



Moray Integration Joint Board

Thursday, 27 June 2019

Inkwell Main, Elgin Youth Café

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **Inkwell Main, Elgin Youth Café, Francis Place, Elgin, IV30 1LQ** on **Thursday, 27 June 2019** at **09:00** to consider the business noted below.

AGENDA

1 Welcome and Apologies

2 Declaration of Member's Interests

**Item which the Board wish to consider with the Press
and Public excluded**

3 Towerview Day Service

- Information, which if disclosed to the public, would reveal that the Authority proposes, for the purposes of consultation, make an order or direction under any enactment which might allow an individual or organisation to defeat the purpose of the notice or order;

Public Items

4 Minute of Board Meeting dated 28 March 2019

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Report by the Chief Officer

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MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Councillor Shona Morrison (Chair)	Moray Council
Mr Jonathan Passmore (Vice-Chair)	Non-Executive Board Member, NHS Grampian
Councillor Tim Eagle	Moray Council
Councillor Louise Laing	Moray Council
Mr Sandy Riddell	Non-Executive Board Member, NHS Grampian
Mr Dennis Robertson	Non-Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer, Moray Integration Joint Board
Mr Ivan Augustus	Carer Representative
Ms Elidh Brown	tsiMORAY
Mr Sean Coady	Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Mr Tony Donaghey	UNISON, Moray Council
Ms Pamela Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Deputy Medical Director, NHS Grampian
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board
Mrs Val Thatcher	Public Partnership Forum Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board

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



MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 28 March 2019

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

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Ms Elidh Brown, Tony Donaghey, Councillor Tim Eagle, Ms Pam Gowans, Mrs Linda Harper, Councillor Louise Laing, Mr Steven Lindsay, Ms Jane Mackie, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Jonathan Passmore, Mr Sandy Riddell, Dr Graham Taylor, Mrs Val Thatcher, Mrs Susan Webb

APOLOGIES

Mr Sean Coady (NHS), Dr Lewis Walker

IN ATTENDANCE

Ms Jeanette Netherwood, Corporate Manager; Ms Heidi Tweedie, tsiMoray; Ms Deborah O'Shea, Principal Account, Moray Council; Mr Sandy Thomson, Lead Pharmacist; Ms Fiona McPherson, Public Involvement Officer, Moray Council and Mrs Caroline Howie, Moray Council as clerk to the Board.

ALSO PRESENT

Councillor Theresa Coull

1 Chair of Meeting

The meeting was Chaired by Councillor Shona Morrison.

2 Welcome

The Chair welcomed members of the press and public to the meeting.

3 Declaration of Member's Interests

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

4 Minute of Meeting dated 31 January 2019

The Minute of the meeting of the Moray Integration Joint Board dated 31 January 2019 was submitted for approval.

Under reference to paragraph 12 of the Minute Mrs Webb was of the opinion information should have been included in respect of a link to Housing to include housing needs challenges.

The clerk undertook to review the notes of the meeting and to update the minute if appropriate.

With this possible change the Minute was approved.

5 Order of Business

In terms of Standing Order 2.2, the Meeting agreed to vary the order of business as set down on the Agenda and take Item 13 "Revenue Budget Monitoring Quarter 3 for 2018-2019" immediately before Item 6 "Revenue Budget 2019-20" in order to allow discussion of monitoring of the budget from 2018-19 prior to discussion of the budget for 2019-20.

6 Action Log of Meeting dated 31 January 2019

The Action Log of the Moray Integration Joint Board dated 31 January 2019 was discussed and it was noted that all items due had been completed.

7 Chief Officers Report

A report by the Chief Officer (CO) provided the Board with an update on key priorities.

The development of the Strategic Commissioning Plan 2019 was discussed and the CO advised that it may be prudent to hold additional development sessions during the year to provide clarity for the Board. Discussion around future agreement of the Plan revealed the Board were of the opinion time should be spent on getting the requirements of the Plan to an appropriate stage and that it should be taken to a development session in the autumn with a draft Plan being presented for discussion in September 2019.

With reference to the retirement of Jennie Williams, Service Manager, NHS Community Health Services, the Board joined the Chair in requesting the CO pass on the Board's warm wishes for a long and happy retirement.

8 Revenue Budget Monitoring Quarter 3 for 2018-2019

A report by the Chief Financial Officer updated the Board on the current Revenue

Budget reporting position as at 31 December 2018 and provided an updated forecast position for the financial year.

Lengthy discussion took place on the forecast position provided. A request was made that future reports include more detail around the recovery plan. The Chief Financial Officer agreed to include this information in future reports.

Mr Passmore advised he had been on the Board as a substitute last year and wished to acknowledge the work of the Chief Financial Officer undertaken to get to the current position.

Mrs Webb was of the opinion that redesign was not happening at the pace required, given the increasing demand on services. She was of the opinion that future reporting should show progress on this.

Ms Brown stated Third Sector organisations were working alongside the Board to create a culture of change, and the Chair echoed this.

Thereafter the Board agreed to:

- i. note the financial position of the Board as at 31 December 2018 is showing an overspend of £2,758,138;
- ii. note the provisional forecast position for 2018/19 of an overspend of £3,138,189 on core services;
- iii. note the progress on savings previously approved;
- iv. note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations for the period 1 October to 31 December 2018 as shown in appendix 3 of the report; and
- v. the inclusion of more detailed figures in future reports in relation to the progress of the recovery plan.

9 Revenue Budget 2019-20

A report by the Chief Financial Officer sought agreement of the Board for the revenue budget for 2019/20.

Lengthy discussion took place on the Revenue Budget for 2019/20. The Board joined the Chair in thanking the Chief Financial Officer and the Chief Officer for work undertaken to strengthen partnerships.

Thereafter the Board agreed to:

- i. note the funding allocations proposed by NHS Grampian and Moray Council, detailed at paragraph 4.2 of the report;
- ii. note the underlying overspend forecast for the 2018/19 financial year and the financial risk inherent in the Recovery Plan detailed at paragraph 4.6 of the report;
- iii. the proposals to conduct a series of service reviews during the year to ensure

- priorities are aligned to the Strategic Plan and within the available funding;
- iv. formally approve the Revenue Budget for 2019/20 as detailed in appendix 1 of the report; and
 - v. approve Directions for issue as set out in Appendices 2 and 3 of the report respectively to NHS Grampian and Moray Council.

10 Standards Officer and Depute Officer Reappointment

Under reference to paragraph 9 of the Minute of the meeting dated 26 October 2017 a report by the Chief Officer asked the Board to consider the reappointment of its Standards Officer and one Depute, whose current terms of appointment are due to expire in April 2019 and note the resignation of one of the previous Deputes.

The Board joined the Chair in thanking Mrs Forrest for her service prior to her recent resignation.

Thereafter the Board agreed to:

- i. formally nominate for approval by the Standards Commission, Alasdair McEachan, Head of Legal and Democratic Services, Moray Council, as Standards Officer of the Moray Integration Joint Board (MIJB), for a further period of 18 months until October 2020;
- ii. formally nominate for approval by the Standards Commission, Aileen Scott, Legal Services Manager, Moray Council, as Depute Standards Officer of the MIJB, for a further period of 18 months until October 2020;
- iii. note the resignation of Margaret Forrest, Depute Standards Officer for the MIJB, on 20 January 2019; and
- iv. task the Chief Officer with writing to the Standards Commission with the relevant information.

11 Review of Financial Regulations

Under reference to paragraph 6 of the Minute of the meeting dated 25 January 2018 a report by the Chief Financial Officer sought the approval of the Moray Integration Joint Board (MIJB) to update the Financial Regulations in line with the proposed amendments contained within appendix 1 of the report.

During discussion Mrs Webb sought clarification on who would approve applications for Grant Funding.

In response the Chief Financial Officer advised the Strategic Planning and Commissioning Group would have responsibility for this and undertook to update paragraph 4.11.2 of appendix 1 of the report to reflect this.

Thereafter the Board agreed:

- i. to the Chief Financial Officer updating paragraph 4.11.2 of appendix 1 of the report;

- ii. to approve the proposed changes to the MIJB Financial Regulations as set out in appendix 1 of the report; and
- iii. that the next review will be no later than March 2020.

12 Ministerial Strategic Group - Local Indicators 2019-20

Under reference to paragraph 17 of the Minute of the meeting dated 23 February 2017 a report by the Chief Financial Officer informed the Board of the updated position in relation to performance against the six Ministerial Strategic Group (MSG) indicators and sought approval to submit local objectives for the forthcoming financial year, 2019/20 to the MSG for Health and Community Care.

Following discussion the Board agreed to:

- i. approve the local objectives for the six MSG integration indicators as set out in appendix 1 of the report; and
- ii. direct the Chief Officer to submit the local objectives to the MSG for Health and Community Care.

13 Minute of Clinical and Care Governance Committee Meeting dated 30 August 2018

The Minute of the meeting of the Clinical and Care Governance Committee dated 30 August 2018 was submitted and noted.

14 Extension of Free Personal Care for People Under 65

A report by the Head of Adult Social Care Services informed the Board of the extension of free personal care (FPC) for people less than 65 years of age and the potential financial implication of the policy.

Following discussion the Board agreed to note the extension of free personal care guidance applicable from 1 April 2019 and the potential financial implication of the policy.

15 Prescribing Budget Requirements 2019-20

A report by Sandy Thomson, Lead Pharmacist, informed the Board of the predicted budget resource requirements for 2019/20.

Discussion took place on the introduction of a system for blood glucose monitoring introduced for those patients who it was considered would get the most improved outcomes. It was suggested that a development session would be helpful in understanding the pressures around prescribing.

Mr Thomson advised he would be happy to support a development session on the subject.

Thereafter the Board agreed to:

- i. note the recommendations made in the report with regard to volume, costs, risks and the net predicted need for budget resource of £17.315m as part of the overall Health and Social Care Moray budget setting process for 2019/20;
- ii. note the estimated budget requirements linkage to the Locally Enhanced Services/Service Level Agreements with general practice level allocations and financial monitoring to be facilitated in a timely manner; and
- iii. task the Chief Financial Officer and Lead Pharmacist to ensure that final prescribing budget allocations are notified to corporate finance and pharmacy teams to enable practice level allocations and financial monitoring to be facilitated in a timely manner.

16 Items for the Attention of the Public

Under reference to paragraph 10 of the minute of the Moray Integration Joint Board dated 26 October 2017 the Board agreed that the Integration Joint Board budget and challenges being faced should be brought to the attention of the public.

17 Operational Management Arrangements for Health and Social Care Moray

A confidential report by the Head of Service informed the Board of the proposed revised management structure.

Following consideration the Board agreed to note the:

- i. revised management structure and the finance resource requirements; and
- ii. the structure, on approval, will be implemented from April 2019, subject to formal consultation.



MEETING OF MORAY INTEGRATION JOINT BOARD

ITEM 5

THURSDAY 28 MARCH 2019

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Minute of Meeting of the Moray Integration Joint Board dated 31 January 2019	Review meeting notes and update Minute to include information in paragraph 12 in respect of a link to Housing to include housing needs challenges if required.	January 2019	Clerk
2.	Chief Officers Report	Proposals for inclusion in the Strategic Commissioning Plan 2019 to be discussed at development sessions and the draft plan to be discussin in September 2019.	Sept 2019	Pam Gowans
3.	Revenue Budget Monitoring Quarter 3 for 2018-2019	Include more detailed figures in future reports.	June 2019	Tracey Abdy
4.	Revenue Budget 2019-20	Series of service reviews to be completed during the year. Issue revised Directions to NHS Grampian and Moray Council.	Ongoing April 2019	Senior Management Team Pam Gowans
5.	Standards Officer and Depute Officer Reappointment	Write to the Standards Commission with the relevant information.	April 2019	Pam Gowans

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
6.	Review of Financial Regulations	Update paragraph 4.11.2 of appendix 1 of the report to reflect requirements.	April 2019	Tracey Abdy
		Further review by March 2020.	March 2020	Tracey Abdy
7.	Ministerial Strategic Group – Local Indicators 2019-20	Submit local objectives to the Ministerial Strategic Group.	April 2019	Pam Gowans
8.	Prescribing Budget Requirements 2019-20	Ensure final prescribing budget allocations are notified to corporate finance and pharmacy teams to enable practice level allocations and financial monitoring to be facilitated in a timely manner.	April 2019	Tracey Abdy/ Sandy Thomson



MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 13 December 2018

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

PRESENT

Ms Elidh Brown, Councillor Tim Eagle, Ms Pam Gowans, Councillor Louise Laing, Mr Atholl Scott, Mrs Susan Webb

APOLOGIES

Ms Tracey Abdy, Mr Steven Lindsay

IN ATTENDANCE

Ms Patricia Morgan, Service Manager Primary Care Contracts; Ms Jeanette Netherwood, Corporate Manager; Mr Bruce Woodward, Performance Officer.

1 Chair of Meeting

The meeting was chaired by Mrs Susan Webb.

2 Declaration of Member's Interests

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

3 Minute of Meeting dated 27 September 2018

The minute of the meeting of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 27 September 2018 was submitted and approved.

4 Action Log of Meeting dated 27 September 2018

The Action Log of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 27 September 2018 was discussed and it was noted that other than the following, all actions due had been completed:

- i. item 2 - Quarter 1 (April - June 2018) Performance Report - Report giving more detail on the five indicators showing red in appendix 1 of the report; to be presented to the next meeting in March 2019.

5 Internal Audit Update

Under reference to paragraph 8 of the Minute of the meeting dated 27 September 2018 a report by the Chief Internal Auditor provided an update on audit work concluded since the last meeting.

Lengthy discussion took place on the audit work completed since the last meeting. The External Consultants Review of Learning Disabilities came under particular scrutiny and it was stated that transitioning to more independent living was a big transition for families who had historical care packages. The audit identified that services commissioned are not meeting the needs of service users and transformation will address this by 2020. The Chair raised questions as to the impact this was having on service users and their families. This had not been subject to audit and it was suggested that this could be a focus of further audits. As no one was otherwise minded the Committee agreed to seek further audits of the commissioning of Learning Disabilities.

Following further discussion the Committee agreed to:

- i. note the contents of the update report;
- ii. note that a further report relating to payroll testing will be presented to Committee in March 2019; and
- iii. seek further audits on the commissioning of Learning Disabilities services.

6 Internal Audit Reports – Follow Up Protocol

Under reference to paragraph 9 of the Minute of the meeting dated 27 September 2018 a report by the Chief Internal Auditor addressed the request made at that meeting for a follow up protocol to be drafted, covering oversight and monitoring of the implementation of audit recommendation agreed by management.

During discussion of the protocol it was stated that management should be reporting to Committee if actions are not carried out to the given timescales and as no one was otherwise minded it was agreed to seek a further follow up report in March 2019.

Thereafter the Committee agreed to:

- i. the 'follow-up' protocol for ensuring the effective implementation of internal audit recommendations; and
- ii. a further report being presented to Committee in March 2019.

7 Strategic Risk Register - December 2018

A report by the Chief Officer provided an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated as at November 2018.

The Corporate Manager advised an action plan had been prepared but had not been issued with the papers for the meeting. She apologised for the omission and undertook to issue the action plan following the meeting.

Thereafter, following discussion, the Committee agreed to note the updated Strategic Risk Register.

8 Quarter 2 (July - September 2018) Performance Report

A report by the Chief Financial Officer updated the Committee on the performance of the Moray Integration Joint Board as at Quarter 2 (July - September) 2018/19.

The Chief Officer advised Delayed Discharges were volatile for a host of reasons; this is being investigated and an action plan will be produced to deal with this and will be shared with the Committee in March 2019 as part of a report on unscheduled care.

In response to a query on how quickly it is known that an issue has arisen with Unscheduled Care the Chief Officer advised this had a four-hourly indicator and therefore issues were known quickly.

Following further discussion the Committee agreed to note the performance of local indicators, linked to strategic priorities for Quarter 2 (July - September 2018) shown in appendix 1 of the report and the detailed analysis contained in appendix 2 of the report.

9 Audit Scotland - Update Report on Health and Social Care Integration

A report by the Chief Financial Officer provided the Committee with the opportunity to discuss and comment on the update report published in November 2018 by Audit Scotland on Health and Social Care Integration.

During discussion it was stated this was the second of a series of three reports; the next one being due for publication in 2023/24.

The Chief Officer stated a development session would be delivered early in 2019 to work through the document in detail.

It was further stated that collaborative leadership would help reinforce messages and themes contained in the report.

Following discussion the Committee agreed to note the:

- i. update on progress attached as appendix 1 to the report; and
- ii. intention to utilise the document as a self-assessment tool in relation to the progress of the Moray Integration Joint Board and present a further report to this Committee on 28 March 2019.

10 Payment Verification Assurance Update

A report by the Chief Officer updated the Committee on the activity of the Payment Verification (PV) Assurance Group during 2017/18 and the Revised PV Protocols for all contractor groups as detailed in the Document List (2018/19) and allowed the Committee to be sighted on the key issues highlighted during the course of the year.

Concerns were raised regarding access to Dental Reference Officers through the Practitioner Services Division. Following discussion, given this was an ongoing issue it was agreed to seek a report to the next Committee on how concerns will be resolved.

Thereafter Committee agreed to:

- i. note the arrangements in place in Grampian for the management of the PV process;
- ii. note the outcomes from the PV process during 2018/19;
- iii. note the review of the PV Service provided by National Services Scotland Practitioner Services Divisions on behalf of NHS Grampian; and
- iv. seek a report to the next Committee on how concerns over Scottish Dental Reference Service performance will be resolved.



**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD
CLINICAL AND CARE GOVERNANCE COMMITTEE**

Thursday, 28 February 2019

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

PRESENT

Mr Ivan Augustus, Ms Pam Gowans, Mrs Linda Harper, Ms Jane Mackie, Jeanette Netherwood, Mr Sandy Riddell, Mrs Liz Tait, Dr Graham Taylor, Mrs Val Thatcher

APOLOGIES

Mr Sean Coady (NHS), Councillor Tim Eagle, Ms Pauline Merchant

IN ATTENDANCE

Ms D Barron, Clinical Quality Facilitator, NHS Grampian and Mrs C Howie, Committee Services Officer, Moray Council, as Clerk to the Meeting.

1 Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2 Declaration of Member's Interests

The Chair declared an interest in item 6 of the agenda 'Progress Update following Mental Welfare Commission for Scotland Visit to Community Hospitals'. There were no other declarations of Members' Interests in respect of any item on the agenda.

3 Minute of Meeting dated 30 August 2018

The Minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 30 August 2018 was submitted and approved.

4 Action Log of Meeting dated 30 August 2018

The Action Log of the Moray Integration Joint Board Clinical and Care Governance Committee dated 30 August 2018 was discussed and it was noted that all items due other than the following had been completed:

Item 1 - Action log dated 31 May 2018 - item 3 - Large Scale Investigation - The Chief Social Work Officer provided an interim verbal update and advised a report would be provided to the next meeting in May 2019.

5 Health Care Standards - Implementation

A report by the Chief Officer informed the Committee of progress in implementing the Health & Social Care Standards.

Discussion took place on the implementation of the Standards and it was stated that although there are risks involved as long as it is clear regarding leadership and timescales for completion, then risks could be mitigated.

The Head of Clinical and Care Governance advised that although the self-reflection tool from Scottish Government was due to be completed by April it was yet to be received and therefore unlikely to be completed in time to allow a report to the meeting in May. It would be August before a report to Committee would be possible.

The Chair asked that a verbal update be provided in May with a full report being presented in August.

Thereafter the Committee agreed to:

- i. note progress made in implementing the Health and Social Care Standards since August 2017 across Health and Social Care Moray;
- ii. support the completion of a self-reflection resource from the Scottish Government which should enable Health & Social Care Moray to share good practice and demonstrate how the Health and Social Care Standards are making a real difference in personal experience and outcomes to those receiving services in Moray;
- iii. note that further work will be undertaken to develop exception reporting on this matter from governance groups to this Committee;
- iv. an verbal interim report on progress of completion of the self-reflection tool from Scottish Government being presented to Committee in May; and
- v. a report on completion of the self-reflection tool from Scottish Government being presented to Committee in August.

6 Progress Update following Mental Welfare Commission for Scotland Visit to Community Hospitals

Having declared an interest in this item, the Chair considered it appropriate that as the item was for noting progress there was no requirement for him to leave the meeting.

A report by the Service Manager, Community Hospitals, presented an update on progress following the Mental Welfare Commission for Scotland themed visit to people with dementia in community hospitals for Clinical and Care Governance Group.

Discussion took place on the content of the report and work completed to ensure the correct level of reporting to the Committee. It was agreed that future reports should be presented to the Clinical Governance Group with exception reports to provide assurance being provided to this Committee.

Thereafter the Committee agreed to note:

- i. the progress made in implementing the actions identified by the Mental Welfare Commission for Scotland;
- ii. the actions outlined to manage the completion of the actions and incorporation into working practices; and
- iii. reporting to provide assurance would be by exception to this Committee.

7 Clinical Governance Group

A report by the Chief Officer informed the Committee of progress in developing the Clinical Care Governance Framework in Health and Social Care Moray, with the establishment of a Clinical Governance Group (CGG).

Discussion took place on the structure and operational requirements of the CGG. It was stated there were some noticeable gaps in the membership noted on page 35 of the meeting papers e.g. inclusion of the NHS Clinical Care Quality Safety group and a link from the CGG to the NHS Grampian Care Governance Committee. It was agreed the gaps should be rectified and that along with the quarterly reporting from the CGG to this Committee an annual report would also be provided.

Thereafter following further discussion the Committee agreed:

- i. to note progress made in establishing the CGG;
- ii. exception reporting from the CGG to this Committee would be on a quarterly basis;
- iii. an annual report would be provided to this Committee; and
- iv. to note the actions identified in 4.1 of the report for future reporting on progress to this Committee.

Mr Augustus left the meeting during discussion of this item.

8 Complaints and Adverse Events - Quarter 3

A report by the Chief Officer informed the Committee of Health and Social Care Moray complaints and incidents reported in quarter 3 (October - December 2018).

During discussion of the report it was stated there was a possibility of under reporting in relation to learning disabilities and mental health as staff were more tolerant of

behaviour.

Thereafter the Committee agreed to note:

- i. the quarter 3 (October - December 2018) complaints and adverse events summary; and
- ii. further work is underway to develop the processes and systems for collation and analysis of information to provide assurance across all services.

9 Social Work Development Plan

A report by the Chief Social Work Officer presented Committee with the draft Social work Development Plan.

Following discussion the Committee agreed to note the content of the Social work Development Plan, shown in appendix 1 of the report.

10 Grampian Clinical Professional Assurance Framework: Health Professionals

A report by the Chief Officer informed the Committee of the NHS Grampian framework surrounding professional assurance for Health Professionals.

Following discussion the Committee agreed to note:

- i. the Grampian Clinical Professional Assurance Framework for Health staff, that underpins service delivery throughout Health and Social Care; and
- ii. that a similar framework for Social Work staff will be submitted to this Committee in May 2019.

**CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD
ON 27 JUNE 2019**

**Integration Joint Board (IJB) Strategic Commissioning Plan 2019 onwards
update**

Work continues to produce a draft plan overseen by the Moray Integration Joint Board Strategic Planning and Commissioning Group. Glasgow School of Art have also worked with the Leadership Team of Health and Social Care Moray to consider the themes identified in the current plan and the potential of the new plan linking this to the many change and improvements projects underway. This work allows consideration and alignment of the efforts already underway with the revised strategic objectives as they emerge and forms a foundation for the Transformation plan going forward.

The Moray IJB will receive a draft version of the plan prior to and for discussion at the development session in July 2019 and work will continue throughout August to refine the plan from that session, the aim will be to move to a consultation period in the Autumn that concludes in sign off by the IJB thereafter.

Keith and East Locality Review

The Programme Board for the future provision of Keith Health and Care Centre in conjunction with the establishment of the future model of care, had the inaugural meeting on the 29 May 2019. The ambition of this review has already been set out in the Strategic Needs Assessment. This process of delivering the Initial Agreement for approval will be intense and require wide engagement of the public, staff and key partners. The mechanism and process to achieve this has been set up between the health and social care partnership and Glasgow School of Art. Reports will be presented to the MIJB at key points in the process.

An area of concern raised by the community is the future function of the Community Hospital, alongside the above planning process a piece of work is underway to address the longer term vision for this element of care. This is important to ensure a complete and clear model of delivery for the local population is captured in the initial agreement, as Health and Social Care Moray (HSCM) seek to form a model of health and care fit for the future in this locality and across Moray.

For further information contact Susan Pellegrom, Project Manager.
Susan.pellegrom@nhs.net

Records Management Plan

Following MIJB approval in November 2018 (para 14 of the Minute refers) the Records Management Plan (RMP) was submitted to The Keeper of the Records of Scotland for agreement in December 2018. An interim report was received in March 2019 advising the plan was very close to being fully compliant. After some very minor changes the plan was resubmitted and on 8 May 2019 HSCM received confirmation that The Keeper of the Records of Scotland has agreed the RMP submitted by the MIJB. The RMP now forms part of the MIJB Handbook.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: CHANGE OF BOARD MEMBERSHIP

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To ask the Moray Integration Board (MIJB) to consider arrangements for a change in Grampian Health Board representation on this Board.

2. RECOMMENDATION

2.1. It is recommended that the Integration Joint Board consider and make appointment to the:

- i) Board as outlined in this report; and**
- ii) Chair of Audit, Performance and Risk committee as outlined in this report.**

3. BACKGROUND

3.1. The Scheme of Administration and voting membership of Committees was approved at the meeting of MIJB on 28 June 2018 (para 5 of the minute refers).

3.2. As outlined in paragraph 9.2 of the Scheme, there can only be 3 voting members representing Moray Council and 3 voting members representing Grampian Health Board.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. On 14 May 2019, Grampian Health Board advised of a change in its voting membership on the Board. Susan Webb, Director of Public Health will be replaced by Dennis Robertson, Non-Executive Board Member with immediate effect.

- 4.2. To provide a smooth transition Susan Webb will attend the meeting on 27 June 2019, but will no longer be a voting member.
- 4.3. Susan Webb is the current chair of Audit, Performance and Risk Committee (AP&R) and therefore a new chair will be required. As outlined in section A of the Scheme of Administration regarding AP&R:-

“Chair - voting member, rotating every 18 months as a Council voting member and Health Board voting member in line with the term for the Chair of the Board, selected from the organisation which does not currently chair the Board.”

In addition, the Chair or Vice Chair of MIJB cannot be chair of AP&R.

- 4.4 Cllr Morrison is the chair of MIJB until October 2019, therefore a Health Board member is required to chair AP&R for the next two meetings on 25 July and 19 September 2019. The eligible members to assume the role of Chair for AP&R are Sandy Riddell, who is also Chair of Clinical Care and Governance committee and Dennis Robertson, who will be replacing Susan on AP&R.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

None arising from this report

(e) Staffing Implications

None arising from this report

(f) Property

None arising from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

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

6. CONCLUSION

6.1. This report recommends adoption of a pragmatic approach for the change of membership to ensure a smooth transfer of Grampian Health Board representation.

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



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

**SUBJECT: CLINICAL AND CARE GOVERNANCE COMMITTEE
ASSURANCE REPORT**

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Moray Integration Joint Board (MIJB) of the summary of matters considered and actioned during 2018/19 at the Clinical and Care Governance Committee.

2. RECOMMENDATION

- 2.1. **It is recommended that the MIJB consider and note the contents of this report.**

3. BACKGROUND

- 3.1. The MIJB agreed at its meeting on the 28 June 2018 (para 5 of the minute refers) updated Standing Orders for the MIJB and its Committees. In relation to the Clinical and Care Governance (CCG) Committee, amendments were made to those 'to be in attendance' to ensure consistency of approach on this issue within Committees. Due to changes in the nominated members from Moray Council and Councillor Morrison taking over as Chair of the Board there was a requirement to change Council membership of the Board's Committees. The MIJB agreed Councillor Eagle would sit on the CCG Committee.
- 3.2. The MIJB agreed at its meeting on 31 January 2019 (para 7 of the minute refers) to review Committee appointments. The MIJB agreed to appoint Mr Riddell as a member and Chair of the CCG Committee.
- 3.3. The CCG Committee is responsible for demonstrating compliance with statutory requirements in relation to clinical governance, authorising an accurate and honest annual clinical governance statement and responding to scrutiny and improvement reports by external bodies.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Throughout the 2018/19 financial year, the CCG Committee has held three formal meetings and one development session.
- 4.2. The MIJB receive CCG Committee minutes routinely throughout the year for information. Key points from the financial year 2018/19 are noted below:
- Considered and noted the newly published Health & Social Care Standards. Noted the progress made in implementing the standards across Health and Social Care Moray (HSCM). The Committee supports the completion of a self-reflection resource from Scottish Government.
 - Examined a report detailing the process of a Large Scale Investigation.
 - Noted the content of the Mental Welfare Commission for Scotland visiting and monitoring report and the recommendations made. Welcomed an update on the progress made in implementing the actions.
 - Examined adverse events and feedback from Health and Social Care Moray.
 - Noted the progress in developing the Clinical Care Governance Framework in Health and Social Care Moray and considered the structure and operational requirements of the Clinical Governance Group.
 - Considered the draft Social Work Development Plan.
 - Considered the Grampian Clinical Professional Assurance Framework for Health staff, that underpins service delivery throughout Health and Social Care.
- 4.3. A CCG Development session was held on 29 November to set out the requirements of the committee with regard to the level of information required to ensure the committee is assured that HSCM are meeting the required standards in quality, safety and effectiveness in delivery of prevention, treatment and maintenance stages of care for people in Moray. The Clinical Governance group and sub group of Clinical Risk Management have been established as the mechanism to facilitate the review and challenge required for assurance purposes.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

The MIJB Integration Scheme requires robust governance arrangements to be in place covering clinical and professional standards, legislation and guidance. This is critical to ensure high quality, safe and effective care across the services directed by the MIJB.

(c) Financial implications

There are no direct financial implications associated with this report.

(d) Risk Implications and Mitigation

The MIJB, Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose being to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports / action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

(e) Staffing Implications

There are no staffing implications arising directly from this report.

(f) Property

There are no property implications arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there is no change to policy or procedure arising from this report.

(h) Consultations

Consultation on this report has taken place with the Chief Officer, MIJB; Chief Financial Officer, MIJB; and Caroline Howie, 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 Clinical and Care Governance Committee throughout the 2018/19 financial year.

Author of Report: Isla Whyte, Interim Support Manager

Background Papers: with author

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: AUDIT, PERFORMANCE AND RISK COMMITTEE

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Moray Integration Joint Board (MIJB) of a summary of matters considered and actioned during 2018/19 at the Audit, Performance and Risk Committee.

2. RECOMMENDATION

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

- i) the content of this report; and**
- ii) the External Audit Plan attached at APPENDIX 1**
- iii) the Strategic Risk Register will be reviewed as part of the preparation of the new Strategic Plan and presented to this committee in October 2019.**

3. BACKGROUND

- 3.1. The MIJB agreed at its meeting on the 28 June 2018 (para 5 of the Minute refers) updated Standing Orders and Scheme of Administration for the MIJB and its Committees. The Audit and Risk Committee was renamed the Audit, Performance and Risk (AP&R) Committee and its remit was expanded to cover performance issues and allow for an appropriate level of scrutiny for reviewing service performance. At this meeting it was also agreed to appoint Councillors Eagle and Laing to the AP&R Committee.
- 3.2. At its meeting on 31 January 2019 the MIJB appointed Mr Riddell as a member of the AP&R Committee. Mrs Webb was appointed to Chair of the AP&R Committee (para 7 of the Minute refers).

3.3. An effective AP&R Committee is key to a strong governance culture and to assist in ensuring a robust framework is in place to provide assurance on risk management, performance, governance and internal control, provide effective scrutiny of the MIJB's functions and to consider the changes necessary to improve on these arrangements.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Throughout the 2018/19 financial year, the AP&R Committee has held four formal meetings. The Chief Internal Auditor has reported to each of these meetings providing an update on audit work concluded.

4.1.1 This work included a review of learning disabilities commissioning, and audits of payroll including an assessment of payroll access controls and regularity testing of selected employee data. A review of the application of the contributions policy, which requires service users to make a payment towards the cost of their care, was completed, and the audit team continued its participation in the self-directed support working group. The audit work informed the audit opinion provided in the annual governance statement to be published with the annual financial statements.

4.1.2 The audit findings in relation to the audit of learning disabilities noted that work was underway to 'modernise service provision in a manner which recognises changed expectations, for example, arising from personalisation, while managing cost pressures and seeking to secure optimal care solutions for users of learning disabilities services'. Progress on this modernisation programme will be monitored during 2019/20.

4.1.3 Internal audit also participated in an external quality assessment (EQA) process used to assess compliance with the Public Sector Internal Audit Standards, which are mandatory for local government bodies (including IJBs). The EQA, conducted by an audit team from Fife Council, concluded that the Internal Audit Service 'generally conforms' to the Standards. Further information on the EQA outcomes and areas for improvement to be progressed will be made available to the MIJB AP&R Committee.

4.2. The MIJB receive AP&R Committee minutes routinely throughout the year for information. Key points during the financial year 2018/19 are noted below:

- Approved the updated Risk Policy.
- Approved the 2017/18 draft Annual Performance Report for publication by the 31 July 2018.
- Considered and noted the expanded remit of the Committee regarding performance.
- Considered and noted the performance information from the MIJB for Quarter 4 2017/18 and Quarters 1, 2 and 3 of 2018/19.
- Considered and noted the Internal Audit Annual report 2017/18.
- Noted the findings of the NHS Grampian Internal Audit Report and tasked the Chief Financial Officer with developing an assurance process for the Committee on monitoring and exception reporting actions arising from audits.
- Noted a report by the Chief Internal Auditor on the proposed internal audit coverage for completion in the current 2018/19 financial year.

- Agreed a ‘follow up’ protocol covering oversight and monitoring of the implementation of audit recommendations.
- Discussed and commented on the Audit Scotland – Update Report on Health and Social Care Integration published in November 2018.
- Considered and noted the arrangements in place in Grampian for the management of the Payment Verification process.

4.3. The Strategic Risk Register is a standing item of the AP&R Committee and is reviewed and updated throughout the year. The most recent version of the Strategic Risk Register was presented and noted at the meeting of the AP&R on 28 March 2019 (para 6 of the draft Minute refers). The strategic risk register and associated risk appetite will be aligned to and included in discussions for the the new strategic plan, with the revised register being submitted to this committee by October 2019.

4.4. On 28 March 2019 a report by the Chief Financial Officer informed the Committee of the External Auditor’s Annual Plan for 2018/19 (paragraph 7 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 2018/19. 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 2016 – 2019

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 Caroline Howie, 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 2018/19 financial year.

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

Moray Integration Joint Board

Annual Audit Plan 2018/19



 AUDIT SCOTLAND

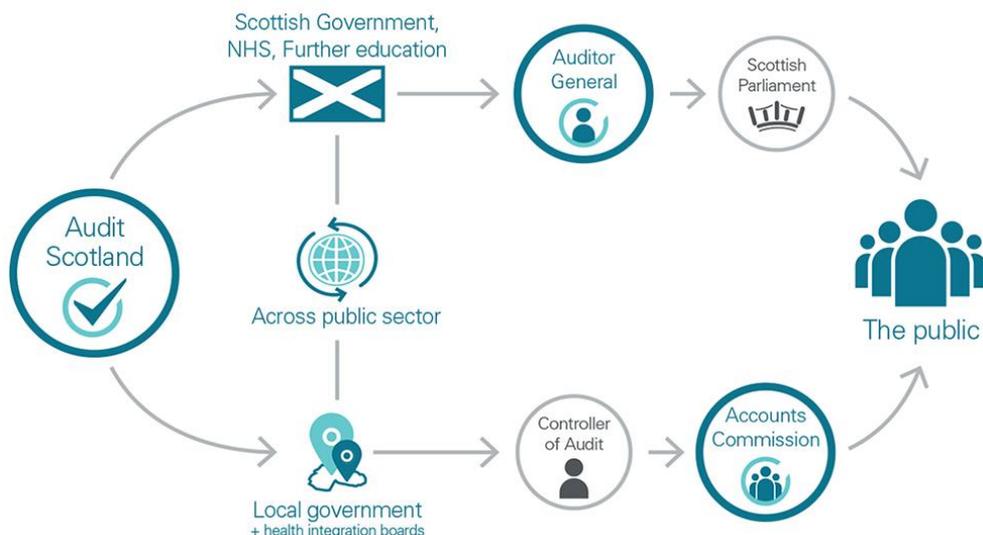
Prepared for Moray Integration Joint Board

March 2019

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

1. This annual audit plan contains an overview of the planned scope and timing of our audit and is carried out in accordance with International Standards on Auditing (ISAs), the [Code of Audit Practice](#), and any other relevant guidance. This plan sets out the work necessary to allow us to provide an independent auditor's report on the financial statements 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.

Adding value

3. We aim to add value to Moray Integration Joint Board (the IJB) through our external audit work 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 the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Audit risks

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

Exhibit 1 2018/19 key audit risks

 Audit Risk	Source of assurance	Planned audit work
Financial statements issues and risks		
1 Risk of management override of controls 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 consideration of the risk of management override of controls to change the position disclosed in the financial statements.	Owing to the nature of this risk, assurances from management are not applicable in this instance.	Assurance from host body auditors on the accuracy and completeness of year end financial reports. Detailed testing of significant adjustments at year end. On-going review of financial position.

 Audit Risk	Source of assurance	Planned audit work
Wider dimension issues and risks		
<p>2 Financial management and sustainability</p> <p>The 2018/19 budget agreed by the IJB in March 2018 identified a funding shortfall of £4.6 million. This gap was subsequently reduced to £3.3 million, at the end of June, following the identification of additional savings of £0.5 million and the use of all of the IJB's reserves (£0.8 million). This represented an unbalanced budget which was underpinned by partner deficit funding in line with the integration scheme.</p> <p>In November 2018, the IJB agreed a financial recovery plan with NHS Grampian and Moray Council aimed at reducing the 2018/19 funding shortfall and addressing the underlying overspend on core services in future years.</p> <p>In February 2019, the Chair of the IJB wrote to the chief executives of its partner bodies to advise that a £1.5 million deficit (after the use of reserves) was being forecast for 2018/19 and that this would require to be funded by NHS Grampian (63%) and Moray Council (37%).</p> <p>We have previously reported that the IJB has yet to develop medium to long term financial plans. Although the financial recovery plan covers the period 2019/20 to 2021/22, it only sets out projected savings to recover the underlying deficit on core services and does not include any additional budget pressures.</p> <p>There is a risk that:</p> <ul style="list-style-type: none"> the recovery plan is not robust, and the required savings are not realised the IJB is not planning adequately over the medium to long term to manage or respond to significant financial risks. 	<p>Progress has been made during 2018/19 through enhanced scrutiny and restrictions in relation to expenditure. This has been positive in reducing the forecast deficit (after use of reserves) for the year.</p> <p>The Recovery Plan has been agreed by partners and the risks inherent in the plan have been highlighted to members of the IJB. To further address this, the Senior Management Team will be conducting service reviews to ensure strategic priorities can be delivered within the financial framework.</p> <p>The medium term financial strategy will be aligned to the new Strategic Plan and presented to the IJB in June 2019 as part of a suite of reports addressing transformation. It is acknowledged by IJB members that this should be considered in the context of longer-term financial planning.</p>	<p>Ongoing review of financial monitoring reports.</p> <p>Continuing to monitor the in-year and year end financial position and additional funding required from NHS Grampian and Moray Council.</p> <p>Consideration of the quality of the recovery plan and deliverability of actions proposed.</p> <p>Review the development of medium/long term financial planning.</p>

Source: Audit Scotland

Reporting arrangements

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

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

7. We will provide an independent auditor's report to the IJB and the Accounts Commission setting out our opinions on the annual accounts. We will 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.

Exhibit 2

2018/19 audit outputs

Audit Output	Target date	Audit, Performance and Risk Committee date
Annual Audit Report	9 September 2019	19 September 2019
Independent Auditor's Report	20 September 2019 (Signed)	19 September 2019 (Proposed)

Source: Audit Scotland

Audit fee

8. The agreed audit fee for the 2018/19 audit of the IJB is £25,000 (2017/18: £24,000). In determining the audit fee, we have taken account of the risk exposure of the IJB, 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 27 June 2019.

9. 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

Moray Integration Joint Board and Chief Financial Officer

10. 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.

11. The audit of the annual accounts does not relieve management or the IJB, as those charged with governance, of their responsibilities.

Appointed auditor

12. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

13. 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, regularity and use of resources. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Annual accounts

14. 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 business of the IJB and the associated risks which could impact on the financial statements
- obtaining assurances from the auditors of the partner bodies (NHS Grampian and Moray Council) on the key systems of internal control, and establishing how weaknesses in these systems could impact on the financial statements
- assessing the risks of material misstatement in the financial statements
- determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free of material misstatement.

15. 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 2019 and of its income and expenditure for the year then ended
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs), as adopted by the European Union, and as interpreted and adapted by the 2018/19 Code of practice on local authority accounting in the UK
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.



characteristics



responsibilities



principal activities



risks



governance arrangements

Other information in the annual accounts

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

17. We also read and consider any information in the annual accounts other than the financial statements and audited part of the remuneration report and report any uncorrected material misstatements.

Materiality

18. 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.

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

Exhibit 3 Materiality values

Materiality	Amount
Planning materiality – This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It has been set at 1% of projected gross expenditure for the year ended 31 March 19 based on the revenue budget for 2018/19.	£1.3 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 50% of planning materiality.	£0.6 million
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 4% of planning materiality.	£50,000

Source: Audit Scotland

Timetable

20. To support the efficient use of resources it is critical that a timetable is agreed with us for the audit of the annual accounts. [Exhibit 4](#) sets out the agreed timetable which takes account of submission requirements and planned Audit, Performance and Risk Committee meeting dates.

Exhibit 4 Annual accounts timetable

 Key stage	 Date
Consideration of unaudited annual accounts by those charged with governance	27 June 2019
Latest submission date of unaudited annual accounts with complete working papers package	27 June 2019
Latest date for final clearance meeting with Chief Financial Officer	30 August 2019
Agreement of audited unsigned annual accounts	9 September 2019
Issue of Annual Audit Report including ISA 260 report to those charged with governance	
Audit, Performance and Risk Committee meeting to approve the audited annual accounts for signature and to consider the Annual Audit Report	19 September 2019
Independent auditor's report signed	20 September 2019

Internal audit

21. Internal audit is provided by Moray Council internal audit section. As part of our planning process we carry out an annual assessment of the internal audit function to ensure that it operates in accordance with Public Sector Internal Audit Standards (PSIAS).

22. In our 2017/18 audit report we noted that an external assessment against the PSIAS had not yet taken place and so internal audit could not demonstrate full compliance with these Standards. The assessment took place in February 2019. We will review the findings and report the results in our Annual Audit Report

Using the work of internal audit

23. 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 2018/19. We will consider internal audit's work on corporate governance as part of our wider dimension audit responsibilities.

Audit dimensions

24. Our audit is based on 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 sustainability

25. 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 the IJB's 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.

Financial management

26. 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 the IJB:

- has arrangements in place to ensure systems of internal control are operating effectively
- can demonstrate the effectiveness of its budgetary control system in communicating accurate and timely financial performance
- has established appropriate and effective arrangements for the prevention and detection of fraud and corruption.

Governance and transparency

27. 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 of decision-making
- the quality and timeliness of financial and performance reporting.

Value for money

28. 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 focus on improvement and that there is a clear link to the outcomes delivered.

Independence and objectivity

29. 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.

30. 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

31. 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.

32. 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.

33. 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 2018/19

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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE: SELF-EVALUATION

BY: PAM GOWANS, CHIEF OFFICER

1. REASON FOR REPORT

- 1.1. To seek endorsement from the Board on the draft review of progress with integration self-evaluation submission to the Ministerial Strategic Group (MSG) for Health and Community Care.

2. RECOMMENDATION

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

- i) consider and approve the draft review of progress with integration of Health and Social Care submitted to the MSG on 14 May 2019, see APPENDIX 1; and**
- ii) seek an update from the Chief Officer on the improvement actions identified within the submission to be presented to the meeting of the MIJB on 28 November 2019.**

3. BACKGROUND

- 3.1. The MSG was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership, direction and support in working across organisational and structural boundaries. It assumed overall responsibility for policy matters that crossed the local government / NHS Scotland interface and is a key forum for taking forward Convention of Scottish Local Authorities (COSLA) and the Scottish Government's joint political leadership of health and social care integration.
- 3.2. Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. At a health debate in the Scottish Parliament on

2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the MSG for Health and Community Care

- 3.3. At its meeting on 20 June 2018, the MSG agreed that the review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray (the then Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a “reference” group to the leadership group.
- 3.4. The MSG for Health and Community Care published a report on the review of progress with integration on 4 February 2019. Following publication it was agreed to reconvene the Leadership Group on the 12 February 2019; this group took on the new role of driving forward and supporting implementation of the review. Included in the review report was the expectation that Health Boards, Local Authorities and Integration Joint Boards should take this opportunity to evaluate their current position in relation to the review report’s findings and the Audit Scotland report on integration published in November 2018, and take action to make progress.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. On the 25 March 2019 the Chief Officer received a letter from Malcolm Wright (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive, COSLA) requesting completion and submission of the self-evaluation template by 15 May 2019 in order that progress may be shared with the MSG.
- 4.2. Partnerships were asked to rate itself using a 4 level system – Not Yet Established, Partly Established, Established and Exemplary. The rating required to be backed up by evidence and/or notes and proposed improvement actions identified.
- 4.3. There are 25 proposals in total however 3 of these were not for completion by the partnership. MIJB results at a glance are:-
 - None were rated at Exemplary level
 - 11 of the 22 (50%) rated at Established level
 - 11 of the 22 (50%) rated at the Part Established level
 - None were rated at the Not Yet Established level
- 4.4. The self-evaluation template was prepared on a collective basis with NHS Grampian, Moray Council and MIJB and was submitted as “draft” to the MSG by their deadline of 15 May 2019.
- 4.5. It is the intention of the Integration Review Leadership Group to request to repeat this process towards the end of the 12 month period set for delivery of all of the proposals in order to collectively demonstrate progress across the country. With this in mind it is considered necessary that the MIJB monitors the progress being made against the improvement actions identified in the submission made to the MSG. The recommendation is that the Chief Officer

provides the MIJB with an update of progress at its meeting of 28 November 2019.

5. SUMMARY OF IMPLICATIONS

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

This review draws together the proposals for ensuring the success of integration. There are direct links to the achievement of the Strategic Plan and delivery on the national health and wellbeing outcomes.

(b) Policy and Legal

None arising directly from this report.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

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

6. CONCLUSION

6.1. The MIJB are asked to consider and approve the draft review of progress with integration of Health and Social Care submitted to the Ministerial Steering Group.

6.2. Following agreement by the Board, that the Chief Officer will present an updated position to the MIJB meeting of 28 November 2019 on the progress being made against the identified improvement actions.

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

Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

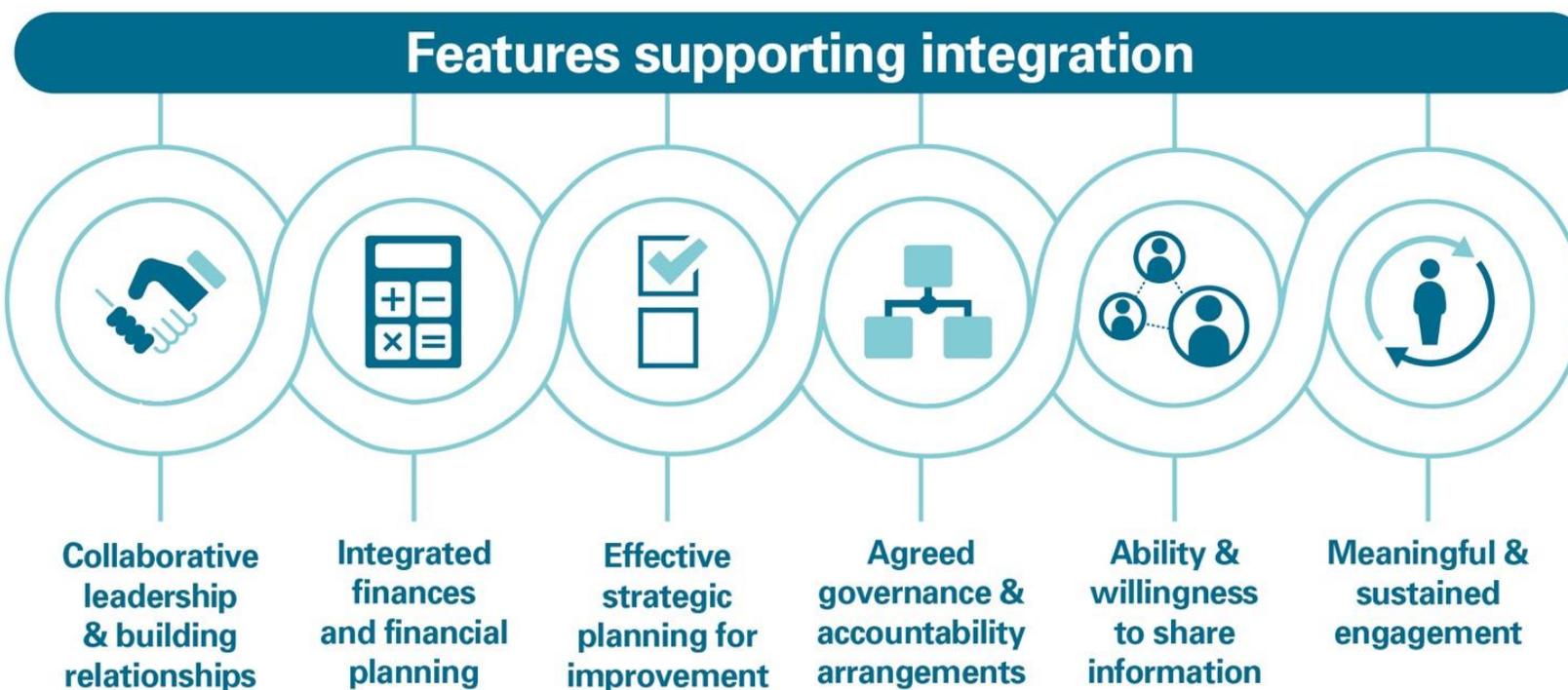
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

**Thank you.
Integration Review Leadership Group
MARCH 2019**



Name of Partnership	Moray
Contact name and email address	Pam Gowans pamela.gowans@moray.gov.uk
Date of completion	

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice.				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • Co-location and active membership of the IJB CO within both the LA Corporate Management Team and the NHS System Leadership Team has been in place since the inception of integration. • IJB Senior and Operational Management teams have taken part in the cross System Leadership across Grampian facilitated by the Kings Fund. • Induction programme for all NHS Non-Executive members which supports the development and understanding of IJB Members. • IJB development session held bi-monthly • LA elected member briefings led by CO • IJB voting member briefings • Chief Executives of LA and NHS invited to attend IJB meetings 			

Proposed improvement actions	<ul style="list-style-type: none">• Mechanism to be developed to ensure corporate support systems are adequate and appropriate in the LA and NHS both supporting the IJB and identifying activities where a multi-agency approach could be explored.• Strengthen connections across the partnership to ensure meaningful understanding and collaboration throughout all organisations
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Proposal 1.2 Relationships and collaborative working between partners must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Co-location and active membership of the IJB CO within both the LA Corporate Management Team and the HB Senior Leadership Team has been in place since the inception of integration. • Quarterly performance meetings scheduled between IJB Chair and Vice-Chair IJB, CO & CFO, LA & NHS Chief Executives and NHS Director of Finance • Establishment of the Moray Alliance - developing a 'Whole System Approach' to health and social care in Moray through looking at international systems. Links to third sector, digital health and supported through additional NHS investment. • One – System – one budget ethos developed, joint input into Community Planning Partner Meetings • The IJB Strategic Planning and Commissioning Group is represented by all key planning partners who's meeting attendance is consistent and valued. • Collaboration among partner organisations is characterised by trust, mutual respect, and regular and effective interaction – the establishment of the North East Partnership Forum, regular discussions between the NHS and LA Chief Executives and Chief Officers and the inclusion of Chief Officers on the senior leadership teams within the respective NHS and LAs are evidence of building relationships. • All senior leaders within the organisations acknowledge the pressures, cultures and drivers in different parts of the system leadership roles, responsibilities and expectations reflect the need for cross organisational working – this is reflected in the objectives of NHS System Leadership Team members 			

	<ul style="list-style-type: none"> • Involvement and engagement in community planning has improved and we would aim to develop this further • Process underway to plan collaboratively across the health and social care system in relation to the unscheduled care delegated pathways with the aim of reshaping services and shifting the balanced of care
Proposed improvement actions	<ul style="list-style-type: none"> • Continuous evaluation of the work of the Moray Alliance will inform how this collaboration evolves. • Further work required to ensure transparency and improvement mechanisms on health and social care business within the wider organisation of the LA • Involvement and engagement in community planning has improved and we would aim to develop this further • Process underway to plan collaboratively across the health and social care system in relation to the unscheduled care delegated pathways with the aim of reshaping services and shifting the balanced of care

Proposal 1.3				
Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Third sector representation at Board level with active and engaged depute in place. • Third sector engaged in community planning partner meetings and NHS Board meetings • Third and independent sector engaged at Strategic Planning Group level. Workshop sessions have been led and facilitated by these groups on a regular basis. • LA support provided from a health and social care commissioning perspective, particularly housing 			
Proposed improvement actions	<ul style="list-style-type: none"> • Continue to consider and assess relationships with the third and voluntary sectors to ensure effectiveness and appropriate engagement. • Strengthen locality planning arrangements to ensure ongoing engagement and involvement with third, independent and community groups in future community planning 			

Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Quarterly meetings scheduled between IJB Chair and Vice-Chair IJB, CO & CFO, LA & HB Chief Executives and NHS Director of Finance • Regular meetings scheduled with the IJB CFO and LA Head of Finance to assist discussion with the LA Chief Exec and Corporate Management team • Regular meetings scheduled with the IJB CFO and the HB Deputy Director of Finance to assist discussion with the HB Chief Exec and NHS Grampian Senior Leadership Team • Joint meetings scheduled with the IJB CFO, LA Head of Finance and HB Deputy Director of Finance to consider joint financial matters and ensure mutual understanding. • Budget protocol agreed by all partners and approved at IJB level 			

	<ul style="list-style-type: none"> • There are well established relationships between the NHS Board Director of Finance and the three Chief Finance Officers and local authority S95 officers. This includes <ul style="list-style-type: none"> - membership of the Board's Budget Steering Group (including the IJB Chief Finance Officer), budget decisions being made by the System Leadership Team (including the IJB Chief Officer), IJB representation on the Board's Asset Management Group; - sharing of the monthly finance reports - The IJB is currently in a deficit position and support from LA and NHS has been provided to assist with the development and implementation of recovery plans.
<p>Proposed improvement actions</p>	<ul style="list-style-type: none"> • From April 2019 it is intended that the LA Head of Finance should also be in attendance at the quarterly meetings outlined above. • Development of the IJB Medium Term Financial Strategy will be developed in the context of the whole system. There were examples of this in preparation of the 2019/20 budget but enhancement is required.

Proposal 2.2 Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • IJB budgets have been agreed to date by all partners by the end of March. Funding notification has been provided by both LA and NHS by 28 February each year. • There was an IJB decision taken to delay the medium term financial plan to allow for alignment with the new Strategic Plan. This is now in development. • Scenario planning for delegated budgets has been addressed to date through IJB development sessions, budget update papers presented to the IJB and more recently and 'Financial Outlook' paper 			

Proposed improvement actions	<ul style="list-style-type: none">• Greater dialogue throughout the year between all partners to ensure a robust process surrounding the development of the medium term financial plan and recovery plan progress.
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Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> To date there have been numerous IJB development sessions held to discuss the delegated hospital budgets and how this will be best approached. A North East Partnership Forum (NEPF) was set up, in part to consider and facilitate the implementation of set aside requirements – progress has been slow to date. Recently established NEPF Exec Group. First meeting still to take place with a remit to consider the delegated budgets in the context of reshaping services and shifting the balance of care. Agreement been reached on a joint strategic planning approach covering all six of the services delegated for planning purposes to the 3 Grampian IJB's Establishment of the Moray Alliance, over time is intended to support the implementation of the set aside budget requirements through a 'one system, one budget' approach 			

Proposed improvement actions	<ul style="list-style-type: none">• The NEPF has met with a view to review and refresh the role, remit and membership. A Terms of Reference is currently being drafted and first meeting date has been set. This approach is first being used to undertake strategic reviews for mental health and learning disability services, care for the elderly and palliative care. Other three services will be phased over the next 12-18 months.• A key component for these reviews will be to identify the resources committed to the current model and the resources required to support the redesign and service model identified through the strategic review process. These will enable plans to be developed for changing use of resources linked to redesign and agreed outcomes. It would be through this approach that agreement will be reached in terms of resource allocation.• Establishment of the Moray Alliance, over time is intended to support the implementation of the set aside budget requirements through a 'one system, one budget' approach
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Proposal 2.4 Each IJB must develop a transparent and prudent reserves policy				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • A reserves policy was developed and approved at the first meeting of the IJB • The IJB reserves policy has been subject to regular review and approval at IJB level • The LA Head of Finance and HB Deputy Director of Finance are consulted with by the IJB CFO prior to the approval of the reserves policy by the IJB • The IJB currently has no reserves, following the rule of the Integration Scheme 			
Proposed improvement actions	<ul style="list-style-type: none"> • Difficulty in holding general reserves due to the Integration Scheme and the requirement to call on reserves. • Earmarked reserves will be created appropriately as part of the 18/19 annual accounts process. 			

Proposal 2.5				
Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and Forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • In August 2017 an independent IJB S95 Officer was appointed. Prior to this the S95 duties had been carried out by the LA S95 Officer • Conflicts of interest are avoided to an extent. IJB S95 Officer is supported by staff of the HB and NHS but resource can often be limited. Attempts have been made to identify pressure points in the system to ensure conflicting workloads can be accommodated. • The IJB S95 Officer takes part in the annual staff appraisal process for the key finance personnel in the NHS and LA. • Regular meetings are scheduled with the IJB S95 Officer, jointly with the finance staff of both the LA and NHS to ensure a consolidated financial position is established. • Good working relationships are well established with the IJB S95 Officer and finance staff of the LA and NHS with some co-location in place. 			

	<ul style="list-style-type: none">• Finance support provided to the IJB CFO from the LA and NHS
Proposed Improvement actions	<ul style="list-style-type: none">• Ultimate aim would always be for the IJB S95 Officer to have both strategic and operational responsibility for finance staff in the LA and NHS. This is unlikely due to financial constraints and shrinking workforces.

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Proposal 2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • Efforts have been made to work towards the IJB budget losing its identity. Directions are being prepared, authorised and distributed appropriately. • The IJB reports budgetary information as a single system 			
Proposed improvement actions	<ul style="list-style-type: none"> • Better use of Directions. Detail needs to be enhanced in order to facilitate appropriate action. • Preparation and implementation of the new Strategic Plan is underway and is being prepared on the basis of a single budget • Preparation of a medium term financial strategy is underway and will facilitate a single budget • Service Reviews into individual services are underway with a view to understanding all our services in the context of our strategic planning priorities. On completion, consideration will be given to these in totality to support whole system planning • Formal approval to the strategic planning approach from all three IJB Boards and agreement that this will be the process 			

	<p>through which any planned re-allocation of resources is agreed.</p> <ul style="list-style-type: none">• Completion of the care for the elderly and mental health strategic reviews (by October 2019) and evaluation of the process to enable learning to be developed for the next phase of reviews.• The care for the elderly, palliative care and mental health strategic reviews to inform the future funding requirements to support its implementation and ensure resources are aligned to any revisions to current service configuration, Respiratory will be undertaken in autumn 2019 and rehabilitation medicine, A&E services and general medicine will likely be undertaken during 2020.
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Key Feature 3				
Effective strategic planning for improvement				
Proposal 3.1				
Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> Support to the IJB CO from the NHS has been provided in the establishment of the Moray Alliance The NHS, IJB and LA have worked in partnership to ensure that capacity has been and will continue to be made available to support both the strategic planning and delivery of services. This has included planning resources, support from the NHS executive directors and professional support from the corporate services. The Chief Officer role has been fully recognised and respected within the NHS and the contribution of the Chief Officers is valued through engagement on strategic planning, system leadership team and at the NHS Board. The Chief Officer Group (including the three Grampian Chief Officers and General Manager – Acute) is valued in terms of the support it provides to planning, operational delivery and assisting in addressing system wide issues as they arise. 			

	<ul style="list-style-type: none">• Significant LA support to health and social care and the Strategic Housing Investment Plan (Ship)
Proposed improvement actions	<ul style="list-style-type: none">• To consider further other relationships across LA services that could have a significant impact if there were a more strategic joined up approach

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Proposal 3.2				
Improved strategic inspection of health and social care is developed to better reflect integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

Proposal 3.3 National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4				
Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> Recent work has been undertaken through the IJB engaging with the Oxford Brookes University in looking at the application of the Institute of Public Care commissioning framework. Work now being led through the establishment of the Moray Alliance and this group being pivotal in the Strategic Planning and Commissioning group. Recent appointment of an Infrastructure Programme Manager and refresh of programme board LA Housing Service provides support to develop the Housing Contribution statement. LA procurement services provide support to facilitate the purchase of care, working collaboratively with the health and social care commissioning team Links amongst all partners in respect of strategic planning intent and required infrastructure. 			

	<ul style="list-style-type: none"> • Strong connections to the LA team leading on the local development plan with a focus on developing green spaces and understanding the needs of population growth. Ability to influence the use of developer obligations in relation to health and social care. • NHS, LA and IJB have worked in partnership to ensure that capacity has been and will continue to be made available to support both the strategic planning. The NHS Board has made available and funded additional capacity to support the strategic reviews of the delegated services, establish the North East Partnership Forum and support professional areas such as infrastructure, finance and workforce planning.
Proposed improvement actions	<ul style="list-style-type: none"> • Continued commitment to address cultural differences across all partners – enhancing connectivity and creating a shared identity. • Mechanisms to be established to facilitate cross-referencing of priorities where appropriate. • Prioritisation and recognition of Infrastructure Board to ensure a more inclusive approach to capital planning – membership includes all partner organisations. • View to establishing joint processes where appropriate • Development of better processes to evaluate and measure outcomes in line with Best Value • Development of revised Strategic Plan to be clearer on priorities • Development of performance management framework • Development of learning from transformational projects that has the potential to impact on the wider system

Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> Recent refreshed look to the North East Partnership Forum – role and remit. Emphasis on the delegated hospital services and strategic planning surrounding these. Moray Alliance established and whilst early days – initial views are positive NHS, LA and IJB have agreed to a joint strategic planning approach covering all six of the services delegated for planning purposes to the IJBs. This approach is first being used to undertake strategic reviews for mental health and learning disability services, care for the elderly and palliative care. Timescales for the remaining four services delegated for strategic planning are being agreed between NHS and 3 Grampian IJBs. 			

Proposed improvement actions	<ul style="list-style-type: none">• First Meeting scheduled of the NEPF Exec Group ensuring engagement of the required membership• Terms of Reference for the NEPF to be agreed• Regular engagement at IJB level to ensure the outcomes from the NEPF are communicated• To clarify with the Chief Officers that they believe that the NHS Board is effectively supporting and empowering them to act on behalf of the IJB.• Completion of the care for the elderly, palliative care and mental health strategic reviews (by October/November 2019) and evaluation of the process to enable learning to be developed for the next phase of reviews (by December 2019).• Agreement to be reached on a bi-annual/annual meeting of the wider North East Partnership Forum for the focus of the voting members of the IJB for shared learning and further collaboration.
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Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> Established Local Code of Corporate Governance – displaying sources of assurance from all parties Annual Governance Statement which includes assurance statements from HB and LA Directions are issued timely but have been generic to date Integration Scheme sets out the accountabilities and responsibilities of the IJB. The Chief Officer operational duties have been recorded and approved at IJB Board level with timely reviews. A regular report is provided to the NHS board – highlighting key points of IJB business and Chief Officers share attendance to speak to this collective report. NHS have noted and welcomed the collaborative approach the IJB has taken to the development of their strategic plans and the extent of engagement with the NHS Board as a key partner. This engagement has also extended to a number of key 			

	decisions that the IJB have taken in relation to services for which they are responsible
Proposed improvement actions	<ul style="list-style-type: none">• Continuous development of governance frameworks linking to frameworks of HB and LA• Greater focus and development on the use of Directions• Process to be reviewed to avoid duplication of effort and improvement actions agreed with Partners.• Requirement to develop further the need to report to full council and the wider organisation bridging the highlighted gap.

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Indicator 4.2 Accountability processes across statutory partners will be streamlined.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • Accountability and responsibility has at times been unclear and due process not followed in the desired sequence • From an NHS perspective since the commencement of the IJB there have been clear established arrangements to support better integration and where appropriate joint accountability and responsibility. For example: <ul style="list-style-type: none"> - Establishment of the North East Partnership Forum to promote joint working across the three IJBs - Close working undertaken with all three IJBs in relation to their financial positions - Joint LA and NHS Chief Executive and Chief Officer review meetings. - 3 way finance meetings 			
Proposed improvement actions	<ul style="list-style-type: none"> • Review of existing communication flows and accountabilities will take place and improved actions identified and taken forward. 			

Proposal 4.3				
IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Since the IJB inception of the IJB an induction programme has been in place and delivered to members through legal representatives from the LA • IJB development sessions have been a key feature of the IJB to ensure members are sighted on relevant matters. Engagement by IJB members has been consistent. • Regular attendance by IJB members at national meetings • Voting members briefings take place on a regular basis • Members Handbook was developed in line with the development of the Scheme of Delegation for IJB Board members by the Council allocated legal services manager • Committee Services from the council provide ongoing support to the IJB and its 2 committees. • Training on code of conduct, GDPR and Freedom of Information requests has been provided from council support services on a regular basis as required for induction and on-going development of the board. • From an NHS perspective the membership of the IJB Board has been devolved under the Integration Scheme. We would however comment that on the IJB there has been a commitment to an open and inclusive approach to decision making and consultation with communities in terms of changes to services and planning. 			

	<ul style="list-style-type: none"> • Additional monies have been made available the NHS to provide additional senior planning capability, corporate communications and support for corporate management functions to the partnership such as Civil Contingencies.
Proposed improvement actions	<ul style="list-style-type: none"> • Continued commitment to an induction programme for new members • Continued commitment to support IJB members on issues including code of conduct • Continued commitment to regular development sessions to address routine and topical discussion to ensure good communication and effective joint working • Continuation of national Chairs and Vice-Chair meetings are pivotal • Continue to develop a robust governance framework for which the IJB to operate within

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Proposal 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • Generic Directions are issued following IJB decisions in a timely manner • A log of all Directions issued has been maintained by the LA legal services team • In some cases there has been a level of detail included in the issue of Direction • From an LA perspective they have noted specifically that Low level Directions are clear but we find we can't deliver everything that is required. • From an NHS perspective there is acknowledgement that this is an area where ongoing development is required and we have been working closely with the three Grampian IJBs to ensure the effective and appropriate use the use of directions in relation to strategic commissioning. 			

Proposed improvement actions	<ul style="list-style-type: none">• Recent changes in the support being provided by the LA legal services team to the IJB has been reduced. Discussions are taking place to ensure an appropriate level of support can be maintained to ensure the effective issue of Directions.• As the processes surrounding the single budget system develops, the intention is to provide clearer and more meaningful Directions to the LA and HB following an IJB decision.• There is work to do across the partnership to ensure the effective use of directions and understanding of purpose and response.• Directions will be reviewed in relation to the revised guidance provided by SG.
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Proposal 4.5				
Effective, coherent and joined up clinical and care governance arrangements must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating			√	
Evidence / Our Notes	<ul style="list-style-type: none"> • Clinical and Care Governance (CCG) Committee established at the inception of the IJB, within the Health and Social Care Partnership there is a clinical governance group and a practice governance group covering the operational delivery of health and care services. Exception reporting is generated for Committee purposes. • CCG committee meets 4 times per year • Recently (Nov 2018) a development session was held amongst CCG committee members to consider the work of the committee, seeking assurance that this was still relevant. • Papers for the committee are public. • An annual report from the CCG goes to the IJB. • Reports as required can be generated for the NHSG Clinical Governance Committee • CSWO Report goes to the Council for approval as the CSWO remains accountable directly to the CEO, Moray Council and to the IJB/CCG for noting in respect of the duties laid out in the national guidance for CSWO in respect of the new arrangements. 			

	<ul style="list-style-type: none">• From the outset we made the establishment of an effective and coherent system of clinical and care governance a priority. An important requirement being that there clarity regarding the roles and responsibility for clinical governance and professional leadership within the IJBs and between the IJB and NHS Board.
Proposed improvement actions	<ul style="list-style-type: none">• Further work is underway to consider the join up operationally of critical joint business arising from practice governance and clinical governance to ensure the flow of key information and learning.• Seek feedback on the governance links – between the NHS Board and the IJB in order to consolidate on the areas that have worked well and to identify those areas where there are opportunities for further development (by September 2019).

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Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • The IJB has published its first 2 Annual Performance Reports (APR) in line with statutory guidance • The APR is a public document • The APR is presented to both the Full Council and NHS Grampian Board on publication. • In preparation of the APR consideration is given to what is being produced across Scotland on an informal basis. • The Chief Officers in the three IJBs work closely together and there is effective and meaningful sharing of information and best practice, including in relation to performance. We routinely review cross system performance within the IJBs, at NHS Grampian system leadership meetings and the NHS Board and its Performance Governance Committee. 			

Proposed improvement actions	<ul style="list-style-type: none">• Clearer agreement of the support form partners to ensure the timely delivery of the final document fit for publication. Reducing resources and service pressures across the system can limit this ambition.• As routine performance reporting is improved – the intention is to ensure this document will also improve and be seen as an ongoing piece of work and commentary.• The revised Strategic Plan is being developed with the APR in mind and the need for connectivity, alignment and transparency will be paramount.
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Proposal 5.2				
Identifying and implementing good practice will be systematically undertaken by all partnerships.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • Protocol established for monitoring progress against audit recommendations and shared learning for audit reports. • Learning event held in March 19 (MERIT awards) acknowledging achievements and success. Best practice examples were showcased. • CO national network Health and Social Care Scotland collate the APRs and sharing happens via a joint mechanism to ensure local partnerships can review and consider good practice. Moray has been approached by other partnerships to look at the housing model of care as an exemplar. Acknowledgment of this good practice nationally. • Posters and awards received at national events for innovative ways of working in areas of prevention. • Chief Officers ensure that lessons learned from inspection findings and reports from strategic inspections and service inspections are routinely shared and appropriate learning embedded. • Mechanisms for regularly disseminating partnership news and progress updates in a timely manner are in place 			

	<ul style="list-style-type: none">• There is a culture of openness which supports the sharing of data and information with stakeholders and regular communication of progress toward collective goals reflected in strategic plans and the NHS Board's Annual Operational Plan.
Proposed improvement actions	<ul style="list-style-type: none">• Further development of the MERIT awards to ensure an annual event is held with wider engagement of the partners• Ongoing consideration of means by which best practice can be adopted at a local level• Further review with partners on how we can build on our success to date.

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Proposal 5.3				
A framework for community based health and social care integrated services will be developed.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

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Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • The NHS Board and LA remains committed to being a pro-active partner and participant in community planning, engagement and participation. We fully accept our responsibilities in ensuring that services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. • Some significant evidence can be presented in terms of engagement with communities directly and with the support of local community connectors and the third sector. • Glasgow School of Art engagement in supporting modelling of locality services with the community a new approach to design 			
Proposed improvement actions	<ul style="list-style-type: none"> • Further discussion required across the partnership and with Community Planning on achieving more coherent approaches to engagement and involvement 			

Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Joint support to the IJB the evaluation of working arrangements and relationships with people using services, carers and local communities. • Strong evidence base of working effectively with Carers and a strategy is in place. • IJB has held focussed sessions on engagement with Carers with speakers invited to development sessions. • Carer representation on both the IJB and Strategic Planning Group 			
Proposed improvement actions	<ul style="list-style-type: none"> • As part of the jointly agreed strategic planning process the intention is to strengthen further the community/public, user and carer engagement and participation in better understanding existing services and how these will change to better meet needs. This will be evaluated and actions agreed to further enhance this based on findings. 			

Proposal 6.3				
We will support carers and representatives of people using services better to enable their full involvement in integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • We recognise our responsibilities in this respect and this is supported by partners to ensure there is meaningful engagement with Carers and representatives of people using health and social care services. • Strong connections with Children's services now exist providing opportunity to maximise joined up working for children and families. 			
Proposed improvement actions	<ul style="list-style-type: none"> • From an NHS perspective there is the intention to review the role of the Board in relation to community plan to identify where we enhancement could be made in order to improve engagement with key stakeholders • Ongoing evaluation of the community/public user and carer engagement approach as part of the agreed strategic planning process and adapt this based on learnings. 			



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: REVENUE BUDGET OUTTURN FOR 2018/19

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Moray Integration Joint Board (MIJB) of the financial outturn for 2018/19 for the core budgets and the impact this outturn will have on the 2019/20 budget.

2. RECOMMENDATIONS

2.1 It is recommended that the MIJB:

- i) consider and note the unaudited revenue outturn position for the financial year 2018/19,
- ii) consider and note the impact of the 2018/19 outturn on the 2019/20 revenue budget, and
- iii) approve for issue, the Directions shown in appendices 4 and 5 to NHS Grampian and Moray Council respectively.

3. BACKGROUND

- 3.1 The overall position for the MIJB is that core services were overspent by £2,564,784 as at 31 March 2019. The MIJB's unaudited financial position for financial year ending 31 March 2019 is shown at **APPENDIX 1**. This is summarised in the table below.

	Annual Budget £	Actual Expenditure £	Variance to date £
MIJB Core Service	114,492,166	117,056,950	(2,564,784)
MIJB Strategic Funds	2,583,516	1,211,408	1,372,108
Total MIJB Expenditure	117,075,682	118,268,358	(1,192,676)

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

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2018/19

4.1 Learning Disabilities

4.1.1 The Learning Disability service is overspent by £491,668 to the year-end. The overspend is primarily due to overspends on the purchase of care for people with complex needs of £570,524, which includes young people transitioning from children's services, people being supported to leave hospital and for a major adaptation to a property of £45,257 to enable the service user to remain in their own home. This is being offset by underspends on staffing (£135,708) that have existed throughout this financial year, mainly relating to physiotherapy, speech and language and psychology services.

4.1.2 The outturn for Learning Disability service is overspent by £191,811 more than previously forecast. This was primarily due to, as noted above, the cost of supporting people with complex needs. Whilst a proportion of the costs of people transitioning into the adult services from integrated children's services are funded through additional in-year funding from Moray Council, the later life transitions of people moving from the care of their families into living more independently need to be met from existing resources, and it is often at this point that the overall cost of their support increases significantly. The whole system transformational change programme in learning disabilities can help ensure that every opportunity for progressing people's potential for independence is taken, and every support plan is scrutinised prior to authorisation. The system can then have confidence that the money spent is required and appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support. Whilst every element of expenditure is scrutinised prior to authorisation at service manager level, it has not been possible to reduce expenditure in line with the budget, as the nature of learning disabilities means that people will require on-going, lifelong support. The current level of scrutiny will remain in place, with only critical or substantial needs being met.

4.2 Mental Health

4.2.1 Mental Health services are overspent by £433,392 at the year end. This includes overspends on senior medical staff costs including locums (£440,246), Allied Health Professionals (£32,951), other staff (£20,449), supplies and equipment (£20,332), an efficiency target yet to be achieved (£75,000) and less income received than expected (£27,032) which is being offset by an underspend in nursing (£170,835). Services have continued to be delivered where funding has been reduced or withdrawn.

4.2.2 The outturn for Mental Health is an improved position on the previous forecast figure by £186,346. This was primarily due to £50,000 forecast spend which did not occur as care was instead delivered by the older people permanent care budget and reduced locum medical expenditure. There will be a reduction in some medical sessions as a result of redesign and efficiency during 2019/20.

4.3 Care Services Provided In-House

4.3.1 This budget is underspent by £769,503 at the end of the year. This primarily relates to staffing costs (£842,283) in Care at Home service (£189,999), Community Support workers (£222,023), challenging behaviour unit (£273,578) and other services brought in house during the year (£158,683) and other minor variances totalling £50,438. This is being reduced by overspends in Day Care £48,815 and less income received than expected £74,403.

4.3.2 The outturn for this budget has improved by £19,028 since the previous forecast. The underspend in the challenging behaviour unit is not expected to continue into 2019/20 as the units are at full capacity for both service users and staff. The overspend in Day services is likely to continue due to a previous saving which has not yet been achieved. The staffing underspend in Care at Home and community support workers is not expected to continue at the current level in 2019/20.

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

4.4.1 This budget is overspent by £1,706,034 at the end of the year. The year-end position includes an over spend for domiciliary care in the area teams (£1,836,513), less income received than anticipated (£88,880) and client transport (£74,159). This is reduced by an underspend in permanent care (£297,369). The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer.

4.4.2 The outturn for this budget is £317,747 better than the previous forecast. This was primarily due to the cost of care within the community. Monitoring the level of spend within domiciliary care with external providers will continue and this should be in context with the underspend in internal services. The service manager is also looking at the process for authorisation in order to be able to monitor this more closely. Contract monitoring in relation to very sheltered complexes will continue and variations to these contracts should show a financial change in 2019/20.

4.5 Intermediate Care & Occupational Therapy (OT)

4.5.1 This budget is overspent by £289,252 at the end of the year, this primarily relates to overspends on aids & adaptations (£246,742), and telecare equipment (£32,608) to facilitate people remaining in their own home.

4.5.2 The outturn for this budget is £164,644 worse than previously forecast. The purchasing of aids, equipment servicing, community alarms and telecare have greatly increased in the last quarter. This was primarily due to the waiting list initiative being addressed which has seen a reduction of 69% in 2018/19. This puts additional pressure on the equipment and adaptation budget, including increased costs of complex equipment. Weekly budget monitoring sessions

have been established with the OT Team Manager and Service Manager to scrutinise the level of spend which will continue in 2019/20.

4.6 Administration & Management

4.6.1 There is an overall underspend of £387,222 at the end of the year. This primarily relates to the vacancy target being overachieved by £365,759 and the business support unit administration service (£48,705). An overspend exists in the Admin & Management service (£23,150) mainly relating to the impact of Sure Start as services have continued to be delivered where funding has been withdrawn and this is being reduced by a minor underspend in management salaries .

4.6.2 The outturn for this budget is £135,974 worse than previously forecast. This was primarily due to the correction of salaries coded between admin & management and dental, where the position has improved.

4.7 Primary Care Prescribing

4.7.1 The primary care prescribing budget is reporting an actual over spend of £993,996 for the twelve months to March 2019. This includes a low volume increase of less than 1% on items. This out turn reflects the more material impact of volatile external factors affecting prices. These national factors include, variance in prices arising from shortage in supply and the timing and impact of generic medicines introduction following national negotiations. Locally, medicines management practices are applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspective.

4.7.2 The previous forecast for this budget was an overspend of £1,037,556. The continuation of effective local medicines management practices has limited the negative impact of external factors on this budget.

4.8 Primary Care Services

4.8.1 Primary Care services are underspent by £260,628 which is a greater underspend than forecast. The main cost pressures in 18/19 relate to established Enhanced Services. Enhanced Services contracts are used by Scottish Government as a key mechanism to enable a shift in the balance of care from the specialist sector through targeted activity and improved local access across a range of intermediate treatment and diagnostic services. The Premises out-turn includes a reduced overspend mainly relating to downward revision of estimated rental review increases still outstanding which impacted mainly in Moray. The main overspends in enhanced services continue to be offset in part by under spend in Board Administered funds (BAF) which includes the impact of reduced Seniority payments, professional payments and other entitlements due.

4.8.2 The outturn for this budget is £174,421 better than previously forecasted. This was primarily due to the revision of estimates for premises and NHS Board administered funds.

4.9 Hosted Services

4.9.1 For Moray recharges hosted services, the position overall is an over spend of £196,751. There are a range of services within the overall recharge which includes overspends on Sexual health, Marie Curie, Police forensic and GMED, which is reduced by underspends in Intermediate care, Diabetes & Retinal screening and HMP Grampian. Work is underway across Grampian to ensure performance is monitored and reported to assist improved management of hosted services.

4.10 Improvement Grants

4.10.1 This budget was underspent by £128,570 at the year end, this is due to the Improvement grants and the timing of works.

5. **STRATEGIC FUNDS**

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

- Integrated Care Fund (ICF);
- Delayed Discharge (DD) Funds;
- Additional funding received from NHS Grampian during 2018/19 which has not been fully utilised during the year. Provision has been made to fund unutilised allocation for Primary Care Improvement Funds and Action 15 in 2019/20.
- Provisions for earmarked reserves and identified budget pressures that were expected at the start of 2018/19.
- Also included within the Strategic Funds line is the general reserve that was utilised to create a balanced budget position when the budget paper was presented to the MIJB on 28 June 2018 (para 6 of the minute refers).

5.2 At the end of the financial year there was non-recurring slippage on Strategic Funds of £1,372,108 which has reduced the overall overspend to £1,192,676. As at 1 April 2018, the MIJB held reserves of £846,726 which were utilised to support the 2018/19 budget in accordance with the Integration Scheme.

5.3 During the year, Scottish Government allocated funding in respect of the Primary Care Improvement Fund, to be used by integration authorities to commission primary care services and support the Government's Mental Health Strategy. The Scottish Government made a commitment to ensuring full sums would be invested and spent on the priorities identified in support of this and to assist planning a guarantee was made that any in-year slippage would be made available in full in subsequent years; and that any allocations made during the year should be considered as earmarked recurring funding and used for these specific purposes in future years. The result of which has meant the MIJB is required to retain a general reserve for the purposes of earmarking these funds at a level of £256,863. The overall impact on the MIJB reserves shows a reduction of £589,863, that being £846,726 at 1 April 2018 to 256,863 as at 31 March 2019.

- 5.4 After consideration of earmarked reserves and application of slippage on Strategic Funds, the MIJB financial position resulted in an overspend of £1,192,676 which, in accordance with the Integration Scheme has to be met by additional funding from the NHS Grampian and Moray Council proportionate to the original investment, regardless of which arm of the budget the overspend occurred. This has been agreed with the Deputy Director of Finance, NHS Grampian and Head of Financial Services, Moray Council as 63%: 37% respectively which translates to £751,386 NHS Grampian and £441,290 Moray Council.
- 5.5 In November 2018 the MIJB was presented with a report relating to a financial recovery plan (para 18 of the minute refers) that had been agreed by the Director of Finance, NHS Grampian and Head of Financial Services, Moray Council. At this point in time the MIJB had a forecast overspend to the end of the financial year of £1,437,779. The financial recovery plan highlighted the action being taken to address the forecast overspend and the high degree of risk inherent in the Plan. Measures taken as outlined and restricted spending where possible achieved a more favourable final out-turn than previously forecast resulting in a reduced over spend of £1,192,677. The Recovery Plan will continue to be monitored and reported through 2019/20.

6. CHANGES TO STAFFING ARRANGEMENTS

- 6.1 At the meeting of the Board on 28 March 2019, the Financial Regulations were approved (para 11 of the draft minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.
- 6.2 The staffing arrangements are noted in **APPENDIX 3** as dealt with under delegated powers for the period 1 Jan to 31 March 2019.

7. IMPACT ON 2019/20 BUDGET

7.1 The actual out-turn for the 2018/19 Core Services budget year is an overspend of £2,564,784. The variances against the budget have been reviewed and classified as one-off or likely to be recurring. The overall position is summarised below:

Area	Para Ref	Recurring	Non-Recurring
		£	£
OVERSPEND			
Staff	7.2	(512,000)	(51,000)
Purchasing of Care	7.3	(2,440,000)	0
Income	7.4	(220,000)	(93,000)
Supplies & Services	7.5	(73,000)	(28,000)
Property costs	7.6	(25,000)	(6,000)
Client transport	7.7	(99,000)	0
Aids & Adaptations	7.8	(279,000)	(46,000)
Other	7.9	(1,299,000)	(35,000)
Sub-total		(4,947,000)	(259,000)
UNDERSPEND			
Staff	7.2	658,000	941,000
Purchasing of Care	7.3	7,000	419,000
Income	7.4	58,000	21,000
Supplies & Services	7.5	96,000	41,000
Property costs	7.6	135,000	13,000
Client transport	7.7	0	3,000
Aids & Adaptations	7.8	0	145,000
Other	7.9	63,000	41,000
Sub-total		1,017,000	1,624,000
TOTAL		(3,930,000)	1,365,000
Net Overspend			(2,565,000)

7.2 Staff turnover can incur both under and overspends. Underspends can be attributed to the process of recruitment, which adds a natural delay, with posts being filled by new staff at lower points on the pay scale and in some circumstances the nature of the positions have been challenging to recruit to. The Council has recognised this turnover and had set as part of the budget process a vacancy factor saving, which has been met for numerous years. Overspends can be due to the use of bank staff to provide required cover for vacancies/sickness and from the historic incremental drift and efficiency targets imposed.

7.3 The purchasing of care overspend relates to the purchase of domiciliary care by the area teams and the underspend relates to care in a residential setting. The demographics show that Moray has an ageing population and the spend on external domiciliary care has seen growth of 14% in the number of care

packages in 2018/19 and 35% increase in commissioned hours of care, this also reflects the shift in the balance of care to enable people to remain in their own homes for longer.

- 7.4 The under recovery of income budgets is apparent across a number of service headings. It is very difficult to predict the level of income accurately as client income is subject to the contributions policy which is based on a client's financial assessment. Income recovery on all care at home services continues to reduce as well as income from permanent care placements from deferred income. The income will continue to reduce due to the Carers Act and free personal care for under 65's legislation comes into place.
- 7.5 Supplies and services overspend relates mainly to purchases of medical supplies, medical equipment and maintenance cost of equipment. The underspends relate to hospital prescribing of drugs which are not anticipated to recur following realignment of budgets.
- 7.6 The underspend in property costs include non-recurring savings on energy and accommodation budgets following the relocation from Spynie premises and the closure of Leancoil. This is being reduced by a recurring overspend related to the on-going costs of maintaining Jubilee Cottages and the day care services facilities.
- 7.7 Client transport costs are overspent in numerous service headings, which are due to increased hire, and costs for individual clients. There is growth in client transport due to the increase in the Shared Lives service.
- 7.8 Aids and Adaptations overspend relates to all areas of aids, servicing, stair lifts and major adaptations due to increase in demand and to help maintain people in their own homes. The underspend primarily relates to Improvement grants, due to the timings of works as the budget was fully committed for 2018/19.
- 7.9 Other category relates to numerous minor variances across the services but also includes the recurring overspend relating to Primary Care Prescribing which is expected to continue as well as the Hosted service, which includes GMED overspend.
- 7.10 The financial results for 2018/19 show that underlying financial pressures on both the NHS and Council budgets remain, with the MIJB assuming responsibility for the budgets of the delegated functions and are expected to prioritise services within the budgets directed to it by Moray Council and NHS Grampian.
- 7.11 Budget managers, together with finance staff continue to pursue further efficiencies and longer term redesign in order to balance the budget. Service reviews are already underway ahead of the 2020/21 budget setting process and are being considered alongside the development of the Strategic Plan 2019-22 and the medium term financial strategy. The Recovery Plan which was presented to this Board in November 2018 (para 18 of the minute refers) will continue to be monitored and reported to the MIJB through the year.

8. UPDATED BUDGET POSITION

- 8.1 During the financial year, budget adjustments arise relating in the main to the allocation of non-recurring funding that is received via NHS Grampian. In order to establish clarity of these budget allocations a summary reconciliation has been provided below.
- 8.2 In addition, the MIJB, for the first time in 2018/19 concluded the financial year in an overspend position following the application of reserves. In line with the Integration Scheme, the funding Partners were called upon to meet this overspend in an agreed proportion. Communication has remained paramount throughout the year so the effects of the MIJB overspend could be built into the financial planning of NHS Grampian and Moray Council. These additional contributions are also show in the table below:

	£'s
Approved Funding 29.3.18	112,268,000
Balance of IJB reserves c/fwd. to 18/19	846,726
Adjustments in Qtr. 1	2,370,879
Revised funding at start of Qtr. 2	115,485,605
Adjustments in Qtr. 2	-120,094
Revised funding at start of Qtr. 3	115,365,511
Adjustments in Qtr. 3	802,908
Revised funding at start of Qtr. 4	116,168,419
Budget adjustments M10-M12	
Transition Costs	56,000
Moray Council Pay Award	759,000
Moray Training	34,121
Prescribing	8,241
Primary Care – Immunisations	24,869
LD & MH	158,471
Hosted Services	58,472
Public Health	6,100
Forres Running Costs	28,332
Moray Alliance	17,520
Other Minor Adjustments	13,000
Earmarked Reserve	-256,863
Revised 2018/19 Financial Year Funding	117,075,682
NHS Grampian 63% Share of Overspend	751,386
Moray Council 37% Share of Overspend	441,290
Total Funding 2018/19	118,268,358

- 8.3 In accordance with the updated budget position, revised Directions have been included at **Appendices 4 and 5** for approval by the Board to be issued to NHS Grampian and Moray Council.

9. **SUMMARY OF IMPLICATIONS**

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

This report is consistent with the objectives of the Strategic Plan and includes 2018/19 budget information for services included in MIJB in 2018/19.

(b) **Policy and Legal**

In accordance with the MIJB Integration Scheme and in the event that the recovery plan is unsuccessful at the year-end, uncommitted reserves held by the MIJB have been used to address the budget overspend.

Following the application of remaining uncommitted reserves, the funding partners were asked to meet the remaining over spend proportionately with their share of the baseline payment.

(c) **Financial implications**

The unaudited financial outturn for 2018/19 for the MIJB core budgets is £2,564,784 overspend. The financial details are set out in sections 3-7 of this report and in **APPENDIX 1**.

The estimated recurring overspend of £3,930,000 as detailed in para 7 will impact on the 2019/20 budget.

The movements in the 2018/19 budget as detailed in paragraph 8 have been incorporated in the figures reported. The additional payments made by the NHS Grampian and Moray Council to address the remaining overspend of £1,192,676 are £751,386 and £441,290 respectively.

(d) **Risk Implications and Mitigations**

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

The year-end overspend position is an improved position than had previously been forecast, but gives cause for concern going forward. The general reserves have been depleted in 2018/19. Additional savings continue to be sought and a recovery plan is in place in order to support the 2019/20 budget and beyond. Progress reports will be presented to this Board throughout the year in order to address the serious financial implications the MIJB is facing.

(e) **Staffing Implications**

There are no direct implications in this report.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there are no changes to policy resulting from this report.

(h) Consultations

The Chief Officer, the Senior Management Team, Service Managers and the Finance Officers from Health and Social Care Moray have been consulted and their comments have been incorporated in this report as appropriate.

10. CONCLUSION

10.1 This report identifies Moray IJB's unaudited final out-turn position on the Core Budget of an overspend of £2,564,784 at 31 March 2019 and identifies major areas of variance between budget and actual for 2018/19.

10.2 The impact of the provisional outturn on the 2019/20 budget, of a recurring overspend of £3,930,000 is detailed in paragraph 7.

10.3 NHS Grampian and Moray Council have made additional payments to the MIJB in accordance with the Integration Scheme to address the residual overspend of £1,192,676.

Author of Report: D O'Shea Principal Accountant (MC) & B Sivewright Finance Manager (NHSG)

Background Papers: Papers held by respective Accountancy teams

Ref:

MORAY INTEGRATION JOINT BOARD

FINAL UNAUDITED - JOINT FINANCE REPORT APRIL 2018 - MARCH 2019

	Para Ref	Annual	Budget (Net)	Actual	Variance £'s	Forecast	Variance	Forecast
		Net Budget £'s 2018-19	To Date £'s	To Date £'s		As at 31.12.19 £'s	To Budget £'s	Variance %
Community Hospitals		5,349,007	5,349,007	5,382,585	(33,578)	5,380,840	(31,833)	(1)
Community Nursing		3,639,496	3,639,496	3,688,480	(48,984)	3,640,317	(821)	(0)
Learning Disabilities	4.1	6,257,403	6,257,403	6,749,071	(491,668)	6,557,260	(299,857)	(5)
Mental Health	4.2	7,286,124	7,286,124	7,719,516	(433,392)	7,905,862	(619,738)	(9)
Addictions		1,127,258	1,127,258	1,066,058	61,200	1,116,953	10,305	1
Adult Protection & Health Improvement		148,181	148,181	142,352	5,829	143,337	4,844	3
Care Services provided in-house	4.3	15,196,567	15,196,567	14,427,064	769,503	14,446,092	750,475	5
Older People & PSD Services	4.4	16,332,272	16,332,272	18,038,306	(1,706,034)	18,356,053	(2,023,781)	(12)
Intermediate Care & OT	4.5	1,908,176	1,908,176	2,197,428	(289,252)	2,032,784	(124,608)	(7)
Care Services provided by External Contractors	4.9	9,526,143	9,526,143	9,596,653	(70,510)	9,753,643	(227,500)	(2)
Other Community Services		7,177,655	7,177,655	7,109,925	67,731	7,210,573	(32,918)	(0)
Admin & Management	4.6	2,854,440	2,854,440	2,467,218	387,222	2,331,244	523,196	18
Primary Care Prescribing	4.7	16,360,343	16,360,343	17,354,339	(993,996)	17,397,899	(1,037,556)	(6)
Primary Care Services	4.8	15,758,377	15,758,377	15,497,748	260,628	15,672,170	86,207	1
Hosted Services	4.9	3,977,956	3,977,956	4,174,706	(196,751)	4,200,494	(222,538)	(6)
Out of Area		669,268	669,268	650,570	18,698	665,000	4,268	1
Improvement Grants	4.10	923,500	923,500	794,930	128,570	819,834	103,666	11
Total Moray IJB Core		114,492,166	114,492,166	117,056,950	(2,564,784)	117,630,355	(3,138,189)	(3)
Other Recurring Strategic Funds in the ledger		1,023,288	1,023,288	704,098	319,190	658,633	364,655	36
Other non-recurring Strategic Funds in the ledger		795,962	795,962	507,311	288,651	588,673	207,289	26
Total Moray IJB Including Other Strategic funds in the ledger		116,311,416	116,311,416	118,268,359	(1,956,942)	118,877,661	(2,566,245)	(2)
Other costs which may be incurred not in the ledger:		764,266	764,266	0	764,266	(302,992)	1,067,258	
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		117,075,682	117,075,682	118,268,359	(1,192,676)	118,574,669	(1,498,987)	(2)
Set Aside Budget		11,765,000	11,765,000	11,765,000	0	11,765,000	0	0
Funded By:								
NHS Grampian				75,937,110				
Moray Council				40,548,709				
Balance of reserves				846,726				
NHS Earmarked Reserves				(256,863)				
IJB FUNDING as at 31st MARCH 2019				117,075,682				
ACTUAL EXPENDITURE to 31st MARCH 2019				118,268,359				
IJB SURPLUS/(DEFICIT as at 31st MARCH 2019					(1,192,677)			

Description of MIJB Core Services

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

10. The Care Services provided by External Contractors Services budget includes:-
- Commissioning and Performance team,
 - Carefirst team,
 - Social Work contracts (for all services)
 - Older People development,
 - Community Care finance,
 - Self Directed support.
11. Other Community Services budget comprises of:-
- Community services for each locality (Allied Health Professionals (AHP's), Dental services, Public Health, Pharmacy and other specialist nursing roles).
12. Admin & Management budget comprises of :-
- Admin & Management staff infrastructure
 - Business Support Contribution to the Chief Officer costs
 - Target for staffing efficiencies from vacancies
13. Primary Care Prescribing includes cost of drugs prescribed in Moray.
14. Primary Care Services relate to General Practitioner GP services in Moray.
15. IJB Hosted, comprises of a range of services hosted by IJB's but provided on a Grampian wide basis. These include:-
- GMED out of hours service.
 - Intermediate care of elderly & rehab.
 - Marie Curie Nursing Service – out of hours nursing service for end of life patients
 - Continence Service – provides advice on continence issues and runs continence clinics
 - Sexual Health service
 - Diabetes Development Funding – overseen by the diabetes Network. Also covers the retinal screening service
 - Chronic Oedema Service – provides specialist support to oedema patients
 - Heart Failure Service – provided specialist nursing support to patients suffering from heart failure.
 - HMP Grampian – provision of healthcare to HMP Grampian.
16. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian
17. Improvement Grants managed by Council Housing Service, budget comprises of:-
- Disabled adaptations
 - Private Sector Improvement grants
 - Grass cutting scheme

Other definitions:

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

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

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

HEALTH & SOCIAL CARE MORAY**DELEGATED AUTHORITY REPORTS - PERIOD JANUARY 19 – MARCH 19**

<u>Title of DAR</u>	<u>Summary of Proposal</u>	<u>Post(s)</u>	<u>Permanent/ Temporary</u>	<u>Duration (if Temporary)</u>	<u>Effective Dates</u>	<u>Funding</u>
First Contact Physio	Physio project related to MSK within PCIF.	Band 8A x 2 wte	Permanent	-	Feb 19	Primary Care Improvement Funds
Advanced Practice Physio	Scottish Government Funding for Trauma & Orthopaedics.	Band 8A 15hrs per month	Temporary	2 years	Feb 19 – Feb 21	Scottish Government

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Services: All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.

Functions:- All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.

Associated Budget:- £64.1 million, of which £4million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing.

An additional £11.8 million is set aside for large hospital services.

This direction is effective from 27 June 2019.

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

MORAY COUNCIL is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

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

Services: All services listed in Annex 2, Part 2 of the Moray Health and Social Care Integration Scheme.

Functions:- All functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.

Associated Budget:- £54.2 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations.

This direction is effective from 27 June 2019.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: LOCAL CODE OF CORPORATE GOVERNANCE - UPDATE

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1. To provide the Moray Integration Joint Board (MIJB) with an opportunity to comment on the updated sources of assurance for informing the governance principles as set out in the Chartered Institute of Public Finance (CIPFA) / Society of Local Authority Chief Executives (SOLACE) 'Delivering Good Governance in Local Government Framework' document.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board consider and:

- i) note the content of this report**
- ii) note the sources of assurance utilised in reviewing and assessing the effectiveness of the MIJB's governance arrangements, and;**
- iii) approves the updated Local Code of Corporate Governance (Appendix 1) to continuously support the production of the Annual Governance Statement.**

3. BACKGROUND

- 3.1 The MIJB is responsible for ensuring that its business is conducted in accordance with the law and relevant standards and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively.
- 3.2 The MIJB has a statutory duty to conduct a review at least once in each financial year of the effectiveness of its system and to include a statement reporting the review within its Statement of Accounts. The MIJB does this by including an Annual Governance Statement which is published as part of its Annual Accounts.

- 3.3 The MIJB has established arrangements and continues to develop its governance framework which includes the system of internal control. This system is intended to manage risk and support the achievement of the MIJB's policies, aims and objectives. Reliance is placed on the NHS Grampian and Moray Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives; to the extent that these are complementary to those of the MIJB.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 In April 2016 an updated CIPFA/SOLACE 'Delivering Good Governance in Local Government: Framework' was published. The framework, whilst written in a local authority context, is applicable to integration authorities particularly as legislation recognises an IJB as a local government body under part VII of the Local Government (Scotland) Act 1973.
- 4.2 The Framework defines the principles that should underpin the governance arrangements and provides a structured approach. On 14 December 2017, the Audit and Risk Committee approved a Local Code of Corporate Governance based on the Framework and adopting the principles by which to evaluate performance (para 7 of the minute refers). The principles as set out in the CIPFA/SOLACE Framework are:
- a. Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law,
 - b. Ensuring openness and comprehensive stakeholder engagement,
 - c. Defining outcomes in terms of sustainable economic, social and environmental benefits,
 - d. Determining the interventions necessary to optimise the achievement of intended outcomes,
 - e. Developing the entity's capacity, including the capability of its leadership and the individuals within it,
 - f. Managing risk and performance through robust internal control and strong public financial management; and
 - g. Implementing good practices in transparency, reporting and audit to deliver effective accountability.
- 4.3 The term 'Local Code' refers to the governance structure in place and is a statement of the policies and procedures by which functions are directed and controlled and how engagement with service users, the local community and other stakeholders is carried out. The collective policies and procedures of the MIJB constitute a Local Code of Corporate Governance.
- 4.4 The MIJB can achieve good governance by demonstrating that its governance structures comply with the principles as set out in the Framework. Regular review will be carried out to assess the MIJB's performance against the principles, identify areas for development and inform the Annual Governance Statement.
- 4.5 **APPENDIX 1** sets out the proposed sources for assessing MIJB's compliance against each governance principle. Given the MIJB is still in the early years of

development, it should be noted that the listed sources will continue to be developed. With regard to the partnership model of operation reliance is also placed on the systems and procedures of Moray Council and NHS Grampian and so for completeness, assurance sources are listed for these organisations.

5. SUMMARY OF IMPLICATIONS

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

Good governance arrangements are fundamental to the effective delivery of the Strategic Plan.

(b) Policy and Legal

MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. The production and publication of the Annual Governance Statement is integral to this process.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

Effective governance is essential in providing the framework for the MIJB to conduct its business. The annual review of governance arrangements aims to ensure that internal controls, risk management and associated governance arrangements are being constantly developed with the aim of providing reasonable assurance on the framework as a whole. The continuous review and application of a Local Code of Corporate Governance supports this process.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there is no change to policy as a result of this report.

(h) Consultations

Consultation on this report has taken place with Legal Services Manager, the MIJB Chief Internal Auditor and Internal Audit Manager to

the Moray Council and the Assistant Director of Finance, NHS Grampian who are in agreement with the contents of this report as regards their respective responsibilities.

6. CONCLUSION

- 6.1. The Board are asked to approve the updated Local Code of Corporate Governance to support the effective governance processes and production of the Annual Governance Statement of the MIJB.**

Author of Report: Tracey Abdy, Chief Financial Officer

Background Papers: with author

Ref:



LOCAL CODE OF CORPORATE GOVERNANCE

(please note tracked changes are left in this document for ease of identification of amendments)

GOVERNANCE PRINCIPLES		
Principle A Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Code of Conduct	Codes of Conduct	Codes of Conduct
Financial Regulations (March 2019)	Financial Regulations	Standing Financial Instructions
Standards Officer Appointment (March 2019)	Scheme of Administration	Schedule of Reserved Decisions
Standing Orders (June 2018)	Standing Orders	Operational Scheme of Delegation
Register of Interests	Human Resources Policies	Standing Orders
Scheme of Administration (June 2018)	Scheme of Delegation	Human Resources Policies
Integration Scheme (April 2018)	Register of Interests	Employee Conduct Policy
Updated IJB Report Format (Sept 2018)	Integrity Group	Register of Interests
Information Commissioners Officer Registration	Employee Induction Process	Feedback Service
Duty of Candour Arrangements	Computer Use Policy	I matter Survey
	Duty of Candour Arrangements	Employee Induction Process
	Monitoring Officer Annual Report	NHS Scotland Staff Experience Review
	Staff Engagement Programme	Duty of Candour Arrangements
		Policy for the Prevention, Detection and Investigation of Suspected Fraud, Theft or Corruption
		Whistleblowing Policy



LOCAL CODE OF CORPORATE GOVERNANCE

(please note tracked changes are left in this document for ease of identification of amendments)

GOVERNANCE PRINCIPLES		
Principle B		
Ensuring openness and comprehensive stakeholder engagement		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Strategic Plan (2016-19)	Moray Connected Project	Annual Operational Local Delivery Plan (includes Financial Plan)
Performance Framework	Community Consultation	Performance Management Framework
Annual Performance Report	Complaints Procedures	Freedom of Information Compliance
Communications Strategy	Use of Social Media	Feedback Service
Community Consultation	Freedom of Information Compliance	Engagement and Participation Committee
Third Sector Involvement	Employee Opinion Survey	Grampian Clinical Strategy 2016-2021
IJB Membership – Broad Range of Stakeholders	Locality Planning	NHS Grampian Area Partnership Forum
Use of Social Media		Equality, Diversity and Human Rights Policy
Freedom of Information Compliance		
Workforce Development		
Complaints Handling Policy		



LOCAL CODE OF CORPORATE GOVERNANCE

(please note tracked changes are left in this document for ease of identification of amendments)

GOVERNANCE PRINCIPLES		
Principle C		
Defining outcomes in terms of sustainable economic, social and environmental benefits		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Strategic Plan <u>(2016-19)</u>	Moray 202 7 ⁶ – a Plan for the Future	<u>Annual Operational Local Delivery</u> Plan (includes Financial Plan)
<u>Programme Boards</u>	Corporate Plan	Governance Framework
Annual Performance Report	Community Planning Board	Performance Management Framework
Performance Management Framework	Local Outcome Improvement Plans	<u>Engagement and Participation Committee</u>
<u>Climate Change Duties and Responsibilities</u>	Governance Framework	<u>Grampian Clinical Strategy 2016-2021</u>
<u>Moray Alliance Establishment</u>	Performance Management Framework	
	Best Value	



LOCAL CODE OF CORPORATE GOVERNANCE

(please note tracked changes are left in this document for ease of identification of amendments)

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GOVERNANCE PRINCIPLES		
Principle D Determining the interventions necessary to optimise the achievement of intended outcomes		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Risk Management Processes	Risk Management Processes	Risk Management Processes
Audit Planning (Internal & External)	Audit Planning (Internal & External)	Audit Planning (Internal & External)
Performance Framework	Performance Management Framework	Performance Management Framework
Budget Monitoring Processes	Budget Monitoring Processes	Budget Monitoring Processes
Financial Planning	Financial Planning	Financial Planning
MIJB Committee Structure	Moray Council Committee Structure	Health & Safety Committee
Infrastructure Programme Board	Asset Management Group	Annual Accountability Review
Health and Safety Arrangements	Ministerial Strategic Group – Self Assessment May 2019	Asset Management Group
Business Continuity Planning		Ministerial Strategic Group – Self Assessment May 2019
Ministerial Strategic Group – Self Assessment –		Grampian Clinical Strategy 2016-2021



LOCAL CODE OF CORPORATE GOVERNANCE

(please note tracked changes are left in this document for ease of identification of amendments)

<u>May 2019</u>		

GOVERNANCE PRINCIPLES

Principle E
Developing the entity’s capacity, including the capability of its leadership and the individuals within it.

SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Workforce Planning and Organisational Strategy	Workforce Planning	Employee Induction Processes
Workforce Forum	Elected Member Induction / <u>Development</u>	Board Member Induction
MIJB Voting Member Briefings	Personal Development Plans	Staff Partnership Representation
MIJB Development Sessions	Employee Development Team	Leadership Schemes
Board Member Induction	Moray Management Methods	
<u>Employee Recognition Awards Ceremony</u>	Employee Induction Processes	
<u>System Leadership Programme</u>	<u>Employee Review and Development Programme</u>	
	<u>Staff Leadership Forum</u>	
	<u>Learning Visits / Listening Meetings</u>	



LOCAL CODE OF CORPORATE GOVERNANCE

(please note tracked changes are left in this document for ease of identification of amendments)

GOVERNANCE PRINCIPLES

Principle F
Managing risk and performance through robust internal control and strong public financial management.

SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Financial Regulations (March 2019)	Financial Regulations	Standing Financial Instructions
Risk Management Strategy and Risk Reporting	Risk Management Policy & Strategy	Budget Monitoring & Financial Planning
Performance Framework	Following the Public Pound	Risk Management Framework & Reporting
Budget Monitoring & Financial Planning	Performance Management Framework	Audit Planning (Internal & External)
Production of Annual Accounts	Scheme of Delegation	Fraud Policy Policy for the Prevention, Detection and Investigation of Suspected Fraud, Theft or Corruption
Audit Planning (Internal & External)	Section 95 Officer Appointment	Schedule of Reserved Decisions
Standing Financial Instructions	Fraud, Theft, Bribery & Corruption Policy	Operational Scheme of Delegation
Performance Management Framework	Participation in National Fraud Initiative	Annual Report and Accounts (including annual





LOCAL CODE OF CORPORATE GOVERNANCE

(please note tracked changes are left in this document for ease of identification of amendments)

		governance statement)
Clinical & Care Governance Committee	Information Assurance Group	
Moray Performance Review (Chief Executive)	Budget Monitoring & Financial Planning	
Internal and External Audit Plans	Audit Planning (Internal & External)	
Integration Scheme (April 2018)	Procurement Regulations & Training	
Annual Governance Statement	Business Continuity Plans	

GOVERNANCE PRINCIPLES

Principle G

Implementing good practices in transparency, reporting and audit to deliver effective accountability.

SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Committee Reporting Framework	Committee Reporting Framework	Board sub-Committee Reporting Framework
Financial Reporting – Budget Monitoring	Financial Reporting – Budget Monitoring	Financial Reporting – Budget Monitoring
Production & Approval of Annual Budget	Production & Approval of Annual Budget	Production of Annual Report and Accounts
Production of Annual Accounts	Production of Annual Accounts	Audit Planning (Internal & External)
Audit Planning (Internal & External)	Audit Planning (Internal & External)	Assurance Framework Committee
Consultation	Statutory Returns	Public Sector Reform Act disclosure
Ministerial Strategic Group Local Objectives	Consultation	



LOCAL CODE OF CORPORATE GOVERNANCE

(please note tracked changes are left in this document for ease of identification of amendments)



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: UNAUDITED ANNUAL ACCOUNTS

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1. To inform the Board of the Unaudited Annual Accounts of the Moray Integration Joint Board (MIJB) for the year ended 31 March 2019.

2. RECOMMENDATION

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

- i) Consider the unaudited Annual Accounts prior to their submission to the external auditor, noting that all figures remain subject to audit;**
- ii) note the Annual Governance Statement contained within the unaudited Annual Accounts;**
- iii) note the accounting policies applied in the production of the unaudited Annual Accounts, pages 32 to 40 of the accounts; and**
- iv) formally delegates responsibility to the Audit, Performance and Risk Committee for sign off of the Audited Annual Accounts at its meeting on 19 September 2019.**

3. BACKGROUND

3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 requires that an integration joint board is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973.

3.2 The Local Accounts (Scotland) Regulations 1985 (as amended) ('the Regulations'), places a statutory obligation on the MIJB to submit draft Annual Accounts for the year ended 31 March 2019 to its external auditors by 30 June 2019. A copy of the unaudited 2018/19 accounts is attached at **APPENDIX 1**.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Annual Accounts have been prepared in accordance with the 2016/17 Code of Practice on Local Authority Accounting in the United Kingdom.
- 4.2 Under Regulation 9(1) of the Local Authority Accounts (Scotland) Regulations 2014, notice has been given and copies of the unaudited Annual Accounts will be available for public inspection at named locations for the period 28 June 2019 to 18 July 2019.
- 4.3 Audit Scotland as appointed external auditors will audit the accounts. They are required to complete their audit by 30 September 2019. The audited accounts and the External Auditor's report will be submitted to the Audit, Performance and Risk Committee on 19 September 2019, should the MIJB delegate that responsibility as recommended.
- 4.4 The Comprehensive Income and Expenditure Statement shows a deficit of £0.590m on the provision of services for the year. At the start of the financial year £0.847m of reserves had been brought forward. £0.590m has been utilised through the general fund reserve leaving a reserve to be carried forward to 1 April 2019 of £0.257m. This only remaining reserve held by the MIJB is earmarked to fund the Scottish Government commitments of the Primary Care Transformation Programme.
- 4.5 The out-turn position for the 2018/19 financial year resulted in an overspend of £1.193m. In accordance with the MIJB Integration Scheme, in the event of an overspend, the partners are required to make one-off payments in order to meet this. The proportionate split of this payment had been agreed earlier in the financial year with the respective finance leads, following identification that an overspend would be likely at the end of the year. The resulting funding increase to address the £1.193m was £0.752m NHS Grampian and £0.441m Moray Council.
- 4.6 As at 31 March 2019 there were significant variances between budget and actual on several services. These are evident in the Comprehensive Income and Expenditure Statement and are detailed in a separate report being presented to this Board entitled '*Revenue Budget Outturn for 2018/19*'. A summary on the major variances is included within the Management Commentary as part of the Unaudited Annual Accounts.

5. SUMMARY OF IMPLICATIONS

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

The unaudited Annual Accounts have been completed and are available for audit inspection within the specified timescale.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the MIJB is subject to the audit and accounts provisions of a body under

Section 106 of the Local Government (Scotland) Act 1973. In producing Annual Accounts for the 2018/19 financial year, the MIJB have complied with statute and mandatory guidance through attention to the 2018/19 Code of Practice on Local Authority Accounting in the United Kingdom.

(c) Financial implications

The unaudited Annual Accounts provide all required information about the MIJB in relation to its financial position at 31 March 2019. The overriding principle in relation to annual accounts preparation is to provide a true and fair view

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The unaudited Annual Accounts will be subjected to audit by external auditors, Audit Scotland, which will provide assurance that the Accounts for 2018/19 give a true and fair view of the financial position and expenditure and income of the MIJB for the 2018/19 financial year.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

In preparation of the unaudited Annual Accounts, consultations have taken place between finance staff of both Moray Council and NHS Grampian. The Chief Officer and other key senior officers have been consulted for comment where appropriate

6. CONCLUSION

6.1 The unaudited Annual Accounts, subject to audit, show an overspend on the provision of services of £0.590m for MIJB for the year ending 31 March 2019. At the beginning of the year the MIJB, held in its general reserve £0.847m. The closing balance on the general fund reserve as at 31 March 2019 is £0.257m and has been earmarked for specific purposes as detailed in the unaudited annual accounts 2018/19.

Author of Report: Tracey Abdy, Chief Financial Officer

Background Papers: with author

Ref:

MORAY INTEGRATION JOINT BOARD



**UNAUDITED ANNUAL ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2019**

If you need information from Moray Council in a different language or format, such as Braille, audio tape or large print, please contact:

إذا كنتم في حاجة إلى معلومات من قبل مجلس موراي وتكون بلغة مختلفة أو على شكل مختلف مثل البراي، أسطوانة أوديو أو أن تكون مطبوعة باستعمال حروف غليظة فالرجاء الإتصال ب

Jei pageidaujate tarnybos Moray tarybos teikiamą informaciją gauti kitokiu formatu, pvz., Brailio raštu, garso įrašų ar stambiu šriftu, kreipkitės:

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Ja Jums vajadzīga informācija no Marejas domes (*Moray Council*) citā valodā vai formātā, piemēram, Braila rakstā, audio lentā vai lielā drukā, sazinieties ar:

اگر آپ کو مورے کونسل سے کسی دیگر زبان یا صورت میں معلومات درکار ہوں مثلاً "بریلے، آڈیو ٹیپ یا بڑے حروف، تو مہربانی فرما کر رابطہ فرمائیں:



Chief Financial Officer to the Moray Integration Joint Board, High Street, Elgin, IV30 1BX



01343 563125



accountancy.support@moray.gov.uk

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MORAY INTEGRATION JOINT BOARD MEMBERS

Voting Members

Cllr. Shona Morrison (Chair)	Moray Council
Jonathan Passmore (Vice-Chair)	The Grampian Health Board
Sandy Riddell	The Grampian Health Board
Susan Webb	The Grampian Health Board
Cllr. Tim Eagle	Moray Council
Cllr. Louise Laing	Moray Council

Non-Voting Members

Pamela Gowans	Chief Officer
Tracey Abdy	Chief Financial Officer
Jane Mackie	Chief Social Work Officer
Linda Harper	Lead Nurse
Dr Malcolm Metcalfe	Deputy Medical Director
Dr Lewis Walker	Registered Medical Practitioner
Dr Graham Taylor	Registered Medical Practitioner
Elidh Brown	tsiMoray
Val Thatcher	Public Partnership Forum Representative
Ivan Augustus	Carer Representative
Steven Lindsay	The Grampian Health Board Staff Partnership Representative
Tony Donaghey	UNISON, Moray Council

Co-Opted Members

Sean Coady	Head of Primary Care
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MANAGEMENT COMMENTARY

The Role and Remit of the Moray Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Moray Council and the Grampian Health Board prepared an Integration Scheme for the area of the local authority detailing the governance arrangements for the integration of health and social care services. This legislation resulted in the establishment of the Moray Integration Joint Board (MIJB) that became operational from 1 April 2016.

Moray Council and Grampian Health Board, as the parties to the Integration Scheme, each nominate three voting members to the MIJB. Three elected members from Moray Council and three Grampian Health Board members (one executive and two non-executives).

Under the Public Bodies (Joint Working) (Scotland) Act 2014, a range of health and social care functions have been delegated from Moray Council and Grampian Health Board to the MIJB who has assumed responsibility for the planning and operational oversight of delivery of integrated services. MIJB also has a role to play in the strategic planning of unscheduled acute hospital based services provided by Grampian Health Board. The associated budgets for these services continue to be managed on a day to day basis by the Grampian Health Board Acute Sector. However, MIJB has an allocated budget 'set aside' of £11.765m, designed to represent the consumption of these services by the resident population of Moray. The 3 IJB's that fall within the Grampian Health Board area are responsible for the strategic planning of these services in partnership with the Acute Sector with the overall aim being to shift the balance of care by reducing unnecessary, unplanned emergency admissions to hospitals whilst having alternative community arrangements that prevent this from happening.

Hosted services form part of the MIJB budget. There are a number of services which are hosted by one of the 3 IJB's within the Grampian Health Board area on behalf of all IJBs. Responsibilities include the planning and operational oversight of delivery of services managed by one IJB on a day to day basis. MIJB has responsibility for hosting services relating to Primary Care Contracts and the Grampian Medical Emergency Department (GMED) Out of Hours service.

Key Purpose and Strategy

The main purpose of Integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. In recent years there has been increasing recognition that health and social care services for the population of Scotland will need to change in order to meet demands and expectations through early intervention and prevention. Demographics, economics and increasing care complexities are all factors that have been considered when looking at how services will be planned, co-ordinated and delivered effectively. The ultimate aim is that through integrating the design and delivery of our services we will achieve the nine National Health and Wellbeing Outcomes as prescribed by the Scottish Ministers. On a local level, the MIJB sets the direction and strategic intent through the development and implementation of the Strategic Plan and seeks assurance on the management and delivery of services through Board level performance reporting which ensures an appropriate level of scrutiny and challenge. 2018/19 was the final year of the current Strategic Plan and work has been ongoing throughout the year to develop the next iteration of this key document, ensuring wide stakeholder engagement. The current Strategic Plan identified priority areas to support strategic direction and vision. These were as follows:

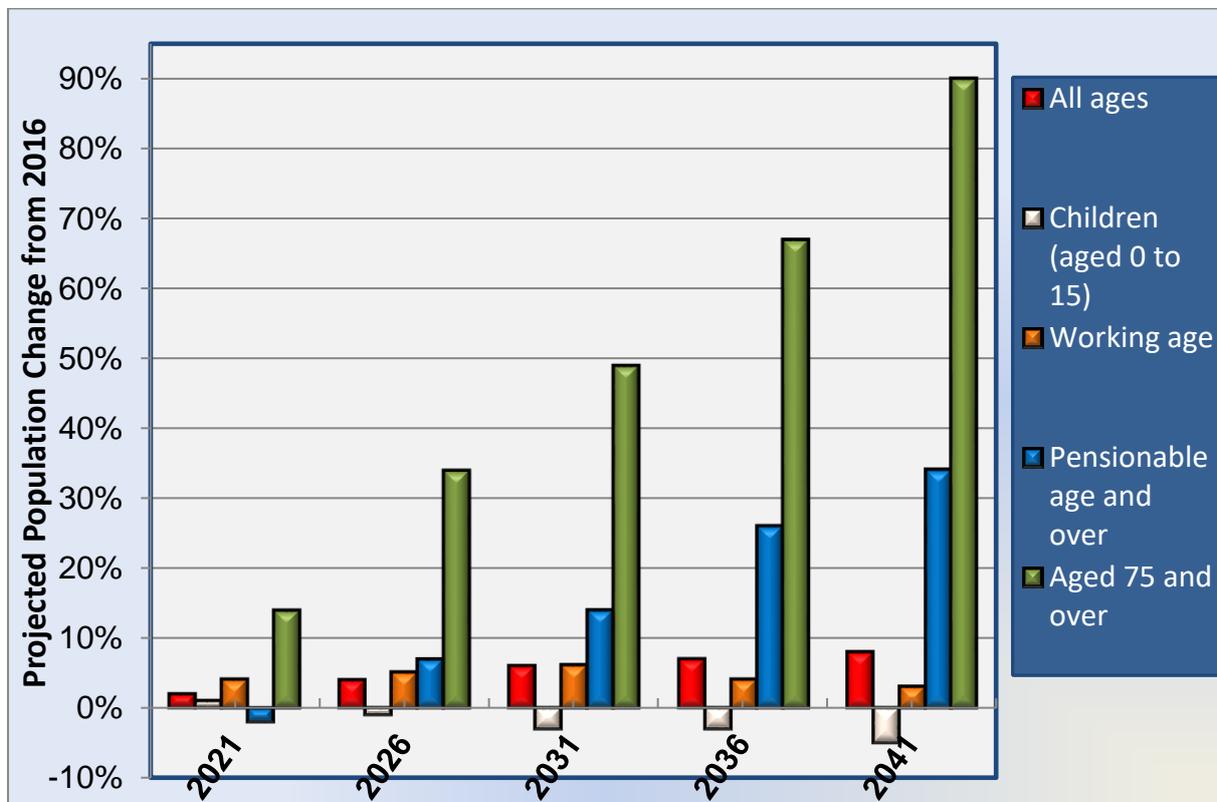
MANAGEMENT COMMENTARY (continued)

STRATEGIC PRIORITIES

- More people will live well in their communities
- Infrastructure and Redesign
- Invest in a seamless workforce to support the aim of enabling people
- Technology enabled care will be considered at every intervention
- Carers continuing their caring role whilst maintaining their own health & wellbeing
- Relationships will be transformed to be honest, fair and equal

Population

Moray's population has grown significantly in the past 20 years from 87,160 in 1997 to an estimated 95,520 in 2018; an increase of 9.6%. The population of Moray is growing faster than the national rate, and has experienced the 11th highest rate of growth amongst the 32 Scottish local authorities. In addition to this growth the demography has also changed markedly over the past 20 years. The most significant population growth over the next two decades is projected to occur amongst older adults. The table below sets out projected population growth based on a 2016 baseline.¹ There is a projected reduction in children, limited change in the working age population, but significant growth in adults of pensionable age, including a near doubling of those aged 75 and over by 2041. The graph below illustrates the % change expected across the main population groups.

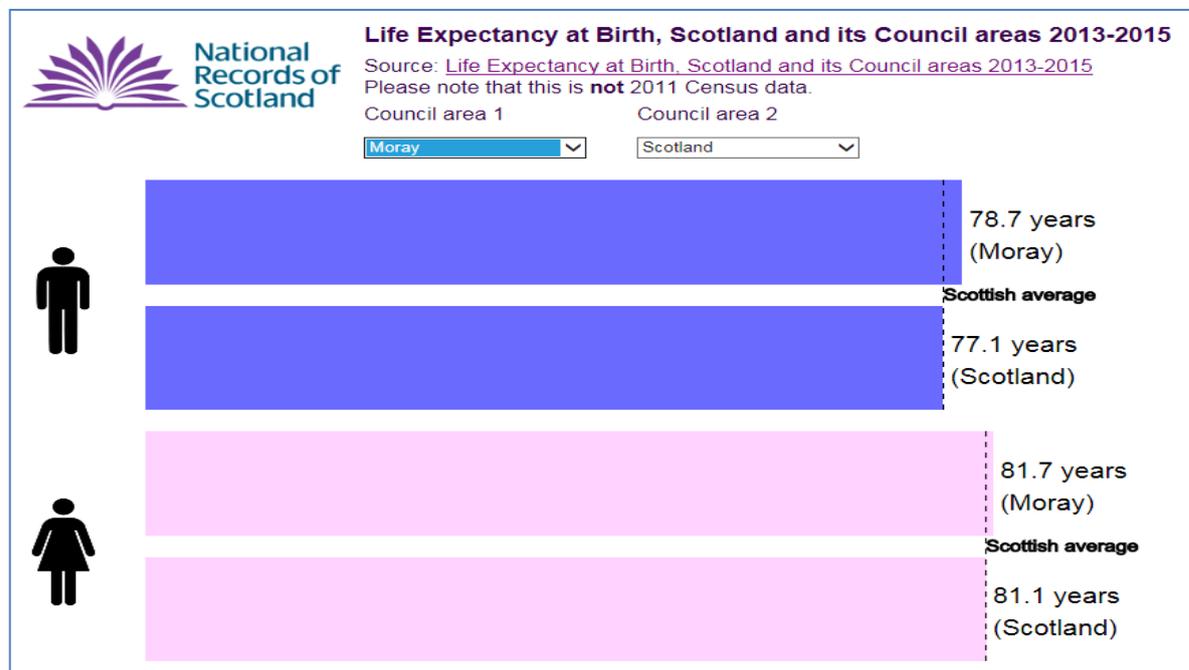


¹ <https://www.nrscotland.gov.uk/files/statistics/population-projections/sub-national-pp-16/tables/pop-proj-principal-2016-all-tabs.xlsx>

MANAGEMENT COMMENTARY (continued)

Life Expectancy

Typically, people in Moray of both sexes have a greater life expectancy at birth than their counterparts across Scotland.



2

Life expectancy at birth, comparison between Moray and Scotland 2013-15 (NRS)

- Females in Moray have 3 years greater life expectancy than males on average
- Males in Moray have 1.6 years greater life expectancy than males in Scotland, on average
- Males in Moray have 7 months greater life expectancy than females nationally, on average

Operational Performance – A Year in View

Performance reporting is viewed as a key part of the governance processes of the MIJB. During the year the MIJB governance arrangements were reviewed to support a greater level of scrutiny and challenge over performance. This resulted in an amendment to the remit of the MIJB's Audit and Risk Committee. The Scheme of Administration was revised and approved by the MIJB during 2018 and the Audit and Risk Committee became the Audit, Performance and Risk Committee. This change allows for more in-depth discussion around the performance reporting and resulting actions facilitate progress.

In addition to the quarterly performance reporting to the MIJB, there is a requirement under the Public Sector (Joint Working) (Scotland) Act 2014 for the MIJB to produce and publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the delegated functions for which they are responsible. The Annual Performance Report is due to be published by 31 July each year.

² <https://www.scotlandscensus.gov.uk/NRSinteractivedata/Lifeexp/lifeexp2013-2015.html>

MANAGEMENT COMMENTARY (continued)

A key target for MIJB is to reduce the number of Moray residents that are ready to be sent home from hospital but have been delayed in this process. This is referred to as a 'delayed discharge'. Delayed discharge can occur due to a number of reasons but quite often involves the onward provision of social care which can be complex in nature. The table below notes performance over a two year period showing the number of delayed discharge bed days occupied per 1000 adults dropping from 50 in April – June 2017 to 37 in March 2019. However, the trend is not linear and this remains an area of high operational priority.

Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population			
Apr – Jun 18	Jul – Sept 18	Oct – Dec 18	Jan – Mar 19
42	45	41	37
Apr – Jun 17	Jul – Sept 17	Oct – Dec 17	Jan – Mar 18
50	31	30	38

In relation to occupied bed days it is encouraging to note that the rate of emergency occupied bed days for over 65's per 1000 population has reduced every quarter from April – June 2017 to January – March 2019. A contributing factor is increased expertise around older people in Dr Gray's and the community hospitals, with the aim of no delays, getting people home quickly and ensuring they maintain their independence, this new target operating model that continues to evolve has had significant results pertaining to bed day use.

Rate of Emergency Occupied Bed Days for over 65's per 1000 Population			
Apr – Jun 18	Jul – Sept 18	Oct – Dec 18	Jan – Mar 19
2380	2375	2344	2274
Apr – Jun 17	Jul – Sept 17	Oct – Dec 17	Jan – Mar 18
2558	2531	2495	2444

Another local indicator is 'Accident & Emergency percentage of people seen within 4 hours, within community hospitals'. MIJB has retained 100% performance during 2018/19 against this target.

Woodview Development

The Woodview housing development, Lhanbryde continues to demonstrate major achievement in relation to transformational change. The development which was completed and registered with the Care Inspectorate in 2017, consists of 8 bungalows, a communal area and staff office and is designed to support people with autism and challenging behaviour with their own tenancies, creating a positive impact on quality of life. During 2018/19 all 8 of the bungalows became occupied. In September 2018 the Care Inspectorate completed its first inspection of this housing support service resulting in no requirements or recommendations.

MANAGEMENT COMMENTARY (continued)

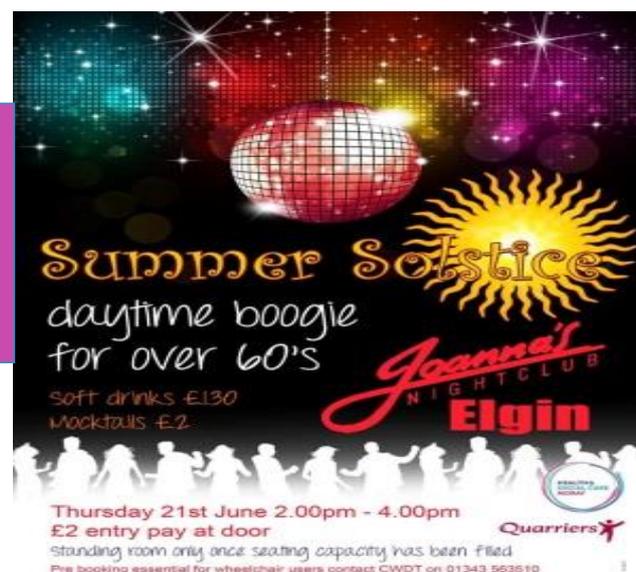


Care Inspectorate Findings – Sept 18

- Quality of Care & Support
5 – Very Good
- Quality of Staffing
4 – Good
- Quality of Management and Leadership
4 – Good

Boogie in the Bar – has continued to support older people in Moray to increase their physical activity through these day time events. In March 2019 Health and Social Care Moray were presented with the Age Scotland Patrick Brooks Award for Best Partnership Work 2019 which is awarded for partnership working between two or more groups or organisations that have made an outstanding contribution to addressing the needs of older people. There has now been over 600 people attend these events, raising over £1,000 which has been reinvested in local community groups who volunteer their support at the daytime discos. The discos enable health and wellbeing campaigns to be highlighted at the events, which to date have included Falls Prevention, Health Heart, Dementia Awareness, Unpaid Carers, Sexual Health, Benefits of Walking and Making Every Opportunity Count.

In March 2019 Health and Social Care Moray were awarded the Age Scotland Patrick Brooks Award for Best Partnership Work for the Boogie in the Bar discos.



MANAGEMENT COMMENTARY (continued)

Volunteer Development

The Scottish Government vision for Scotland is one where every one of its people can contribute towards, and benefit from, making Scotland a better place to live and work; where volunteering is an integral element of this and is valued and recognised across all sectors as an expression of an empowered people and a force for change; and where anyone who wants to volunteer can do so readily. In Moray, with limited workforce and finance we have managed to address the number of requests for volunteers at a steady rate. When the service started in 2012 there had been 88 requests for volunteers over an 8 month period. By 2018, this had expanded to 168 requests over an 11 month period.

To celebrate 'Volunteers Week' a Tea Party was held in Elgin Town Hall in June 2018 where 100 people attended. The success of the service is celebrated each year through an annual event and the service provided by volunteers is recognised and acknowledged.



Celebrating Volunteers Week at a Tea Party in Elgin Town Hall attended by 100 people. Thanks was expressed by the Convener of Moray Council

Financial Review and Performance

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives is asked to consider the financial position at a given point and any management action deemed as necessary to ensure delivery of services within the designated financial framework. From the mid-point in the financial year, the Board was presented with financial information that forecast a likely overspend position at the end of the year.

MANAGEMENT COMMENTARY (continued)

The table below summarises the financial performance of the MIJB by comparing budget against actual performance for the year.

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend	Note
Community Hospitals	5,349	5,383	(34)	
Community Health	3,640	3,689	(49)	
Learning Disabilities	6,257	6,749	(492)	3
Mental Health	7,286	7,720	(434)	4
Addictions	1,127	1,066	61	
Adult Protection & Health Improvement	148	142	6	
Care Services Provided In-House	15,197	14,427	770	5
Older People Services & Physical & Sensory Disability	16,332	18,038	(1,706)	2
Intermediate Care & OT	1,908	2,197	(289)	
Care Services Provided by External Contractors	9,526	9,597	(71)	
Other Community Services	7,178	7,110	68	
Administration & Management	2,854	2,467	387	
Primary Care Prescribing	16,360	17,354	(994)	1
Primary Care Services	15,759	15,498	261	
Hosted Services	3,978	4,175	(197)	
Out of Area Placements	669	650	19	
Improvement Grants	924	795	129	
Total Core Services	114,492	117,057	(2,565)	
Strategic Funds	2,583	1,211	1,372	
TOTALS	117,075	118,268	(1,193)	

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page XX. At 31 March 2019 there were usable reserves of £0.257m available to the MIJB compared to £0.847m at 31 March 2018. Reserves have had to be utilised within the year to address the shortfall in funding and ensure the continuation of services. The remaining reserves of £0.257m have been earmarked for the Primary Care Improvement Plan (£181k) and Action 15 (£76k) as this is Scottish Government ring-fenced funding to support the Primary Care Transformation Programme and Mental Health Strategy respectively. Significant pressures on the budget were notably:

MANAGEMENT COMMENTARY (continued)

Note 1 Prescribing – remains a significant financial pressure facing the MIJB which gave rise to an overspend in year of £0.994m. There was a low volume increase of less than 1%. The overspend reflects the more material impact of volatile external factors affecting prices. National factors include, variance in prices arising from shortage in supply and the timing and impact of generic medicines introduction following national negotiations. Locally, medicines management practices are applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from a clinical and financial perspective.

Note 2 Older Peoples Services & Physical and Sensory Disability – services were overspent by £1.706m as at 31 March 2019. There are variances within this overall budget including an overspend on domiciliary care and client transport. Primarily the overspend can be attributed to a continuing increased demand on services through the ageing population that exists in Moray. The adverse variance within this overall budget heading reflects the shift in the balance of care to enable people to remain in their homes for longer.

Note 3 Learning Disabilities - the Learning Disability service was overspent by £0.492m at the year-end. The overspend is primarily due to the purchase of care for people with complex needs, including young people transferring from Children's services, people being supported to leave hospital and for property adaptations to enable service users to remain in their own homes. Demographics suggest that the number of people with a learning disability will continue to increase, and whilst these people will live longer with more complex needs this creates additional financial pressure in the system.

Note 4 Mental Health – services were overspent at the end of the year by £0.434m. In the main this was due to senior medical staff costs including locums, nursing and other staff. As a result of redesign and efficiency there is an anticipated reduced overspend as the number of medical sessions reduce and the mental health strategy is further implemented

Note 5 Care Services Provided In-House – were significantly underspent in year at £0.770m. This primarily relates to staffing costs in the Care at Home service, Community Support workers and the challenging behaviour unit. There have been difficulties during the year in staff recruitment, however, the level of underspend is not set to continue into the next financial year at the same level.

Set Aside - Included within the CIES is £11.765m for Set Aside services. Set Aside is an amount representing resource consumption for large hospital services that are managed on a day to day basis by the NHS Grampian Acute Sector or Mental Health Service. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector and Mental Health services which are:

- In-patient hospital services provided at Aberdeen Royal Infirmary and Dr Gray's Hospital Elgin for the areas of General Medicine, Geriatric Medicine, Rehabilitation Medicine, Respiratory Medicine, Palliative Care (Roxburghe House Aberdeen) and Accident & Emergency.
- Accident & Emergency attendances at Aberdeen Royal Infirmary and Dr Gray's.
- In-patient psychiatric services at Royal Cornhill Hospital Aberdeen and learning disability services at Elmwood Hospital Aberdeen.

MANAGEMENT COMMENTARY (continued)

The budget allocated to Moray is designed to represent the consumption of these services by the Moray population. In February 2019, the Information Services Division (ISD) provided health boards with updated set aside activity for the 2017/18 financial year. This information can be summarised as follows:

	2018/19	2017/18
Budget	11.765m	10.593m

	2017/18	2016/17
Number of Bed Days and A&E attendances	48,283	48,415

The increase in the set aside budget of £1.172m can be split between:

- An increase of £0.286m being due to the changes in number of bed days
- An increase of £0.886m being due to increases in direct unit costs

Risks, Uncertainties and Future Developments

The MIJB Chief Officer has a responsibility to maintain a risk strategy and risk reporting framework. Risks inherent within the MIJB are monitored, managed and reported at each meeting of the Audit, Performance and Risk Committee. In addition, a risk action log is monitored and managed by the Senior Management Team. Strategic risks are reviewed on a continuous basis with an enhanced focus being placed during 2019/20 as the new Strategic Plan is developed, ensuring continuous and appropriate risk management

The key strategic risks of the MIJB under scrutiny are presented below:

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.
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
Inability to recruit and retain qualified and experienced staff whilst ensuring staff are fully able to manage changes resulting from integration.
Inability to demonstrate effective governance and effective communication with stakeholders.
Inability to deal with unforeseen external emergencies or incidents as a result of inadequate emergency planning and resilience.
Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.
Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level.
Risk of major disruption in continuity of ICT operations including data security being compromised.
Requirements for ICT and Property are not prioritised by NHS Grampian and Moray Council.

MANAGEMENT COMMENTARY (continued)

The MIJB has been operational since 1 April 2016, in what is considered still to be very early days of development, we have the opportunity to continue to refine and embed our governance process as we strive to deliver on the policy objectives set out in the legislation surrounding health and social care integration.

Development Aims for 2019/20

We will continue to develop our Strategic Plan 2019-22 and ensure this is supported by an Implementation Plan, Workforce Plan, Medium Term Financial Strategy and Performance Framework. We will continue to communicate with our stakeholders to ensure inclusion and engagement in developing a Plan that is fit for the future as we strive to achieve systematic and transformational change. In addition we will seek to:

- continue to monitor, evaluate and report on our transformational projects to ensure we remain consistent with our strategic aims;
- continue to develop our performance management framework;
- continue to develop our governance framework;
- embed and report on locality working;
- revise our Primary Care Improvement Plan to reflect the work to be carried out in the period April 2019 to March 2020;
- continue with our change programme in relation to Mental Wellbeing, complete phase 4 of the strategy;
- continue to follow through on the Progression Model established in Learning Disabilities, monitoring the effects of this model on people and the system of health and care;
- continue to work closely with all partners to ensure we maximise potential across the whole health and social care system;
- work closely within the North East Partnership and nationally to realise the potential of the unscheduled pathways and any opportunities to reshape the budget in relation to shifting the balance of care;
- continue to hold an annual event in recognition of the achievements of staff working within Health and Social Care Moray and in sharing best practice; and
- review our Out of Hours model in partnership with the other IJBs in Grampian, to establish a vision for a sustainable service going forward.

Shona Morrison

Pam Gowans

Tracey Abdy

Chair of Moray IJB

Chief Officer

**Chief Financial
Officer**

27 June 2019

STATEMENT OF RESPONSIBILITIES

Responsibilities of the MIJB

- To make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In Moray Integration Joint Board, that officer is the Chief Financial Officer;
- To manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- To approve the Annual Accounts.

Shona Morrison

Chair of Moray IJB

27 June 2019

STATEMENT OF RESPONSIBILITIES (continued)

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the Moray Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

In preparing the Annual Accounts the Chief Financial Officer has:

- Selected suitable accounting policies and applied them consistently;
- Made judgements and estimates that were reasonable and prudent;
- Complied with legislation; and
- Complied with the local authority code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- Kept proper accounting records which were up to date; and
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Moray Integration Joint Board for the year ending 31 March 2019 and the transactions for the year then ended.

Tracey Abdy CPFA
Chief Financial Officer
27 June 2019

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014 (SSI2014/200) as part of the MIJB annual accounts. This report discloses information relating to the remuneration and pension benefits of specified MIJB members.

All information disclosed in the tables is subject to external audit. Other sections within the Remuneration Report will be reviewed for consistency with the financial statements.

Moray Integration Joint Board

The voting members of MIJB are appointed through nomination by Moray Council and the Grampian Health Board. There is provision within the Order to identify a suitably experienced proxy or deputy member for both the voting and non-voting membership to ensure that business is not disrupted by lack of attendance by any individual.

MIJB Chair and Vice-Chair

Nomination of the MIJB Chair and Vice-Chair post holders alternates every 18 months between a Councillor and a Health Board non-executive member.

The MIJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the MIJB. The MIJB does not reimburse the relevant partner organisations for any voting member costs borne by the partner.

The MIJB does not have responsibilities in either the current or in future years for funding any pension entitlements of voting MIJB members. Therefore no pension rights disclosures are provided for the Chair or Vice-Chair.

Taxable Expenses 2017/18	Name	Position Held	Nomination By	Taxable Expenses 2018/19
£		£	£	£
Nil	Cllr Shona Morrison	Chair 13/6/18 to Present	Moray Council	Nil
Nil	Jonathan Passmore	Vice-Chair 28/11/18 to Present	Grampian Health Board	Nil
Nil	Cllr Frank Brown	Chair 1/4/18 to 13/6/18	Moray Council	Nil
Nil	Christine Lester	Vice-Chair 1/4/18 to 28/11/18	Grampian Health Board	Nil

Officers of the MIJB

The MIJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

REMUNERATION REPORT (continued)

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the integration joint board has to be appointed and the employing partner has to formally second the officer to the Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Board.

Other Officers

No other staff are appointed by the MIJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2017/18	Senior Employees	Salary, Fees & Allowances	Taxable Expenses	Total 2018/19
£		£	£	£
95,010	Pamela Gowans Chief Officer	97,271	974	98,245
42,680 *FYE 57,232	Tracey Abdy Chief Financial Officer	60,043	125	60,168

*FYE = Full Year Effect

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the MIJB balance sheet for the Chief Officer or any other officers.

The MIJB however has a responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the MIJB. The following table shows the MIJB's funding during the year to support the officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

REMUNERATION REPORT (continued)

	In Year Pension Contributions		Accrued Pension Benefits		
	Year to 31/03/18	Year to 31/03/19		As at 31/03/2019	Difference from 31/03/2018
	£	£		£ 000's	£ 000's
Pamela Gowans Chief Officer	13,915	14,493	Pension	34	4
			Lump Sum	78	3
Tracey Abdy Chief Financial Officer	6,606	8,946	Pension	15	2
			Lump Sum	18	-

Disclosure by Pay bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2017/18	Remuneration Band	Number of Employees in Band 2018/19
-	£60,000 - £64,999	1
1	£95,000 - £99,999	1

Exit Packages

There were no exit packages agreed by the MIJB during 2018/19 financial year, or in the preceding year.

Shona Morrison

Chair of Moray IJB

27 June 2019

Pam Gowans

Chief Officer

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement describes the Moray Integration Joint Board's (MIJB) governance arrangements and reports on the effectiveness of the MIJB's system of internal control.

Scope of Responsibility

The MIJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards. That public money is safeguarded and used efficiently and effectively in pursuit of best value.

Following the passing of the Public Bodies (Joint Working) (Scotland) Act 2014 on 25 February 2014, the framework for the integration of health and social care in Scotland was created. Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider financial and governance matters and issued guidance to assist Health Boards and Local Authorities in preparing for integration. IRAG set out the governance requirements of an integration authority in relation to finance, risk and audit.

In discharging this responsibility, the MIJB has established arrangements for its governance which includes the system of internal control. This system is intended to manage risk and support the achievement of the MIJB's policies, aims and objectives. Reliance is placed on The NHS Grampian and Moray Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives; to the extent that these are complementary to those of the MIJB. The system provides reasonable but not absolute assurance of effectiveness.

The Governance Framework

The CIPFA/SOLACE framework for 'Delivering Good Governance in Local Government' was updated in 2016 and provides a structured approach in defining the principles that should underpin the governance arrangements. Whilst the framework is written specifically for Local Government, the principles are applicable to integration authorities. In reality, the establishment of a governance framework for an integration authority is a complex process as it is required to draw together the governance processes of both the Grampian Health Board and Moray Council as two very distinct and mature organisations into a new and diverse third organisation in the context of being a completely separate entity. The MIJB recognises this complexity and is committed to continuous development of its governance framework through a learning approach whilst acknowledging that governance remains a significant risk.

Given the scope of responsibility within the MIJB and the complexities surrounding the assurance arrangements it was considered appropriate to develop a Local Code of Corporate Governance based on the framework and adopting the principles by which to evaluate performance. In December 2017, the Audit and Risk Committee of the MIJB approved their Local Code of Corporate Governance which is subject to regular review and approval.

The MIJB's Local Code of Corporate Governance outlines the seven governance principles and provides the sources of assurance for assessing compliance against these principles and the origin of these assurances in respect of the MIJB, Moray Council and NHS Grampian.

ANNUAL GOVERNANCE STATEMENT (continued)

MIJB has placed reliance on the systems and procedures of its principal Partners, the NHS Grampian and Moray Council. The Partners have maintained governance arrangements applicable to their respective organisations which are summarised annually and published in their Annual Governance Statements which form part of the annual accounts of each organisation. Extracts from the respective governance statements have been included as part of this statement.

The MIJB has assessed the effectiveness of its governance arrangements against the principles set out in the Local Code of Corporate Governance.

Governance Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law

Assessment of Effectiveness

- Procedures have been established to ensure the MIJB is provided with annual assurance reports from its Audit, Performance and Risk Committee and Clinical and Care Governance Committee. Both Committees reported to the MIJB in April 2018 summarising the business considered during the year. This process does not replace the requirement for specific committee business to be considered by the MIJB as appropriate
- In June 2018 the MIJB were asked to consider a review the Standing Orders that govern proceedings of the Board and its Committees, and which incorporates the Board's Scheme of Administration that deals with the Board's committee structure and working groups. Amendments to the Scheme of Administration were suggested to the Board in order to ensure that committees and supporting groups remain effective in their operation. The Board agreed to the recommendations.
- The Ethical Standards in Public Life etc. (Scotland) Act 2000 creates an ethical standards framework whereby members of devolved public bodies such as the MIJB are required to comply with Codes of Conduct, approved by Scottish Ministers, together with guidance issued by the Standards Commission. Most recently, in March 2019, the MIJB formally nominated for approval by the Standards Commission the re-appointment of its Standards Officer and Depute Standards Officer for a further period of 18 months until October. The Board approved the re-appointment.
- In July 2018 the Standards Officer provided MIJB members with training on Conduct and Standards.
- In 2018 the MIJB were asked to consider changes to the Integration Scheme with regard to legislative changes in relation to the Carers (Scotland) Act 2016 and the mandatory requirement placed upon both the council and the health board to delegate certain of their functions from this Act to the MIJB.

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement

Assessment of Effectiveness

- Provision is made within MIJB's Standing Orders for public and press access to meetings and reports. Attendance promotes transparency around decision-making. During 2018/19 there was an increase in public attendance at MIJB meetings. A specific web-site has been developed for Health and Social Care Moray and is continuously monitored for improvement. Agendas, reports and minutes for all committees can be accessed via the website in addition to all the linked strategies of the MIJB.
- Both the voting and non-voting membership arrangements of the MIJB are in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. The non-voting membership comprises six professional members and five stakeholder members representing: staff, third sector bodies carrying out activities in relation to health and social care, service users and unpaid carers, and two additional non-voting members. The broad membership of the MIJB ensures valued input and engagement from a wide range of stakeholders.
- The Community Empowerment (Scotland) Act 2015 places a statutory duty on MIJB and its Community Planning Partners to engage with communities on the planning and delivery of services and securing local outcomes.
- The MIJB has an approved Communications and Engagement Strategy which recognises and promotes the active and meaningful engagement with all stakeholders. The strategy is subject to regular review and will be considered again in the summer of 2019.
- The revised Strategic Plan has been in development during 2018/19 with workshops and development sessions being held and facilitated to ensure appropriate stakeholder engagement in this critical process.

Governance Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits

Assessment of Effectiveness

- In August 2018 the MIJB considered a report on the financial challenges being faced over the period 2018/19 – 2022/23. The financial outlook addressed the challenges of increasing demand for services within a climate of constrained financial resources. The financial outlook supports the preparation of the Strategic Plan 2019-22 which will be underpinned by a medium term financial strategy.
- The Climate Change (Scotland) Act 2009 places duties on public bodies relating to climate change, requiring them to contribute to the delivery of the Act's emissions reduction targets, contribute to climate change adaptation and act sustainably. During 2018/19 the MIJB considered and approved the annual report and submission was made to Scottish Government within the designated timescale.
- The Strategic Plan 2019-22 is in development with a focus on defining outcomes and how the delivery of health and social care services can be improved for the people of Moray over the term of the Plan.
- The Moray Alliance has been established with support from NHS Grampian with the ambition to work as a single system to address the unscheduled pathways of care where the MIJB has joint responsibility for the strategic planning of these related services. The Alliance reports directly to the Strategic Planning and Commissioning Group.

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 4 – Determining the interventions necessary to optimise the achievement of intended outcomes

Assessment of Effectiveness

- The MIJB's decision making process ensures that the members of the Board receive objective and robust analysis of a variety of options indicating how the intended outcomes will be achieved, providing information on the associated risks and opportunities. Public involvement and engagement is undertaken to ensure that feedback from citizens and service users are fully considered when making recommendations regarding service improvements / changes.
- During the year there has been increased scrutiny over project based work through evaluation reports being submitted to the MIJB. This process has supported the MIJB to make decisions around future planning and investment and support decision making based on the priorities identified in the Strategic Plan.
- Following the publication of the Audit Scotland report in November 2018 on the review of integration, the Ministerial Strategic Group for Health and Community Care have communicated with all Integration Authorities

Governance Principle 5 – Developing the entity's capacity, including the capability of its leadership and the individuals within it

Assessment of Effectiveness

- The Senior and Operational Management teams have taken part in a Systems Leadership Programme led by The Kings Fund to ensure participation and to nurture more coherence across the leadership teams with responsibility for delivering integrated services
- The MIJB have considered the most effective way to support the organisation through an extended piece of work and subsequent revision to its management structure. The aim has been to provide a firm foundation for moving forward which considers the underpinning principles of integration.
- In October 2017, the MIJB agreed to the establishment of an annual awards ceremony as a formal recognition of efforts and achievements of staff working within Health and Social Care Moray. In March 2019 the event was held recognising the achievements of individuals in a variety of categories. Showcase experiences were also a feature of the event.

Governance Principle 6 – Managing risk and performance through robust internal control and strong public financial management

Assessment of Effectiveness

- As part of a robust risk monitoring framework the Strategic Risk Register is reviewed and updated regularly and presented to every Audit, Performance and Risk Committee. In December 2018 this committee requested that an action log that progress could be easily monitored against. The action log was created and is owned and monitored by the Senior Management Team.
- In June 2018 the MIJB Scheme of Administration was reviewed and updated and approved by the Board. As part of this review it was considered appropriate for performance reporting to receive a greater level of scrutiny. The Audit and Risk Committee became the Audit, Performance and Risk Committee and the remit was amended to ensure that satisfactory arrangements were established for reviewing and appraising service performance against set objectives and agreed performance indicators through the receipt and scrutiny of regular performance reports.

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 6 – continued

Assessment of Effectiveness - continued

- The internal control system links closely with those of the Partners, given their operational remit for delivery of services under direction of the MIJB. The Audit, Performance and Risk committee through its consideration of reports monitors the effectiveness of internal control procedures. The MIJB Chief Internal Auditor undertakes an annual review of the adequacy of internal controls and the opinion is included within this statement.
- The MIJB, since August 2017 has had in post an independent S95 Officer who is a member of the MIJB, providing advice on all financial matters and ensure timely production and reporting of budget estimates, budget monitoring reports and annual accounts.

Governance Principle 7 – Implementing good practices in transparency, reporting and audit to deliver effective accountability

Assessment of Effectiveness

- MIJB business is conducted through an approved cycle of Board meetings which are held in public, and the agendas, reports and minutes are available for the public to inspect. There is a standard reporting format in place to ensure consistency of approach and consideration by Members to provide transparency in decision making
- The MIJB publishes both Annual Accounts and an Annual Performance Report following Board approval.
- Internal audit terms of reference have been established, and the Chief Internal Auditor reports directly to the Audit, Performance and Risk committee with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit, Performance and Risk committee on any matter. The Audit, Performance and Risk Committee approved an Internal Audit Plan presented to it by the Chief Internal Auditor to the MIJB. The plan outlined the planned internal audit coverage for the year. Progress against the Plan has been reported regularly throughout the year.

Review of Adequacy and Effectiveness

The MIJB has a responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the Senior Management Team (who has responsibility for the development and maintenance of the internal control framework environment); the work of the Internal Auditors and the Chief Internal Auditor's annual report and the reports from the External Auditor and other review agencies and inspectorates.

Internal Audit Opinion

Internal Audit for the MIJB is delivered by Moray Council's internal audit team and the council's internal audit manager holds the Chief Internal Auditor appointment to the MIJB until 31 March 2020. The Council's internal audit function has adopted the Public Sector Internal Audit Standards, (PSIAS) which require the Chief Internal Auditor to deliver an annual internal audit opinion and report that has been used to inform this governance statement.

In line with PSIAS, the Chief Internal Auditor prepares a risk based plan for the MIJB which has regard to the internal audit arrangements of both Moray Council and NHS Grampian functions. The plan is reported to the Audit, Performance and Risk Committee and

ANNUAL GOVERNANCE STATEMENT (continued)

throughout the year update reports are provided to the Committee on delivery of the plan and to inform the annual internal audit opinion. Based on the work completed as outlined below the Chief Internal Auditor is of the opinion that reasonable assurance can be placed on the adequacy and effectiveness of the MIJB framework of governance, risk management and internal control in the year to 31 March 2019.

The opinion is based on a number of sources:

- Internal audit work completed during the year in line with the agreed audit plan in relation to the MIJB and relevant areas within Moray Council. All planned topics were covered during the period covered by this governance statement.
- An assurance statement signed by the Chief Executive of NHS Grampian as to the governance processes adopted by that organisation including certification that no significant control weaknesses were known to management.
- Internal audit reports relevant to the MIJB prepared by PricewaterhouseCoopers, the appointed internal auditors for NHS Grampian.

Significant matters noted from the audit process and being taken forward in the next stages of development of the MIJB include a review of commissioning arrangements for learning disabilities services to align to current service user need. Work was also progressed on a review of how audit assurances available to the three IJBs in the NHS Grampian area can be enhanced as the IJBs mature.

The NHS Grampian Governance Framework

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

- A Board which meets regularly to discharge its governance responsibilities set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
- The Board receives regular reports on Healthcare Associated Infection and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;

ANNUAL GOVERNANCE STATEMENT (continued)

The NHS Grampian Governance Framework (continued)

- Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
- Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations;
- Dedicated full time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas;
- A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;
- Consideration by the Board of regular reports from the chairs of the performance governance, patient focus and public involvement, staff governance, clinical governance, endowment and audit committees concerning any significant matters on governance, risk and internal controls;
- Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters;
- Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance Governance Committee;
- Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;
- Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standards by the Staff Governance Committee;
- An active joint management and staff partnership forum with staff side representation embedded in all key management teams and a dedicated full time Employee Director who is a member of the Board;
- Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
- Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance;
- Consultation on service change proposals is undertaken with stakeholders and used to inform decision making;

ANNUAL GOVERNANCE STATEMENT (continued)

The NHS Grampian Governance Framework (continued)

- Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief executives of each of the partner organisations in the North East Partnership forum, regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery;
- A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
- An annual general meeting of all Trustees of the NHS Grampian Endowment Funds to approve the accounts and review investment policy and strategy.

Based on the evidence considered during the review of the effectiveness of the internal control environment operating within NHS Grampian, the Chief Executive has confirmed that she is not aware of any outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance that applies to NHS Boards in relation to governance, risk management and internal control.

Moray Council Governance Framework

The council's governance framework, like that of the MIJB, has regard to the seven principles outlined in the CIPFA code, and includes:

- Standing orders, a scheme of administration, scheme of delegation and financial regulations govern the conduct of council business;
- Codes of conduct for elected members and senior officials, which require them to exercise leadership through exemplary standards of behaviour;
- A monitoring officer who has a statutory responsibility to ensure established procedures are followed and that all legislative and other regulatory processes are complied with;
- Well established decision making processes with major decisions being taken by council or one of a number of service committees. Council business is discussed in public (unless exempt under statutory provision) and available on the internet by webcast;
- A framework of planning for the community (the Local Outcomes Improvement Plan) and the council (Corporate Plan) outlining priorities and expected outcomes is in place;
- Policy development centred on preventative policies, leading to reduced interventions by partners, and enhanced community engagement and involvement, recognising the ongoing financial challenges facing councils and the wider public sector;
- Arrangements in place covering risk, performance management, internal control and financial management;

ANNUAL GOVERNANCE STATEMENT (continued)

Moray Council Governance Framework (continued)

- A Corporate Risk Register providing summary information on the principal risks facing the Council and how these are managed and controlled. Risk implications also feature in committee reports to inform decision making where required;
- A system of internal control based on a framework of financial regulations, regular management information, administrative procedures, and management supervision; and
- Assurance and accountability oversight by an Audit and Scrutiny Committee which is chaired by a member of the political opposition.

Prior Year Governance Issues

The Annual Governance Statement for 2017/18 highlighted a number of areas for development in looking to secure continuous improvement. An assessment of progress is provided below:

Area for Improvement Identified in 2017/18	Action Undertaken / Progress Made in 2018/19
Drive forward the arrangements surrounding the Set Aside budget at both a local level and ensuring close observation on the developments nationally. Closer involvement with the strategic planning element of the Set Aside budget is required in order to meet the outcomes set out in this key policy objective.	Partnership working with the 3 Grampian IJB's and NHS Grampian has been established with a joint strategic planning approach covering all the delegated hospital services. Strategic reviews of 2 of the 6 services with timescales for the remaining 4 services currently being agreed. The North East Steering Group is meeting regularly to drive this forward with direct address to the Ministerial Steering Group self-assessment The Moray Alliance has been established and is accountable to the Strategic Planning and Commissioning Group. This arrangement is supporting the redesign and improvement on the basis of 'one health and social care system, one budget approach'. This process brings together key stakeholders in accordance with the pathway/theme under review.

ANNUAL GOVERNANCE STATEMENT (continued)

Prior Year Governance Issues (continued)

Area for Improvement Identified in 2017/18	Action Undertaken / Progress Made in 2018/19
<p>Emphasis should be placed on Locality Planning as set out within the legislation. Planning and preparation of the next Strategic Plan within the year will ensure a focus is maintained in this area developing enhanced community engagement within the Moray localities.</p>	<p>This has been driven forward by a reviewed, updated and MIJB approved management structure. Full implementation will take place during 2019/20. Links will be strengthened with the Locality Management Groups already established in Children's Services and the Locality Practitioner Network Groups (made up of 50% professionals and 50% Community as a further means of joining up the system of health and care and ensuring good linkage at a local level.</p>
<p>Performance Management Framework (PMF) – The draft PMF was approved by the MIJB in January 2018. The focus for the forthcoming year will be to ensure the implementation of this framework whilst continuing to develop locality and service based improvement indicators.</p>	<p>Work continues to ensure the Performance Management Framework adequately supports the MIJB. Following a review of the Scheme of Administration, quarterly performance reports are scrutinised by the Audit, Performance and Risk Committee which supports an appropriate level of debate, subsequently resulting in appropriate action.</p>
<p>There has been some slippage in the planned Internal Audit activity and the Moray Council has made available additional staff resource in the audit team to support delivery of a level of audit coverage commensurate with the evolution of the MIJB. Monitoring of progress will continue through the Audit and Risk Committee.</p>	<p>This has been addressed for 2018/19 and work continues in conjunction with internal audit colleagues across Grampian to ensure optimal delivery of audit assurances for the MIJB.</p>
<p>We will continue to develop our governance framework through learning experienced during these early years of integration.</p>	<p>The appointment of a Corporate Manager has enabled development of the MIJB governance framework. This is considered an area which will be developed continuously in collaboration with key partners.</p>

ANNUAL GOVERNANCE STATEMENT (continued)

Other – Significant Governance Issues

The continued development of a good governance framework remains a priority for the MIJB. Whilst it accepts it is still in its infancy as an organisation and the added complexities that exist in relation to the partner organisations. The framework is developing in the context of reducing budgets, demographic growth, service redesign, changing management structures and locality planning whilst a focus is retained around both national and local priorities that underpin the legislation.

The MIJB believe that the critical route to defining its governance needs and processes will be through the development of the Strategic Plan 2019-22 and the necessity to ensure it sets clear priorities and objectives to enable performance and outcomes to be monitored, reported and considered at every opportunity.

Key Governance challenges going forward will involve:

- Providing capacity to meet statutory obligations whilst managing expectation and rising demand for services;
- As a Board, difficult decisions will require to be made in ensuring we operate within available funding;
- Continue to address our work force challenges in respect of recruitment and retention
- Continuing to work closely with the Grampian Health Board and Moray Council to build on existing relationships and establishing collaborative leadership
- Monitoring Brexit negotiation and the potential impact on resources

Further Developments

Following consideration of the review of adequacy and effectiveness, the following action plan has been established to ensure continual improvement of the MIJB's governance arrangements and progress against the implementation of these issues will be assessed as part of the next annual review.

Area for Improvement and Outcome to be Achieved	
1.	The key development for 2019/20 will be the production of the Strategic Plan 2019-22. This will continue to be a collaborative process involving all key stakeholders to ensure commitment to the success and delivery. The Plan will set out clear priorities which can be measured effectively
2.	Sustainability and Transformation Plan to be developed and aligned to the Strategic Plan. This will set out a 3-5 year programme of change that will support the redesign of services in response to the Strategic Plan.
3.	Workforce Plan will be developed in response to the Strategic Plan, setting out the key workforce actions required for future service delivery.
4.	The Medium Term Financial Strategy will be developed and aligned to the Strategic Plan 2019-22
5.	The Performance Framework will be further developed in response to the Strategic Plan, supporting the reporting process around the delivery of the Plan.
6.	Management structure implementation during the course of 2019/20.

ANNUAL GOVERNANCE STATEMENT (continued)

Statement

In our respective roles as Chair and Chief Officer of the MIJB, we are committed to good governance and recognise the contribution it makes to securing delivery of service outcomes in an effective and efficient manner. This annual governance statement summarises the MIJB's current governance arrangements, and affirms our commitment to ensuring they are regularly reviewed, developed and fit for purpose. Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the MIJB's governance environment.

While pressure on financial settlements is set to continue during the incoming period, we will continue to engage with our Partners and the wider community to agree plans and outcome targets that are both sustainable and achievable. Taking those forward will be challenging as we aim to fulfil the nine Health and Well-being national outcomes and the strategic priorities identified and detailed in our Strategic Plan. Good governance remains an essential focus in delivering services in a way that both meets the needs of communities and discharges statutory best value responsibilities.

Councillor Shona Morrison
Chair
Moray Integration Joint Board

Pam Gowans
Chief Officer
Moray Integration Joint Board

27 June 2019

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year ended 31 March 2019 according to generally accepted accounting practices.

2017/18		2018/19
Net Expenditure		Net Expenditure
£ 000		£ 000
5,475	Community Hospitals	5,383
3,555	Community Nursing	3,689
6,025	Learning Disabilities	6,749
7,447	Mental Health	7,720
1,003	Addictions	1,066
144	Adult Protection & Health Improvement	142
13,427	Care Services Provided In-House	14,427
16,945	Older People & Physical & Sensory Disability Services	18,038
1,508	Intermediate Care and Occupational Therapy	2,197
11,024	Care Services Provided by External Providers	9,597
7,143	Other Community Services	7,110
2,569	Administration & Management	2,467
17,844	Primary Care Prescribing	17,354
15,085	Primary Care Services	15,498
4,061	Hosted Services	4,175
658	Out of Area Placements	650
787	Improvement Grants	795
1,526	Strategic Funds	1,211
10,593	Set Aside	11,765
126,819	Cost of Services	130,033
124,962	Taxation and Non-Specific Grant Income (note 5)	129,443
1,857	(Surplus) or Deficit on provision of Services	590
1,857	Total Comprehensive Income and Expenditure	590

There are no statutory or presentational adjustments which reflect the MIJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Moray Integration Joint Boards (MIJB) reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement of Reserves During 2018/19	General Fund Balance £000
Opening Balance at 1 April 2018	(847)
Total Comprehensive Income and Expenditure	590
<hr/>	
(Increase) or Decrease in 2018/19	590
<hr/>	
Closing Balance at 31 March 2019	(257)
<hr/>	
Movement of Reserves During 2017/18	General Fund Balance £000
Opening Balance at 1 April 2017	(2,704)
Total Comprehensive Income and Expenditure	1,857
<hr/>	
Increase or Decrease in 2017/18	1,857
<hr/>	
Closing Balance at 31 March 2018	(847)
<hr/>	

BALANCE SHEET

The Balance Sheet shows the value of the Moray Integration Joint Board's (MIJB) assets and liabilities as at the balance sheet date. The net assets of the MIJB (assets less liabilities) are matched by the reserves held by the MIJB.

31 March 2018 £000		Notes	31 March 2019 £000
847	Short Term Debtors Current Assets	6	257
0	Short Term Creditors Current Liabilities		0
0	Provisions Long Term Liabilities		0
847	Net Assets		257
847	Usable Reserve General Fund Unusable Reserve:	7	257
847	Total Reserves		257

The unaudited annual accounts were issued on 27 June 2019.

Tracey Abdy CPFA
Chief Financial Officer
27 June 2019

NOTES TO THE FINANCIAL STATEMENTS

Note 1 Significant Accounting Policies

General Principles

The Financial Statements summarises the Moray Integration Joint Board's (MIJB) transactions for the 2018/19 financial year and its position at the year-end of 31 March 2019.

The MIJB was established under the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the MIJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the MIJB
- Income is recognised when the MIJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

Funding

The MIJB is primarily funded through funding contributions from the statutory funding partners, Moray Council and the Grampian Health Board. Expenditure is incurred as the MIJB commissions' specified health and social care services from the funding partners for the benefit of service recipients in Moray area.

Cash and Cash Equivalents

The MIJB does not operate a bank account or hold cash. Transactions are settled on behalf of the MIJB by the funding partners. Consequently the MIJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the MIJB's Balance Sheet.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 1 Significant Accounting Policies (continued)

Employee Benefits

The MIJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The MIJB therefore does not present a Pensions Liability on its Balance Sheet.

The MIJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Reserves

The MIJB's reserves are classified as either Usable or Unusable Reserves.

The MIJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the MIJB can use in later years to support service provision.

Indemnity Insurance

The MIJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board members. The Grampian Health Board and Moray Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the MIJB does not have any 'shared risk' exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The MIJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Note 2 Critical Judgements and Estimation Uncertainty

In applying the accounting policies, the MIJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. There are no material critical judgements and the note below relates to uncertainty about future events:

Public Sector Funding – There is a high degree of uncertainty about future levels of funding for Local Government and Health Boards and this will directly impact on the MIJB.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 3 Events after the Reporting Period

The unaudited accounts were issued by Tracey Abdy, Chief Financial Officer on 27 June 2019. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2019, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 Expenditure and Income Analysis by Nature

2017/18		2018/19
£000		£000
52,432	Services commissioned from Moray Council	54,207
74,363	Services commissioned from The Grampian Health Board	75,801
24	Auditor Fee: External Audit Work	25
126,819	Total Expenditure	130,033
(124,962)	Partners Funding Contributions and Non-Specific Grant Income	(129,443)
1,857	(Surplus) or Deficit on the Provision of Services	590

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 5 Taxation and Non-Specific Grant Income

2017/18		2018/19
£000		£000
40,070	Funding Contribution from Moray Council	40,990
84,892	Funding Contribution from The Grampian Health Board	88,453
124,962	Taxation and Non-specific Grant Income	129,443

The funding contribution from The Grampian Health Board shown above includes £11.765m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by The Grampian Health Board who retains responsibility for managing the costs of providing the services. The MIJB however has responsibility for the consumption of, and level of demand placed on, these resources. For the 2018/19 financial year, the set aside resource level was set at £11.765m.

Note 6 Debtors

31 March 2018		31 March 2019
£000		£000
699	The Grampian Health Board	257
148	Moray Council	0
847	Debtors	257

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the MIJB.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 7 Usable Reserve: General Fund

The MIJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the MIJB's risk management framework.

The table below shows the movements on the General Fund balance

	Strategic Funds	Action 15	PCIP	Total
	£000	£000	£000	£000
Balance at 1 April 2017	2,704	-	-	2,704
Transfers out 2017/18	(1,857)	-	-	(1,857)
Balance at 31 March 2018	847	-	-	847
Transfer out 2018/19	(847)	-	-	(847)
Transfers in 2018/19	-	76	181	257
Balance at 31 March 2019	-	76	181	257

Action 15

The purpose of this fund is to ring fence funding received as part of the Scottish Government's Mental Health Strategy to increase the number of Mental Health Professionals.

Primary Care Improvement Fund (PCIF)

The purpose of this fund is to ring fence funding received from the Scottish Government as part of its Primary Care Transformation Programme.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 8 Agency Income and Expenditure

On behalf of all IJB's within The Grampian Health Board, the MIJB acts as the lead manager for Grampian Medical Emergency Department (GMED) and Primary Care Contracts. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the MIJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below:

2017/18		2018/19
£000		£000
8,593	Expenditure on Agency Services	9,028
(8,593)	Reimbursement for Agency Services	(9,028)
0	Net Agency Expenditure excluded from the CIES	0

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions

The MIJB has related party relationships with The Grampian Health Board and Moray Council. In particular the nature of the partnership means that the MIJB may influence, and be influenced by, its partners. The following transactions and balances included in the MIJB's accounts are presented to provide additional information on the relationships.

Transactions with The Grampian Health Board

2017/18		2018/19
£000		£000
(84,892)	Funding Contributions received from the NHS Board	(88,453)
74,269	Expenditure on Services Provided by the NHS Board	75,662
106	Key Management Personnel: Non-Voting Board Members	139
(10,517)	Net Transactions with The Grampian Health Board	(12,652)

Key Management Personnel: The Chief Officer and Chief Financial Officer, are non-voting Board members and are both employed by The Grampian Health Board and recharged to the MIJB. Details of the remuneration of both officers are provided in the Remuneration Report.

Balances with The Grampian Health Board

31 March 2018		31 March 2019
£000		£000
(699)	Debtor balances: Amounts due from The Grampian Health Board	(257)
0	Creditor balances: Amounts due to The Grampian Health Board	0
(699)	Net Balance due from The Grampian Health Board	(257)

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions (continued)

Transactions with Moray Council

2017/18		2018/19
£000		£000
(40,070)	Funding Contributions received from the Council	(40,990)
52,377	Expenditure on Services Provided by the Council	54,170
67	Key Management Personnel: Non-Voting Board Members	62
12,374	Net Transactions with Moray Council	13,242

Balances with Moray Council

31 March		31 March
2018		2019
£000		£000
(148)	Debtor balances: Amounts due from Moray Council	0
0	Creditor balances: Amounts due to Moray Council	0
(148)	Net Balance due from Moray Council	0

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 10 VAT

The MIJB is not registered for VAT and as such the VAT is settled or recovered by the partners. The VAT treatment of expenditure in the MIJB accounts depends on which of the partners is providing the services as each of these partners are treated differently for VAT purposes.

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Note 11 Accounting Standards That Have Been Issued but Have Yet To Be Adopted

The Code requires the MIJB to identify any accounting standards that have been issued but have yet to be adopted and could have material impact on the accounts.

There are no accounting standards issued but not yet adopted that impact on the 2018/19 financial statements.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: HEALTH AND SOCIAL CARE MORAY PRIMARY CARE IMPROVEMENT PLAN UPDATE

BY: SEAN COADY, HEAD OF SERVICE

1. REASON FOR REPORT

- 1.1. To inform the Board of the progress made by Health & Social Care Moray (HSCM) to deliver the implementation of the 2018 General Medical Services (GMS) contract and to provide an update on the plan for 2019/20.

2. RECOMMENDATION

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

- i) consider the revised HSCM Primary Care Improvement plan (PCIP) for 2019 / 2020; and**
- ii) approve the revised HSCM PCIP as the framework of how the 6 priority areas will be delivered in Moray.**

3. BACKGROUND

3.1. The Moray Primary Care Improvement plan (PCIP) details how Health and Social Care Moray aim to implement the 2018 GMS contract with the initial requirements being set out in the Memorandum of Understanding (MoU) for the first three years April 2018 – March 2021.

3.2. The 6 services identified within the MoU as priority are as follows:

- Vaccination Transformation Programme
- Pharmacotherapy services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional professional roles
- Community Link Workers

3.3 The HSCM PCIP details the actions and initial proposals for these priority areas and the delivery model for each. Over the last year, multidisciplinary short life workings groups (SLWG) have been developed to lead on each

priority area, which has resulted in option appraisals being produced on future models of service delivery.

- 3.4 Governance and accountability has been provided throughout by the PCIP group and to the Senior Management groups. Updates have been provided to the GP Sub Committee as appropriate, with guidance and advice being provided as a result of this engagement.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Considerable progress has been made since April 2018 on delivering the key objectives identified within the HSCM PCIP despite the challenges encountered in developing models which are responsive to the variation across the 13 GP Practices. As a result, HSCM are engaged with Practices to ensure prioritisation of projects and initiatives. In Moray, the approach is to build on the many strengths that already exist within the Health & Social Care system whilst maintaining and further developing the whole system approach.
- 4.2. The plan remains in draft until it has been signed off by the GP Sub Committee and the MIJB.
- 4.3. The revised HSCM PCIP has been agreed by the GP Sub Committee and is attached in **APPENDIX 1** for consideration and approval by the Board.

5. SUMMARY OF IMPLICATIONS

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

The approach set out in the plan details how the MIJB aims to deliver the implementation of the 2018 General Medical Services (GMS) contract in line with the principles set out in the Memorandum of Understanding

(b) Policy and Legal

The initial implementation requirements are set out in the MoU for the first three years (April 2018 – March 2021).

This Memorandum of Understanding (“MOU”) between **The Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards** builds on these arrangements and represents a landmark statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) (“the Act”) of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist.

(c) Financial implications

The financial requirements to deliver on all aspects of this plan are significantly more than what has been provided by the Scottish

Government (SG). This is not exclusive to Moray and been highlighted nationally. This will be reported back to the SG.

Over the duration of the plan further assessment is required regarding infrastructure and IT requirements. Updates will be submitted to MIJB as required. Routine progress monitoring information is provided to SG

(d) Risk Implications and Mitigation

The risks identified are in relation to workforce, infrastructure and finance which have been escalated to SG. The oversight group for Grampian is supporting the mitigation of these across sectors.

(e) Staffing Implications

There are challenges in relation to sustainability, recruitment and HR requirements. Moray models are being considered to ensure we can support a sustainable workforce.

(f) Property

Early agreement suggests services will remain to be delivered in local practices in the main, however existing Infrastructure requires further assessment to establish capacity and suitability.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

Consultation of this report has taken place with members of the Moray Health & Social Care Primary Care Improvement Plan Group, the GP Sub Committee and the Local Medical Committee (LMC).

6. CONCLUSION

6.1 This report provides an update on the revised primary care improvement plan for 2019/20. Considerable progress has been made during 2018-19 to deliver key objectives of Health & Social Care's PCIP, allowing for flexibility whilst ensuring adherence to the core aims and principles of the new contract. Within Moray we are well engaged with the local GP practices in planning and prioritising our planned activity.

Author of Report: Sean Coady, Head of Service
Background Papers: with author
Ref:

Health and Social Care Moray

Primary Care Improvement Plan Update

2019-2020



HEALTH & SOCIAL CARE MORAY

- PRIMARY CARE IMPROVEMENT PLAN UPDATE 2019/20

1. Introduction

The Moray Primary Care Improvement Plan sets out the intentions of Health & Social Care Moray around the modernisation of primary and community care in Moray. The plan details how we aim, as an Integration Joint Board and NHS Board, to deliver the implementation of the 2018 General Medical Services (GMS) contract.

The initial implementation requirements are set out in the MoU for the first three years (April 2018 – March 2021). The Moray Integration Joint Board (MIJB) is responsible for the strategic planning of health and social care services for the Moray population including Primary Care services.

These services, as outlined in the MoU, as 6 priority areas are:

- Vaccination Transformation Programme
- Pharmacotherapy services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional Professional roles
- Link Workers

The Moray Primary Care Improvement Plan will function as a framework that sets out a desirable vision on how these services will be delivered in General Practice and Primary Care whilst operating within the wider health and care system.

2. Purpose

In Year 2 we plan to build on previous progress and scale up existing models of delivery to provide Moray wide services.

Minor variations may occur as a result of recruitment, the ability to attract staff and where skills mix yet to be determined.

3. Summary of Progress in 2018-19

3.1 Organisational and Governance Arrangements

The Health & Social Care Moray PCIP described the high-level actions and initial proposals for service delivery models for each of the 6 priority areas agreed nationally.

Over the last year multi-disciplinary short-life working groups (SLWG) have been developed to lead on each priority area, linking with NHS Grampian and national groups (see appendix 1). These SLWG's have collated information around existing workload, current skill mix, any skill gaps and potential models of delivery. This has produced options appraisal proposals on the future models of delivery.

Health & Social Care Moray Senior Management Team, comprising clinical, managerial, and professional leads, has provided governance and accountability with respect to decision-making and allocation of resource aligned to the PCIP. The HSC Moray has engaged with and updated the Integration Joint Board and GP Sub Committee as implementation has progressed.

The PCIP group has always and continues to have representation from GP Clinical Lead and GP Practice Managers. This working relationship is enhanced through a variety of methods including practice visits, update events and involvement in development workshops for key priority projects. Moray has GP Practice Manager Representatives on each PCIP work stream.

Through Moray GPs and GP Practice Manager Group the PCIP group has received assurances that information is circulated to all practice staff. Regular monthly newsletters to GP practices have been produced by the PCIP Core Group.

Workshops have taken place on MSK, Mental Health/Action 15 and further workshops are planned for the remaining priorities. A Moray testing Quality Improvement event is scheduled in Moray for June 2019 and this will focus on Care and Treatment Services.

Moray Cluster are working towards the quality agenda and has strong links with Moray Alliance working towards a whole system approach. The PCIP group also contributes to Locality Planning Groups and to public engagement sessions to develop significant dialogue with all our stakeholders as we develop our plans and services.

3.2 Learning from Year 1

Considerable progress has been made during 2018-19 to deliver key objectives of Health & Social Care Moray's PCIP, allowing for flexibility whilst ensuring adherence to the core aims and principles of the new contract. A key challenge has been to develop a model which is responsive to the significant variation across our 13 GP Practices in terms of size, population need/demographics, local systems and practice.

In Moray we are engaged with practices to prioritise projects and initiatives.

Our approach has sought to build on the many strengths within primary care in Health & Social Care Moray whilst being aware of potential risks, recognising the existing good outcomes for patients, and the need to ensure that outcomes must be maintained or improved through delivery of new services.

Health & Social Care Moray has also sought to maintain a whole system approach rather than the development of isolated services. This includes maintaining and further developing the well-established relationships and arrangements within our existing multiple disciplinary teams.

Table 1: Membership agreed for Implementation Short Life Working Groups

Urgent Care Implementation Group	Pharmacotherapy Service Implementation Group	Nurse Service Implementation Group	MDT Implementation Group	Vaccinations	Action 15
Lead: GP Practice Managers and Primary Care Lead	Lead: Pharmacy Professional Lead	Lead: Associate Nurse Director, Practice Nursing/Lead nurse Moray	Lead: Clinical Lead & Physiotherapy Lead Moray	Lead: Primary Care Lead in conjunction with Vaccination Transformation Programme Board	Lead: Mental Health Service Manager
Currently in Development	<ul style="list-style-type: none"> Pharmacy Professional Lead Practice Pharmacist Practice Pharmacy Technician General Practitioner Practice Manager 	<ul style="list-style-type: none"> Clinical Lead x 2 Head of Service Primary Care lead GP Practice managers x 2/3 AHP Lead Associate Nurse Director, Practice Nursing/Lead nurse Moray Finance Manager 	<ul style="list-style-type: none"> Clinical Lead x 2 Head of Service Primary Care lead GP Practice managers x 2/3 AHP Lead Associate Nurse Director, Practice Nursing/Lead nurse Moray Finance Manager Physiotherapy Lead Moray 	<ul style="list-style-type: none"> GP Practice Managers Group representative Public Health Lead Children's Services Lead VTP representative Associate Nurse Director, Practice Nursing/Lead nurse Moray HSCP Medicines Lead 	<ul style="list-style-type: none"> Clinical Lead x 2 Head of Service Primary Care lead GP Practice managers x 2/3 AHP Lead Associate Nurse Director, Practice Nursing/Lead nurse Finance Manager

Table 2: Health & Social Care Moray Primary Care Implementation Plan Review and Forward Planner

MOU 1 – Vaccinations																										
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned activity	Resource (Finance & People)																						
<p>Phased delivery of vaccination programmes by MDTs in line with NHS Grampian's Immunisation Transformation Group including: Pre-school vaccinations – develop and cost Moray model.</p> <p><i>Influenza programme-</i> Process, cost and provision of adequate resource to be developed by HSCM.</p> <p>At risk groups (e.g. shingles, pneumococcal)- Design proposed workforce models to share with services</p>	<p>Awaiting full business case with associated financial commitment from Vaccination transformation Programme Board. SLWG set up to develop the agreed Moray model of delivery with links to CTAC team</p> <p>VTP agreement – pre-school immunisations including flu to be carried out by Immunisation teams.</p> <p>Test of change with the midwives in Keith and Speyside localities carrying out Pertussis immunisations – uptake of 100% to date – to be reviewed at the end of June with a view to rolling out across the rest of Moray. Pregnancy flu will be taken on by the midwives in October 2019.</p>	<p>Pregnant women and high risk neonatal BCG</p> <p>Development of initial vaccination programmes under a new model in Year 2 will include travel vaccinations (to be confirmed - national), pregnant women and high risk neonatal BCG.</p> <p>Identify current workload on practices.</p> <p>Shingles, Pneumococcal could be carried out in care and treatment room services.</p>	<p>Year 3 will include the development of initial vaccination programmes under a new model and will include travel vaccinations.</p> <p>Travel vaccinations – assess current services and develop criteria for assessment of minimum requirements for safe and effective delivery of potential options</p> <p>Flu immunisations – all routine vaccinations via vaccination programme will transfer from practices.</p> <p>Future model of delivery will aim to improve on existing uptake in order to achieve target of an 97% uptake across Moray</p>	<p>Allocations in last plan</p> <table border="1"> <thead> <tr> <th>18/19</th> <th>19/20</th> <th>20/21</th> <th>21/22</th> </tr> </thead> <tbody> <tr> <td></td> <td>£141K</td> <td>£145K</td> <td>£149K</td> </tr> </tbody> </table> <p>Spend</p> <table border="1"> <thead> <tr> <th>18/19</th> <th>19/20</th> <th>20/21</th> <th>21/22</th> </tr> </thead> <tbody> <tr> <td>£0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>No. of Employees / FTE</p> <table border="1"> <thead> <tr> <th>Year</th> <th></th> </tr> </thead> <tbody> <tr> <td>18/19</td> <td>TBC</td> </tr> <tr> <td>19/20 (Anticipated)</td> <td>TBC</td> </tr> </tbody> </table> <p>Potential Cost of full MOU delivery</p> <p>Analytical work ongoing</p> <p>Potential No. of Employees / FTE of full MOU delivery</p> <p>Investigative work ongoing - workforce still to be determined, potential mixed model of delivery with CTAC services.</p>	18/19	19/20	20/21	21/22		£141K	£145K	£149K	18/19	19/20	20/21	21/22	£0				Year		18/19	TBC	19/20 (Anticipated)	TBC
				18/19	19/20	20/21	21/22																			
					£141K	£145K	£149K																			
				18/19	19/20	20/21	21/22																			
				£0																						
				Year																						
				18/19	TBC																					
				19/20 (Anticipated)	TBC																					

<u>General Comments</u>	<u>Issues experienced</u>	<u>Risks going forward</u>	<u>Additional narrative on costing of full MOU delivery</u>
<p>Local solution to vaccination delivery are being sought</p>	<p>Hitches in getting business cases agreed through assorted governance structures</p>	<p>Financial - still uncertain</p> <p>Infrastructure</p> <p>Workforce still to be determined, potential mixed model of delivery with CTAC services.</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Information Technology</p>	<p>Figures are indicative at this stage and may change as plans continue to develop</p> <p>Workforce still to be determined, potential mixed model of delivery with CTAC services</p>

MOU 2 – Pharmacotherapy Services							
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>During Year 1 an Implementation Group (with Lead appointed) will be established to develop a project framework (including terms of reference) and governance arrangements.</p> <p>The Pharmacotherapy Implementation Group will focus on meeting this objective in order that existing service provision and improvements continue and transition can be managed safely and effectively.</p> <p>Further delivery of level one core elements of service outlined in the contract across all practices.</p>	<p>Implementation group established, TOR agreed and governance arrangements in place.</p> <p>All practices have received additional pharmacy input from PCIP funding to support implementation of level 1 services</p> <p>To continue progressing medicines reconciliation, the standardisation of prescription management and authorisation processes to ensure these are in place by end of 21/20.</p> <p>Pre-PCIP pharmacy staff continues to undertake some level 2 and level 3 activities in some practices. The majority of practices have medication review activity being undertaken by pharmacy staff with fewer practices receiving specialist clinic input.</p> <p>New staff are in post and have been deployed such that all practices in Moray have benefitted from increased pharmacy input.</p>	<p>Test the staffing level assumptions and produce standard service processes and procedures.</p> <p>All medicines reconciliations from hospital discharge will be completed by the pharmacist or pharmacist technician and by the end of year two, more medicine reconciliations for all practices will be completed by the pharmacotherapy team</p> <p>Year 2 will see the development of a training programme to support the practice admin team(s) in the facilitation of non clinical medication reviews alongside Pharmacy teams.</p>	<p>Year 3 will see all practices benefiting HSCM pharmacotherapy service delivering core elements in level one Pharmacy Technicians will increasingly take on prescribing support.</p> <p>Training programme to support practice admin in the facilitation of non clinical medication reviews to be fully implemented by Year3</p> <p>Evaluation to be undertaken on staffing levels to define the Pharmacotherapy Service model for Moray.</p>	Allocations made in last plan			
				18/19	19/20	20/21	21/22
					£437K	£560K	£765K
				Spend			
				18/19	19/20	20/21	21/22
				£91, 065.			
				No. of Employees / FTE			
				Year			
				18/19	0.8 WTE Pharmacist Band 8A 1.8 WTE Pharmacist Band 7 2.5 WTE Pharmacy Technician Band 5		
				19/20 (Anticipated)	9.0 WTE Pharmacist Band 7/8 6.0 WTE Pharmacy technician Band 5		
Potential Cost of full MOU delivery							
Figures are indicative at this stage and may change as plans continue to develop							
Potential No. of Employees / FTE of full MOU delivery							
WTE/Skill mix to be agreed							

<p>Maximise the use of the Pharmacy First, Minor Ailments, Chronic Medication and other local services provided through Community Pharmacies.</p>				
<p><u>General Comments</u></p> <p>Figures are indicative at this stage and may change as plans continue to develop.</p> <p>Pharmacy Technicians will increasingly take on prescribing support, formulary adherence and prescribing improvement projects.</p> <p>Integrated model with polypharmacy support activities and pharmacotherapy.</p> <p>It will take time to train and develop new members of the pharmacotherapy team.</p>	<p><u>Issues experienced</u></p> <p>Availability of data to inform accurate capacity planning from infrastructure/premises to staffing levels and the procurement of treatment service consumables due to the many systems in operation.</p> <p>Loosing staff to other partnerships which is impacting on Moray services</p>	<p><u>Risks going forward</u></p> <p>Financial - still uncertain</p> <p>Workforce availability</p> <p>Workforce development capacity</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Management capacity</p> <p>Pharmacotherapy team capacity</p> <p>Incomplete or partial implementation of Pharmacotherapy service may have impact on other services</p> <p>Resistance to change</p> <p>Serial prescribing</p> <p>Impact on current Level 2 & 3 services possible</p>	<p><u>Additional narrative on costing of full MOU delivery</u></p> <p>The ambition - practices will receive up to an average of 5 pharmacist sessions per 10,000 patients, and two pharmacy technician session per 10,000 patients by the end of year 2</p> <p>By April 2021, all practices will benefit with pharmacotherapy services delivering the core elements in level one and some will also continue to benefit from a service which already provides additional elements in level 2 and level 3</p> <p>This model (including the appropriate skill mix) to be working up in more detail, however based on 60/40 pharmacist/technician split and a 65/35 band 7/Band 8A split for pharmacists, this would equate to an additional: 9.0 WTE Pharmacist Band 7/8 6.0 WTE Pharmacy technician Band 5</p> <p>Further consideration still needs to be given to the following:</p> <ul style="list-style-type: none"> Management time (team size will increase 	

		Infrastructure Signing prescriptions Destabilisation of community/hospital pharmacy teams through staff movement	considerably) • Time for experienced staff to tutor and mentor new/ less experienced staff
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MOU 3 – Community Treatment and Care Services							
Locality Diagnostic Hubs / Phlebotomy / Integrated Community Health & Care Hubs							
Community Treatment and Care Services: a service in every area by 2021, starting with phlebotomy							
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>Primary Care Nursing Services Implementation Group to carry out full survey of existing funded establishment and understand service demand and requirements.</p> <p>Assessment of Community Care and Treatment Centres to deliver vaccination programmes through MDTs.</p> <p>Phlebotomy- The development of a new model for phlebotomy services will be planned as a priority in year 1.</p> <p>Pre Hospital phlebotomy requires discussion with DGH/Alliance</p>	<p>Options appraisal carried out in collaboration with the Moray PM's group.</p> <p>Preferred option would be for services remain in GP Practice setting with consideration given to rural practices attached to a Community Hospital where treatment room services could be delivered in the Community Hospital.</p> <p>A phased approach is being explored with Phase 1 band 3 HCA, phlebotomy, ECGs etc. Phase 2 band 5 treatment room, chronic disease monitoring, dressings etc.</p> <p>Recruitment and co-ordinated operational management would be</p>	<p>Phlebotomy- New service to be implemented in line with DGH</p> <p>Management of minor injuries and dressings Ear syringing Suture removal Chronic disease monitoring.</p> <p>Outputs from scoping exercise used to develop an implementation plan</p> <p>Self-management - Year 2 aims to continue raising awareness of the House of Care model, with a view to increasing the number of practices adopting the House of Care</p>	<p>Scale up to Moray wide</p> <p>By April 2021, these services will be commissioned by Health & Social Care Moray.</p>	Allocations			
				18/19	19/20	20/21	21/22
					£128k	£463k	£665k
				Spend			
				18/19	19/20	20/21	21/22
				£0			
				No. of Employees / FTE			
				Year			
				18/19	5.0 WTE band 5 2.0 WTE band 3 2.0 WTE Band 4		
				19/20 (anticipated)	17.0 WTE Band 5 6.0 WTE band 2 4.0 WTE band 4		
Potential costs of full MOU delivery							
		Figures are indicative at this stage and may change as plans continue to develop					
Potential No of employees/FTE of Full MOU Delivery							
		Figures are indicative at this stage. Potential to increase when Vaccination model has been agreed. Investigative work ongoing.					

<p>Management of minor injuries and dressings, Ear syringing, travel clinics, Suture removal, Chronic disease monitoring- Work will be undertaken in Year 1 to understand the current workloads and demand for these services.</p> <p>Explore options for the roll out of other community care and treatment services.</p> <p>Elective care - Link with NHS Grampian’s Elective Care Project and develops a business case for implementation.</p> <p>Self-management - Further development and evaluation of House of Care model.</p>	<p>closely aligned with the GP practice to ensure services continue to be delivered without interruption or diminishing of quality of service delivery.</p> <p>Work ongoing to collate information on current activity, existing provision, operational costs including infrastructure and consumables, skill mix and skill gaps.</p> <p>Scoping work on going to determine/ascertain how these services will be progressed and transferred from GPs.</p>	<p>model across Moray.</p>		
<p><u>General Comments</u></p> <p>There are a copious number of opportunities that could be progressed to address these</p>	<p><u>Issues experienced</u></p> <p>Availability of data to inform accurate capacity planning from infrastructure/premises to staffing levels and the</p>	<p><u>Risks going forward</u></p> <p>Financial</p> <p>Workforce recruitment and retention</p>	<p><u>Additional narrative on costing of full MOU delivery</u></p> <p>Figures are indicative at this stage.</p> <p>Working closely with Moray GP Practice Managers group to obtain necessary information to progress</p>	

<p>requirements and by doing this, would prepare HSC Moray for the future operational and patient prerequisites.</p>	<p>procurement of treatment service consumables due to the many systems in operation.</p>	<p>Workforce still to be determined, potential mixed model of delivery with CTAC services.</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Infrastructure</p> <p>Information Technology</p>	<p>model.</p> <p>GP Practices currently employ the following PNs & ANPs across Moray:</p> <ul style="list-style-type: none"> • 2.1 WTE Band 2; • 11.15 WTE Band 3; • 12.1 WTE Band 5; • 13.45 WTE Band 6; • 2 WTE Band 7; • 2.6 WTE Band 8 and • 14.2 WTE ANPs. <p>Potential to increase when future model/ service design has been agreed and progressed.</p>
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MOU 4 – Urgent Care Services																										
A sustainable advanced practitioner service for urgent unscheduled care as part of the practice based on local needs and service design																										
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)																						
<p>Advanced practitioner resource to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model.</p> <p>Link to MDT Implementation group to establish standardised pathways for AP resource to assess and treat urgent or unscheduled care presentations.</p> <p>Review IT infrastructure to maximise redirection pathways.</p> <p>Reduce GP delivered home visits (including care homes) - Review existing home visit activity, demography, ANP involvement and practice protocols, learning from good practice.</p> <p>Link to MDT Implementation group to enable continuing development of community nursing and engagement of</p>	<p>Work ongoing with MDT implementation group to gain understanding of existing workload and skill mix.</p> <p>Exploring options for a test of change in East and West localities with ANP resource responding to urgent care and providing support to care homes.</p> <p>Early discussions have taken place with local SAS representative to discuss the potential for specialist paramedics to respond to unscheduled care presentations.</p> <p>SAS rep will join PCIP MDT implementation group.</p> <p>SLWG to be established, TOR and governance arrangements to be agreed – Group will look</p>	<p>Reduce GP delivered home visits (including care homes) - During Year 2 work will continue to develop a model with paramedics and ANPs</p> <p>Year 2 will build on the learning from the Advanced Clinical Academy which was taken forward as part of the Future Proofing of the Multi-Professional Workforce for Primary Care through the Primary Care Transformation Fund.</p> <p>Links with Custody suite to be progressed, monitored and evaluated – roles to be clarified as work progresses.</p> <p>Learning to be captured and progressed from</p>	<p>Scale up to Moray wide</p> <p>Commitment to recruit 10 Band 7 Advanced Practitioners by 20/21, potentially working 1:10,000.</p>	<p>Allocations made in last plan</p> <table border="1"> <thead> <tr> <th>18/19</th> <th>19/20</th> <th>20/21</th> <th>21/22</th> </tr> </thead> <tbody> <tr> <td></td> <td>£263K</td> <td>£508K</td> <td>£655K</td> </tr> </tbody> </table> <p>Spend</p> <table border="1"> <thead> <tr> <th>18/19</th> <th>19/20</th> <th>20/21</th> <th>21/22</th> </tr> </thead> <tbody> <tr> <td>£86,558</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>No. of Employees / FTE</p> <table border="1"> <thead> <tr> <th>Year</th> <th></th> </tr> </thead> <tbody> <tr> <td>18/19</td> <td>2.0 WTE band 7 1.0 WTE band 6</td> </tr> <tr> <td>19/20 (anticipated)</td> <td>13.0 WTE Band 7</td> </tr> </tbody> </table> <p>Potential costs of full MOU delivery</p> <p>Figures are indicative at this stage and may change as plans continue to develop</p> <p>Potential No of employees/FTE of Full MOU Delivery</p> <p>Figures are indicative at this stage and may change as plans continue to develop</p>	18/19	19/20	20/21	21/22		£263K	£508K	£655K	18/19	19/20	20/21	21/22	£86,558				Year		18/19	2.0 WTE band 7 1.0 WTE band 6	19/20 (anticipated)	13.0 WTE Band 7
				18/19	19/20	20/21	21/22																			
					£263K	£508K	£655K																			
				18/19	19/20	20/21	21/22																			
				£86,558																						
				Year																						
				18/19	2.0 WTE band 7 1.0 WTE band 6																					
				19/20 (anticipated)	13.0 WTE Band 7																					

<p>ANP for care home visits.</p> <p>Advanced Care Academy - In Year 1 we will continue to develop our nursing workforce in line with the Advanced Clinical Academy</p> <p>Scope existing staff in post to establish existing skill mix and educational requirements. Explore development opportunities with a focus on potential training practices in conjunction with the Advanced Care Academy.</p>	<p>at how this will be progressed within Moray.</p>	<p>the Maryhill Test of change/joint working with SAS.</p>		
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<p><u>General Comments</u> Additional work will be undertaken with the nursing services across our communities to understand current service models, staffing numbers and existing skill mix.</p>	<p><u>Issues experienced:</u> ability to recruit staff with all the skill required</p>	<p><u>Risks going forward</u> Workforce availability Workforce development capacity Infrastructure Financial - still uncertain</p>	<p><u>Additional narrative on costing of full MOU delivery</u> Skill mix to be agreed. Current based on ANP/Advanced paramedics.</p>
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MOU 5 – Additional Professional Roles							
MSK First Contact Practitioner (FCP)							
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>Physiotherapists work collaboratively with primary care multi-disciplinary teams and develop a model to embed a MSK service in practice teams.</p> <p>Understand existing MSK service and drawn on lessons learnt from other areas where test of change has been undertaken i.e. Ayrshire and Arran.</p> <p>To complete an options appraisal to identify all possible models for Moray</p> <p>Job descriptions, recruitment options to be developed.</p>	<p>SLWG set up to develop Moray Model.</p> <p>Options appraisal and Business case concluded.</p> <p>Recruited First Contact Practitioner(s) to take an operational lead</p> <p>Current evidence demonstrates that musculoskeletal (MSK) health issues are the most common cause of repeat GP appointments and account for 20-30% of demand in general practice.</p>	<p>A phased approach will be taken over 12 months to introduce a front door MSK triage process linked to the wider MSK Pathway.</p> <p>To progress with recruitment, model development, operationalization, evaluation and improvement. Which will produce a reduction current GP workload; provide fast and direct access for patients with MSK problems to expert physiotherapy assessment, diagnosis, advice and management.</p> <p>Explore impact of the preferred Moray model on other aspects of managing this patient cohort e.g. reduced demand for diagnostics, prescribing.</p>	<p>Scale up to Moray wide of the overall MK service to ensure fully streamlined pathways for patients with additional physiotherapist capacity per locality.</p>	Allocations made in last plan			
				18/19	19/20	20/21	21/22
					£510k	£845K	£913k
				Spend			
				18/19	19/20	20/21	21/22
				£12,743			
				No. of Employees / FTE			
				Year			
				18/19	2.0 Band 8a MSK First Contact Practitioner 2,0 Band 5 2.0 Band 6 Primary Care Mental Health Development Workers *MSK skill mix to be determined		
				19/20 (anticipated)	2 WTE band 8 2 WTE band 7* skill mix to be agreed 4 WTE band 6* skill mix to be agreed 6 WTE band 5		
Potential costs of full MOU delivery							
Figures are indicative at this stage and may change as plans continue to develop							
Potential No of employees/FTE of Full MOU Delivery							
Figures are indicative at this stage and may change as plans continue to develop							

		This will enable sufficient time to up skill appropriate staff who may wish to take up these roles as they become available and therefore retain staff in NHSG.		
<p><u>General Comments</u></p> <p>Recruitment is a challenge within Moray and the flexibility to recruit is likely to be beneficial in the long term.</p> <p>Ayrshire & Arran year one report advised only 1.32% of case required GP input – directly saving 3900 GP appointment.</p> <p>The preferred Moray model is to be undertaken initially within two identified areas – one in the east and one in the west of Moray.</p>	<p><u>Issues experienced</u></p> <p>Small scale testing reduced immediate impact of approach/pathway across whole system.</p>	<p><u>Risks going forward</u></p> <p>Workforce recruitment and retention</p> <p>Workforce lacking the necessary advanced skills</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Availability of demand data to inform accurate capacity planning</p> <p>Not linking to existing MSK physiotherapy service provision and pathway development</p> <p>Small scale introduction to the preferred Moray model may have limited impact on GP workload across Moray though the impact of this will lessen as project scales up.</p>	<p><u>Additional narrative on costing of full MOU delivery</u></p> <p>Figures are indicative at this stage and may change as plans continue to develop.</p> <p>Scaling up to become a Moray-wide service over four years with additional physiotherapist capacity per locality.</p>	

Mental Health Development Workers				
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	
<p>Mental Health Development Workers for children and young people: develop the universal workforce for children and young people with Tier 1 & 2 presentations.</p> <p>In Moray, Mental Health Development Workers and CAMHS have no direct involvement at Tier 1, but remain committed to building capacity and confidence within universal services via training, professional development support and consultation, this includes general practice teams</p>	<p>2 WTE Mental Health Development Workers recruited</p>	<p>Strategic level multi-agency group, led by the Chief Social Worker, has recently been established and project initiation document is in place (PID) with the aim to reduce the escalation of referrals to CAMHS and establish an integrated service that achieves better personal outcomes for children and young people in need of Tier 1 and 2 supports in Moray.</p> <p>To review and evaluate impact.</p>		

<u>General Comments</u>	<u>Issues experienced</u>	<u>Risks going forward</u>	<u>Additional narrative on costing of full MOU delivery</u>
<p>Tier 1: Children and young people who are experiencing difficulties that could be related to their mental health are first identified within Tier 1 services. Practitioners are able to identify and offer general advice and treatment for less severe problems.</p> <p>Tier 2: When concerns continue a 'My World' Assessment is undertaken, need/risk is analysed and detailed within a Child's Plan. Offer consultations to families and other practitioners in Tier 1 and identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier).</p> <p>In Moray, CAMHS is committed to supervision, consultation and shared learning for Mental Health Development Workers and</p>			<p>Figures are indicative at this stage and may change as plans continue to develop.</p>

Tier 2 staff in Moray.			
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Action 15:					
Objective: Scottish Government Mental Health Strategy 2017-2027 - Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons.					
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)	
<p>Workforce education – mental health first aid delivery to GP frontline staff.</p> <p>Adult Mental Health: Implement Distress Brief Intervention Service from October 2018.</p> <p>Older Adult Mental Health: Building on successful test of change for a Mental Health worker aligned to Primary Care to provide a proactive response for Dementia sufferers and their families to anticipate and prevent crisis.</p>	<p>Service to be up and running from April 2019 (slight delay until May 2019).</p> <p>Service in place in 2 GP practices</p>	<p>Adult Mental Health: Fully staff Distress Brief Intervention Service Maximise digitally enabled support to reduce GP attendance</p> <p>2.8 WTE Dementia coordinators to be appointed across Moray in 2019/2020</p>	<p>See additional professional roles below re Primary Care mental health workers (children and young people)</p>	Estimated Cost of full MOU delivery	
				No. of Employees / FTE	
				Year	
				18/19	1 WTE Service Manager 1 WTE dementia coordinator
				19/20 (anticipated)	0.67 WTE Peer recovery Practitioner 0.9 WTE Peer Recovery Practitioner 0.2 WTE Dementia Coordinator
				Potential costs of full MOU delivery	
				Figures are indicative at this stage and may change as plans continue to develop	
				Potential No of employees/FTE of Full MOU Delivery	
				Figures are indicative at this stage and may change as plans continue to develop	

<u>General Comments</u>	<u>Issues experienced</u>	<u>Risks going forward</u>	<u>Additional narrative on costing of full MOU delivery</u>
<p>Work progressing on the further development of the service</p>	<p>Waiting lists are a challenge with a huge demand on the service</p> <p>Current endeavours towards targets.</p>	<p>Workforce recruitment and retention</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Demand on the rise which will have a huge bearing on waiting times.</p>	<p>0.67 WTE Peer Recovery Practitioner has been recruited. They have been undergoing induction which includes a week of shadowing at Aberdeen DBI service w/b 4th of February; as well as supporting service development and launch activity.</p> <p>0.9 WTE Recovery Practitioner Peer recruited in January 2019.</p> <p>0.2 WTE Dementia Coordinator from April 2019</p> <p>Figures are indicative at this stage and may change as plans continue to develop</p>

MOU 6 – Community Link Practitioners							
Community Link Practitioners							
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>Aim to reduce the negative impact of social and economic circumstances on health.</p> <p>To do this by developing the role of Link workers into all practices within Moray.</p> <p>To provide a person-centred service that is responsive to the needs and interests of the practice population.</p>	<p>Each practice in Moray will have direct access to generic or specialist Link worker</p> <p>6WTE GP Link Workers funded through PCIP/HSCP and based within GP Practices</p> <p>Each practice in Moray will have direct access to generic or specialist Link worker</p> <p>Links with Action 15 commissioned service</p>	<p>To review contract with Penumbra and decide as to whether or not to take service in house. If yes then will need to increase to 9 WTE practitioner 1: 10,000.</p>	<p>Scale up to Moray wide</p>	Allocations made in last plan			
				18/19	19/20	20/21	21/22
					£264k	£311K	£360K
				Spend			
				18/19	19/20	20/21	21/22
				£220,000			
				Est Cost of full MOU delivery at 21/22			
				Within allocated resource			
				No. of Employees / FTE			
				Year			
18/19	6 WTE Band 4						
19/20	9 WTE – Commissioned service						

<u>General Comments</u>	<u>Issues experienced</u>	<u>Risks going forward</u>	<u>Additional narrative on costing of full MOU delivery</u>
These roles have been developed in Moray over the last two years	Challenges around information governance between multiple parties Recruitment of Link practitioners within original timescales	Workforce recruitment and retention Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices Information Governance	Looking more link workers to increase to 9 WTE to achieve 1:10,000

This table detailed Health & Social Moray’s current committed workforce expenditure and cost related to full implementation of the priorities described in the MOU. Figures are indicative at this stage and will change as plans continue to develop.

4. Finance and Workforce Projections

In setting out the financial and workforce plan for year 2 of the PCIP it is important to acknowledge the potential risks in implementing such significant change over a relatively short time frame. Health & Social Care Moray would identify the following as the priority areas of risk:

- The level of available funding is insufficient to implement all services as described within the new contract.
- Our ability to recruit and retain staff at the appropriate level, within the required timescales to carry out the roles described in the GMS 2018 contract primarily due to the lack of available workforce.

Whilst in these initial stages we are seeing a positive level of interest and successful appointments to several posts under the PCIP, this is against a backdrop of historic difficulties in recruiting to a number of disciplines.

Meeting the workforce projections set out may prove very challenging. Attracting staff to some of the more rural locations has been challenging in the past, this coupled with neighbouring areas also recruiting to the similar posts will add additional pressures to the recruitment process. Many of these roles may require additional training and this will impact on developments. There is also a need to ensure that we do not destabilise other areas of our system during this transition stage.

Full Implementation Cost represents estimated funding required to fully implement all services as described under the new contract (desirable, as indicated by particular services).

There is a need to maintain some flexibility around implementation depending on availability of workforce and other factors. In turn this will enable health& Social Care Moray, where appropriate and in agreement with key stakeholders, to make decisions within years to allow some developments to progress more quickly than others.

Table 2: Health & Social Care Moray PCIP Indicative Expenditure Profile, 2019 – 2022

Priority Area	Approx % allocation			Current Committed Expenditure	Potential Full Implementation Cost	
	2019/20 (£000)	2020/21 (£000)	2021/22 (£000)		Cost (£)	Workforce
Vaccinations	141	145	149	Current estimated figure. Workforce still to be determined, potential mixed model of delivery with CTAC services.	£435k	Current estimated figure. Workforce still to be determined, potential mixed model of delivery with CTAC services.
Pharmacotherapy	437	560	765	0.8 WTE Pharmacist Band 8A 1.8 WTE Pharmacist Band 7 2.5 WTE Pharmacy technician Band 5	£1853k	9.0 WTE Pharmacist Band 8 6.0 WTE Pharmacy technician Band 5 * WTE/Skill mix to be agreed
Community treatment and care	128	463	665	5.0 WTE Band 5 2.0 WTE Band 3 2.0 Band 4 Potential to increase when Vaccination Model agreed	£1256k	17.0 WTE Band 5 6.0 WTE Band 2 4.0 WTE Band 4s
Urgent care	263	508	655	2.0 Band 7 1.0 Band 6	£1513k	13.0 WTE Band 7 *Skill mix to be agreed. Current based on ANP/ Advanced Paramedics
Additional professional roles	510	845	913	2.0 Band 8a MSK First Contact Practitioner 2,0 Band 5 2.0 Band 6 Primary Care Mental Health Development Workers *MSK skill mix to be determined	£2282k	2 WTE band 8 2 WTE band 7* skill mix to be agreed 4 WTE band 6* skill mix to be agreed 6 WTE band 5
Link workers	264	311	360	6 WTE Band 4	£1156k	9 WTE – commissioned service
Total	1743	2832	3507	Current estimated figure. Workforce still to be determined, potential mixed model of delivery with CTAC services.	£8495k	



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: FORRES LOCALITY PATHFINDER – INTERIM PROGRESS REPORT

BY: LESLEY ATTRIDGE, SERVICE MANAGER

1. REASON FOR REPORT

- 1.1. To inform the Moray Integration Joint Board (MIJB) of the progression of the redesign of Health and Social Care services in the Forres Locality

2. RECOMMENDATION

- 2.1. **It is recommended that the MIJB consider and note progress on the journey of transforming Health & Social Care services in the Forres Locality based on the information provided within this report**

3. BACKGROUND

- 3.1. The Board was provided with a report on 29 November 2018, which requested eight recommendations to be supported by the MIJB with outcomes identified (para 11 of the Minute refers). The project has re-evaluated these outcomes to demonstrate to the Board the ongoing evolution of this pathfinder programme.
- 3.2. The focus of the project is to demonstrate the benefit, impact, risk and cost as part of reshaping services within the Forres locality to meet the health and social care needs of the population. A higher level of scrutiny has been applied in the seven months since the last report to explore how the model can change and adapt to meet the needs of the Forres community in a more person centred way. This has included the requirement to question if the current model being tested is the preferred model to deliver ensuring it meets the needs of the identified population.
- 3.3. The work to date has taken cognisance of key legislative frameworks influencing the need for redesign:

Public Bodies (Joint Working) (Scotland) Act 2014 – Integration Principles
 Strategic Framework For Action on Palliative & End of Life Care 2015
 Scotland's National Dementia Strategy 2017-2020
 The New Carers (Scotland) Act 2018
 Transforming Nursing, Midwifery and Health Professionals Roles Agenda
 (Scottish Government)

Health and Social Care Delivery Plan 2016

MIJB Strategic Plan 2016 -2019 currently under review, states its aim as being for the “people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals”. Due consideration was given to the 9 national outcomes, the outcomes by which Health and Social Care integration success will be measured.

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes>

1. Healthier living
2. Independent living
3. Positive experiences
4. Quality of life
5. Reducing health inequalities
6. Carers are supported
7. People are safe from harm
8. Engaged workforce
9. Resources are used effectively and efficiently

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 A time line to demonstrate progress of the the pathfinder programme to date has been provided (**APPENDIX 1**). It covers the period from April 2017 to June 2019. The following 5 months will continue to explore and develop key elements of the programme in relation to those areas highlighted in the report.
- 4.2. The risk and issues log is monitored 4 weekly through the Forres Locality group, to note the continued areas of risk to the project. Areas of particular focus are the importance to demonstrate the benefits realisation of the new system for the final report in November 2019, the risk of not having the full complement of staff mix to deliver the service and the associated impact on the system’s ability to flow and meet the ongoing care needs for the identified population.
- 4.3. The Forres project is significant for the rest of Moray and aspects of the model are of interest nationally in particular the Varis Court component both in terms of extra care facilities and the impact overall on the system and the unique trial of augmented care facilities. As with all new models there is an appetite to understand what is possible through integration delivered at a local level with an agile team working seamlessly together. This is however a process that takes time with relationships at the heart of success, this requires much dialogue with many stakeholders, thus the requirement for ongoing work and ongoing monitoring and evaluation

- 4.4. It should be noted going forward that there are two further enablers that need to be explored to optimise the opportunity of the Forres project. The first is the need for more focussed capacity and demand work to fully understand the staffing requirements for the area as integration progresses and the skill mix possibilities. The second is the opportunity of transforming through digital means, these need to be understood together as one has an impact on the other. This also needs to be worked through with the public to ensure any change is one that will be responsive to need and one that the public feel able to engage with, whether that is digital consultations or different staff delivering some of the interventions traditionally delivered in a particular way.
- 4.5. Glasgow School of Art is fully engaged with the project in order to further develop the MDT model and ensure further collaborative work is undertaken with the public in Forres. This is defined in **(APPENDICES 2, 3 and 4)**.
- 4.6. The independent research undertaken by Dundee University supports the work of the project showing some encouraging results on the impact that delivering health & social care in a different way can have on the public and staff. It is through this report that the project sees the need to further engage with the wider system to ensure the journey through the model is as seamless as possible. This requires further work with the acute hospital and community hospitals out with Forres. It should be noted that the intention is not to prevent acute admissions but to ensure the system, and those in it, work collaboratively ensuring a “home first” approach as well as return people to their community as quickly as possible should a hospital admission be required.
- 4.7. The different perspectives outlined in 4.5 and 4.6 have provided the project with further challenge and diversity of view. The task being to work through the thinking to an improved place capturing the learning.
- 4.8. The final key matter in relation to the recommendations is the information provided in **(APPENDIX 5)**. The care episodes (January 2018 to February 2019) provided by the FNCT have the highest impact on the reduction of GP’s visits, acute medical admissions (as seen in rate of admissions graph) and the need for potential Out of Hours GMED interventions. Utilising existing systems, when available, will allow this information to be provided in “real time” through Trak Care. At the time of writing, this information has had to be collated manually and through newly developed processes, some outwith the existing reporting methods available. The Occupational Therapy (OT) interventions have occurred through direct access to OT as part of the MDT which has resulted in a more preventative and responsive outcome for service users. It is understood that the detail of these interventions has to be further analysed to reassure the Board of this.

5. SUMMARY OF IMPLICATIONS

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

The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close to home with a particular emphasis on the needs of older

people. This locality approach is also consistent with the ambition of the LOIP in Moray.

(b) Policy and Legal

This approach supports national policy and the integration principles set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

The base budget for the Forres locality is £1.244m. Within the base budget there has been re-alignment to adjust for the closure of Leancoil community hospital and development of the multi-disciplinary team. The decision to undertake this test of change was taken at a meeting of the MIJB on 25 August 2016 (para 7 of the minute refers), the level of additional funding required to support this was estimated at £500k.

	2018/19 Base Budget	2019/20 Base Budget
	£'000	£'000
District Nursing	297	392
Health & Care Centre	271	540
Leancoil Community Hospital	631	0
ACU Team	0	186
Medical Pays	45	45
Care Home Capacity	0	81
Total Base Budget	1,244	1,244
Additional Funding Non-Recurring)	585	410
Total Funding	1,825	1,654

(d) Risk Implications and Mitigation

The project has been reviewed by Strategic Planning & Commissioning Group (SPCG) through updates on progress to date. The last SPCG agreed the format for the final report in November which would be presented 2 part format. Firstly on performance data and secondly the qualitative findings of the project. It has been noted that any risks in obtaining performance information which may impact on the ability to report robustly must be escalated to Head of Service as noted in the risk log.

(e) Staffing Implications

All staff have relocated. In accordance with NHS Organisational Policy, employees have been consulted and the process is underway with Human Resources and staff side in relation to permanent placement within the Forres locality.

(f) Property

The are no property implications at this stage in relation to this interim report

(g) Equalities/Socio Economic Impact

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

(h) Consultations

This report has been circulated to the following, comments received have been considered in writing the report:-

Chief Officer
Head of Services
Head of Service
Commissioning & Performance Manager
Senior Project Officer
Assistant Manager HR, NHS Grampian
Finance Manager, NHS Grampian
The Forres Core Professional Group (including GP's from the Varis and Culbin Practices)
Chief Financial Officer
FNCT Lead
Research Fellow, Design Innovation Glasgow School of Art
Geriatrician
Senior Performance Officer
Lead Nurse

6. CONCLUSION

- 6.1. The report highlights the ongoing work required over the next 5 months in order to provide a detailed report to the Board by which an informed decision can be made with regards to the future model for Health & Social Care in Forres. It is also intended to benchmark with comparative areas in Moray through the Information Services Division in order to draw conclusions on this model.**

Author of Report: Lesley Attridge, Service Manager

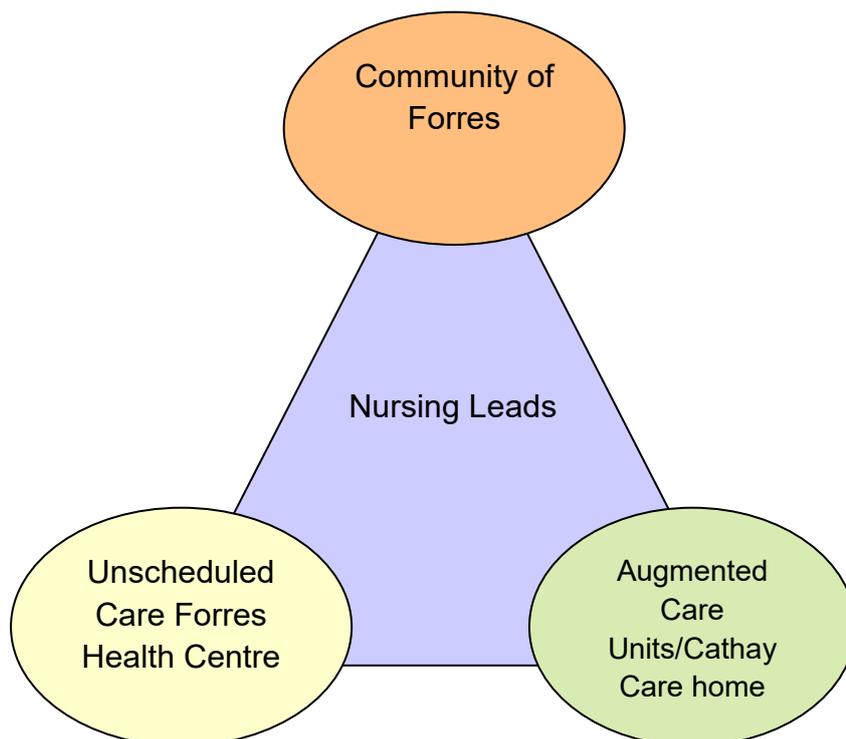
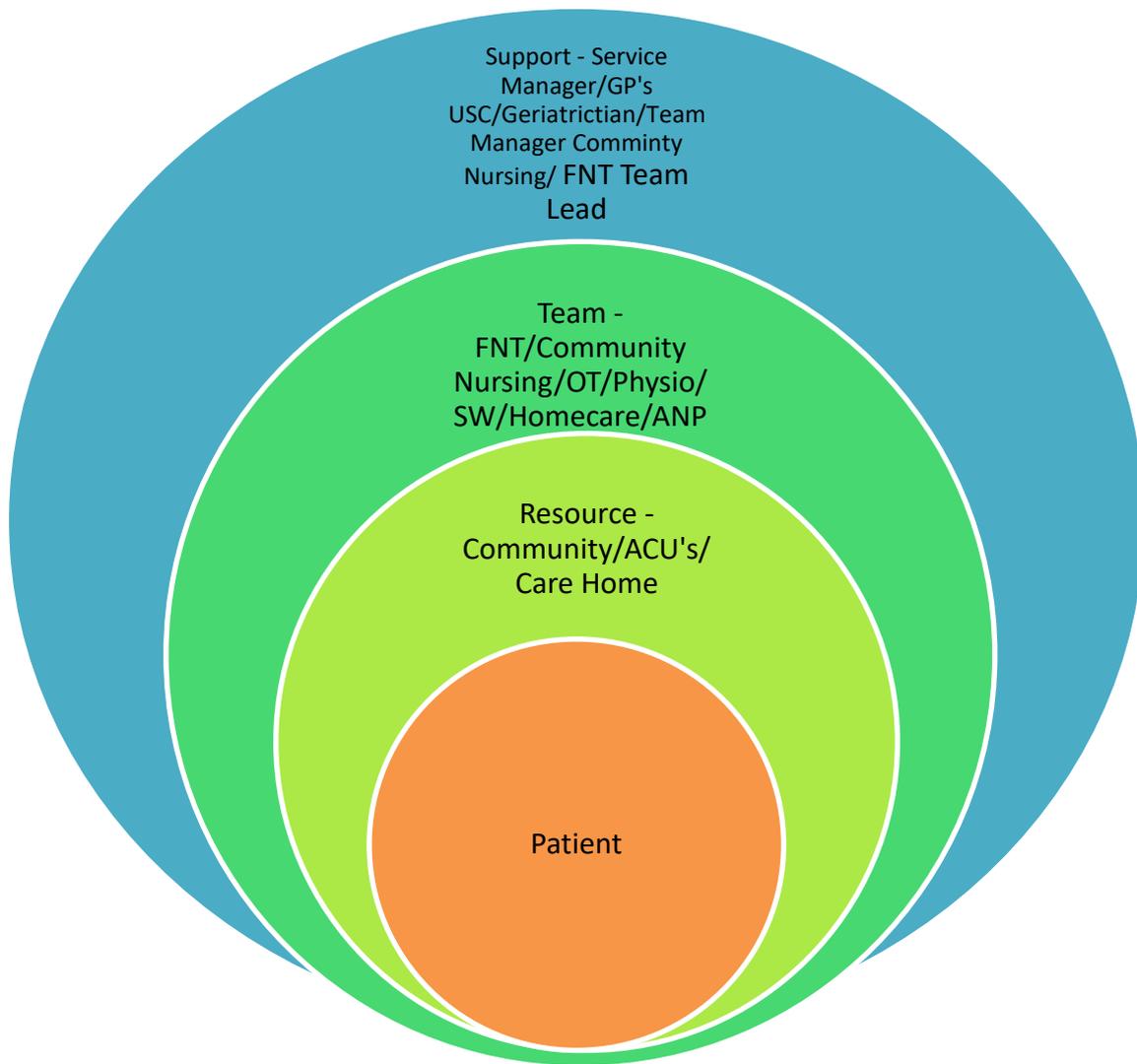
Background Papers:

Ref:

Date	What's Happened
April 2017	Recruitment to the Forres Neighbourhood Care Team (FNCT)
July 2017 	Equipment arrives at Augmented Care Unit(s) ACU's) to allow operations to start. Continued to recruit to temp positions within the FNCT
November 2017	Dundee University Stakeholder research Project Officer commenced attending monthly Forres Locality project meetings
February 2018	iHub/HIS- Economic Impact and Emergency Admissions research actioned
March 2018	Secondments for FNCT posts extended
May 2018	Staffing issues within FNCT
July 2018	Social Work (SW) relocated to Forres Health Centre as part of the evolving Multi Disciplinary Team (MDT)
August 2018	Revised criteria for the ACU's agreed
September 2018	Service Level Agreement (SLA) agreed with Cathay Care Home to utilise 2 health beds with agreed criteria. Admissions ceased to Leancoil hospital. Staff transferred over to the new model including FNCT and Unscheduled Care in Forres Health Centre
October 2018	Occupational Therapy (OT) provisioned to Forres MDT at 11 hrs per week as part of the evolving MDT

<p>November 2018</p> 	<p>IJB report to seek approval to continue with the project included closure of health and social care services at Leancoil Hospital</p> <p>Request to have virtual beds added to TrakCare</p> <p>Physiotherapy required as part of the MDT</p> <p>Improvement Hub (iHub)/Health Improvement Scotland(HIS) – Economic impact and Emergency Admission research complete and report published</p>
<p>December 2018</p> 	<p>Multidisciplinary meetings commenced for both Varis and Culbin practices.</p> <p>iHub Logic modelling work undertaken</p>
<p>January 2019</p>	<p>Team Leader recruited to Forres for community nursing</p> <p>OT provision increased work full time within the Forres locality</p>
<p>February 2019</p>	<p>Further recruitment advert to FNCT</p>
<p>March 2019</p>	<p>Nursing leads work toward single nursing service (Appendix 2)</p>
<p>April 2019</p>	<p>FNCT interviews</p> <p>Leancoil budget recycled in the Forres budget for 19/20</p> <p>iHub logic modelling completed</p>
<p>May 2019</p>	<p>Further 3 wte nursing staff commenced with FNCT</p> <p>Glasgow School of Art ethics approved to carry out focused piece of work on MDT and public engagement.</p>

	<p>(Appendix 3)</p> <p>Dundee University Stakeholder analysis research completed and full report published</p>
<p>June 2019</p> 	<p>Physio post advertised for 0.5 Whole Time Equivalent (WTE)</p> <p>Currently 22 people are waiting for care packages in the Forres Locality at time of writing</p>
<p>Next Steps</p> 	<p>Information Sharing event to be organised with the members of the public in Forres</p> <p>MDT survey is undertaken on monthly basis with users of the new model</p> <p>Performance data to be collected with systems now in place using agreed data set tool</p> <p>2 weeks to be spent in Dr Gray's Hospital with nurse lead to further embed the Forres model.</p> <p>Virtual beds still to be added to TrakCare which is expected to be completed end June 2019</p>



Multidisciplinary working in Moray

Building a shared understanding and exploring models of care

Questions

1. *How can we further develop the multidisciplinary team in Forres by exploring how we support more people to receive care at 'home first' or as close to home as possible?*
2. *How can we build a shared understanding of the MDT and model of care in Forres among staff from across health and social care in Moray and the Forres community?*

Vision

To take a different research approach to explore how care could be provided at home or close to home by informing the development and way of working of the Multidisciplinary Team (MDT). The process will enable all stakeholders to build a shared understanding of the MDT and model of care in Forres.

The collaboration with The Innovation School will support all stakeholders in this process to be open to possibility in terms of how care could be provided at home or as close to home as possible in the future. By collecting different perspectives on the current places and forms of care, lived experiences, and ideas for future ways of working, stakeholders will be enabled to creatively explore future opportunities for sustainable change.

What would we like to achieve?

- To understand current experiences of care from people who have received care in Forres or at a community hospital across Moray.
- To prototype and explore how the MDT and Forres model of care can be applied to care scenarios based on the experiences collected from people who have received care.
- To build a shared understanding of the MDT and model of care in Forres among all stakeholders.

Outcomes

- Qualitative insights to inform the development of the multidisciplinary team and model of care in Forres.
- Produce a set of priorities and actions with a plan to implement the findings in practice.

Prepared by Dr Tara French and Yoni Lefevre after collective discussion with Lesley Attridge, Sean Coady, Fiona McPherson, Robin Paterson and presented to the Forres Professional Locality Group (28-05-19).

Creating a vision for multidisciplinary working in Forres

A model of multidisciplinary working will:

Provide clear roles and support professional identity by:

Breaking down professional boundaries of the workforce and removing silos.

Supporting a shared understanding of roles and responsibility so that everyone knows 'who does what' and 'where everyone is and what they do'.

Allowing for different perspectives of care to be integrated across health and social care in terms of understanding what is most appropriate for the person.

Giving reassurance to people in their roles.

Identify clear structures and processes to ensure person-centred care by:

Organising teams around the skills of individuals.

Making visible who is involved in care and giving clarity around who else needs to be involved.

Streamlining and simplifying referrals and relevant processes to reduce waiting times.

Creating specialist teams to respond to crisis situations, provide advice and assessment and a 'single point of referral'.

Be enabled by seamless systems and communication by:

Ensuring that all necessary agreements and governance are in place for processes and information sharing across systems.

Formalising and putting in place a structure for meetings to allow all members of the team to meet together.

Providing the necessary equipment and tools for staff to enable them in their role.

Ensuring systems (NHS and Moray Council) can communicate with each other to allow sharing of information.

Connecting people digitally through staff emails and newsletters.

Set realistic expectations with appropriate resourcing by:

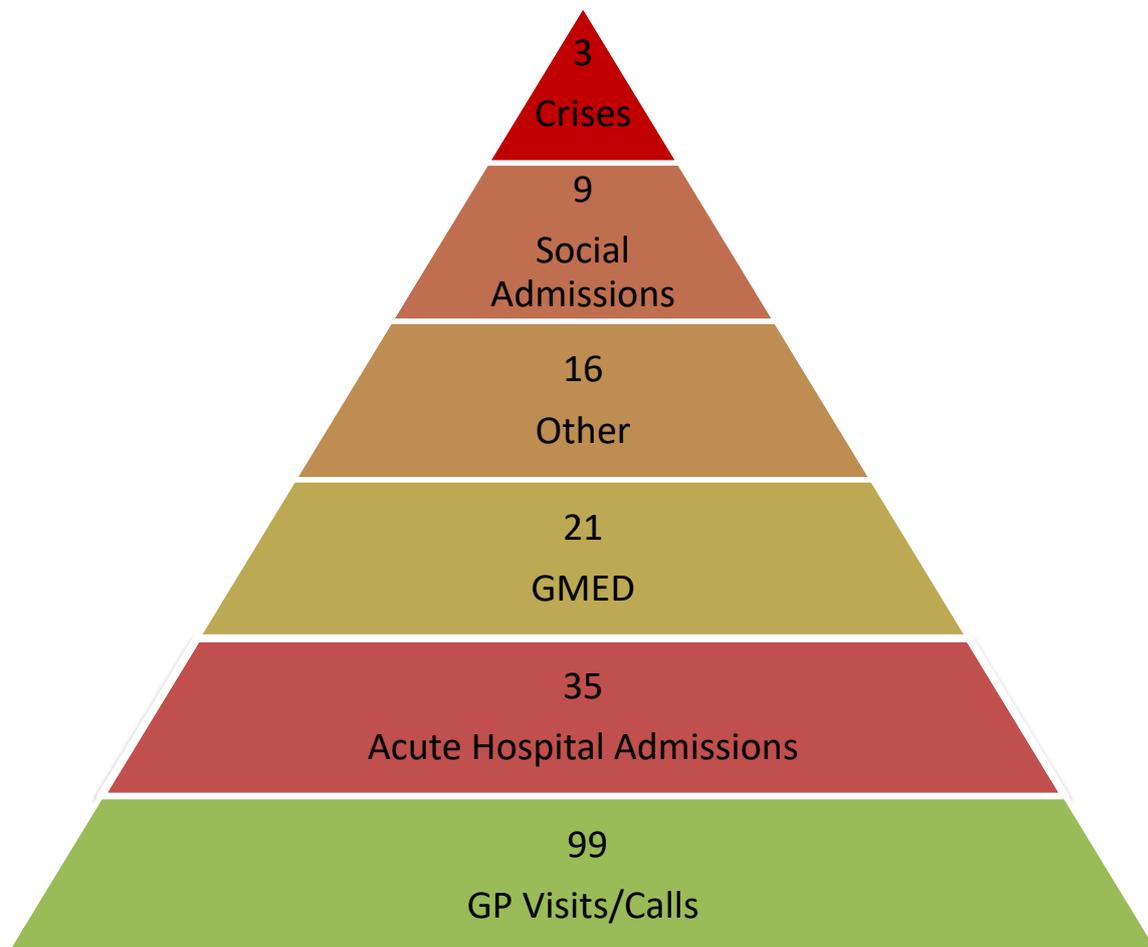
Ensuring that services are not stretched and care is not compromised.

Recognising the organisational need to invest in early intervention to enable long term efficiency.

Addressing safety and risk to encourage staff to be innovative.

Communicating with the public through an awareness campaign to support appropriate service access and signposting.

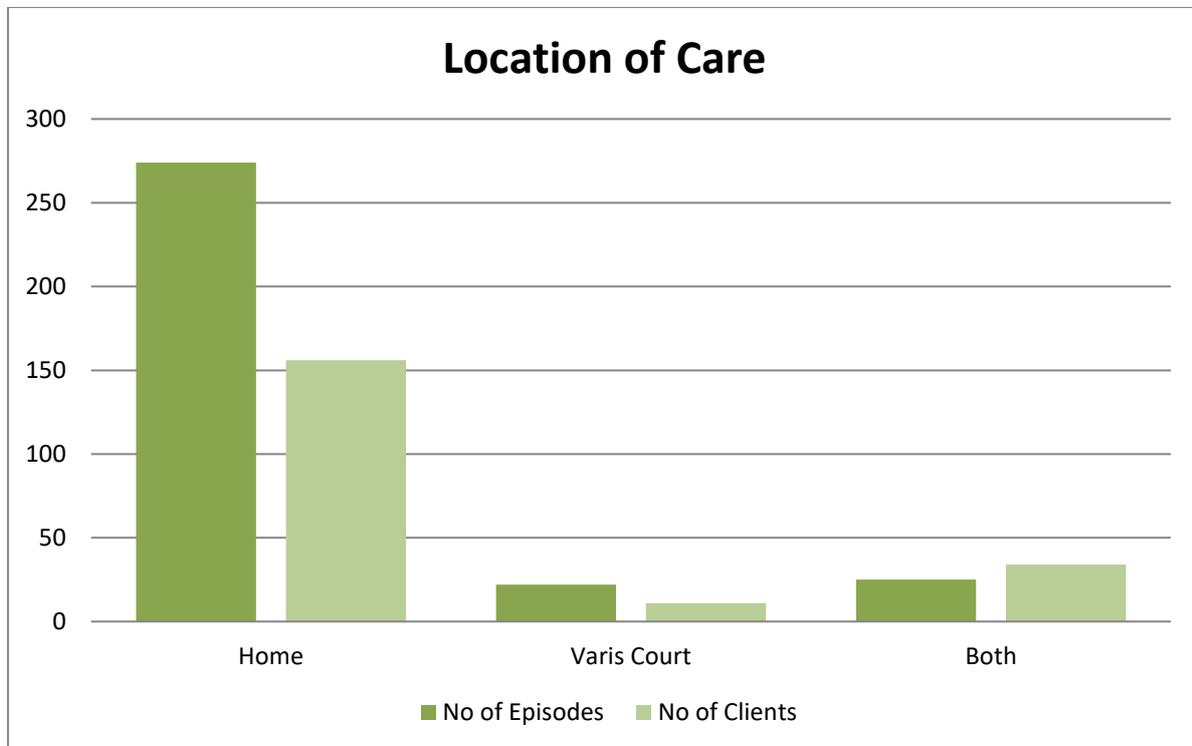
Care Episode Avoided	#	%
None Recorded	138	43.0%
GP Visit	90	28.0%
Acute Hospital Admission	35	10.9%
GMED	21	6.5%
Other	16	5.0%
Social Admission	9	2.8%
GP Call	9	2.8%
Crisis	3	0.9%
Grand Total	321	100%

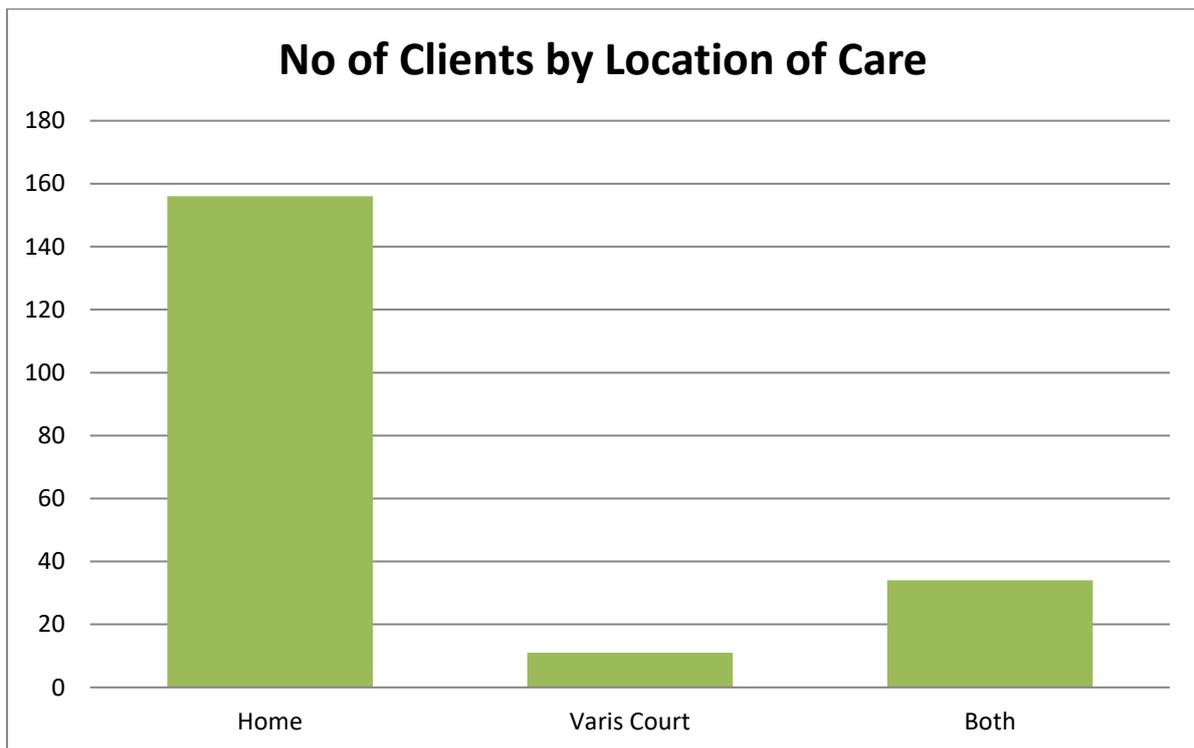
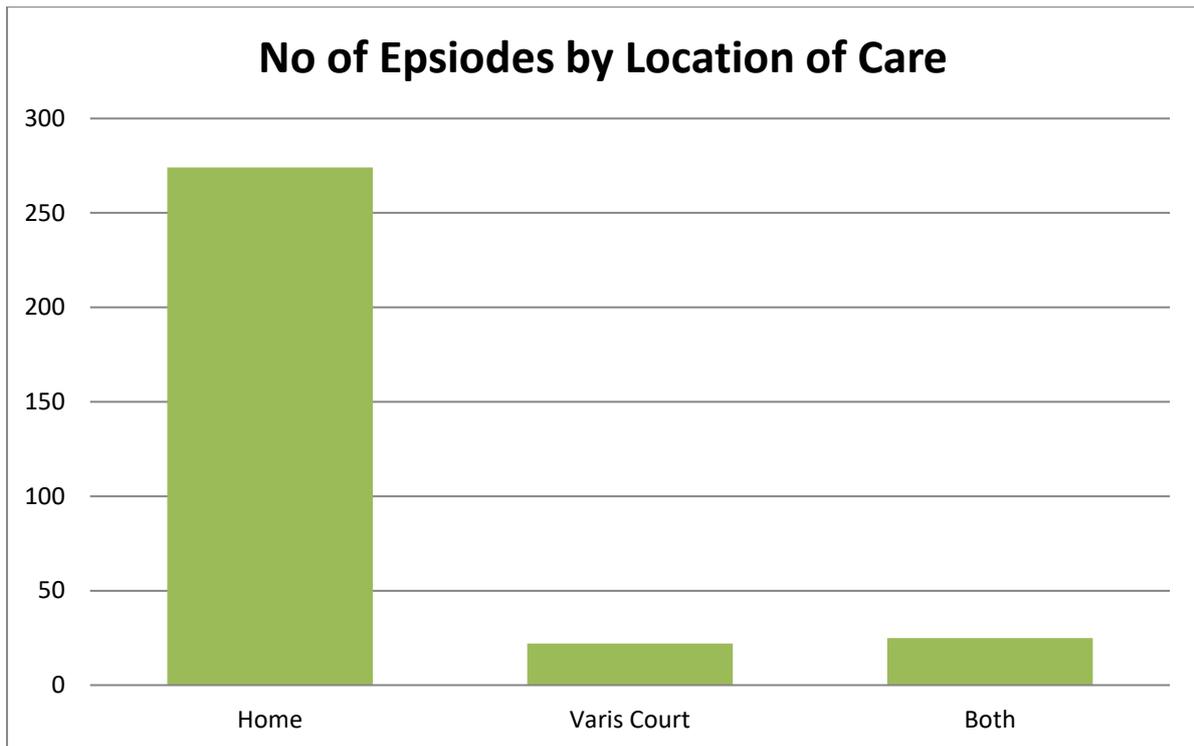


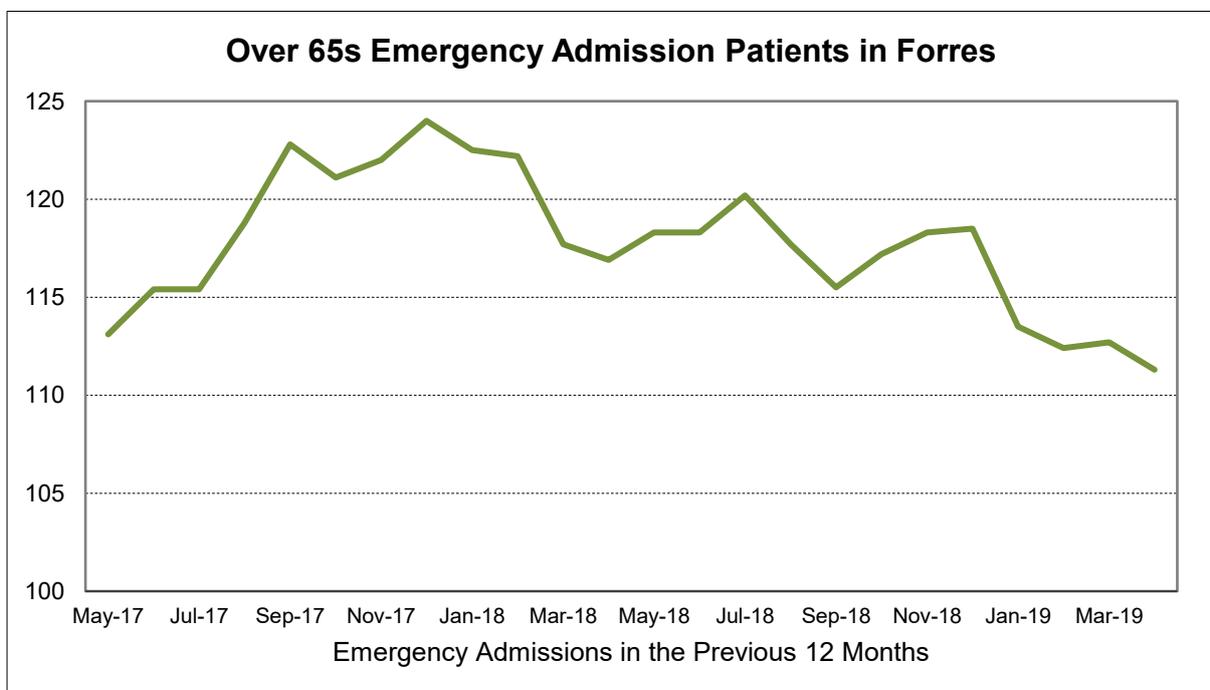
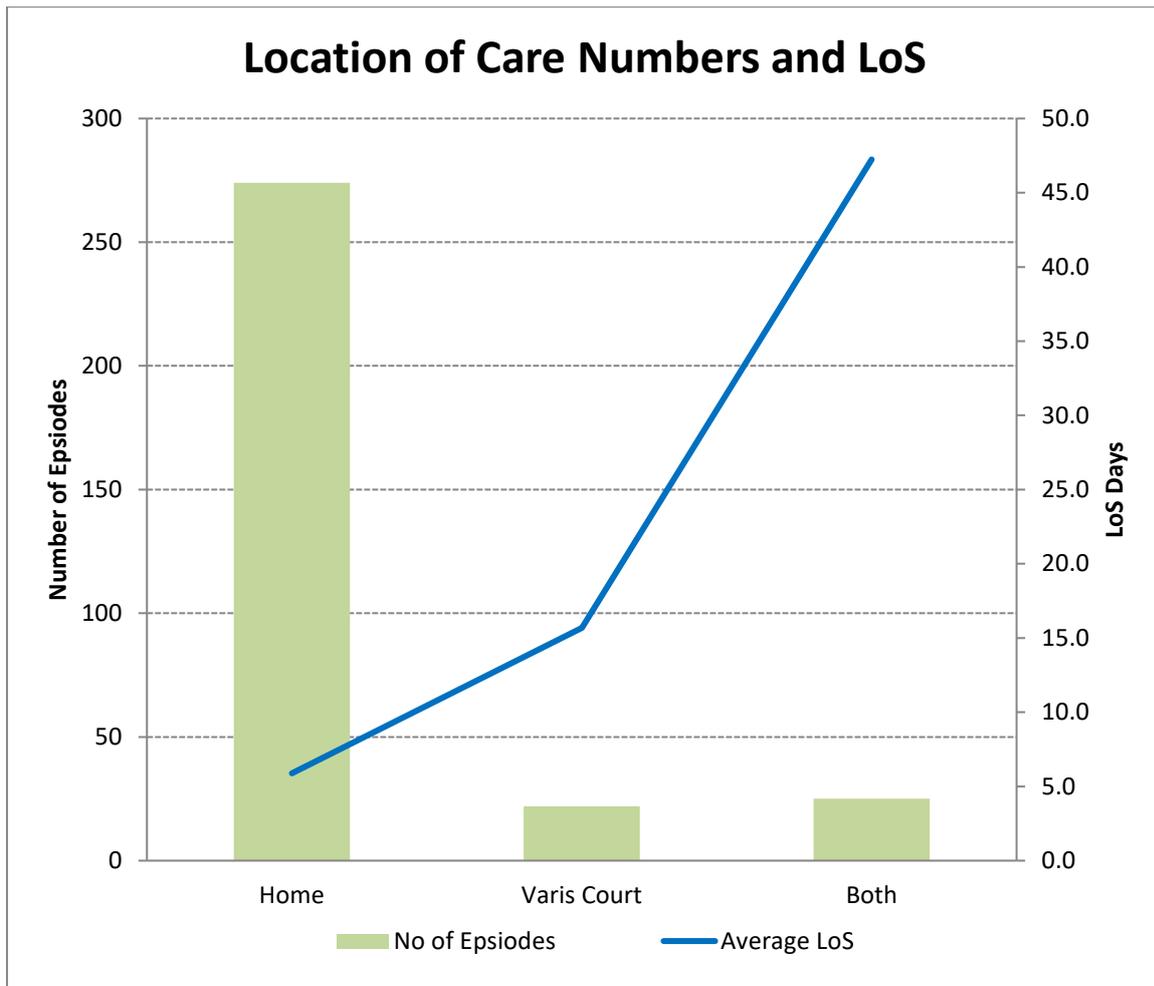
Location of Care	No of Episodes	No of Clients	LoS
Home	274	156	5.9
Varis Court	22	11	15.7
Both	25	34	47.2
Grand Total	321	199	9.8

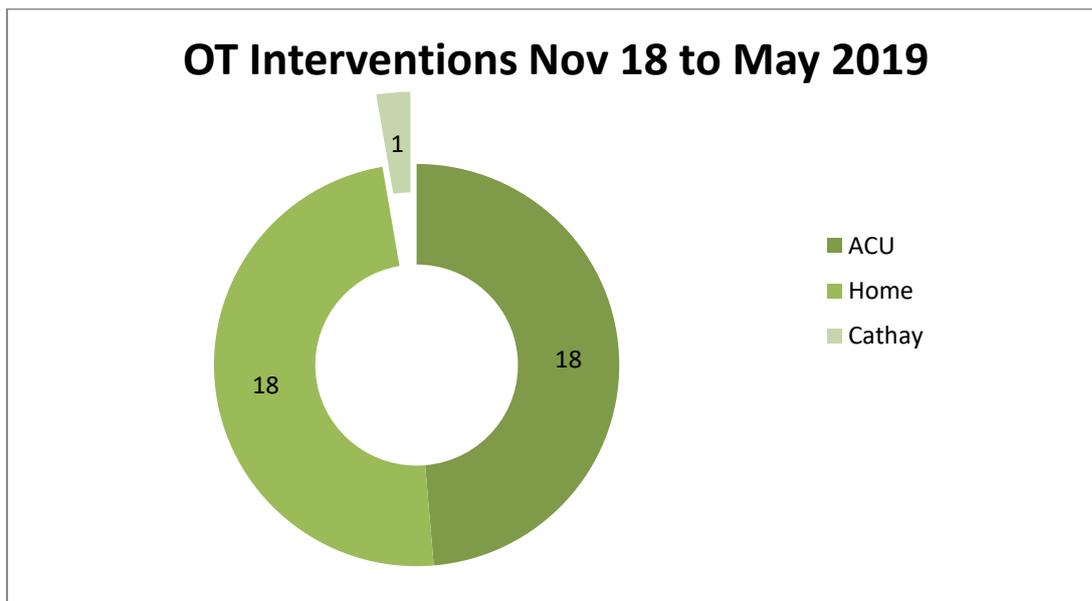
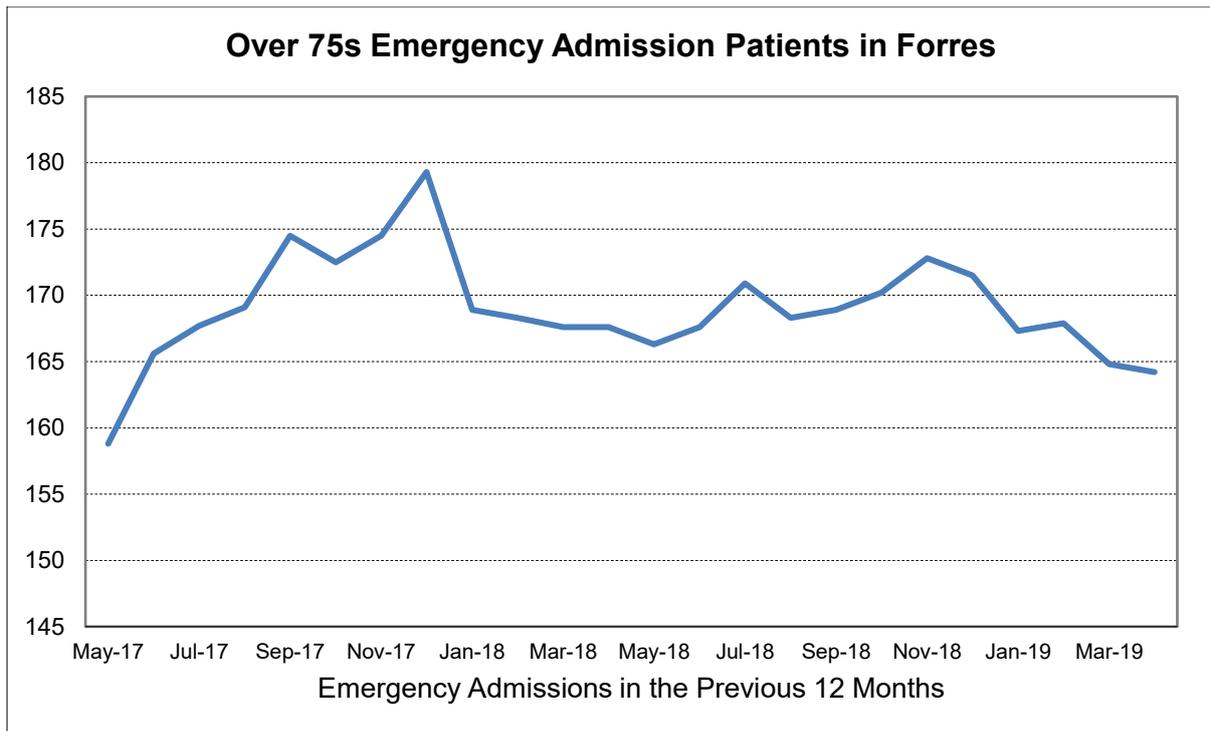
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Both	34	47.2
Grand Total	199	9.8









REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: HOSTED SERVICES GOVERNANCE ARRANGEMENTS

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Board of the proposed framework for the strategic planning, monitoring and performance management of those services delegated to the 3 Grampian Integration Joint Boards (IJB) from National Health Service Grampian (NHSG), for both strategic planning and operational management.

2. RECOMMENDATION

- 2.1 **It is recommended that the Moray Integration Joint Board (MIJB) consider the information contained in APPENDIX A and:**
- i) endorse the approach for the monitoring and performance management of delegated services which are hosted by one of the three Grampian IJBs on behalf of the other two IJBs**
 - ii) consider and make any further suggestions to the approach from the Governance arrangements of the Acute Hospital Based Services; and**
 - iii) consider and comment on the frequency which the North East Partnership should meet, and instruct officers to prepare a draft role and remit for this meeting.**

3. KEY MATTERS RELEVANT TO RECOMMENDATION

- 3.1 The report, attached at APPENDIX A, is being presented to all three Grampian IJB's (Aberdeen City IJB, Aberdeenshire IJB and Moray IJB) in June 2019.
- 3.2 The report makes recommendations on the approach to the planning of six, acute-sector based services which are delegated to the three IJBs for the purpose of strategic planning and operational management.

- 3.3 The report also suggests a mechanism of providing assurance to all three IJBs for those services which are fully delegated to the IJBs for planning and delivery.
- 3.4 The report provides example performance reports from all hosted services, which will be reported across all IJB's on a bi-annual basis, in December and June.

4. SUMMARY OF IMPLICATIONS

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

The current MIJB Strategic Plan outlines the responsibility of the IJB in relation to strategic planning for certain acute services and for performance of its hosted services, as outlined in the appendices. If the IJBs are to be successful in shifting the balance of care from acute services to community, then a co-ordinated focus on strategic planning and performance for both acute and community services is required.

(b) Policy and Legal

Endorsing the recommendations of this report would help ensure that the MIJB is fully compliant in meeting its duties as set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

There are no direct financial implications arising from the recommendations of this report, however the monitoring and performance management approach recommended will help to identify and mitigate financial risks.

(d) Risk Implications and Mitigation

There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance through its systems. This risk relates to services that MIJB hosts on behalf of Aberdeen City and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Moray.

This report proposes an approach for the monitoring and performance management of delegated services which are hosted by one of the three IJBs.

(e) Staffing Implications

There are no direct staffing implications arising from the recommendations of this report.

(f) Property

There are no direct property implications arising from the recommendations of this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required for this report as it has no direct implications in relation to equalities, however the monitoring and performance management approach will help to ensure that equalities duties are being met. Furthermore, it is expected that endorsing the strategic planning framework will have a positive impact on people who share characteristics protected by the Equality Act 2010, for example age and disability, as the strategic planning framework provides a process for strategic planning for services on a pan-Grampian basis. As each speciality area undertakes the strategic planning, equalities will be considered, through formal evaluation, at that point.

(h) Consultations

Sandra Ross, Chief Officer Aberdeen City IJB
Adam Coldwell, Chief Officer Aberdeenshire IJB
Pam Gowans, Chief Officer Moray IJB
Tracey Abdy, Chief Financial Officer, Moray IJB
Caroline Howie, Committee Officer, Moray Council
All are in agreement with the report where it relates to their area of responsibility.

5. CONCLUSION

- 5.1 This report and APPENDIX A set out the the proposal for the governance framework for strategic planning, performance management and operational delivery of hosted services services.**

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

Report to Aberdeen City, Aberdeenshire and Moray Integration Joint Boards

*NHS Grampian Services which are Hosted within Aberdeen City, Aberdeenshire
and Moray Integration Joint Boards*

Approval Dates (IJB Meetings)

Aberdeen City – Tuesday 11th June 2019

Aberdeenshire – Wednesday 19th June 2019

Moray – Thursday 27th June 2019

1 Recommendations

1. Endorse the approach set out for the monitoring and performance management of delegated services which are hosted by one of the three IJBs on behalf of the other two IJBs
2. Consider and make any further suggestions to the approach for the Governance arrangements of the Acute Hospital Based Services.
3. Consider and comment on the frequency which the North East Partnership should meet and instruct officers to prepare a draft role and remit for this meeting.

2 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 set out that Health Boards and Councils must delegate certain services to the Integration Joint Boards. There are three types of delegated services.

2.1 Three types of delegated services.

Strategic Planning of Acute Hospital Based Services (set aside budget)	Delegated Community Services Which Are 'Hosted' By One IJB	Delegated Communitiy Services Which Are In each IJB
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2.1.1 Strategic Planning of Acute Hospital Based Services (set aside budget)

Firstly, there are six services, based within the acute sector, which are delegated to the three Grampian Integration Joint Boards for the purpose of Strategic Planning. These services are:

1. Accident and Emergency services provided within hospitals
2. Palliative care
3. Care of the elderly
4. Respiratory medicine
5. General medicine
6. Emergency Department

2.1.2 Rehabilitation Medicine

These six specialties were determined nationally and were chosen as the specialties with the highest levels of unscheduled care. The budget associated with these specialties is reported within the annual budget setting for the IJBs. This report makes recommendations on the approach to the planning of these services.

2.1.3 Delegated Community Services which are “hosted” by one IJB

The second group of delegated services are those which were fully delegated to the Integration Joint Boards for both planning and delivery. For a number of these delegated services we decided, locally at the inception of the legislation, that we would deliver the services on a “hosted” basis, where one of the IJBs would deliver all of the service on behalf of all three IJBs. These services were agreed to be “hosted” as it was felt that disaggregating them, at that point, (a fair share for each IJB) created a significant risk for the delivery of the service.

The services which are delegated (host IJB) are:

Aberdeen City	Aberdeenshire	Moray
<ul style="list-style-type: none"> •Sexual Health Services •Specialist Older Adults and Rehabilitation at Woodend 	<ul style="list-style-type: none"> •Marie Curie Nursing •Heart Failure Service •Continence Service •Diabetes Community Services •Chronic Oedema Service •HMP Grampian •Forensic and Custody Healthcare 	<ul style="list-style-type: none"> •Primary Care Contracts •GMED

Services currently described as “Acute Hospital Adult Mental Health” are in the process of being delegated to the Integration Joint Boards. This will be hosted by Aberdeen City IJB.

This report suggests a mechanism of providing assurance to all three IJBs for these services. There is also a year-end update on each of these services provided on a consistent template (Appendix 1).

2.1.4 Delegated Community Services which are in each IJB

Finally, there are delegated services from both the NHS and the Councils which are planned and run exclusively by the IJBs for their own population. This report does not make any further mention of these services.

2.1.5 Delegated responsibility to a Chief Officer but not the IJB

For completeness, it is also possible for the Chief Executive of either the Council or the NHS to delegate responsibility for a service or a piece of work to a Chief Officer as part of their line-management reporting hierarchy. Such a delegation is to the Chief Officer and does not form part of the governance arrangements of the Integration Joint Board.

One such example of this delegation is part of NHS Children's Services (health visiting & school nursing) are delegated, by the Chief Executive of NHS Grampian, to the Chief Officer in each of the three Health and Social Care Partnerships. The responsibility and accountability for these services is not, however, within the remit or delegated to the Integration Joint Board.

3 Current Position on delegated community services which are "hosted"

3.1 Performance Monitoring

To date, the three IJBs have had very little information on the performance of any of the services hosted by the other IJBs. It is essential that a mechanism for the transparent performance reporting of the services is developed. In order to give the IJB whose service is being delivered by another IJB a meaningful interaction and the host IJB a mechanism by which to share progress. There are a number of options to achieve this transparency and interaction:

1. Formal SLA
2. Commissioned Service
3. Shared annual plan

It is important for the IJBs to agree the relationship between themselves in terms of service planning, performance monitoring and performance management

3.2 Alternative options to "hosting"

It is possible for the IJBs to re-consider the merit of maintaining the services as "hosted" with the alternative of distributing the resource between the IJBs for them to run their own service within these areas.

It would be possible to undertake an option appraisal as part of developing the SLA or Commissioned Service approach.

3.3 Proportionality

The scale of the services varies considerably in terms of both money and risk. It is essential that we maintain a realistic and appropriate “proportionality” and do not treat each of the services in the same manner. To illustrate this the annual budget of each service is shown in Table 1¹.

Service	£ (M)
Woodend Assessment & Rehab Services (City)	19.9
GMED (Moray)	8.8
HMP Grampian (Shire)	2.7
Sexual Health (City)	2.0
Retinal Screening / Diabetes MCN (Shire)	0.9
Police Custody / Forensic Examiners (Shire)	0.8
Marie Curie Nursing (Shire)	0.7
Continence Service (Shire)	0.7
Primary Care Contracts (Moray)	0.6
Heart Failure Service (Shire)	0.3
Chronic Oedema Service (Shire)	0.2
TOTAL	37.5

Table 1. The annual budget for each of the hosted services (in descending order)

It is important that there is complete transparency between IJBs for these hosted services. On this basis there is a proposal to develop a simple reporting template which would be shared with the IJBs at regular intervals, to be agreed.

The IJBs need to agree how they will hold each host to account if there is significant variance from what has been agreed / commissioned and predicted. The suggestion is that the template report will have a section detailing the reasons for changes in performance alongside the mitigating action being applied to rectify the situation. This should reflect the agreements set out and signed off by the IJBs, ideally through the commissioning / SLA approach.

The suggested schedule of reporting is for the IJBs to receive a six-monthly update, detailing performance between April-September and this would be available for the December IJB meetings and then a further report detailing the October-March performance at the June IJB.

¹ *Adult Acute Mental Health is not included in Table 1, at present, as it has not been formally delegated but will be key in future arrangements.

3.4 Report on performance for the 2018/19 year

Appendix 1 contains a template which will form the basis for reports from each of the hosted services and gives an indication of the sort of report that would be possible for sharing between the three IJBs.

4 Strategic Planning for Acute Hospital Services

The NE Partnership Group met on Monday 15th April 2019 to discuss:

1. the future of the NE Partnership group
2. the mechanism for the planning and accountability of hosted services
3. the strategic planning for delegated hospital-based services.

A note of the meeting is shown at Appendix 2.

The key outcome, relating to the planning of acute services, from the NE Partnership meeting, was to form a System-wide Senior Leadership Group, comprising:

- the four Chief Executives (3 x Council & 1 x NHS);
- the 3 H&SCP COs;
- 1 x Acute Sector CO;
- the 3 H&SCP CFOs; and
- NHS – Deputy CEO & Director of Finance)

This group will support the process of redesign of the six acute services. The Terms of Reference are currently being drafted by officers.

The formal decision-making arrangements remain with the IJBs. It is hoped that the System-wide Senior Leadership Group can provide expertise, leadership and capacity to deliver the redesign and changes at a faster pace and in a collaborative mechanism which will deliver the greatest possible impact to the whole system. The System-wide Senior Leadership Group will work in a collaborative approach respecting that the implementation of any changes may vary in different parts of the system, but will all be moving in a consistent direction.

The current planning approach is being tested in Mental Health Services and Care of the Elderly. The three IJBs considered a paper describing this mechanism in 2018 and agreed, in principle, for the process to proceed; there were concerns from the IJBs with the suggested authority of the NE Partnership Group within the flow-chart describing the planning pathway (Appendix 4). This will be reviewed alongside the review of the first two planning cycles being undertaken. A paper will be brought to each of the IJBs reporting on progress of the planning approach and seeking agreement on a revised decision-making pathway.

5 North East Partnership

There is a suggestion to get the members of the three IJBs together on a regular basis (frequency to be agreed) to share good practice and to continue to build productive relationships so that issues that happen between the IJBs on hosted or acute hospital services are then undertaken amongst a cohort of people who know each other and have a pre-existing relationship.

Views from Integration Joint Board members on the role of any forum will be key to the next stages of development.

Consideration of the planning cycle (Appendix 4) needs to ensure that the IJBs are involved and engaged at critical points, especially at the inception and prior to conclusion. Scheduling of sessions of the NE Partnership will be critical to success.

Adam Coldwells, Sandra Ross, Pam Gowan, Fiona Francey

May 2019

DRAFT

Appendix 1 – reports from all of the services

HEALTH & SOCIAL CARE PARTNERSHIP - HOSTED SERVICES
OVERVIEW TEMPLATE

<p>NAME OF SERVICE:</p>
<p>HOST HSCP:</p>
<p>SERVICE OVERVIEW: <i>Please provide a brief overview of the service.</i></p>
<p>PERFORMANCE: <i>What were the key aims and targets for the service in the year? What was performance against these?</i></p>
<p>ACTIVITY: <i>Please provide activity numbers for the 2018/19 financial year (e.g. number of consultations, referrals etc).</i></p>
<p>FINANCE: <i>Please provide the financial position of the service for the 2018/19 financial year (actual versus budget for money and staff numbers).</i></p>
<p>SERVICE ISSUES: <i>Please provide a brief description of the key service issues facing the service (including any workforce issues).</i></p>
<p>FINANCIAL ISSUES: <i>Please provide a brief description of the key financial issues facing the service.</i></p>
<p>LONGER TERM PLANS: <i>Please provide a brief “look forward” on where the service is aiming to be in five years time</i></p>

Completed by:

Appendix 2 – Notes from the NE Partnership Meeting

North East Partnership Steering Group (NEPSG) Meeting Monday 15 th April 2019, 10,00am – 3.00pm, Curl Aberdeen		
ATTENDEES: Adam Coldwells (ACo), Alan Gray (AG), Alex Stephen (AS), Amanda Croft (AC), Angela Scott (AS), Gail Woodcock (GW), Graeme Smith (GS), Jonathan Passmore (JP), Luan Grugeon (LG), Lynda Lynch (LL), Pamela Gowans (PG), Rhona Atkinson (RA) Sandra Ross (SR), Shona Morrison (SM), Susan Webb (SW), Tara Murray (TM), Tracey Abdy (TA)		
APOLOGIES: Alan Sharp (AS), Cllr. A. Stirling (AS) Jim Savege (JS), Roddy Burns (RB), Sarah Duncan (SD)		
	AGENDA ITEM	NOTES OF DISCUSSION
1	Welcome and Apologies	LL welcomed everyone to the meeting. Apologies were noted and introductions were made.
2	Background to the development of the NEPSG	GS highlighted the paper sent to the group prior to the meeting. This was discussed and noted by the group.
3	Developing the approach to hosted service	Presentations were given by: Adam Coldwells and Alan Sharp: Governance of Hosted Services Alan Gray and Sandra Ross: Redesign of Delegated in relation to Planning and Redesign Workshop 1. The group was then split into 3 groups and asked to discuss and answer the following questions <ol style="list-style-type: none"> 1. What does a good governance process look/feel like? 2. How will we know we have a good governance process in place? 3. What are the challenges?

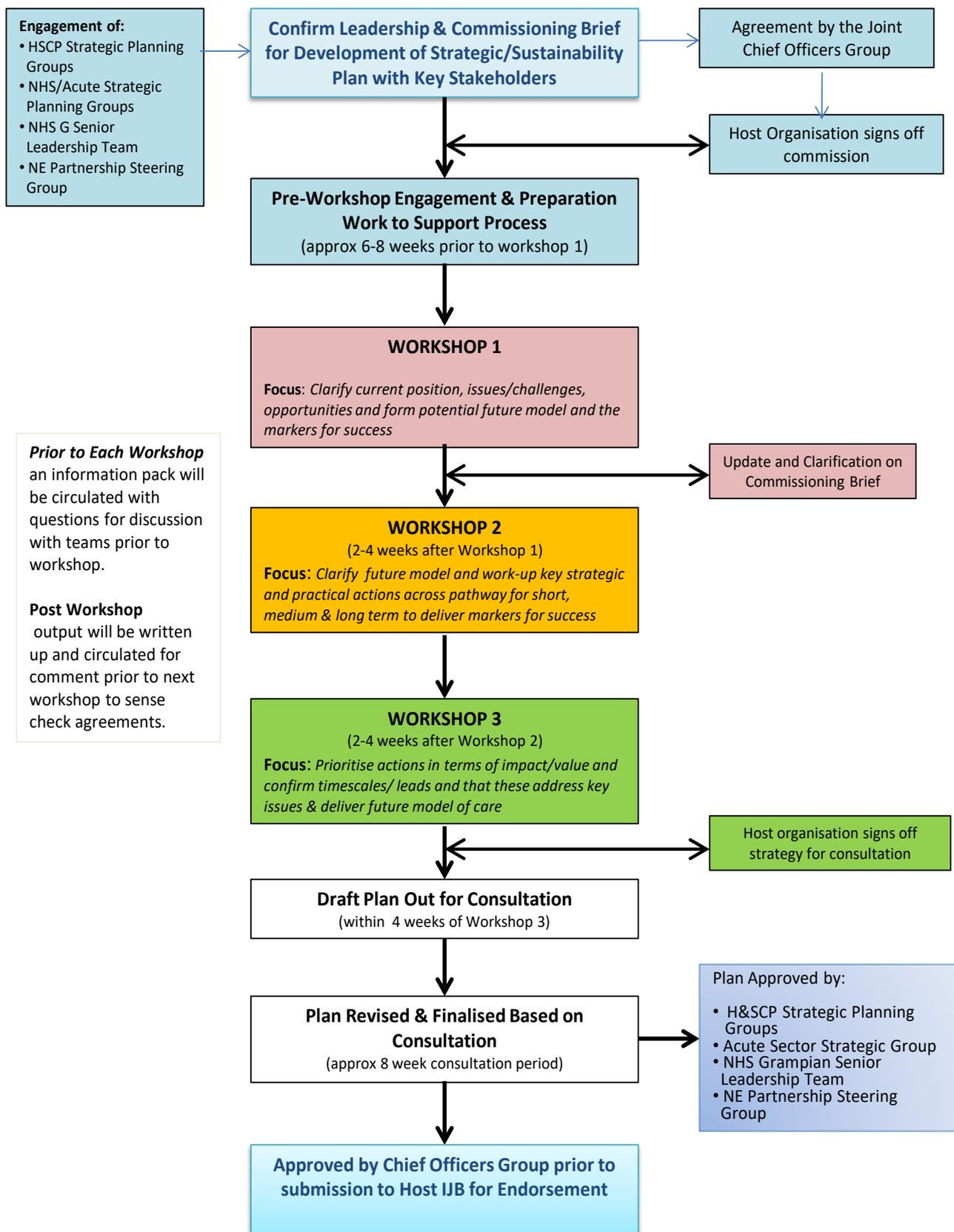
		<ol style="list-style-type: none"> 4. How may these challenges be addressed? 5. What are the opportunities? Planning & redesign? Ensure sustainability? 6. What are the key enablers to achieve these?
	<p>Workshop 1. Findings</p>	<p>Opportunities</p> <ul style="list-style-type: none"> • Clear vision of what is one system – tension with locality approach? Get boundaries out of the way. • Being proportionate in relation to risk • Expertise is placed where it's needed • Efficiency • Leverage the power of the 3 IJBs – influence and one voice • Clear strategic direction • The time is right – we have a good environment • IJBs taking on strategic commissioning role to progress • Have the right people to authorise <p>Challenges</p> <ul style="list-style-type: none"> • How do we ensure transparency? • Need to be clear about scope and parameters • How do we really become truly commissioned? • Systematic way to approach/progress – given everything else that's happening • Need to stop doing things and move resource – workforce challenges • Focussing on money can typically result in organisations pulling back • Changes and loss of institutional memory

		<ul style="list-style-type: none"> • Clear about responsibility and accountability – who? • Achieving agreement and consensus • Lack of clarity regarding children’s services • There are statutory bodies but no robust, transparent process for key roles <p>How will we know we have a good governance process in place?</p> <ul style="list-style-type: none"> • Robust, timely and clear information and reporting (assurance, efficient and communicated well) • Clear authority levels – accountability for performance, decision-making, planning, redesign and transformation. This must be 2 way. • Knowledgeable and assured IJB members • Recognising decision making and role of group i.e. no questions, scheme of decision-making, public facing e.g. (City region deal). If so, what are the parameters of this? • Confidence of involvement in strategic planning and maturity of the process • Behaviours • Risk sharing arrangements in place. Need to agree which are shared, focus on risk rather than budgets, a shared need means shared risk. • Professional assurance and governance
4	<p>Role and Remit of the North East Partnership Steering Group</p>	<p>The group was asked to consider the role of the group and governance required with the aim of creating Terms of Reference (ToR) for the group.</p> <p>Workshop 2. To devise a ToR, the group went back into their 3 groups and asked to discuss:</p> <ol style="list-style-type: none"> 1. What is the problem we’re trying to solve? 2. What else do we need to consider? 3. What is the systems leadership role for the group? 4. Can the group make decisions? 5. Can the group develop consensus/recommendations to take back to the IJB?

		<p>6. What happens if the IJ doesn't agree?</p> <p>7. Can the group develop an oversight for delegated services?</p>
	<p>Workshop 2. Findings</p>	<p>Purpose of Terms of Reference</p> <ul style="list-style-type: none"> • Manage transformation and redesign • Escalation point for IJBs – whole system basis but this group is part of the system • Exemplar – strengthen position for negotiation and resolving barriers for change • Shared strategic intent • Improve governance and oversight of hosted and delegated services but not at the expense of IJBs. Needs an efficient service and eliminate duplication. • Performance reporting assurance – single performance dashboard • Develop and maintain shared strategic intent for region • Public sector leadership – delivering the Christie report • Opportunity to agree our redesign process • Gateway points linked to strategic plans • Use of NRAC <p>Scope</p> <ul style="list-style-type: none"> • Increase the focus on strategic planning of acute services. Need to prioritise areas, not just financially but in importance • Hosted services stay in acute? Redesign hosted services – mainly tasked to 2 Chief Officers and BAU <p>Who</p> <ul style="list-style-type: none"> • 3 x Chief Executives and 4 x Chief Officers

		<ul style="list-style-type: none"> • Given/directed with specific formal authority – not required but may give greater weight • Having a unity of voice – doesn't require the whole group to be together to have that voice • Start on a particular issue, may involving bringing IJBs together • Systems leadership – need a proactive effort to achieve this <p>Success Indicators</p> <ul style="list-style-type: none"> • Single performance dashboard to be agreed by (Chief Officers and Chief Execs) • Services and/or functions
5	Ministerial Steering Group Review of Integration – Self Assessment	Group discussed the required approach and how the self-assessment results will be considered at a future meeting.
6	Next Steps Date of Next Meeting - TBA	<p>The group discussed potential 1st meeting agenda items:</p> <p>Priorities</p> <ul style="list-style-type: none"> • Agree what approach to redesign the group will take – how will group strengthen IT, what common language will they use. Communication with the public. • Identification of criteria for decision-making • Review of each hosted service – view on direction • Identify when finished/completed business • How to ensure systems leadership • Review points – testing we are doing what we need to <p>Assurance</p> <ul style="list-style-type: none"> • Issues need to be identified and how they will be addressed • Need to take process and proposal to IJBs (paper to IJB and DNHSEB)

High Level Process for Development of Strategic Plans in Grampian





REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: ANNUAL PERFORMANCE REPORT 2018/19

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To advise the Moray Integration Joint Board (MIJB) of the approach adopted for the production of the Annual Performance Report 2018/19 and to confirm the process prior to publication.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:-

- (i) **consider and note the approach taken to produce the 2018/19 Annual Performance Report; and**
- (ii) **agree the final version be presented to the Audit, Performance and Risk committee on 25 July 2019 for final approval prior to publication by 31 July 2019.**

3. BACKGROUND

- 3.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Authorities must produce annual performance reports and publish by 31 July each year. Under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 (Scottish Statutory Instruments 2014, No. 326) and associated guidance, the performance report must cover a number of specific matters. These requirements are set out below and are included within the 2018/19 report.
- 3.2 Demonstration of how Health and Social Care Moray (HSCM) has performed against the National Health and Wellbeing Outcomes, within the context of our Strategic Plan and Financial Statement is presented within the report. To support this, a set of Core Integration Indicators have been developed by the Scottish Government and the Board is expected to report upon performance using these and other locally specified indicators. The report is expected to include a comparison of performance in the last 5 years, where possible, or if

the time period is less include all years since establishment. The MIJB Annual Performance Report includes a comparison during the period since establishment, that being 1 April 2016.

- 3.3 A summary of financial performance for the current reporting year, along with comparisons for the same time period as 3.1.1.
This should include the total spend by service and details of any underspend/overspends and the reasons for these.
- 3.4 An assessment of performance in relation to best value.
- 3.5 Description of the arrangements which have been put in place to involve and consult with localities and an assessment of how they have contributed to the provision of services.
- 3.6 Details of any inspections carried out by Healthcare Improvement Scotland and The Care Inspectorate relating to the functions delegated by Moray Council and Grampian Health Board.
- 3.7 The previous Annual Performance Report can be viewed at the following link:
https://hscmoray.co.uk/uploads/1/0/8/1/108104703/ijb_annual_report_2017-18_final.pdf

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 This report covers performance across HSCM, and highlights specific pieces of work to demonstrate positive performance against a variety of objectives and performance indicators. These include:-
 - HSCM Strategic Priorities
 - National Outcomes for Integration
 - National Core Indicators
 - 6 National Outcomes for Integration
 - Local indicators
- 4.2 There is a large amount of performance data available to support the report, however it is not possible to include it all within the public facing report so specific highlights have been chosen which reflect areas that have been of particular focus.
- 4.3 The items for focus were identified through proposals from performance management group and operational management group. There is a continued effort to strengthen the links between the Strategic Plan, implementation plans and related performance monitoring reports, to facilitate production of future Annual Performance reports. This matter will be taken forward as part of the process for the new Strategic Plan.
- 4.4 The updated indicators for 2018/19 produced by Information Services Division (ISD) for Scotland were made available at the beginning of June 2019. The late release of this information reduces time available for wider consultation prior to this MIJB meeting however the document will be on the agenda for Strategic Planning and Commissioning Group on 18 July 2019 and all

members will receive a draft version for review and comment prior to this meeting.

- 4.5 Due to the timing of committees, in order to publish the final document by 31 July 2019 it is proposed that MIJB agree to the circulation of a final draft for comments, prior to Audit, Performance and Risk committee to approval of the final draft on 25 July 2019.

5. SUMMARY OF IMPLICATIONS

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

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan 2016-2019.

Annual performance reports will be of interest to Grampian Health Board and Moray Council in monitoring the success of the integrated arrangements that they have put in place and in considering whether or not there is a need to review the Integration Scheme.

(b) Policy and Legal

Over and above the prescribed information, it is open to the Board to include any additional information within its annual report as it thinks appropriate.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

None directly associated with this report.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities

An Equality Impact Assessment is not required for the Annual Performance Report because its purpose is to underpin the strategic direction for the service and there will be no differential impact, as a result of the report, on people with protected characteristics.

(h) Consultations

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

- Caroline Howie, Committee Services Officer
- Chief Financial Officer, MIJB
- Service Managers across HSCM

6. CONCLUSION

- 6.1 This report recommends the MIJB consider the process and governance arrangements for production of the Annual Performance Report 2018/19 and agrees the arrangements for sign off of the final Annual Performance Report prior to publication by 31 July 2019.**

Author of Report: Jeanette Netherwood, Corporate Manager

Background Papers: With author

Ref: