



Moray Integration Joint Board

Thursday, 27 May 2021

remote locations via video conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **remote locations via video conference**, on **Thursday, 27 May 2021** 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 Moray Integration Joint Board on 25 March 2021** 5 - 10
4. **Minute of Meeting of Moray Integration Joint Board on 29 April 2021** 11 - 14
5. **Action Log of the Meeting of the Moray Integration Joint Board dated 25 March 2021** 15 - 16
6. **Chief Officer Report** 17 - 28
Report by Chief Officer, Health and Social Care
7. **Clinical and Care Governance Committee Annual Assurance Report** 29 - 34
Report by Chair of Clinical and Care Governance Committee

8.	Audit Performance and Risk Committee Annual Assurance Report	35 - 74
	Report by Chair of Audit, Performance and Risk Committee	
9.	Premises Strategy Report	75 - 78
	Report by Chief Financial Officer	
10.	Moray Alcohol and Drug Partnership Plans for 2021-22	79 - 96
	Report by Moray Alcohol and Drugs Partnership Manager	

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Councillor Shona Morrison (Chair)

Mr Dennis Robertson (Vice-Chair)

Professor Siladitya Bhattacharya (Voting Member)

Professor Nicholas Fluck (Voting Member)

Mr Sandy Riddell (Voting Member)

Councillor Frank Brown (Voting Member)

Councillor Theresa Coull (Voting Member)

Councillor John Divers (Voting Member)

Professor Caroline Hiscox (Ex-Officio)

Mr Roddy Burns (Ex-Officio)

Ms Tracey Abdy (Non-Voting Member)

Mr Ivan Augustus (Non-Voting Member)

Ms Elidh Brown (Non-Voting Member)

Mr Sean Coady (Non-Voting Member)

Ms Karen Donaldson (Non-Voting Member)

Jane Ewen (Non-Voting Member)

Mr Steven Lindsay (Non-Voting Member)

Mr Chris Littlejohn (Non-Voting Member)

Ms Jane Mackie (Non-Voting Member)

Dr Malcolm Metcalfe (Non-Voting Member)

Mrs Val Thatcher (Non-Voting Member)

Dr Lewis Walker (Non-Voting Member)

Simon Bokor-Ingram (Non-Voting Member)

Mr Neil Strachan (Non-Voting Member)

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



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 25 March 2021

remote locations via video conference,

PRESENT

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

APOLOGIES

Mr Ivan Augustus, Mr Roddy Burns, Mr Sean Coady, Professor Nicholas Fluck, Professor Caroline Hiscox, Mr Chris Littlejohn, Mrs Val Thatcher

IN ATTENDANCE

Also in attendance at the above meeting were Dawn Duncan, Professional lead for Occupational Therapy, Jeanette Netherwood, Corporate Manager, Marjorie Kennie, Members Support Administrator (Aberdeenshire Council) and Tracey Sutherland, Committee Services Officer.

1. Chair of Meeting

The meeting was chaired by Mr Dennis Robertson.

2. Welcome and Apologies

The Chair welcomed everyone to the first meeting of the Moray Integration Joint Board which was being streamed as a live webcast for members of the public to watch.

The Chair also welcomed Professor Siladitya Bhattacharya to his first meeting of the Board. Professor Bhattacharya and Councillor Divers have recently been appointed

as additional members to the Board but until their appointments have been approved by the Scottish Government they will be unable to vote on any items should the need arise.

3. Declaration of Member's Interests

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

4. Minute of Meeting of 28 January 2021

The minute of the meeting of 28 January 2021 were submitted and approved.

5. Action Log of the Meeting of the Moray Integration Joint Board dated 28 January 2021

The Action Log of the meeting dated 28 January 2021 was discussed and updated accordingly.

6. Chief Officer Report

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

The Board acknowledged that the report reflected the huge challenge all staff have faced over the past year.

Mr Riddell highlighted that he thought the report should reflect the concern from the public about when and whether services will be re-instated and the anxieties around that.

Following further consideration the Board agreed:

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

7. Revenue Budget Monitoring Qtr 3 2020-21

A report by the Chief Financial Officer updated the Board of the current Revenue Budget reporting position as at 31 December 2020 and provide a provisional forecast position for the year end for the MIJB budget.

Following consideration the Board agreed to:

- i) note the financial position of the Board as at 31 December 2020 is showing an overspend of £584,491 on core services;

- ii) note the provisional forecast position for 2020/21 of an underspend of £36,073 on total budget;
- iii) note the progress against the recovery and transformation plan and the support that has now been confirmed through Scottish Government Covid funding surrounding the underachievement of savings;
- iv) note the revision to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within Council (MC) and NHS Grampian (NHSG) for the period 1 October to 31 December 2020 as shown in Appendix 3; and
- v) approve for issue, the Direction arising from the updated budget position shown in Appendix 4.

8. Prescribing Budget Requirements 2021-22

A report by the Acting Lead Pharmacist informed the Board of the predicted budget resource requirements for 2021-2022.

The Acting Lead Pharmacist gave a brief overview of the report and also how Covid-19 has affected the service.

The Chair suggested that it would be useful for the Acting Lead Pharmacist to come back to provide an update for the Board. This was agreed.

Following consideration the Board agreed to:

- i) note the recommendations made in the paper with regard to volume costs, risks and the net predicted need for budget resource of £18.094m as part of the overall health and social care partnership budget setting process for 2021-22;
- ii) note the estimated budget requirements linkage to the locally enhanced services/Service Level Agreements (SLAs); and
- iii) ensure that final prescribing budget allocations are notified to the pharmacy teams by support finance staff.

Jane Ewen, left the meeting during the discussion of this item.

9. Revenue Budget 2021-22

A report by the Chief Financial Officer asked the Board to agree the Moray Integration Joint Board's revenue budget for 2021/22.

Following discussion it was identified that the Audit, Performance and Risk Committee will have a role in providing closer scrutiny of the budget, providing a pathway for sharing information, to bring back to the Board.

Following consideration the Board agreed to:

- i) note the funding allocations proposed by NHS Grampian and Moray Council, detailed at 4.5;
- ii) note the underlying underspend forecast for the 2020/21 financial year in 4.6 and the financial risks detailed in 4.19;
- iii) formally approve the Revenue Budget for 2021/22 as detailed at Appendix 1 following consideration of the risks highlighted in 4.19; and
- iv) approve Directions for issue as set out at Appendices 2 and 3 respectively to NHS Grampian and Moray Council.

Councillor Divers and Dr Metcalfe left the meeting during the discussion of this item.

10. Discharge to Assess

A report by the Head of Service informed the Board of the outcome of the Discharge to Assess (D2A) pilot project and to request D2A is embedded into the health and social care system in Moray.

Members were supportive of the approach and recognised the potential for transformational shift in care, agreeing with the proposal to build this service into the core budget for 21022, whilst recognising that decisions will need to be made during the year regarding areas of disinvestment.

Following consideration the Board agreed to scale up the D2A team and secure permanent funding in order to continue to support patients, flow and capacity within the health and social care system.

11. Outcome Based Care at Home

A report by the Chief Social Work Officer informed the Board of the Commissioning plans for outcome-based Care at Home Service.

Councillor Brown wished it be noted that he expressed concern about there only being a single provider, as he believed it was too much of a risk and although he would not vote against the proposals he wished his dissent to be noted. He further added that he would like the Board to receive an update on the project in 6 months.

Following consideration the Board agreed:

- i) the plan for commissioning an outcome-based care at home service; and
- ii) to note the indicative timeline for the delivery of an alternative model for commissioning care at home.

Mr Lindsey left the meeting following the discussion of this item.

12. Whistleblowing Standards - Plan for Implementation Report

A report by the Chief Officer outlined the requirements of the whistleblowing standards and present the proposal for implementation to the Board.

There was discussion regarding the need for some further dialogue with the Council and Third Sector to share the process being adopted, with a view to it being applied across all staff working in Health and Social Care services.

Following consideration the Board agreed:

- i) the application of the standards across all staff groups, contractors and external providers be undertaken in a phased basis as described at 4.6;
- ii) to note the phases of implementation; and
- iii) to approve the proposed implementation plan at Appendix 1.

13. Closure of Meeting

The Chair closed the meeting at 12:13pm.



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 29 April 2021

remote locations via video conference,

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Professor Siladitya Bhattacharya, Simon Bokor-Ingram, Ms Elidh Brown, Councillor Frank Brown, Councillor Theresa Coull, Councillor John Divers, Professor Nicholas Fluck, Mr Steven Lindsay, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Sandy Riddell, Mr Dennis Robertson

APOLOGIES

Mr Roddy Burns, Mr Sean Coady, Ms Karen Donaldson, Jane Ewen, Professor Caroline Hiscox, Mr Chris Littlejohn, Ms Jane Mackie, Mrs Val Thatcher, Dr Lewis Walker

IN ATTENDANCE

Also in attendance at the above meeting were Jeanette Netherwood, Corporate Manager and Tracey Sutherland, Committee Services Officer.

1. Chair

Items 1 - 3 were chaired by Mr Dennis Robertson, item 4 was chaired by Councillor Shona Morrison.

2. Welcome and Apologies

The Chair welcomed everyone to the Special meeting of the Integration Joint Board.

3. Declaration of Member's Interests

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

4. Membership of Board and Committees Report

A report by the Corporate Manager informed the Board of changes to Membership due to the requirement for the Chair and Vice-Chair positions on the Board to rotate between NHS Grampian and Moray Council.

Mr Robertson said that it had been a pleasure to Chair the IJB for the length of his term and thanked Councillor Coull on her role as Chair of the Clinical and Care Governance Group as Professor Nick Fluck was taking over the role as a Voting NHS Member.

In regard to the Chairs of Clinical and Care Governance, Mr Robertson, seconded by Councillor Morrison proposed Professor Nick Fluck and Audit, Performance and Risk, Mr Robertson seconded by Councillor Morrison proposed Mr Sandy Riddell. As there was no one otherwise minded the new Chairs were agreed.

Councillor Morrison thanked Councillor Coull for her work as the outgoing Chair of the Audit, Performance and Risk Group.

Following consideration the Board agreed:

- i) to note the Chair and Vice-Chair were due to rotate on 1 April 2021 and confirms the Vice-Chair appointment of Mr Robertson;
- ii) a new Chair for Audit, Performance and Risk (APR) Committee from the voting membership of NHS Grampian being Mr Sandy Riddell and Professor Nick Fluck taking over the role of Chair on Clinical and Care Governance; and
- iii) to note the progress update for the proposed increase in voting membership.

Councillor Shona Morrison, thanked Mr Robertson for his work in chairing the IJB and thereafter chaired the meeting as the Chair of the IJB for the next 18 months until 1 October 2022.

5. Equalities Mainstreaming Progress Report

A report by the Chief Officer sought approval from the Board of the revised Moray Integration Joint Board Equality Mainstreaming Progress Report 2019-21.

Following consideration the Board agreed to:

- i) approve the revised MIJB set of equality outcomes and the specific focuses;
- ii) approve the revised MIJB Equality Mainstreaming Progress Report 2019-21 (Appendix 1); and
- iii) approve the further development of the work required to be undertaken in relation to the Equality Outcomes, in tandem with the development of re-mobilisation plans and the Strategic Transformation Implementation Plan and a progress report be submitted to the Board by March 2022.



MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 25 MARCH 2021

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE
1.	Action Log Dated 25 May 2020	MSG Improvement Action Plan – has not currently been prioritised, this will be taken forward through discussion at a MIJB development session	May 2021	Chief Officer	Completed 29/4/21 Action plan to be formally presented to MIJB on 24/6/21
2.	Action Log Dated 26 Jun 2020	Department of Public Health Annual Report 18-19 & A Healthier and More Active Future for The North East of Scotland 2019-2022 Strategy Report with a detailed plan of approach be provided to the MIJB in 6 months time.	Jan 2021	Chris Littlejohn	The impact of Covid has affected the timeliness of this report. Sean Coady to discuss with NHSG colleagues regarding the plan to take this forward and provide update to MIJB
3.	Action Log dated 24 September 2020	Children's Social Work Services and Home First - Agreed that development session be arranged to discuss including Children's Social Work Services in the Homefirst approach. To be taken forward as a MIJB development session	June 2021	Chief Officer	Completed 29/4/21

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE
4.	Revenue Budget Monitoring Quarter 2 for 2020/21	Report to be submitted to Audit, Performance and Risk Committee providing further detail regarding governance relating to other services that carry a joint liability in terms of budgetary responsibility.	Mar 21	Chief Financial Officer and Chair of AP&R	This will be tabled at the MIJB meeting 24/6/21
5.	Moray Mental Health Services	Full report on MHS to MIJB in 3 month's time.	May 21	Jane Mackie	Brief to be circulated in June with full report to MIJB in September
6.	Home First Moray	A further report to be presented to the Board on progress of the project and also to include the questions raised by the Carers Representative	May 21	Sean Coady	Report to CCG and APR committee this cycle with report to IJB thereafter
7.	Prescribing Budget Requirements 2021-22	The Acting Lead Pharmacist to be invited back to update the Board later in the year.	Sept 21	Chief Officer	On schedule
8.	Outbased Care at Home	Update paper to be presented to the Board in 6 months	Sept 21	Jane Mackie	On schedule
9.	Whistleblowing Standards	Implementation and organisation of training for third sector organisations	In progress	Corporate Manager and 3 rd Sector Rep	Meeting held and implementation in progress



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 MAY 2021

SUBJECT: CHIEF OFFICER REPORT

BY: CHIEF OFFICER

1. REASON FOR REPORT

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

2. RECOMMENDATION

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

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

3. BACKGROUND

Operation Home First

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

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

3.3 The Home First principles include:

- Building on the initial response
- Maintaining agile thinking and decision making
- Retaining our ability to respond to Covid related demand, and winter surges in demand
- Using a home first approach for all care where that is safe to do so
- Utilising available technology to widen and ease access to services
- Avoidance of admission
- Removing delays for discharge from hospital
- Maintaining safe services for those Shielding
- Removing barriers between primary and secondary care, with as much care as possible in communities

3.4 Work is being co-ordinated and driven by the 3 health and social care partnerships and acute services, with a local programme of work in Moray sitting within that framework, supported by local clinicians, practitioners and managers. We were keen that locally Children's Social Work Services were included in the Home First approach, with the framework supporting the efforts to improve outcomes particularly for looked after children.

3.5 The work on reducing delayed discharges from hospital had seen some dramatic improvements in performance resulting from positive interventions. Further work is required to embed the improvement journey and to reduce delays where the downward trend has slowed and in some weeks reversed. The Discharge to Assess programme is yet to gear up as recruitment to the team vacancies continues, following the decision of the MIJB to invest permanently in a wider team at its meeting on 25 March 2021 (para 10 of the minute refers).

Hospital at Home is being explored further

3.6 As we have progressed with the Home First model and Discharge to Assess successfully across Moray, Hospital @ Home has been on our agenda. In order that we build a model fit for purpose in Moray, the Hospital @ Home steering group have been keen to see Discharge to Assess embedded in local practice, and following their successful pilot period and move to permanent recruitment, are ready to take the next steps. Scottish Government have advised of potential funds available to Health Boards and IJBs for 2021/22 and we are keen to secure funding to allow us to appoint to pivotal posts in the development of the Moray service and facilitating tests of change to be undertaken and the service model to be scoped in Moray.

Remobilisation

3.7 The Health and Social Care Partnership has contributed to the NHS Grampian winter plan, ensuring that our local planning fits the Moray context and was cognisant of lessons learned from previous winters. NHS Grampian developed the plan under the title "Operation Snowdrop". In response to the challenges in the system, Operation Snowdrop moved to level 4 of the Civil Contingencies approach on Tuesday 5 January 2021.

3.8 Operation Snowdrop concentrated the whole organisational effort on a discrete number of activities to ensure that our finite workforce capacity is

directed at the most urgent issues. Operation Snowdrop at level 4 comprises the following:

- Staff Health & Wellbeing
- Critical & Protected Services
- Test & Protect
- Vaccination
- Surge & Flow

3.9 NHS Grampian managed the first wave of COVID-19 under Operation Rainbow (civil contingencies level 4) and moved to a revised leadership structure as it exited this phase. As the demand on the system rose, it moved to a 'hybrid model' where there was a combination of activities managed through level 2 & level 3 of the civil contingencies approach.

3.10 NHS Grampian created a surge and flow plan for the 'winter period' in 2020/21 which created a mechanism to deal with normal winter pressures alongside COVID-19. The Scottish Government has also prioritised a number of other critical functions, for example, the delivery of the COVID-19 vaccination programme and the delivery of the Test & Protect programme. NHS Grampian moved to Operation Snowdrop in November 2020 to approach the period from November 2020 through to May 2021; this was undertaken in the hybrid model with levels 2 and 3 of civil contingencies in place.

3.11 To date the system has coped with some significant surges in demand, with a pan Grampian approach in how surge and flow through the system is managed to ensure patients/clients 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 down a backlog of referrals.

3.12 **Appendix 1** sets out the scope of services which are needing to remobilise, partially or in full, and the arrangements to do that, which in some cases requires significant redesign to be able to operate safely within the physical restrictions. 3 key areas below are yet to remobilise and further planning is required:

- Inpatient elective surgical programme including orthopaedics at Dr Gray's Hospital
- Reduced capacity for secondary care outpatient clinics yet to be re-instated at Dr Gray's Hospital
- Minor Injury Units across Moray remain closed

Covid Vaccination Programme

3.13 By the end of December 2020 all care home residents along with staff had been offered the first dose vaccine. Second dose vaccines have been administered in line with the Chief Medical Officer direction. Uptake rates are high, and up to date reports are available on the Public Health website. Further cohorts are being vaccinated more rapidly in Moray as part of the response to the very high positive test results being measured, and alongside this we will also deliver the second dose programme. The team have

responded dynamically to the current ask to vaccinate all residents over age of 18, and the rate of vaccinations has increased considerably.

- 3.14 With a longer term campaign being predicted for repeated covid vaccinations, along with delivery of this winter's flu campaign and all the other immunisation programmes, there is a need to rethink the size and shape of a future workforce required to deliver an expanded vaccination programme into the future. The current workforce delivering the covid vaccination programme consists of a number of staff who have been redeployed, or who are on fixed term contracts. Planning for the future will be taken through the pan Grampian Vaccination Programme Board with a local workforce plan in development.

Portfolio arrangements

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

Budget Control

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 We remain in a pandemic response phase, and are stepping up quickly where that is required. In parallel, there is the opportunity to accelerate work to achieve the MIJB ambitions as set out in the Strategic Plan, and Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that encompasses Dr Gray's Hospital on an interim basis.
- 4.2 The challenges of finance have not gone away and there remains the need to address any underlying deficit. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only

cover additional expenditure in the short-term and so it is important to understand the emerging landscape.

- 4.3 Transformational change, or redesign, that provides quality and safe services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.
- 4.4 Remobilisation has begun, and will build from achievements and learning from the current pandemic phase. The interdependencies between services will need to form part of the assessment on how we remobilise, as no part of the system operates in isolation.

5. **SUMMARY OF IMPLICATIONS**

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

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

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

(b) Policy and Legal

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

(c) Financial implications

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

The key driver of Operation Home First is to secure quality and capacity. More efficient ways of working will cost less, allowing re-investment in services. There is a link between the aspirations of Home First and the set-aside, and also the potential to shift planned hospital outpatient activity to community settings. Staff and or finance will need to follow the patient in order to adequately resource the community setting.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Consultations

Any major service change will be subject to proper consultation. There are no direct implications arising from this report.

6. CONCLUSION

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

Author of Report: Simon Bokor-Ingram, Chief Officer

Remobilisation Status of Moray Services

Service/function in process of remobilisation	Likely timescale before full service resumed?	Dependencies (<i>ie awaiting decisions (by whom?), linked to Scot Gov tier etc</i>)	Any known backlogs at present
Face to Face Specialist Pharmacist led Clinic Consultations	Partially resumed. (Consultations for acutely unwell patients never stopped).	GP Practices to be ready for increasing footfall in practice clinics	There is backlog in routine reviews for clinic patients e.g. Asthma, COPD, hypertension, IHD, Heart Failure, Atrial Fibrillation
Care Home monthly visits by pharmacy Technicians re stock and cost aspects, ordering advice and checks, practical clinical advice, staff training	Aim end May 2021	Agreement from Care Homes	Across all facets of work
Adult Mental Health face to face assessments/reviews continue to be by exception with technology enabled remote appointments being the default.	Not yet defined	Dependant on national guidance regarding safe working practices and social distancing and what can be accommodated in the department.	None, patients all being seen within recommended timescales
Adult Mental Health Group Work	Not yet defined. Limited capacity through Cisco Meeting Server (CMS)	Scottish Government recognise this is a challenge and are working with Near Me to	Short Life Working Group set up to establish requirement for groups - approximately 6-8 across the service.

	system. Anticipated that a pilot of CMS group will commence in the service late May.	release a group platform nationally which will have larger capacity. This will then need to be adopted and rolled out by NHS Grampian.	
Health Visiting	Not yet defined	National covid Guidance for Community Nurses and Allied Health Professions in place.	Health Visiting: Significant number/% of: Universal Health Visiting Pathway Contacts. Some delayed child health surveillance assessments
School Nursing	Not yet defined	Currently working to Tier 3 level	School Nursing: Child Health Surveillance Programme (School Aged Children) Contacts i.e. Primary 1 Ht; Wt; BMI Delivery and reporting of School Nursing Pathways
Primary Care Contracts Team	Dec 2021	Partner Agency Decisions e.g. National Services Scotland	Majority of services we can control internally continue to be provided. Those relying on external suppliers e.g. Payment Verification may be paused for a while longer.
Internal services for older people: Moray Resource Centre	July 2021	Has been identified to pick up the gaps in provision through the Re-Mobilisation group. Gaps in provision for Older	Currently requires building work to be undertaken in line with the Health protection risk assessment and infection control risk assessment as well

<p>Dufftown OPDS (Day Service providing activity based programme and respite with high care needs)</p>	<p>Unlikely to reopen in current environment.</p>	<p>People advised at around 25 people as a result of Gurness Circle and external provision not remobilising.</p> <p>Delivered an activity and respite programme for OP in a hospital setting in Dufftown. 5 day service catering for 4 people daily. This has been accommodated as part of the re-mobilisation of Linnburn in Rothes.</p>	<p>as the health and safety risk assessment as well as work to be completed as a result of an updated condition report.</p> <p>As based in a hospital setting will not be able to re-mobilise. Unlikely that this will be accommodated moving forward.</p>
<p>Gurness Circle (Day Service providing activity based programme and respite with high care needs)</p> <p>Keith</p>	<p>Day Service delivered inside sheltered housing. Not feasible for public health reasons. Staff remobilised to offer outreach.</p>	<p>Delivered an activity and respite programme for OP in a sheltered accommodation setting in Elgin. Has been identified to be delivered from MRC with those who were attending receiving outreach support currently.</p>	<p>Given the size of the building the environment is not able to manage more than 2 people post COVID-19 and not sustainable.</p>

<p>(Day Service providing activity based programme and respite with high care needs)</p> <p>Linnburn (Day Service providing activity based programme and respite with high care needs)</p> <p>Shared Lives</p>	<p>Service completely re-mobilised March 2021</p> <p>Service completely re-mobilised March 2021.</p> <p>Alternate to building based day service. Remobilised with reduced capacity.</p>	<p>Amendments made to the building (minor) to align with risk assessment and take additional people daily.</p> <p>Will be able to increase in line with Scottish Government Tier access (when we go to level 0) in line with risk assessment. Social Work reviews of people requiring a service. Will be able to increase capacity for each individual carer in line with Scottish Government Tier access (when we go to level 0)</p>	<p>Picking up gaps in provision from Buckie area</p> <p>Picking up those unable to attend Dufftown.</p> <p>We now have all bar 2 Shared Lives Carers operational and building the service back up as referrals are received from Social Work. All areas risk assessed with health protection and as a result each shared lives carer can only offer the service to one person at a time where we were providing up to two people at a time pre COVID-19, this limits our ability to offer the service and limits the Shared Lives Carers income as they are self-employed.</p>
<p>External commissioned day service for older people :</p>			

<p>Older Persons Day Services – Cameron Court, Forres and Chandlers Court, Elgin. Provided by Hanover Housing Association.</p>	<p>Services not remobilising at this time. The Remobilisation Group aim is a stable, ongoing offer of choices to support people meeting their outcomes, which have been met to-date through Older Peoples Day Services. This is not possible at present due to the current restrictions</p>	<p>The Remobilisation Group has requested that a Design Group is set up. The Design Group, led by Lesley Attridge, will take a collaborative, rights based and participative approach to explore the full range of choices that can contribute to meeting peoples outcomes, which were previously met by Older Peoples Day Services. This may not result in the provision of a new external, buildings-based service.</p> <p>The Design Group’s first meeting is on 18th May.</p>	<p>Social Work continue to monitor and review the impact on people who have previously attended buildings based services. Alternatives ways of meeting people’s outcomes have been taken forward, where appropriate.</p>
<p>Older Peoples Day Service – Abbeyvale, Elgin. Provided by the Abbesside Group.</p>	<p>Engagement took place with the small number of people, who previously used this service, and there was no demand for this service. Contract to cease.</p>	<p>Capacity of members of the Design Group to contribute towards the work of the group. Capacity of Social Work to review older people and offer alternatives.</p>	



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 MAY 2021

SUBJECT: CLINICAL AND CARE GOVERNANCE COMMITTEE ANNUAL ASSURANCE REPORT

BY: CHAIR OF CLINICAL AND CARE GOVERNANCE COMMITTEE

1. REASON FOR REPORT

- 1.1. This report summarises the key matters considered and actioned by the Clinical and Care Governance Committee (CCG), under the revised governance arrangements, during the financial year 2020/21.

2. RECOMMENDATION

- 2.1. **It is recommended that the Board considers and notes the key points and assurances from the Committee outlined in section 4.**

3. BACKGROUND

- 3.1. The CCG Committee is responsible for demonstrating compliance with statutory requirements in relation to clinical governance, provide support, assurance and escalate concerns or governance issues to the Board, as well as evidence of good practice and learning on an exception basis.
- 3.2. During the initial impact of COVID-19, committee meetings were suspended. An interim arrangement for clinical governance was implemented whereby Mr Sandy Riddell, Chair of CCG Committee, received monthly updates on the key issues arising during the response. These related principally to provision of care, care homes oversight and children and adult protection matters.
- 3.3. The Moray Integration Joint Board (MIJB) received a report on 24 September 2020 (para 15 of the minute refers) detailing the governance arrangements that were in place during the COVID-19 initial response and progress in relation to the review of clinical and care governance arrangements and the assurance frameworks for CCG Committee.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Throughout the 2020/21 financial year, the CCG Committee has held three formal meetings and three interim meetings as part of the assurance arrangements described in 3.2 above.
- 4.2. The MIJB receive CCG Committee minutes routinely throughout the year for information. Key points from the financial year 2020/21 are noted below:
- 4.3. The first interim meeting of 2020/21 was scheduled for 29 April 2020 but due to technical difficulties it was rescheduled and held on 6 May 2020. At this meeting the Committee received updates on Child and Adult Protection, Out of Hours Service Grampian Medical Emergency Department (GMED) and Covid Assessment Hubs, New Models of Care, Use of Spynie Care Home (Duffus Wing) and Care Homes (enhanced system of assurance). At the Board meeting on 28 May 2020 (para 8 of the minute refers), members were provided with details on each of these updates as part of the CCG Committee Annual Assurance Report.

28 May 2020 (part of schedule of meetings but not a formal meeting)

- 4.4. Adult Support and Protection Update – weekly reporting to the Scottish Government in place. Adult Support and Protection Committee continue to meet. The Committee heard that some elements of the Improvement Plan could not be progressed at this time. The Committee were assured safe processes were in place and by the end of March 2020 a plan had been put in place for each service user.
- 4.5. Child Support and Protection Update – weekly reporting to Scottish Government continued. The Committee were informed of the number of children on the child protection register in Moray, which, prior to the pandemic had been steadily declining since May 2017. Targets in terms of contact with each child on the register were being met. The Committee were assured that conversations with those shielding were taking place through ‘doorstep’ conversations, in gardens, by phone call or text. The Child Protection Committee continued to meet.
- 4.6. Care Home Update – the Committee heard about the weekly meetings with the Care Inspectorate and Public Health and the senior management level multi-disciplinary team providing additional support to care homes pan Grampian. The Committee felt assured multi-disciplinary support and measures were in place to support care homes.
- 4.7. Adverse Events and Complaints Update – the Committee were assured that all adverse events and complaints were being appropriately monitored, reviewed and dealt with.

25 June 2020 (interim meeting)

- 4.8. Complaints and Adverse Events Update – the Committee were assured the Health & Social Care Moray (HSCM) Clinical Governance Group (now named the HSCM Clinical and Care Governance Group) had continued to meet on a

monthly basis since January 2019. Complaints and adverse events continued to be closely monitored.

- 4.9. Enhanced Oversight of Care Homes Update – the Committee were informed of local arrangements for enhanced oversight of care homes and for safety huddles in care homes. This information has also been shared with the Chief Nursing Officer, Scottish Government to provide assurance of enhanced oversight arrangements. Weekly calls with Care Inspectorate continued as do on site visits to Care Homes and Care Home Managers can contact HSCM at any time for support.
- 4.10. Support to Care Homes Update – the Committee are assured that working relationships between HSCM and Care Homes are renewed and effectual.
- 4.11. Inclusion Scotland's COVID-19 Survey: response to initial findings – the Committee were informed of the Inclusion Scotland online survey during the period 1 to 30 April 2020 to disabled individuals and their carers. The Committee were assured by the brief presented which showed actions already undertaken following consideration of the findings of the survey.

27 August 2020

- 4.12. Clinical Governance Group (CGG) Escalation Report – the group continue to develop lines of communication to support the dissemination of information for sharing and action throughout the whole clinical system in Moray.
- 4.13. CGG Annual Report 2019-20 – the Committee discussed the new digital culture health and social care services now find themselves in and how to measure the quality of care that is given. It was noted that remote areas of Scotland have been doing this for a long time, showing really good outcomes. The Clinical Risk Management group will continue to monitor.
- 4.14. Deaths Involving Coronavirus (COVID-19) up to 29 June 2020 – the Committee noted the information.
- 4.15. Child Protection Assurance Report – the Moray Child Protection Committee retains the overview of Child Protection activity across Moray, assuring appropriate governance, and reports to the Public Protection Chief Officer's Group. In terms of assurance it was noted that there is a high level of scrutiny in place around child protection and even more so during this pandemic.
- 4.16. Care Homes Update – the Committee noted the continued work that is being undertaken to support Care Homes in Moray and the positive results of working in partnership with them.
- 4.17. Adult Protection Inspection Preparation – the Committee were informed the review and redesign of adult support and protection processes in Moray will now recommence with COVID-19 in mind. The Chair of CCG Committee confirmed their attendance at the Adult Protection Committee.
- 4.18. Lessons Learned from Reducing Delayed Discharges and Hospital Admissions, Health and Social Care Scotland – the Committee noted the findings of the report and the lessons identified and the intention to incorporate this learning into the development of the Home First strategic theme.

4.19. COVID-19 and Impact on Governance System – the Committee agreed there is a good level of oversight and scrutiny in place and that formal meetings have now resumed.

4.20. H&SC Complaints for Quarter 1 (considered with press and public excluded) – the Committee agreed to consider and note the totals, lessons learned and action taken for complaints submitted and completed within the last quarter.

29 October 2020

4.21. HSCM Clinical Governance Group Escalation Report – the Committee welcomed the update.

4.22. Primary Care Out of Hours (GMED) Clinical Governance Assurance Report – the Committee welcomed the assurance report. It was noted the GMED Clinical Governance Group have continued to meet throughout the pandemic with representatives from Scottish Ambulance Service, NHS24 and patient reps.

4.23. HSCM Complaints – procedures and information for Quarter 2 – performance statistics welcome.

25 February 2021

4.24. Clinical Governance Group Escalation Report – Mr Coady assured the Committee that the Clinical Risk Management (CRM) Group continues to meet every two weeks to discuss adverse events, complaints and risks. The group comprises of senior management, clinical leads, chief nurse and relevant service managers/ consultants. The Committee are assured there is appropriate governance and safeguards in place.

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

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan “partners in care” 2019-2029

Governance arrangements are integral for the assurance of the delivery of safe and effective services that underpin the implementation of the strategic plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities integrate adult health and social care services. This paper outlines the work being undertaken to ensure that the clinical and care governance framework for Health and Social Care Moray

and partners, during COVID-19, provides assurance of a safe and effective system.

(c) Financial implications

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

(d) Risk Implications and Mitigation

This report outlines the governance arrangements in place during the COVID-19 period for and the mitigation that is being undertaken to minimise risks to people.

(e) Staffing Implications

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

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because there are no changes to policy as a result of this report.

(h) Consultations

Consultations have taken place with the Chief Officer, Corporate Manager, and Tracey Sutherland, Committee Services Officer, and their comments have been incorporated in the content of this report.

6. CONCLUSION

6.1. This report provides assurance of the arrangements in place during the period of COVID-19 in relation to governance overseen by Clinical Care and Governance Committee of Moray Integration Joint Board.

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



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 MAY 2021

SUBJECT: AUDIT, PERFORMANCE AND RISK COMMITTEE ANNUAL ASSURANCE REPORT

BY: CHAIR OF AUDIT, PERFORMANCE AND RISK COMMITTEE

1. REASON FOR REPORT

1.1. To inform the Moray Integration Joint Board (MIJB) of a summary of matters considered and actioned during 2020/21 at the Audit, Performance and Risk Committee (AP&R).

2. RECOMMENDATION

2.1. It is recommended that the MIJB consider and note:

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

3. BACKGROUND

3.1. An effective AP&R Committee is a key element in the governance framework for ensuring a strong governance culture, providing assurance on risk management, performance, audit and internal controls, maintaining effective scrutiny of the MIJB's functions and ensuring consideration of the changes necessary to improve on these arrangements.

3.2. The Committee ordinarily meets on a quarterly frequency, however, for 2020/21 the meeting scheduled for June 2020 did not take place as a result of the impact of and response to the Covid-19 pandemic. Alternative governance arrangements operated during that period, including enhanced decision making powers assigned to the Interim Chief Officer, and at its meeting on the 24 September 2020 (para 15 of the Minute refers) the Board agreed to note the interim arrangements and the plans for meetings for the remainder of the financial year. .

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Given the situation outlined above there were three formal meetings of the AP&R Committee. The Chief Internal Auditor reported to each of these meetings providing an update on audit work undertaken.
- 4.2 The audit reports noted the challenges of maintaining levels of audit coverage during the pandemic in terms of access to services and people, whilst the requirement remained in terms of Public Sector Internal Audit Standards to provide assurances on the established systems of governance, risk management and internal control. As such, it was necessary to take a more agile approach to audit planning to glean the necessary audit assurances.
- 4.3 In the context of governance arrangements, these were noted as working effectively from a review of Committee papers for the Board and its sub committees as well as from development sessions. Risk management practice was also evidenced by the regular updating and consideration of the strategic risk register at each meeting of the AP & R Committee.
- 4.4 In respect of internal controls, the main focus was on the key systems covering payroll and creditor payments. Specific testing focused on payments from social care budgets and, for the most part, audit work confirmed the integrity of the systems in place notwithstanding that operational practices had been adapted to accommodate new ways of working. The audit also looked at controls relating to specific systems and expenditure linked to the pandemic including stores, PPE acquisition and distribution, and additional government funding streams made available to support social care providers and service users in need.
- 4.5 Other internal audit projects were paused or slowed, however the circumstances relative to each project were reported to Committee. These projects will remain under review pending capacity being available within services for progress to be made with the implementation of audit recommendations. Learning Disabilities - Commissioning was one area of work where internal audit had previously noted that more required to be done to align contracts with service user need; this was evident from the testing of payments referred to in paragraph 4.4 above, and remains an area to be addressed by management.
- 4.6 Likewise audit reviews of Adaptations (Private and Council Housing) and of the Aids and Equipment store remain 'live' pending full implementation of audit recommendations made, and a suggested audit topic of care homes /residential nursing has been held pending development of a suitable remit for the audit. The scope and timing of this latter review may be influenced by the recently published national review of Adult Social Care in Scotland. .
- 4.7 Separately, a development session considered the work of Internal Audit and how joint working with the Health Board and the Council combine to provide assurances for the MIJB. It was concluded that the Chief Internal Auditor's role is to affirm that the MIJB is operating as intended in terms of discharging its statutory functions, whilst also drawing on assurances provided from the Health Board and from the work of the Council's own audit team when providing the annual assurance option for inclusion with in the MIJB annual accounts.

Opportunities for improved joint working and the provision of assurance on joined up services remains under consideration.

- 4.8 The MIJB receive AP&R Committee minutes routinely throughout the year for information. Key points during the financial year 2020/21 are noted below:
- Considered and noted the performance information from the MIJB for Quarter 4 2019/20 and Quarters 1, 2 and 3 of 2020/21.
 - Considered and noted an update on risks highlighted in relation to staff absence rates and challenges being experienced with recruitment in several services and the action that was being undertaken to try to mitigate the issues.
 - Considered and noted the progress of HSCM in achieving the NHS Scotland Standards for Organisational Resilience and the action plan for 2021/22.
- 4.9 The Strategic Risk Register is a standing item of the AP&R Committee and is reviewed and updated throughout the year by the Senior Management Team. The most recent version of the Strategic Risk Register was presented and noted at the meeting of the AP&R on 25 March 2021 (para 8 of the draft Minute refers) and is attached at **APPENDIX 2**.
- 4.10 Due to the impact of the pandemic on governance arrangements for committee the Annual Performance Report was approved at a special meeting of MIJB on 30 July 2020 (para 8 of the minute refers).
- 4.11 On 25 March 2021 a report by the Chief Financial Officer informed the Committee of the External Auditor's Annual Plan for 2021/22 (para 6 of the minute refers). The plan sets out the scope of the audit work and details the initial risks identified by Audit Scotland and planned work to be undertaken for the audit of the financial statements for year ending 2020/21. The audit plan is attached at **APPENDIX 1** to this report.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan “partners in care” 2019-2029

This report forms part of the governance arrangements of MIJB; good governance arrangements will support the Board to fulfil its objectives.

(b) Policy and Legal

Scottish Governance guidance relating to the Public Bodies (Joint Working) (Scotland) Act 2014 suggests that adequate and proportionate arrangements should be made as an audit provision. The AP&R Committee was established as a Committee of the MIJB to fulfil this obligation.

(c) Financial implications

There are no financial implications associated with this report.

(d) Risk Implications and Mitigation

The strategic risk register is routinely monitored by the senior management team and any changes or issues will be reported to AP&R Committee for consideration.

(e) Staffing Implications

There are no staffing implications arising from this report.

(f) Property

There are no property implications arising 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 Chief Financial Officer; Chief Internal Auditor 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. This report provides a summary of the business addressed by the AP&R Committee throughout the 2020/21 financial year.

Author of Report: Jeanette Netherwood, Corporate Manager

Background Papers: with author

Ref:

Moray Integration Joint Board

Annual Audit Plan 2020/21



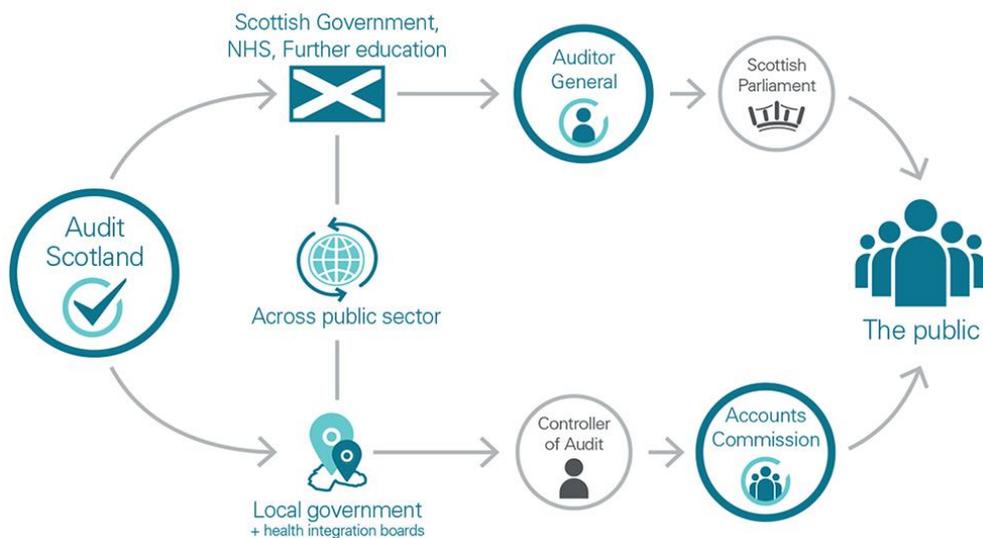
 AUDIT SCOTLAND

Prepared for Moray Integration Joint Board
March 2021

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- the Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance
- the Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Risks and planned work

Introduction

1. This annual audit plan contains an overview of the planned scope and timing of our audit which is carried out in accordance with International Standards on Auditing (ISAs), the [Code of Audit Practice](#), and [guidance on planning the audit](#). This plan sets out the work necessary to allow us to provide an independent auditor's report on the annual accounts and meet the wider scope requirements of public sector audit.

2. The wider scope of public audit contributes to assessments and conclusions on financial management, financial sustainability, governance and transparency and value for money.

Impact of COVID-19

3. The public health crisis caused by the coronavirus disease 2019 (COVID-19) pandemic has had a significant effect on every aspect of Scottish society. Health and social care services have been front and centre of the public service response to the pandemic, necessitating changes to the way services are provided in many cases. The IJB is incurring additional costs in dealing with the pandemic. The delivery of planned savings from redesign and transformation initiatives has been delayed and the extent of additional funding available to meet additional costs and historic shortfalls is not clear.

4. In Audit Scotland we continue to manage the impacts of COVID-19 on the audit process and expect that 2020/21 will be more challenging than 2019/20, as the extended reporting timescales last year affect our current year resource position. This includes a bid for additional funding to the Scottish Commission for Public Audit, reflecting the increased costs and reduced productivity impacts on Audit Scotland and its partner firms from COVID-19. This is intended to protect local audit fees. The well-being of audit teams and the delivery of high-quality audits remain paramount. Maintaining a pragmatic and flexible approach will enable change at short notice as new issues emerge, or current risks change in significance. Where this impacts on annual audits, an addendum to this annual audit plan may be necessary

Adding value

5. We aim to add value through our external audit of Moray Integration Joint Board (the IJB) by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we intend to help promote improved standards of governance, better management, and decision-making and more effective use of resources.

Audit risks

6. Based on our discussions with staff, attendance at committee meetings and review of supporting information we have identified the following significant audit risks for the IJB. We have categorised these audit risks into financial statements risks and wider dimension risks. The key audit risks, which require specific audit testing, are detailed in [Exhibit 1](#).

Exhibit 1

2020/21 significant audit risks

Audit Risk	Source of assurance	Planned audit work
Financial statements risks		
<p>1 Risk of material misstatement due to fraud caused by the management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes the risk of fraud due to the management override of controls.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance.</p>	<p>Agreement of balances and transactions to Moray Council and NHS Grampian financial reports / ledger / correspondence.</p> <p>Service auditor assurances will be obtained from the auditors of Moray Council and NHS Grampian over the completeness, accuracy and allocation of income and expenditure. These may be affected by audit timetables, which are yet to be agreed with the partners.</p> <p>Review of year-end adjustments and journals.</p> <p>On-going review of financial position.</p>
Wider dimension risks		
<p>2 Financial management</p> <p>The IJB set a balanced budget for 2020/21. Although current projections are that the IJB will achieve a small surplus in 2020/21, the delivery of planned savings has been impacted by the disruption to operations caused by COVID-19.</p> <p>There is a risk that areas of recurrent overspend are masked by additional funding received in response to the pandemic.</p>	<p>In light of the COVID-19 disruption, the 2020/21 savings programme has been revisited as part of the 2021/22 budget setting process.</p> <p>Emergence from the pandemic will demonstrate alternative ways of working, the full budgetary impact is not yet known, and continuous review will be required through 2021/22 and beyond.</p>	<p>Review the budget setting process for 2021/22.</p> <p>Review financial monitoring reports.</p> <p>Establish the funding and cost impacts of COVID-19 on 2020/21 outturn.</p>
<p>3 Financial sustainability</p> <p>The medium-term financial plan's savings projections for future years require to be updated to reflect the impact of COVID-19.</p> <p>There is a risk that the redesign and transformation programme does not generate the savings required to ensure services provided are financially sustainable.</p>	<p>The medium-term financial plan will be updated during 2021/22 to reflect the impact of the pandemic.</p> <p>There is an acceptance that redesign, and transformation are likely to look different as we remobilise. Homefirst is the delivery vehicle being utilised to drive forward change. The pace and</p>	<p>Review the updated medium-term financial strategy.</p> <p>Review the robustness of future savings plans.</p> <p>Review progress with delivery of the transformation programme.</p>

Audit Risk	Source of assurance	Planned audit work
	scale will be further defined in the coming months.	
<p>4 Value for money</p> <p>The IJB recognises the need to <i>‘develop better processes to evaluate and measure outcomes in line with Best Value’</i>.</p> <p>Without such a process, there is a risk that the IJB cannot demonstrate it has secured value for money and continuous improvement in the use of its resources.</p>	<p>The Ministerial Strategic Group Improvement Action Plan remains an outstanding action on the IJB agenda. The plan is to revisit early in 2021/22.</p> <p>Awareness of the national work in relation to BV auditing will be maintained.</p>	<p>Review the IJB’s formal assessment of Best Value.</p>

Source: Audit Scotland

7. As set out in ISA(UK) 240, there is a presumed risk of fraud in revenue recognition. There is a risk that income may be misstated resulting in a material misstatement in the financial statements. In line with Practice Note 10, as most public-sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. We have rebutted these presumed risks in 2020/21 for Moray Integration Joint Board. In practice, the opportunity and incentive to manipulate income in the public sector is much lower than in the private sector and the IJB relies on its partner organisations systems to authorise, process and record transactions. The IJB does not have any assets, nor does it directly incur expenditure, make cash transactions, or employ staff (other than appointing the Chief Officer and Chief Financial Officer). All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounts. Satisfactory arrangements are in place in partner bodies to identify this income and expenditure and report this to the IJB.

Reporting arrangements

8. Audit reporting is the visible output for the annual audit. All annual audit plans, the outputs as detailed in in [Exhibit 2](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

9. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft reports will be issued to the relevant officers to confirm factual accuracy.

10. We will provide an independent auditor’s report to the IJB, and Accounts Commission setting out our opinions on the annual accounts. We will also provide the Chief Officer and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

11. The management of the unique and continuing challenges presented by COVID-19 means that we need to continue to take into consideration that audits are taking longer, and we are starting the current year’s audit later. This has an impact on the proposed reporting timescales, based on resources available and prioritisation decisions. This is reflected in the timetables below, which we will endeavour to meet, whilst recognising that greater uncertainty exists during the COVID-19 pandemic.

Exhibit 2

2020/21 audit outputs

Audit Output	Target date	Committee Date
Annual Audit Report	11 November 2021	25 November 2021
Independent Auditor's Report signed	25 November 2021	N/A

Source: Audit Scotland

Audit fee

12. The agreed audit fee for the 2020/21 audit of the IJB is £27,330 (2019/20 £26,560). In determining the audit fee, we have taken account of audit risks identified, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit. Our audit approach assumes receipt of the unaudited annual accounts, with a complete working papers package on 30 June 2021.

13. Where our audit cannot proceed as planned through, for example, late receipt of unaudited annual accounts or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

Responsibilities

Integration Joint Board and Chief Financial Officer

14. Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives.

15. The audit of the annual accounts does not relieve management or the Integration Joint Board, as those charged with governance, of their responsibilities.

Appointed auditor

16. Our responsibilities as independent auditors are established by the 1973 Act for local government, and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

17. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the audited body to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Annual accounts

18. The annual accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:

- understanding the IJB's business and the associated risks which could impact on the financial statements
- assessing the key systems of internal control at the IJB and its partner bodies, and establishing how weaknesses in these systems could impact on the IJB's financial statements
- identifying major partner body transaction streams and understanding how they impact on the IJB's financial statements
- assessing the risks of material misstatement in the IJB financial statements
- determining the nature, timing, and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the IJB financial statements are free of material misstatement.

19. We will give an opinion on whether the financial statements:

- give a true and fair view of the state of affairs of the IJB as at 31 March 2021 and of its income and expenditure for the year then ended
- have been properly prepared in accordance with the financial reporting framework.

Statutory other information in the annual accounts

20. We also review and report on statutory other information published within the annual accounts including the management commentary, annual governance statement and the audited part of the remuneration report. We give an opinion on whether these have been compiled in accordance with the appropriate regulations and frameworks in our independent auditor's report.

21. In addition, we review the content of the annual report for consistency with the financial statements and with our knowledge. We report any uncorrected material misstatements in statutory other information.

Materiality

22. We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements on the audit, and of any uncorrected misstatements, on the financial statements and in forming our opinions in the independent auditor's report.

23. We calculate materiality at different levels as described below. The calculated materiality values for the IJB are set out in [Exhibit 3](#).



characteristics



responsibilities



principal activities



risks



governance arrangements

Exhibit 3

Materiality values

Materiality	Amount
Planning materiality – this is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of gross expenditure based on the audited 2019/20 financial statements.	£1.4 million
Performance materiality – this acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 60% of planning materiality.	£820,000
Reporting threshold (i.e., clearly trivial) – we are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 5% of planning materiality.	£68,000

Source: Audit Scotland

Timetable

24. To support the efficient use of resources it is critical that a timetable is agreed with us for the preparation and audit of the annual report and accounts. [Exhibit 4](#) sets out the agreed timetable. We will endeavour to meet the timescales set out below but recognise that this may not be possible due to uncertainty resulting from the COVID-19 pandemic

Exhibit 4

Annual accounts timetable

 Key stage	 Date
Consideration of unaudited annual accounts by those charged with governance	24 June 2021
Latest submission date of unaudited annual report and accounts with complete working papers package	30 June 2021
Latest date for final clearance meeting with Chief Financial Officer	4 November 2021
Agreement of audited unsigned annual accounts	11 November 2021
Issue of Annual Audit report including ISA260 report to those charged with governance	
IJB meeting to consider the Annual Audit Report and approve the audited annual accounts for signature	25 November 2021
Independent auditor's report signed	25 November 2021

Internal audit

25. Internal audit is provided by Moray Council's internal audit section. As part of our planning process the external auditors for each partner body carried out an assessment of the internal audit functions and concluded that they operate in accordance with the main requirements of the Public Sector Internal Audit Standards (PSIAS).

Using the work of internal audit

26. International Auditing Standards require internal and external auditors to work closely together to make best use of available audit resources. We seek to rely on the work of internal audit wherever possible to avoid duplication. We do not plan to place any formal reliance on the work of internal audit in 2020/21 as we intend to use a substantive approach for the audit of the IJB's financial statements. We will consider internal audit's work on the annual governance statement as part of our wider dimension audit responsibilities.

Wider audit dimensions

27. In addition to our audit of the financial statements we undertaken work on the wider audit dimensions in line with the Code of Audit Practice. The four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#).

Exhibit 5 Audit dimensions



Source: Code of Audit Practice

Financial management

28. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude, and report on:

- whether arrangements are in place to ensure systems of internal control are operating effectively
- the effectiveness of budgetary control systems in communicating accurate and timely financial performance can be demonstrated
- how the IJB has assured itself that its financial capacity and skills are appropriate

- whether there are appropriate and effective arrangements in place for the prevention and detection of fraud and corruption.

Financial sustainability

29. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium, and long term
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps.

Governance and transparency

30. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership, and decision – making and transparent reporting of financial and performance information. We will review, conclude, and report on:

- whether the IJB can demonstrate that the governance arrangements in place are appropriate and operating effectively
- whether there is effective scrutiny, challenge and transparency on the decision-making and finance and performance reports
- the quality and timeliness of financial and performance reporting.

Value for money

31. Value for money refers to using resources effectively and continually improving services. We will review, conclude, and report on whether the IJB can provide evidence that it is demonstrating value for money in the use of resources, has a focus on improvement and that there is a clear link to the outcomes delivered.

Best Value

32. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on how the IJB demonstrates that it has met its best value responsibilities.

Independence and objectivity

33. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual “fit and proper” declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland’s Ethics Partner.

34. The engagement lead (i.e. appointed auditor) for Moray Integration Joint Board is Brian Howarth, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of the IJB.

Quality control

35. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

36. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

37. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the engagement lead

Moray Integration Joint Board

Annual Audit Plan 2020/21

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or info@audit-scotland.gov.uk

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HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT 9 MARCH 2021

RISK SUMMARY

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

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

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

1	
Description of Risk: <i>Regulatory</i>	The Integration Joint Board (IJB) does not function as set out within the Integration Scheme, Strategic Plan and Scheme of Administration and fails to deliver its objectives or expected outcomes.
Lead:	Chief Officer
Risk Rating:	Low/ medium/ high/ very high MEDIUM
Risk Movement:	Increase/ decrease/ no change NO CHANGE
Rationale for Risk Rating:	The strategic plan has been reviewed and new plan launched in December 2019. Membership of IJB committees has been stable and the majority of members have attended several cycles of meetings. During the initial Covid 19 response, normal business was suspended and emergency arrangements were implemented. IJB, CCG and APR meetings restarted during August and in addition the weekly meetings of Chair/Vice Chair and Chief Officer are continuing. Progress is being made with the development of the cross system focus on “Home First” and these actions will be incorporated into the Transformation plan that underpins “Partners in Care”
Rationale for Risk Appetite:	The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist, or are contradictory. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.
Controls:	<ul style="list-style-type: none"> • Integration Scheme. • Strategic Plan “Partners in Care” 2019 to 2029 • Governance arrangements formally documented and approved by MIJB. • Agreed risk appetite statement. • Performance reporting mechanisms. • Consultation with legal representative for all reports to committees and attendance at committee for key reports. • Standing orders have been reissued to all members
Mitigating Actions:	Induction sessions are held for new IJB members. IJB voting member briefings are held regularly. Conduct and Standards training held for IJB Members July 18 with updates provided by Legal Services as appropriate.

	<p>SMT regular meetings and directing managers and teams to focus on priorities.</p> <p>Regular development sessions held with IJB and System Leadership Group Strategic Plan and new management structure is in place and wider system re-design and transformation governance structures are being developed for implementation. The work that has been progressed through the Covid19 response has escalated developments in some areas as a matter of priority. This has been done through collaborative working with partner organisations and the third sector.</p>
Assurances:	<ul style="list-style-type: none"> • Audit, Performance and Risk Committee oversight and scrutiny. • Internal Audit function and Reporting • Reporting to Board.
Gaps in assurance:	<p>The Covid 19 Response has caused a delay in producing the Transformation Plans which in turn has impacted on communication and engagement with staff and partners in respect of the intended outcomes. Work has been undertaken and will further progress over the next quarter to address this gap.</p>
Current performance:	<p>Scheme of administration is reported when any changes are required. An initial meeting has been held with legal advisors to establish the governance requirements for the review of the integration scheme in relation to the proposed delegation of Children's and Criminal Justice Services.</p> <p>Report presenting the Strategic Plan, Communication Strategy, Organisational Development and Workforce Plans, Performance Framework and the draft Transformational Plan were presented and approved at MIJB on 28 November 2019</p> <p>Appointment of Standards Officer agreed by IJB September 2020.</p> <p>Members Handbook is being updated and will be circulated to all members in December 2020.</p> <p>Governance Framework was approved by IJB 28 January 2021</p>
Comments:	<p>Strategic Planning and Commissioning Group approved the generic Terms of Reference and Chairs of the transformation boards at the meeting on 19 December 2019. It was intended that these boards would be established by April 2020 however this work has been on hold due to Covid19 and is being restarted but will incorporate the changes Covid is causing on ways of working.</p> <p>The Scheme of Integration requires to be amended to incorporate the agreed increase in membership. The public consultation completed on 5 March 2021 and Moray Council Legal services will progress to Scottish Government for ratification.</p>

2	
Description of Risk: <i>Financial</i>	There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.
Lead:	Chief Officer/Chief Financial Officer
Risk Rating:	Low/ medium/ high/ very high VERY HIGH
Risk Movement:	Increase/ decrease/ no change NO CHANGE
Rationale for Risk Rating:	<p>Whilst the 2019/20 and 2020/21 settlement saw additional investment for health and social care that was passed through to the MIJB, there remains a significant pressure as much of the new investment related to new commitments. Financial settlements are set to continue on a one year only basis, which does not support sound financial planning</p> <p>Demand on services continues to rise and the IJB has no remaining reserves to be utilised other than a reserve of £0.187M as at 1 April 2020, earmarked for the Primary Care Improvement Fund as directed by Scottish Government.</p> <p>The annual accounts were finalised and presented to the IJB on 26 November 2020 prior to audit publication. The reported deficit as at 31.3.20 was an overspend of £2.073M. The IJB have now out turned a deficit position for the 2nd consecutive year, NHSG and Moray Council are required to meet this deficit, for 19/20 the amounts were £1.306M and £0.767M respectively. In addition to existing financial challenges, the Covid-19 pandemic brings with it additional financial burden, as at January 2021, as been estimated at £5.5M with an additional challenge coming from the underachievement of savings, estimated at £1.4M taking the full impact to £6.8M. The Chief Financial Officer has introduced processes for recording the costs of Covid -19 which are being monitored on an ongoing basis. Regular discussions are taking place with Scottish Government and financial returns in support of Mobilisation Plan are being made at regular intervals. On 5 February 2021 additional funding was announced for the continued support of Covid-19. This included funding for under-delivery of savings. This will be drawn down in the 20/21 financial year. The IJB is set to approve it's budget on 25 March 2021 under a settlement that again is based on one-year only. The 2021/22 financial year is likely to be extremely challenging as we strive to balance the remobilisation from the pandemic and the costs associated with transformation.</p>
Rationale for Risk Appetite:	<p>The Board recognises the financial constraints all partners are working within. While we are cautious to open about accepting financial risks this will be done:</p> <ul style="list-style-type: none"> • Where a clear business case or rationale exists for exposing ourselves to the financial risk • Where we can protect the long term sustainability of health & social care in Moray <p>Covid-19 places additional risk on the MIJB finances as we continue through the pandemic and begin to remobilise</p>

Controls:	<p>Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation.</p> <p>Corrective action has been implemented through correspondence with budget holders and increased scrutiny at senior management level. Recovery Plan agreed and being monitored regularly. In October 2019, the MIJB approved the Medium Term Financial Framework that aims to support delivery of the Strategic Plan, this will require a review in 2021 to adjust for the impact of the pandemic and the work being driven forward to address this. The CFO and Senior Management Team continue to work together to address the budget shortfall. A revised Financial Framework will be developed to support the emerging situation</p>
Mitigating Actions:	<p>Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group.</p> <p>The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations continue as we respond to the Covid-19 pandemic.</p> <p>Chief Officer and CFO will continue to engage with the partner organisations in respect of the financial position throughout the year. Cross partnership performance meetings are in with partner CEOs, Finance Directors and the Chair/Vice Chair of the IJB.</p> <p>The focus for 2021/22 will be close monitoring to assess the continuing impacts of Covid-19 and the costs of remobilisation. Early intervention will support a level of mitigation.</p>
Assurances:	<p>MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.</p>
Gaps in assurance:	<p>None known</p>
Current performance:	<p>For the 2020/21 year an underspend is being forecast. At Q3 the forecast underspend is £36k which will likely increase by the end of the financial year. The Covid – 19 funding to support under-delivery of savings will be drawn-down which will help to create a general reserve. This will be required to support a balanced budget for 2021/22</p>
Comments:	<p>Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge, continuing to seek efficiencies and opportunities for real transformation and forecast overspend as we progress through the current pandemic. Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place.</p>

3	
Description of Risk: <i>Human Resources (People):</i>	Inability to recruit and retain qualified and experienced staff to provide safe care, whilst ensuring staff are fully able to manage change resulting from Integration and external factors such as Covid and transition from European Union.
Lead:	Chief Officer
Risk Rating:	Low/ medium/ high/ very high HIGH
Risk Movement:	Increase/ decrease/ no change NO CHANGE
Rationale for Risk Rating:	<p>There continues to be issues with recruitment to some front line services that require specific skills and experience. This has been the case for some time now and continues to place pressure on existing staff. There are additional tasks to be undertaken which include flu immunisation and this is using considerable resource which will not be available to support other frontline services over winter.</p> <p>The roll out of the Covid vaccine placed a significant strain on the Partnerships resources across frontline and support functions and this has resulted in delays for the progress of projects relating to the achievement of strategic objectives.</p> <p>The Care Homes in Moray have done extremely well to maintain their staffing levels throughout the pandemic and whilst the difficulty with recruitment and retention of staff to caring roles is still being experienced there has not been a direct impact on HSCM teams for additional support from contractors. Neither has Covid 19 cause significant disruption to staffing as a result of positive cases or notification of Test, Trace and Isolate .</p> <p>There have been some achievements in the recent appointment to the Geriatrician post and an agreed model for orthopedics and anesthetics in Dr Grays. There is further work being undertaken to develop the model for General medicine. The benefit of these appointments are being felt across the whole system.</p> <p>The transition from EU membership has not presented any specific concerns for workforce and this will continue to be monitored.</p> <p>The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. This has been further impacted due to Covid 19 and Committee Officer support will not be available for APR and CCG committees until the new year.</p>
Rationale for Risk Appetite:	Safety risks that could result in harm to service users, staff or the public are inherent in Health & Social Care services. The safety of individuals is paramount therefore standards of safety management and clinical care have to be high, and the Board will continue to seek assurances this is the case.

	<p>The Board's ambition is for health & social care to be people centred. This means supporting people in decision making about their own health & care, which may expose individuals to higher risk where they make an informed decision.</p> <p>The Board will also seek to balance individual safety risks with collective safety risks to the community.</p>
Controls:	<p>Management structure in place with updates reported to the MIJB.</p> <p>Organisational Development plan in place and Workforce Plans are being updated to align to the new strategic plan.</p> <p>Continued activity to address specific recruitment and retention issues. The chief social worker reviewed the situation with managers and employed a Consultant Practitioner to develop options for addressing some of the particular issues affecting social work services in Moray and to provide support to managers and staff.</p> <p>Management competencies continue to be developed through Kings Fund training although this is suspended due to Covid19.</p> <p>Communications & Engagement Strategy was approved in November 2019 and is being implemented.</p> <p>Council and NHS performance systems in operation with HSCM reporting being further developed and information relating to vacancies, turnover and staff absences is integral to this. This has been expanded to collate details of staff shielding or isolating so arrangements can be made to utilise staff resources as effectively as possible.</p> <p>SMT review vacancies and approve for recruitment.</p>
Mitigating Actions:	<p>System re-design and transformation.</p> <p>Organisational Development Plan and Workforce plan has been updated and was approved by MIJB in November 2019. This will be further updated following the work carried out by the NSHG Recovery Cell on Supporting Staff and the revised NSHG Organisational Development plan.</p> <p>Locality Managers have been in post since January 2020 and are developing the Multi-disciplinary teams in their areas.</p> <p>Workforce planning has recommenced with an initial draft to be submitted by end of March 2021. This will be taken forward alongside plans for NSHG and Moray Council with a detailed version being prepared for March 2022.</p> <p>Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position.</p> <p>Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.</p>
Assurances:	<p>Operational oversight by Moray Workforce Forum has resumed and will report to MIJB in accordance with the agreed Governance framework.</p> <p>The HSCM Response Group has been in place over the whole period of the Covid19 pandemic providing focussed leadership around emerging issues and resolving them.</p>
Gaps in assurance:	<p>Further work required to develop workforce plans to reflect strategic plan implementation programmes once they are agreed.</p>
Current performance:	<p>The full IMatter surveys did not take place during 2020 however an IMatter pulse survey was undertaken in September 2020 to get a snap shot of what staff are feeling. Results were published 20 November 2020 and although there was a lower response rate of the 36% the "working within the organisation satisfaction" score was 6.91 compared with 6.94 in 2019.</p>

	Discussions are underway with HR in both Council and NHS to develop access to appropriate HR information at a summarised level to facilitate the necessary workforce planning and subsequent monitoring of plans.
Comments:	Staffing issues are owned by the Systems Leadership Group who will work collaboratively across the system to seek opportunities to make jobs more attractive where it has proved difficult to recruit in the past.

4	
Description of Risk: <i>Reputation:</i>	Inability to demonstrate effective governance and effective communication and engagement with stakeholders.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high MEDIUM
Risk Movement:	increase/decrease/no change NO CHANGE
Rationale for Risk Rating:	Locality planning assessed as medium in relation to ability to work at the pace required and current workforce capacity. Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives.
Rationale for Risk Appetite:	<p>The Board is cautious to open about risks that could damage relationships with different stakeholders. It recognises many of our aspirations depend on effective collaboration, coproduction and partnership working with a range of stakeholders. The appetite also recognises that while the aspiration is to be a co-operative partner, some partners will not be able to move at the same pace as us all the time.</p> <p>We will seek to protect relationships in the long term and will not set out to antagonise stakeholders deliberately. For example, we must not be seen to exclude or prevent participation in the design of services where there is an appetite to do this.</p> <p>We must be mindful that repairing relationships is easier when there is already a well of goodwill to draw on, and that further damage to an already damaged relationship will not be conducive to good long term outcomes.</p> <p>Traditional methods of engagement are not possible at present as social distancing rules apply however alternative mechanisms for engaging with stakeholders are being used along with social media</p>

Controls:	<p>Governance Framework approved by IJB January 2021 Communication and Engagement Strategy approved November 2019 Annual Governance statement produced as part of the Annual Accounts 2019/20 and submitted to External Audit. Annual Performance Report for 2019/20 was published in August 2020 Performance reporting mechanisms in place and being further developed through performance support team, home first group and system leadership team. Community engagement in place for key projects areas such as Forres and Keith with information being made available to stakeholders and the wider public via HSCM website.</p>
Mitigating Actions:	<p>Schedule of Committee meetings and development days in place and implemented.</p> <p>Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17.</p> <p>Annual Performance Report for 2018/19 published in August 2019. Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled.</p>
Assurances:	<p>Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. Summary reports of minutes of MIJB meetings are submitted to Council committee and NHS Board.</p>
Gaps in assurance:	<p>Progress on implementation of the Communication and Engagement Strategy has been impacted by the Covid 19. Due to the impact of COVID and requirement for social distancing the normal mechanism for engagement are not all available. More use is being made of social media and Microsoft teams and other options and methods for engagement with staff are being used via NHSG such as videos on utube and one question surveys.</p>
Current performance:	<p>Communications Strategy was reviewed approved by IJB November 2019. Annual Performance Report 2019/20 published August 2020. Audited Accounts for 2019/20 were publicised by deadline 30 September 2020</p> <p>Due to Covid19 there have been increased levels of briefings to staff, the public and Chair/Vice Chair of MIJB with a focus on the key elements of the response. Staff have been involved in co-ordinating services for and communicating with shielded and vulnerable people.</p>
Comments:	<p>A communication cell was established as part of the Local Resilience Partnership response with representation from Councils, HSCP and NHSG. This was led by Aberdeen City Council and was an example of the collaborative working that took place. This forum provides assurance that messages to all stakeholders are consistent. It also ensures that there is support for our Communications Officer and resilience provided with the access to other communication officers.</p>

5	
Description of Risk: <i>Environmental:</i>	Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high HIGH
Risk Movement:	increase/decrease/no change NO CHANGE
Rationale for Risk Rating:	<p>Due to the response requirements for Covid 19 progress has been made in a number of areas. SMOC information is updated, control room guidance updated and expanded, control centre protocols were implemented and remain in place and management teams have responded in an agile, responsive and collaborative way under very challenging conditions.</p> <p>HSCM did not have a collectively approved list of critical functions at the start of the response however this was quickly completed and used to prioritise allocation of resources to the response. This list has been recently reviewed to take into account remobilised services and the winter/surge action plan has been further defined and implemented</p> <p>Whilst the rates of Covid infection in Moray at the moment are relatively low the situation could change. Risk identification, assessment and initial response plans have been developed for potential impacts across the whole system.</p> <p>MIJB will be redefined as a Category 1 responder under the Civil Contingencies (Scotland) Act and there are additional requirements for preparedness that is being taken forward in partnership with NHSG and Moray Council emergency planners.</p>
Rationale for Risk Appetite:	The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act and work with partner organisations to meet these obligations.
Controls:	<p>Winter/Surge Plan updated and has been tested alongside NHSG plans for winter and officers have participated in exercises.</p> <p>HSCM Civil Contingencies group established and meeting regularly to address priority subjects.</p> <p>NHS Grampian Resilience Standards Action Plan approved (3 year).</p> <p>Business Continuity Plans in place for most services although overdue a review in some areas.</p>
Mitigating Actions:	<p>Information from the updated BIA/BCP has informed elements of the Winter Plan (Surge plan).</p> <p>A Friday huddle is in place which gathers the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend.</p>

	<p>NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing</p> <p>Lesson learnt from the response to Covid will be incorporated into the Surge (Winter) Plan and training needs identified will be addressed.</p> <p>Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources.</p> <p>HSCM is engaged with NHSG Operation Snowdrop which identifies the incident response structure and key priorities, and is on the Council's Response and Recovery management team. These arrangements are anticipated to step down at end of March 2021.</p>
Assurances:	<p>Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.</p>
Gaps in assurance:	<p>Recent experience has highlighted the need for additional staff to be trained to be control centre managers, loggists and general awareness of response structures and meeting protocols. This will be incorporated into training schedules going forward.</p> <p>Some table top exercises have been completed but the intended programme for 2020 will require to be rescheduled once we are out of response phase.</p> <p>Progress has been made however further work is required to address the targets in the implementation plan that have not been met and the Resilience standards as identified by the NHSG Civil Contingencies Group.</p> <p>Pandemic flu plans will require to be updated with the learning from this incident</p>
Current performance:	<p>The Senior Management Team participated in Strategic Leadership in a Crisis training and further training for the wider management team is scheduled.</p> <p>Many services have business continuity arrangements and some are overdue for an update. Work has progressed in identification of a critical functions list for agreement by System Leadership Group that will inform planning arrangements going forward. There will need to be changes made to business continuity plans following the implementation of additional ICT resources in services which have provided a greater deal of resilience for some services and functions – albeit reliant on electricity supply.</p>



	Annual report on progress against NHS resilience standards was reviewed by APR committee in January 2020.
Comments:	Once the response phase is complete the HSCM Civil Contingencies group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to System Leadership Group.

6	
Description of Risk: <i>Regulatory</i>	Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high MEDIUM
Risk Movement:	increase/decrease/no change NO CHANGE
Rationale for Risk Rating:	Considered medium risk due to the reporting arrangements being relatively new
Rationale for Risk Appetite:	<p>The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist and require to be developed, no longer apply, or are contradictory.</p> <p>We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.</p>
Controls:	<p>Clinical and Care Governance (CCG) Committee established and future reporting requirements identified</p> <p>High and Very High operational risks are reviewed by System Leadership Group monthly and a review of all risks will be undertaken as part of the risk management framework.</p> <p>Complaints and compliments procedures in place and monitored.</p> <p>Clinical incidents and risks are being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner.</p> <p>Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee.</p> <p>Reports from external inspections reported to appropriate operational groups and by exception to SMT for subsequent reporting to CCG or Audit Performance and Risk Committee as appropriate.</p> <p>Care Home Oversight Group is meeting daily to oversee and manage risks in care homes.</p> <p>Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis.</p>
Mitigating Actions:	<p>This risk is discussed regularly by the three North East Chief Officers.</p> <p>Additional resource has been allocated to support the analysis of information for presentation to CCG committee</p> <p>Process for sign off and monitoring actions arising from Internal and External audits has been agreed</p>

Assurances:	Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny. Governance Framework in place and operational.
Gaps in assurance:	Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues.
Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. A summary of inspections was included in the Annual Performance report
Comments:	No major concerns have been identified for HSCM services in any audits or inspections this year. The equipment store has received a follow up internal audit and the initial verbal feedback was positive.

7	
Description of Risk: <i>Operational Continuity and Performance:</i>	Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high HIGH
Risk Movement:	increase/decrease/no change NO CHANGE
Rationale for Risk Rating:	Potential impacts to the wide range of services in NHS Grampian and Moray Council commissioned by the MIJB arising from reductions in available staff resources as budgetary constraints impact. Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service. The level of delayed discharges has reduced in the recent weeks Moray due to the sustained focus of a short life group and efforts of staff across the system. However this is a complex area and will require continued effort to continue reductions and maintain them.

Rationale for Risk Appetite:	<p>The Board is cautious to open about risks that could affect outcomes that are priorities to people in Moray. There is a slightly higher appetite to risks that may mean nationally set outcomes – that by design are not given a high priority in Moray - are not met.</p> <p>This will only be accepted where there is a clear rationale, and preferably also a way of demonstrating what the IJB is doing to meet the aspiration the outcome was created for.</p>
Controls:	<p>Performance Management reporting framework. 2019 to 2029 “Partners in Care” Strategic Plan approved and Transformation Plan being developed. Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities. Best practice elements from each body brought together to mitigate risks to MIJB’s objectives and outcomes. Chief Officer and SMT managing workload pressures as part of budget process.</p>
Mitigating Actions:	<p>Service managers monitor performance regularly with their teams and escalate any issues to the Performance Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.</p> <p>Key performance data is being circulated daily to all managers in a “Performance Flow” dashboard to ensure any potential issues are identified quickly so action can be taken.</p>
Assurances:	<p>Audit, Performance and Risk Committee oversight. Operationally managed by service managers, receiving reports from Performance management group (which has a specific focus on performance). Strategic direction provided by Systems Leadership Group.</p> <p>HSCM Response Group was established and meets regularly to review the key performance information and actions that are required to deliver the priority services.</p>
Gaps in assurance:	<p>Development work in performance to establish clear links to describe the changes proposed by actions identified in the Strategic Plan has recommenced but is at an early stage. Progress will be reported to future Board meetings.</p>
Current performance:	<p>Covid19 has impacted on all areas of the service and work is underway to take the learning and experience gained during the response to collate performance information in dashboards to support managers interpret the impact of Covid19 on their services, now and going forward.</p> <p>There are likely to be changes to ways of working and this may also have impact on the performance information required.</p>
Comments:	<p>Work has progressed with development of performance monitoring and reporting of key performance indicators for locality managers.</p>

	<p>The delayed discharge group has produced an action plan for implementation and progress is being made.</p> <p>The Home First priorities are being taken forward with the first stream being the implementation of Discharge to Assess which has been funded until March 2021 initially.</p>
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8	
Description of Risk: <i>Transformation</i>	Inability to progress with delivery of Strategic Objectives and Transformation projects.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high HIGH
Risk Movement:	increase/decrease/no change NO CHANGE
Rationale for Risk Rating:	<p>There are many issues that will impact on the ability to progress to deliver Strategic Objectives.</p> <p>The transformation plan is being developed and will be presented to the Board for approval and will form the basis for monitoring progress on delivery of the objectives.</p> <p>The remobilisation plan for HSCM services that were suspended or reduced is progressing with Providers services and social work implementing the IJB decision to return to delivery of both substantial and critical eligibility criteria. There is significant effort required to ensure risk assessment are completed and assessments reviewed to ensure equality. The restrictions of social distancing on services mean that capacity for services is impacted which means that service users will not have the same level as before Covid.</p> <p>The time period and extent of Covid 19 the impact on the population of Moray will not be fully understood until well after the response is over. It is therefore not possible to predict the extent of the impact on the ability to progress with delivery of Strategic Objectives. There are some aspects that have progressed very well such as introduction of Near Me consultations but there are others that are more difficult to progress.</p> <p>One key aspect to facilitate transformation is the need for progress in relation to ICT infrastructure, data sharing and data security across the whole system. Work was undertaken by NHS GRAMPIAN and partners to address the needs for ICT kit and information during the response to Covid and it is hoped that this progress can be built on</p>

<p>Rationale for Risk Appetite:</p>	<p>The Board has a high appetite for risks associated with delivery of the Transformation plan. The following should be considered when accepting these risks:</p> <ul style="list-style-type: none"> • We understand and can mitigate other risk types that may arise, e.g. safety or financial within appetite • Service users are consulted and informed of changes in an open & transparent way • We will monitor the outcome and change course if necessary
<p>Controls:</p>	<p>Home First strategic theme is being progressed across the whole system and a local Home First Group is meeting weekly. The Home First Transformation Board has also been established – the output of these meetings will go through appropriate governance frameworks. A newsletter is being produced to keep staff and partners informed.</p> <p>Computer Use Policies and HR policies in place for NHS and Moray Council and staff are required (through and automated process) to confirm they have read these every 6 months</p> <p>PSN accreditation secured by Moray Council</p>
<p>Mitigating Actions:</p>	<p>Integrated Infrastructure Group established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters. Linkages to Infrastructure board and Information sharing groups have been established albeit these meetings are not taking place regularly at the moment</p> <p>Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings were held regularly but have not taken place for several months due to Covid. These meetings have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.</p>
<p>Assurances:</p>	<p>Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council.</p>
<p>Gaps in assurance:</p>	<p>Transformation Plan is being developed that will detail the outcomes.</p> <p>Protocol for access to systems by employees of partner bodies to be documented.</p> <p>Information Management arrangements to be developed and endorsed by MIJB.</p> <p>Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed.</p> <p>Meetings have not been taking place due to Covid.</p>
<p>Current performance:</p>	<p>Training programme to be developed on records management, data protection and related issues for staff working across and between partners.</p>
<p>Comments:</p>	<p>Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.</p>

9	
Description of Risk: <i>Infrastructure</i>	Requirements for support services are not prioritised by NHS Grampian and Moray Council.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high HIGH
Risk Movement:	increase/decrease/no change NO CHANGE
Rationale for Risk Rating:	<p>Changes to processes and necessary stakeholder buy-in still bedding in.</p> <p>Moray Council is undertaking a Property review of office and depot accommodation and the potential impact for HSCM services requires consideration. The output was anticipated in October 2019 however due to changes with roles and responsibilities within the Council it is not yet clear when the outcomes will be available for consultation. The changes required to places of work as a result of Covid19 continue to restrict the number of people that can use an office. These decisions are being made by NHSG and Moray Council and we await their development of policy regarding workspace and availability of facilities going forward.</p> <p>ICT infrastructure service plans in NHS Grampian and Moray Council are not yet visible to HSCM and development of communication and engagement process is required.</p> <p>The impact of Covid has resulted in a change in ICT strategy for Moray Council. Staff requiring mobile technology have now been provided with it and many staff are working from home. This is a necessity where the number of desks available in offices has been reduced due to implementation of social distancing guidance.</p> <p>There is still an issue with availability of kit for NHS employed staff which has been escalated and progressed but it is not yet complete. The volume of requests received was the major factor.</p> <p>The new post of Strategic Planning and Performance manager post has not yet be appointed. Options are being considered.</p>
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.
Controls:	Chief Officer has regular meetings with partners

	<p>Infrastructure Programme Board established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT. Process for submission of projects to the infrastructure board approved and implemented to ensure appropriate oversight of all projects underway in HSCM. The Board is not meeting at present so project requests are being processed via Senior Management Team.</p>
Mitigating Actions:	<p>Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities.</p> <p>Process for ensuring infrastructure change/investment requests developed</p> <p>Infrastructure Manager in post and linking into other Infrastructure groups within NHSG & Moray Council to ensure level of 'gatekeeping'.</p> <p>Dr Gray's site development plan is being produced collaboratively with input from NHSG and HSCM management</p>
Assurances:	<p>Infrastructure Programme Board functions to provide robust governance and assurance that proposed projects have a robust business case and meets requirements of the respective partner organisations. This board reports to Strategic Planning and Commissioning Group.</p> <p>Workforce Forum meeting regularly with representation of HR and unions from both partner organisations</p>
Gaps in assurance:	<p>Further work is required on developing the process for approval for projects so that they are progressed timeously. Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort.</p> <p>Infrastructure Board is not currently meeting</p> <p>Committee services support is reduced at this time due to a vacancy at this time. HSCM staff are clerking CCG and APR committees. Legal services have reduced capacity to provide support due to budget cuts so any requests may take longer.</p>
Current performance:	<p>The Infrastructure Board is currently suspended. Its purpose is for highlights/exceptions to be taken to SLG for communication and information purposes.</p> <p>Access to support for development of HSCM priorities is difficult at time because projects/requests are prioritised against all other services in the partner organisations. The challenges for HSCM staff and managers to work using networks/systems from two organisations, which cannot be accessed by all members of teams due to data sharing matters is significant.</p>

Comments:	Existing projects will be reviewed as part of the development of the transformation plans for the Strategic Plan to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. Our requirements for support will be communicated via appropriate channels
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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 MAY 2021

SUBJECT: PREMISES STRATEGY

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To inform the Board of the proposal to commit time and resource into developing a premises strategy that will support delivery of the Strategic Plan (Partners in Care) 2019-29 and recovery and remobilisation from Covid-19.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB) agrees to the proposal to complete a high level premises strategy.

3. BACKGROUND

3.1. The NHS Grampian Primary Care Premises Plan 2018-2028 is reviewed annually. It is key that the MIJB regularly reviews its Primary Care priorities and ensures alignment with the NHS Grampian (NHSG) Plan. The recommendation as outlined implies the need to prepare a strategy that whilst inclusive, goes beyond Primary Care premises.

3.2. The MIJB published its Strategic Plan 2019-29 in December 2019. The utilisation of premises had not been included as part of that process. Subsequently, MIJB has not yet fully considered the totality of its premises infrastructure in respect of its strategic planning.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. It is important that the MIJB understands the infrastructure in relation to premises aligned to the services being delivered in Moray in order to transform and redesign and ensure services are fit for the future.

4.2. In the last year and since the appearance of Covid-19, there has become a heightened need to recognise and consider how services may need to be adapted and re-shaped to support recovery and remobilisation. Work is already ongoing to ensure safe and effective restart of services.

- 4.3. The premises requirements going forward will be different for certain services as plans are developed around vaccination programmes and the remobilisation of many services.
- 4.4. Premises requirements for the future will be influenced by many factors, including the increasing adoption of digital technology in the delivery of services and the growth of remote working options.
- 4.5. It should be noted that premises utilised by the MIJB remain the assets of either Moray Council or NHS Grampian. Both organisations are currently considering options in relation to workforce use of offices and remote working arrangements, for longer term. Decisions made by these organisations, as owners of the assets and employing bodies, may impact on options available for HSCM services and it will be essential to ensure involvement in the consultation around these decisions. There is a clear focus to ensure staff wellbeing and support is being provided by both organisations for staff and managers.

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 development of a Moray-wide premises strategy would support the the planning process and delivery of the MIJB Strategic Plan.

(b) Policy and Legal

Local Governance arrangements are an integral part of the Moray Integration Scheme and is consistent with the legislation in respect of the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There is a risk in the absence of a robust strategy to support the delivery of the Strategic Plan 2019-29 and ensure services for Moray are fit for the future. Through development of a strategy there is the ability to plan services over the longer term.

(e) Staffing Implications

None directly associated with this report other than the commitment of staff time to develop the Strategy.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

None directly associated with this report.

(h) Consultations

The Senior Management Team of Health and Social Care Moray and Tracey Sutherland, Committee Services Officer, Moray Council have

been consulted and are in agreement with the proposals contained within this report as regards their respective responsibilities.

6. **CONCLUSION**

- 6.1. **To support the delivery of the Strategic Plan 2019-29, the MIJB must fully consider its premises infrastructure. It is proposed that a Premises Strategy is developed and presented to the MIJB for approval at a later date.**

Author of Report: Tracey Abdy, Chief Financial Officer

Background Papers: with author

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 MAY 2021

SUBJECT: THE MORAY ALCOHOL & DRUG PARTNERSHIP PLANS FOR 2021/22

BY: MORAY ALCOHOL AND DRUGS PARTNERSHIP MANAGER

1. REASON FOR REPORT

1.1. To inform the Board of the plans of the Moray Alcohol and Drug Partnership (MADP) for 2021/22

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB) considers and notes the contents of this report.

3. BACKGROUND

3.1. At the MADP meeting of the 9 April 2021, a paper was considered which set out a summary of achievements and key areas of policy that will directly impact and enhance service delivery and inform the budget for 2021/22. The paper put forward recommendations relating to these areas. The main points are highlighted below.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

The Moray Alcohol and Drug Partnership

4.1 The purpose of the MADP is to reduce alcohol and drug related harms and the impact of problematic alcohol and/or drug use on individuals, families and communities by co-ordinating the work of the statutory and third sector agencies and by developing and implementing strategies for tackling alcohol and drug relating issues in Moray.

4.2 The MADP exists to bring partners together comprising people with lived experience, communities, statutory bodies, community groups, third sector organisations, community planning partnerships, public bodies, health, care providers and more in order to develop a whole-system, cross-sector approach to better plan, deliver and improve outcomes for those affected by alcohol and other drugs.

National Policy

- 4.3 In 2018 the Scottish Government published “Rights Respect and Recovery - Scotland's Strategy to improve health by preventing and reducing alcohol and drug use, harms and related deaths rights (RR&R)”, [Rights, Respect & Recovery](#) (RR&R). This supports the work of Alcohol and Drugs Partnership.
- 4.4 In addition to the above and as part of taking forward the RR&R Strategy the Scottish Government set up the Drug Deaths Task Force in 2019. The primary role of the Task Force is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death
- 4.5 The Task Force has set out three key work streams for the future, which will directly link in with the way in which services will be delivered locally. These are:
- Implementing Medically Assisted Treatment Standards (MAT Standards)
 - Developing and implementing Whole Family Approaches, and,
 - Supporting people with Multiple Complex Needs

MAT Standards

- 4.6 The MAT standards are new Scotland wide standards which Health Boards and Local Authorities areas will need to work to and which will have a significant and important impact of the way in which services provide medically assisted treatment.
- 4.7 Summary of the standards:
1. All people accessing services have the option to start MAT from the same day of presentation
 2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose
 3. All people at high risk of drug-related harm are proactively identified and offered support to commence, re-commence or continue MAT
 4. All people are offered evidence based harm reduction at the point of MAT delivery
 5. All people will receive support to remain in treatment for as long as requested
 6. The system that provides MAT is psychologically and trauma informed (Tier 1); routinely delivers evidence based low intensity psychosocial interventions (Tier 2); and supports the development of social networks
 7. All people have the option of MAT shared with Primary Care
 8. All people have access to advocacy and support for housing, welfare and income needs
 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
 10. All people receive trauma informed care
- 4.8 The implementation date for the standards has not yet been published. However, it is likely to be in the autumn of 2021.

4.9 The MAT standards will apply across Scotland. However, to enable the standards to be put into practice, additional investment would be required to support the individual to receive a prescription as soon as possible. Although the final standards are still to be published, there are unlikely to be significant changes.

Whole Family Approach

4.10 Within Rights, Respect and Recovery (RR&R) there is a specific focus on the needs of children, young people and their families who are affected by substance use. The RRR calls for the development of a whole family approach, underpinned by family inclusive practice across alcohol and drug services, children's services and other settings where individuals and families seek help or are protected.

4.11 The Promise; the independent review of the care (child) system ([The Promise](#)), has a specific focus on the rapid expansion of family based support in Scotland, recognises that these supports are not consistently available and that they must be able to support families early with a focus on prevention, but be as enduring and long standing in their approach as necessary.

4.12 The Promise sets out some very specific challenges for families affected by substance use issues including the need to recognise relapse as a common part of the recovery process, the requirement for services to move beyond a narrow risk based approach to supporting children and their families, to one actively based on addressing needs in order to promote recovery within families. The Promise calls for substance use services supporting parents and statutory children's services to 'compassionately collaborate' for the best interests of children and their families, recognising the frequent and longstanding tensions that can and do emerge in supporting families affected by substance use, balancing the needs of parents and other adult relations with the needs and safety of children.

4.13 The increased focus on whole family approaches is likely to continue, with areas being expected to set out how this will be taken forwards, with adult and child care services improving the joint working. Moray, with its established models of joint working is in a good position to do this.

Multiple Complex Needs

4.14 Research into the circumstances of fatal and non-fatal overdoses has supported the development of interventions that target high-risk situations or high-risk individuals. Overall, the evidence strongly indicates that a significant reduction in fatal and non-fatal drug overdoses could be achieved by the implementation of a range of interventions that can target different aspects of recurring risk scenarios and profiles.

4.15 Many of those at high risk are impacted by a number of inter-related characteristics and have multiple complex needs. Mental health problems, poor physical health, Poly-drug use, impact of trauma, poverty and chaotic and unstructured lifestyles makes people more vulnerable.

4.16 The above areas tie in directly with the priorities as set out in the MADP Delivery Plan and the Moray Local Outcomes Improvement Plan (LOIP) and which have been agreed by the MADP.

2021/22 MADP Budget

4.17 The budget for 2021/22 sets out the agreed allocations for maintaining and enhancing the services in Moray and supporting the delivery of the MAT Standards, Whole Family Approaches, and working with people who have Multiple Complex Needs; building on the existing positive partnership working between services.

4.18 On the 20 January 2021 the Scottish Government announced, and released a statement setting out plans for an additional investment of £50m per year for five years (£250m) towards reducing drug related deaths.

4.19 The statement sets out five key areas:

- Substantially increasing the number of residential rehabilitation beds across the country
- Reducing stigma and increasing the number of people in treatment for their addiction
- Allocating funding directly to Alcohol and Drug Partnerships, third sector and grassroots organisations to improve work in communities
- Widening the distribution of naloxone
- Implementing new standards for medicine-assisted treatment to ensure equitable services for all drug users
- Reassessing how overdose prevention facilities might be established despite legal barriers

4.20 The Scottish Government stated ‘A significant proportion of extra funding will go directly to alcohol and drug partnerships and we expect much of it then to flow to the grassroots organisations that do so much vital work in our communities.

4.21 A significant proportion of the £50m per annum; £20m per year will go towards “residential rehabilitation and also associated aftercare”; leaving a balance of £30m. Further details from the Scottish Government will be sent out to ADP’s. However, discussions are already being planned to consider local priorities.

4.22 Moray is keen to work in partnership with Highland ADP to strengthen our relationship with Beechwood House in Inverness to enable people to access drug rehabilitation for a longer period (we can currently fund a 6 week placement but the programme is 14 weeks). Beechwood House are modifying their program to offer some inpatient detox from OST (Methadone) on a reducing prescription of 2 mls per day (from 30ml, for example). This is a new approach.

4.23 Moray is well placed to continue to deliver community alcohol and drug detox. However the development and expansion at Beechwood would enable Moray to offer more specialist inpatient access to recovery focussed treatments to complement our community services.

4.24 The budget for 2021/22, as agreed by the MADP sets out how the investment will support the aforementioned key areas. See **Appendix 1**

Examples of Achievements

- 4.25 Moray continues to meet the waiting times target of people not waiting longer than 3 weeks for treatment. Quarter 3 of 2020/21 reported that nobody had to wait longer than three weeks. After a dip in services at the onset of COVID the demand has continued to increase steadily; which has been reported via the MADP quarterly reporting framework.
- 4.26 The combined services have taken steps to respond as quickly as possible to people who have needs relating to alcohol and/or drug use. For example; with the Moray Integrated Drug and Alcohol Service (MIDAS) where a person is known but may have slipped out a services they have been able to provide a quick and supportive response and instigate and direct resumption of a prescription. This ties in directly with the focus on taking steps to promote re-engagement and reduce harms. In addition, this would be compatible with the Medically Assisted Treatment Standards, which are being considered; relating to promoting re-engagement.
- 4.27 MIDAS has a direct link to the Prisons, enabling a continuation of any Buprenorphine prescription to continue on release; thereby reducing the risk of relapse, as well as promoting engagement.
- 4.28 Individuals seeking crisis support, assessment, advice and information and/or Injecting Equipment Provision from Arrows continued to be able to access the building (subject to safe practice). Arrows adapted service delivery in order to ensure that all individuals have access to a worker and support from initial point of referral and have successfully moved the majority of face to face contact to telephone/video link support.
- 4.29 The Bow café provided 6,970 3-course meals throughout the Moray area during the course of April 2020 to 30 September 2020. This continued throughout the remainder of 2020/21, with similar numbers.
- 4.30 The multi-agency work across Health, Social Work, the 3rd Sector, Housing, Police Scotland, primary Care Pharmacy and others; continues with all agencies working together and coordinating service provision; to ensure that essential services continue.
- 4.31 The commissioned services are continuing to provide key services and maintain their accessibility during these challenging times; and provide performance reports through the MADP Manager, to the MADP. Minutes confirm that the services are working to their contracts.

Training

- 4.32 The MADP have had discussions with both the Scottish Drug Forum and Crew 2000 (an organisation specialising in supporting young people and families on matter linked to drug/alcohol use), to re-establish training.
- 4.33 Crew 2000: 3 courses (15 per course) between January and March: "Drug Trends and Young People". All courses were fully booked, with a waiting list. Two of the courses are free, plus there is the offer of further free ones from April 2021, with further courses planned due to the demand.

4.34 Youth Justice is being supported by Crew2000; through bespoke training and staff development. This started on the 1 March 2021.

4.35 Scottish Drug Forum (SDF): 5 courses from April 2021:

- Introduction to Motivational Interviewing
- Introduction to Trauma
- Everyone has a story (Previously Listening and Responding to Young People)
- Multiple Risk and Young People
- Substance Use and Mental Health

In addition, discussions are planned to develop a course covering Multiple Complex Needs, and promoting the use of Naloxone. Naloxone, sold under the brand name Narcan among others, is a medication used to block the effects of opioids. It is commonly used to counter decreased breathing in opioid overdose.

4.36 Alcohol Focus Scotland (AFS): Discussion with AFS & the Council's HR department have taken place to develop training aimed at supporting staff who may be under stress due to COVID, looking at the way alcohol may be a coping mechanism for reducing stress.

Conclusions from achievements and national policy

4.37 The range of Moray service partners have continued to deliver quality services through the COVID pandemic.

4.38 All third sector commissioned services provide quarterly reports (as presented to the MADP), linked to their contracts. Public sector providers will provide quarterly reports.

4.39 The increased focus on whole family approaches will continue, with areas being expected to set out how this will be taken forwards, with adult and child care services improving the joint working.

4.40 The MAT standards and working with people who have multiple complex needs will be key areas for taking forward.

Points from local data

4.41 **Appendix 2** sets out data (part of a range of data) which has been used to support the forward planning process. Points to note:

4.42 There was an upward trend in Drug Related Deaths up to 2018, with a reduction over the last two years. Alcohol related deaths for a similar period show a gradual decline; with fluctuating numbers up to 2016 then a continued decline from 2016 to 2019.

4.43 Moray drug related deaths are below the Scotland average.

- 4.44 The data shows that alcohol deaths are higher than drug related deaths, although this is expected given the greater issues linked to availability and the social position of alcohol.
- 4.45 Moray is below the Scottish average for both drug and alcohol deaths.
- 4.46 Trauma is a significant factor, contributing to substance use and women record higher incidents than men in the following: trauma, abuse, experience of being parented, illness, domestic abuse and being a parent. This should contribute to the need to develop Trauma Informed Practice.
- 4.47 The recovery outcomes data and drug use data (highlighting Poly-use) highlights the importance of supporting people with multiple complex needs and promoting the MAT standards. The 2021/22 budgets sets out proposals for how services can be enhanced to take this forward.
- 4.48 The data shows that there are high levels of Poly-drug/alcohol use (Figures 5 and 6), and it is reasonable to conclude from the data that the level of Poly-use is of concern. Poly-drug and alcohol use increases the risk of harms.
- 4.49 The drug deaths data for 2019 nationally records those deaths where more than one substance is significant. Although the drug death figures for Moray (12 in 2019) are low compared to other areas, poly-use is a significant factor in the deaths. The 2020 data will be released in September 2021.
- 4.50 The Recovery outcomes scores show that in nine of the ten outcomes there is improved outcomes. The only one to buck this trend is Children (Where fewer than half of the service users had as a relevant outcome). In general there is a fairly consistent pattern where service users show improvement at Review 1. However, The data shows (Figure 4) that, along with Substance Use, Mental Health/Wellbeing and Occupying Time, Physical health and Self Care, all consistently have low scores, although there are improvements.
- 4.51 The low score in these areas tie in with the Scottish Government's focus on supporting people with multiple complex needs and promoting the MAT standards.
- 4.52 Learning from drug and alcohol deaths reviews and MARS process identifies that more input and diverse therapy is required from additional multidisciplinary team members to engage people in reducing alcohol and drug related harms as part of promoting recovery and maintaining and improving physical, psychological and social functioning.

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"

Moray Partners in Care (2019/2029) is an overarching umbrella plan and recognises that the Moral Alcohol and Drugs Partnership is a partner in helping to deliver the plan.

The LOIP Improvement Plan Delivery Framework sets out actions linked to reducing alcohol and drug related harm within the LOIP Outcome: "People are healthier and experience less harm as a result of poor health and well-being".

This briefing reflects priorities set out in both the Moray Partners in Care Plan (2019/29), and the LOIP Improvement Plan Delivery Framework.

(b) Policy and Legal

As stated in the report, the MADP works to both national and local policies. The pertinent policy areas have been identified in this report.

(c) Financial implications

The 2021/22 budget approved by the MADP has been set out in this report. Alcohol and Drug Partnerships are waiting confirmation on the proposed uplift as per the announcement from the Scottish Government.

(d) Risk Implications and Mitigation

The budget is set and agreed. Any additional income will enable further service development, with a focus on implementing the MAT standards. Thereby supporting the focus on helping to reduce the risks of alcohol and drug related harms.

(e) Staffing Implications

There are no staffing implications, other than any additional income will enable additional staffing resources to be put into services.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

The MADP and services recognise the importance of tackling the negative stigma associated with alcohol and drug use and which can deter people from seeking assistance. The MADP will continue to work with partners; challenging and tackling stigma; especially within services; will continue to promote and take steps to ensure there is easy access to services.

(h) Consultations

This paper is taken from a MADP briefing which was subject to consideration by all MADP partners. That paper took account of the views from services with links to systems to engage with those who use services.

6. CONCLUSION

- 6.1. The paper shows that there are significant areas of policy that will impact on the way services are delivered in Moray; with a focus on supporting people with more complex needs and their families.**
- 6.2. Moray has very good services which are flexible and accessible and are in a good position to respond to the future areas for development; building on strong foundations.**
- 6.3. Any additional investment will further enhance services; helping to reduce alcohol and drug related harms.**

Author of Report: Paul Johnson, MADP Manager
Background Papers:
Ref:

MADP APPROVED BUDGET 2021/22

Note that this budget should be set as a three year budget, although the spreadsheet only sets out the budget for 2021/22, as the 2022/2023 and 2023/2024 budgets will be subject to confirmation from the Scottish Government. However, past funding streams have allowed for longer term planning

The possible additional income from the Scottish Government has not been shown as neither the funding criteria or allocations have been confirmed.

MADP 2021/22 budget: Summary

SERVICE	SG MAIN ALLOCATION (planned)	DD TASK FORCE 2 YEAR ADDITION (planned)	PROVIDER	Comments
MADP Lead Officer full time	£65,000.00		MADP	1 FTE. Fully funded by the MADP (funded via Scottish Government), includes all on-costs. This is continuation funding.
MADP support team	£28,000.00		MADP	1 FTE Snr Admin Continue. Fully funded by the MADP (funded via Scottish Government), includes all on-costs. This is continuation funding.
MIDAS: additional admin hours, MARS data analyst, and additional team hours.	£97,500.00			Enhancing MIDAS services
MIDAS increased medical input	£ -	£10,000.00	NHSG MADP	Drug Deaths Task Force additional funding.
Arrows Service: Core contract and direct access, family support, recovery café manager and targeted naloxone support.	£565,000.00			Continue as per contracts
Young Carers project; explicitly for those impacted by parental alcohol or drug use.	£20,000.00		QUARRIERS - CARERS	Continue as per contract. This is continuation funding.

SERVICE	SG MAIN ALLOCATION (planned)	DD TASK FORCE 2 YEAR ADDITION (planned)	PROVIDER	Comments
Enhance adult carer contract; linked to carer support plans and young carers allocation	£30,000.00		QUARRIERS - CARERS	Continue as per contract. This is continuation funding.
Arrows café additional cook hours		£4,129.00	QUARRIERS - ARROWS	Probably for one year. Drug Deaths Task Force additional funding. This to be mainstreamed in 2022/23 depending on any additional allocation from the Scottish Government and as per any tender specification.
Prevention material	£5,000.00		MADP	This is continuation funding.
Naloxone	£5,000.00		In house. Purchased via NHS Grampian	This is continuation funding.
Workforce development	£8,000.00		MADP	This is continuation funding.
Advocacy	£35,000.00		CIRCLE ADVOCACY	Continue as per contract
Contingency	£3,699.40			
PLANNED EXPENDITURE	£862,199.40	£14,129.00		
TOTAL CONFIRMED FUNDS AVAILABLE	£862,199.40	£14,129.00		

DATA

In 2020 there were an estimated 10 drug related deaths (note that the 2020 have not yet been ratified as it can take approximately between 6 and 8 months for the toxicology to be confirmed); 3 of which 3 happened over the festive period. There were 12 deaths in 2019 and 17 in 2018. There have been 3 deaths in 2021 (at the time of writing). These deaths will all go through the MARS process, with the results feeding into the learning and planning.

The MADP Quarterly report sets out key data for Moray. Highlights in that report include the following data as set out below:

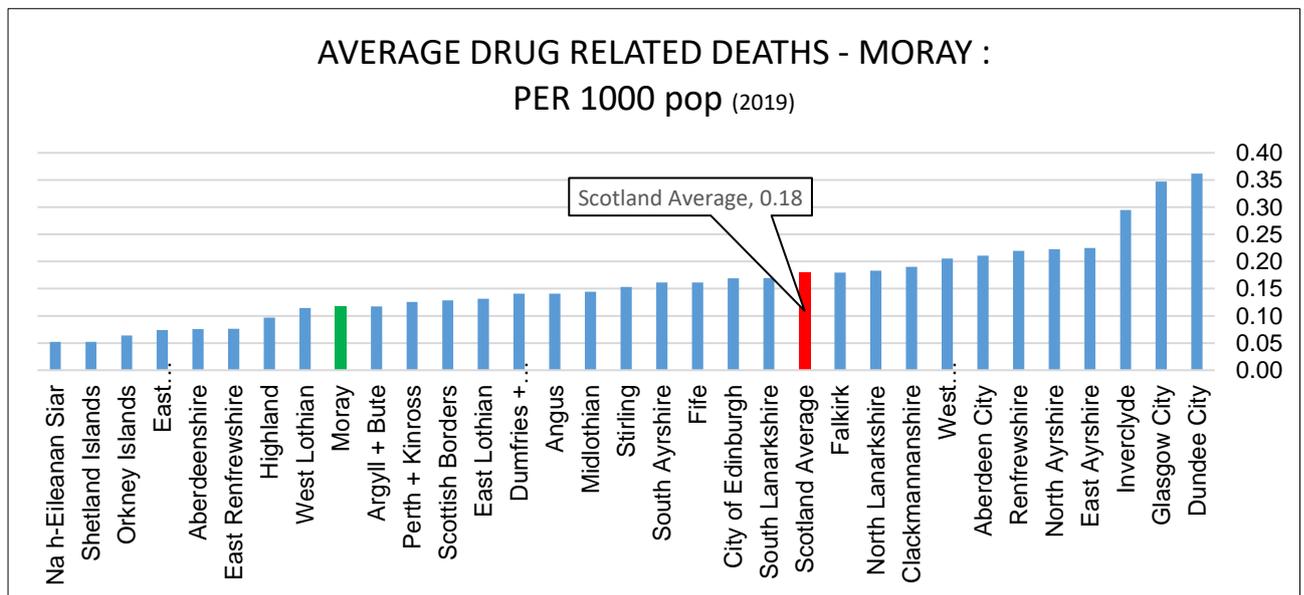


Figure 1: Death Rates per 1000 pop

Figure 1 above, shows that Moray drug related deaths are below the Scotland average.

It is difficult to get a reliable estimate of the death rates per 1000 of “drug user population as the estimate of the “problem drug use” figures have a significant variance and estimates are based on 2015/16 data. The average estimate for Scotland, based on 2015/16 data is 13.1 per 1000, compared to Moray which 32.4 per 1000. The estimate is influenced by population size. Where there is a small population, any small increase is disproportionately reflected in the prevalence rate. The data from Na h-Eileanan Siar reflects this.

It is recognised that the above measurement (rates per 100 of “drug user population) is not particularly helpful as a tool, and it is better to use actual numbers and possible factors that may be linked to harms and deaths.

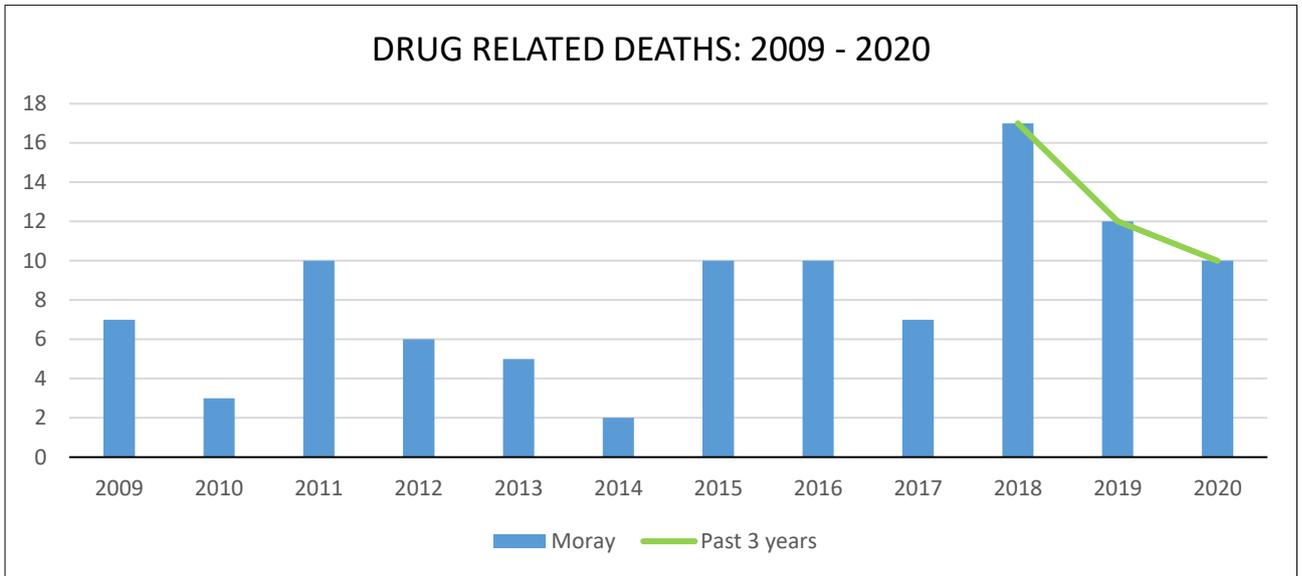


Figure 2: Drug Related Deaths. 2009 - 2020

Figure 2 shows the drug related deaths for the last 12 years. Note, that the 2020 data has not yet been confirmed by the Scottish Government. Therefore this data must be referred to a provisional and is subject to ratification and confirmation.

There was an upward surge in 2018, with a reduction over the last two years. Given the relatively low numbers it is difficult to draw firm conclusion other than it appears that the trend in Moray broadly reflected the Scottish picture of increasing deaths, The decreases in the last two years, may indicate a more positive position. However, this view needs to be treated with caution.

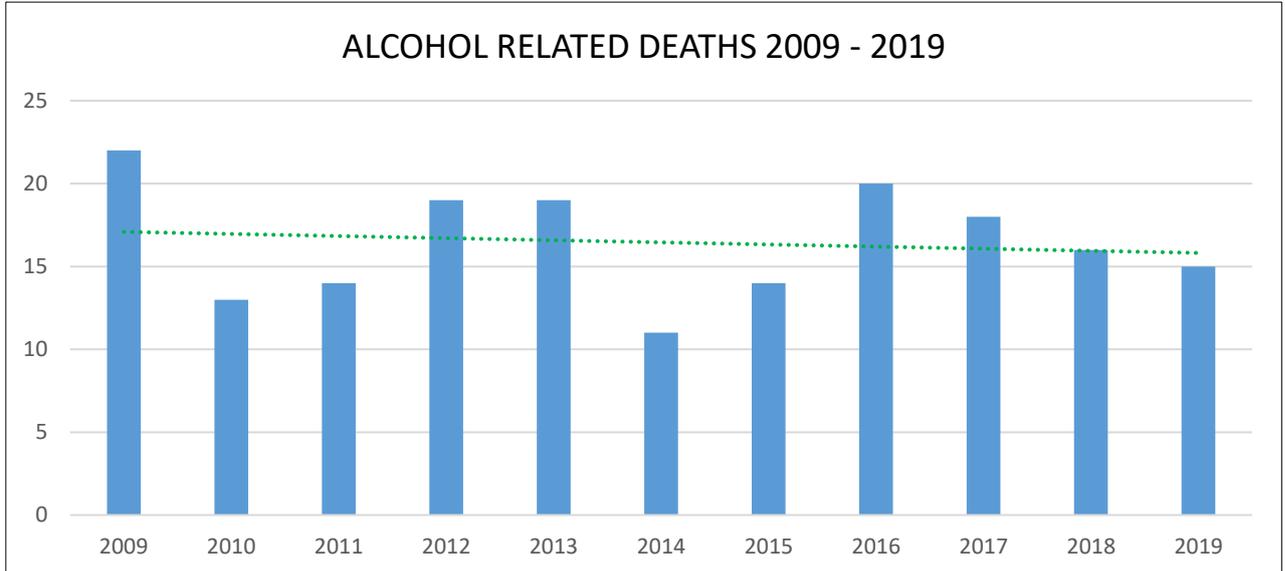


Figure 3: Alcohol Related Deaths: 2009 - 2019

Alcohol related deaths for a similar period show a gradual decline; with fluctuating numbers up to 2016 then a continued decline from 2016 to 2019.

The data shows that alcohol deaths are higher than drug related deaths, although this is expected given the greater issues linked to availability and the social position of alcohol.

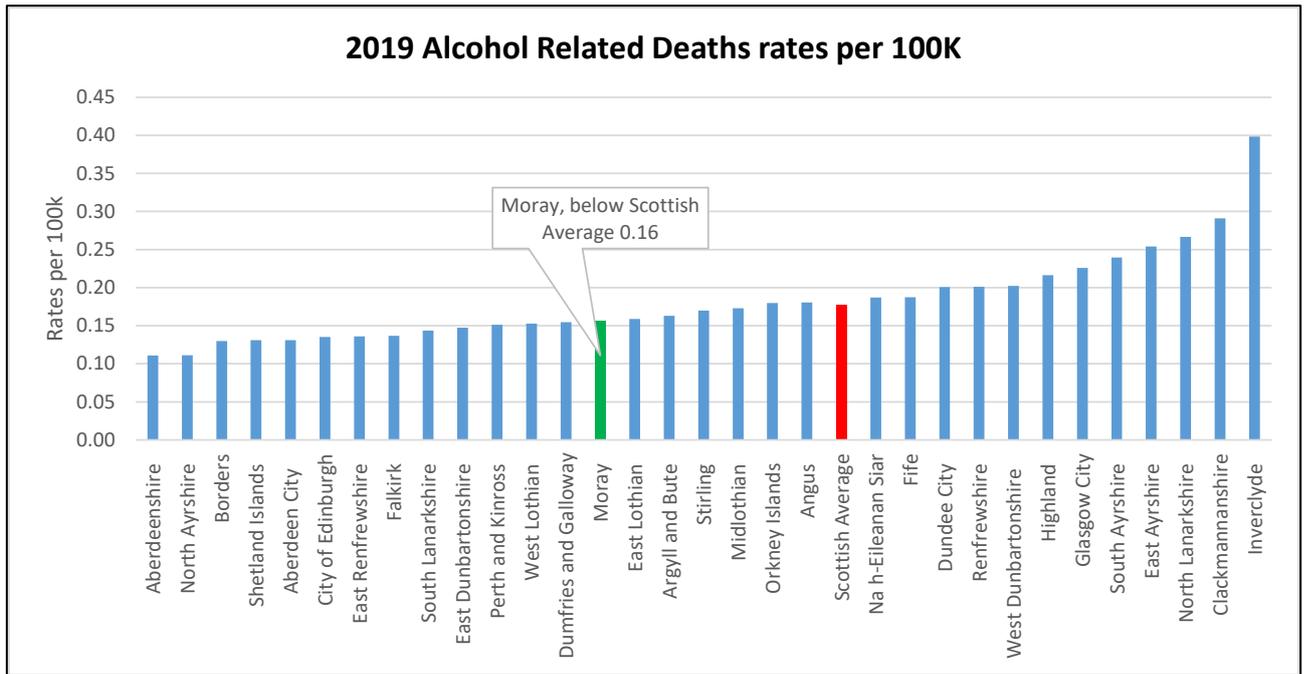


Figure 4: Alcohol Related deaths per 100k

Figure 4 above shows that alcohol related death rate for Moray is below the Scottish Average. Therefore as seen below in figure 5, Moray is below the Scottish average for both drug and alcohol deaths.

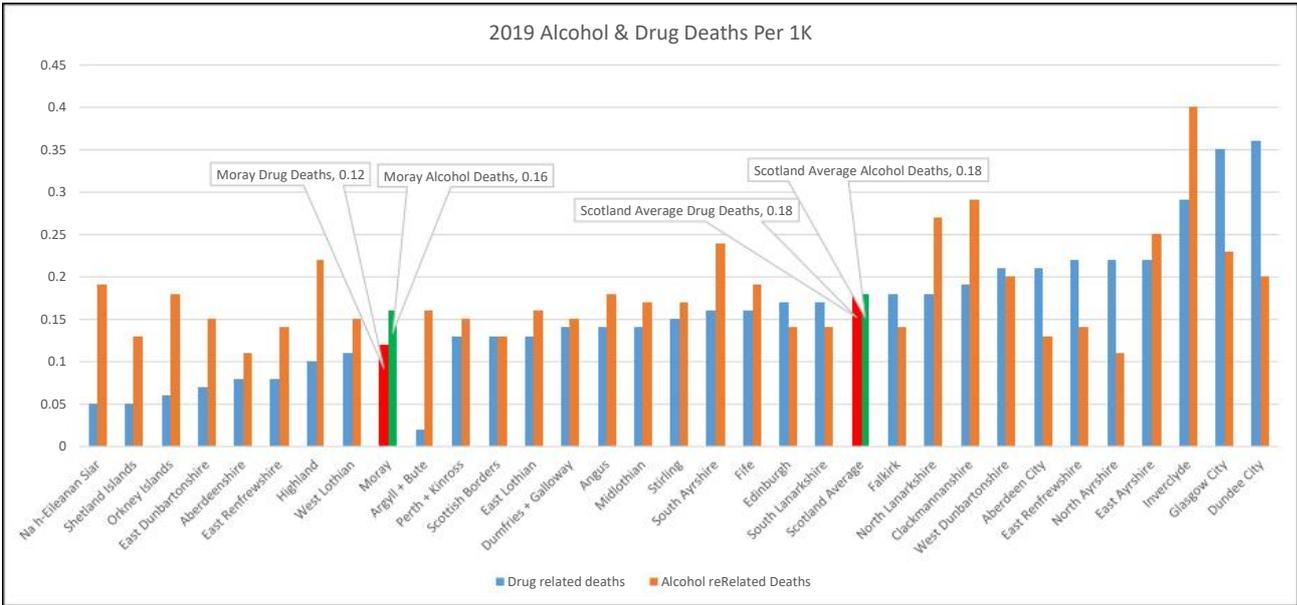


Figure 5: Moray deaths compared to other areas

Triggers for use

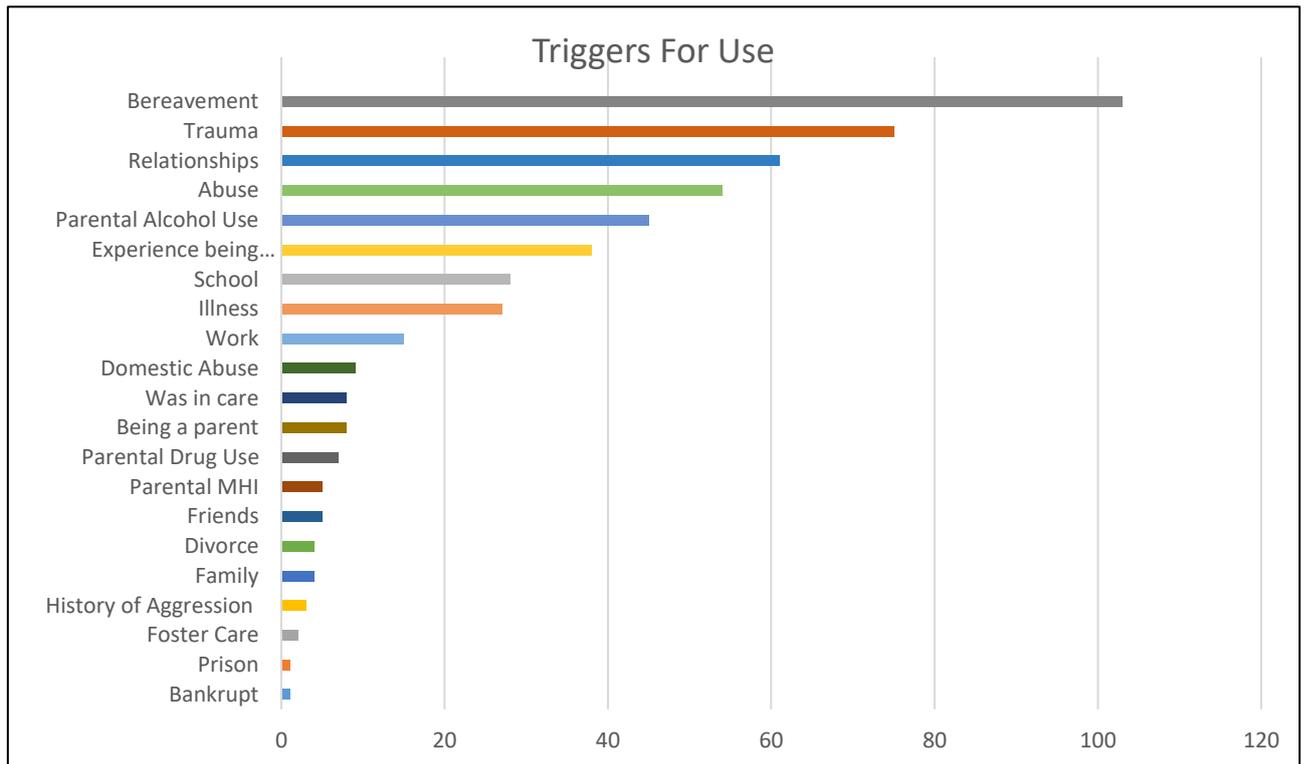


Figure 6: Triggers for Use

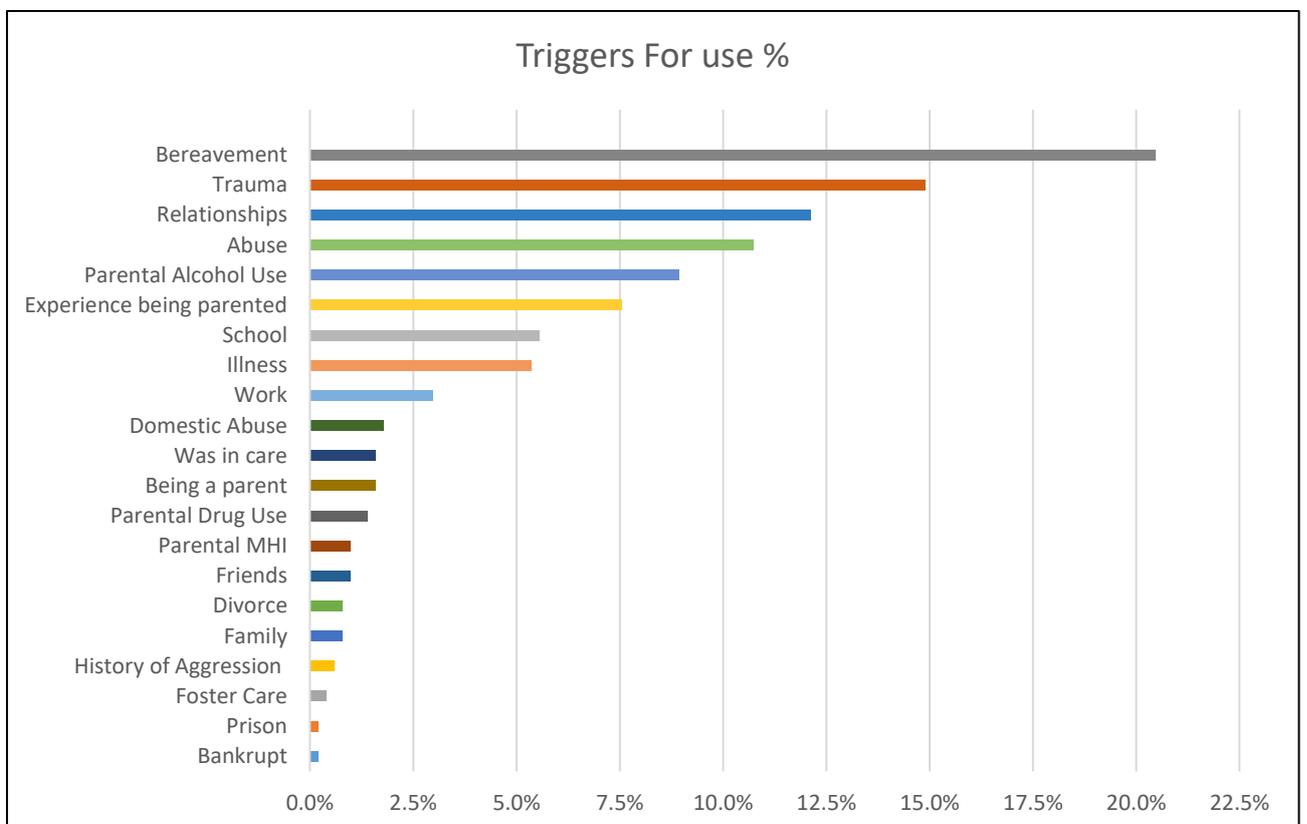


Figure 7: Triggers for Use %'s

An analysis of 619 reports shows that 503 reported factors leading to their substance use; 115 did not provide any information. The data above is based on the 503. The data supports the research that traumatic experiences are a common factors linked to substance use.

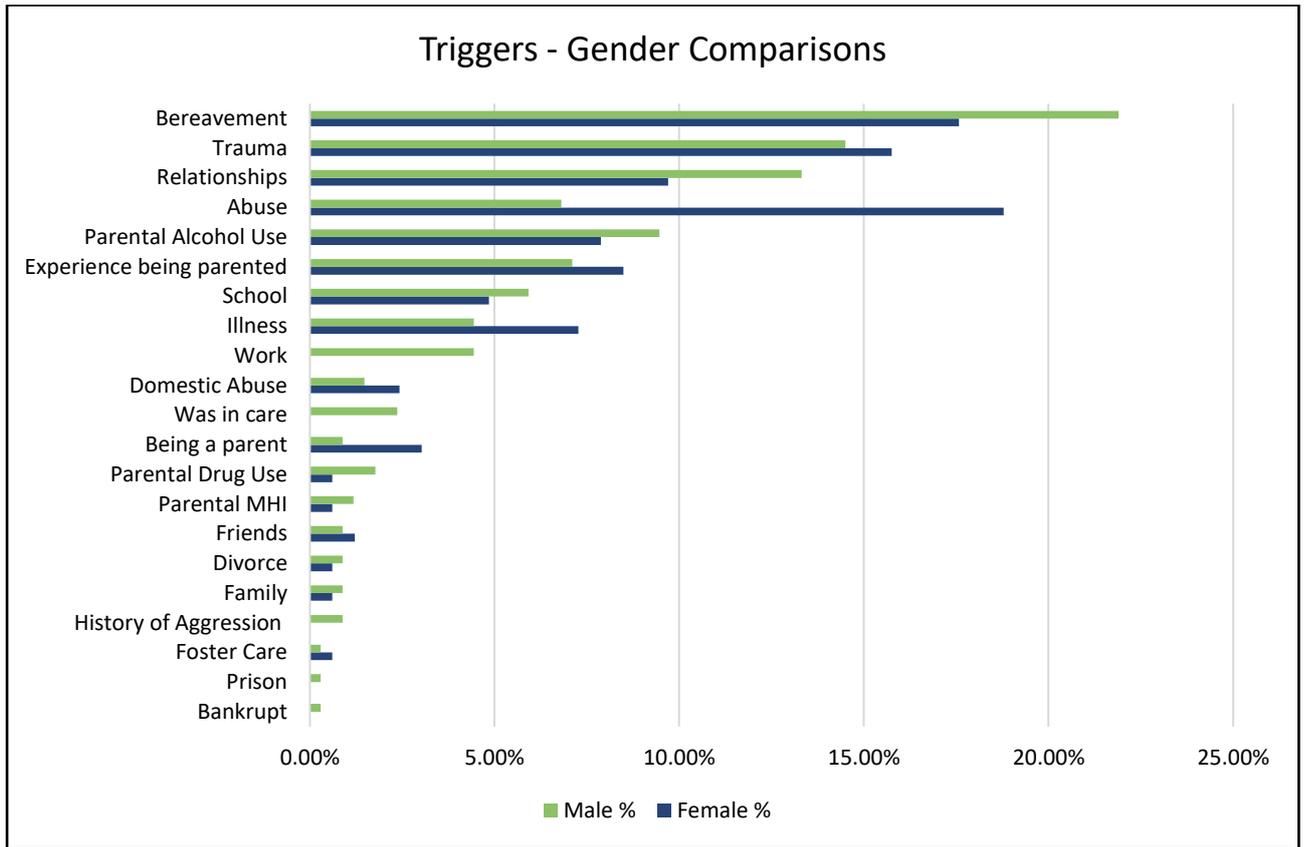


Figure 8: Triggers - Gender Comparisons

When comparing genders and triggers, the data shows (Figure 3) that women record higher incidents than men in the following: trauma, abuse, experience of being parented, illness, domestic abuse and being a parent.

Recovery Outcomes

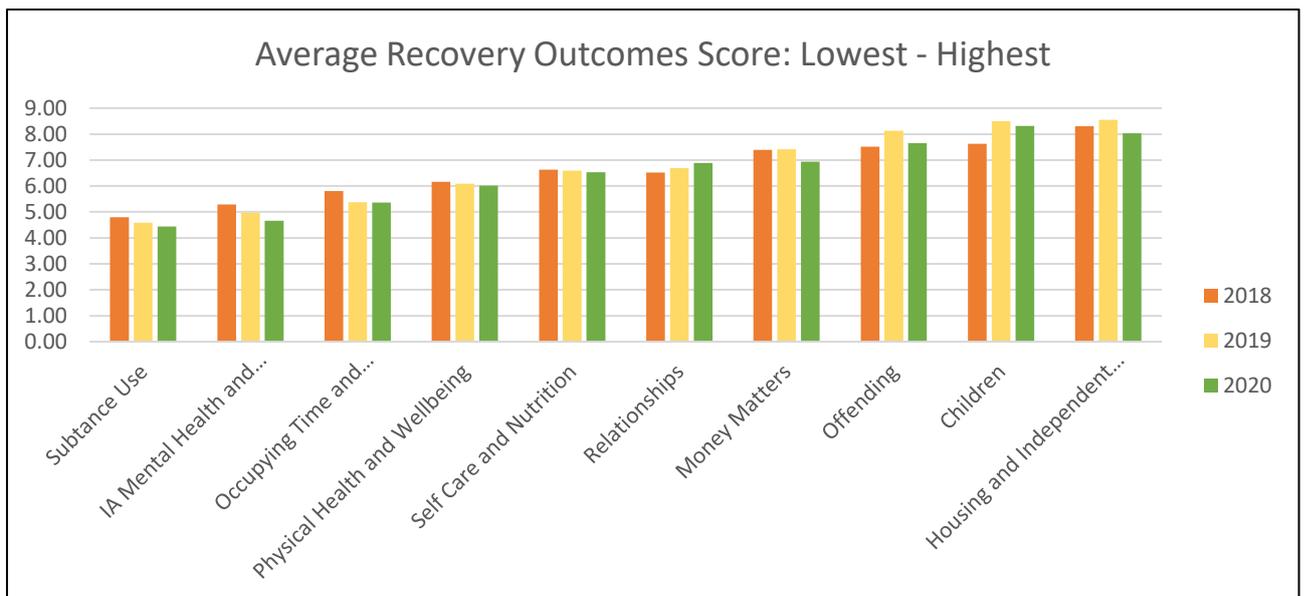


Figure 9: Average Recovery Outcomes Scores

The Recovery outcomes scores show that in nine of the ten outcomes there is improved outcomes. The data shows (Figure 4) that, along with Substance Use, Mental Health/Wellbeing and Occupying Time, Physical health and Self Care, all consistently have low scores.

The low score in these areas tie in with the Scottish Government focus on supporting people with multiple complex needs and promoting the MAT standards. The low score areas are, areas which are associated with increasingly Multiple Complex Needs, with increased levels of poly-drug use.

Substances used

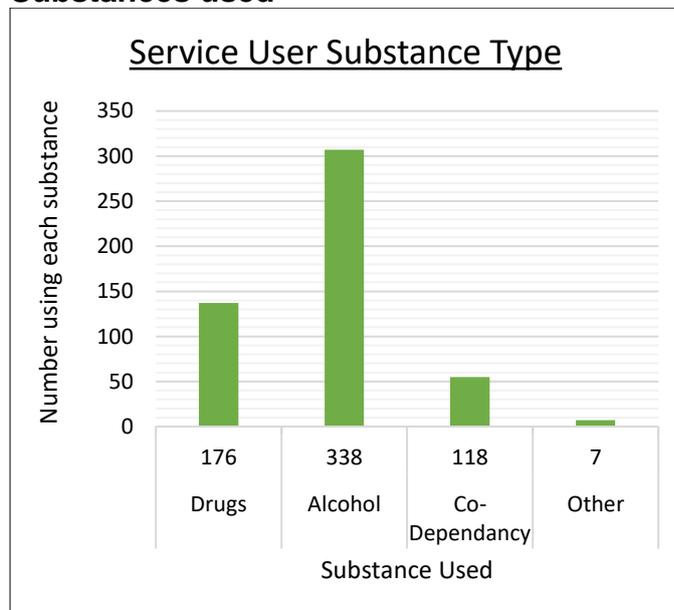


Figure 10: Service User -Substance Type

Of the total 651 people, Figure 5 shows that people with needs linked to alcohol is the single largest group. However, co-dependency is a significant factor, representing 18% of those seeking support.

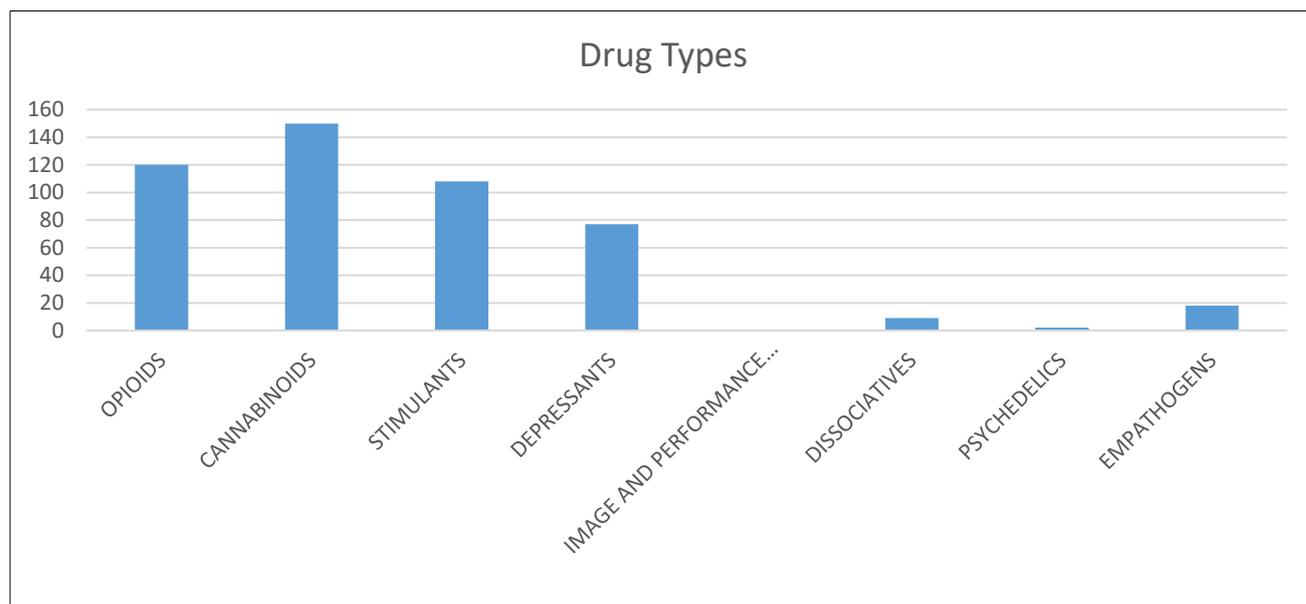


Figure 11: Drug Types

With respect to the drug use, the combined figure of those presenting with a co-dependency and drug use the figure is 294. The data shows that there are high levels of

Polly-drug/alcohol use (Figures 5 and 6), and it is reasonable to conclude from the data that the level of Polly-use is of concern. Polly-drug and alcohol use increases the risk of harms.

The drug deaths data for 2019 nationally records those deaths where more than one substance are significant. Although the drug death figures for Moray (12 in 2019) are low compared to other areas, Polly-use is a significant factor, as shown in the chart below:

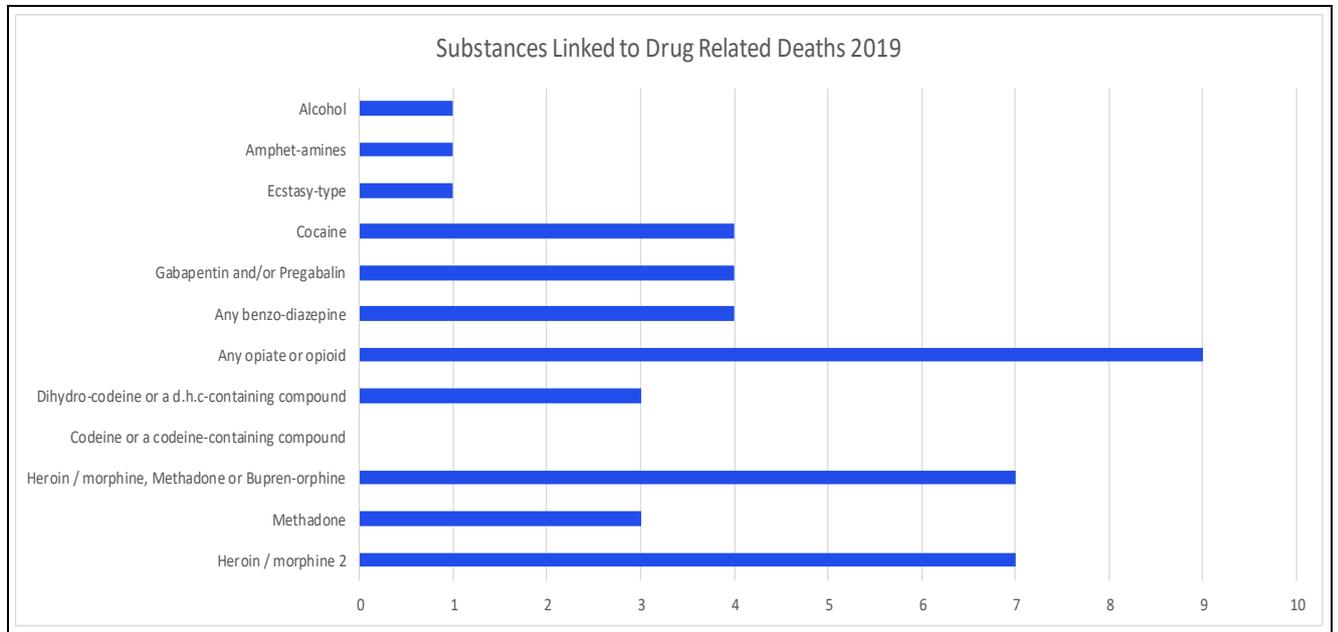


Figure 12: Substances Linked to Deaths 2019