaningful way.

In March 2018, the Health & Social Care Moray Communication & Engagement Officer, ran the first of a series of Open Space Events. For the first time, Health & Social Care Moray used Open Space Technology (OST).

OST is a highly participative method of organising and running an engagement event where participants focus on a specific question. For this first workshop the question asked was:-

*"How can we make the community a better place to live for people with a learning disability?"* 



The participants who attended this workshop ranked the topic discussed in order of what was most important to them.

This feedback helped to inform an on-going programme of engagement activities for people with a learning disability. The OST workshops also re-affirmed the aspirations and rationale that underpinned the deployment of the progression model in Moray and the first iteration of the project plan.

From the first workshop, the topics most meaningful to people, in order of importance, was as follows:-

1	Raising awareness of disability / combating hate crime	20 votes
2=	Information and communication	15 votes
2=	More clubs / more opportunities for leisure activities	15 votes
3	Living on my own with support	14 votes
4=	Access to transport and shops for wheelchair users	12 votes
4=	More help from volunteers	12 votes
4=	Consistency in carers	12 votes
5=	Improving transition from children's to adult services	10 votes
6=	More volunteering opportunities	8 votes
6=	Transport to activities	8 votes
7	More job opportunities	4 votes

Following the implementation of Phase 1 of the project plan, The Learning Disability Transformation Project Board authorised for the project to 'go live' on 10 October 2017.

# 3.0 The Present: What Have We Achieved So Far?

"The emergence of an entirely new state prompted by a shift in what is considered to be possible and necessary which results in a profoundly different structure, culture or level of performance." The Kings Fund Definition of Transformation Change

In being able to measure the impact of this project, a Balanced Scorecard approach was adopted. This means viewing the impact of this initiative from 4 inter-related perspectives. These perspectives are:-

- The personal outcomes (lifestyle) achieved ;
- The Financial Impact of the Initiative;
- Internal Processes; and

• Workforce Learning

This approach is based on the premise that any initiative that strives for continuous improvement will need to achieve positive results in relation to each of these 4 perspectives.

Although the follow-on phases of the project plan continue to be implemented and the evaluation approach continues to be refined, in 2019 the transformation project can demonstrate the following achievements in relation to each of the perspectives.

The following case studies also demonstrate the transformative impact of the progression model on the lives of people who receive support.

# 3.1 The Personal Outcomes (Lifestyle) Fulfilled

In relation to this perspective, since June 2017 until June 2018, 32 people with learning disabilities have had a change in their living circumstances, either moving from residential accommodation to supported living, family care to support living or returned from out of area placements and into supported living. An outcome focussed, individual budget approach has been used to ensure that the care that has been commissioned, is designed to meet the person's aspirations and potential. The following is an example of how this project can increase an individual's independence and simultaneous reduce the size and value of the support package.

# Case Study 1 'l'

'I' is a young man with a learning disability. He is part of a large family which was living a chaotic lifestyle in an overcrowded house. Following a number of incidents with neighbours, police advised he should be moved away from the immediate area for his own safety.

Following an assessment of his needs 'l' was assisted to move into supported living accommodation in another part of Moray. A large initial investment of 35 hours of staffing support was made with the aim of enabling him to recognise he could take more control of his own life by working to gain skills and build confidence to help him lead a more independent life in the future.

Staffing costs focused on skill development. His flat was equipped with a small kitchen. Staff used a progression approach to support 'l' in his wish to achieve greater independence by building his self-belief that he could achieve change and learn skills be had previously believed to be a "woman's role" such as cooking and cleaning. This was achieved by staff initially showing him what to do and gradually reducing their hands-on input as he did more for himself. As his position become sustainable 'l' felt ready to take the next step in independent living and he secured a move to a new home in another town.

During his social work review 'l' recognised his independence had increased to the point where he no longer required the same level of support. With his agreement his support was reduced from 35 to 17 hours. This is primarily focused on supporting 'l' to keep safe and manage his money as he remains vulnerable to pressure from others. He gets himself up to catch the bus twice a week to Lochpark which he regards as his "job". He has built new friendships among his fellow residents. He returns to the family home to see his mum but he no longer considers it his home, recognising he has moved on from his family to achieve a life of his own.

'l' has grown in confidence, is a more rounded person and has greater awareness of the consequences of his actions. He has not had any further involvement with the police. He has grasped the opportunity for progression.

The empowering nature of the progression model was also highlighted at the recent Scottish Learning Disability Awards 2019, where Kyle Garden won the Skills & Learning Award. Case 2 is an extract from the submission presented to the judges panel.

# Case Study 2 Kyle Garden (Pic)

Kyle moved from his home in Buckie where he lived with his mum and sister to Wardend Place a Housing Support, House of Multiple Occupancy (HMO) supported by Cornerstone staff. Kyle shares the house with 4 other adults with learning disabilities, all women I might add, an added challenge that Kyle has taken in his stride!

Like most adults of Kyle's age he had expressed a desire to move out of the family home. Although Kyle had relied on Mum for many of his day to day needs, it was identified that Kyle would benefit from a short term stay in a very supported environment. This would help him build up the skills he needed for this to happen. Wardend Place was introduced as a stepping stone for Kyle to progress his ultimate goal - living independently. It didn't take long for Kyle to show support staff that he was keen to learn the skills he will need to live independently.

Moving to Elgin - a substantially size town, was a challenge for Kyle, as all of his life he had lived in Buckie, a small close knit fishing town where he was familiar with the people, routes to and from shops, buses and Day Services. Kyle made it clear that his first goal was to get out and about on his own and get to know his new area. Staff negotiated with Kyle if he would take a taxi to his Day Services while they tried to organise independent travel training. Kyle repeatedly told staff it was a waste of money and he wanted to cycle. When the independent travel training was taking too long Kyle was quite vocal about simply wanting to travel on his own. Kyle and staff came up with a plan to cycle together the same route to and from services until he became familiar enough to do it on his own. Kyle now has a good knowledge of the local area, goes off for walks on his own, knows local bus routes and enjoys the independence of not having someone with him. Kyle is very clear whilst being very polite, that he does not need staff to accompany him everywhere he goes.

Kyle has taken on many of the tasks within Wardend. This has helped him build up his confidence and knowledge of the safety and cleaning aspects of running a house - he ensures all the doors are locked at night and the cooker is switched off. He does his own washing and ironing, makes up his lunch and keeps his bedroom and den (personal space sitting room) clean and tidy unsupported. Kyle is always particularly keen to help with any manual and outdoor tasks and in the summer was busy helping in the garden and painting the fence. As well as this Kyle has been keen to be involved in local events and played a starring role in Cornerstone Moray's 30th party. He took on the role of greeting guests on arrival and showing them to their seats evidencing that it's not just his practical skills which are growing but his confidence too.

Learning new skills has not come without its challenges for Kyle and I think he would agree that one of his biggest challenges has been learning to cook - this has not been Kyles favourite outcome!! However despite this Kyle has tried hard in this most challenging area, creating shopping lists, doing the house shop, learning new recipes and inviting Mum over for Dinner for his homemade macaroni cheese. It could be challenging for Kyle to keep up his motivation when his fellow residents in the house are much less able to be involved with meal preparation and have their meals prepared for them. This does not deter Kyle he continues to try hard and his skills continue to develop. As well as preparing and cooking food Kyle has become more experimental with trying new foods and using these within his recipes.

# **Case Study 2 (continued)**

Kyle and his journey has been a huge inspiration to the staff team around him and Cornerstone Moray as a support provider. Most days he pushes us to think differently about the support we provide and has encouraged a positive risk taking environment for all at Wardend Place and the in the Moray Branch as a whole. As a social care provider of people living with a learning disability, we could be guilty in the past of over supporting people. Kyle has challenged us and changed how we view what support means to each individual person we support. Kyles journey has been a positive one, for everyone involved. Kyle is the one who is evidencing how the progression model really works, not the staff team and Aimee Borzoni often shares his story in her work as a local Authority Commissioner for our Cornerstone Moray Branch.

Some people supported within social care settings, have possibly not had the opportunity to develop and progress their strengths. Kyle has shown us that in the right environment where we focus on ability and test those skills that need support and development, progression is within HIS power to achieve.

For me, as a Manager at Cornerstone I would absolutely go as far as to say Kyle has changed my whole mindset of how we deliver support. This has challenged me to look at how we can further encourage people to set meaningful achievable outcomes, reach potential and promote positive risk taking.

Both case study examples highlight that a focus on increasing independence through developing the skills and confidence of activities of daily living can have a profound and a transformative effect on the lives of people with a learning disability. However, as previously noted, a key premise of the progression model is that increase independence would reduce the size of the support package and thereby decrease the associated cost. The financial impact of The Transformation Project will now be outlined in the next section.

### **3.2 The Financial Impact**

For the purposes of determining the financial impact of this project, the figures on the first 20 clients who went through progression and how their costs changed from 2017/18 to 2018/19 is illustrated in the table below.

The people chosen were those individuals who went from Residential Care to Supported Accommodation as they had a quantifiable cost prior to the new way of delivering support was adopted. Those new to the service or who do not have a quantifiable actual cost prior to the deployment of the Transformation Project have not been included.



**Box A** identifies the total reduction in cost that can be attributed to applying the progression model approach. In particular this reduction, indicates that the work underway to move from the extensive use of "block funded" contracts for care and support to one of individual budgets for people to live in their own tenancies is delivering a significant financial impact. An individual budget approach is entirely supported by the Social Care (Self-directed Support) (Scotland) Act 2013.

The following case study illustrates the financial benefits of this change from block budgets to an approach based on enhancing independence and reflecting an individual's desire to live life the way they want to (Box D).

# Case Study 3: Move from Slioch-to add (pic)

In one Moray village, Health & Social Care Moray had previously commissioned a residential unit for seven people and a supported living unit for six people, on a "block funded" basis. However, more recently only nine people in total were accommodated in these two properties. This meant that the council were providing funding for thirteen places, though it was only possible for nine people to be accommodated in the two houses. Through assessment, it was clear that whilst people really enjoyed living in this village, they would not have chosen to live with the people they were living with. This was evident from what they were telling the Integrated Learning Disability Team and also from how they expressed themselves through their behaviour.

**Box B** includes people who are returning to Moray from out of area placements. These are often placements that are made as education placement requests that are then extended into young adulthood. Because they are usually residential facilities, people will often require significant additional support initially.

The following case study is however an example of an out of area placement resulting from the bereavement of a parent.

### Case Study 5 'J'

J, who is in his late 50s, had always lived at home, supported by his mum. They moved to a coastal village where they lived together for 18 years. He did not feel accepted and was regarded negatively by some residents due to his learning disability. His quality of life was poor as he had few opportunities to connect with others and take part as an equal and active member of his community.

When his mum's physical and mental health began to decline he took on more caring responsibilities as there were no other relatives living in Moray. Neighbours made assumptions, however, that he would be unable to cope and voiced concerns for his welfare. When his mum was admitted to a care home J went into respite provision. Following her death his brother took him to live with him in England but within a short time approached his local council and NHS requesting they provide care for J. The Moray CLDT was alerted and supported J in his aspiration to return to Moray.

As his capabilities were unknown J initially moved to Jubilee Cottages to allow his level of independent living skills to be accessed and any gaps/difficulties identified. He was empowered by the team to consider his personal outcomes and goal set. He wanted to stay in Elgin rather than return to the village and was supported to secure the tenancy of a flat in a supported living complex. He had never lived on his own before and as he was used to his mum proving structure for his day one of his biggest challenges was filling in his time. Empowerment has resulted in J taking charge of his own life. He actively seeks out opportunities to help residents in the complex, calling in on them to check on their welfare. The practical jobs he carries out like gritting paths are greatly valued and he is highly regarded by his neighbours and the staff. He has taken on responsibility as a volunteer three days a week at Elgin Town Hall, often being called in at short notice to provide cover. He is a trusted member of the team and colleagues said they would be "lost without him".

J has built new friendships with mixed groups of people. He takes part in social activities and is keen on sport and fitness. He travels independently around the town, does his own shopping and wants to progress to getting the bus to Inverness. He feels he is challenging people's perceptions by demonstrating what he is capable of. He aspires to have a gardening job.

He receives 10 hours of community support a week which is focused on offering reassurance, ways to manage risks associated with independent living and support with financial matters. Now in receipt of the welfare benefits he is entitled to, J has chosen how he wants to furnish his home. He donated his old sofa to Jubilee Cottages as he felt it was more comfortable than the one that had been there and he wanted to express his gratitude at having the opportunity to stay there. He also decided to donate a pool table from the family home to the social area in the complex so others could enjoy using it. He has a huge collection of DVDs and is a big fan of the 'Rocky' and 'Star Wars' films. His goal is to travel to Philadelphia and Tunisia which were locations in the films and he is being supported to plan for his dream trips\*.J feels he has control over his own life, something he didn't have before. He is better able to deal with challenges and the opportunities he creates for himself has enhanced his quality of life.

\*Since this case study was written, J has been supported to arrange his holiday to America.

**Box C** focusses on the group of people who have previously lived with their families, and have been very well supported by them and accessing day activities with support. Due to changes in circumstances, often because of carer health, the person needs to move from their family home, and the level of support they then require is significantly more than the previously required. In terms of budget, this is essentially unfunded growth for new service requirements. Taking a progression approach, it is anticipated that these costs will decrease in the longer term. Case study 4 is an example of this situation.

# **3.3 Internal Processes**

**Box G** refers to the 85 progression based care support and treatment plans that have been completed by the Integrated Learning Disability Team. Of which, 46 have been identified as having significant potential to benefit from a progression focused approach.

### 3.4 Workforce Learning

Workforce learning is embedded across all workstreams through outcomes focused supervision and team meetings. These meetings include identifying the strengths and areas for improvement in terms of the overarching approach to be applied to the progression model in Moray. This is a change in terms of team practice and has been facilitated through the implementation of a Workforce Training and Development Plan.

Moreover, based on good project management practice, a learning review event involving representatives from all workstreams was undertaken in November 2018.

Based on a facilitated focus group approach, the workshop collectively agreed on the strengths and future areas for development in terms of this transformation approach.

Conversation Theme	Developing an underpinning rationale
Agreed action point	The philosophy, assumptions and rationale for this project should remain unchanged as we move forward with phase 4 of the project plan
Conversation Theme	The Project Plan (objectives, activities and timescales)
Agreed action point	As part of the phase 4 project plan, the Benefits Realisation Workstream will continue to further develop and refine the Balanced Scorecard evaluation project
Conversation Theme	Project Governance
Agreed action point	For the Learning Disability Project Management Board to review membership of this Group. Consideration should be given to ICT being represented
Conversation	Supporting Staff

Some of the key actions from this learning review were:-

Theme		
Agreed action point	Progress the extension of the outcomes focused mentoring and coaching approach to colleagues involved in the other workstreams	
Conversation Theme	Risks and Issues	
Agreed action point	Reaffirmed the importance of maintaining a risk log that identifies the initial risk before mitigating actions are taken into account	

The insights gained were then used to inform phase 4 of the project plan which covered the period from December 2018 to May 2019. Furthermore, the Learning Review workshop has been used to help inform the future development of The Learning Disability Transformation Project beyond 2019. These activities will be outline in section 4 of this report.

# 3.5 Benefits Realisation: Transformative Impact

The underpinning premise of the progression model is that personal outcomes, and in particular the realisation of the individuals aspiration to live more independently, can be fulfilled and at the same time a medium to long-term reduction in the cost of the support package can be secured.

This section has identified that there are clear financial benefits emerging from the application of the progression model in Moray.

As summarised above, the Balance Scorecard approach demonstrates a positive impact in relation to each quadrant; personal outcomes achieved, financial impact, internal processes and workforce learning.

While The Learning Disability Transformation Project is still at early stage in its development, the above evidence would be consistent with the King's Fund definition of transformation change;

""The emergence of an entirely new state prompted by a shift in what is considered to be possible and necessary which results in a profoundly different structure, culture or level of performance."

The further development of the Moray Learning Disability Transformation Project will be the subject of the next section.

### 4.0 The Future: Committing to Continuous Improvement

"An important element of the learning disability service transformation approach was increasing individuals' choice and using an asset based approach in supporting people to achieve positive outcomes. The emphasis on an asset based approach and positive risk taking genuinely seemed to facilitate maximum choice and control for people with learning disabilities." Care Inspectorate Thematic Review of Self Directed Support; Moray Local Partnership Report. March 2019

With the Learning Disability Transformation Project now having been established as providing the underpinning rationale for the delivery of support for people with a learning disability in Moray, there are now opportunities to adopt a continuous improvement approach to further enhance how we deliver support.

This final section of this report will outline 5 development areas which have been identified by the Project Board. These elements are elements of the current project plan. Each will be outlined in turn.

# 4.1 Implementing the Market Shaping Strategy 2018

As well as supporting people to develop their skills of daily living, providing the right type of accommodation, that helps people fulfil their aspirations, is a core element of the progression model.

With this in mind, the Project Board approved a Market Shaping Strategy in 2018. The purpose of this strategy is to provide an opportunity to have an ongoing conversation with local providers of accommodation so that we can ensure that we provide the right type of accommodation in relation to each stage of their personal development and their lives.

The Strategy was launched at a well-attended event with local providers in November 2018 and the key activity area moving forward will be for Commissioning colleagues to have a conversation with local providers in terms of supporting people realise their aspirations to live independent lives. Conversations between the Commissioning Team and Providers are now ongoing and the progression model provides the shared understanding of what we collectively want to achieve.

# 4.2 The Learning Disability Housing Development Project and The Highland Yard (Buckie) Project

One of the immediate outcomes of these Market Shaping Strategy based conversations is The Learning Disability Housing Development Project.

The growing experience of support people with a learning disability or whose behaviour is challenging to the service is reflected with the development of an ambitious 4 to 5 year project in collaboration with the Moray Council Property Services.

The key objectives of this project are as follows:-

- I. To provide appropriate bespoke and specialised accommodation that supports the progression focused aspirations of people who receive support from the Integrated Learning Disability Team;
- II. To ensure that all accommodation supports greater independence for the inhabitants and therefore achieves real choice and control; and
- III. To develop a workforce recruitment plan for supporting that is sustainable in the long-term;
- IV. To ensure that all accommodation and recruitment options are financially sustainable and represent best value.

The basis of this project reflects a refined understanding of the future housing needs of people with a learning disability in Moray. This has led to the identification of 3 main categories of people who will be in scope for this project. These groups are:-

- People with a learning disability/autism who exhibit challenging behaviour to be supported by our in-house provider services;
- People with a learning disability/autism who will be supported by our in-house provider services; and
- People with a learning disability who need gatekeeping and who will be supported by a commissioned provider

While the Learning Disability Housing Project will commission both internal and external provider support, it is the intention that in-house support services will be used for people who exhibit the most challenging behaviour.

Regardless of the future provider, one of the initial actions of the project plan is the completion of detailed Environmental Needs Assessment which will inform the type and location of the accommodation that each individual will require. As part of the Market Shaping Strategy, the ENA's will also inform the ongoing discussions with social landlords as a potential housing development partner.

This approach has been tested with a group of people living in Fochabers who have been successfully rehoused. Based on this approach, the immediate focus of activity of this part of the project is a social housing development in Buckie.

The Buckie Highland Yard Project aims to provide accommodation for 7 people with a learning disability who wish to live in Buckie.

This initiative is based on a 3 way partnership model between Health & Social Care Moray, Moray Council Property Services and Hanover Housing (Scotland) Ltd.

Subject to the approval of the Business Case, it is the expectation that the construction phase will start in late November 2019.

The progression of other elements of this project will depend on securing the support of a housing provider and, moving forward, project monitoring up-date reports will be provided to The Learning Disability Transformation Project Board.

# 4.3 CareCubed Implementation

Health and Social Care Moray wishes to maximise best value in the provision of services for people with a learning disability; including accommodation. The primary aim is to ensure that the accommodation, care and support for each person is proportionate, suitable and matched to their assessed, eligible needs/personal outcomes and secondly, offered at a market competitive rate.

Historically, there has been significant variance in the value attached to accommodation, care & support that is commissioned/purchased by Integrated Learning Disability Services in Moray and the value attributed to the provision of accommodation, care & support by provider agencies has not been consistent in terms of how it was calculated, what elements it consisted of and lacked transparency in general. This led to situations where the service had little or no control or influence over the value attributed to this support.

To date, the majority of the value of contracts/spot purchasing for learning disability services has been spent on block purchasing contracts that do not consistently deliver the outcomes sought for the service users, do not support appropriate outcomes-focussed purchasing or monitoring and can result in over purchasing of places/ hours of support that are not utilised (or in some cases could also lead to underfunding of some support packages due to lack of clarity/consistency). The CareCubed tool will support a move away from this block purchasing model in most cases to achieving the aims outlined above. This is important in supporting both personal outcomes for service users and supporting development of best value in providing accommodation, care & support for service users with learning disabilities (the adult social care client group that has the highest number of high value support packages).

As part of the project plan we have procured an online tool that can achieve both of these aims through generating information about someone's accommodation, care and support needs which will, in turn, help support a negotiation of a fair price for care. IESE offered a product that met our requirements.

A 2 year project plan has been established to test and then mainstream the use of this tool. Initially, CareCubed has been used to identify the support and care costs in relation to the 7 people in scope for the Highland Yard (Buckie) initiative.
Once again, reports concerning the implementation and adoption of this tool by colleagues will be provided to The Learning Disability Project Board.

## 4.4 Overnight Responder Service

Working in partnership with Cornerstone, Health & Social Care Moray are undertaking a 12 week test of change in relation to how we provide overnight care for a group of people with a learning disability living in the Elgin area. Based on the progression model principles, the test of change will explore the viability of using Technology Enabled Care (TEC) and other approaches in terms of enhancing an individual's independence. When the 6 month test of change is completed 2020, the findings will be used to inform how we commission and provide overnight support.

# 4.5 Establishing a Learning Disability Forum

Following the success of facilitating a series of learning disability workshops in 2017/18, the Learning Disability Transformation Project Board has confirmed that we want to build on the value created by these workshops to re-establish a Learning Disability Forum as a key means of engaging with people with a learning disability in Moray.

This objective is part of the current project plan (phase 5), and it is the intention to hold the first forum in the Spring of 2020.

The creation of this forum will then allow purposeful engagement and a means of working co-productivity with the Moray learning disability community.

## 5.0 Conclusion

"Learning Disability services in Moray are on a journey."

Charles McKerron, Integrated Service Manager for Learning Disability

Our journey is supported by the work being done by the Learning Disability Transformation project. In phase one of the Transformation Project we saw considerable work done with our workforce looking at how we can do things differently and how we can balance the pressures on the service with our vision and values.

We want people in Moray who have a learning disability to be provided with the right level of support that helps them to be as independent as possible. To this end we are focussing on the outcomes that are important to people and their lives. We have looked at how we carry out our assessments, how we prepare care and support plans, how we evaluate and manage risk, how we carry out reviews and how services are provided. We have worked in partnership with our colleagues who commission services from third party organisation and from the provider organisations themselves as well as with our internal service providers. We have achieved some notable successes so far by helping several people move from residential care into their own homes where they are the tenant and where they can make real choices about how they live. We have supported our service providers to work in different and much more flexible ways with people and we have noticed that the amount and level of challenging behaviour has reduced as people feel more independent and more in control of their lives.

The next phase of the project will focus on getting the care and support right for the many people who are currently waiting for the right type of accommodation. We are working with our colleagues in the Moray Council Housing department and with Social Landlords. Our aspiration is to have houses and flats built to a high standard and which are adaptable for people with different needs. The new housing will be combined with the right level of on-site care and support which is flexible and adaptable to meet individual people's needs. Alongside this we are looking at how we can provide overnight support in a way that is safe and responsive.

This report contains many case studies, these are real people whose lives have been changed by the work of this project. By this time next year we will have more stories to tell of how people have been supported to be able to move into their own accommodation and live as independently as possible with the right level of care and support.



# REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 NOVEMBER 2019

# SUBJECT: JUBILEE COTTAGES, ELGIN – PILOT PROJECT

# BY: LESLEY ATTRIDGE, SERVICE MANAGER

# 1. <u>REASON FOR REPORT</u>

1.1. To inform the Board of the evaluation of the Jubilee Cottages.

# 2. <u>RECOMMENDATION</u>

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB):
  - i) consider the evaluation of the Jubilee Cottages in this report and note that the cottages are not being used for the intended use;
  - ii) consider the need that has been identified through this pilot for accommodation for those with an assessed health or care need and who do not have suitable accommodation; and
  - instruct officers' to progress in partnership with Housing Services, Moray Council, to consider suitable and cost effective options to meet the identified need outlined in this report
  - iv) the outcome of the options appraisal be brought back to the Board in March 2020

# 3. BACKGROUND

## **Original Intention**

3.1. The Jubilee Cottages were renovated to habitable residences, by March 2017, providing 6 assessment and rehabilitation units to support hospital discharge and prevent hospital admission for the elderly population of Moray. It was intended that these cottages would facilitate intensive rehabilitation for a 6-12 week period and was anticipated that this would support up to 30 people each year.





3.2. The High Intensity Rehabilitation and Assessment Units sought to serve clients who met the following criteria:

Service user's conditions:

- Elderly people
- Need rehabilitation
- Have capacity
- No ongoing medical treatment
- May need additional help during rehabilitation (home renovation, family complexities etc)

The Project vision saw the following possible benefits:

- High intensity rehabilitation
- Quick recovery (6 Weeks)
- Collaborative rehabilitation
- Controlled environment
- Low risk
- Encourages independence
- Speed up hospital discharges
- Establish baseline assessment
- 3.3. At the MIJB board meeting on 26 April 2018 (para 7 of the minute refers) it was agreed that HSCM would continue to use the Jubilee Cottages for an additional year based on the information supplied in the appendices to the report.
- 3.4. Whilst the main objective would be to support people to return or stay at home, that is not always possible. The project group established relevant admission criteria (**APPENDIX 2**), licence to occupy, and operational guidance for the operation of the cottages. The cottages were furnished and telecare provided, as required, to maximise the rehabilitation process for service users. There was also provision for care, for those that required this as part of their reablement, from the Independent living Team (ILT) now known as Short Term Assessment and Rehabilitation Team (START), and the Pitgavney Team.

# 4. KEY MATTERS RELEVANT TO RECOMMENDATION

#### <u>Actual</u>

- 4.1. The intended occupancy for the 6 cottages was identified at a total of 30 people per year, each occupancy being for a period of 6-12 weeks.
- 4.2. This has not proved to be the case:
  - Occupation rates of the 6 cottages are particularly low with less than 36% of available days occupied, however this is part due to Cottage 11 being used as a hub/assessment unit rather than a residence, including use to showcase a wider range of telecare available within a domestic setting. The occupation rate based on 5 cottages is 43% of available days, with an additional 4% of available days as "cottage reserved for potential client". The longest duration of a reservation was 11 weeks after which time the client did not take up residence.

- The average length of stay is just over 12 weeks, which is double the initial "quick recovery time" quoted for reablement/rehabilitation.
- There have been only 21 actual occupants since the cottages became available (between March 2017 and beginning of June 2019).
- 4.3. The source of referrals is approximately 50% from hospital and 50% from community. The patient referrals from hospitals are not achieving anticipated levels. Given the number of queries that were answered and not followed up by a referral, and the number of referrals that were rejected, (especially in the case of wheelchair users), there seems to be a misunderstanding on the purpose in relation to the practicality/usage of the cottages.

Status	No of Referrals	%
Approved	26	40.00%
Rejected (by Provider)	22	33.85%
N/A	13	20.00%
Rejected (by Client)	3	4.62%
Approval/Admission	1	1.54%
Grand Total	65	100.00%

 Table 1 Jubilee Cottages – Referrals by Referral Status

Source: Jubilee Occupancy Spreadsheet<sup>1</sup>

4.4. Over a third of referrals were rejected by the provider and in 32% of cases the reason for rejection was that the accommodation was not suitable for wheelchair use or did not meet the user requirements. For 4 people (18%) Jubilee was not considered appropriate for the client and a further 3 people (14%) were rejected on the grounds that "going home" would be more appropriate. A number were rejected as they did not meet the criteria for Jubilee with 22% rejected as being too young or out of area.

 Table 2 Jubilee Cottages – Reason for Rejection

Reason for rejecting (main reason)	No of referrals	%
Wheelchair User / Does not meet user requirement	7	31.82%
Not appropriate?	4	18.18%
Going home more appropriate	3	13.64%
Age - too young	3	13.64%
Out of area	2	9.09%
(blank)	1	4.55%
Support not available	1	4.55%
Not Necessary	1	4.55%
Grand Total	22	100.00%

Source: Jubilee Occupancy Spreadsheet<sup>2</sup>

<sup>&</sup>lt;sup>1</sup> Jubilee Occupancy Spreadsheet – held by Carol-Anne Phimister

#### **Residents**

- 4.5. Of the 21 referrals that progressed, the cottage remained reserved on average for 5.5 days prior to being occupied. The average occupation was 85 days (just over 12 weeks) with the occupation duration ranging from 5 to 288 days (over 41 weeks).
- 4.6. Of these residents 8 were discharged home, 5 have a new tenancy (as they were not able to return to their previous accommodation due to a change of needs), 4 remain in residence where alternative solutions have been identified and are awaiting implementation.
- 4.7. 62% of residents fell within the "65 and over" age bracket.
- 4.8. Referrals from the community are triaged by the Access Team. If there is an assessed need for Health and Social Care services then there is a statutory responsibility though Social Work Scotland Act to provide for their needs. Part of the assessment process may include reviewing accommodation requirements. The accommodation resource at Jubilee Cottages provides a solution for clients experiencing crisis. The accommodation is arranged via HSCM and supported financially due to the unscheduled care needs where they fit into the eligibility criteria and tier 2 crisis intervention. **APPENDIX 1** provides some examples that outline the considerations and issues experienced by those requiring the type of support available through the use of Jubilee Cottages.

Reason for Referral (main reason)	No of referrals	%
Reablement	23	35.38%
Waiting for New Tenancy	7	10.77%
Family no longer/currently able to support	7	10.77%
(blank)	7	10.77%
Homeless	6	9.23%
Social	4	6.15%
Waiting for Care Package	3	4.62%
Major Adaptation	3	4.62%
Place of Safety	2	3.08%
End of Life Care	1	1.54%
Turned down for Sheltered Housing	1	1.54%
Assessment	1	1.54%
Grand Total	65	100.00%

Table 3 Jubilee Cottages – Reason for Referral

Source: Jubilee Occupancy Spreadsheet<sup>3</sup>

- 4.9. Examination of data shows the main reason for referral was reablement / rehabilitation, which accounted for over 35% of all referrals. A total of 20% were either waiting for a new tenancy or were homeless. Almost 11% were due to family no longer or currently unable to support the client.
- 4.10. The rate of referrals have not reached the initial anticipated levels as set out in the original objectives. This is partially due to patients going directly home or

<sup>&</sup>lt;sup>3</sup> Jubilee Occupancy Spreadsheet – held by Carol-Anne Phimister Page 186

because the cottages do not meet the needs of wheelchairs users or those requiring use of certain hoists. In addition there has been a lack of referrals from acute services where the existing admission criteria is being used.

4.11. One of the cottages is used as a hub for assessment with the potential to be used as a more open plan bariatric unit if required.

#### **Emerging Demand**

- 4.12. During the pilot there was an indication of need for the cottages to be used for more than purely rehabilitation and reablement services, that the intended scope for the usage of the cottages may need to evolve to include elements of crisis intervention. The evidence of use showed 1/3 of residents being either "homeless" or "waiting for a new tenancy", in addition to those with "social" and "place of safety" as approval reasons.
- 4.13. Though not originally in scope, some clients needs were met by the cottages because there was no alternative. A gap in provision exists for some clients, whose specific Health and Social Care needs, combined with the crisis situation they are in, results in usual mainstream accommodation options not being appropriate. Home is not an option for these clients and their needs because they require:-
  - longer term rehabilitation
  - input from HSCM services to stabilise situations
  - family are no longer able to cope with them at home
  - houses require adaptation before the client can return home

The alternative accommodation would either be homeless accommodation, which is rarely suitable for this client group or placement in a care home which is expensive and utilises a bed that there is significant demand for from other client groups.

In these circumstances the utilisation of Jubilee Cottages and the support provided, has enabled these people to progress into main stream Housing Services accommodation or return home.

If the use of the cottages was to be considered as a long term provision expanding on our housing based model, a "joint licence to occupy" would be required with Housing Services, Moray Council. This means that at some point during the resident's stay it would become a chargeable service. This situation would occur when their health and social care needs were met but they still required social housing (e.g. when waiting for adaptations in their own property or alternative accommodation via normal council services) without having to present as being homeless.

4.14. Some of the clients have very complex needs. Increasing referrals for the use of Jubilee cottages has the potential to prevent expensive unplanned admissions to care homes. For this to be progressed the criteria for admission would require to be reviewed and individual risk assessments would need to be undertaken prior to consideration as the cottages are not 24 hour care (however support can be provided through the use of telecare and response teams available from 07:30 up to 22:00).

<u>Costs</u>

- 4.15. £112k was allocated for the renovations costs of the cottages. Annual operating costs are forecast to be £13,640 for 2019/20 which is a budget pressure.
- 4.16. The pilot has demonstrated that Jubilee cottages is meeting a specific need at a cost that is less than existing alternative options. The potential costs of predicted alternative destinations for this client group if Jubilee had not been available, based on a per day cost for that service/accommodation, could have equated to between £68,920 and £183,800 based on the occupation rates for the two years reviewed. If occupancy rates were to rise to the optimum occupancy rate of 80%, then the values saved on alternative costs would rise to an estimated £154k to £410k.
- 4.17. The cottages have not been utilised to their predicted occupancy. There is further potential to work in partnership with Housing Services, building on the experiences to date, to further explore other opportunities where client need could be met through this model. If the eligibility criteria for occupancy was reviewed to focus more on rehabilitation rather than reablement there is the potential for more suitable clients to be referred. If an occupancy rate of 80% was achieved then the requirement to spend on other more expensive accommodation options would be reduced. Any proposed changes to use of these properties/criteria for potential occupiers would require approval from Policy and Resources Committee (P&R), Moray Council who are the trustees for these properties which are part of a public trust.
- 4.18. The pilot has also identified another need for an emergency care facility that can be used instead of care homes for suitable clients. The costs for operation of some or all of the cottages and reducing some use of care homes is an area for further evaluation.
- 4.19. If the cottages are to be retained for the alternative purposes highlighted in this report, it would be necessary to report to P&R for their approval of the proposed use, which would need to be compliant with the terms of the Trust deed as set out in para 5 (b).

#### Meeting Individuals Needs

- 4.20. Feedback from the occupants of the cottages has demonstrated high satisfaction.
- 4.21. The cottages have enabled the service to be more responsive to individual needs which has resulted in a less stressful experience for people at a time when they feel more vulnerable.
- 4.22. The cottages offer some time to get clients back on their feet both mentally and physically, combined with the opportunity for services to assess need and ability to live independently, thereby achieving many of their clients desired outcomes.
- 4.23. If the cottages were not available it would be more difficult to deliver a holistic outcome focussed system for the individual. For those people whose original

"home" was no longer available to them it would mean they would have to be taken through the normal accommodation process via housing options team, taking into account the individual's assessed Health and Social care needs, which may result in delays in discharge from hospital or increased accommodation costs for HSCM.

# 5. SUMMARY OF IMPLICATIONS

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

This report is in line with MIJB's Strategic Plan. A key policy directive within the Strategic Plan 2016-2019 is to strive to maintain independence for individuals and the ability to live at home.

## (b) Policy and Legal

These properties are held under a Trust Deed which requires that the cottages are occupied by poor elderly individuals. The trustee of the Public Trust covering the properties is the council's Policy and Resources committee on behalf of the Council as body corporate.

Any use of the subjects would need to be in compliance with the terms of the trust deed. The council's Policy and Resources decision of 30 August 2016 (para 18 of the minute refers) authorised the delivery of a rehabilitation service from these properties – any change to the service being delivered would need to be made by that Committee as Trustees.

# (c) Financial implications

Financial implications are outlined throughout this report.

## (d) Risk Implications and Mitigation

There is a risk of creating an unmet need if it is not possible to identify other suitable accommodation for clients with assessed needs. Any use of the subjects needs to be in compliance with the restictions contained within the Trust deed.

## (e) Staffing Implications

Staff who provide support and reablement or rehabilitation to occupants of jubilee cottages are part of the community teams providing support to people in their own homes in Elgin. There are no additional staff costs arising delivery of care at Jubilee as staff are already employed to work in the Elgin area with people in their own homes.

# (f) Property

There are no direct implications for property as a result of this report however if a subsequent report requires to be submitted regarding the use of the Cottages to Moray Council Policy and Resources committee, property implications would be considered at this point.

# (g) Equalities/Socio Economic Impact

An equality impact assessment has been completed for this project. The proposal assists in promoting equality of opportunity for elderly and disabled people.

## (h) Consultations

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

- Chief Financial Officer, MIJB
- Legal Services Manager, Moray Council
- Senior Analyst, HSCM
- Head of Service, Sean Coady
- Housing Needs Manager, Moray Council

#### 6. <u>CONCLUSION</u>

- 6.1. The initial intended profile of the cottages being used for 6 week (fast track) rehabilitation has not proven to be viable and would now not be in keeping with the emerging strategic priority of "Home First".
- 6.2. Although provision of accommodation is not part of the core business for HSCM or MIJB this pilot has demonstrated the value that is being added to the lives and the personal outcomes of those who have used the cottages as demonstrated in the scenarios in Appendix 1. Further work is required to refine the eligibility criteria and legal aspects surrounding the "licence to occupy" with Housing Needs services to increase occupancy.
- 6.3. The first principle is always to consider supporting people in their own homes, but where this is not an option the annual running costs of the cottages are lower than the majority of potential alternative costs for those people who have used Jubilee cottages, and there is clear evidence that people's outcomes are being met.

Author of Report: Lesley Attridge, Services Manager Background Papers: with author Ref:

## Jubilee Cottages - Examples of patient stories

- 1. The client had a very positive experience in jubilee cottages. At the time of placement the elderly client was living with a family member. The relationship with this family member broke down and the family member wanted the client removed from family member's property as the family member could no longer cope. The family member claimed the client could not do anything for themselves. Due to age and vulnerability, going into homeless accommodation was not an option for the client. In order that their abilities could be property assessed the client was placed in jubilee. The client got on well in jubilee and was found to be independent with all activities of daily living. The client was visited in jubilee by housing and social work/OT and permanent sheltered housing was found for the client, where the client remains independent.
- Jubilee cottages utilised to facilitate re-ablement and discharge from Muirton ward. Own home was unsuitable to return to as uninhabitable. Prior to admission to Jubilee it was unsure exactly what level of support would be needed, as service user hadn't completed some tasks independently for years due to available facilities in their own house.

Within a week, the client was re-abled to manage most tasks independently, just kept care support in for medication. This was subsequently stopped following further re-ablement. The client successfully moved on to their own tenancy. Overall the client was very happy with the accommodation and these worked perfectly for the level of re-ablement they needed. The outcome of living as independently as possible in their own place was met

- 3. Client was in hospital for 5 weeks following an amputation. When they returned home their flat had been burgled and trashed. The impact of the burglary, the continuous pain and reduced physical ability had a detrimental impact upon the client's mental health leaving them feeling very low and having suicidal thoughts. The client moved into jubilee cottages till appropriate housing was sourced, this provided a safe, comfortable environment for them to start applying for housing, get their benefits sorted and access basic essentials for their new home. The client's confidence increased and they are now living comfortably and independently. The client feels that life has a much better outlook now.
- 4. The client went to Jubilee Cottages from hospital due to difficulties with accommodation. The client had previously lived in an annexe of a family member's house but due to deterioration in the client's health and in the family member's emotional well-being the client was not able to return there from hospital. The family member had been acting as the client's informal carer. The intention was to give the family time to see if, with the right support, the client would be able to return to living with this family member. However, this option was ruled out after a couple of weeks and the client is currently awaiting

housing. The client has made applications for sheltered, amenity, supported and very-supported accommodation. Initially the client had reablement support to help the client to manage their medication but they are now fully independent.

The client has told services that the cottage is ideal for them and if they could, they would pay to stay there permanently.

5. The client was staying with a family member who was also the main carer for the client. The client was moved into jubilee cottages as the carer had been taken to hospital vomiting blood. The house was very dirty and required deep clean which was completed and the carer was supported with their mental health and alcohol addiction. The client was supported to improve their nutritional intake and reduce their alcohol intake. The client returned home with a little support from the HFH team with their personal care which stopped after 2 months as the client became completely independent.

#### ADMISSION CRITERIA FOR JUBILEE COTTAGES

#### **GENERAL**

- The assessment will establish SMART goals related to activities of daily living (ADL), the Tier 2 Support Plan and, if Independent Living carers are involved, will lead to the outcome measure.
- Where necessary, Linkwood Medical practice will provide medical intervention if and when required to clients whose GP is not within the Elgin area during their stay at Jubilee Cottages
  - GP summary from the client's registered GP will be required for Linkwood. If being admitted from hospital, a hospital discharge summary will also be required for Linkwood
- Jubilee Cottages will look to involve the third sector, where appropriate.
- Evaluation and review will be completed and collated throughout the stay.
- A fortnightly Review Meeting will take place with the involvement of the MDT around the client on Tuesdays at 3.00 pm Moray Council Annexe (or other such venue as may be necessary). All allocated key workers involved with the client will provide a written update by close of business on the Friday prior to the meeting to <u>carol-anne.phimister@moray.gov.uk</u>. A copy of the Minutes of these Meetings will be e-mailed to each allocated worker for the duration of their client's stay in Jubilee Cottages.
- All clients will be involved in the completion of an evaluation of their period within the facility prior to discharge. A written narrative will be posted on CareFirst by the allocated worker.

<u>PLEASE NOTE</u>: None of the Cottages are wheelchair accessible

#### **ADMISSION CRITERIA**

- Client must be a Moray resident.
- Client must be aged 65 or older, however, if close to that age, admission may be considered.
- The facility will provide a period of assessment and/or rehabilitation up to 6 weeks.
- Home is the discharge destination from the facility.
- The facility will provide a base for an assessment period if required, to establish a baseline for identifying ongoing support needs.
- The client requires capacity.
- The client requires motivation to improve their functional status.
- The client requires to be clinically fit for hospital discharge and medically stable.
- The client requires to have been assessed as having potential to become independent/more independent in ADL.
- Admissions will be Monday to Friday prior to 12 noon.
- Priority for admission to the facility will be given to clients with identified rehabilitation needs.