



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 30 JUNE 2022

SUBJECT: QUARTER 4 (JANUARY TO MARCH 2022) PERFORMANCE REPORT

BY: CORPORATE MANAGER

1. REASON FOR REPORT

1.1 To update the Audit, Performance and Risk (APR) Committee on performance as at Quarter 4 (January to March 2022).

2. RECOMMENDATION

2.1 It is recommended that the APR Committee consider and note:

- i) the performance of local indicators for Quarter 4 (January to March 2022) as presented in the Performance Report at APPENDIX 1;**
- ii) the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1;**
- iii) the performance of the indicators reported to the Ministerial Strategic Group (MSG) for Health and Community Care (latest published data) as presented at APPENDIX 2; and**
- iv) the performance of the Health and Social Care Integration: core indicators for the reporting year 2021/22 as presented at APPENDIX 3.**

3. BACKGROUND

3.1 The purpose of this report is to ensure the Moray Integration Joint Board (MIJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.

3.2 **APPENDIX 1** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by the Board.

- 3.3 **APPENDIX 2** allows the AP&R committee to scrutinise the performance of HSCM against the six indicators used by the MSG to monitor progress of the MIJB ‘to realise the full potential of integration and ensure that the people of Scotland get the right support, in the right place, at the right time, no matter their care needs.’
- 3.4 **APPENDIX 3** is included for the first time to allow the AP&R committee to scrutinise performance against the national indicators (Health and Social Care Integration: core indicators) that Integration Authorities are required to use to measure progress towards the National Health and Wellbeing Outcomes. The latest available data are for the year 2019/20 for the ten outcome indicators and 2020/21 for the data indicators; the 2021/22 data are expected to be published in September 2022.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 Local Indicators are assessed on their performance via a common performance monitoring Red, Amber, and Green (RAG) traffic light rating system.

<i>RAG scoring based on the following criteria:</i>	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within agreed tolerance.
RED	If Moray is performing worse than target by more than agreed tolerance.

- 4.2 The detailed performance report for quarter 4 is attached in **APPENDIX 1**.

Summary

- 4.3 Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 4 of the financial year 2021/22 is showing as variable. Three of the indicators are presenting as green, two are amber and five are red. This represents a reduced performance compared to both quarters 2 and 3 and is a reflection of the significant additional pressure placed on the service during quarter 4.
- 4.4 Figure 1 provides a summary and the historical trend by indicator since quarter 3 of year 2020/2021. A summary of performance for each of the 6 reporting categories is provided below. Two of these areas are presenting as green, while one is Amber and the other three are red.

EMERGENCY DEPARTMENT - GREEN

There has been no appreciable change in the rate per 1,000 this quarter from 20.0 to 20.2, meeting the target but still well above the number presenting at the same period last year. However, the rate in February had reduced to 18.1 and the figure for March reversed the trend of the previous 4 months.

DELAYED DISCHARGES – RED

The number of delays at the March snapshot was 46 (up from 39 at the end of the previous quarter), remaining well above the revised target of 10. The number of bed days lost due to delayed discharges was 1294 (up from 1142).

EMERGENCY ADMISSIONS – RED

There continues to be a steady increase each month in the rate of emergency occupied bed days for over 65s, as noted in previous reports. Since the end of quarter 4 last year the rate has increased from 1,773 to 2,140, exceeding the target of 2,037 per 1,000 population. The emergency admission rate per 1000 population for over 65s has reduced from 187.2 to 183 during quarter 4 and remains AMBER, while the number of people over 65 admitted to hospital in an emergency also reduced from 126.3 to 125.2 over the same period, and also remains AMBER.

HOSPITAL RE-ADMISSIONS - GREEN

Both indicators in this barometer remain green having continued the improvements noted in the previous 2 quarters. 28-day re-admissions are 8.0% and 7-day re-admissions are at 3.4%.

MENTAL HEALTH – RED

After achieving 100% for the 6 months from December 2020 through to June 2021 there has been a further reduction in performance during quarter 4 with 33.3% of patients being referred within 18 week, compared to 67% last quarter.

STAFF MANAGEMENT – RED

NHS employed staff sickness levels have reduced again to 4.7% from 5.5%, but remain above the target of 4%. Council employed staff sickness was 8.05% last quarter, remaining above the 4% target. Unfortunately, sickness within the Moray Council Human Resources team who deal with information management has meant the data for quarter 4 have not yet been published.

Figure 1 – Performance Summary

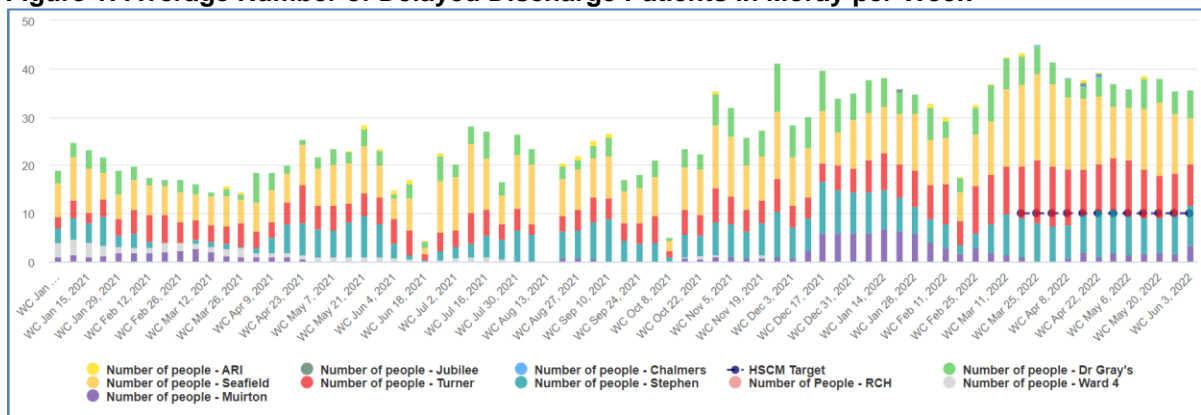
Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q4 2021	Q1 2122	Q2 2122	Q3 2122	Q4 2122	New Target	Previous Target	RAG
		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	(from Q1 2122)	from Q1 2021 or earlier	
AE	Accident and Emergency								
AE-01	A&E Attendance rate per 1000 population (All Ages)	17.8	23.5	21.7	20.0	20.2	no change	21.7	G
DD	Delayed Discharges								
DD-01*	Number of delayed discharges (including code 9) at census point	17	20	30	39	46	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	496	592	784	1142	1294	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1773	1859	1934	2045	2140	2037	2107	R
EA-02	Emergency admission rate per 1000 population for over 65s	174.8	185.9	190.4	187.2	183	179.9	179.8	A
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	119.3	124.1	126.7	126.3	125.2	123.4	124.6	A
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	5.0%	4.4%	4.1%	3.5%	3.4%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.8%	9.2%	8.4%	8.4%	8.0%	no change	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	100%	100%	67%	33.0%	no change	90%	R
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	3.1%	4.2%	6.0%	5.5%	4.7%	no change	4%	R

AREAS NOT MEETING TARGETS

Delayed Discharge

- 4.5 As predicted in the previous report the two indicators shown under the Delayed Discharge heading (DD-01 and DD-02) continue to be red and remain well above the new targets set at the end of quarter 3 of 2020/21. The reasons for the above target levels remain the same; there as an additional demand from the increase in COVID-19 cases linked to the Omicron variant during the first few weeks of the quarter, along with the previously reported increased frailty and more complex needs of patients. Staff absences due to sickness (COVID-19, self-isolation and non-COVID-19 related illnesses) remained high for Council staff during quarter 4, and lower, but above target, for NHS staff. External providers of care within Moray were also experiencing similar high levels of staff as were care homes. This significantly limited the ability to meet the demand for care at home. Although the availability of beds in care homes increased during quarter 4 there continued to be insufficient beds available to meet demand.
- 4.6 At the end of quarter 4 four of the 14 care homes were at 'Red' status for COVID-19 and unable to receive residents, and the remaining 10 were 'Green'. This represents a turnaround from the situation reported at the end of last quarters when 7 care homes were 'Red' and 7 'Amber'. This was caused by the impact of COVID and a diarrhoea and vomiting virus on staffing levels and impact of measures implemented to reduce the spread to those in the home.
- 4.7 The measures outlined in previous report have had some effect in reducing the number of delayed discharges. However, the number of people delayed each day on average was over 40 during quarter 4, and the indications are that it is reducing very slowly (Figure 1).

Figure 1: Average Number of Delayed Discharge Patients in Moray per Week



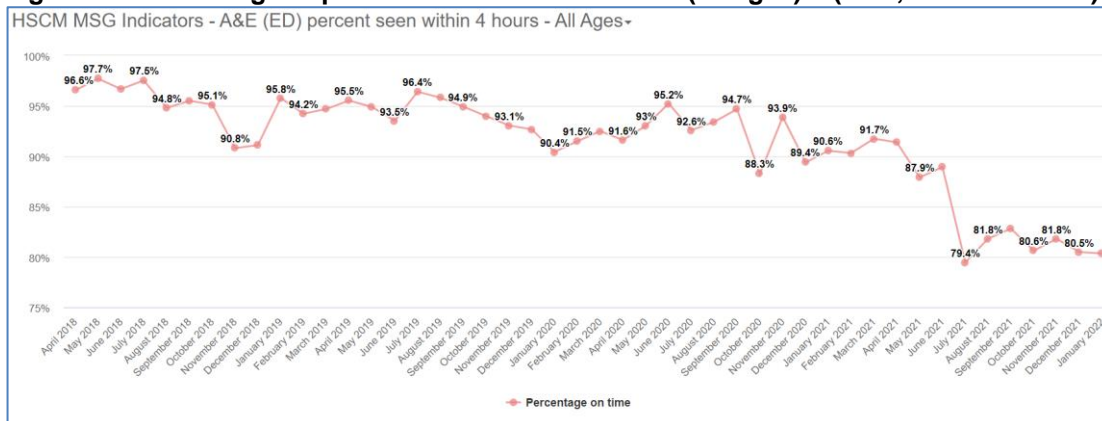
- 4.8 Figure 1 indicates how much higher the numbers of patients are each day who face a delayed discharge from hospital compared to last winter, illustrating the scale of the task faced by health and social care teams. While the trend is showing a reduction in the number of people affected it is a very gradual reduction and represents a significant loss of bed–capacity for other medical procedures, for example, and an additional unplanned burden on hospital and social care staff. There are considerable efforts being made across the system to move people to the most appropriate place to meet their needs as quickly as possible, but during quarter 4 there was restricted flow

due to the impacts being felt across all teams due to staff absences caused by COVID-19.

Emergency Admissions

- 4.9 Emergency Admission rates for the over 65s (EA-02) have reduced during quarter 4, continuing the trend observed in the previous quarter. Note that the rate of 183 per 1,000 population remains above the target based on the 2019 average of 179.9 per 1,000 population. Similarly, the number of people admitted as an emergency over 65 years old (EA-03) has followed a similar trend. This indicator was showing a consistent downward trend but between February and July 2021, the trend reversed and increased rapidly. Since August 2021 the number of emergency admissions for this age group levelled-off and in quarter 4 the rate reduced to 125.2 per 1,000 population, just above the target of 123.4 per 1,000 population (also based on the 2019 average). Note that the Emergency Occupied Bed Days for over 65s (EA-01) has been increasing steadily since the start of 2021 and continued to increase each month during quarter 4 reaching a rate of 2,140 bed-days per 1,000 population, exceeding the target of 2,037 per 1,000 population.
- 4.10 While the rate per 1,000 population presenting at ED is meeting the required performance level the proportion of patients seen within the 4-hour target time has dropped significantly since May 2021 (Figure 2). Prior to March 2020 over 95% of attendees at ED were seen within 4 hours, generally reducing to 90% in the winter months. Since May 2021 this rate has dropped to around 80%, and in January 2022 (the latest available data) the rate was 80.3%. Performance is below target and has deteriorated during 2021/22.

Figure 2 – Percentage of patients seen within 4 hours (all ages) – (PHS, A&E Datamart)



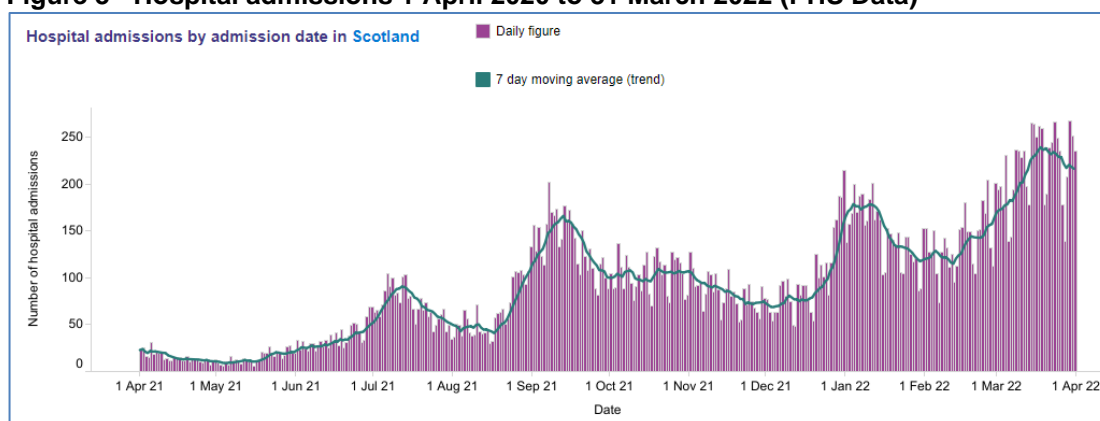
Mental Health

- 4.11 There was a reduction in the percentage of patients receiving psychological therapy treatment within 18 weeks (MH-01) for the second successive quarter from 67% to 33% at the end of March 2022. This reduction is in contrast to the first 6 months of 2021 when the percentage meeting the 18-week timescale was consistently 100%. This is due to capacity issues in the team and an increase in referrals.
- 4.12 For information, a workshop will be held on 29 June 2022 for all staff delivering psychological therapies in Moray to look at how the position can be improved.

Staff Management

- 4.13 The number of cases of COVID-19 being reported across Scotland peaked in mid-March 2022 and by the end of quarter 4 the number for Moray was 704 cases (equivalent to 737 per 100,000 population), virtually identical to the national rate of 742 per 100,000 population.
- 4.14 At the end of quarter 4 Moray vaccination rates for all residents aged 12 years old and over were less than the Scottish average rates for 1st and 2nd dose vaccinations at 89.6% and 85.2% respectively (compared to 93.3% and 87.3% for Scotland)¹. In Moray 72.8% of the population have had a third vaccination, almost identical to the national rate of 72.9%. There was a marked rise in hospital admissions in Scotland during the middle part of quarter 4 significantly higher than the previous spikes observed during the pandemic. Although the numbers started to reduce during the final 2 weeks of the quarter the figure of 235 admissions per day remains high (Figure 3). Admissions to ICU, however, remained at relatively low levels with the end of quarter 7-day average of 6.43 being almost half the figure of 11.86 recorded in September 2021 and almost one-third of the 16.43 recorded in January 2021.²

Figure 3 - Hospital admissions 1 April 2020 to 31 March 2022 (PHS Data)

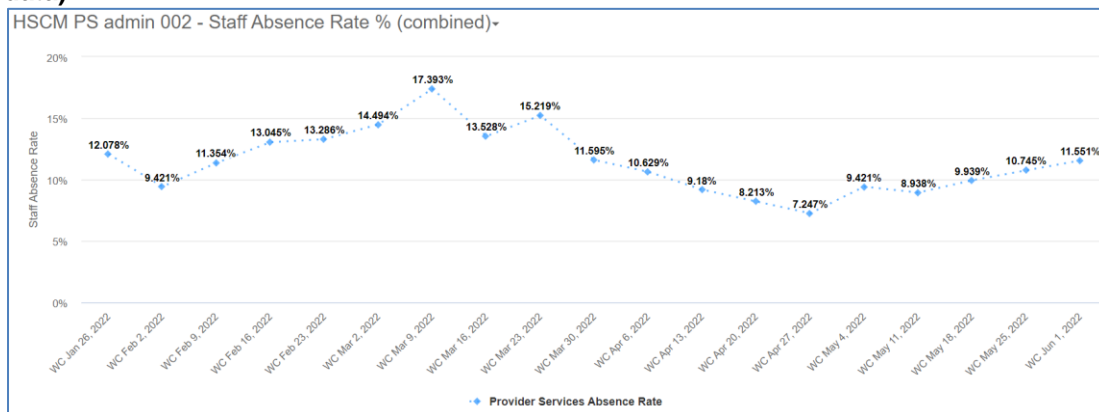


- 4.15 The average absence due to sickness for all Moray Council staff since May 2020 was 6.9% at the end of quarter 4. This is just above the Scottish average of 6.1% for the same period and above the pre-pandemic levels. The rising level of absence reported in the previous 2 quarters continued into quarter 4 reaching 10.5%. Over the same period NHS staff absences due to sickness reduced from 5.5% in quarter 3 to 4.7%.
- 4.16 Although the quarter 4 absence percentage for Moray Council employed Health and Social Care staff is not available, the locally collected data for Provider Services provides an illustration of the magnitude of the difficulties facing managers (Figure 4). Since the second week in March 2022 there was a steady reduction in absences from over 17% to 7.25% at the end of April. Since then, the percentage has risen steadily each week and by 1 June 2022 (admittedly outside the scope of this report) it had risen to 11.6%.

¹ <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=Scotland> Data to 31 March 2022.

² Data for this measure is not available for individual local authorities.

Figure 4: Provider Services staff absence rate since 26 January 2022 (service collated data)



4.17 The recruitment cell continues to give excellent support to Provider Services working with locality managers to highlight the team and their role. Not only is there a steady supply of recruits to the care teams the cell also is taking some of the pressure off the workload Provider Services managers, for instance by carrying out interviews of potential recruits, developing locality specific adverts, promoting the care profession and networking with Moray College UHI to access training. The Recruitment cell is creating their team plan for the remainder of the year and will be focussing on localities with their next recruitment drive to target areas where there are low numbers of Social Care Assistants (SCAs).

4.18 Due to projects and other commitments Care Officers have not been able to provide the usual level of support to SCAs and it has not been possible to backfill these posts. Action is being taken by Care at Home which should rectify this situation.

4.19 The profile of the role of SCAs has been raised through Social Media showing possible career progression paths and also to show the high regard the SCAs are held in by the service users. Links are included to the videos placed on social media, including a video made by the DYW with support from school pupils:

- https://m.facebook.com/watch/?v=1368388736919899&_rdr
- <https://www.facebook.com/watch/?v=379061773356751>
- <https://www.youtube.com/watch?v=vJgpPg9TaPI>

4.20 Managers continue to be faced with daily challenges to find staff to allocate to rosters and to maintain the delivery of their services, and to prioritise the services being provided. For example, within both Community nursing teams and community hospitals all teams are supporting each other, where possible, to cover sickness and vacancies. There is a national shortage of trained District Nurses and this is reflected in the Moray workforce. However, with the agreement of City and Shire colleagues we are offering 3 trainee opportunities this year, as opposed to the 2 we normally offer. Although it will take 2 years to reap the full benefits at least it is somewhat in addressing the shortfall within this workforce. Recruitment of staff continues to be challenging but we have

opportunities and areas where we can support New Graduate Nurses and by September, hope to have at least 3 in post within both community nursing and community hospitals.

- 4.21 There are 2 District Nurse Team leaders seconded until December and March which has a domino effect and as a result there are 3 other District nurses seconded in to cover these roles. This comes with its own challenges of trying to work creatively to ensure safe working and safe patient care with limited resources.
- 4.22 The HSCM team has been supported since January 2022 by Moray Council HR to identify ways of redeploying and recruiting additional staff to provide adequate cover to meet demand. An internal request for support for Council staff to redeploy to support HSCM had limited impact. Of the dozen or enquiries, only 1 person matched with administration work; nothing further came of the exercise as the key requirement was the need for caring work and volunteers were not willing to undertake such tasks.
- 4.23 The other support provided by HR included training, recruitment, and retention. The Moray Council Social Work Training Team were ready to respond as required, matching needs of recruits with training requirements as well as arranging and delivering the training. An open advert for Social Care Assistants (SCAs) was successful in encouraging people to apply for posts. In March there were 4 or 5 interviews a week in response to the advert with recruits coming from other care providers as well as from outwith the care sector. Since then, there has been a continuing stream of applicants.
- 4.24 Additionally, the HR team has worked with local partners to identify other ways of recruiting staff into the HSCM team. The Department for Work and Pensions (DWP) now promote current vacancies to all work coaches in Moray to raise the profile of care work. Moreover, an HSCM manager was the guest speaker at the end of January at a meeting with work coaches to promote the vacancies, explore the possibility of a Sector Base Academy initiative and to review our work experience agreement with the DWP. Developing the Young Workforce Moray have been given access to promotional equipment and are working with the service on a campaign for encouraging young people into the care sector.
- 4.25 Job adverts have been placed with the local military organisations to encourage spouses and partners to consider care roles. Managers have attended job fairs in Inverness and Buckie but these were of limited value.
- 4.26 In order to understand why people leave the service there have been discussions with a small group of SCAs who were able to air their concerns. Exit interview forms do not provide much information other than the common theme of poor communication. The report last quarter highlighted the reduction on working hours as people were looking for ways to balance their work and domestic commitments. This has continued, and requests are generally supported as there is a risk of losing the employee altogether and it considered to be a better option to retain staff, albeit working fewer hours, to have some availability to cover shifts. However, a more planned approach is in place as it is not possible to cover the number of hours required to meet the demand if there is an increased reliance on those on zero hours contracts

rather than those with confirmed contractual hours. Requests for reducing hours from staff are now closely managed and there have been discussions with unions about the approach being taken.

- 4.27 Burn-out amongst staff, supervisors and managers caused by continuing high levels of absence and the constant crisis management to cover shifts on a daily basis threatens the long-term ability of the service to meet demand. The report on Unmet Need in Health and Social Care Moray, approved by the Moray Integration Joint Board at their meeting held on 31 March 2022 (item 9 of the minutes refers) noted the conclusion of a study published in November 2021 that found COVID-19 stress was a significant independent predictor of a decline in the mental wellbeing of health and social staff in Scotland.³ Furthermore, pressure on the system remains high with levels of unmet need and number of people experiencing delayed discharge above pre-pandemic levels. Demand is likely to increase as the population of Moray continues to age, as reported to the Moray Integration Joint Board Clinical and Care Governance Committee at the meeting held on 26 May 2022 (agenda Item 9).
- 4.28 Due to the continued and increasing pressures on staffing across HSCM focussed effort is being put into collation and identification of potential staffing pressures across HSCM services, especially when there are high levels of community transmission of Covid. The key staffing information regarding annual leave, sickness absences, covid related absences and vacancies in order to obtain the necessary management information to inform decisions regarding the allocation of staff resources. This was instigated in January 2022 and is being overseen by SMT. A short daily response huddle of service managers has been instigated and meets at 9:00am weekdays to review immediate pressures and look for solutions or provision of support where possible.

MINISTERIAL STRATEGIC GROUP (MSG) FOR HEALTH AND COMMUNITY CARE

- 4.29 The six MSG indicators provide an indication of the progress being made to realise the full potential of integration and the data are collated and circulated by Public Health Scotland (**APPENDIX 2**). Performance can be summarised as follows, but the advice is to treat with caution, as the response to the pandemic and the unusual nature of the past 2 years have had an incalculable impact on integration activities.
- 4.30 **Emergency Admissions** There were 1,907 emergency admissions in quarter 4, the lowest quarterly figure during 2021/22. The average number of admissions in each quarter of 2021/22 was 2,054, which compares with pre-pandemic averages. Numbers of emergency admissions dropped by about 25% during the Quarter 1 2020/21, which was the first quarter after the lockdown measure were introduced, but since then the monthly figure has been between 600-700 (approximately). Performance can be summarised as stable. There were 1,448 admissions from the Emergency Department (ED) in quarter 4, down from 1,596 in quarter 3. Prior to the Covid-19 pandemic there

³ Cogan, N., Kennedy, C., Beck, Z., McInnes, L., MacIntyre, G., Morton, L., Kolacz, J., & Tanner, G. (2021). ENACT project: understanding the risk and protective factors for the mental wellbeing of health and social care workers in Scotland: adapting to the challenges and lessons learned. Poster session presented at NHS Research Scotland Mental Health Annual Scientific Meeting 2021, Online, United Kingdom.

were around 1,100 admissions from ED each quarter, but this figure has now been consistently around 1,500 during 2021/22. Performance appears to have stabilised, but at a higher level than before the pandemic.

- 4.31 **Unscheduled hospital bed days** - The number of unscheduled hospital days for acute specialities (all ages) was 11,972 in quarter 4, down from 13,191 in quarter 3, and 25% lower than the highest recorded figure of 16,013 bed days in quarter 1 2018/19. The quarter 4 figures were lower than usual due to the untypically low number of unscheduled bed days in January 2022 (3,030) and if the March figure (4,688) is repeated in coming months then next quarter is likely to be back to more typical. The reason for the reduced number in January is not clear but it did coincide with the rise in the number of cases of the Omicron variant. Performance is probably stable, albeit at a lower level than before the pandemic.
- 4.32 **A&E (now known as ED) attendance** - The graph of ED attendance numbers mirrors the various phases of the COVID-19 outbreak. After the initial lockdown in March 2020 the number of patients presenting at the ED roughly halved from their typical figure of over 2,000 per month. Numbers were back at typical levels over the summer of 2021, reducing to 1,900 per month in the autumn. But as the Omicron variant arrived in Moray ED attendance reduced in February 2022. Consequently, for quarter 4 there were 4,903 attendees at ED, 900 fewer than in quarter 3. Long-term performance won't be clear for a few quarters, but there are indications that if the March 2022 monthly figure is repeated, then performance has reduced from pre-pandemic levels. However, more data are required before this assessment can be made with any certainty.
- 4.33 On the other hand, it is clear that the 4-hour ED waiting time target is not being met, as described at paragraph 4.10 previously.
- 4.34 **Delayed Discharges** - The number of delayed discharge bed-days also mirrors the peaks and troughs of the pandemic, but with 1,201 bed-days recorded in January 2022 (the latest available data) performance is similar to pre-pandemic levels.
- 4.35 **End of life care** - In 2020/21 (the latest available data) 91.7% of residents spent the last 6 months of their life in a community setting⁴, 5% were in a large hospital, and 3.2% were in a community hospital. The proportion in a community setting has increased gradually from 88.8% in 2013/14 while those in a large hospital has reduced from 7% over the same period. Community hospital figures have remained close to 4%.
- 4.36 **The balance of care across institutional and community services** - The most recent published data relates to 2019/20 which show that the majority (98.1%) of people are able to live unsupported in their own homes. 1.1% are supported in their homes, 0.5% in care homes and the remainder in hospital, community hospitals or hospice/palliative care. The breakdown between these settings has remained virtually unchanged since 2013/14.

⁴ Community includes care home residents as well as those living in their own home.

NATIONAL HEALTH AND SOCIAL CARE INTEGRATION; CORE INDICATORS

- 4.37 The core indicators have been developed to measure progress that IJBs are making towards meeting the National Health and Wellbeing Outcomes and are being reported to this committee for the first time. The figures are published annually for the data indicators and biennially for the ten outcome indicators (**APPENDIX 3**). The 2021/22 figures for the outcome indicators have recently become available, but not yet for the data indicators. However, the 2020/21 data indicators are included for information.
- 4.38 In 2021/22 performance across Scotland reduced for all 9 of the reported outcome indicators compared to 2019/20. Moray mirrored the national performance apart from recording a small improvement in the percentage of carers who feel supported to continue in their caring role. However, it should be noted that the sampling method used for data gathering means the results have a degree of uncertainty, so changes or differences of 1% or 2% are likely to be statistically insignificant.
- 4.39 The comparison for each indicator is as follows:
- Exceeding or equalling Scottish average:
 - Percentage of adults able to look after their health very well or quite well (Moray 93%; Scotland 91%)
 - Percentage of adults supported at home who agreed they are supported to live as independently as possible (Moray 79%; Scotland 79%), and
 - Percentage of carers who feel supported to continue in their caring role (Moray 32%; Scotland 30%),
 - Below Scottish average:
 - Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided (Scotland 71%; Moray 70%)
 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (Scotland 66%; Moray 62%)
 - Percentage of adults receiving any care support who rate it as excellent or good (Moray 68%; Scotland 75%).
 - Percentage of people with positive experience of care at their GP practice (Scotland 67%; Moray 60%),
 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (Scotland 78%; Moray 73%), and
 - Percentage of adults supported at home who agree they felt safe (Scotland 80%; Moray 72%).

No data has been published for the indicator that measures whether staff would recommend their workplace as a good place to work.

- 4.40 In 2020/21 for the ten data indicators that have published data Moray was performing better than Scotland for 7, and marginally below the overall Scottish performance for the other 3.

5. **SUMMARY OF IMPLICATIONS**

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

Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the MIJB will “monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis” (para 5.2.2 of the Moray Integration Scheme refers).

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The long-term impact of the COVID-19 on the Health and Social Care system are still unknown and performance measurement will remain flexible to enable the service to be prepared and react to any future developments.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required for the Performance Framework because there will be no impact, as a result of the report, on people with protected characteristics.

(h) Climate Change and Biodiversity Impacts

No climate change or biodiversity implications have been determined for this policy/activity. It should be noted that extreme weather events, such as the recent storms, are expected to occur more frequently and with greater ferocity in future years. In the longer-term there are likely to be issues with the reduction in availability and increases in costs of fossil fuels that will pose challenges for the delivery of care services to people living in rural areas.

(i) Directions

There are no directions arising from this report.

(j) Consultations

For Health and Social Care Moray the Chief Officer, Corporate Officer and Service Managers in relation to respective areas have been consulted as has Tracey Sutherland, Committee Services Officer, Moray Council and their comments are incorporated in the report.

6. CONCLUSION

6.1 This report provides the MIJB with an overview of the performance of specified Local and National indicators and outlines actions to be undertaken to improve performance in Section 4 and expanded on in APPENDIX 1.

6.2 In addition, this report provides the MIJB with an overview of performance against the indicators reported to the Ministerial Strategic Group for Health and Community Care (APPENDIX 2) and the National Health and Social Care Integration indicators (APPENDIX 3).

Authors of Report: Jeanette Netherwood, Corporate Manager
Carl Bennett, Senior Performance Officer

Background Papers: Available on request

Ref: