



Moray Integration Joint Board

Thursday, 27 January 2022

Remote Locations via Video Conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board, Remote Locations via Video Conference**, on **Thursday, 27 January 2022** at **13:30** to consider the business noted below.

AGENDA

1. **Welcome and Apologies**
2. **Declaration of Member's Interests**
3. **Minute of Meeting of 25 November 2021** 5 - 12
4. **Action Log - 25 November 2021** 13 - 14
5. **Minute of Meeting of Audit, Performance and Risk Committee on 26 August 2021** 15 - 18
- For Noting
6. **Chief Officer Report** 19 - 24
7. **Appointment of Chief Internal Auditor** 25 - 28
8. **Budget Update and Financial Outlook** 29 - 34
9. **Home First in Moray Discharge to Assess Performance** 35 - 44
10. **Moray Pharmacotherapy Service** 45 - 50
11. **Ministerial Strategic Group Improvement Action Plan Update Report** 51 - 94

12. Reserves Policy Review

95 - 104

**Item(s) which the Board may wish to consider with the
Press and Public excluded**

13. Additional Investment Winter Funding [Para 6.2.3]

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Councillor Shona Morrison (Chair)

Mr Dennis Robertson (Vice-Chair)

Mr Derick Murray (Voting Member)

Mr Sandy Riddell (Voting Member)

Councillor Frank Brown (Voting Member)

Councillor Theresa Coull (Voting Member)

Professor Caroline Hiscox (Ex-Officio)

Mr Roddy Burns (Ex-Officio)

Ms Tracey Abdy (Non-Voting Member)

Mr Ivan Augustus (Non-Voting Member)

Professor Siladitya Bhattacharya (Non-Voting Member)

Mr Sean Coady (Non-Voting Member)

Ms Karen Donaldson (Non-Voting Member)

Jane Ewen (Non-Voting Member)

Mr Steven Lindsay (Non-Voting Member)

Ms Jane Mackie (Non-Voting Member)

Dr Malcolm Metcalfe (Non-Voting Member)

Dr Paul Southworth (Non-Voting Member)

Mrs Val Thatcher (Non-Voting Member)

Ms Heidi Tweedie (Non-Voting Member)

Dr Lewis Walker (Non-Voting Member)

Councillor John Divers (Non-Voting Member)

Simon Bokor-Ingram (Non-Voting Member)

Mr Neil Strachan (Non-Voting Member)

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



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 25 November 2021

To be Held Remotely in Various Locations,

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Simon Bokor-Ingram, Councillor Frank Brown, Mr Sean Coady, Councillor Theresa Coull, Councillor John Divers, Mr Steven Lindsay, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Derick Murray, Mr Sandy Riddell, Mr Dennis Robertson, Ms Heidi Tweedie, Dr Lewis Walker

APOLOGIES

Professor Siladitya Bhattacharya, Mr Roddy Burns, Ms Karen Donaldson, Jane Ewen, Professor Caroline Hiscox, Ms Jane Mackie, Dr Paul Southworth, Mr Neil Strachan, Mrs Val Thatcher

IN ATTENDANCE

Also in attendance at the above meeting were Jeanette Netherwood, Corporate Manager, Jacqui Short, Care at Home Manager, Adam Coldwells, Director of Strategy and Deputy Chief Executive NHS Grampian, Roddy Huggan, Team Manager, Steve Gotts, Allied Health Care, Brian Howarth, Audit Scotland, Tracy Stephen, Chief Social Work Officer and Tracey Sutherland, Committee Services Officer as clerk to the meeting.

1. Chair

The meeting was chaired by Councillor Shona Morrison.

2. Welcome and Apologies

The Chair welcomed everyone to the meeting and in particular Derick Murray, to his first meeting as the new NHS Grampian representative replacing Professor Nick Fluck.

3. Declaration of Member's Interests

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

4. Minute of Meeting of 30 September 2021

The minute of the meeting of the Moray Integration Joint Board on 30 September 2021 was submitted and approved.

5. Action Log - 30 September 2021

The Action Log of the meeting dated 30 September 2021 was discussed and updated accordingly.

See separate document for actions.

6. Minute of Meeting of CCG on 27 May 2021

The minute of the Clinical Care and Governance Group of 27 May 2021 was submitted for noting by the Board.

7. Chief Officer Report

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

The Board joined the Chair in thanking all staff for their hard work and dedication over the last 18 months.

Following consideration in which Officers answered questions with regards to Home First targets, consideration of transportation issues for the proposed Moray Coast Medical Centre and the 3 conversation model, the Board agreed:

- i) to note the content of the report; and

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

8. Revenue Budget Monitoring Quarter 2 for 2021-22

A report by the Chief Financial Officer updated the Board on the current Revenue Budget reporting position as at 30 September 2021 and provide a provisional forecast position for the year end for the Moray Integration Joint Board budget,

Following consideration the Board agreed to:

- i) note the financial position of the Board as at 30 September 2021 is showing an overall overspend of £2,396,026;
- ii) note the provisional forecast position for 2021/22 of an overspend of £2,373,735 on total budget;

- iii) note the progress against the approved savings plan in paragraph 6 and update on Covid-19 and additional funding in paragraph 8;
- iv) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 July to 30 September 2021 as shown in Appendix 3; and
- v) approve for issue, the Directions arising from the updated budget position shown in Appendices 4 and 5.

9. Membership of Board and Committees - Update

A report by the Chief Officer informed the Board of changes to membership during October 2021.

Following consideration the Board agreed to:

- i) note that Professor Nick Fluck resigned from the Board with effect from 6 October 2021;
- ii) note that Mr Roderick (Derick) Murray has been appointed as the new NHS Grampian representative on the Board with effect from 6 October 2021;
- iii) appoint Mr Derick Murray as the new chair of Clinical and Care Governance Committee to replace Professor Nick Fluck; and
- iv) note that Dr Paul Southworth is the new Public Health Representative on the Board

10 External Auditors Report to Those Charged with Governance

A report by the Chief Financial Officer asked the Board to consider the reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2021.

Mr Brian Howarth, External Auditor introduced the report and went through the key messages contained within.

Following consideration the Board agreed to note the reports from the External Auditor within Appendices 1 and 2.

11. Operation Iris

Mr Adam Coldwells, Director of Strategy and Deputy Chief Executive NHS Grampian gave a presentation and answered questions from the Board on Operation Iris, the NHS Grampian planned approach for recovery, for the 6 period from November 2021, from the unprecedented pressure the NHS is under following the Covid impacts and restrictions.

Councillors Brown and Coull left the meeting during this item.

12. 2020-21 Audited Annual Accounts

A report by the Chief Financial Officer submitted to the Board the Audited Annual Accounts for the year ended 31 March 2021.

Following consideration the Board agreed to approve the Audit Annual Accounts for the financial year 2020/21.

13. Social Care Provision in Moray

A report by the Chief Social Work Officer informed the Board of the situation and sought agreement to use mitigating actions in relation to current concerns around social care provision.

Jacqui Short, Care at Home Manager gave the Board a brief update on the current situation within social care provision in Moray and spoke of the developing Care @ Home Hub which is being developed alongside Allied Healthcare.

Following consideration the Board agreed:

- i) to note the content of the report and that the mitigating actions identified in section 4 be taken forward; and
- ii) the action plan attached at Appendix 1

14. Older Persons and Physical Sensory Disability Budget Overspend Quarter 2 for 2021-22

A report by the Head of Service informed the Board of the Older Persons and Physical Sensory Disability (PSD) overspend of £1.65m as at 30 September 2021 and measures being taken to address this.

Following consideration the Board agreed to note:

- i) the current financial position and actions taken to manage the overspends; and
- ii) that many of the trends discussed in the report are not specific to Moray but are nationwide in their nature.

15. Moray Mental Health Service Remobilisation, Planning, Delivery and Performance

A report by the Integrated Service Manager, Mental Health and Drug and Alcohol Recovery Services informed the Board of service mobilisation, to provide service assurance to the Board of access to mental health assessment, care and treatment delivery and performance for the population of Moray. The report also updated the Board about service planning and improvement initiatives and about service risks and mitigation being taken against these.

Following consideration the Board agreed to note:

- i) the action taken to remobilise mental health services;

- ii) the service delivery and performance status;
- iii) the planning and service improvement initiatives including collaborative commissioning and leading change and transformation with the input of lived and living experience; and
- iv) the service risks and mitigation plans.

Dr Lewis Walker, Sean Coady and Peter McLean left the meeting during the consideration of this item.

16. Primary Care Services Update Report

A report by the Chief Officer updated the Board on Primary Care and to provide assurance on the contribution to the whole system for health and care.

Following consideration the Board agreed to:

- i) note the contents of the paper and its recommendations; and
- ii) endorse the development of patient engagement plans.

17. Charging for Services

A report by the Chief Financial Officer asked the Board to consider the charges for services for 2022/23 financial year.

Following consideration the Board agreed to:

- i) adhere to the request of Moray Council that the MIJB recommend to them, the charges for the services delivered within the delegate functions;
- ii) approves the charges set out at Appendix 1 for recommendation to Moray Council for approval and inclusion into their budget setting processes; and
- iii) note 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.

Heidi Tweedie left the meeting during the consideration of this item.

18. Contributions Policy (Non-Residential Care) Update

A report by the Chief Social Work Officer informed the board that Moray Council, on 10 November 2021, approved the updated Health and Social Care Moray (HSCM) Contributions Policy for 2021/22 (Appendix 1) in relation to charges applying to non-residential social care services.

Following consideration the Board agreed to:

- i) note the adoption of the updated Contributions Policy by Moray Council on 10 November 2021; and

- ii) note the main changes, including administrative/efficiency changes (requested and agreed by the Self-Directed Support and Community Care Finance Teams and supported by relevant guidance). These relate to the way the Local Authority contributes to, administers and monitors payments for care and support through service user's Individual Budgets and Direct Payments (Option 1 under Self Directed Support).

19. Civil Contingency (Scotland) Act 2004 - Inclusion of Integration Joint Boards as Category 1 Responders

A report by the Corporate Manager provided an outline of the requirements of the Moray Integration Joint Board (MIJB) arising from the inclusion of Integration Joint Boards (IJBs) as Category 1 Responders under the Civil Contingencies (Scotland) Act 2004.

Following consideration the Board agreed to:

- i) note the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the 2004 Act); the requirements and the arrangements in place and planned to ensure that the IJB meets its requirements under the Act.
- ii) instruct the Chief Officer, as its Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the MIJB under the 2004 Act.
- iii) instruct the Chief Officer to report annually to the MIJB, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act.
- iv) note the Strategic Risk Register includes a risk relating to the IJB's requirements under the 2004 Act.

20. Future Moray Integration Joint Board Meetings

A report by the Corporate Manager asked the Board to consider future arrangements for holding meetings of the Moray Integration Joint Board, the Audit Performance and Risk Committee and the Clinical and Care Governance Committee going forward and to agree the meeting dates for 2022/23.

Following consideration the Board agreed to:

- i) endorse the schedule of meetings for the MIJB, Audit, Performance and Risk Committee and the Clinical and Care Governance Committee for 2022/23;
- ii) defer the decision on how meetings will be held in the future until restrictions are lifted but to continue with online meetings in the meantime;
- iii) meetings starting at either 9.30am or 2.00pm with the main Integration Joint Board moving back to a morning meeting; and
- iv) webcast future meetings of Audit, Performance and Risk and Clinical and Care Governance Committees.

21. Public Sectors Climate Change Duties Reporting Submission 2020-21

A report by the Chief Officer presented the draft Moray Integration Joint Board Climate Change Duties Report submission for 2020/21.

Following consideration the Board agreed to approve the draft submission to Sustainable Scotland Network (Appendix 1) for the reporting year 2020/21.



MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 25 NOVEMBER 2021

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE at 25 NOVEMBER 2021	Current Status
1.	Prescribing Budget Requirements 2021-22	The Acting Lead Pharmacist to be invited back to update the Board later in the year.	March 2022	Chief Officer	On schedule	On schedule
2.	Ministerial Strategic Group Improvement Action Plan	A progress update on the improvement actions identified within the improvement action plan will be provided.	January 2022	Chief Financial Officer	On schedule	On agenda
3.	Moray Coast Medical Practice	Report on the outcome of the engagement process and proposing the detail of the public consultation	January 2022	Locality Manager	On schedule	Deferred
4.	Moray Coast Medical Practice	Final report to be submitted summarising the outcomes of the public consultation and seeking agreement to proceed with recommendations.	March 2022	Locality Manager	On schedule	Defer to May 2022 (related to item 3)

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE at 25 NOVEMBER 2021	Current Status
5.	Civil Contingency (Scotland) Act 2004	Annual report to provide assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act	November 2022	Chief Officer	On schedule	On schedule



MINUTE OF MEETING OF THE AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 26 August 2021

Held remotely in various locations,

PRESENT

Ms Tracey Abdy, Simon Bokor-Ingram, Councillor Frank Brown, Mr Sandy Riddell, Mr Neil Strachan

APOLOGIES

Mr Sean Coady, Councillor Theresa Coull, Professor Nicholas Fluck, Mr Steven Lindsay, Ms Jane Mackie, Mr Atholl Scott

IN ATTENDANCE

Also in attendance at the above meeting was Jeanette Netherwood, Corporate Manager, Peter McLean, Service Manager - Primary Care Contracts, Dafydd Lewis, Senior Internal Auditor and Tracey Sutherland, Committee Services Officer as Clerk to the Committee.

1. Chair of the Meeting

The meeting was chaired by Mr Sandy Riddell.

2. Welcome and Apologies

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

3. Declaration of Member's Interests

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

4. Minute of Meeting of 24 June 2021

The minute of the meeting of 24 June 2021 was submitted and approved.

5. Action Log of Meeting of 24 June 2021

The Action Log of the meeting dated 24 June 2021 was considered and updated accordingly.

6. Quarter 1 Performance Report

A report by the Chief Financial Officer updated the Committee on performance as at Quarter 1 (April to June 2021).

During discussion in which Officers answered questions from the Committee in relation to, staff sickness, the closure of Ward 7 at Dr Gray's Hospital and the resulting repair works the Committee agreed to note:

- i) the performance of local indicators for Quarter 1 (April - June 2021) 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; and
- iii) the published National Indicators for Moray for calendar year 2020 are included in Appendix 2.

7. Chief Internal Auditor Report

A report by the Chief Internal Auditor provided the Committee with an update on audit work progressed since the last meeting of the Committee.

Following consideration the Committee agreed to note the audit update.

8. Strategic Risk Register Report

A report by the Chief Officer provided the Committee with an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated August 2021.

The Chair sought clarification on who determines which reports from external inspection are presented to Audit, Performance and Risk Committee and Clinical and Care Governance Committee.

In response the Chief Officer confirmed the reports are available for all members to see as they are public reports and further agreed to send the links to the Committee. He further added that with Covid rules ending and normal service starts to resume the number of inspections carried out will return to pre-pandemic levels.

Following consideration the Committee agreed to:

- i) note the updated Strategic Register included as Appendix 1;
- ii) note the Strategic Risk Register will be further refined to align with the transformation and redesign plans as they evolve; and
- iii) agreed that the Committee receive updates on a regular basis.

9. Draft Annual Performance Report

A report by the Chief Officer requested the Audit, Performance and Risk Committee consider and approve the draft Annual Performance Report for submission to the Integration Joint Board for approval.

Following consideration the Committee agreed to:

- i) note the approach taken to produce the 2020/21 Annual Performance Report;
and
- ii) approve the Performance Report at Appendix 1 be submitted to the Moray Integration Joint Board on 30 September for noting prior to publication on the Health and Social Care Moray website by 1 October 2021.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JANUARY 2022

SUBJECT: CHIEF OFFICER REPORT

BY: CHIEF OFFICER

1. REASON FOR REPORT

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

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

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

3. BACKGROUND

Operation Home First

3.1 Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development to meet our aspirations set out in the Strategic Plan. Home First, or Hospital without Walls, will remain a bedrock of our aspiration to meet need more responsively, and to be more anticipatory in our approach. This subject will be covered with a separate paper on the agenda.

Remobilisation

3.2 To date the healthcare system has coped with some significant surges in demand, with a pan Grampian approach in how surge and flow through the

system is managed to ensure patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is pressure in some service areas which will require a particular focus to work through the backlog of referrals.

- 3.3 As part of the development of our performance framework, and to support remobilisation, we are seeking further performance indicators from services to understand system pressures and how one part of the system impacts on other elements. A key risk to achieving the IJBs objectives is the availability of staffing. Staff sickness/absence/vacancies will be monitored closely, on a weekly basis, and we are working at a pan Grampian system to tackle the recruitment challenge.
- 3.4 The general picture across Scotland is of a rise in the Omicron variant covid infections, with sharp spikes being seen in Moray. This is leading to increased hospitalisations, at a time when services are already under pressure due to winter and the increase in other respiratory infections at this time of year. Work has already been undertaken to increase capacity, and to plan ahead for these winter pressures. Operation Iris has been enacted at a Grampian wide level to manage the health and care system and all the current pressures being experienced across the system, with Portfolio Leads taking a key role in delivery. Within Operation Iris we have been planning for Omicron which has the potential to generate significant pressure on our system, with increased patient presentations alongside high staff absence rates. We have flagged to the Grampian Local Resilience Partnership our requirement for help with social care staffing, and have made a direct request to Moray Council, who have put out the ask to all staff.
- 3.5 Managers are closely monitoring the system, and although we are experiencing particular bottlenecks in flow through the system, most critical services are being maintained, with residents able to access timely emergency care, either from primary or secondary care. Social care provision is under significant pressure, with a rise in delayed discharges and unmet needs in the community, which means that some people are waiting for care after an assessment, or are waiting for the initial assessment. Most of our care homes are unable to admit to vacant beds because of covid infections among staff and/or clients. Work is ongoing to risk assess situations, and where necessary derogations will be considered to ensure that critical service delivery continues.

Covid Vaccination Programme

- 3.6 In response to the 'Cold Spot' data analysis and to enhance the reach of the Covid Vaccination programme delivered at the Fiona Elcock Vaccination Centre a targeted outreach vaccination programme has been delivered throughout Moray.
- 3.7 The data showed the communities that are more vulnerable to covid through a number of measures including: higher number of covid cases, hospitalisations, employment, income levels, and lower uptake of vaccine.
- 3.8 Local intelligence was used to identify barriers and opportunities to increase the uptake of 1st, 2nd and booster doses of the vaccine. Utilising the Mobile Information Bus (MIB) a dedicated team delivered small, accessible targeted vaccination clinics throughout the identified 'Cold Spots' in Moray.

- 3.9 The success of the outreach activity has been due to the support of communities themselves, local employers, businesses, Local Authority colleagues (environmental health and transport) and Health & Social Care colleagues.
- 3.10 Outreach Vaccination clinics have been delivered in Elgin Cathedral Ward/Lesmurdie, New Elgin, Buckie, Keith, Forres, Lossiemouth, Aberlour and Dufftown.
- 3.11 The week commencing the 17th of January outreach clinics are planned in: Findhorn, Kinloss, Forres, Hopeman, Burghead, Lossiemouth, Fife Keith, New Elgin and on the Plainstones in Elgin.
- 3.12 All communities within the identified 'Cold Spot' areas will have had an additional opportunity to attend for a vaccine.
- 3.13 Outreach vaccination activity (2 x 2 hour sessions per day, delivered over 6 days) totalled 356 attendees, which included 1st, 2nd and booster doses. Over 54% of outreach vaccinations delivered were in Buckie.
- 3.14 In conjunction with the delivery of the vaccines, lateral flow tests have been made available and distributed.
- 3.15 The feedback from the team and the community has been extremely positive.
- 3.16 We aim to build on relationships already forged in communities to address inequalities via our "Making Every Opportunity Count" programme already being delivered via our Health Improvement colleagues.

Total Vaccination uptake in Moray

- 3.17 1st doses 92.3% delivered (12 years and above) 94% (18 years and above)
2nd doses 85.6% (18 years and above)
Booster doses: 82.4% (of those eligible)
- 3.18 Uptake rate information is available on the Public Health website at <https://www.publichealthscotland.scot/news/2021/february/covid-19-daily-dashboard-now-includes-vaccination-data/>

Portfolio arrangements

- 3.19 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system, there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 as an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, with partners and communities rather than as individual entities. To deliver further on this whole system, integrated approach, there is a desire to transition from an organisational leadership and management model to a system leadership and management approach. On an interim basis, as the model is developed, the Chief Officer continues to provide a leadership role for Dr Gray's Hospital alongside the responsibilities already carried, thus expanding the portfolio to encompass all Moray health and care services.

- 3.20 The senior management team membership for health and social care in Moray has been revised to incorporate community and acute leaders, and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system. The response to pressures and a potential increase in demand from covid will be a response from Moray health and care across acute and community, with an integrated approach to balancing care across the system.

Budget Control

- 3.21 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The Senior Management Team (SMT) in the Health and Social Care Partnership are meeting regularly to review spend, and continue to track progress on transformational redesign so that corrective action can be supported. Conversations currently are focussed on the budget setting process for 2022/23. There is a continued commitment from Scottish Government to support the covid response for the remainder of this current financial year. Scottish Government have also recently announced additional investment of more than £300 million nationally as a direct response to system pressures and to support intense winter planning. The funding is based on four key principles of maximising capacity, ensuring staff wellbeing, ensuring system flow and improving outcomes. The SMT has been working through proposals to best support existing pressures and ensure the principles of the funding are followed, and a separate report is on the agenda to cover this subject.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 We remain in a pandemic response phase, and are stepping up quickly where that is required. In parallel, there is the opportunity to accelerate work to achieve the MIJB ambitions as set out in the Strategic Plan and Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that encompasses Dr Gray's Hospital on an interim basis.
- 4.2 The challenges of finance have not gone away and there remains the need to address any underlying deficit. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only cover additional expenditure in the short-term and so it is important to understand the emerging landscape.
- 4.3 Transformational change, or redesign, that provides quality and safe services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.
- 4.4 Remobilisation has begun, and will build from achievements and learning from the current pandemic phase. The interdependencies between services will need to form part of the assessment on how we remobilise, as no part of the system operates in isolation. While the demand on the health and care system continues to be immense, we will continue to plan for the longer term to ensure that services will remain responsive to our community.

5. **SUMMARY OF IMPLICATIONS**

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

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

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

(b) Policy and Legal

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

(c) Financial implications

There are no financial implications arising directly from this report. The Chief Finance Officer continues to report regularly.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Consultations

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

6. **CONCLUSION**

- 6.1 **The MIJB are asked to acknowledge the significant efforts of staff, across in-house providers, externally commissioned services, the Independent and Third Sector, who are supporting the response to the**

COVID-19 pandemic, and the drive to create resilience and sustainability through positive change.

Author of Report: Simon Bokor-Ingram, Chief Officer

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JANUARY 2022

SUBJECT: CHIEF INTERNAL AUDITOR APPOINTMENT

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To ask the Moray Integration Joint Board (MIJB) to consider the appointment of the Chief Internal Auditor.

2. RECOMMENDATION

2.1 It is recommended that the MIJB formally agrees to appoint Dafydd Lewis, Audit and Risk Manager, Moray Council, as the Chief Internal Auditor of the MIJB, for a period of two years to 31 March 2024.

3. BACKGROUND

3.1 Section 12 of the Moray Health and Social Care Integration Scheme sets out the arrangements for establishing an adequate and proportionate internal audit service for review of the arrangements for risk management, governance and control of the delegated resources.

3.2 At the meeting on 31 March 2016 (para 7 of the minute refers), the MIJB agreed the key responsibilities of the Chief Internal Auditor role and to formally appoint the Moray Council's Internal Audit Manager as the MIJB Chief Internal Auditor for an initial period of 2 years.

3.3 The appointment recognised that existing internal audit arrangements in place within the Council and NHS Grampian would continue as before and that the additionality would be around reporting separately to the MIJB Audit Performance and Risk Committee (APR Committee), considering any specific audit issues that may emerge as a consequence of integration, and also setting in place processes for closer working between NHS Grampian's internal auditors and those of the three north east councils. Moray Council agreed to make available the internal audit resource for these tasks.

3.4 On 4 October 2021, Atholl Scott retired from his post of Internal Audit Manager within Moray Council. The continuation of an internal audit service for MIJB was discussed at meetings of the Audit, Performance and Risk (APR) Committee to provide assurance that there would be no gaps in provision of service and the then Senior Auditor attended APR Committee and provided progress updates. On the 11 October 2021, Dafydd Lewis was

appointed by Moray Council in the capacity of Audit and Risk Manager and has continued to engage with officers and the Chair of APR Committee in the capacity of Chief Internal Auditor to the MIJB.

- 3.5 The Chief Internal Auditor role is a statutory requirement and a further nomination is now required.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 It is the responsibility of the MIJB to establish and maintain adequate and proportionate internal audit arrangements. These for now are considered to be best served by utilising council internal audit staff to provide assurances on funding provided to the MIJB by the council and seeking assurances from the internal auditors of NHS Grampian in regard to contributions to the MIJB by NHS Grampian. It is proposed that the current arrangements continue for a further 2 years to 31 March 2024 to further develop the Internal Audit provision 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 Plan "Moray Partners in Care 2019 – 2029"

Good governance arrangements will support the MIJB to fulfil stated objectives. The provision of an independent internal audit service is one aspect of good governance.

(b) Policy and Legal

The arrangements to appoint an Internal Audit Service for the MIJB are set out in section 12 of the Integration Scheme and have been referred to within this report.

The MIJB is subject to the accounts and audit provisions contained within Part VII of the Local Government (Scotland) Act 1973 and regulations made under this Act, as it is a body listed under section 106 of the Act. In particular, the Board, by virtue of regulation 7 of The Local Authority Accounts (Scotland) Regulations 2014, must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.

(c) Financial implications

The proposed Financial Regulations of the MIJB state that the MIJB shall secure the provision of a continuous internal audit service to provide an independent and objective opinion on the control environment comprising risk management, governance and control of delegated resources. Moray Council's Audit and Risk Manager has assumed an extension of duties to fulfil the responsibilities of the Chief Internal Auditor for the MIJB. These services are currently provided at no cost to the MIJB. There may be financial implications to consider beyond 2023/24.

(d) Risk Implications and Mitigation

If an appointment is not made there will be a breach of regulations and likely adverse comment from the MIJB's external auditor. .

(e) Staffing Implications

Dafydd Lewis is employed by Moray Council. If appointed, he will continue to be employed by Moray Council. Duties for the MIJB will continue to fall within his remit. This arrangement will be subject to ongoing review through the APRC to ensure delivery of audit services for the MIJB remains sustainable.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because the report is to consider a re-appointment.

(h) Consultations

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

- Legal Services Manager, Moray Council
- Chief Financial Officer, MIJB
- Corporate Manager, HSCM
- Dafydd Lewis, Audit and Risk Manager, Moray Council
- Tracey Sutherland, Committee Services Officer, Moray Council
- Katrina McGillivray, Senior HR Advisor, Moray Council

6. CONCLUSION

6.1 The period of appointment for the Chief Internal Auditor is due to expire and a further appointment is necessary to meet statutory requirements.

Author of Report: Isla Whyte, Interim Support Manager

Background Papers: Held with author

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JANUARY 2022

SUBJECT: BUDGET UPDATE AND FINANCIAL OUTLOOK

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To provide the Moray Integration Joint Board (MIJB) with a budget update in preparation of the 2022/23 financial year.

2. RECOMMENDATION

2.1 It is recommended that the MIJB considers and notes:

- i) the expected financial position at the end of the current financial year;
- ii) the early indicators surrounding the potential budget and funding for 2022/23; and
- iii) the action being taken to consider savings plans and the impact on the 22/23 budget and beyond.

3. BACKGROUND

3.1 The Chief Financial Officer (CFO) has a duty to provide regular reporting to the MIJB on financial performance, on a quarterly basis. In addition to programmed routine reporting, the CFO, supported by the Chief Officer will bring forward before the MIJB financial reports aimed to support wider decision making and assist in the strategic planning considerations.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

2021/22 – Financial Position Update

4.1 On 25 November 2021, the quarter 2 finance position was reported (para 8 of the minute refers). At this point a forecast to the end of the financial year was provided. The forecast highlighted a provisional overspend at the end of the financial year of £2.37 million. It was also reported that through further forensic analysis of the financial ledgers, opportunities would be sought to extract Covid related spend from core budgets and utilise the Covid earmarked reserve which would alleviate some of the pressure. Finance has

worked with operational teams effectively to ensure this work has been carried out providing an effective audit trail.

- 4.2 At the time of writing, core expenditure has been reduced by £0.865 million taking account of two additional contracts for Care at Home services that were entered into to support the 2020/21 winter period and have remained in place due to increased demand arising from the pandemic. The other area of increased expenditure attributable to Covid has been respite care, which has increased as a result of more usual routes of support breaking down as a result of Covid. This has improved the position and forecast to the end of the financial year and a focus will remain within this area.
- 4.3 The public sector pay award has now been agreed with one of the key aims being to ensure that the lowest paid workers are prioritised. This resulted in those earning below £25,000 receiving a flat payment of £850. In addition, the agreement includes an additional three months, dating the award back to January 2021. This has resulted in the provision taken as part of the budget setting process of 2% being inadequate and is further enhanced by the fact that 50% of the social care workforce are on the lower salary grades, where they received in excess of 2%. For example, 22% of staff received an increase of 4.2%. This additional pressure on the financial position is £0.477 million.
- 4.4 In October 2021, the Scottish Government Director of Health Finance and Governance wrote to health board Directors of Finance stating that support will be provided to NHS Boards and Integration Authorities to deliver a break even position for 2021/22. The focus for the MIJB remains on close scrutiny of budgets so that dependence on this support is not required.

2022/23 Scottish Government Budget Settlement

- 4.5 Following the announcement of the Scottish Government's Draft Budget for 2022/23 by the Cabinet Secretary for Finance and the Economy on 9 December 2021, the Director of Health Finance and Governance wrote to Integration Authorities outlining the funding settlement for Health Boards. The correspondence included specific intentions around IJB's. The draft budget will require to proceed through the Parliamentary approval process. The 2022/23 budget is a transitional budget and for one year only. The commitment is to return to three year financial planning in 2022/23
- 4.6 The headline announcements are as follows:
- NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021/22 agreed recurring budgets and make appropriate provision for increased employer national insurance costs.
 - The health and social care portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, recognising the recurring commitments on adult social care pay and on winter planning arrangements. It should be noted that the £554 million includes elements of funding already announced as part of the additional £300 million investment and is a continuation of this. This will be detailed in the revenue budget paper that will be brought before the MIJB on 31 March 2022.

- That the overall transfer to Local Government includes additional funding of £235.1 million to support retention and to begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. Additional funding is also intended to support the uprating of Free Personal and Nursing Care and the Carers Act.

2022/23 Budget Planning

- 4.7 The current Medium Term Financial Framework covers the period 2019/20 – 2023/24 and is due for review. Work is currently being undertaken to ensure a revised interim financial framework can be brought before the MIJB on 31 March 2022.
- 4.8 The Audit Scotland annual audit report, presented to the Board on 25 November 2021 (para 10 of the minute refers) as part of the report for those charged with governance made a recommendation that the MIJB’s medium-term financial plan should be reviewed due to the impact of Covid-19 and EU withdrawal alongside the suite of supporting documents that support the Strategic Plan. Whilst a broad overview will be brought before the Board in March 2022, it will be imperative to carry out a further review once the current Strategic Plan has been reviewed to ensure alignment with this key MIJB document.
- 4.9 In October 2018, the Scottish Government published it’s medium term financial framework for health and social care <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/10/scottish-government-medium-term-health-social-care-financial-framework/documents/00541276-pdf/00541276-pdf/govscot%3Adocument/00541276.pdf?forceDownload=true>. This framework outlined the future shape of demand and expenditure for health and social care services and included cost and demand projections from work undertaken by the Institute of Fiscal Studies which outlines that UK expenditure on healthcare would require to increase by an average of 3.3% per annum over the next 15 years to maintain NHS levels at 2018 levels. The report also set out that spending on social care services would require to increase by 3.9% per annum to meet the needs of an increasingly elderly population and an increasing number of younger adults living with disabilities.
- 4.10 The requirement to update the Medium Term Health and Social Care Financial Framework has been discussed with Scottish Government representatives at recent Chief Finance Officers’ Network meetings. It is recognised that there have been significant developments since the original Framework was published on October 2018, most notably the ongoing impact and future implications of the Covid-19 pandemic. In addition to the impact of the pandemic, there is at present uncertainty related to the financial implications of the National Care Service / Independent Review of Adult Social Care whilst the findings from the consultation period are awaited. The consultation documents outlined that the Scottish Government had committed to increase investment in social care but recognises that public resources are increasingly limited.

- 4.11 The review of the MIJB Medium Term Financial Framework will take account of all currently available information however it is recognised that assumptions and applied methodology will be subject of ongoing review and refinement as additional information becomes available (notably the updated Scottish Government Medium Term Health and Social Care Financial Framework). Any available additional information on the National Care Service / Independent Review of Adult Social Care will be considered where available. Given the current uncertainty, it is therefore considered necessary to review the medium term financial framework on a regular basis.

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”**
Financial planning is key to the successful delivery of health and social care services in Moray and in meeting the strategic objectives of the Strategic Plan.
- (b) **Policy and Legal**
In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). Financial planning is a key element to this process.
- (c) **Financial implications**
Considered throughout this report
- (d) **Risk Implications and Mitigation**
The key risk to the MIJB is to deliver fully on the Strategic Plan in the context of the prevailing financial position. The financial climate remains extremely challenging for the MIJB and its funding partners. Regular reporting on financial matters provides clarity on the risks being faced and supports the development of mitigation actions and decision making.
- (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**
Consultations have taken place with the Chief Officer, finance teams supporting health and social care of both Moray Council and NHS Grampian, Corporate Manager, HSCM and Tracey Sutherland, Committee Services Officer, Moray Council who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

- 6.1 This paper provides an update in relation to the situation on the current year budget and a forward look into the expected position surrounding the financial challenge for the 2022/23 financial year.**

Author of Report: Tracey Abdy – Chief Financial Officer

Background Papers: with author

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JANUARY 2022

SUBJECT: HOME FIRST IN MORAY: DISCHARGE TO ASSESS UPDATE REPORT

BY: SEAN COADY, HEAD OF SERVICE

1. REASON FOR REPORT

- 1.1. To update the Board of the performance of Discharge to Assess (D2A) for the period August to December 2021.
- 1.2. To introduce the Hospital Without Walls Programme as the natural progression for the Home First work streams.
- 1.3. To update the Board of the progress to date on the Home First work streams.

2. RECOMMENDATION

- 2.1. **It is recommended that the Moray Integration Joint Board (MIJB) considers and notes:**
 - i) **the performance evaluation of the Discharge to Assess programme from August to December 2021;**
 - ii) **the introduction of the Hospital without Walls programme as a mechanism to coordinate the various Home First work streams; and**
 - iii) **the progress made on the Home First work streams to date.**

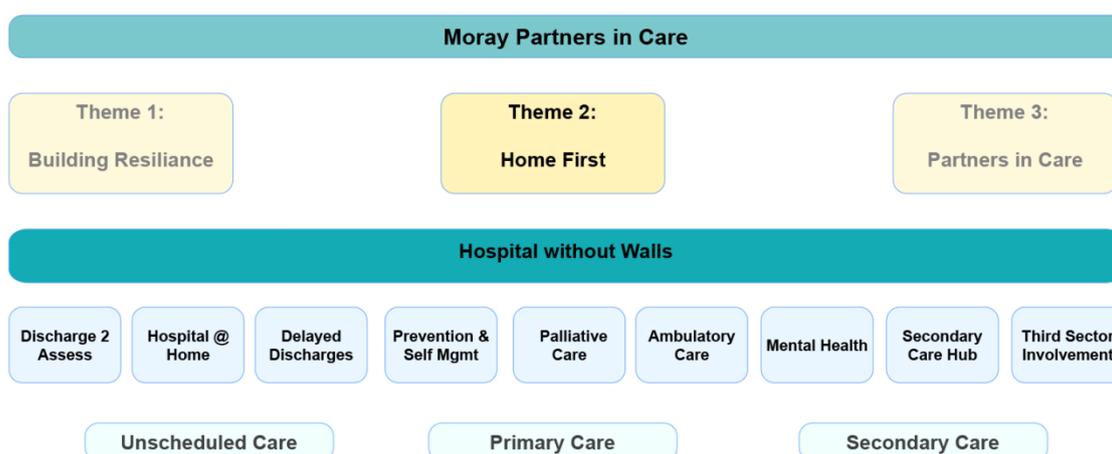
3. BACKGROUND

- 3.1 Moray Partners in Care (2019 – 2029) – The Strategic Plan for Health and Social Care in Moray over a 10 year period, highlights Home First as one of three key themes. It defines Home First as ‘being supported at home or in a homely setting as far as possible’.
- 3.2 Operation Home First was then launched in June 2020 as part of the Grampian wide health and social care response to the ‘living with COVID’ phase of the pandemic. All three Health & Social Care Partnerships (HSCPs) in Grampian are working together with the Acute services sector of NHS Grampian to break

down barriers between primary and secondary care and to deliver more services in people's homes or close to people's homes. A suite of work streams have been developed under the Home First Delivery Group (Moray).

4. **HOSPITAL WITHOUT WALLS**

- 4.1. The Home First programme continues to progress and the delivery group have identified the need to pull together the individual work streams whilst also considering the overall patient pathway and have done so under the new umbrella of 'Hospital without Walls'. This creates a new model involving all aspects of Home First alongside unscheduled care, primary/secondary care and acute services. The key objective of the Hospital without Walls programme is to establish a suite of responsive, seamless, co-ordinated, multi-disciplinary care supporting older people with frailty and multi-morbidity.



- 4.2. The model is still emerging and moving at pace, however effort is being concentrated on developing a Home First Frailty Team - who will be primarily focused at the 'front door' of Dr Gray's Hospital but will also offer support within the community. The multi-disciplinary team (MDT) will include physiotherapy, occupational therapy, pharmacy, advanced nurse practitioners, discharge co-ordinator, care assessor and potentially a career start GP. The team will be supported by the geriatric consultant as well as mental health. For clarity, the MDT will be made up of existing teams with an emphasis on streamlining the pathway and taking a coordinated approach. In particular, elements from both the D2A and Hospital @ Home teams will be representing the Home First work streams of the model. The objective of the team would be to offer rapid geriatric assessments and allow a quick turnaround of those presenting at the front door.
- 4.3. The team is to be funded from the recently announced Scottish Government winter funding monies if approved by the MIJB today (Additional Investment and Winter Funding Report will be taken as a confidential paper) in addition to the previously secured Hospital @ Home and Emergency Department 4 Hour funding. Further updates will be provided to the board as the model progresses.
- 4.4. Existing employees will form part of the team, with the remaining roles to be recruited once funding has been approved. Two advanced nurse practitioners

have recently been appointed under the Hospital @ Home project and this will operate as a blended model with the already established D2A and geriatric service.

- 4.5. A further team of 17 Health Care Support Workers (HSCW's), of which three will support the front door, are also being recruited utilising recently announced Scottish Government funding with the aim of recruiting an additional 1,000 HSCW's across Scotland. The use of bank staff for these posts has been authorised in the interim to ensure the model can progress at pace.

5. D2A

- 5.1. D2A is an intermediate support approach for hospital in-patients who are medically stable and do not require acute hospital care but may still require rehabilitation. They are discharged home with short-term support to be fully assessed for longer-term needs in their own home.
- 5.2. MIJB agreed to scaling up, permanent funding and the embedding of a D2A team into the Moray health and social care system on 25 March 2021 (para 10 refers).
- 5.3. The Home First ambitions of D2A are 2-fold:
 - Support early discharge back home after essential specialist care
 - Maintain people safely at home
- 5.4. It was hypothesised from the pilot project which ran from October 2020 to March 2021 that a scaled-up D2A team could provide support for up to 20 new individuals per month.
- 5.5. Intervention by D2A comprises up to 2 weeks of intensive assessment and rehabilitation from Occupational Therapy, Physiotherapy and an Advanced Nurse Practitioner with day to day support from Generic Support Workers working upon patient chosen goals.
- 5.6. Moray is developing a new model incorporating all aspects of Home First, unscheduled care, primary/secondary care and acute care brought together under the umbrella of "Hospital without Walls". D2A as an intermediate support team is pivotal to this model.
- 5.7. Recruitment took place from March to September 2021 for the following posts:
 - 1.5 WTE Band 7 Team Lead Occupational Therapists (June)
 - 1 WTE Band 7 Advanced Nurse Practitioner (September)
 - 1 WTE Band 6 Physiotherapist (June)
 - 1 WTE Band 6 WTE Occupational Therapist (June)
 - 5.7 WTE Band 3 Generic Support Workers (July)
- 5.8. Induction of qualified staff took place from in June/July 2021 in preparation for the intensive training and induction of the Generic Support Workers over 3 weeks in July 2021. The training framework included all statutory and mandatory training as well as Occupational Therapy and Physiotherapy competencies.

5.9. D2A went live to referrals on 3 August 2021.

5.10. The team have presented to 4 staff engagement sessions which have been well attended across the health and social care partnership and have made several informal presentations to staff groups across Moray.

6. DISCHARGE TO ASSESS – PERFORMANCE EVALUATION

6.1. From 3 August 2021 to 20 December 2021 (20 weeks) 103 patients were assessed and treated by the D2A Team.

- 59 (57%) were female and 44 (43%) male, with a mean age 79 years and the median age being 73.5 years.
- In the first month of operation, there were an even proportion of referrals from Moray's Community Hospitals (45%) and Dr Gray's Hospital (45%) to D2A. With the remaining 10% of referrals from Aberdeen Royal Infirmary (ARI) and Woodend Hospital.
- This signified patients awaiting intermediate care in Moray's Community Hospitals in the absence of D2A from the end of the project in March to D2A becoming operational in August.
- Since then there has been a steady shift to 70% of referrals originating from DGH, 21% from Community Hospitals and 9% from ARI or Raigmore.
- On average each patient is receiving 12 days of D2A intervention over 7 days per week.
- D2A are seeing patients of a higher acuity than during the project – this reflects the ongoing pandemic and the consequences of lockdowns.

Avoiding Unnecessary Admission and Early Supported Discharge

6.2. 11 of the 103 patients were referred from the Emergency Department at Dr Gray's Hospital and discharged straight home with D2A thus preventing unnecessary admission of these patients.

6.3. 92 in-patients were referred to D2A.

Whole System Flow and Capacity

6.4. All anticipated patient journeys, based upon functional abilities (in the absence of D2A) were mapped.

- 1/3 of D2A patients would have been referred for assessment for care directly from DGH as they required assistance with at least 3 functional tasks per day – this would have necessitated a longer in-patient stay
- 2/3 of D2A patients would have been transferred to a Moray Community Hospital for longer rehabilitation or assessment for care – this would have necessitated a longer in-patient stay.

6.5. Average length of stay for a patient in a Moray Community Hospital is 50 days. D2A has reduced the amount of patients transferred to a Moray Community Hospital by supporting a Home First approach.

6.6. Lower readmission rates were recorded for patients receiving D2A intervention for both 28 day (7 patients) and 7 day (3 of the 7 patients) readmissions. The readmission rate for within 7 days for medical patients is 9.9% (D2A is 3%) and for 28 days it is 19% (D2A is 7%).

Outcomes

- 6.7. The Canadian Occupational Performance Measure was used by Occupational Therapist with patients for patients to self-rate their own functional status
- 88% of patients rated their performance had improved with D2A input
 - 82% of patients rated their satisfaction with their functional performance had improved
- 6.8. The Barthel Functional Index scoring showed an increase in functional performance in 95% of patients.
- 6.9. The Tinetti Assessment Tool and Elderly Mobility Scale (EMS) are used by physiotherapists to show outcomes of treatment with mobility, gait and balance.
- 95% of D2A patients assessed using Tinetti saw an increase in their scores showing an improvement in their gait, balance and mobility and reducing their risk of falls.
 - 83% of D2A patients assessed using EMS saw an increase in their scores showing an improvement in their mobility.
- 6.10. The inclusion of a fulltime Advanced Nurse Practitioner (ANP) with a Geriatric specialism has been of great benefit to patients through the contribution to Comprehensive Geriatric Assessment and by providing specific actions for GPs, medication reviews, examinations, monitoring and diagnostics at point of discharge.
- 6.11. Communication with GPs for those patients returning home under D2A has enhanced with the embedding of the ANP within the team. GPs describe:
- “Brilliant interface with D2A following patient discharge”
 - “Timely information regarding medication review”
 - “Good communication on assessment post discharge”

Onward Referrals

- 6.12. D2A takes a blended approach with joint working across the health and social care partnership. The D2A Team work with some patients alongside input from other statutory and voluntary organisations across Moray as well as close partnerships with carers and relatives. D2A are actively working with START (Short Term Assessment and Re-ablement Team) to ensure patients' needs are met through a more blended approach to support
- 6.13. Of those patients referred onwards following D2A intervention:
- 3 patients have been referred to START for further re-ablement – one of these patients is still awaiting START input due to the pressures for providing care in the community and remains with D2A.
 - 2 patients have been referred for Social Work assessment for mainstream care – one patient remains with D2A and the second patient has been safe to be discharged to await assessment.
 - 16 patients have required referral to Community Physiotherapy for ongoing mobility, outdoor mobility, gait and balance issues.
 - 8 patients have been referred to Community Rehabilitation Occupational Therapy for ongoing rehabilitation.

6.14. The D2A team operate a Making Every Opportunity Count (MEOC) approach working in partnership with patients to identify their wider longer term needs. Patients have been referred onto a variety of services including Quarriers, the Handy Person Service, Shop Mobility, Men's Shed and the Fire Service and signposted for a range of issues including private domestic assistance, toenail cutting, fire safety checks, gym referral for maintaining activity, walking groups, grief counselling and smoking cessation.

Feedback

- Consenting patients and their carers have received telephone interviews from Public Health Analysts and have provided feedback based upon their experience of D2A and any suggestions for how this experience could be improved
- Feedback has been exceptionally positive with no comments from patients on how the service could be improved
- Key themes are:
 - The practical functional nature of the service
 - Building confidence and reassurance
 - Quality of the exercises patients require to engage in themselves
 - Communication

6.15. Recognition was given to a reduction in their anxieties around discharge from hospital and recognition of an improvement in the patient's ability to engage in activities of daily living as a result of targeted therapy intervention.

6.16. Carers commented on perceptions of the requirement for care being dispelled as a result of targeted therapy interventions and person centred functional assessment.

Challenges

6.17. Occupational Therapy and Physiotherapy services at Dr Gray's Hospital (DGH) required to vacate their departments for water treatment works and the refurbishment of Ward 7 above these departments. As a result, D2A were temporarily based at Moray College until 22 December 2021 when temporary accommodation was found on the DGH site. This accommodation is only available until the main departments reopen within the DGH building, planned for 14 February 2022. As a critical component of patient flow and supporting discharge, D2A accommodation will require to be sought from 14 February 2022 with a preference to be located on the DGH site. This is being considered alongside other service requirements.

6.18. In the absence of permanent accommodation and restrictions regarding COVID-19 room occupancy levels, 1 WTE Band 3 Administration post and 0.6 WTE Band 6 post have not been advertised resulting in an underspend. Occupational Therapy administration have provided support to D2A in the interim.

6.19. Underspend from maternity leave will be used to advertise for 1 WTE Band 6 to provide temporary Occupational Therapy maternity cover.

6.20. D2A provides a service to patients across Moray 7 days per week and team staffing capacity (currently 9.7 WTE) influences decision making around capacity to safely accept referrals.

Summary

6.21. Moray is developing a new model incorporating all aspects of Home First, unscheduled care, primary/secondary care and acute services brought together under the umbrella of "Hospital without Walls". D2A as an intermediate support team will be pivotal to this model.

6.22. Targeted therapy input leads to improved patient functional outcomes and therefore reduced requirement for care for those patients. D2A focuses on patient functional outcomes and patients self-rate their improvement and their satisfaction with their improvement.

6.23. Intervention early in a patient's journey with a targeted functional approach results in patients remaining independent after a hospital admission / attendance supporting their health and wellbeing.

6.24. D2A evidences whole system working.

6.25. D2A evidences early supported discharge from hospital & reduced readmission rates and therefore has an impact on the whole health & social care system and is cost effective.

7. HOME FIRST UPDATE

Delayed Discharges

7.1. Work is ongoing to address delayed discharges and a 4-month plan has been established to look at demand across the portfolio and how it can be better managed to reduce numbers. The plan has identified three key areas for development; admission prevention, in hospital and discharges.

7.2. Targets were set at the Moray Portfolio Performance update in December 2021 with the goal of achieving delayed discharges of 25 by the end of December 2021 and less than 20 by the end of January 2022. Delayed Discharges were reported at 47 by the end of 2021 and at the time of this report are sitting above 35.

Hospital @ Home

7.3. Hospital @ Home (H@H) was initially designed to be a standalone work stream which offered short term targeted intervention that provided a level of acute hospital care in an individual's own home that is equivalent to that provided within a hospital. The project is funded for 12 months and is being supported by Healthcare Improvement Scotland (HiS).

7.4. Given the need for a whole system approach it was identified that H@H could contribute to the Hospital without Walls programme and rapid geriatric assessments. This would allow H@H to be consultant-led which was unlikely to be the case if the project was standalone. HiS have been consulted and are satisfied that the larger model will still meet the intended objectives of the project.

- 7.5. To date two advanced nurse practitioners have recently been appointed and are expected to be in post by mid-January and mid-March 2022 respectively. Funding has also been used to provide specialist physio-therapy support with recruitment still underway. HiS have also offered the assistance of a Health Economist and are due to undertake a pathway documentation exercise and economic evaluation in March and July 2022 respectively. This will allow for an evaluation report to be submitted to the Board around Q3 of 2022/23.

Prevention and Self-Management (Respiratory Conditions)

- 7.6. Work continues to progress on a social prescribing model for respiratory conditions. Focussing on early intervention the purpose of the model is to make people accountable for their own health and provide them with the support needed to be able to do so. Continuing from the earlier work of the group which included an exercise referral programme the group are incorporating all referrals / social prescribing / health walks etc in to one comprehensive pathway. A driver diagram is currently being drafted with three drivers being identified; impact on individuals, health professionals and community. A recent GP Cluster Group meeting on 15 December 2021 identified three GPs who are keen to be involved.

Palliative Care

- 7.7. A piece of work has just been completed to review the acute pathway for end of life patients returning home. Key stakeholders have been engaged with and the pathways will soon be approved. Further training will be provided to those directly involved and the pathways will be communicated to all relevant parties.
- 7.8. The Oaks was fully remobilised from Tuesday 23 November 2021. It offers 6 places at present in line with Covid guidance, as well as offering a range of complimentary therapies which already being fully utilised. Driver volunteers are also returning on a phased basis. The Oaks is being supported by an interim manager and newly appointed Band 6 nurse along with the other core staff that are essential to being able to remobilise.

Ambulatory Care

- 7.9. Work has been focusing on blood transfusions and venesections. A short life working group has been formed to document the pathway and available resources. Services at present are limited due to staffing and premises reasons.

Mental Health

- 7.10 The Moray Primary Care Psychological Therapy Service is now fully mobilised. Recruitment for Mental Health and Well Being practitioners has been unsuccessful to date and has gone to another round of advertisement. The Trauma Informed Workforce training programme (which looks to prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives) has been presented to the Senior Leadership Group and will soon be rolled out across the other HSCM team in the coming months.

Secondary Care Hub – Moray Resource Centre

- 7.11 Progress continues to stall on the Moray Resource Centre whilst the space is being utilised by MSK Physiotherapy team who have been displaced from Dr

Grays. It is expected the earliest the space may be available is March 2022. There have been concerns raised that the lease for the space is only for two years to which 12 months have already passed. It should be noted that whilst the space is unavailable, the services it will be used for are still ongoing albeit in various other locations.

Third Sector Involvement

- 7.12 Work is ongoing with NHSG to establish a suite of protocols for volunteers under the current Covid guidance. Plans are underway to trial volunteers across the ED to perform non clinical tasks in an effort to reduce the demands on clinical staff. Discussions are also underway on the possibility of recruiting a volunteer co-ordinator.

8. SUMMARY OF IMPLICATIONS

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

The aims of Home First have significant alignment to the themes of the MIJB strategic plan and in particular to the Home First theme. The Hospital without Walls programme offers a natural progression linking up the Home First work streams at a more strategic level.

b) Policy and Legal

None directly associated with this report

c) Financial implications

There are various elements of funding associated with the Home First programme of transformation which have been subject to MIJB papers and approved formally. A separate, confidential, paper on today’s agenda covers the funding aspect in more detail.

d) Risk Implications and Mitigation

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

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

e) Staffing Implications

As the modelling for change in service delivery progresses the staffing implications will be identified and taken forward following the appropriate policies. Short term funding has been allocated to the transformation programmes to allow them to move to pilot phase. This has facilitated some additional staff resource to be identified and attached to the programmes.

f) Property

The lack of available space across the Moray Portfolio is having an impact on both the Discharge to Assess and Secondary Care Hub work streams.

g) Equalities/Socio Economic Impact

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

h) Consultations

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

9. CONCLUSION

9.1 Hospital without Walls is the natural progression of the existing Home First work streams bridging the gap between unscheduled, primary and secondary care with a focus on the whole patient journey. The key objective of the Hospital without Walls programme is to establish a suite of responsive, seamless, co-ordinated, multi-disciplinary care supporting older people with frailty and multi-morbidity.

9.2 D2A continues to support patients to achieve the best functional outcomes and contributes to flow and capacity within the health and social care system in Moray and will be pivotal to the success of the Hospital without Walls model.

9.3 The Home First work streams continue to progress with some reaching maturity. Early development of the Hospital without Walls model is utilising a number of these work streams as well as elements of the locality planning work that is also being done.

Author of Report: Jamie Fraser, Project Manager, HSCM
Dawn Duncan, Professional lead, Occupational Therapy

Background Papers:

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD 27 JANUARY 2022

SUBJECT: MORAY PHARMACOTHERAPY SERVICE REPORT

BY: LEAD PHARMACIST, HEALTH AND SOCIAL CARE MORAY

1. REASON FOR REPORT

- 1.1. To inform the Board of the build and enhancement of service within Moray Pharmacotherapy. A separate report on the Prescribing Finance will be submitted to the Board in March 2022.

2. RECOMMENDATION

- 2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and note the progress made within Health and Social Care Moray (HSCM) Pharmacotherapy Service regarding the technical and prescribing support and improvement to HSCM.**

3. BACKGROUND

- 3.1 Moray Pharmacotherapy service development has been very successful in bringing considerable benefit to the patient community during 2021. Pharmacotherapy is a technical task involving prescribing medicines service provided by pharmacists and technicians within GP practices. Our uplift in service has supported the GP practices regarding medicines aspects and complements strategies such as “Home First” and “Realistic Medicine”. This report will now provide an updated position on how Pharmacotherapy is addressing demand.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 GP practices continue to experience considerable pressures of prescribing workload alongside reduced GP staffing. Patient changed behaviours persists as patients continue to over-order and patients continue to require increased medicines review and support. Pharmacotherapy staff deployed in all Moray GP practices are providing this support.
- 4.2 Following successful recruitment and ongoing training and upskilling, Moray Pharmacotherapy is on track providing medicines support to all GP practices in Moray. Service provision is aligned according to practice size and maximises the use of appropriate skills to achieve good practice model in line with SP3A

(Scottish Pharmacy Practice and Prescribing Advisors Association) Implementation Strategy. Moray GPs are enabled to refocus their role as a result of Pharmacotherapy services releasing their time.

Staffing

4.3 Full time staff originally employed by Moray Pharmacy were seconded to pharmacotherapy work. Following successful recruitment, we have brought our staffing level to 33 persons (20.2 WTE) comprising:

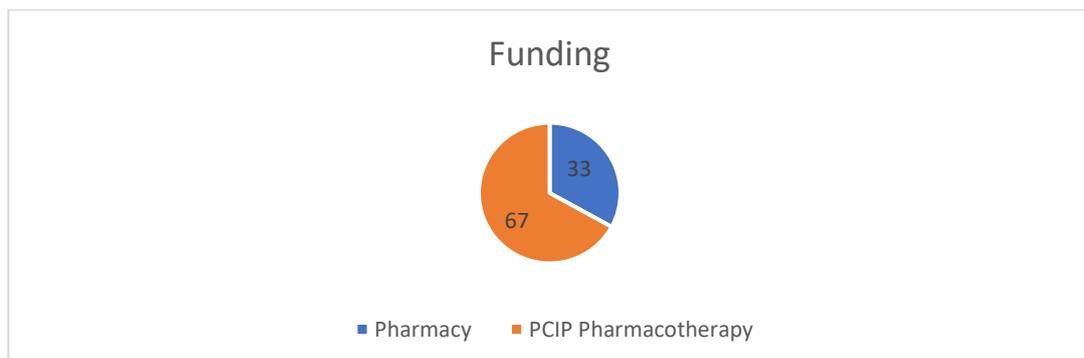
- 11.1 WTE Pharmacists (6.4 WTE band 7 and 4.7 WTE band 8a)
- 7 WTE Technicians (all band 5).
- 0.5 WTE band 7 Pharmacist within GMED.
- 1.6 WTE band 3 pharmacy assistants within FE Covid Vaccination Centre.
- 8/14 pharmacists hold Independent Prescribing Qualification

Model

4.4 We are following NHS Grampian Pharmacotherapy 2018 suggested model in line with the skill mix endorsed by SP3A of 0.6 WTE Pharmacist plus 0.4 WTE Technician input per 5000 patients for the essential phase of work. Staff are established within cluster formation supplying equitable delivery of service to each GP practice.

Finance

4.5 Source of funding to deliver Pharmacotherapy Service in Moray comes from 33% Moray Pharmacy and 67% PCIP Pharmacotherapy.



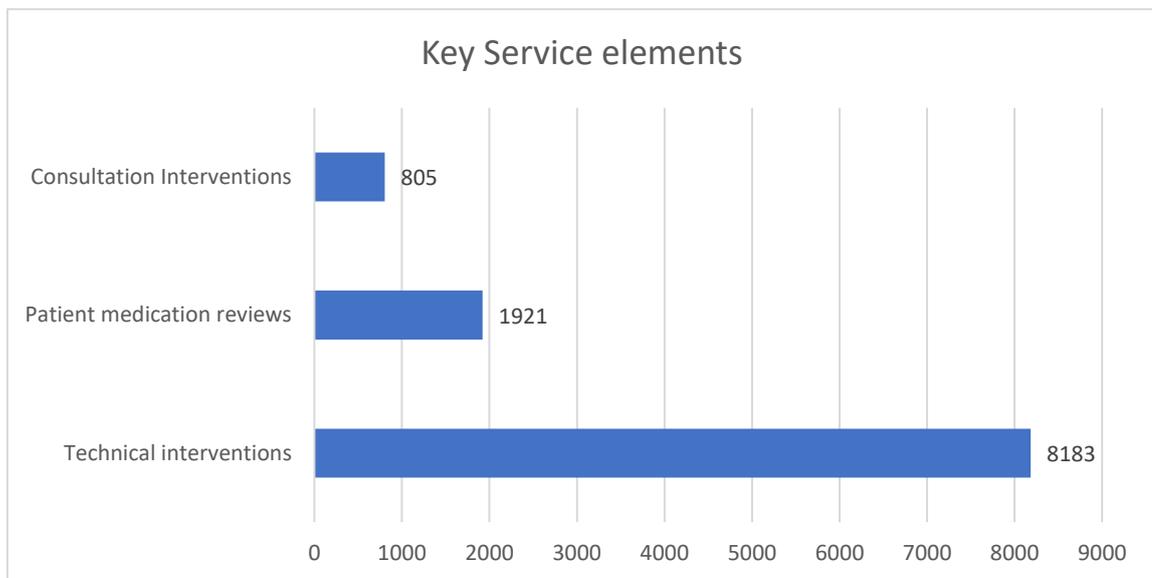
4.6 To ensure sustainable service for each GP practice during planned and unplanned staffing absence/annual leave there is further recruitment in progress, aspiring to a 22% increase in essential staffing level (taking total to 23 WTEs).

Evaluation of Key Service Elements ensuring Standardisation of Service.

4.7 100% GP Practices within Moray now have level 1 service in place (excluding leave cover). Level 1 encompasses all technical medication tasks. Pharmacotherapy provide 8183 technical interventions monthly.

4.8 100% GP Practices in Moray now have at least partial level 2 activity in place (excluding leave cover). Level 2 includes patients' medication review. Pharmacotherapy provides 1921 medication review interventions monthly.

- 4.9 50% GP Practices in Moray have level 3 activity in place provided by senior pharmacists with enhanced clinical and prescribing skills. Level 3 includes advanced level complex medication review and disease clinic review. Pharmacotherapy provide 805 Consultation Interventions monthly.



Care Homes Presence

- 4.10 Pharmacy Technician presence within Care Homes has recommenced in order to advise on medication aspects as well as perform efficiency savings. Pharmacotherapy ensures policies and stock are in place to facilitate homely remedy administration including just in case palliative homely remedies for the patients. In addition, pharmacotherapy ensure a policy in place to allow repurposing of palliative medication These measures are preventing delays in treatment to care home patients.

Costing Review Instigation

- 4.11 Cost effective review of prescribing has been reinstated by the pharmacotherapy team. In addition to quarterly examination of High Value Items Report and Non-Generic Prescribing Report, any pricing bureau errors noted are swiftly reclaimed. This is allowing for better financial monitoring.

Formulary Tools

- 4.12 A Grampian formulary tool devised in Moray has been effective in GP practice prescribing systems to steer quality and cost effective formulary prescribing choices.

Data Analysis

- 4.13 Serial Prescribing-Analysis demonstrates that provision of MCR/CMS (serial prescriptions) to patients in Moray are currently over 20% of registered patients, and this level is the highest in Scotland. This ensures availability of regular prescription medication to the patient. Serial prescription also controls costs as prevents early requesting of medication by the patient and prevents wastage.

National factors

- 4.14 Community “Pharmacy First” and “Pharmacy First Plus Scotland” service development in Moray provides patients with increased access to medicines and promotes self-management. We are closing gaps and strengthening supportive relationships between pharmacy sectors.

5. SUMMARY OF IMPLICATIONS

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

The work being undertaken by the Pharmacotherapy service is contributing to the delivery of the strategic plan in terms of supporting good control of financial resources and in ensuring people are supported to self-manage their health thereby building resilience in the community.

b) Policy and Legal

There are no policy or legal implications arising from this report.

c) Financial implications

Increased staffing costs to provide increased roll out of Pharmacotherapy service. Staffing costs *are* largely predictable

d) Risk Implications and Mitigation

At present, we do not currently have Pharmacist and Technician cover in place during planned and unplanned absence. We have incomplete absence cover. There are contingency plans in place for emergency service delivery to ensure technical tasks are covered.

e) Staffing Implications

We have been successful in recruitment to increase staffing level significantly but recruitment is becoming more challenging. Maintenance of required staffing level remains essential to further roll out Pharmacotherapy service. Retention is key to this. HSCM have provided excellent support to all new staff and enrolled staff on development frameworks to ensure a very high level of staff satisfaction.

f) Property

There are no property implications in relation to this report.

g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because they are no policy or organisational changes being proposed.

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:

- David Pflieger, Director of Pharmacy, NHS Grampian
- Chief Financial Officer, MIJB
- Tracey Sutherland, Committee Services Officer, Moray Council
- Sean Coady, Head of Service, HSCM
- Corporate Manager, HSCM

6. CONCLUSION

- 6.1 It is anticipated that an increasingly consistent 3 tier Moray Pharmacotherapy Service providing enhanced access to medicines for the patient while improving prescribing quality and maintaining patient safety. The aim is to allow GPs in all Moray practices to refocus allowing appropriately trained pharmacy staff to continue take on medicines work.**

Author of Report: Christine Thomson, Lead Pharmacist

Background Papers: 1. Achieving excellence in pharmaceutical care: a strategy for Scotland. Scottish Government: Pharmacy and Medicines Division. 2017.

2. The 2018 general medical services contract in Scotland. Scottish Government: Population Health Directorate. 2018.

3. Memorandum of Understanding (MoU) 2: GMS Contract Implementation for Primary Care Improvement. Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards. 2021.

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JANUARY 2022

SUBJECT: MINISTERIAL STRATEGIC GROUP IMPROVEMENT ACTION PLAN UPDATE

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1. To provide an update on progress on the delivery of the actions in the Ministerial Strategic Group (MSG) Improvement Action Plan as at December 2021

2. RECOMMENDATION

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

- i) consider and approve the progress made on delivery of the actions within the MSG Improvement Action Plan; and**
- ii) seeks an update from the Chief Financial Officer in a further twelve months' time.**

3. BACKGROUND

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

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

- 3.3. At its meeting on 20 June 2018, the MSG agreed that the review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray (the then Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a “reference” group to the leadership group.
- 3.4. The MSG for Health and Community Care published a report on the review of progress with integration on 4 February 2019. Following publication it was agreed to reconvene the Leadership Group on the 12 February 2019; this group took on the new role of driving forward and supporting implementation of the review. Included in the review report was the expectation that Health Boards, Local Authorities and Integration Joint Boards should take this opportunity to evaluate their current position in relation to the review report’s findings.
- 3.5. In November 2018, Audit Scotland produced a second report on Integration entitled ‘Update of Progress’ of Health and Social Care Integration.
- 3.6. The MSG agreed with the Audit Scotland recommendations which were centered across six themes:-
- Collaborative Leadership and Building Relationships
 - Integrated Finances and Financial Planning
 - Effective Strategic Planning for Improvement
 - Agreed Governance and Accountability Arrangements
 - Ability and Willingness to Share Information
 - Meaningful and Sustained Engagement
- 3.7. Subsequently, the MSG set out proposals against each of the themes above that were aimed at driving the required improvement. This resulted in a self-evaluation exercise to be carried out by each Integration Authority, Health Board and Local Authority.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. On 14 April 2021 the Chief Financial Officer emailed all members to advise there would be a MIJB Development Session on 29 April 2021 to consider the MSG Improvement Action Plan. Members were given the opportunity to provide their views under each of the proposals and to indicate an independent view on ‘our rating’ ahead of the session.
- 4.2. Following discussion at the MIJB Development Session on 29 April 2021 on each proposal the Improvement Action plan was updated reflecting the views and comments of Board Members.
- 4.3. On 28 May 2021, the Chief Executives of the Partnership organisations together with the MIJB Chair, Vice-Chair, Chief Officer and Chief Financial Officer agreed that regular discussion of the improvement actions places a focus on areas of prioritisation for joint planning and improvement and was agreed as an approach going forward. At this meeting, the Improvement Action Plan was approved prior to being presented to the MIJB.

- 4.4. On 24 June 2021, MIJB approved the Improvement Action Plan (para 10 of the minute refers) and agreed that the Chief Financial Officer provides the MIJB with an update of progress at its meeting of 27 January 2022. Whilst the MSG are still to request an updated submission on the Improvement Action Plan, MIJB Board Members and officers are agreed that this is a useful improvement tool if combined with regular review. The MIJB approved with this in mind and it is considered necessary that the MIJB monitors the progress being made against the improvement actions identified in **APPENDIX 1**.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

None arising directly from this report.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

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

6. CONCLUSION

- 6.1. The MIJB are asked to consider and approve the update on progress against the agreed actions contained within the Improvement Action Plan at Appendix 1.**
- 6.2. The Improvement Action Plan will continue to be reviewed regularly with a view to achieving continuous improvement.**

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

APPENDIX 1



Review of Progress with Integration of Health and Social Care

Health and Social Care Moray

Improvement Plan

2021-2023

Name of Partnership	Moray
Contact name and email address	Simon Bokor-Ingram hscmchiefofficer@moray.gov.uk

Y = Previous Rating (2019)
G = Rating agreed by MIJB April 2021
RED TEXT = 'Timescale for Delivery' column - Review and Update as at January 2022

Key Feature 1
Collaborative leadership and building relationships

Proposal 1.1
All leadership development will be focused on shared and collaborative practice.

Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating		Y	G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Mechanism to be developed to ensure corporate support systems are adequate and appropriate in the LA and NHS both supporting the IJB and identifying activities where a multi-agency approach could be explored.	An assessment will be undertaken with regards to the level of support required and a review of the current arrangements. Discussions to be had with both senior teams to agree a position as some gaps remain.	December 2021 Formal agreement around corporate support is not yet in place. Through regular performance meeting with the two partner Chief Exec's informal offers of support are made
Strengthen connections across the partnership to ensure meaningful understanding and collaboration throughout all organisations.	Cross partnership meeting arrangements have been strengthened by extending the membership of the existing groups to include the Co-Chairs of the IJB, CEO's NHS and Council and finance leads across the 3 organisations. The Terms of Reference are kept under regular review.	Already in place and under regular review. Last reviewed Q4 20/21, and further refinement which is maturing the relationships.

	Build on the confidence of HSCP delivery to support the NHS Grampian leadership of acute portfolios.	Interim arrangements for the leadership of the acute portfolio through HSCPs, with the development of a clear plan for how pathway management can be mainstreamed across Grampian.	June 2021 Portfolio leadership arrangements to be reviewed in January 2022 with a view to making these permanent arrangements.
	Continue to build on the good partnership relationships that exist	Good cross partnership relationships already in place and strengthened over the last year. Good focus, as part of our Covid recovery, to ensure these relationships are protected and developed.	Ongoing

Proposal 1.2				
Relationships and collaborative working between partners must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			Y	
			G	
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	The North East Wide Transformation Groups bring together the LA CEOs and NHSG CEO with the 3 HSCP CO's, and separately the IJB Chairs and Vice Chairs with COs. The joint working continues to develop, and further evaluation of outcomes will instil greater confidence to share risk and transform services to better meet need.	<p>The 3 COs have commissioned evaluation of Home First, which will be shared with the North East Groups.</p> <p>The progression of pathway management and CO leadership of acute portfolios will create a more mature dynamic around whole systems working.</p>		<p>June 2021</p> <p>Complete</p>
	Further work required to ensure transparency and improvement mechanisms on health and social care business within the wider organisation of the LA.	<p>Agreement on items to be taken to CMT/SMT in the Council to ensure greater awareness and involvement in HSCP matters.</p> <p>More opportunities for Councillors to be briefed on the work of the HSCP.</p>		<p>December 2021</p> <p>Potential to develop further with a good level of briefings in Q3 21/22 by officers in the HSCP</p>

	Involvement and engagement in community planning has improved and we would aim to develop this further	IJB Chair member of the Community Planning Partnership Board (CPPB) CO in attendance at CPPB, member of Community Planning Officers Group and Chief Officers Group, and CO leading on sections of the Local Outcome Improvement Plan.	In place
	Process underway to plan collaboratively across the health and social care system in relation to the unscheduled care delegated pathways with the aim of reshaping services and shifting the balanced of care	Strategic Reviews underway in relation to specific delegated pathways, applying an agreed planning methodology signed off by IJBs. Regular meeting established pan-Grampian involving CEOs, NHS/Council and CO as well as finance leads with scrutiny of pathway work.	In place
	Improve information sharing between MIJB Members' and partner organisations	The re-introduction of briefings (medium to be determined) to Elected Members and Community Planning Partners to support	July 2021 The Chief Officer has co-ordinated a number of briefings to Members, with a more structured approach to be developed in 2022.

Proposal 1.3				
Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			Y	
			G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Continue to consider and assess relationships with the third and voluntary sectors to ensure effectiveness and appropriate engagement.	Further discussions underway to agree the improvement required and take action.	December 2021 Not yet achieved – will follow the development session in Feb 2022
Strengthen locality planning arrangements to ensure ongoing engagement and involvement with third, independent and community groups in future community planning.	Parts of the operational portfolio have shifted to a local configuration with single management arrangements. This was implemented at the end of 2019 and continues to develop Plans for adult services to join in the Local Management Groups and network groups to ensure coherence with Community Planning and Children’s services in relation to locality work. Third sector involvement to increase through localities, for both adult and children’s services.	December 2021 Locality planning being prioritised with Locality Managers leading the process to develop plans.
Development Session to be delivered to identify specific improvement opportunities to	A strengthening of understanding is required around what makes up these sectors to support	August 2021

	support the change from transactional relationships to a co-produced arrangement.	<p>efficient and meaningful connection and to embed understanding around the potential added value that can be achieved.</p> <p>Clear roles and responsibilities to be determined</p>	<p>We continue to meet with stakeholders since this action was agreed. Development Session now to be held in February 2022</p>
	Strategic Planning & Commissioning Group to be re-established and refreshed	Define clear methodology, ensuring third sector participation and representation is appropriate, relevant and responsibilities are clear.	<p>July 2021</p> <p>Complete – this group has been refreshed with a revised ToR and membership. The SPCG has met in September and December 2021.</p>

**Key Feature 2
Integrated finances and financial planning**

**Proposal 2.1
Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration**

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating			Y	
			G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
From April 2019 the LA Chief Financial Officer has attended the quarterly performance meetings scheduled between IJB Chair and Vice-Chair, CO and CFO, LA & NHS Chief Executive and NHS Director of Finance.	This action to strengthen arrangements is now embedded and regular meetings are held to fulfil this function. Meetings were less frequent at some points during the Covid-19 response but have now resumed at regular intervals	In place
Ensure up to date financial information is shared for all parties to create a joint understanding of financial positions. Budget setting is also a key time to ensure robust conversations are had	This is captured throughout the year at financial performance reviews and the sharing of information amongst the finance leads for the 3 partner organisations and wider management teams	In place

	More frequent financial planning updates to enable partners to understand MIJB financial position and longer term plans.	Change frequency of review of Medium Term Financial Strategy	March 2022 An revised interim MTFS will be presented alongside the Budget in March 2022
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Proposal 2.2				
Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating			Y	
			G	
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	Continuous dialogue throughout the year between all partners to ensure a robust and timeous process surrounding budget setting. As at April 2021, the IJB has always met its statutory duty in setting its revenue budget by 31 March each year.	Timelines for budget agreement and alignment of decision making in place strengthened by meeting arrangements and agreements put in place in 2019.		In place
	Ensure greater scrutiny around savings plans	Audit Performance and Risk Committee to review budget savings and report back to MIJB		To commence as part of 2021/22 reporting Given the financial position and uncertainty around budgets, reporting has remained with the

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

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

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

Proposal 2.6				
IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		Y	G	
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	Better use of directions. Detail needs to be enhanced in order to facilitate appropriate action.	Directions will be revised to contain more specific information around allocation of resources to encourage greater scrutiny and responsibility from our supporting committees		December 2021 Delayed – development session planned for February 2022 ahead of planned implementation for 1 April 2022
	The revised Strategic Plan was approved by the IJB in October 2019 and launched in December of that year. It was prepared on the basis of a single budget.	10 year Strategic Plan launched formally in December 2019. Post Covid the Strategic Plan should be reviewed, to reflect the transformational changes over the last 12 months, and to reflect the changing profile of need.		In place Review required by October 2021 Delayed - High level review to be carried out by September 2022
	The medium term financial strategy was approved in October 2019 and was prepared to facilitate a single budget.	There is now a requirement to review the Medium term financial strategy		March 2022

	The Strategic Planning functions need to be re-invigorated post Covid, using learning from the past 12 months to refocus on the longer term recovery of community and services.	Review as part of the remobilisation process, linking to Community Planning and the recovery plans of the LA and NHS.	July 2021 Delayed - Resurgence of covid delaying this, however in the preceding interim period the Strategic Planning and Commissioning Group has been reinstated.
	Evaluate the effectiveness of the IJB decision to invest in Discharge to Assess activities, and where the positive impacts are in other parts of the system.	Review part of the IJB approval process	October 2021 A report is being presented to the MIJB in January 2022
	The care for the elderly, palliative care and mental health strategic reviews to inform the future funding requirements to support its implementation and ensure resources are aligned to any revisions to current service configuration, Respiratory will be undertaken in autumn 2019 and rehabilitation medicine, A&E services and general medicine will likely be undertaken during 2020.	As Above –finance discussions to be worked through within the structures created cross system	March 2020 Reviews have driven investment decisions, with dis-investment being part of the case as outcomes are achieved. Our delivery models are becoming more aligned to the ambitions in the MIJBs Strategic Plan eg. Hospital without Walls.
	MIJB to be an active member in community planning	Review the Strategic Planning Commissioning Group to strengthen the links between Community Planning and IJB.	August 2021 A review of the Terms of Reference including membership and remit has taken place and 2 meetings have now been held of the refreshed group (Sept and Dec 2021)

Key Feature 3
Effective strategic planning for improvement

Proposal 3.1
Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership. Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
Our Rating		Y	G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Support the NHS Grampian leadership of acute portfolios through the Chief Officer.	Through the Chief Officer, the wider team of the HSCP will continue to develop pathways that span across traditional boundaries, using the Home First approach.	June 2021 Complete and ongoing
The Chief Officer will work with the CEO of the LA and NHS to develop a case for the potential delegation of Children's Social Work and Criminal Justice to the IJB.	The Chief Officer chairs the Programme Board, and will work collaboratively with a range of stakeholders, including the 2 CEOs, to improve services and to reach a decision point.	October 2021 - Delayed This work has continued with development sessions planned for elected Members, NHS Board Members and MIJB Members in January and February 2022. It is

			recognised that there could be delays due to the emerging situation around the Omicron variant and the pressures of Winter on the system
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Proposal 3.4				
Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating			Y	
			G	
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	Mechanisms to be established to facilitate cross-referencing of priorities where appropriate.	Strategic Planning Group will review cross referencing		Nov 2021 As at January 2022 this work has still to be progressed
	Development of infrastructure strategies that link physical assets to service models and pathways.	Better linkages between HSCP and LA and NHS, with a clear line of sight to the LA and NHS Asset Management Processes.		Dec 2021 We are developing the Keith Health Centre project as a test of change, with a focus on modelling infrastructure needs

			based on future models of care that reflect our strategic direction.
	View to establishing joint processes where appropriate.	Need to specify where this would be useful, discussion will happen within the arenas of the senior leadership teams	Ongoing
	Development of better processes to evaluate and measure outcomes in line with Best Value.	NHS Grampian Outcomes framework underway and takes cognisance of the HSCP requirements, Corporate Manager working with both agencies to maximise use of systems and support outcomes monitoring fit for the future.	Ongoing live work
	Development of revised Strategic Plan to be clearer on priorities.	Draft plan in place and work on priorities for transformation plan underway	Nov 2021 Delayed - Strategic Planning Group restarted in 2021. Covid has interrupted flow of work but aim is to revise Strategic Plan by September 2022.
	Development of performance management framework.	Performance management framework in place and work is underway to continue to develop	June 2021 Delayed – August 2022 Daily overview dashboard is now in place and information is circulated. This is meeting current needs around the pandemic response. Work on the broader framework continues
	Development of learning from transformational projects that has the potential to impact on the wider system.	Agreement to work more collaboratively through the COs in developing a process to improve this learning both locally and nationally.	March 2022
	Appointment has just been made to a Strategic Planning Lead/ Deputy Chief Officer	A revised structure and framework will be developed to support effective strategic planning.	August 2021 Complete

Proposal 3.5
Improved capacity for strategic commissioning of delegated hospital services must be in place.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating		Y		
		G		

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	The arrangements are not advanced. The opportunities to link Home First, The Strategic Plan and the management of pathways across boundaries will create opportunities to commission differently.	Widening the Strategic Planning Group to encompass all areas of work across Moray.	July 21 Complete

**Key Feature 4
Governance and accountability arrangements**

**Proposal 4.1
The understanding of accountabilities and responsibilities between statutory partners must improve.**

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
Our Rating			Y	
			G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Continuous development of governance frameworks linking to frameworks of NHS and LA.	The IJB approved their governance framework in January 2021 following work that had been ongoing throughout 2020 and a development session held with Members in December 2020	In Place – to be kept under regular review Due to be reviewed by March 2022
Greater focus and development on the use of Directions.	There is a requirement to develop this work during 2021/22	March 2022
Requirement to develop further the need to report to full council and the wider organisation bridging the highlighted gap.	Still being considered Increase in members briefings	March 2020 In place

	<p>Improve mechanisms for effective dialogue and strengthening relationships with elected Members, ensuring appropriate governance at a level reflective of Partners.</p>	<p>Continue to develop transparency through wider circulation of key documents /briefings and minutes. Raise awareness for Elected Members in relation to access to Officers and Board Members.</p>	<p>March 2022</p> <p>Complete and Ongoing - Clear lines of reporting to Partner Organisations - LA and NHS. The joined up approach to covid briefings has demonstrated the effectiveness of a collaborative approach.</p>
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Indicator 4.2				
Accountability processes across statutory partners will be streamlined.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating		Y		
		G		
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	Accountability clear and transparent for directly managed services. Further work required in tandem with HSCPs across Grampian to better reflect the performance of hosted services, so that is visible in all 3 HSCPs.	Identified that gap exists, and further work being taken forward.		October 2021 The NE Chairs and Vice Chairs Group have included hosted services in their workplan, and we are working to an agreed timetable to complete service level agreements between HSCPs in order to improve accountability and transparency as part of good governance.

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

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

	Ensure MIJB Members are fully appraised of the concept of directions	MIJB Development session to be held	December 2021 Delayed - Due to take place in Feb 2022
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Proposal 4.5				
Effective, coherent and joined up clinical and care governance arrangements must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating			Y	
			G	
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	Further work is required to join up operationally critical joint business arising from practice governance and clinical governance to ensure the flow of key information and learning.	The reporting through Clinical and Care Governance Group and on to the Committee needs to better reflect the key risks that the IJB carries. A workshop was held in January 2020 which included key stakeholder from across Grampian. The Clinical & Care Group is in place and Members of the Clinical and Care Governance Committee feels assured that the governance structure that supports it is operating effectively.		Update January 2022 - Further work planned for 2022 to enhance the flow of information through the governance structure, and for the Committee to cover more business on behalf of the MIJB.
	Consolidate on the areas that are working well and to identify those areas where there are			Update January 2022 - The Clinical and Care Governance Group will review the sphere of

	opportunities for further development, including children's services for health and social work.		their work to identify any gaps in early 2022.
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**Key Feature 5
Ability and willingness to share information**

**Proposal 5.1
IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.**

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating		Y	G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
Clearer agreement of the support from partners to ensure the timely delivery of the final document fit for publication. Reducing resources and service pressures across the system can limit this ambition.	Work with partner agencies to ensure that there are good contributions from all sectors to better reflect the wider achievements and challenges for the Partnership.	June 21 Complete and ongoing – we are working collaboratively with Partners regarding the Covid response. Additional external provision is now in place to support staffing issues within Moray Council Legal team. The ICT picture is challenging for all

			and equipment shortages. This area continues to evolve.
	As routine performance reporting is improved – the intention is to ensure this document will also improve and be seen as an ongoing piece of work and commentary.	Amendments are made each year in the production of the annual performance report with a view to continuous improvement.	Ongoing There is now an established group for performance practitioners with a project plan being developed to align with supporting strategic priorities.

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

Further review with partners on how we can build on our success to date.		
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Key Feature 6
Meaningful and sustained engagement

Proposal 6.1
Effective approaches for community engagement and participation must be put in place for integration.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating			Y	
			G	

Improvement Action		Comment / How we will Deliver	Timescale for Delivery
	Further discussion required across the partnership and with Community Planning on achieving more coherent approaches to engagement and involvement.	Already HSCP has demonstrated effective community engagement around a number of items. Evidence exists to support this. Willingness to work through community planning when mechanisms are more established.	In place ongoing
	MIJB to support meaningful engagement with CPP. Listen from the ground up	Robust action required – development session determined as effective mechanism to progress	

Proposal 6.2
Improved understanding of effective working relationships with carers, people using services and local communities is required.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
Our Rating			Y	
			G	

Improvement Action	Comment / How we will Deliver	Timescale for Delivery
As part of the jointly agreed strategic planning process the intention is to strengthen further the community/public, user and carer engagement and participation in better understanding existing services and how these will change to better meet needs. This will be evaluated and actions agreed to further enhance this based on findings.	The Independent Review of Adult Social Care provides a platform for taking forward a range of initiatives to develop and strengthen the support provided to individuals in our community.	November 21 Complete and Ongoing - addressed through the refreshed SPCG
A Strategic Planning Lead / Deputy Chief Officer recently appointed (April 21) will support process and re-establish the Strategic Planning and Commissioning Group	SPCG will be refreshed and reinstated	August 21 Complete and Ongoing
Strategic direction should have a focus on Carers as equal partners	Consider those with lived experience utilising a rights based approach. Greater inclusion is required	Ongoing

Proposal 6.3				
We will support carers and representatives of people using services better to enable their full involvement in integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating		Y		
		G		
Improvement Action		Comment / How we will Deliver		Timescale for Delivery
	Continue to build the Carer pathway using the lived experience of Carers, developing support mechanisms that improves the lives of Carers and their ability to continue in their caring role.			The NHSG development of a clinical strategy is work ongoing that has enhanced the level of stakeholder involvement and has sought engagement with carers.
	Ongoing evaluation of the community/public user and carer engagement approach as part of the agreed strategic planning process and adapt this based on learnings	The Independent Review of Adult Social Care (IRASC) has a number of recommendations on how we can enhance the quality of engagement with individuals, families and the community.		Nov 2021 We will test our engagement plans and processes against the IRASC, with our current engagement exercise in Hopeman and Lossiemouth for primary care provision to be

			scrutenised by IJB in the 1 st quarter of 2022/23.
	Engagement to be considered and ensure carers recognised as equal partners	The IRASC and its recommendations will support development	Nov 2021 Refresh of our local Carers Strategy ongoing, which will be cogniscant of the IRASC and proposal for a NCS.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JANUARY 2022

SUBJECT: RESERVES POLICY - REVIEW

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To seek approval from the Moray Integration Joint Board (MIJB) on its Reserves Policy.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

- i) approves the Reserves Policy as detailed at Appendix 1; and**
- ii) agrees that the next review will be no later than March 2023**

3. BACKGROUND

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers Integration Authorities to hold reserves which should be accounted for in their financial accounts.

3.2 The MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics.

3.3 The MIJB has previously considered the purpose and use of reserves and approved its initial Reserves Policy at a meeting of the Board on 31 March 2016 (para 12 of the minute refers) with updates being prepared for consideration and approval on 25 January 2018 (para 7 of the minute refers), 31 January 2019 (para 8 of the minute refers) and 30 January 2020 (para 11 of the minute refers). A further review was due no later than March 2022, so the paper and policy at **Appendix 1** is to be considered within the agreed timeframes.

3.4 Reserves are required to be considered and managed to provide security against unexpected cost pressures and financial stability.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The MIJB Reserves Policy has been reviewed and is presented as **APPENDIX 1** to this report.

4.2 The Reserves Policy outlines the importance of holding reserves for the long term financial stability of the MIJB to manage pressures from year to year. The MIJB Integration Scheme highlights the process to be followed in circumstances where it is anticipating an overspend position in that uncommitted reserves would firstly be used to address any overspend. With the Scheme in mind, it is unlikely that by the end of the 2021/22 financial year the MIJB will hold any remaining uncommitted general reserves.

4.3 The funding announcements made in February 2021, relating to the 2020/21 financial year resulted in a significant earmarked reserve for the MIJB of £6.3 million. Primarily, this related to Covid 19 and winter funding at £2.6 million and the Primary Care Improvement Plan, £1.5 million. During 2021/22, funding has continued to be drawn-down from these reserves as appropriate.

4.4 In reviewing the Reserves Policy it is necessary to consider both the scale of the MIJB responsibilities and the financial climate it is operating within. The Reserves Policy approved by this Board on 31 January 2019 agreed 2% as being the prudent level of general reserve to be held (Para 8 of the minute refers). As the end of the 2021/22 financial year approaches, there is a forecast overspend position from which it is evident that 2% will not be achievable in the short-term. With this in mind, the review of the Reserves Policy has resulted in the % of general reserves to be unspecified and that over the medium term, the MIJB should be seeking to 'hold a prudent level of general reserves'.

4.5 It will be necessary to ensure that the Reserves Policy is kept under review with the expectation that in future years, an appropriate level of reserves can be maintained.

5. SUMMARY OF IMPLICATIONS

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

The Integration Scheme sets out the requirement for the MIJB to determine the treatment for underspends and the necessity to detail this within an agreed policy. The Reserves Policy makes appropriate reference to the MIJB Strategic Plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act empowers the MIJB to hold reserves and in doing so requires a strategy to support the process.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

The establishment and maintenance of a Reserves Policy, promotes sound financial management practice and supports good governance.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

The Chief Officer has been consulted and comments have been incorporated within this report.

6. CONCLUSION

6.1 The Reserves Policy continues to be reviewed in line with published guidance and good governance principles.

Author of Report: Tracey Abdy, Chief Financial Officer

Background Papers: with author

Ref:

APPENDIX 1



MORAY INTEGRATION JOINT BOARD

RESERVES POLICY

<u>Date Created</u> <u>February 2016</u>	<u>Date Implemented</u> <u>1 April 2016</u>	<u>Next Review Date</u> <u>March 2024</u>
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<u>Developed By</u> <u>Chief Financial Officer</u>	<u>Reviewed By</u> <u>Chief Officer</u> <u>January 2022</u>	<u>Approved By</u> <u>MIJB</u> <u>January 2020</u>
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APPENDIX 1

1. Background

1.1 In July 2014, CIPFA through the Local Authority Accounting Panel (LAAP) issued guidance in the form of LAAP bulletin 99 - *Local Authority Reserves and Balances* in order to assist local authorities (and similar organisations) in developing a framework for reserves. The purpose of the bulletin is to provide guidance to local authority chief finance officers on the establishment and maintenance of local authority reserves and balances in the context of a framework, purpose and key issues to consider when determining the appropriate level of reserves.

1.2 The Moray Integration Joint Board (MIJB) is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). The MIJB is able to hold reserves which should be accounted for in the financial accounts of the Board.

1.3 The purpose of this Reserves Policy is to:

- Outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- identify the principles to be employed by the MIJB in assessing the adequacy of the its reserves;
- indicate how frequently the adequacy of the MIJB's balances and reserves will be reviewed and;
- Set out arrangements relating to the creation, amendment and the use of reserves and balances.

1.4 In common with local authorities, the MIJB can hold reserves within a usable category.

2. Statutory / Regulatory Framework for Reserves

Usable Reserves

2.1 Local Government bodies - which includes the MIJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve -	Powers
General Fund -	Local Government (Scotland) Act 1973

2.2 For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- The timescale for review to ensure continuing relevance and adequacy.

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3. Operation of Reserves

3.1 Reserves are generally held for three main purposes:

- to create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- to create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- to create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprise of the following elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the MIJB cannot have a separate earmarked reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - future use of funds for a specific purpose, as agreed by the MIJB; or
 - commitments made under the authority of the Chief Officer, which cannot be accrued at specific times (e.g. year-end) due to not being in receipt of the service or goods;
 - funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
 - funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the MIJB.

4. Role of the Chief Financial Officer

4.1 The Chief Financial Officer is responsible for advising on the target level of reserves that the MIJB would aim to hold, known as the prudential target figure. The MIJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the MIJB over the medium term and the MIJB's overall approach to risk management.

APPENDIX 1

5.2 In determining the prudential target, the Chief Financial Officer should consider the MIJB's Strategic Plan, the medium term financial **strategy**, and the **wider** financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and continued development of the Strategic Plan.

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5.3 In light of the size and scale of the MIJB's responsibilities, over the medium term it is proposed to hold a prudent level of general reserves. This value of reserves must be reviewed annually as part of the MIJB's Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.

6.2 The level and utilisation of reserves will be formally approved by the MIJB based on the advice of the Chief Financial Officer. To enable the MIJB to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Financial Officer should state:

- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
- the adequacy of general reserves in light of the MIJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
- If the reserves held are under the prudential target, that the MIJB should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

