Moray Integration Joint Board

Thursday, 31 March 2022

Remote Locations via Video Conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board, Remote Locations via Video Conference**, on **Thursday, 31 March 2022** at **13:30** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Councillor Shona Morrison (Chair)

Mr Dennis Robertson (Vice-Chair)
Professor Siladitya Bhattacharya (Voting Member)
Mr Derick Murray (Voting Member)
Mr Sandy Riddell (Voting Member)
Councillor Frank Brown (Voting Member)
Councillor Theresa Coull (Voting Member)
Councillor John Divers (Voting Member)
Professor Caroline Hiscox (Ex-Officio)
Mr Roddy Burns (Ex-Officio)

Ms Tracey Abdy (Non-Voting Member)
Mr Ivan Augustus (Non-Voting Member)
Mr Sean Coady (Non-Voting Member)
Ms Karen Donaldson (Non-Voting Member)
Jane Ewen (Non-Voting Member)
Mr Steven Lindsay (Non-Voting Member)
Ms Jane Mackie (Non-Voting Member)
Dr Malcolm Metcalfe (Non-Voting Member)
Dr Paul Southworth (Non-Voting Member)
Mrs Val Thatcher (Non-Voting Member)
Ms Heidi Tweedie (Non-Voting Member)
Dr Lewis Walker (Non-Voting Member)
Simon Bokor-Ingram (Non-Voting Member)
Mr Neil Strachan (Non-Voting Member)

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

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 27 January 2022

Remote Locations via Video Conference,

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Professor Siladitya Bhattacharya, Simon Bokor-Ingram, Councillor Frank Brown, Mr Roddy Burns, Mr Sean Coady, Councillor Theresa Coull, Councillor John Divers, Ms Karen Donaldson, Jane Ewen, Mr Steven Lindsay, Ms Jane Mackie, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Derick Murray, Mr Sandy Riddell, Mr Dennis Robertson, Ms Heidi Tweedie, Dr Lewis Walker

APOLOGIES

Professor Caroline Hiscox, Dr Paul Southworth, Mr Neil Strachan, Mrs Val Thatcher

IN ATTENDANCE

Jeanette Netherwood, Corporate Manager, Dawn Duncan, Professional Lead (Occupational Therapy), Jamie Fraser, Project Manager (HSCM), Christine Thomson, Lead Pharmacist and Lissa Rowan, Committee Services Officer as Clerk to the meeting.

1 Chair

The meeting was chaired by Councillor Shona Morrison.

2 Welcome and Apologies

The Chair welcomed everyone to the meeting and noted apologies from Professor Caroline Hiscox, Mr Paul Southworth, Mrs Val Thatcher and Mr Neil Strachan.

3 Declaration of Member's Interests

The Board noted that there were no declarations of Member's Interests.

4 Exempt Information

The meeting resolved that in terms of Section 6.2 of the Integration Joint Board Standing Orders, at the Chair's discretion, the public and media representatives be excluded from the meeting for Item 15 of Business.

5 Minute of Meeting of 25 November 2021

The minute of the meeting of the Moray Integration Joint Board on 25 November 2021 was submitted and approved.

6 Action Log - 25 November 2021

The Action Log of the meeting dated 25 November 2021 was discussed and noted.

7 Minute of Meeting of Audit, Performance and Risk Committee on 26 August 2021

The minute of the meeting of the Audit, Performance and Risk Committee dated 26 August 2021 was submitted and noted by the Board.

8 Chief Officer Report

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

Following discussion surrounding delays in care home admissions, the roll out of covid vaccinations, recruitment to carer vacancies and pressures on unpaid carers, the MIJB agreed:

i. to note the content of the report; and

ii. that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, with a focus on key objectives as remobilisation from the covid pandemic occurs, along with a look ahead as development of strategic planning continues.

9 Appointment of Chief Internal Auditor

Councillor Brown joined the meeting at this juncture.

A report by the Chief Officer asked the Moray Integration Joint Board (MIJB) to consider the appointment of the Chief Internal Auditor.

Following consideration, the MIJB formally agreed to appoint Dafydd Lewis, Audit and Risk Manager, Moray Council, as the Chief Internal Auditor of the MIJB, for a period of two years to 31 March 2024.

10 Budget Update and Financial Outlook

A report by the Chief Financial Officer provided the Moray Integration Joint Board (MIJB) with a budget update in preparation of the 2022/23 financial year.

The Board joined the Chair in thanking the Finance Team for their efforts in keeping the Board informed of its rapidly changing financial situation and thereafter agreed to note the:

i. expected financial position at the end of the current financial year;

ii. early indicators surrounding the potential budget and funding for 2022/23; and

iii. action being taken to consider savings plans and the impact on the 22/23 budget and beyond.

11 Home First in Moray Discharge to Assess Performance

A report by Mr Sean Coady, Head of Service (NHS Grampian) updated the Board on the performance of Discharge to Assess (D2A) for the period August to December 2021; introduced the Hospital Without Walls Programme as the natural progression for the Home First work streams; and updated the Board on the progress to date on the Home First work streams.

Following discussion which included an update on the recruitment progress for the Hospital Without Walls programme, the need for thorough home assessments prior to patients being discharged from hospital and enhanced communication with family members and principle carers of patients using the services, the MIJB agreed to note:

i. the performance evaluation of the Discharge to Assess programme from August to December 2021;

ii. the introduction of the Hospital without Walls programme as a mechanism to coordinate the various Home First work streams; and

iii. the progress made on the Home First work streams to date.

12 Moray Pharmacotherapy Service

A report by the Lead Pharmacist, Health and Social Care Moray, informed the Board of the build and enhancement of the service within Moray Pharmacotherapy and informed the Board that a separate report on the Prescribing Finance will be submitted to the Board in March 2022.

During discussion, it was queried whether financial savings resulting from the improvements made to the Service could be reported to the MIJB.

In response, Ms Thomson, Lead Pharmacist advised that she would be able to provide a quarterly report on the financial savings generated by the scheme and the Chief Financial Officer suggested that this could be included in the quarterly financial report to the Moray Integration Joint Board (MIJB).

Thereafter, the MIJB agreed:

i. to note the progress made within Health and Social Care Moray (HSCM) Pharmacotherapy Service regarding the technical and prescribing support and improvement to HSCM; and

ii. that a quarterly update on the financial savings generated by the scheme would be included in the quarterly financial report to the MIJB.

13 Ministerial Strategic Group Improvement Action Plan Update Report

A report by the Chief Financial Officer provided an update on progress on the delivery of the actions in the Ministerial Strategic Group (MSG) Improvement Action Plan as at December 2021.

Following consideration, the Moray Integration Joint Board (MIJB) agreed:

i. to approve the progress made on delivery of the actions within the MSG Improvement Action Plan; and

ii. that an update from the Chief Financial Officer will be provided in a further twelve months' time.

14 Reserves Policy Review

A report by the Chief Financial Officer sought approval from the Moray Integration Joint Board (MIJB) on its Reserves Policy.

Following consideration, the MIJB agreed:

i. to approve the Reserves Policy as detailed at Appendix 1 of the report; and

ii. that the next review will be no later than March 2023.

15 Additional Investment Winter Funding

A report by the Chief Financial Officer informed the Board of funding received from the Scottish Government to support the winter period and to provide longer term improvement in service capacity across health and social care systems. The report further set out the proposed use of these funds.

During discussion, clarification was sought in relation to the frequency in which spending of the additional funding would be reported.

In response, the Chief Financial Officer advised that a financial report with regard to the additional funding would be provided specifically in relation to this fund. During further discussion surrounding use of the fund, the Chief Financial Officer suggested that a Development Session would be beneficial so that Members can have a thorough discussion on how to best use the fund. This was agreed.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 27 JANUARY 2022

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 31 MARCH 2022
1.	Additional Investment Winter Funding	A financial report with regard to the additional funding will be reported either within the usual quarterly financial report or a separate financial report specifically in relation to this fund. A development session be arranged to enable thorough discussion on how to best use the fund.	March 2022	Chief Financial Officer	
2.	Moray Pharmacotherapy Service	Report on the Prescribing Finance to be submitted to the Board in March 2022. A quarterly report on the financial savings generated by the scheme be included in the quarterly financial report to the MIJB.	March 2022	Chief Financial Officer	

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 31 MARCH 2022
3.	Moray Coast Medical Practice	Report on the outcome of the engagement process and proposing the detail of the public consultation	March 2022	Locality Manager	Additional time required due to impact of Omicron wave – to be reported in May 2022 along with final report
4.	Moray Coast Medical Practice	Final report to be submitted summarising the outcomes of the public consultation and seeking agreement to proceed with recommendations.	March 2022	Locality Manager	
5.	Civil Contingency (Scotland) Act 2004	Annual report to provide assurance on the reslilience arrangments in place to discharge the duties on the IJB under the 2004 Act	November 2022	Chief Officer	
6.	Ministerial Strategic Group Improvement Action Plan Update Report	An update from the Chief Financial Officer will be provided in a further twelve months' time	January 2023	Chief Financial Officer	
7.	Reserves Policy Review	Next review will be no later than March 2023	March 2023	Chief Financial Officer	

MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 28 October 2021

To be Held Remotely in Various Locations,

PRESENT

Mr Ivan Augustus, Simon Bokor-Ingram, Councillor Frank Brown, Ms Jane Mackie, Jeanette Netherwood, Mr Neil Strachan

APOLOGIES

Mr Sean Coady, Ms Karen Donaldson, Jane Ewen, Dr Ann Hodges, Ms Pauline Merchant, Dr Malcolm Metcalfe, Mrs Val Thatcher, Samantha Thomas

IN ATTENDANCE

Also in attendance at the above meeting were the Chief Executive, Moray Council Derick Murray and Alex Pirrie, NHS Grampian, Eugenia Lucas and Danielle Todd, Home Care Team and Tracey Sutherland, Committee Services Officer as clerk to the meeting.

1. Chair of the Meeting

The meeting was chaired by Councillor Frank Brown, Moray Council.

2. Welcome and Apologies

The Vice Chair welcomed everyone to the meeting.

The Committee joined the Vice Chair in thanking Professor Fluck for his work on the IJB and CCG Committee.

3. Declaration of Member's Interests

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

4. Minute of Meeting of 27 May 2021

The minute of the meeting of 27 May 2021 was submitted and approved.

5. Action Log from meeting of 27 May 2021

The Action Log of the meeting of 27 May 2021 was discussed and updated accordingly at the meeting. See separate document.

6. Social Care Provision in Moray

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

The Vice Chair welcomed Eugenia Lucas and Danielle Todd to the meeting. Both work in the Home Care Team and gave the Committee a flavour of what it is like to work within the team and the impact Covid-19 has had on working practices and the pressures faced by staff on the front line.

The Committee joined the Vice Chair in thanking both for their contribution and also their insight into the current home care situation.

The Chief Social Work Officer acknowledged that the skills of Home Carers are not sufficiently recognised and the staff are the foundation of the social care system. She further added that consideration is being given to the principals of Self Directed Support and applying them to the re-design of the home care system.

Following consideration the Committee agreed to the mitigations as indicated in section 4 of the report with the exception of 4.1 where the Committee agreed to escalate the decision on adopting a critical functions approach and stop all non-essential work not associated with either delivering or supporting frontline activity with regards to Social Care Provision in Moray to the IJB.

The Committee also noted that any financial implications would be noted in the report to the IJB.

7. Clinical and Care Governance Group Escalation Report

A report by the Chief Officer informed the Clinical and Care Governance Committee of progress and exceptions reported to the Clinical and Care Governance Group during Quarter 2 of 2020/21 (1 July up to 30 September 2021).

Following consideration the Committee agreed to note the contents of the report.

8. Out Of Hours Mental Health Service Provision for 16 to 18 Year Olds

A report by the Service Manager, Child and Adolescent Mental Health Service (CAMHS) updated the Committee on progress towards addressing the current gap in out of hours mental health service provision for young people aged 16 - 18 years in Moray, the current risk mitigation plan and longer term plans.

9. Strategic Risk Register - September 2021

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 September 2021.

Following consideration the Committee agreed to:

i) note the updated Strategic Risk Register included in Appendix 1;

ii) note the Strategic Risk Register will be further aligned with the transformation and redesign plans as they evolve; and

iii) receive this update on a regular basis.

10. Items for Escalation to MIJB

The Committee agreed to escalate the decision on adopting a critical functions approach and stop all non-essential work not associated with either delivering or supporting frontline activity with regards to Social Care Provision in Moray to the IJB.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **CHIEF OFFICER REPORT**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

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

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) consider and note the content of the report; and

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

3. BACKGROUND

Operation Home First

3.1 Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development to meet our aspirations set out in the Strategic Plan. Home First, or Hospital without Walls, will remain a bedrock of our aspiration to meet need more responsively, and to be more anticipatory in our approach. There have been a number of posts recruited to: namely specialist Emergency Department (ED) physiotherapist, Advance Nurse Practitioner (ANP) for Hospital at Home, and Health Care Support Workers (HCSWs) for the Community Response Team (CRT) across the four localities. We are at present recruiting for a senior ANP to coordinate Hospital Without Walls. We have recruited for HCSWs specifically to support the

hospital front door team (Dr Grays) and have a two person physiotherapy team pilot ongoing in the ED, which at present has produced very good results. There has been recent successful recruitment of two consultant geriatricians which will enable us to drive forward more quickly these programmes, once they are in post in August 2022. A new post of a volunteer coordinator will be advertised shortly, allowing us to mobilise volunteers across the hospital and communities in a more focused way. Additional support for social work teams from care assessors will also positively impact on service capacity and capability.

Remobilisation

3.2 To date the healthcare system has coped with some significant surges in demand, with a pan Grampian approach in how surge and flow through the system is managed to ensure patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is pressure in some service areas which will require a particular focus to work through the backlog of referrals.

3.3 As part of the development of our performance framework, and to support remobilisation, we are seeking further performance indicators from services to understand system pressures and how one part of the system impacts on other elements. A key risk to achieving the IJBs objectives is the availability of staffing. Staff sickness/absence/vacancies is monitored closely, on a weekly basis, and we are working at a pan Grampian level to tackle the recruitment challenge.

3.4 The general picture across Scotland is of a rise in the Omicron variant covid infections, with sharp spikes being seen in Moray. This is leading to some increases in hospitalisations, at a time when services are already under pressure due to winter and the increase in other respiratory infections at this time of year. Work has already been undertaken to increase capacity, and to plan ahead for these winter pressures. Operation Iris has been enacted at a Grampian wide level to manage the health and care system and all the current pressures being experienced across the system, with Portfolio Leads taking a key role in delivery. Within Operation Iris we have been planning for Omicron, and although less severe, it has generated significant pressure on our system, with increased patient presentations alongside high staff absence rates.

3.5 Managers are closely monitoring the system, and although we are experiencing particular bottlenecks in flow through the system, most critical services are being maintained, with residents able to access timely emergency care, either from primary or secondary care. Social care provision is under significant pressure, with delayed discharges remaining at a consistently high level (compared to pre-pandemic) and unmet needs in the community, which means that some people are waiting for care after an assessment, or are waiting for the initial assessment. Our care homes are at times unable to admit to vacant beds because of covid infections among staff and/or clients, and this risks the creation of interrupted flow in the overall system. Work is ongoing to risk assess situations, and where necessary derogations will be considered to ensure that critical service delivery continues, with these derogations reported to the Clinical and Care governance Committee.

Covid Vaccination Programme

3.6 The Spring Booster will be offered to; Adults aged 75 years and over; Residents in a care home for older adults; and Individuals aged 12 years and over who are immunosuppressed at around 6 months after their last vaccine.

3.7 All children aged 5-11 are being offered a first dose of COVID-19 vaccine. This is by appointment. Appointments will start with 11-year-olds and work down.

3.8 Outreach Vaccination clinics (utilising the Mobile Information Bus) have been delivered in Elgin (Cathedral Ward/Lesmurdie, New Elgin, Bishopmill) Buckie, Keith, Forres, Lossiemouth, Aberlour, Dufftown, Findhorn, Kinloss, Hopeman, Burghead, Cullen, Findochty, Fochabers and Tomintoul. Outreach vaccination activity/delivery has been adapted to meet local needs by extending operating times allowing greater access to specific groups. Over a period of 23 days, 40 outreach sessions have been delivered in 15 localities across Moray, in a range of venues with 611 people receiving a vaccination.

3.9 In conjunction with the delivery of the vaccines, lateral flow tests have been made available and distributed.

3.10 The feedback from the team and the community on the overall programme continues to be positive.

Total Vaccination uptake in Moray

3.11 1st doses 92.7% delivered (12 years and above) 94.3% (18 years and above) 2nd doses 90.9% (18 years and above). Booster doses: 87.2% (of those eligible).

3.12 Uptake rate information is available on the Public Health website at https://www.publichealthscotland.scot/news/2021/february/covid-19-daily-dashboard-now-includes-vaccination-data/ .

3.13 **Ward 4 Ligature Reduction Work**

The clinical and care governance committee considered a report on 24 February 2022 (Moray Mental Health Service: Ward 4 Ligature Status) on the options being considered to address the work required to comply the improvement notice issued to NHS Grampian in relation to Adult In Patient Admission Wards in June 2017. This matter is being progressed through the appropriate channels and a decision regarding the option to be chosen is awaited. The committee did not escalate this report to MIJB as there is no action for MIJB but wanted to ensure that members are aware of the situation.

Portfolio arrangements

3.14 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system, there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 as an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, with partners and communities rather than as individual entities. To deliver further on this whole system, integrated approach, there is

a desire to transition from an organisational leadership and management model to a system leadership and management approach. On an interim basis, as the model is developed, the Chief Officer continues to provide a leadership role for Dr Gray's Hospital alongside the responsibilities already carried, thus expanding the portfolio to encompass all Moray health and care services.

3.15 The senior management team membership for health and social care in Moray has been revised to incorporate community and acute leaders, and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system. The response to pressures and the increase in demand from covid has brought a response from Moray health and care across acute and community, with an integrated approach to how we manage risk and balance care across the system.

3.16 The review of MIJB governance framework was due to be presented to this meeting, however given the potential significant implications for governance arising from decisions around the Portfolio in relation to the delegation of Children and Families and Justice Social Work which is due to be considered by Moray Council on 6 April. Associated changes to organisational structures remain unknown at present. With the potential associated organisational structure changes, there are too many unknowns to present for consideration at this time. The existing framework will continue to be used for assurance in the meantime and work will be undertaken to present a full update in September 2022.

Budget Control

3.17 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The Senior Management Team (SMT) of Health and Social Care Moray are meeting regularly to review spend and consider investment prior to seeking MIJB approval. There is a continuous need to track progress on transformational redesign to ensure it is meeting the aims of the Strategic Plan. In recent months, conversations have focussed on the budget setting process for 2022/23, which is subject of a separate paper on today's agenda. Additional funding being transferred to the health and social care portfolio by Scottish Government is detailed in the Revenue Budget paper and will require close monitoring throughout 2022/23. Additional Covid funding for 2022/23 is uncertain, however, by the end of the current financial year, there will be a significant earmarked reserve for the purpose of funding Covid related activity which will continue to be utilised.

3.18 The Scottish Government announcement in November 2021 made available £300 million nationally as a direct response to system pressures and to support intense winter planning. The funding is based on four key principles of maximising capacity, ensuring staff wellbeing, ensuring system flow and improving outcomes. Funding approval and updates on commitment will continue to be presented to MIJB in line with governance.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 We remain in a pandemic response phase, and are stepping up quickly where that is required. In parallel, there is the opportunity to accelerate work to

achieve the MIJB ambitions as set out in the Strategic Plan and Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that encompasses Dr Gray's Hospital on an interim basis.

4.2 The challenges of finance have not gone away and there remains the need to address any underlying deficit. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only cover additional expenditure in the short-term and so it is important to understand the emerging landscape.

4.3 Transformational change, or redesign, that provides quality and safe services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.

4.4 Remobilisation has begun, and we need to look ahead as we emerge from Operation Iris. The interdependencies between services will need to form part of the assessment on how we remobilise, as no part of the system operates in isolation. While the demand on the health and care system continues to be immense, we will continue to plan for the longer term to ensure that services will remain responsive to our community, and the process for redeveloping our strategic intent is the subject of a separate report on today's agenda.

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Climate Change and Biodiversity Impacts

Care closer to and at home, delivered by teams working on a locality basis, will reduce our reliance on centralised fixed assets and their associated use of utilities.

(i) Consultations

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

6. CONCLUSION

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

Author of Report: Simon Bokor-Ingram, Chief Officer, Moray Portfolio

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **REVENUE BUDGET MONITORING QUARTER 3 FOR 2021/22**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) on the current Revenue Budget reporting position as at 31 December 2021 and provide a provisional forecast position for the year-end for the MIJB budget.

2. RECOMMENDATIONS

2.1 It is recommended that the MIJB:

i) note the financial position of the Board as at 31 December 2021 is showing an overall overspend of £1,948,609.

ii) note the provisional forecast position for 2021/22 of an underspend of £217,246 on total budget;

iii) note the progress against the approved savings plan in paragraph 6, and update on Covid-19 and additional funding in paragraph 8;

iv) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 October to 31 December 2021 as shown in APPENDIX 3; and

v) approve for issue, the Directions arising from the updated budget position shown in APPENDIX 4.

3. BACKGROUND

3.1 The financial position for the MIJB services at 31 December 2021 is shown at **APPENDIX 1.** The figures reflect the position in that the MIJB core services are currently over spent by £1,896,636. This is summarised in the table below.

	Annual Budget £	Budget to date £	Expenditure to date £	Variance to date £
MIJB Core Service	129,062,690	96,722,967	98,619,604	(1,896,637)
MIJB Strategic Funds	10,781,939	4,238,069	4,290,041	(51,972)
Set Aside Budget	12,620,000	-	-	-
Total MIJB Expenditure	**152,464,629**	**100,961,036**	**102,909,645**	**(1,948,609)**

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

3.3 The updated provisional forecast outturn to 31 March 2022 for the MIJB services is included in **APPENDIX 1**. The figures reflect the overall position in that the MIJB core services are forecast to be over spent by £1,967,960 by the end of the financial year. This is reduced by underspends in strategic funds to give an overall underspend of £217,246 by 31 March 2022. This is summarised in the table below.

	Annual Budget £	Provisional Outturn to 31 Mar 2019 £	Anticipated Variance to 31 Mar 2019 £	Variance against base budget %
MIJB Core Service	129,062,690	131,030,650	(1,967,960)	(2)
MIJB Strategic Funds	10,781,939	8,596,733	2,185,206	20
Set Aside Budget	12,620,000	12,620,000	-	-
Total MIJB Expenditure	**152,464,629**	**152,247,383**	**217,246**	**0.1**

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2021/22

Community Nursing

4.1 Community nursing service is underspent by £398,289. This is due to underspends in District Nursing £144,114, Health Visitors £226,352 and Elgin, where the team combined is £27,823.

4.2 For District Nursing the overall current underspend is £144,114 relates mainly to the Varis Court Augmented Care Units (ACU's) budget which is underspent by £220,591. The Varis Court budget is underspent due to staffing vacancies as a result of the organisational change process. These posts have now been appointed to and start dates were set for December and January for a number of new starters. The ongoing capacity in the Varis Court budget as a result of the organisational change will, in future contribute to the Hanover costs for the provision of care at the 4 ACU's. The variation of the contract has been signed for the ACU. The overspend in the remaining District Nursing budget will be mitigated by further Scottish Government additional funding anticipated. The first tranche of £83,788 has been received and is already included in the annual budget. A second tranche has been confirmed for £36,000 which will improve the overall District Nursing position in the current financial year.

4.3 For Health Visitors and School Nurses, vacancies, planned leave, including maternity leave and retirements have contributed to the current underspend of £226,352 across the service. In response, a Recruitment and Retention Plan is in place, to date a number of posts have been appointed to, thus mitigate or minimise any gaps in the workforce. Challenges remain on the recruitment and retention of qualified and experienced Health Visitors and School Nurses at a local, regional and national level. To help mitigate or minimise risk to service delivery, two trainee Health Visitors joined the service in September 2021, 1 trainee Health Visitor and 2 School Nurses will qualify in 2022 and 2 trainee Health Visitors and 2 School Nurses will qualify in 2023. In addition, through vacancies, a Health Visitor Trainee will be recruited to start in September 2022. With a clear and planned increase in the number of qualified, skilled and experienced practitioners, this will alleviate a number of key service pressures, stabilise the workforce, ensure modernisation and sustainability of the service, that it is responsive to local need and risk, and help maintain positive staff health and wellbeing.

4.4 This budget is forecasted to be £371,471 under spent by the end of the financial year as the underspend is addressed.

Learning Disability

4.5 The Learning Disability (LD) service is overspent by £802,010. The overspend is predominantly due to care purchased £819,669 less income received than expected £34,316 and other minor overspends totalling £17,717. This continues to be offset by an underspend in clinical Speech and Language services and psychology services of £69,691.

4.6 The LD Service manager and their team are aware of the overspend. The overspend on care is due to a range of different factors; there has been an increase in families unable to maintain their caring role, there is also an aging population of family carers in Moray and as a consequence there has been an increase in crisis intervention. There is little available accommodation and few resources (staff and providers) to provide support for people and this results in costly standalone packages. There has also been an increase in complex and challenging behaviour following the lockdown period and this has meant an increase in the number 2:1 staffing requirements to minimise risk to clients and staff. There has also been an increase in people needing day activities following the prolonged lock-down period. In 2020/21 increased costs started to emerge in Learning Disabilities due to these issues, these costs have continued into 2021/22 as well as additional costs of these issues in the current financial year. Resulting in an increased overspend forecasted.

4.7 This budget is forecast to be £1,202,056 overspent by the end of the financial year, due to the issues above remaining to the end of the financial year.

Mental Health

4.8 The Mental Health service is overspent by £424,587. This overspend is primarily due to two consultant psychiatrist vacancies continuing to be covered by high cost agency medical locums. This presents an ongoing financial risk to MIJB, which has been reported previously. The changing workforce demand profile in medical staff is evident of workforce choice for locum work instead of substantive NHS contracts. This is affecting all health boards across NHS Scotland and the rest of the UK. Out of area care

packages are also contributing to overspend. However, some of the overall overspend is being offset by underspends (vacancies) in Psychology, and Community Mental Health Nursing.

4.9 In order to reduce reliance on costly agency medical locums, one agency medical locum ended in December but a new one commences on 31 March 2022, initially for a three month period as a result of service and workforce redesign in adult mental health services. The substantive adult consultant post has been vacant since October 2019 and had previously been advertised on numerous occasions without interest. However, recent round of advertising has attracted an appointable applicant and interview for the post will take place on 9 May. The older adult locum has been extended until the end of May 2022 to allow further discussions in relation to the redesign of the service and workforce. Both ward areas are overspend due to difficulties recruiting to substantive registered nursing posts and resultant increased use of overtime and bank staff to cover shifts. In addition, there are two agency nursing staff currently working within Muirton ward until July 2022. The overspend in the medical budget has been offset by underspends in the adult and older adult community nursing teams. The financial position is unlikely to improve due to national workforce shortages across all disciplines.

4.10 Care packages are currently overspent by £25,803 primarily due to the purchase of care and costly out of area care packages.

4.11 This budget is forecast to be £510,989 overspent by the end of the financial year due to the issues mentioned above being forecast to be in place until the end of the financial year

Care Services Provided In-house

4.12 This budget is underspent by £749,753 this relates to underspend in staffing across all the services in this budget totalling £900,222 which is being reduced by an overspend of £46,034 in supplies and services primarily due to additional uniforms and £104,435 in day care services due to transport costs and less income received than expected due to the closure during Covid-19.

4.13 This budget is forecast to be £1,041,774 underspent by the end of the financial year. The underspend is primarily due to unfilled vacancies and the issue of recruitment has been an ongoing problem which is expected to continue for the rest of the financial year.

Older People and Physical Sensory Disability

4.14 This budget is overspent by £1,831,788. This primarily relates to overspends for domiciliary care in the area teams £1,452,974 permanent care £372,096 and other minor variances of £6,718. 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.

4.15 Increases in spending were detailed in a report to MIJB in November 2021. Transition from the Covid period has seen a shift from critical care to an attempt to reintroduce business as usual, which has now been pared back once more to critical service as demand has outstripped supply. There is, in effect a national social care crisis, and those waiting for care are impacting on

our delayed discharges, community hospital and brokerage waiting lists as well as our rehabilitation and Occupational Therapy services.

4.16 Winter measures, attributed to Winter funding and 4 hour ED monies such as interim beds were used to allay some flow issues in acute and community hospitals. During 2022/23, the shift will be towards a phased approach to business as usual, allowing for services to readdress their priorities post Covid.

4.17 Significant permanent funding streams from Scottish Government have allowed for additional recruitment for staff to support these services. Home First and its workstreams continues to develop and over the next 18 months should shape and alleviate some acute to home pressures by the embedding of rapid assessment followed by treatment, preferably in the patient's own home. This concentration on decompensating frailty patients will begin to have a slow but steady effect on the demand for care. It is doubtful however, that the effects over the financial year 2022-2023 will be significant and some overspend will remain as these new measures evolve. Robust monitoring of budget spending continues.

4.18 This budget is forecast to be £1,475,755 overspent by the end of the financial year. This is not set to continue at the same rate due to additional financial investment to support capacity within care at home being agreed.

4.19 Recently, Scottish Government has announced additional funding and new investment that is being put into place to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and care systems. The investment aims to: maximise capacity; ensure staff wellbeing; ensure system flow and to improve outcomes. The Chief Financial Officer will continue to work closely with the senior management Team to ensure the principles supporting this additional funding can be delivered and brought before the Board for approval.

Other Community Services

4.20 This budget is underspent by £450,238 which includes underspend in Allied Health Professionals (AHP's), Dental, Public Health and Specialist Nursing services offset in part by overspend in Pharmacy. Within this underspend £135,540 relates to Public Health where there has been continuing reduced activity in Health Improvement as a consequence of staff redeployment to support Covid services and vacancies. For AHP's the underspend to December is £152,901 which includes an underspend in Podiatry where recruitment to vacant posts has recently been concluded and Speech & Language services where recruitment is an ongoing challenge on a Grampian wide basis. Dental is currently underspent by £154,807, mainly due to vacant posts in quarter 1 and quarter 2. These posts have now been filled except one remaining Dental Officer post where interviews have been organised.

4.21 This budget is forecast to be £635,089 underspent by the end of the financial year.

Primary Care Prescribing

4.22 The primary care prescribing budget is overspent by £386,290 to December 2021. This position is based on seven month's actuals to October and an accrued position for November and December as information is received two months in arrears. Allocation through MIJB Covid funding for two drugs, Sertraline and Paracetamol, identified by Scottish Government as being specifically relating to Covid has yet to be applied. The estimate of the Covid impact for this in Moray is calculated as £154,243 and will help offset in part volume impacts. For 2020/21 the overall prescribing volume of items in total was 4.15% lower than in 2019/20 and the prescribing pattern did not return to pre Covid levels. However, to December 2021 the estimate of items is greater to date than anticipated, with higher volume to date. The emerging volume pattern for 2021/22 has been reviewed as the increase is greater than expected across Grampian and is now forecast at 5.25% higher than 2020/21 to the year end. It may be that Serial Prescribing is contributing to increased volumes and this will need to be further reviewed alongside repeat medication systems. The average price per item fell in July following negotiations between the Scottish Government and Community Pharmacy Scotland now implemented and has remained reasonably consistent.

4.23 This budget is forecast to be £917,835 overspent by the end of the financial year taking into account phasing of budgets, volume increase continuing and current estimated price.

5. STRATEGIC FUNDS

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

- Additional funding received via NHS Grampian (this may not be fully utilised in the year resulting in either a contribution to overall MIJB financial position at year end or as an earmarked reserve as a commitment for the future year).

- Provision for earmarked reserves has been made to fund unutilised allocation for Primary Care Improvement Funds, Action 15 & Covid in 2021/22, identified budget pressures, new burdens savings and general reserve that were expected at the start of the year.

5.2 Within the strategic funds are general reserves totalling £1,597,742 which are not allocated to services but will be used towards funding the overspend. The current forecast is for a small overall underspend of £217,246 meaning there will be sufficient reserves to cover the overspend in total if the level of spend continues till the 31 March 2022.

5.3 By the end of the financial year, the strategic funds will reduce as the commitments and provisions materialise and the core budgets will increase correspondingly. Any non recurring slippage would support the overall financial position at the year end.

6. PROGRESS AGAINST THE APPROVED SAVINGS PLAN

6.1 The Revenue Budget 2021/22 was presented to the MIJB 25 March 2021 (para 9 of the minute refers). The paper presented a balanced budget through the identification of efficiencies through savings and the use of general reserves.

6.2 The progress against the savings plan is reported in the table below. The table details progress during the first quarter against the original recovery plan.

Efficiencies	**Para Ref**	**Full Year Target**	**Expected progress at 31 Dec 2021**	**Actual Progress against target at 31 Dec 2021**
		£'000	£'000	£'000
Accountancy driven		150	112	150
External Commissioning	6.3	122	91	146
Increased income from charging	6.4	110	83	0
Transformational change		25	19	25
Total Projected Efficiencies		**407**	**305**	**321**

6.3 It should be noted that the savings budgeted from accountancy driven, external commissioning and transformational change have been met in full. This position is unlikely to change by the end of the year as all savings have been realised as at 31 December 2021.

6.4 Increased income from charging was to reflect changes proposed to the taper relief, due to be agreed through the Contributions Policy. In November 2020, MIJB Members agreed to this recommendation (para 13 of the minute refers) being presented to Moray Council as part of the approval required for the Contributions Policy at an early date. At Moray Council on 10 November 2021 the taper relief was not increased and is to remain the same, therefore this saving will be unachievable. This underachievement is being reported to Scottish Government on a quarterly basis. On 25 February 2022, the Director of Health Finance and Governance wrote to NHS Directors of Finance and Integration Authority Chief Financial Officers with a notification of further funding to meet Covid-19 costs. The funding is provided includes provision for under-delivery of savings. This will be drawn-down by the end of the financial year to further support the position.

7 IN-YEAR EFFICIENCIES / BUDGETARY CONTROL

7.1 The finance teams, together with budget managers continue to work together to ensure opportunities are being sought to extract Covid related spend from core budgets and utilise Covid reserves to ensure core expenditure is protected as much as possible.

7.2 The Health and Social Care Moray (HSCM) senior management team are meeting regularly to review spend, identify additional savings and to track progress on transformational redesign so that corrective action and

appropriate disinvestment can be supported. The risks associated with less long term planning remain, and will need to be addressed as part of remobilisation, recovery and transformation planning.

8. IMPACT OF COVID – 19 AND ADDITIONAL FUNDING

8.1 To date there has been continued commitment from Scottish Government to provide additional funding to support health and social care as a result of the pandemic. This includes the use of Covid 19 specific reserves to support the remobilisation of services.

8.2 HSCM continue to provide quarterly returns to Scottish Government on the Local Mobilisation Plan (LMP) via NHS Grampian. The plan for 2021/22 estimates that additional in-year spend relating to Covid 19 will be £4.921 million to the end of the current financial year. Reported expenditure at the end of quarter 3 was £3.018 million. The costs are summarised below:

Description	**Spend to 31 Dec 2021 £000's**
Reducing Delayed Discharge	
Staffing	97
Provider Sustainability Payments	1,039
Remobilisation	609
Cleaning, materials & PPE	22
Elgin Community Hub (Oaks)	412
Prescribing	116
Unachievable Savings	82
Other	(263)
Additional Capacity in Community	904
Total	**3,018**

8.3 Scottish Government has recognised the ongoing impacts resulting from Covid and the pressures facing the health and social care system heading into the winter period. On the 5th October, measures were outlined by Scottish Government relating to new investment for Scotland of more than £300 Million as a direct response to the intense winter planning and system pressures work that is taking place. These preparations are predicated based on four key principles:

- Maximising capacity
- Ensuring Staff wellbeing
- Ensuring System Flow
- Improving Outcomes

8.4 Subsequently, on the 4th November Scottish Government provided further detail on key components of the additional funding. Specifically, this covered

- £40 million for interim care arrangements
- £62 million for enhancing care at home capacity
- Up to £48 million for social care staff hourly rate of pay increases; and
- £20 million for enhancing multi-disciplinary teams

8.5 This funding is for the remainder of the current financial year with additional commitments of funding still to be confirmed for future years. The Senior Management Team and service leads are currently working through the implications and opportunities and further reporting to the Board will reflect these proposals.

9. CHANGES TO STAFFING ARRANGEMENTS

9.1 At the meeting of the Board on 28 March 2019, the Financial Regulations were approved (para 11 of the minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.

9.2 Changes to staffing arrangements as dealt with under delegated powers through appropriate Moray Council and NHS Grampian procedures for the period 1 October to 31 December 2021, are detailed in **APPENDIX 3**.

10. UPDATED BUDGET POSITION

10.1 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.

10.2 In addition, the MIJB, concluded the financial year 2020/21 in an underspend position following the application of reserves. Reserves totalling £6,342,395 were carried forward into 2021/22, of which £4,744,650 are ear-marked and £1,597,745 are a general reserve of which £1,554,267 has been utilised to support a balanced budget position as set out in the revenue budget paper presented to this Board on 25 March 2021 (para 9 of the minute refers).

10.3

	£'s
Approved Funding 26.3.21	**128,425,128**
Set Aside Funding 26.3.20	**12,252,000**
Balance of IJB reserves c/fwd to 20/21	4,788,128
Amended directions from NHSG 3.6.21	80,661
Budget Adjustments qtr 1	1,678,730
Budget Adjustments qtr 2	2,780,546
Revised Funding to Quarter 2	**150,005,193**
Budget adjustments M07-M09	
Covid 19 allocation	154,243
Primary Care	836,840
Staff Mental Health & Wellbeing	34,293
ADP Funding	239,292
Hospital at home	207,000
Care home infection	179,000
GP Premises	94,318
Winter funding	577,823
Misc	(24,417)

Mental Health	161,044
Covid 19 allocation	154,243
Revised Funding to Quarter 4	**152,464,629**

10.4 In accordance with the updated budget position, revised Directions have been included at **APPENDIX 4** for approval by the Board to be issued to NHS Grampian.

11. SUMMARY OF IMPLICATIONS

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

This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2021/22.

(b) Policy and Legal

It is the responsibility of the organisation receiving the direction to work with the Chief Officer and Chief Financial Officer to deliver services within the resources identified. The Moray Integration Scheme (para 12.8 of the 2015 Integration Scheme) makes provision for dealing with in year variations to budget and forecast overspend by reference to agreed corrective action and recovery plans. It also makes provision for dealing with year-end actual overspend where such action and plans have been unsuccessful in balancing the relevant budget by reference to use of MIJB reserves and additional payments from NHS Grampian and Moray Council.

(c) Financial implications

The financial details are set out in sections 3-8 of this report and in **APPENDIX 1**. For the period to 31 December 2021, an overspend is reported to the Board of £1,948,609 with the updated estimated forecast being an underspend of £217,246 for 2021/22

The staffing changes detailed in paragraph 9 have already been incorporated in the figures reported.

The movement in the 2021/22 budget as detailed in paragraph 10 have already been incorporated in the figures reported.

(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.

There are general and earmarked reserves brought forward in 2020/21. Additional savings continue to be sought and a recovery and transformation plan is in place in order to support the 2021/22 budget and beyond, which will be under regular review. Progress reports will be presented to this Board throughout the year in order to address the 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
There are no direct equality/socio economic implications as there has been no change to policy.

(h) Climate Change and Biodiversity Impacts
There are no direct climate change and biodiversity implications as there has been no change to policy.

(i) Consultations
The Chief Officer, the Health and Social Care Moray Senior Leadership Group and the Finance Officers from Health and Social Care Moray have been consulted and their comments have been incorporated in this report where appropriate.

12. CONCLUSION

12.1 The MIJB Budget to 31 December 2021 has an over spend of £1,896,637 and the first provisional forecast position of £1,967,960 on core services. This is increased by overspends in Strategic funds to give a total overspend position of £1,948,609 to 31 December 2021. There is an underspend in Strategic funds on the provisional forecast position giving an overall underspend of £217,246. Senior Managers will continue to monitor the financial position closely and continue to report accordingly on progress.

12.2 The financial position to 31 December 2021 reflects the updated budget position and revised Directions have been prepared accordingly, as detailed in APPENDIX 4.

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

JOINT FINANCE REPORT April 2021 - December 2021

	Para Ref	Annual Net Budget £'s 2021-22	Budget (Net) To Date £'s 2021-22	Actual To Date £'s 2021-22	Variance £'s 2021-22	Variance % 2021-22	Most recent Forecast £'s 2021-22	Variance To Budget £'s 2021-22	Forecast Variance % 2021-22
Community Hospitals		5,493,353	4,110,880	4,073,900	36,980	1	5,461,409	31,944	1
Community Nursing	4.1	5,344,344	4,019,945	3,621,655	398,289	7	4,972,874	371,471	7
Learning Disabilities	4.5	8,147,882	5,758,219	6,560,229	(802,010)	(10)	9,349,938	(1,202,056)	(15)
Mental Health	4.8	9,200,557	6,804,357	7,228,944	(424,587)	(5)	9,711,545	(510,989)	(6)
Addictions		1,245,819	925,918	927,309	(1,391)	(0)	1,264,599	(18,780)	(2)
Adult Protection & Health Improvement		150,903	99,461	104,056	(4,594)	(3)	157,825	(6,922)	(5)
Care Services provided in-house	4.12	16,754,867	12,353,759	11,604,006	749,753	4	15,713,093	1,041,774	6
Older People & PSD Services	4.14	18,803,142	14,190,822	16,022,609	(1,831,788)	(10)	20,278,897	(1,475,755)	(8)
Intermediate Care & OT		1,534,401	1,161,124	1,255,840	(94,716)	(6)	1,689,021	(154,620)	(10)
Care Services provided by External Contractors		8,453,884	6,419,683	6,295,161	124,523	1	8,308,066	145,818	2
Other Community Services	4.18	8,830,056	6,636,953	6,186,715	450,238	5	8,194,967	635,089	7
Admin & Management		1,959,483	1,681,792	1,723,234	(41,442)	(2)	1,882,537	(54,492)	(3)
Other Operational Services		1,205,453	887,978	838,353	49,625	4	1,153,714	183,177	15
Primary Care Prescribing	4.20	17,542,408	13,425,817	13,812,107	(386,290)	(2)	18,460,243	(917,835)	(5)
Primary Care Services		18,306,363	13,779,235	13,783,993	(4,759)	(0)	18,338,924	(32,561)	(0)
Hosted Services		4,480,908	3,359,102	3,438,477	(79,375)	(2)	4,486,398	(5,490)	(0)
Out of Area		669,268	440,056	625,911	(185,855)	(28)	867,000	(197,732)	(30)
Improvement Grants		939,600	667,867	517,107	150,760	16	739,600	200,000	21
Total Moray IJB Core		129,062,690	96,722,967	98,619,604	(1,896,637)	(28)	131,030,650	(1,967,960)	(2)
Other non-recurring Strategic Funds in the ledger		2,031,949	1,927,162	1,977,202	(50,040)	(2)	2,021,722	10,226	1
Total Moray IJB Including Other Strategic funds in the ledger		131,094,638	98,650,129	100,596,805	(1,946,677)	(1)	133,052,372	(1,957,734)	-1
Other resources not included in ledger under core and strategic:		8,749,991	2,310,907	2,312,839	(1,933)	0	6,575,011	2,174,980	25
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		139,844,629	100,961,036	102,909,645	(1,948,610)	(1)	139,627,383	217,246	0
Set Aside Budget		12,620,000	-	-	-		12,620,000	0	0
Overall Total Moray IJB		152,464,629	100,961,036	102,909,645	(1,948,610)	(1)	152,247,383	217,246	0

Funded By:

NHS Grampian	104,788,202
Moray Council	47,676,427
IJB FUNDING	**152,464,629**

Description of MIJB Core Services

1. Community Hospitals includes community hospitals, community administration and community Medical services 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
    - Target for staffing efficiencies from vacancies

13. Other Operational Services - range of operational services including –
    - Community Response
    - Team
    - Child Protection
    - Winter Pressures
    - Clinical Governance
    - International Normalised Ratio (INR) blood clotting test Training
    - Moray Alcohol and Drug Partnership (ADP)

14. Primary Care Prescribing includes cost of drugs prescribed in Moray.

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

16. Hosted Services, comprises of a range of Grampian wide services. These services are hosted and managed by a specific IJB on a Grampian wide basis and costs are re-allocated to IJB budgets. These services include:-

    <u>Moray IJB Hosted & Managed services</u>:

    - GMED out of Hours service.
    - Primary Care Contracts Team

    <u>Aberdeen City/Aberdeenshire IJB Hosted & Managed services:</u>
    - 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.
    - Police Forensic Examiner Service

- HMP Grampian – provision of healthcare to HMP Grampian.

17. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian. These are managed centrally within NHS Grampian and charged to IJB's.

18. Improvement Grants manged by Council Housing Service, budget comprises of:-
    - Disabled adaptations
    - Private Sector Improvement grants
    - Grass cutting scheme

Other definitions:

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

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

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

HEALTH & SOCIAL CARE MORAY

DELEGATED AUTHORITY REPORTS - PERIOD October 2021 to December 2021

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Barlink Support Workers	Increase hours from 30 hours to 36.25 hours and create a 16.25 hour post	Grade 4 6.25 hours Grade 4 16.25 hours	Permanent		From appointment	From deletion of 22.5 hour post
Woodview unpaid leave	Employee requires unpaid leave for 4 weeks	Grade 4 37 hours	Temporary		05/11/21 – 02/12/21	Funding to cover these hours will be from the unpaid leave
Recruitment of staffing to enable the care at home of a child in his own home	Recruit 1.51FTE grade 4 and 0.6FTE grade 5	1.51FTE grade 4 0.6FTE grade 5	Permanent		From appointment	This is a recharge to the children's service
Create temporary grade 5 START team	Create a temporary grade 5	Grade 3 36.25 hours acting up to a grade 5	Temporary		October 21 to March 22	Funding from Covid
Temporary LD staffing	Create an additional 36.25 hours	Grade 9 36.25 hours	Temporary		October 21 to March 22	Funding from Covid
Extension of clerical assistant post	Extend grade 3 36.25 hours until March 22	Grade 3 36.25 hours	Temporary		October 21 to March 22	Recharge to the NHS
PCIF Non Recurring	Practice Pharmacist	Band 7 82.5 hours	Temporary	24 Months		PCIF Slippage

Physiotherapy	AHP	Band 7 37.5 hours	Fixed Term	12 Months		Hospital @ Home Funding
Hospital @ Home	Practitioner	Band 7 75 hours	Fixed- Term	12 Months		Hospital @ Home Funding
PCIF	Team Lead	Band 8A 37.50 Hours	Permanent		From Appointment	PCIF Funding
PCIF	Advanced Practitioner	Band 7 150 hours	Fixed-Term	24 Months		PCIF Funding
Mental Health SMS	Principal Applied Psychologist	Band 8b 37.50	Permanent		From Appointment	ADP Drug Death Task Force Money
Mental Health SMS	Senior Data Analysist	Band 6 20 hours	Permanent		From Appointment	ADP Drug Death Task Force Money
Lossiemouth HV Team	Community Infant Feeding Co-Ordinator	Band 7 22.5 Hours	Fixed Term	11 Months		SG Funding
PCIF	MH & Wellbeing Practitioners	Band 6 37.50	Permanent		From Appointment	PCIF Funding
Community Response Team	Health Care Support Workers	Band 3 75 hours	Permanent		From Appointment	Additional Winter Money
Community Response Team	Health Care Support Workers	Band 3 255 hours	Permanent		From Appointment	Additional Winter Money
Community Response Team	Health Care Support Workers	Band 3 75 hours	Permanent		From Appointment	Additional Winter Money

OT	Health Care Support Workers	Band 3 150 Hours	Permanent		From Appointment	Additional Winter Money
Physio	Health Care Support Workers	Band 3 112.5 Hours	Permanent		From Appointment	Additional Winter Money
Physio	First Contact Physiotherapist	Band 7 75 hours	Permanent		From Appointment	PCIF
Physio	First Contact Physiotherapist	Band 7 93.75	Permanent		From Appointment	PCIF
OT	Highly Specialist OT	Band 7 37.50	Permanent		From Appointment	PCIF

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:-	£75.6 million, of which £4.4 million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing. An additional £12.6 million is set aside for large hospital services.

This direction is effective from 31 March 2022.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **UNMET NEED IN HEALTH AND SOCIAL CARE MORAY**

BY: **HEAD OF SERVICE/CHIEF SOCIAL WORK OFFICER**

1. REASON FOR REPORT

1.1. The report is presented to the Board to escalate the issues raised in the report, previously submitted to Clinical and Care Governance Committee on 24 February 2022 regarding the current position on unmet need within Health and Social Care Moray (HSCM).

2. RECOMMENDATION

2.1. It is recommended that the Board considers and notes:

i) the current situation within Health & Social Care Moray and the mitigation actions that have been introduced

ii) the considerable additional pressures placed upon Health & Social Care Moray staff over the winter months

iii) the recovery being achieved, but recognises the fragility of the improvement and the long-term impact on staff, and

iv) that future reports on progress of the adoption of the three conversations model across HSCM services will be submitted to this committee

3. BACKGROUND

3.1. Almost two years have elapsed since the initial national lockdown to control the spread of COVID-19 and to alleviate the pressure on the healthcare system. However, the pandemic is still placing a significant burden on health and social care staff. More patients, particularly the elderly and frail, are facing delays before they can leave hospital to receive appropriate care elsewhere, be that back at home, at a community hospital or residential care. The surges in cases has continued in regular waves since March 2020, with the Omicron variant causing the highest number of daily cases recorded since the start of the pandemic (Figure 1). Although the exceptionally high number of cases recorded in January has not led to a corresponding increase in hospital admissions

(Figure 2), the pressure on hospitals has been unrelenting since the late summer of 2020. There was a brief respite last summer, but there has been little chance for health and social care staff to recuperate and recharge their batteries. Note that data for hospital admissions due to COVID-19 is only published for Scotland as a whole and is not publicly available for individual health boards or local authorities.

Figure 1: Positive PCR cases in Moray 1 Feb 21 – 2 Feb 22 (Public Health Scotland COVID-19 data)

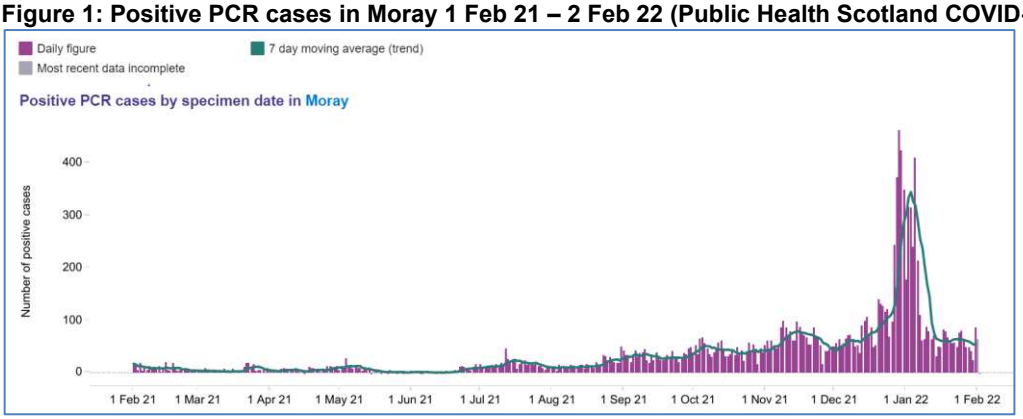
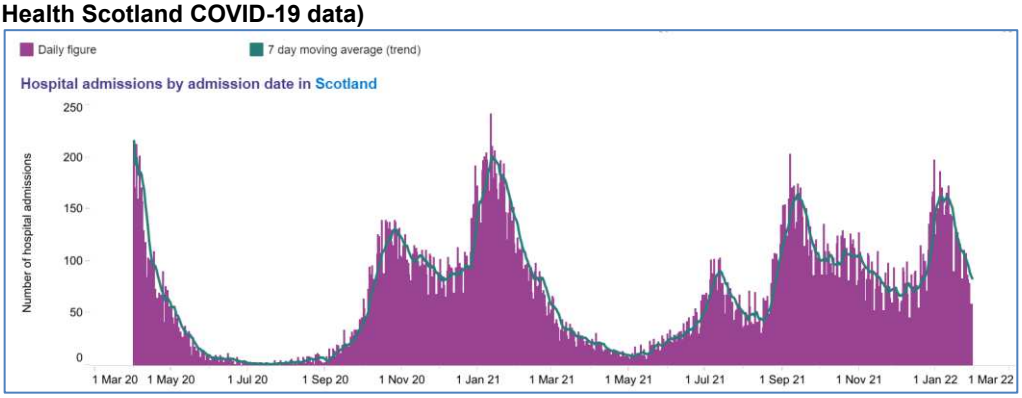


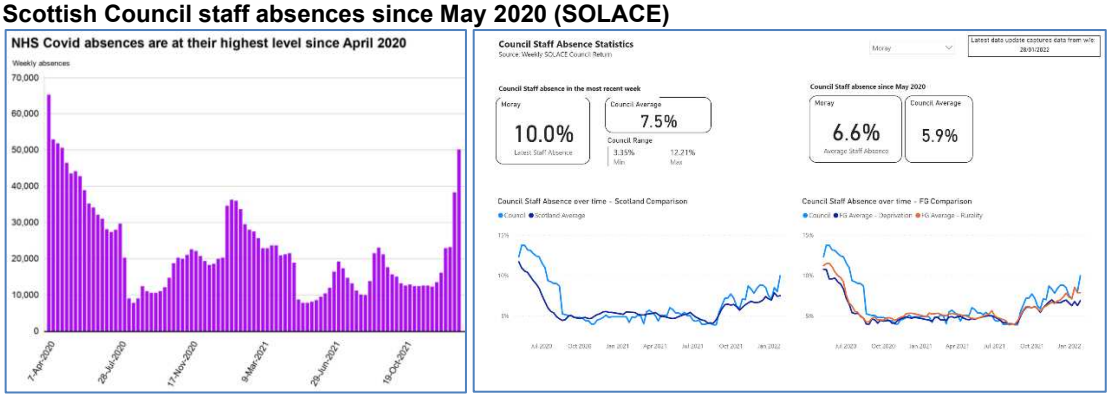
Figure 2: Hospital admissions in Scotland due to COVID-19 between 1 Apr 20 – 2 Feb 22 (Public Health Scotland COVID-19 data)



3.2. A study published in November 2021[1] found that COVID-19 stress was a significant independent predictor of a decline in the mental wellbeing of health and social staff in Scotland. Nationally there has been higher than usual staff absence rates amongst both council and NHS employed staff over this winter period (Figure 3).Moray Council staff absences have averaged 6.6% since May 2020, which is above the national average of 5.9%. However, for the week ending 28 January 2022, the latest data published by SOLACE, the figure for Moray has risen to 10%.

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

Figure 3: NHS Scotland Covid-19 staff absences since April 2020 (Scottish Government) and Scottish Council staff absences since May 2020 (SOLACE)

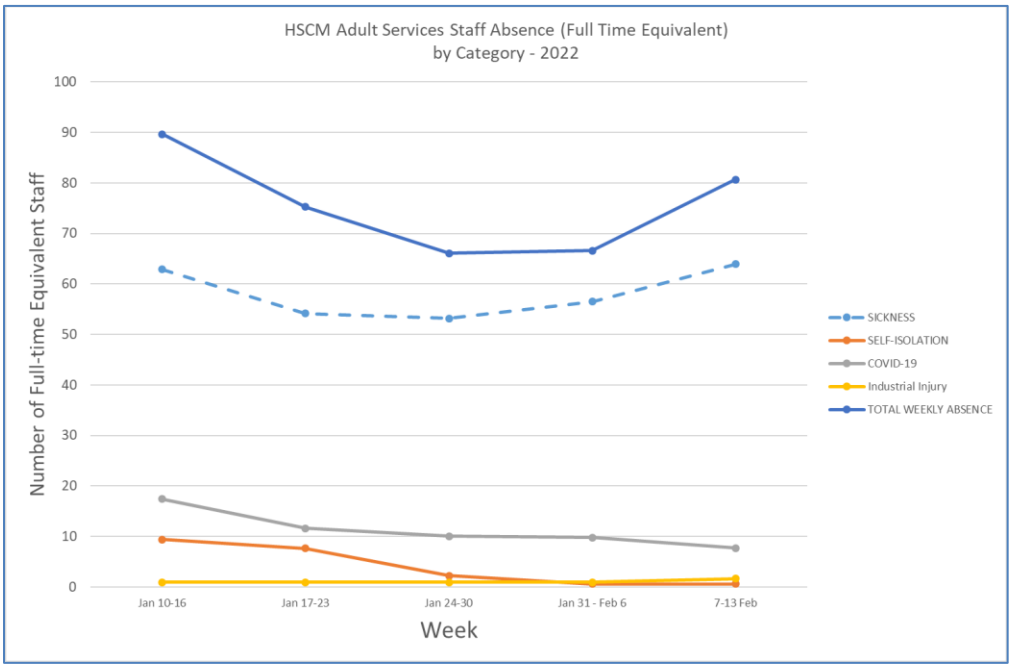


3.3 Data is now being recorded and monitored for HSCM staff employed by Moray Council in Adult Services, identifying the numbers who are:

- absent due to COVID-19,
- absent for reasons other than COVID-19,
- or isolating to meet the latest Scottish Government guidelines.

3.4 This data will be useful for monitoring trends when it is fully developed. An initial analysis suggests that daily absences during January and February 2022 were mainly due to non-COVID-19 related illnesses, with an average of 58 full-time equivalent (FTEs) absent; approximately 11 FTEs were absent due to COVID-19; and 4 FTEs were self-isolating, although this figure has reduced rapidly to just 0.61 of an FTE in the past 2 weeks (Figure 4). Note that for the week 6 – 13 February 2022 non-COVID-19 related absences rose again. This may be due to seasonal illnesses returning as people start to socialise once more, or may be due to staff beginning to feel the impact of the workload they have faced in recent months.

Figure 4: Health and Social Care Moray Adult Services staff absences (FTE) by category of absence – 2022



3.5 Work is currently underway to calculate the proportion of staff that are not available to work for each service and team. The percentages will be reported once they are available.

3.6 The services consistently recording the highest absences are Care at Home and Woodview, with 22 and 15 FTE absent in the most recent week. Other services such as Day Services and START have had around 10 FTEs absent each day during January.

3.7 Although not related to staff absences additional demands were placed on the social care teams during the various storms that affected Moray over the winter period (Arwen, Barra, Malik and Corrie) resulting in the loss of power for many and access roads being blocked by fallen trees. The health and social care teams played a vital role in contacting and supporting the isolated and vulnerable members of the community who were affected by these storms.

3.8 Note that due to the number of staff who were absent over the Christmas period there were no new care packages put in place. This prevented the backlog of cases from being reduced in the short-term. The team are slowly and steadily beginning to pick up new packages in each of the areas, but the storms mentioned previously created pressure for all teams. New staff are being recruited and trained; however, these are not all new to the care sector and they are coming from other care organisations within Moray.

3.9 There are 6 categories of unmet need that are routinely monitored that provide an overview of the number of people waiting for a social care assessment, a package of care, or a statutory social care review. Additionally, the number of hours of care not yet provided are also monitored. A weekly summary of trends is provided for managers (**see Appendix 1**). The latest trends for each measure are summarised below:

Number of people waiting for a social care assessment

3.10 The number of people waiting for a social care assessment overall has been static at around 150 for the past 4 months. Cases classified as URGENT are static (29), albeit well above the numbers waiting in September last year (8). Cases classified as HIGH are half what they were in August and since mid-December there have been between 34 and 39 people in this category each week waiting for an assessment.

Number of people assessed and waiting for a package of care

3.11 In the first four weeks of January there have been between 159 and 164 people each week who have received a social care assessment but have yet to be provided with a package of care. Approximately 85% of people are waiting in the community and the other 15% are in hospital. The numbers appear to be static, but are more than one and a half times larger than last August.

Number of people in receipt of a care package and waiting for a statutory social care review

3.12 For the past 8 weeks the number of people who are receiving a care package but who are waiting for a statutory social care review has remained fairly constant at between 290 and 300. This number is a reduction on last summer when there were almost 340 people waiting for a review some weeks.

Number of hours of care yet to be provided for individuals in hospital

3.13 The number of hours not yet provided for people in hospital varies weekly, but has gradually risen over time from 226 hours in August to 314 hours in February.

Number of hours of care yet to be provided for individuals in the community

3.14 Similarly, there has been an increase for people in the community over the same period from 266 hours to over 700 hours.

Number of hours of care assessed as needed and not provided for those in receipt of a care package

3.15 There are usually over 300 hours of unmet need in this category each week, and the most recent figure is 385 hours. However, for 4 weeks in September this figure was below 250 hours.

3.16 The status of care homes and care at home services, both internal and external are monitored regularly each week by the Care Homes Oversight Group. A RAG (Red/Amber/Green) rating is used to identify the ability to accept clients or deliver services. For the most recent data (7 February 2022) 11 out of the 14 care homes in Moray were assessed as Green, and 3 as Red and unable to accept patients. This demonstrates a marked improvement from 18 January 2022 when there were only 4 care homes rated Green, 4 rated Amber and 6 at Red.

3.17 There were 24 Care at Home external providers rated Green on 7 February 2022, 4 at Amber and 9 at Red with either a member of staff or a client with a positive confirmation for COVID-19. Again, this represented an improvement on the situation as reported on 18 January 2022, with 17 external providers rated Green, 5 at Amber and the remaining 13 at Red. Care at Home Day Services had one location at Red on 18 January due to positive test results for a member of staff and a client, but all locations are now green. The Care @ Home team remain Red but due to non-COVID-19 illnesses, whereas in January there were 6 positive cases reported and 2 people were self-isolating. START is now Green, whereas in January there was a member of staff who tested positive that put the team at Red.

3.18 Overall, the situation is showing improvements compared to just a few weeks ago, but the service is still some way from full capacity.

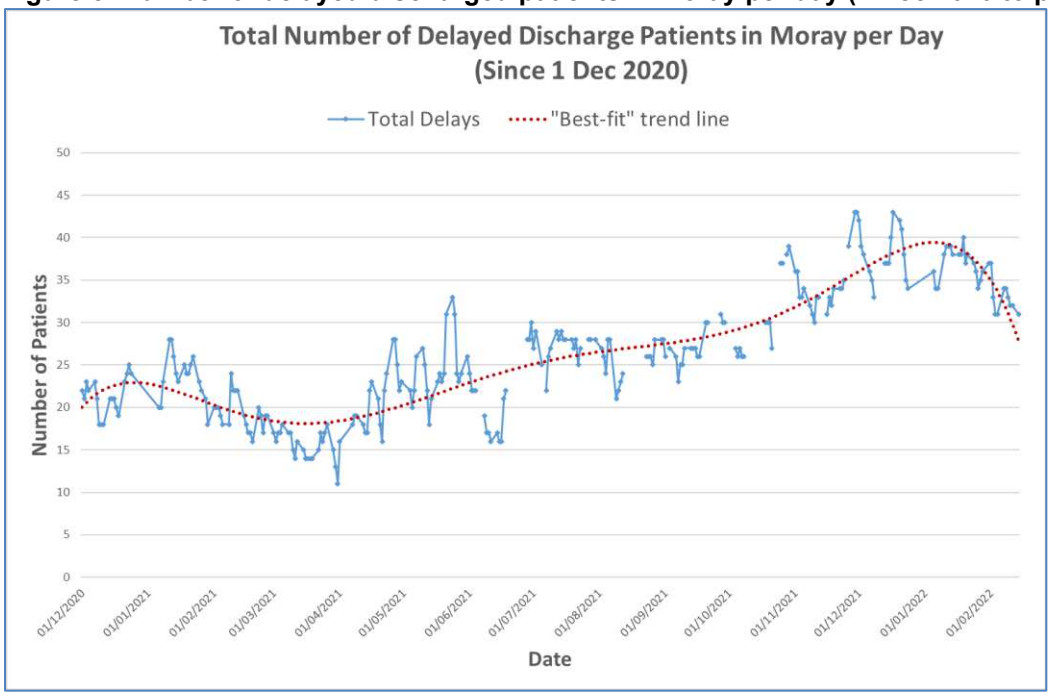
3.19 The unusually high levels of unmet need noted above has contributed to high numbers of patients facing delays in being discharged from hospital. The impact of all of the above factors is illustrated by the rising numbers of delayed discharges being reported since April 2021, which are now well above historic levels (Figure 5). However, there is an indication that the peak for this winter may have been reached as the situation is starting to improve and numbers are reducing. The situation is being monitored closely by front-line staff and operational managers, but there is still a long way to go to reach the target of 10 people per day, and any further pressure on the system could quickly reverse the gains.

3.20 Other factors preventing timely discharges include Occupational Therapy. The team have identified that the system is at capacity and although the waiting list is reducing the number of critical referrals is increasing. Similarly, the Hospital

Discharge Team referral numbers are static, and low. This is considered to be due to a number of factors:

- lower throughput (due to non-availability of suitable options) leading to lower numbers of patients ready to be discharged,
- delayed discharge patients impeding the flow of referrals,
- a concern that some patients may be bypassing the hub and going straight to the access team.

Figure 5: Number of delayed discharged patients in Moray per day (1 Dec 2020 to present)



3.21 For delayed discharges the sustained high figures we are seeing now are unprecedented. Public Health Scotland (PHS) data show that the delays do fluctuate throughout the year, but at a lower level than we are now experiencing. The PHS data also indicate that there has been an increase in adults with incapacity that typically take longer to be discharged.

3.22 In Moray the average number of people experiencing delays in being discharged form hospital at the end of January was 37, below the national average of 54. Since Moray has a higher proportion of residents aged 65 years and older compared to the Scottish average, it is not unexpected that the rate per 1,000 of the population in this age group in Moray is above the Scottish average with 1.75 cases per 1,000 people (Figure 6).

Figure 6: Delayed discharge patients each day, May 2020 to January 2022 (SOLACE data)

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Unmet needs have a human context. The numbers being reported represent real people whose quality of life is being diminished either through remaining in hospital longer than necessary, or from not receiving the care that they require. The data suggest that the situation has stabilised, albeit at a higher level than before, and there are signs that some of the pressures on staff absences may start to ease.

4.2. Prior to the Omicron spike, in November 2021 Dr Gray's Hospital emergency department had noted that patients were more acutely unwell or their condition had deteriorated more than was the case prior to the pandemic. This has placed additional pressure on Dr Gray's staff as patients require longer stays and additional interventions and diagnostics. Similarly, the Homecare team have identified that the hours of care required by individuals are rising with frailer people regularly requiring more than one carer, and or more visits each day. So we have the perfect storm of fewer staff being available requiring to provide more care for a frailer population. Mitigation measures have been put in place and these are described in the following sections.

4.3. Amongst the measures to enable people to leave hospital as soon as possible was the creation of the Discharge 2 Assess team (D2A). Results so far have been encouraging with around 90% of the group of patients seen in the third quarter of last year reporting improvements in their abilities to perform activities of daily living, their balance and gait, and their mobility. Feedback from patients has been positive with praise for the staff involved and the support provided. Patients felt confident and re-assured to manage on their own and welcomed the clear communication from the team. It is too soon to identify the impact of this intervention and the data will be monitored weekly to see if the numbers reduce.

4.4. In addition, one of the Community Care team managers is now working 2 days per week making calls using the "3-conversation model" to identify the needs of the patients who have yet to receive a social care assessment. The manager is talking to patients awaiting assessment in the 'Urgent' and 'High' categories first and it is anticipated the impact of this intervention will be felt in the near future.

4.5. A daily dashboard has been produced that provides service managers, locality managers and the leadership team with up-to-date information to assist them with managing the pressures on their services. The measures include information on capacity in hospitals and care homes and the impact on unmet need. There are a number of huddles that focus on delayed discharge in different settings: community hospitals, Dr Gray's hospital, and out-of-area patients for example. The Delayed Discharge Group Moray meets monthly to progress the Delayed Discharge Overarching Action Plan. All these measures aim to reduce people having to wait in hospital any longer than necessary once they are ready to be discharged.

4.6. Moray Council responded to the need to provide short-term support to the health and social care team by asking for volunteers to redeploy temporarily. Twelve volunteers from within Moray Council were identified for possible re-deployment: 4 for administration roles; 2 for care only roles (1 for all care tasks; 1 for meal preparation and medication tasks, weekends only); and 6 for Care and Administration roles (1 for light personal care, meal preparation and medication tasks, the other 5 for meal preparation and medication tasks).

4.7. In response to the challenges with recruitment for care at home services, staff resources have been identified to form a recruitment cell working closely with Moray Council Human Resources team. There is an open advert with interviews being held weekly and necessary training schedules being aligned to streamline the process as much as possible.

4.8. Utilising the three conversation approach we aim to reduce bureaucracy and increase our responsiveness to people who approach us for support. It follows the approach embedded within the SDS standards so that peoples' strengths and personal assets are considered before any statutory service. Additionally, rather than focus on service description there is time taken to consider each unique solution. This work is being supported by Sam Newman, a director with Partners for Change. A steering group has been established to develop this approach for Moray with 6 initial innovation hubs being identified. The work outlined in 4.4 is an early adoption of the principles of this approach. Reports on progress will be submitted to future meetings of this committee.

5. SUMMARY OF IMPLICATIONS

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

This report highlights the pressures on delivering the Corporate Plan 2024 priority of "Adults and older people". In particular the aim of ensuring that people are supported at home or in a homely setting as far as possible through a HomeFirst approach and multi-professional teams at a local level.

The LOIP priority "Improving wellbeing of our population" recognises that "health and wellbeing make a significant contribution to life experiences and can be adversely affected by many factors, including mental…health." This report identifies additional pressures that HSCM staff are now facing and that will need to be addressed if the LOIP priority is to be met.

"Theme 2: Home First" of the Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029" notes that older people very quickly lose their independence through loss of confidence and often reduced mobility when admitted to hospital. The current situation is causing people to be delayed in hospital and is likely to prevent some residents from functioning as they did prior to admission.

(b) Policy and Legal
None directly associated with this report.

(c) Financial implications
None directly associated with this report, although the cost of providing care packages may rise due to patients presenting with higher morbidity than previously.

(d) Risk Implications and Mitigation
The risks to the service from the pandemic, and the winter period, have been realised. The mitigation measures are discussed in the report. There is a risk of harm to individuals who are not receiving support that has been identified they require and also for those awaiting to be assessed.

(e) Staffing Implications
Staffing levels, availability of staff and their health and wellbeing are core factors at the heart of this report. Support for staff dealing with the additional workload and filling in for sick and isolating colleagues will be required in the coming months.

(f) Property
None directly arising from this report.

(g) Equalities/Socio Economic Impact
An Equality Impact Assessment is not required because there will be no impact, as a result of the report, on people with protected characteristics. However, it should be noted that Public Health Scotland have identified that people who live in poorer areas in Scotland are more likely to die early from disease and have more years of ill health, including mental wellbeing and depression. Although no data are available it is likely that the additional time spent in hospital waiting for suitable care packages to be put in place will have a greater impact on Moray residents from deprived areas.

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

(i) Consultations

Consultations have been undertaken with the following staff and their comments have been included where appropriate: Equal Opportunities Officer, Principal Climate Change Officer, Corporate Manager (HSCM) and Head of Community Care.

6. CONCLUSION

6.1. Unmet need levels in Moray are significantly higher than pre-pandemic levels, both for the number of people affected and the hours of care required to be provided. Demand will remain high for some time to come, but the mitigation actions that have been put in place, and the relaxation of the self-isolation guidelines are starting to show an improvement for people waiting for care packages in the community, at home or in residential homes. The recovery is fragile and could easily be reversed by a future peak in COVID-19 cases.

6.2. The dedication of the Health and Social Care staff and their commitment to support their clients has been exceptional throughout the pandemic. There are many anecdotal examples of staff undertaking additional duties to ensure basic care continues to be provided. There is a concern about the longer-term impacts on staff and how they will find the time to recover and recuperate.

Author of Report: Carl Bennett, Senior Performance Officer Health and Social Care Moray

Background Papers:

Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **STANDARDS OFFICER AND DEPUTE STANDRDS OFFICER REAPPOINTMENT**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To ask the Board to consider the reappointment of its Standards Officer and one Depute, whose current terms of appointment are due to expire today.

2. RECOMMENDATION

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

i) formally nominates for approval by the Standards Commission, Alasdair McEachan, Head of Governance, Strategy and Performance, Moray Council, as the Standards Officer of the MIJB, for a period of two years until April 2024;

ii) formally nominates 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 two years until April 2024;

iii) tasks the Chief Officer with writing to the Standards Commission with the relevant information; and

iv) notes that the arrangements will be reviewed prior to April 2024

3. BACKGROUND

3.1 At its meeting on 24 September 2020, the Board agreed to nominate its current Standards Officer and Depute for the approval by the Standards Commission (para 12 of minute refers). Subsequent to this meeting in March 2019, approval from the Standards Commission was obtained for the appointments.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The 18 month appointment period for the Standards Officer and Depute is due to expire at the end of March 2022. The Standards Officer post is a statutory requirement and further nominations are required.

4.2 Prior to January 2019 there was a legal representative at MIJB meetings and concerns had been raised that there would be a conflict of interest to continue to have the standards officer as a Member of the board. Since January 2019 there has not been any legal representation at MIJB meetings due to a reduction in the staffing for Moray Council legal team. For assurance discussions are held with legal advisors where necessary and all reports are reviewed by the standards officer (or depute) prior to circulation to members. The standards officers are "on standby" during meetings and should there be a need for legal clarification they would be available. No complaints over the conduct of Board members (in terms of the Code) have been received.

4.3 Following discussion with Alasdair McEachan it is recommended that the existing arrangements continue and that the nominations identified in section 2 be approved. There is recognition that update training of members was not conducted last year due to limitations of available staff resource. It is intended that training will be scheduled following the elections in May and the appointment of new members to MIJB.

4.4 The Standards Commission has to approve the appointments. Following the Board's decision on this matter, the Chief Officer will write to the Standards Commission with the appropriate information.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
Good governance arrangements will support the Board to fulfil its objectives. An appointment of a Standards Officer is one aspect of good governance.

(b) Policy and Legal
The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 (Scottish Statutory Instrument 2003/135) requires the Board to appoint a Standards Officer. The Standards Commission has to approve the appointment of the Standards Officer. Any individual appointed requires to be suitably qualified and experienced.

(c) Financial implications
None arising directly from this report.

(d) Risk Implications and Mitigation
Elements of the work of the Standards Officer are requirements of the 2003 Regulations. The Board is required to comply with these Regulations and make an appointment. An appointment of a Standards Officer will help assist members with compliance with the Code of Conduct.

(e) Staffing Implications
Alasdair McEachan and Aileen Scott are employed by the Moray Council. Once reappointed, they will continue to be employed by the Council. Duties for the Board will continue to be added to what are

already full remits. This arrangement will need to be reviewed to determine whether it will be a reasonable long term proposition.

(f) Property
None arising from this report.

(g) Equalities/Socio Economic Impact
An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed.

(h) Climate Change and Biodiversity Impacts
None arising directly from this report.

(i) Consultations
Consultation on this report has taken place with the Interim Chief Officer; the Chief Financial Officer; Alasdair McEachan, Head of Governance, Strategy and Performance, Moray Council, Aileen Scott, Legal Services Manager and Tracey Sutherland, Committee Services Officer, Moray Council; who are in agreement with the contents of this report as regards their respective responsibilities.

6. CONCLUSION

6.1 The previous appointments of Standards Officer and depute are due to expire and further appointments are necessary to meet statutory requirements. This report sets out the proposal for the next 18 months and the need to establish longer term arrangements.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **PRIMARY CARE PRESCRIBING BUDGET REQUIREMENTS FOR 2022-2023**

BY: **LEAD PHARMACIST**

1. REASON FOR REPORT

1.1. To inform the Board of the predicted prescribing budget resource requirements for 2022-2023 alongside key drivers of growth.

2. RECOMMENDATION

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

i) the recommendations made in this paper with regard to volume, costs, risks and the net predicted need for budget resource of £19.259m as part of the overall health and social care partnership budget setting process for 2022-23; and

ii) the estimated budget requirements;

3. BACKGROUND

3.1. Current forecasting indicates Moray will end the 2021-22 year with a prescribing deficit which will be further affected by identified factors and their estimates.

3.2. Resource assessment for prescribing has been undertaken for 2022-23 using the approach adopted in previous years, which estimates growth in volume and spend in the coming year and offsets these with generic savings and approved efficiency plans. The key themes and data presented here are taken from the more comprehensive 'Health and Social Care Prescribing Budget Supporting Information and Data for 2022/2023' which has been scrutinised and approved by the multidisciplinary / cross sector Grampian Area Drug and Therapeutics Committee (GADTC) and NHS Grampian Primary Care Prescribing Group. A breakdown of the components of the requested budget for 2022-23 is

provided in **Appendix 1** at tables A, B and C**.**

3.3. Cost per patient per quarter is rising and is higher in Moray at £49.19 than £44.12 in Grampian. **Graph 1, Appendix 1.**

3.4. During 2021-22 there have been variations in prescription volume related to COVID-19 impact. Covid continues to have significant effect on prescribing within changed patient pathways. Volume growth for 2022-23 is still highly variable due to multiple factors including changes in volumes and treatment as a result of COVID-19 and reflect variation in operating levels across primary and secondary care e.g. outpatient medication and acute requests have reduced.

3.5. Previous years showed some consistency in cost per item. Since COVID-19 cost per item remains unpredictable due to drug shortages and changes in treatments e.g. Warfarin changed to DOAC (novel oral anticoagulant treatment) although a generally increasing trend since pandemic, Moray cost per item in sept 2021 was well controlled at £10.97 per item. This compares with £11.05 one year previously and with £11.53 in Grampian (**Graph 2, Appendix 1**).

3.6. Following Grampian increasing trend over time, number of items per patient per financial quarter sits higher at 4.48 in Moray compared with 3.83 in Grampian. This is expected to remain variable during ongoing pandemic. (**Graph 3, Appendix 1**)

3.7. Generic costs are being affected by rebalancing community pharmacy payment, and national changes re remuneration as a consequence of Pharmaceutical Price Recommendation Scheme. Generic shortages also continue to be a significant problem. Some examples of generic medication shortages which have had significant cost increases are metformin oral solution cost increased from £5.91 to £40.48, sulfasalazine cost increased from £8.53 to £31.99.

3.8. **Consortium Scottish Medicines Approval**. It is expected that a small number of new medicines identified could have a significant financial impact on primary care e.g. SGLT2 (sodium-glucose co-transporter- 2 inhibitor diabetic medication) drug class empagliflozin and dapagliflozin in treatment of diabetes based new indications of cardiovasular and renal comorbidity. These new indications of medication are likely to significantly affect costs due to increased usage (**Graph 4, Appendix 1**). Other new medications and devices still to reach steady usage levels are DOACs and Freestyle Libre.

3.9. Use of Direct Oral Acting Anti Coagulants (DOACS) treatment in place of warfarin has increased. Since COVID-19 DOACs monthly items increased by 24% at a 33% cost increase of £20,873 **every** month in Moray in 2020-21. There is still growth in this area and patients will remain on the DOAC treatment as therapeutic switching reduced the need for intervention. A change in licensing and formulary from edoxaban to apixaban for new patients now costs an additional £237 per patient per year (50% increase). This will be continually monitored.

3.10. Since 2020 we have seen the increased use of FreeStyle Libre (**Graph 5**

Appendix 1). The Diabetes Managed Clinical Network (MCN) are this year recommending to extend provision to further diabetes patients at an anticipated 26% cost increase. It is now anticipated that 60-70 % of type 1 diabetic patients as well as 700 type 2 insulin diabetic patients in Grampian would be eligible for Freestyle Libre therefore anticipating that costs will rise to £400,000 in 2022/23 in Moray which equates to a 77% increase.

3.11. Buvidal® Injectable prolonged release buprenorphine (i-PRB) Buvidal® was added to NHS Grampian's formulary in 202 re: advantages of use particularly during custodial sentence. Scottish Drug Death Task Force is focusing on optimising access, choice and support for patients with an initial focus is on opioid dependent patients. This has potential to impact on the overall number of patients engaged in treatment and in the first instance alter the number and proportion of methadone, buprenorphine oral and buprenorphine injectable products prescribed. The roll out of this intervention has implications for the 2022/2023 drug budget.

3.12. Lack of prescribing initiatives as locally enhanced contracts. Reduced GMS contract support re medication management cost efficiency savings adversely affected, added to Covid pandemic time capacity with GP practices work presents a potential risk to finance as capacity to pursue savings, with GP practice teams work focused on essential care. Transition to Pharmacotherapy has recommenced cost efficiency work and aims to be similar to pre pandemic levels.

3.13. During pandemic factors to be considered are: Early/Additional medication ordering, an increase in serial prescriptions, changes to drug use locally driven by new evidence/guidance and changes to patient pathways and choices of medication. In addition an increase in non-medical prescribing impacts number of prescribed items.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Main Financial Risks

4.1. The risk that the future prices for generic medicines, and associated reimbursement levels set within the Scottish Drug tariff, remain difficult to predict. The Scottish Government has committed to rebalancing community pharmacy contractor payments by reducing the emphasis on margin share and moving these payments to within the guaranteed global sum.

4.2 The global supply chain remains fragile. Shortages in supply continue to be a significant problem for community pharmacy with the most recent examples including a wide range of medicines for a variety of conditions (see examples in 3.6). Such shortages can lead to unpredictability in the cost per item during the year.

4.3 The growth in consumption of medicines had been stabilising. Anecdotally this has been linked to the end of Quality and Outcomes Framework (QOF) pressure to prescribe preventative medication, strengthened approaches to medication review and associated reductions in polypharmacy. The variations in volume in 2021/22 are related to COVID-19 and changes in patient behavior, as well as changes in capacity within primary care. Repeat prescribing increase has continued: however acute prescribing, outpatient/medication requests had

reduced corresponding to service provision and patient flow.

4.4 Diminution in the new General Medical Services (GMS) contract support for medicines management activities focused on the cost effective use of medicines and the transition to pharmacotherapy services between now and 2023 present a significant potential risk to finance as capacity to pursue cost effective prescribing diminishes.

4.5 Primary care rebates, the system that provides the NHS in Scotland with post use discounts on spend for specific medicines, has remained generally stable but there remains a risk that these rebates change or are removed. N.B. These discounts accrue to the individual Health and Social Care Partnerships (HSCPs) based on spend.

4.6 The introduction of new medicines/new treatment modalities has resource implications above and beyond the costs of just the medicine. A number of newer medicines and devices already on the market that have yet to achieve their steady state usage; DOAC (novel oral anticoagulant medication) and the flash glucose monitoring device- FreeStyle Libre are examples. Other medication with new licenses of use collectively present financial risk when they reach full prescribing potential e.g. SGLT2 inhibitors (**Graph 4, Appendix 1**).

4.7 There has been a steady increase in prescribing of medication in the management of Attention Deficit Hyperactivity Disorder (ADHD) since 2018 amounting to 30% increase in Grampian with an increase in use within adult population (**see Graph 6, Appendix 1).**

4.8 Serial prescribing availability has increased to over 20% of registered Moray patients. As well as increasing availability of medication to the patient this has a stabilising effect on volume and costs as medication is provided at preset regular intervals, preventing over ordering and wastage.

4.9 Significant expansion of Pharmacy First and Pharmacy First Plus supports GP practices with a steady increase in items prescribed within the community pharmacy. Although a small proportion of items and cost, this service is likely to continue to grow. The potential effects of this expanded service must be recognised and should be considered a budgetary risk that has not been fully quantified.

Summary of Risk Mitigation

4.10 Reinstate Cost Effective Review of prescribing led by pharmacotherapy workforce.

4.11 Swift chasing of any overpricing bureau errors by lead technician.

4.12 Regular review of High Value Items Report by lead technician then forwarded to pharmacotherapy pharmacists for investigation.

4.13 Regular review of Generic Savings Report by the pharmacotherapy team for potential savings.

4.14 Tighter control of Specials items with automatic authorisation of items £100 or

less now removed.

4.15 Therapeutic equivalent drug switches are now recommenced in line with priorities at the Grampian Primary Care Prescribing Group (GPCPG).

4.16 A Grampian formulary tool is installed in all Moray practices to steer appropriate cost effective prescribing choices.

4.17 Medication reviews by GPs and Polypharmacy reviews by Pharmacists which had lapsed during pandemic are reinstated by pharmacotherapy staff.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
As set out within Moray's Integration Scheme.

(b) Policy and Legal
There are no policy or legal implications arising from this report.

(c) Financial implications
Primary Care prescribing remains a material financial risk area and this paper identifies the anticipated requirements for additional investment. This is described in **Appendix 1**. It should be noted that this correlates within the budget setting report on today's agenda. The core budget for prescribing is £17.178 million with an additional budget pressure provided for of £0.813 million. £0.35 million relates to Community Hospitals and is included within the relevant budget heading. The remaining predicted need will be met through management of the recurring underspend position within health services.

(d) Risk Implications and Mitigation
There is a risk of financial failure; that demand for medicines outstrips budget and the MIJB cannot deliver priorities, statutory work, and therefore project an overspend. Risk will be mitigated by actions set out in this report to manage the budget, but the key financial risks are highlighted above.

(e) Staffing Implications
There are no workforce implications arising from this report.

(f) Property
There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact
There are no equalities/socio economic implications arising from this report.

(h) Climate Change and Biodiversity Impacts
None arising from this report.

(i) Consultations

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

- Lead Pharmacist, Health and Social Care Moray
- Chief Financial Officer, MIJB
- Sean Coady, Head of Service HSCM
- Dr Lewis Walker, Primary Care Clinical Lead HSCM
- David Pfleger, Director of Pharmacy
- Corporate Manager, HSCM
- Tracey Sutherland, Committee Services Office, Moray Council

6. CONCLUSION

6.1 This report recommends the MIJB:

- **consider the recommendations made in this paper with regard to volume, costs, risks and the net predicted need for budget resource of £19.023m as part of the overall HSCP budget setting process for 2022-23.**

References:

Health and Social Care Prescribing Budget Supporting Information and Data for 2022-2023. NHS Grampian Pharmacy & Medicines Directorate, Grampian Area Drug &Therapeutics Committee & Finance Directorate.
BNF,
Pharmaceutical Journal,
NHS Inform,
SP3A The Impact of Covid on GP Prescribing
Sep 2020,Scottish Drug Tariff.
www.cps.scot/nhs-services/remuneration/drug-tariff/adjusted-prices

Author of Report: Christine Thomson, Moray HSCP Lead Pharmacist

Background Papers: with author

Appendix 1 - Moray Health and Social Care Partnership

Tables A, B and C: Estimates for Prescribing

Table A – Growth, Expenditure and Savings – Primary Care Prescribing

Factor	Best case £000's		Best guess £000's		Worst case £000's	
	Level of		Level of		Level of	
Remove under accrual impact from 2021-22	-3		-3		-3	
Buprenorphine/Buvidal	38		38		38	
Demographic impact	15		15		15	
Organisational and Development claw back to Scottish Government	84		84		84	
Volume estimate movement	0		342		368	
Price impact from 2021-22 movement	-84		-84		-84	
Price impact further movement	-85		0		119	
ScriptSwitch allocation and communications	44		44		44	
Discount income	-1-2		-8-8		-10-11	
New Medicines affecting Primary care	32		32		32	
Existing Medicines affecting Primary Care	80		80		80	
Medication Attention Deficit Hyperactive Disorder	16		16		16	
Branded and Generic Prescribing costs savings and tariff impact	46		46		46	
Further Generic savings	-7		-7		-7	
Medical devices	111		111		111	
Further Prescribing Efficiencies	-32		-32		-32	
Patent Loss and savings	-52		-52		-52	
Total Movements	202		622		764	

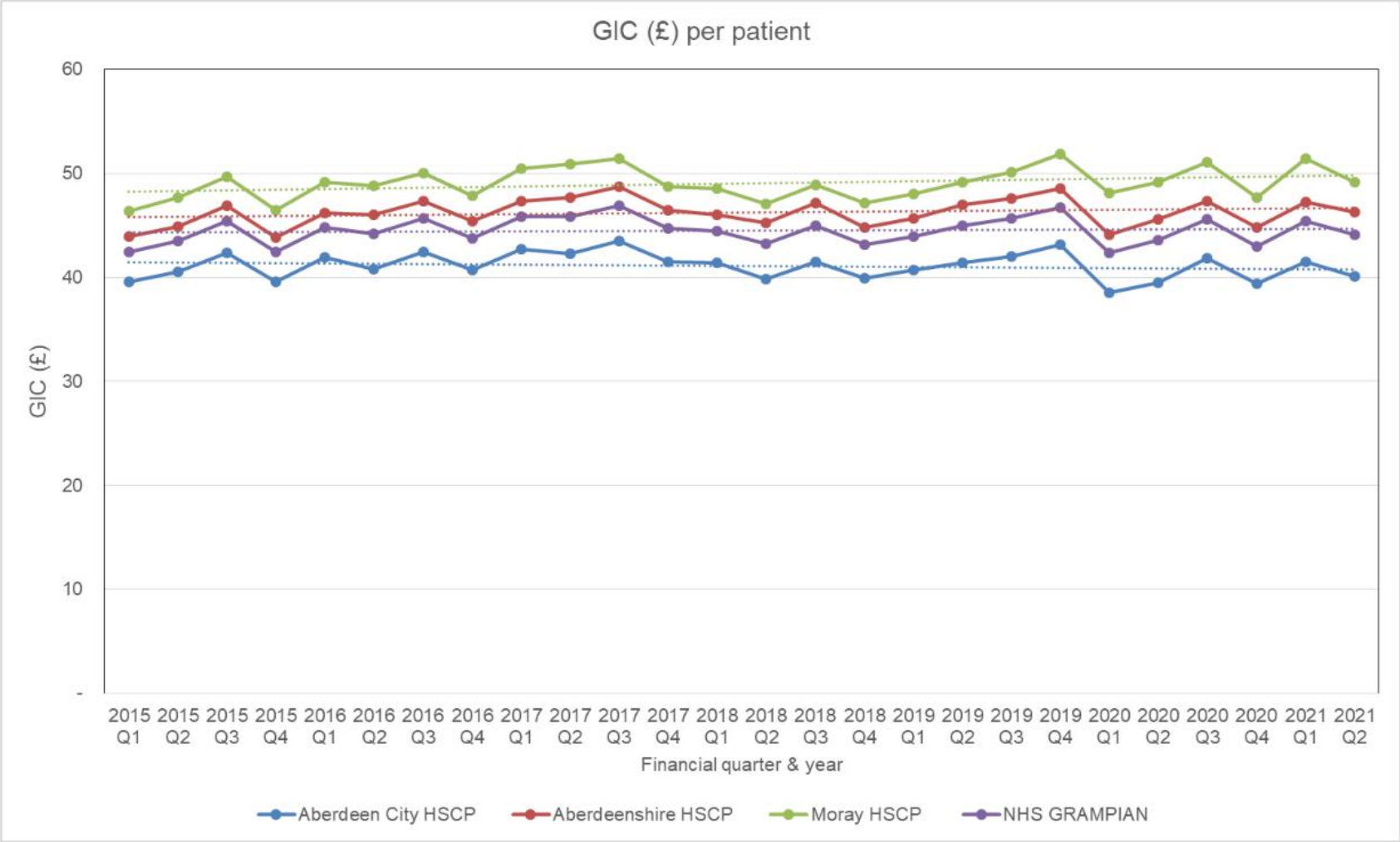
Table B - Overall Moray HSCP Suggested Primary Care Prescribing Budget Requirement 2022-23

Factor	Best case		Best guess		Worst case	
	£000's		£000's		£000's	
Full year Budget 2021-22	**17178**		**17178**		**17178**	
Predicted Year End Out-turn 2021-22	18287		**18287**		**18287**	
Total Movements	202		**622**		**764**	
Suggested Total budget 2022-23	18489		18909		19050	
% increase on 2021-22 budget	7.6		10.1		10.9	
% increase on predicted 2021-22 expenditure	1.1		3.4		4.2	

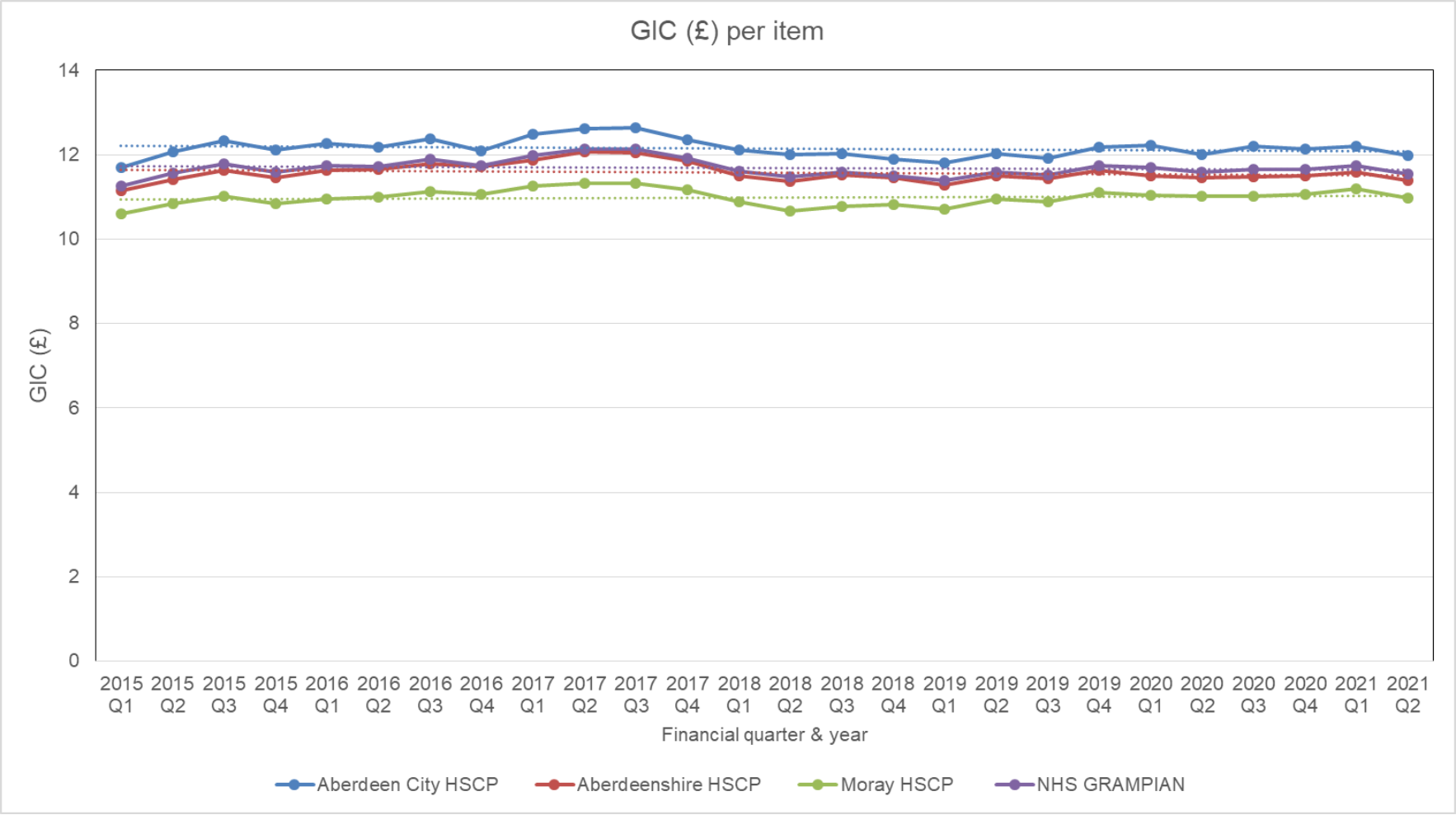
Table C: Moray HSCP Community Prescribing

Sector	Full Year Budget 2021-22 £000's	Predicted Out-turn 21-22 £000's	Suggested Budget 2022-23 £000's	Uplift on 2021-22 Budget %	Uplift on 2021-22 Out-turn %
Moray HSCP Total	350	317	350	0	10.4

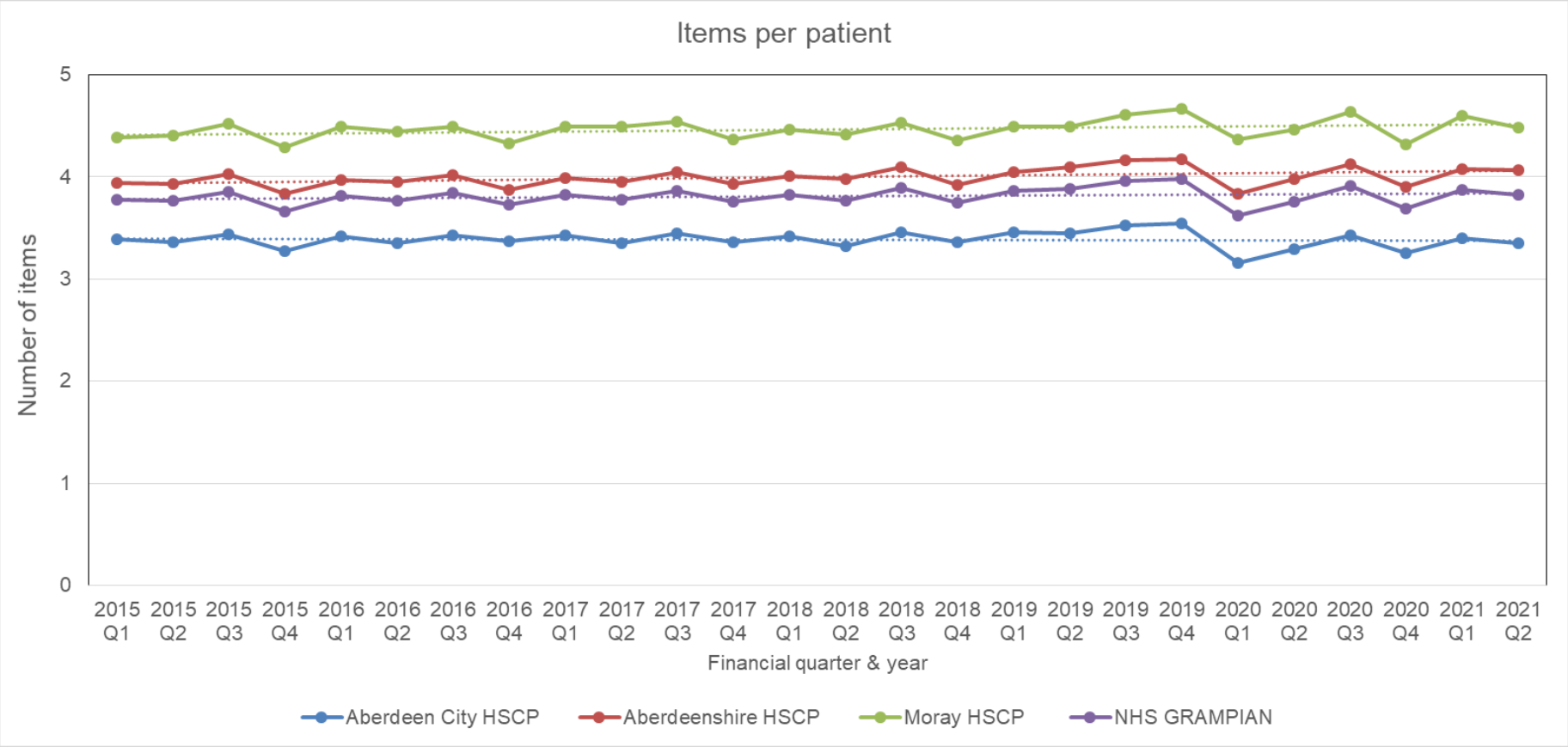
Graph 1 – Grampian (and Moray) GIC Cost per Patient GIC 2015-2021



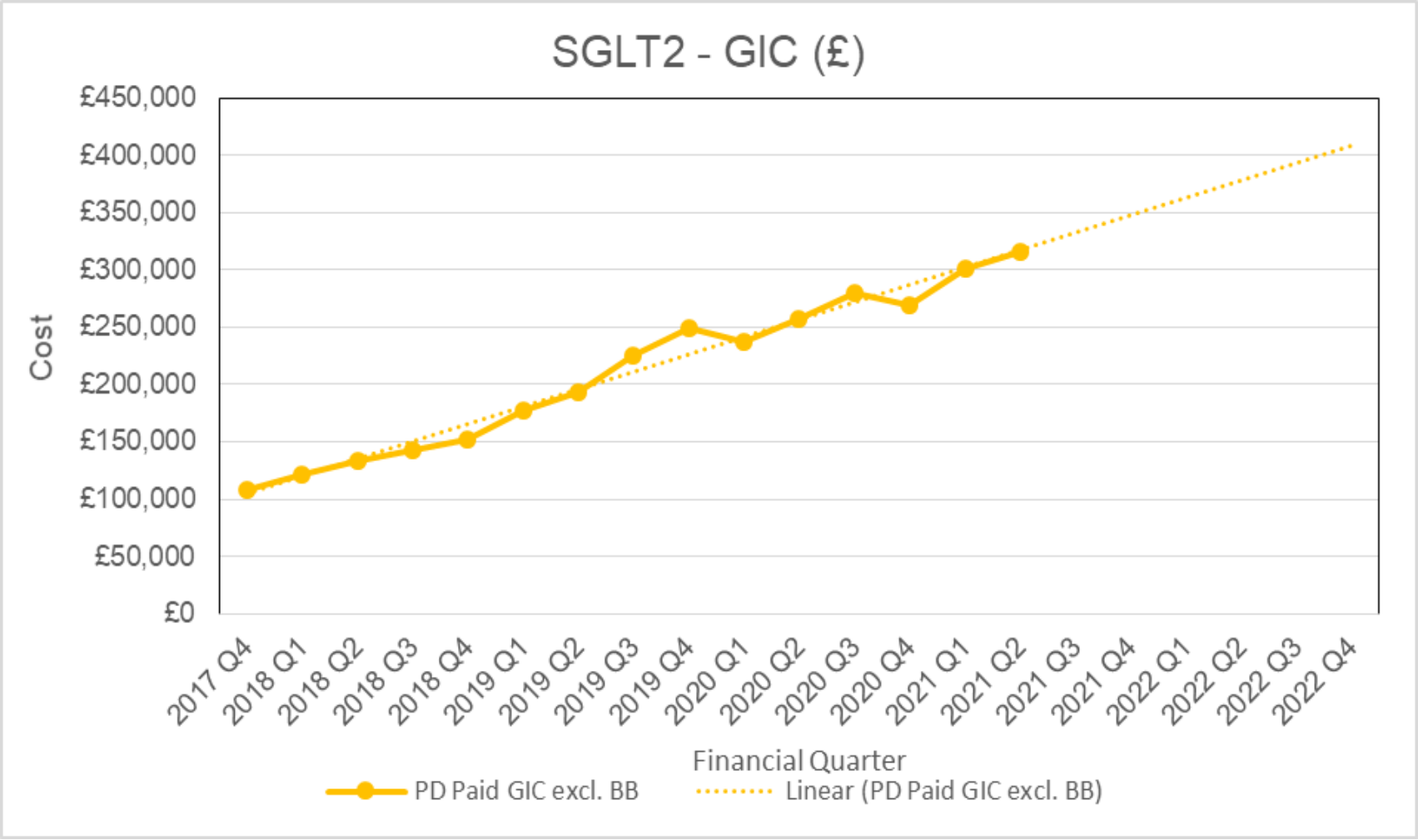
Graph 2 – Grampian (and Moray) GIC Cost per Item 2015-2021



Graph 3 – Grampian (and Moray) Items per Patient GIC 2015-2021

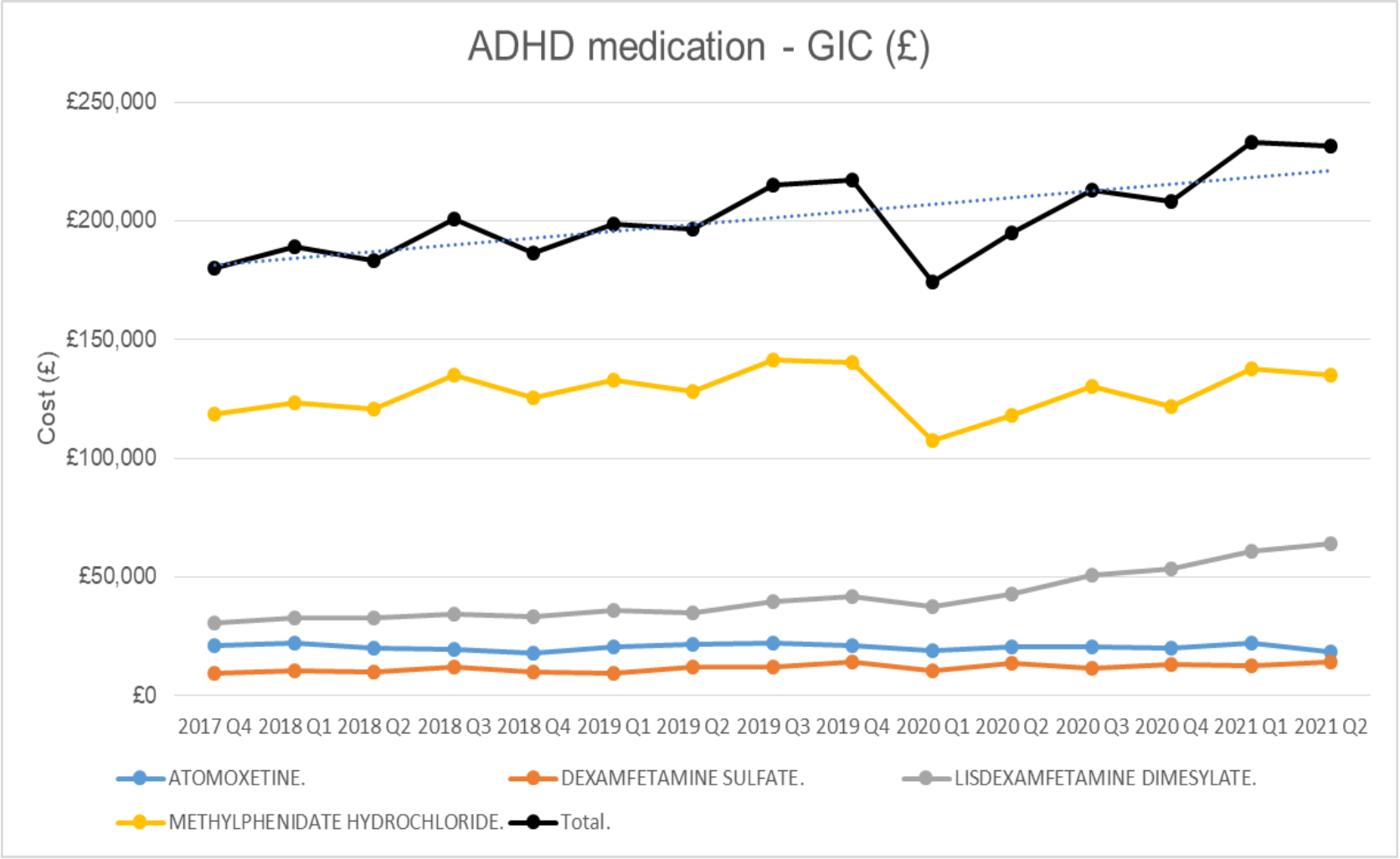


Graph 4 – Grampian GIC Cost for SGLT2



Graph 5 – Grampian GIC Cost for Freestyle Libre

Graph 6 – Grampian GIC Cost for ADHD Medication



REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **REVENUE BUDGET 2022/23 AND MEDIUM TERM FINANCIAL FRAMEWORK 2022/23 – 2026/27.**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1. To agree the Moray Integration Joint Board's (MIJB) revenue budget for 2022/23 and consider the updated Medium Term Financial Framework 2022/23 to 2026/27.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) note the funding allocations proposed by NHS Grampian and Moray Council, detailed at 4.2.1;

ii) note the anticipated budget pressures detailed in detailed in 4.5.1;

iii) approve the 2022/23 proposed savings plan at 4.7;

iv) formally approve the uplift to social care providers as set out in 4.5.2 as part of the policy commitment made by Scottish Government in November 2021;

v) approve the request to establish a temporary Operational Support Manager post as set out in 4.6.2;

vi) consider and approve the updated Medium Term Financial Framework as set out in 4.10 and APPENDIX 2 and agree that a full review be carried out and presented to the MIJB before 31 March 2023.

vii) formally approve the Revenue Budget for 2022/23 as detailed at APPENDIX 1 following consideration of the risks highlighted in 4.11; and

viii) approve Directions for issue as set out at APPENDICES 3 and 4 respectively to NHS Grampian and Moray Council.

3. BACKGROUND

3.1. On 9 December 2021 following the announcement of the Scottish Government's indicative budget for 2022-23 by the Cabinet Secretary for Finance, the Director of Health Finance and Governance wrote to Health Board Chief Executives providing details of the funding settlement for Health Boards. In Parliament on 9 December, the Cabinet Secretary set out that 2022/23 was to be a transitional budget, paving the way for a full resource spending review that would take place in May 2022 in taking the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government.

3.2. The letter outlined that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over the 2021/22 agreed recurring budgets and make appropriate provision for increased employer national insurance costs.

3.3. In addition and separate to Health Board funding uplifts, the health and social care portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay and on winter planning arrangements. This recognises the range of costs associated with certain elements of the winter planning commitment and that some flexibility in allocation of funding may be required at a local level.

3.4. The overall transfer to Local Government includes additional funding of £235.4 million to support retention to begin to embed improved pay and conditions for care workers, with Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support the uprating of Free Personal and Nursing Care and the Carers Act.

3.5. Scottish Government stipulated that the funding allocation to Integration Authorities should be additional and not substitutional to each Council's 2021/22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities should be £554 million greater than 2021/22 recurring budgets.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

MIJB BUDGET

4.1 The MIJB is required to consider its budget in the context of economic uncertainty in relation to the ongoing pandemic. It is fair to say that the impact of these circumstances remains a challenge and cannot as yet be fully assessed.

4.2 Following the announcement of the Scottish Budget, NHS Grampian and Moray Council have notified the MIJB Chief Officer and Chief Financial Officer of the funding allocation for the forthcoming financial year.

4.3 On 22 February 2022, a special meeting of Moray Council agreed its 2022/23 budget for the forthcoming financial year. The Local Government settlement is for one year only but the budget was set in the context of longer term planning. The paper presented made reference to the Moray share of the additional funding that is required to be passed through from the Council to the MIJB. This is the Moray share of the reported investment in health and social care of £554 million and equates to £6.745 million for Moray. This funding combines both recurring and non-recurring elements of the £300 million investment Scotland-wide that was announced at the latter end of 2022 to maximise capacity, ensure system flow and improve outcomes.

4.4 The NHS Grampian budget setting process is based on the principle that funding allocations to the 3 Grampian IJB's will be uplifted in line with the increase in baseline funding agreed through the Scottish Government budget settlement, with the total to each IJB being made on the National Resource Allocation Committee (NRAC) share. The draft Scottish Government budget was announced on 9 December 2021. It provides for a minimum baseline funding uplift of 2.0% to all Health Boards. The 2.0% uplift is based on an assessment of the Public Sector Pay Policy published by the Scottish Government. It should be noted that this policy does not apply in the NHS which is subject to Agenda for Change (AfC). Negotiations on the AfC pay deal are continuing and Scottish Government have indicated that funding arrangements for Health Boards will be revisited in line with the outcome of the negotiations. The 2.0% uplift provides MIJB with an increased funding allocation on the recurring budget of £1.262 million. Formal agreement of the 2022/23 NHS Grampian financial plan will be sought at its Board on 7 April 2022.

4.5 The table below summarises the additional funding provided to Integration Authorities by Scottish Government that is passported through both Moray Council and NHS Grampian

	Route	Moray Share	Scotland Wide Allocation
		£'000	£m
£10.02 – uplift for Adult Social Care Staff	Council (full year effect)	2,690	144.0
Care at Home	Council (recurring)	2,306	124.0
Interim Care	Council (non-recurring)	372	20.0
Real Living Wage	Council (baseline)	642	30.5
Additional Investment (£10.50)*	Council (recurring)	3,740	200.0
Carers Act	Council	381	20.5
Free Personal & Nursing Care	Council	354	15.0
Total via Council		**10,485**	**554.0**
Additional Health Care Support Workers	NHS Grampian (recurring)	740	30.0
Multi-Disciplinary working	NHS Grampian (recurring)	560	40.0

Total via Health Board		**1,300**	**70.0**

*this is yet to be distributed and as such is not included in the Moray Council contribution

MIJB FUNDING 2021/22

4.6 The MIJB has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set its revenue budget by 31 March each year. The funding of the MIJB revenue budget in support of the delivery of the Strategic Plan is delegated from NHS Grampian and Moray Council. The allocated funding is summarised below:

	£'000
NHS Grampian (recurring 2022/23)	81,970
NHS Grampian 2.0% uplift on Core	1,317
NHS Grampian – Set Aside Services	12,620
NHS Grampian – SG Multi-Disciplinary Team Funding	740
NHS Grampian – SG MDT Health Care Support Workers	560
Moray Council - Core	46,555
Moray Council – Improvement Grants*	940
Moray Council – SG additional funding (share of £554M)	6,745
Moray Council – Care package full year effect	106
Moray Council – to be distributed via MC – agreed nationally in support of investment and pay uplifts	3,740
PARTNER MIJB FUNDING 2022/23	**155,293**

* Improvement Grants includes £0.440 million which requires to be ring-fenced as it relates to council house tenants.

4.7 On 25 February 2022, Scottish Government health finance confirmed additional funding to support the remainder of the 2021/22 financial year. It is anticipated that a significant sum will be carried forward to the 2022/23 financial year in an earmarked reserve to support any continuing pressures due to the pandemic

HOSTED SERVICES

4.8 Within the scope of services delegated to the MIJB are hosted services. Budgets for hosted services are primarily based on NRAC. Hosted services are operated and managed on a Grampian-wide basis. Hosting arrangements mean that one IJB within the Grampian Health Board area would host the service on behalf of all 3 IJB's. Strategic planning for the use of the hosted services is undertaken by the IJB's for their respective populations.

4.9 The 2022/23 budget for Moray's share of all hosted services is £4.476 million as detailed below.

	£'000
Hosted by Aberdeen City IJB	
Intermediate Care	861
Sexual Health Services	440
Hosted by Aberdeenshire IJB	

Marie Curie Nursing	139
Heart Failure Service	55
Continence Service	122
Diabetes MCN including Retinal Screening	193
Chronic Oedema Service	46
HMP Grampian	466
Police Forensic Examiners	294
Hosted by Moray IJB	
GMED Out of Hours	1,750
Primary Care Contracts	110
TOTAL MORAY HOSTED SERVICES	**4,476**

LARGE HOSPITAL SERVICES (SET ASIDE)

4.10 Budgets for Large Hospital Services continue to be managed on a day to day basis by the NHS Grampian Acute Sector and Mental Health Service, however the MIJB has an allocated set aside budget, designed to represent the consumption of these services by the Moray population. The MIJB has a responsibility in the joint strategic planning of these services in partnership with the Acute Sector. The table below details the areas included as part of the large hospital services.

	£'000
General Medicine	6,359
Geriatric Medicine	992
Rehabilitation Medicine	81
Respiratory Medicine	203
Palliative Care	26
A & E Inpatient	56
A & E Outpatient	4,173
Learning Disabilities	43
Psychiatry of Old Age	91
General Psychiatry	596
TOTAL SET ASIDE BUDGET	**12,620**

BUDGET PRESSURES

4.11 Budget pressures are a major consideration for the MIJB and are an intrinsic part of the budget setting process. The additional funding highlighted in the Scottish Government budget for health and social care is welcomed and will be required to support expected budget pressures arising for pay inflation of local authority staff in addition to the adult social care uplift of £10.50 for externally commissioned services. In previous years, Moray Council would have supported some elements of inflation through their budget setting process, taking cognisance of the budget setting protocol agreed by the MIJB on 14 December 2017 (para 15 of the minute refers). Given the difficult budget settlement for Local Authorities, there has been no additional funding aligned to MIJB from Moray Council in addition to the requirement to transfer the share of the additional investment as determined by Scottish Government. There is also an expectation as we continue to re-mobilise and transform, there will be budget pressures arising in relation to what is described as the

recurring deficit. It is important that any investment in building capacity is viewed in the context of historical cost pressures. The identified cost pressures below are based on estimates and remains an ongoing consideration in the financial planning. The table below outlines the anticipated budget pressure the MIJB needs to address in the forthcoming financial year:

	£'000
BUDGET PRESSURES	
Pay Inflation & NI Levy	1,742
Contractual Inflation & Scottish Living Wage	3,180
Prescribing & Community Pharmacy	813
High Cost Individuals	641
Children in Transition	1,000
Recurring Deficit	2,330
Other	12
TOTAL BUDGET PRESSURES	**9,718**

4.12 In November 2021 following agreement at COSLA Leaders, the Scottish Government wrote to Integration Authorities providing details of the pay uplift that would apply to staff providing direct care within Adult Social Care in commissioned services. The funding was designed to enable pay for these workers to be uplifted from at least £9.50 per hour to at least £10.02 per hour. This was effective from 1 December 2021. Across Scotland funding of up to £48 million was provided to cover the four month period. £144 million funding has also been provided Scotland-wide to ensure the full year effects of the £10.02 uplift can be maintained during 2022/23. In addition, the Scottish Government settlement for 22/23 includes funding to support retention and to begin to embed improved pay and conditions for care workers, requiring local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services. This combined will cost in the region of £2.4 million and is included within the budget pressures for the forthcoming year. This pressure is included within the table above.

INVESTMENT IN CAPACITY AND FLOW

4.13 On 5 October 2021, the Cabinet Secretary for Health and Social Care announced new investment of more than £300 million in recurring funding in direct response to the intense winter planning and systems pressures work that had taken place with stakeholders which included health boards, local authorities, integration authorities and trade unions. This funding outlined four key principles which were centred around i) Maximising Capacity, ii) Ensuring Staff Wellbeing, iii) Ensuring System Flow and iv) improving outcomes.

4.14 The continuation of this funding, together with additional elements is set out in paragraphs 4.1.3 and 4.1.5 above. Reports will continue to be brought before the Board for approval in relation to supporting effective use of this investment that is in line with the principles outlined by Scottish Government.

4.15 There is a request for approval for a temporary Service Business Manager post to be put in place for a 12 month period. The purpose being to identify and monitor elements of compliance associated with the Head of Service

remit and to assist in the optimisation of operational performance. During the pandemic there has been an increase in workload requiring additional scrutiny and compliance and at present these tasks are diverting senior staff members from core duties in order to ensure risk is minimised in these key areas. This is not sustainable. At mid-point, the cost of this post would be £45,609 to cover the 12 month period.

SAVINGS PLAN

4.16 The budget setting for 2022/23 includes a savings plan totalling £0.11 million. It is fair to say that despite continuous meetings of the Chief Officer, Chief Financial Officer and the two Heads of Service, it has been extremely challenging to identify additional savings to support the 2022/23 budget setting process. The Board are asked to consider any further investment from a broad strategic perspective, ensuring any commitment is evaluated against the backdrop of existing pressures in addition to seeking what truly builds capacity in a transformational way and has the potential to create systemic and financial efficiency. The savings being presented today are wholly realistic but the focus and commitment has to be around identifying further in-year savings that should be brought back before the MIJB for approval to ensure future years budgeting is robust. MIJB is acutely aware of the challenges it faces surrounding both its people and financial resources which remains a focus within its decision making.

4.17 The table below summarises the progress made by the Health and Social Care Moray management team in identifying opportunities for efficiency. Close monitoring of progress will be considered and reported during 2022/23.

	2022/23
	£ 000's
Projected Efficiencies 2022/23	
External Commissioning	110
Total Projected Efficiencies	**110**

BUDGET OVERVIEW

4.18 The MIJB Revenue Budget for 2022/23 is £155.175 million which includes £12.620 million Set Aside and £4.898 million to support commitments in relation to the Carers Act and Ring-fenced investment that is designed to support the increasing demands with respect to capacity and system flow. The detail is provided in **APPENDIX 1** and summarised below:

	£'000
BUDGET	
Recurring Budget	127,939
Inflationary and Demand Led Pressures	7,388
Recurring Deficit	2,330
Investing in Capacity and Flow	4.898
Set Aside	12,620
TOTAL BUDGET	**155,175**

FUNDED BY	
NHS Grampian Recurring (inc Set Aside)	95,907
Moray Council (inc Improvement Grants)	47,601
Scottish Government Additional Funding (including Ring-Fenced)	11,785
Savings Plan	110
TOTAL FUNDING	**155,403**
BUDGET SURPLUS	**228**

FINANCIAL OUTLOOK

4.19 Health and Social Care in Scotland continues to experience increasing demands for services in times of challenging financial settlements and the uncertainties associated with Covid-19. An additional factor that will impact on future year's budgets will be the effects of the Independent Review of Adult Social Care in Scotland report that was published in February 2021. The report can be accessed here: https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf. As it becomes clearer on how the recommendations are to be taken forward, an assessment of the associated financial challenge will become part of future reporting.

MEDIUM TERM FINANCIAL FRAMEWORK

4.20 The current Medium Term Financial Framework covers the period 2019/20 – 2023/24 and is due for review. A commitment was made to ensure a revised framework would be before the MIJB on 31 March 2022.

4.21 The Audit Scotland annual audit report, presented to the Board on 25 November 2021 as part of the report for those charged with governance made a recommendation that the MIJB's medium-term financial plan should be reviewed due to the impact of Covid-19 and EU withdrawal alongside the suite of supporting documents that support the Strategic Plan. Today, a broad overview is being presented at **Appendix 2**, however, it will be imperative to carry out a further review once the current Strategic Plan has been reviewed to ensure alignment with this key MIJB document.

4.22 In October 2018, the Scottish Government published it's medium term financial framework for health and social care https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/10/scottish-government-medium-term-health-social-care-financial-framework/documents/00541276-pdf/00541276-pdf/govscot%3Adocument/00541276.pdf?forceDownload=true. This framework outlined the future shape of demand and expenditure for health and social care services and included cost and demand projections from work undertaken by the Institute of Fiscal Studies which outlines that UK expenditure on healthcare would require to increase by an average of 3.3% per annum over the next 15 years to maintain NHS levels at 2018 levels. The report also set out that spending on social care services would require to

increase by 3.9% per annum to meet the needs of an increasingly elderly population and an increasing number of younger adults living with disabilities.

4.23 The requirement to update the Medium Term Health and Social Care Financial Framework has been discussed with Scottish Government representatives at recent Chief Finance Officers' Network meetings. It is recognised that there have been significant developments since the original Framework was published in October 2018, most notably the ongoing impact and future implications of the Covid-19 pandemic. In addition to the impact of the pandemic, there is at present uncertainty relating to the financial implications of the National Care Service / Independent Review of Adult Social Care. The consultation documents outlined that the Scottish Government had committed to increase investment in social care but recognises that public resources are increasingly limited.

4.24 The review of the MIJB Medium Term Financial Framework takes account of information currently available, however it is recognised that assumptions and applied methodology will be subject of ongoing review and refinement as additional information becomes available (notably the updated Scottish Government Medium Term Health and Social Care Financial Framework) and information relating to the National Care Service / Independent Review of Adult Social Care. Given the current uncertainty, it is therefore considered necessary to review the medium term financial framework on an annual basis. The updated Medium Term Financial Framework is included at **Appendix 2.**

FINANCIAL RISKS

4.25 The budget assumptions made within this report carry a degree of financial risk, meaning that variations that may arise will impact on financial performance. Acceptance of risk is a necessary part of the budget setting process. The main risks are summarised:

- Financial Settlement – the 2022/23 financial settlement is based on one year only and the increased level of funding is required to meet policy commitments as determined by Scottish Government. There is no inflationary increase provided by Moray Council to meet pay inflation. Whilst a provision has been made for Local Authority pay increases, the Public Sector Pay Policy has not yet been agreed and there is a risk that this will exceed the provision. Whilst the benefits of longer-term financial planning are well documented in assisting the delivery of strategic priorities, at this stage, financial planning is subject to continuous change and there is a need to adapt to the changing landscape.

- The budget pressures identified in paragraph 4.5 are based on continued discussion and assessment and through monitoring, this process is reasonably accurate. However, there remains the risk in the event that inflationary increases and demand driven pressures may exceed the anticipated cost.

- The risk associated with Covid-19 remains in place. Whilst the MIJB will hold an earmarked reserve for Covid purposes at the beginning of the 2022/23 financial year, there has been no commitment by Scottish Government to continue to support the ongoing costs of the pandemic into 2022/23. There will need to be a continued challenge to services to

generate savings, through transformational change, to meet the medium term financial plan.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan 2019 – 2029, 'Partners in Care'
The approval of a balanced budget for the MIJB is key to the delivery of health and social care services in Moray in accordance with the Strategic Plan.

(b) Policy and Legal
In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics.

(c) Financial implications
The 2022/23 revenue budget (excluding Set Aside) as detailed in **Appendix 1** is **£142.555 million**.

The funding allocated to the MIJB by Moray Council and NHS Grampian and through the Partner bodies from Scottish Government totals **£142.673 million** (excluding Set Aside). In addition, the savings plan for the forthcoming year totals **£0.110 million**

The notional Set Aside budget for Moray's share of the Large Hospital Services is currently **£12.62 million**. The Set Aside budget is provided by NHS Grampian.

A balanced budget is presented displaying an expected surplus/ contingency of **£0.228 million.**

(d) Risk Implications and Mitigation
The revenue budget for 2022/23 is subject to the following risks:

- GP Prescribing – represents around 14% of the MIJB core budget. It is well documented that the Prescribing budget can be extremely volatile in nature with volume and price increases potentially leading to substantial adverse variances. A separate report on Prescribing is being presented to this meeting.

- Growth and demand in the system, together with service users with complex care needs are attracting additional financial challenge. These issues require to be managed within the overall resource of the MIJB.

- The need to transform at pace and drive forward opportunities arising through changes to working practice experienced through the pandemic. The risk being the ability to capture and embed in a timely manner.

- This report highlights the anticipated budget pressures at paragraph 4.5. It will be necessary to note that budget pressures may exceed allocation. This will be closely monitored and reported accordingly to the MIJB as part of the budget monitoring reports.

(e) Staffing Implications
Staffing implications relate to the request for approval of a temporary additional post as outlined in 4.6.3 utilising Scottish Government investment.

(f) Property
None arising directly from this report

(g) Equalities/Socio Economic Impact
None arising directly from this report as there is no change to policy. Any subsequent changes to policy arising from proposals made within this paper will be considered appropriately.

(h) Climate Change and Biodiversity Impacts
There are no direct climate change and biodiversity implications as there has been no change to policy.

(i) Consultations
Consultations have taken place with the Senior Management Team and System Leadership Group of Health and Social Care Moray, the finance teams of both Moray Council and NHS Grampian, Tracey Sutherland, Committee Services Officer and the Legal Services Manager (Moray Council).

6. CONCLUSION

6.1. Legislation requires the MIJB to set its Revenue Budget for the forthcoming year by 31 March each year. The budget presented displays a balanced position. The Section 95 Officer as Chief Financial Officer to the Board recommends the budget as presented at Appendix 1

6.2. Close monitoring of the continuing effects of the pandemic and increasing demands on services will be required in order to ensure the MIJB can remain within the funding allocation provided by NHS Grampian and Moray Council.

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

MORAY INTEGRATION JOINT BOARD
PROPOSED REVENUE BUDGET 2022/23

		Annual Net Budget £000's 2022-23
Community Hospitals		5,477
Community Nursing		5,181
Learning Disabilities		8,158
Mental Health		9,127
Addictions		1,098
Adult Protection & Health Improvement		154
Care Services provided in-house		17,381
Older people & PSD - Assessment & Care		18,834
Intermediate Care & OT		1,552
Care Services provided by External Contractors		8,485
Other Community Services		
Allied Health Professionals		4,394
Dental		2,161
Public Health		427
Pharmacy		308
Specialist Nurses		1,074
Admin & Management		2,954
Primary Care Prescribing		17,178
Primary Care Moray		17,737
Hosted Services		4,476
Out of Area Placements		669
Improvement Grants		
General Services		500
Housing Revenue Account (Ring-fenced)		440
Total Moray IJB Core		**127,765**
Strategic Funds		174
Inflationary Provision and Demand Led Pressures		7,388
Recurring Deficit		2,330
Investing in Capacity & Flow		4,898
Total Budget Requirement for 2022/23		**142,555**
Funded By:		
NHS Grampian		83,287
Moray Council		47,601
SG Additional Funding (inc Ring-Fenced)		11,785
Savings Plan		110
Total Available Budget for 2022/23		**142,783**
Funding Surplus / Contingency for 2022/23		**228**
SET ASIDE BUDGET		**12,620**

MORAY INTEGRATION JOINT BOARD

MEDIUM TERM FINANCIAL FRAMEWORK

2022/23 – 2026/27

Table of Contents

Introduction

Moray Integration Joint Board (MIJB) has been operating since April 2016 following the introduction of new legislation - the Public Bodies (Joint Working) (Scotland) Act 2014. The legislation was developed with the aim of reshaping the health and care system in Scotland to ensure sustainability of good quality services through a time of change where demand continues to grow, our population is ageing and our budgets are reducing. It changed the way in which health and social care services were planned and delivered by introducing a single integrated system in creating Integration Authorities. The MIJB is funded through allocations made by NHS Grampian and Moray Council.

MIJB has set out its approach for transforming the health and care system over the long term in its Strategic Plan 2019-29 and has defined its priorities for the next five years through its Transformation Plan. The Strategic Plan becomes due for renewal in October 2022. The Strategic Plan is underpinned by three Strategic Outcomes

BUILDING RESILIENCE – Taking greater responsibility for our health and wellbeing

HOMEFIRST – Being supported at home or in a homely setting as far as possible

PARTNERS IN CARE – Making choices and taking control over decisions

This Medium Term Financial Framework (MTFF) is designed to assist the MIJB from a planning perspective based on the totality of its financial resource across health and social care in meeting the needs of the people of Moray. It will support the delivery of the Strategic Plan within the context of the significant financial challenge being faced and the continuing pressure being driven by growing demand and complexity, higher costs and increasing expectations.

Context

There are 31 Integration Authorities established between 14 health boards and 32 councils across Scotland. 30 of the Integration Authorities are separate legal entities and operate through a body corporate (Integration Joint Boards) and one area operates a Lead Agency model.

Scottish Government has been clear in that health and social care integration remains a key priority. From the outset of integration, the aim has been to shift the balance of care from large hospital settings into community based care.

In May 2018, the Institute for Financial Studies and the Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years in order to maintain NHS provision at current levels and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities

There are numerous measures being used to monitor the local and national progress of Integration. The Scottish Government's Ministerial Strategic Group for Health and Community Care have identified six priority areas against which progress against integration is being measured:

- Acute Unplanned Bed Days
- Emergency Admissions
- A&E Attendances
- Delayed Discharge Bed Days
- End of Life Spent at Home or in the Community
- Percentage of 75+ Population in a Community or Institutional Setting

Purpose

MIJB is focussed on improving the health and wellbeing of the people in Moray. It seeks to reduce health inequalities and drive transformational change through innovative approaches.

Medium term financial planning is an essential part of the strategic planning process that supports the MIJB to develop plans which consider the financial climate and broader economic impacts. A robust medium term financial framework will provide transparency and support informed decision making.

Inherent within the MTFF is a significant degree of uncertainty. Scottish Government funding settlements to our funding partners, Moray Council and NHS Grampian are currently on a one year only basis and have a direct impact on the funding to the MIJB. The MTFF sets out anticipated cost pressures and future funding projections based on planning assumptions and advice from our funding partners. This is an evolving model and it will be essential to refine and update at regular intervals. An in-depth review of this framework will be required during 2022/23 as the new Strategic Plan is developed.

Given the level of uncertainty and potential for variability, it is essential that the MIJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner over the course of this plan.

The MTFF Framework seeks to support the understanding surrounding the broader climate within which the MIJB will operate in over the medium term. There are wide-ranging factors which encompass the complexity that impacts on the financial pressures of the MIJB.

The main objectives of the MTFF are:

- To look to the longer term to help plan sustainable services, estimating the level of resources required to operate these services and deliver on the MIJB's strategic ambition.

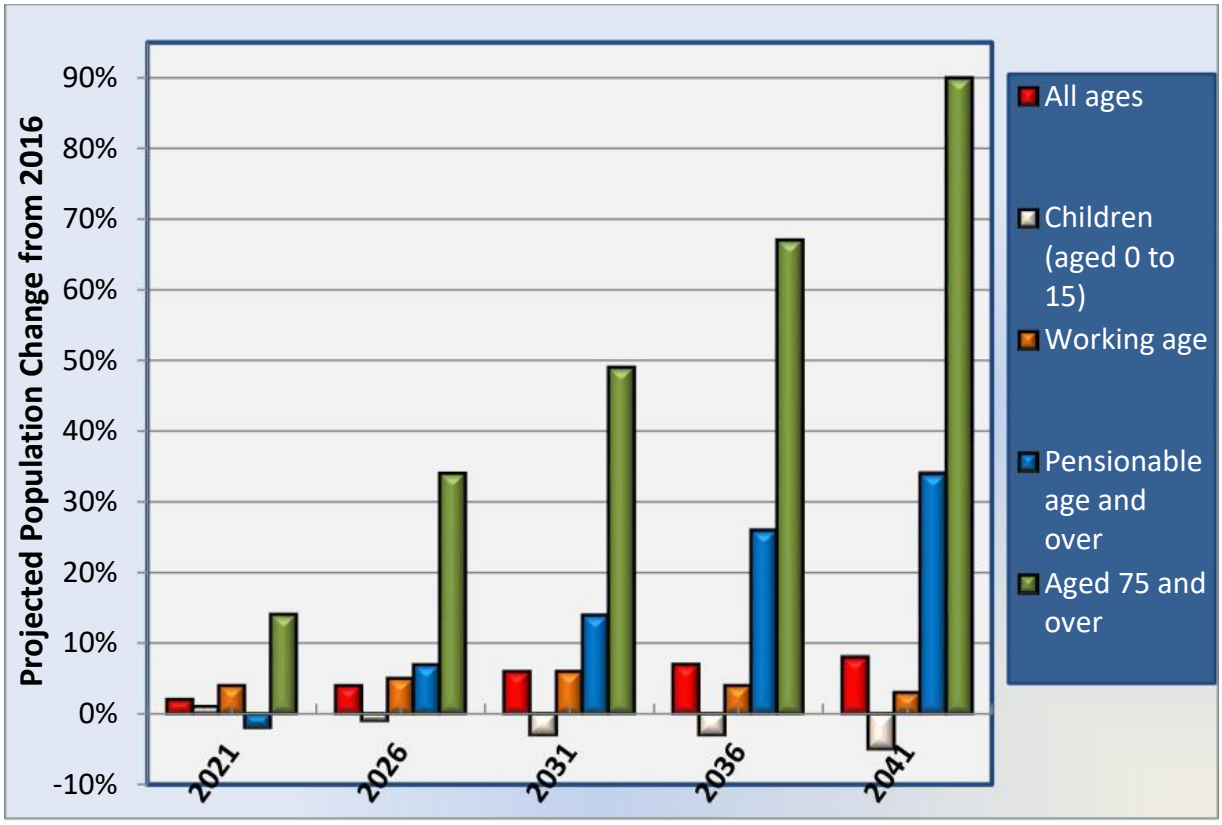
- To estimate the level of increasing demand on services and provide a single document to communicate the financial context to all stakeholders and support partnership working.

- The MTFF includes a five-year budget forecast that will be reviewed annually to ensure our strategic priorities remain the focus in a challenging financial climate. A full review will be required as the new Strategic Plan is developed during 2022.

Influencing Factors

Demographics

Moray's population has grown significantly in the past 20 years from 87,160 in 1997 to an estimated 95,792 in 2021; an increase of 9.9%. However, the population growth in Moray is slowing and it is projected that against the 2018 baseline, Moray will be one of the 14 councils in Scotland who will have had a population decline by 2030. Between 2018 and 2028 the age group +75 is projected to see the largest percentage increase at 32.4%. The largest percentage decrease is projected to be in the 0 to 15 years age group. Given the most significant population growth is projected to occur amongst older adults, this will have a significant impact on demand for our services and creates a challenging environment in which to operate whilst transforming our services and delivering on national and local priorities. 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

This MTFF will be updated as the Strategic Plan is refreshed; allowing our local systems to develop plans within the overall, agreed financial position and alongside service and workforce considerations.

During 2018/19, a Strategic Needs Assessment (SNA) was produced to inform and support the production of the Strategic Plan for 2019 and beyond. The SNA was developed through a short-life working group comprising of representatives from Health and Social Care Moray, The Moray Council, the Moray Health and Wellbeing Forum, NHS Information Services Division Scotland, and NHS Grampian. The SNA focused on the collation and analysis of data from a range of sources to inform the identification of priorities, and subsequent decision-making regarding service provision, ensuring the views of wider stakeholders were captured through the Moray Health and Wellbeing Forum.

The SNA highlighted nine areas to be considered:

- **Health Inequalities** - there are continuing inequalities in health status across Moray, with an evident association between level of neighbourhood affluence and morbidity and mortality.

- **Ageing Population** - the population is predicted to continue ageing, with a growing proportion represented by adults over the age of sixty-five, and growing numbers of adults aged over eighty, with implications for increasing morbidity.

- **Chronic Disease & Multi-Morbidity** - Significant demand for health and social care services arise from chronic diseases and a growing proportion of the population is experiencing more than one condition ("multi-morbidity").

- **Mental Health** - there is significant morbidity and mortality due to mental health related issues.

- **Lifestyle** - there is significant morbidity and mortality due to lifestyle exposures such as smoking, alcohol and drug misuse

- **High Resource Individuals** - a small number of individuals require the largest proportion of spend.

- **Access** - Moray is characterised as remote and rural, and there are significant access challenges for some in the population to access health services.

- **Carers** - care activity is highly demanding of informal carers, and there is evidence of distress in the informal carer population.

- **Military and Veteran Population** - Moray's military and veteran population constitute a significant group, requiring both general health services and specific services.

In response to the SNA, the MIJB Strategic Plan was developed and set the direction and approach to prevention in addressing what is required in order to build resilience in individuals and communities to be able to maximise their health and wellbeing potential whilst ensuring services are available and fit for purpose when required.

Costs

There is a predicted rise in costs over the term of this framework of over £30 million. The key elements are in relation to pay and price inflation and the increasing number of complex care packages and the pressures on the Prescribing budget.

Budget Pressures	2022/23	2023/24	2024/25	2025/26	2026/27
	£000's	£000's	£000's	£000's	£000's
Pay (inc NI Levy)	1,742	1,581	1,613	1,646	1,678
Contractual inc NCHC	3,180	1,681	1,731	1,783	1,837
Demographics	-	-	60	60	61
Learning Disability – High Cost	641	350	350	350	350
Transitioning Children	1,000	400	400	400	400
Prescribing	813	690	690	690	690
Other	12	-	-	-	-
Recurring Deficit	2,330	400	400	-	-
Total Budget Pressures	**9,718**	**5,102**	**5,244**	**4,929**	**5,016**

Assumptions embedded within Budget Pressures:

Pay – 2%, plus associated cost for the National Insurance Levy costs on the local authority budget. Funding will be provided for health staff and the assumption is that this will continue to be the case.

Contractual – 3% in each of the years. This includes the National Care Home Contract negotiations.

Demographics – 3% beyond 2023/24 in relation to Older Peoples' services. Demand will require to be managed over the next two years.

High Cost Individuals – beyond 2022/23 we will need to consider different care models in order to ensure we can manage the related budget pressure

Transitioning Children – we know 2022/23 is expected to increase costs significantly as an outlying year. In the past Moray Council has provided budget at the level of £0.2 million which is not thought to be adequate going forward. For the 2022/23 financial year, no financial support is being provided by Moray Council.

Funding

The two main sources of funding for the MIJB are provided by NHS Grampian and Moray Council. In recent years, additional investment for health and social care has been provided by the Scottish Government and this is passported through either the local authority or the health board. Any future funding will be impacted by the respective financial planning processes of both organisations and the funding settlements they receive. The MTFF makes assumptions regarding future funding contributions from both Partners based on information which is currently available. Outlined below is the potential funding that will be provided over the term of this plan.

Funding Forecast	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
NHS Grampian Recurring	81,970	83,287	84,617	85,974	87,344
NHS Grampian Uplift (1%)	1,317	1,330	1,357	1,370	1,384
Moray Council Recurring	47,601	47,601	48,748	49,914	51,098
Moray Council Uplift*	-	1,147	1,165	1,184	1,203
Additional SG investment	11,785	11,755	12,108	12,471	12,845
Savings	110	500	500	500	500
Use of Reserves	-	1,000	-	-	-
Transformational Redesign		1,000	3,000	2,000	2,000
Total Funding Estimated	**142,783**	**147,620**	**151,495**	**153,413**	**156,374**

*assumes budget protocol principles are reinstated

Summary Position	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
Estimated Budget Requirement	142,555	147,657	152,901	157,830	162,846
Total Funding	142,783	147,620	151,495	153,413	156,374
Budget Surplus/(Deficit)	**228**	**(37)**	**(1,406)**	**(4,417)**	**(6,472)**

The summary position tabled above highlights that the MIJB will be required to continue to closely observe the financial constraints within which it is operating. Future funding assumes a low level of savings will be achieved each year, together with transformational redesign that we know we need to make in order to provide affordable sustainable services within the resources available. It assumes that the existing financial pressure will be addressed through the use of recurring investment provided by Scottish Government with the aim of maximising capacity and ensuring system flow as we transform the way we provide services across our whole system in an innovative way. With this in mind and assuming this can be achieved over the short-term, there still remains a deficit that will require to be addressed, again reinforcing the need to review this framework on a regular basis, updating it with the most current information available and creating a focus on the period ahead.

Risk and Sensitivity Analysis

The MTFF is a financial model based on the best available planning assumptions at the time and accordingly, has related risks associated with it. The main risks associated with this framework are:

- Impact of MIJB decisions on Partner bodies and Vice-versa
- Failure to identify a future budget pressure
- Under estimation of the cost pressures
- Under estimation of demand pressures
- Public expectation of delivered services
- Over /under estimated impact of local and national factors
- Failure to accurately forecast income sources

It is important that the MIJB is aware of these risks in determining its appetite to risk as it considers its Strategic Plan. The MIJB recognises strategic risks through its Risk Register. This is used to ensure that significant risks are identified and mitigating actions are effective in reducing these risks to an acceptable level.

Sensitivity Analysis is used to test the major assumptions being made and what the implications would be, should those assumptions change. The Financial Projections outlined in this framework are based on what is determined to be a medium case scenario for future funding. In addition to the funding element, there are risks aligned to other assumptions made in the framework around future budget pressures for the MIJB. It is important that the MIJB regularly reviews this framework, noting this is an interim review and a full refresh will be required as the new Strategic Plan is developed ready for publication later in 2022.

Legislative & Policy Changes

Integration Authorities are operating within a complex and changing environment where national issues are likely to have an impact on the services provided and how we deliver them locally. This environment has changed significantly and will continue to do so as a result of the Covid 19 pandemic and the ongoing effect of public health and the economic impact.

Some of the recent legislative changes impacting on integration authorities are:

- **Free Personal Care for the Under 65's** – the Scottish Government has committed to the extension of Free Personal Care to those under the age of 65 who require it, regardless of condition. This became effective from 1 April 2019. This represents a significant change to how personal care is funded and is likely, over time to increase demand for personal care across Scotland.
- **Carers Act (Scotland) Act 2016** – This legislation came in to effect on 1 April 2018 and is designed to support the health and wellbeing of carers by supporting sustainability. It places a duty on Local Authorities to provide support for carers, based on the carer' identified needs which meet local eligibility criteria.
- **Scottish Living Wage** – there is a continued commitment from Scottish Government to support the payment of the Scottish Living Wage to improve people's lives and help build a fairer society. Scottish Government has continued to provide funding to support this commitment. For the 2022/23 financial year, the uplift is set to increase to a minimum of £10.50 per hour.
- **Primary Care** – The Scottish Government has recognised the increasing demand and expectations being placed on our frontline services within primary care. In support of this and to ensure the current GP contract can be fully implemented, the Scottish Government has committed, through the Primary Care Transformation Fund additional investment of £250 million across Scotland by the end of this Parliament.
- **National Care Service** – the recommendations arising from the Independent Review of Adult Social Care which concluded in January 2021 are likely to have a major impact on how Integration Authorities are governed and how services are delivered. Confirmation and further detail are awaited and implementation is likely to be in 2025.

Demand

The Covid 19 pandemic is creating increased pressure and demand on our health and social care system. The full extent of this impact remains unknown but we are acutely aware of the current impact on the citizens of Moray in respect of the level of unmet need we are experiencing in both assessment and delivery of care. We understand that in order to address increasing demand it will require the whole health and social care system to work together to redesign to create truly transformational services. The landscape is constantly changing as we progress through the recovery stage. We must ensure we have robust plans in order to maintain delivery of our strategic aims whilst being mindful of the flexibility that will be required as we continue to understand the broader impacts that we face as we recover and remobilise following the pandemic.

Risk

We are experiencing challenging economic conditions. The effects of the global economy in turn is impacting on the Moray population through taxation, inflation and level of earnings. The broader impact is on the funding being made available to support public spending. Scotland's funding is largely dependent on funding being received from the UK Government. The most recent 'State of the Economy' report from Scotland's Chief Economic Advisor was published in November 2021 and highlighted the following:

- Scotland's GDP continued to edge back towards its pre-pandemic level in August 2021and was sitting at 1.3% below, having fallen below 20% at the start of the pandemic;
- Labour market conditions had improved with the number of pay rolled employees rising back above pre-pandemic levels showing no negative impact following the end of the furlough scheme, however, it highlighted the uncertainty in relation to labour shortages in some sectors.
- Cost of living increases were already being experienced and inflation was at 5.1% by November 2021.

The MIJB is facing new risks which may impact on its budget over the next few years:

- Covid 19 – there have been major changes to the profile of services and associated costs as a result of Covid 19. It is not yet known if these will be recurring in nature;
- Health Debt – we are acutely aware of what is being described as the health debt, resulting from services which were paused during the pandemic and in some instances have not fully resumed.
- Covid 19 Funding – health and social care has seen a significant input of funding since March 2020 to support services through the pandemic. This is not expected to continue, although there is a growing reliance on this additional support by providers and services.
- National Care Service – this will have a major impact on services and how they are delivered in the coming years, the full extent of which is still uncertain.

It is important that the MIJB understands its appetite to risk to enable effective management and mitigation of the inherent risks.

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:-	£73.6 million, of which £4 million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing. An additional £12.62 million is set aside for large hospital services.

This direction is effective from 1 April 2022.

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:-	£68.9 million, of which £0.4 million is ring fenced for Housing Revenue Account aids and adaptations.

This direction is effective from 1 April 2022.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER 2020-2021**

BY: **CHIEF SOCIAL WORK OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of the annual report of the Chief Social Work Officer on the statutory work undertaken on the Council's behalf during the period 1 April 2020 to 31 March 2021 inclusive.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board consider and note the contents of this report.

3. BACKGROUND

3.1. In compliance with their statutory functions under the Social Work (Scotland) Act 1968, all local authorities have a CSWO. For a number of years CSWOs have produced Annual Reports about social work services which are provided for relevant committees, full Council and Integration Joint Boards.

3.2. The Office of the Chief Social Work Adviser in the Scottish Government (OCSWA) collates an overview Summary Report based on the key content of the reports from all local authorities in Scotland. This summary would:

- Be of value to CSWOs and also support the CSWA in their role of raising the profile and highlighting the value and contribution of social work services; and
- Be a useful addition to the set of information available to aid understanding of quality and performance in social work services across Scotland.

3.3. The Council's Social Work Services require to support and protect people of all ages as well as contributing to community safety by reducing offending and managing the risk posed by known offenders. Social Work has to manage this together with the implications of significant demographic change and financial constraint whilst fulfilling a widening array of legal obligations and duties.

3.4. The annual report is attached at **APPENDIX 1.**

4. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
This report is in line with Moray 2026 Plan – healthier citizens, ambitious and confident young people, adults living healthier, sustainable independent lives safeguarded from harm and Council priority 4 – More of our children have a better start in life and are ready to succeed.

(b) Policy and Legal
The services referred to in this report fall within the scope of a number of important pieces of legislation including:

- Social Work (Scotland) Act 1968
- The Adult Support & Protection (Scotland) Act 2007
- The Community Care & Health (Scotland) Act 2002
- The Children (Scotland) Act 1995
- The Joint Inspection of Children's Services & Inspection of Social Work Services (Scotland) Act 2006
- Adoption and Children (Scotland) Act 2007
- Looked After Children (Scotland) Regulations 2009
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Children & Young People (Scotland) Act 2014

Significant policies and white papers that relate to these services include:

- Changing Lives, the Future of Unpaid Care in Scotland (2006)
- Delivery for Health (2005)
- All our Futures: Planning for a Scotland with an Ageing Population (2007)
- Better Health, Better Care: Action Plan for a Healthier Scotland (2007)
- Better Outcomes for Older People: Framework for Joint Services (2005)
- National Guidance for Child Protection in Scotland, The Scottish Government 2014

(c) Financial implications
There are no direct financial implications arising from this report. Future priorities will be addressed within the context of the financial planning process.

(d) Risk Implications and Mitigation
There are no risk implications associated with or arising from this report.

(e) Staffing Implications
There are no staffing implications directly relating to this report.

(f) Property
There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact
There are no issues directly arising from this report.

(h) Climate Change and Biodiversity Impacts
There are no issues directly arising from this report.

(i) Consultations
The following have been consulted in the preparation of this report: Health and Social Care Moray Senior Management Team; Aileen Scott, Legal Services Manager; Head of Children and Families and Justice Social Work and Tracey Sutherland, Committee Services Officer, who are in agreement with the content of this report relating to their service area.

5. CONCLUSION

5.1. This report shows that Social Work in Moray is adapting and developing to meet current circumstances to better meet the needs of the local population.

Author of Report: Jane Mackie, CSWO/Head of Service
Background Papers: Attached at Appendix 1
Ref:

Annual Report by Local Authority Chief Social Work Officers

1. Governance and Accountability

The Chief Social Work Officer (CSWO) in Moray is positioned within the Health & Social Care Partnership. Accountability of the CSWO is to the Integration Joint Board (IJB) for adult services and to Education, Communities and Organisational Development Committee/ Full Council on matters relating to children and young people and justice Social Work.

The CSWO meets with the Chief Executive of Moray council on any matters of concern.

The CSWO is a member of the Public Protection Chief Officers Group (COG), the Community Planning Officers Group (CPOG), the Child Protection Committee, the Adult Protection Committee, Girfec Leadership Group, Community Justice Partnership, and Clinical and Care Governance Committee of the Integrated Joint Board.

Internally the quality of social work is assured by Practice Governance meetings. Any issues are reported to the Clinical & Care Governance Committee of the IJB for adults. Posts of Consultant Social Work Practitioner are well established in adult services and also now in children's services. Consultants work with line managers to support social work in complex cases, model best practice and set practice standards in their respective areas. Consultants also undertake practice audits in Adult Social Work.

Within Adult services the dispersal of social work management arrangements means that, other than in Learning Disability, Team Managers, or first line managers are the most senior qualified Social Workers within the management structure. Maintaining Social Work integrity and value within the Integration Joint Board is a high priority for the CSWO.

Potential Delegation of Children and Families and Justice Social Work

A Programme Board to lead and provide strategic direction in relation to the potential delegation and modernisation of Children and Families and Justice Social Work to the Moray Integration Joint Board (MIJB) in line with national policy, legislation and local requirements was inaugurated on 16 November 2020.

The remit of the Board is to provide a joint forum for discussion with key partners and stakeholders to identify risk and issues associated with the potential delegation and to identify key benefits whilst offering support and scrutiny. The proposal must be agreed by Moray Council and then NHS Grampian and MIJB, before submission of a revised Integration Scheme to Scottish Ministers.

Whilst work to consider delegation has commenced, it has been considerably delayed by the public health situation and competing priorities. The Programme Board has received a business case with a benefit realisation plan highlighting risks and issues which has aided the decision to progress with the due diligence required to obtain financial assurance that resources are adequate to allow the delegated functions to be carried out.

The Programme Board continues to meet regularly to progress the proprietary work required in order for a unanimous agreement by NHS Grampian, Moray Council and MIJB.

2. Service Quality and Performance

In Adult Services, there were 2,745 Service Agreements commissioned for 1,546 service users. 88.5% (2,428) of these agreements were for external services with 11.5% (317) for internal services. The total weekly hours show Internal care providers were commissioned for 20.1% of the hours and External 79.9%.

Additionally in 2020/21; 3,283 Support Plan Reviews were completed, 1,659 Review meetings took place and 1,561 Annual Service Package Reviews were done. Additionally 1,412 COVID-19 reviews were completed. This demonstrates the amount of work that continued throughout the Pandemic.

The Community Wellbeing Development Team were successfully awarded 81 IPads with mobile wifi for free as part of the Scottish Government's "Connected Scotland" programme, to support older people becoming digitally connected to help reduce social isolation and becoming more independent through Covid lockdowns. They also created an online platform with local providers to offer physical and mental activities to engage and connect with people to continue to interact and to feel connected.

Self-directed Support

The SDS Team in Moray have been very active in supporting the further development of SDS approaches, not only locally but also contributing to the Scotland-wide agenda.

The team intensively supported Direct Payment (DP) recipients throughout COVID, in particular those employing Personal Assistant's regarding employment law, furlough, implementing the national option 1 and 2 guidance. They also supported employers and their PA's to have access to the necessary PPE to ensure compliance with Public Health Guidelines. Employers and their PA's were also supported through the provision of information around action to be taken in relation to Covid guidelines e.g. what to do when they had suspected or confirmed cases of Covid.

DP recipients did not have their support packages reduced but were supported to look at alternative, creative ways of meeting their outcomes due to restrictions relating to COVID. This resulted in the significant underspend in DP budgets where supported people were unable to access their normal levels of support.

One of the SDS team members was invited to be part of the workshops with Social Work Scotland to support the development of the national SDS Framework Standards which are now approved.

Moray noted their interest to be one of the key stakeholders and entered a successful application to Social Work Scotland. Moray were then chosen as one of three local authority areas to support the further development and embedding of the standards.

One of the SDS team members was also invited to be part of a small group to review the revised PA Handbook which was going web based and more interactive than the previous paper version.

Unpaid carer focus groups were carried out in January 2021 during the second lockdown to gain lived experience of what would support them in their caring role and give them a break both in the current lockdown and beyond.

Due to COVID the SDS team have successfully managed to build closer links with Personal Assistants in Moray, offering them support throughout the pandemic. The team further supported PAs getting access to the vaccine and regular LFD testing.

Commissioning

The Commissioning Team were very active over this time period supporting our external providers. They supported a local care home to open additional beds during the first lockdown period. This development involved four different organisations working closely together to support people in securing early discharge from hospital.

Commissioning staff provided logistic support to the Moray Mass Vaccination programme and set up the infrastructure to support the Mass Vaccination Centres. They also set-up the Moray PPE Hub which was created to manage the receipt and distribution of PPE throughout Moray.

The main focus for commissioning staff throughout the pandemic has been to support providers on a regular basis, in particular, a member of commissioning staff was in daily contact with each residential care home in Moray to offer support and advice. This developed into the Oversight arrangements set-up following Scottish Government guidance.

Children's services have seen improvements in the reduction in numbers of children who are placed outwith Moray, and, with a plan to return children (where that is in their best interests) to Moray where they are currently living outside of the local authority. There is an improvement in reaching permanence decisions through the implementation of Permanence and Care Excellence (PACE) programme. We have also reduced the number of children going into foster care and increased care provision within kinship options. We remain committed to ensuring fewer children require to live apart from their families by developing skills in family work and intensive crisis supports. When more children and young people remain in Moray it will follow that resources must be provided locally. This will be positive for children, their families and the local community.

Within our justice services, the unpaid work element of Community Payback Orders was a problem nationally with lockdown preventing any squads from operating and the backlog of hours continued to increase. There was a positive, however, in terms of the 'Other Activity' element of the Requirement as more flexible and imaginative ways of ensuring this were developed and employed. The Coronavirus (Scotland) Act's 35% reduction in hours in March 2021 enabled some clients to complete their order or reduced the outstanding hours to a more manageable level. Prior to the reduction we had 10,634 hours outstanding. Once the reduction was applied to those eligible this reduced to 6,434 hours outstanding.

Changes in Supervision of orders and licences during the initial lockdown stage provided our service users with more frequent and, often, welfare focused support in response to need. It was surprising to find that some of those who had been avoidant of more formal supervision appointments welcomed the telephone calls and home visits that they received. Keeping staff safe within that was challenging and office contacts were restricted to the 'critical few' high risk cases. The suspension of group work for high risk offenders in response to Covid restrictions and later due to lack of Covid complaint facilities led to concerns and was considered business critical.

3. Resources

During 2020/21 the financial pressures in adult services continued to be in older peoples and learning disability services. Both were overspent by end of year.

Within children's services, there have been significant savings due to a shift in practice and governance and less need for children to have their care needs met outside of Moray. A recurrent saving of £744k was taken. The savings from 20/21 in this service area supported the Moray Council transformation programme. There is a need to reinvest savings to ensure that investment is made in sustaining these changes, which is critical for sustainability and to align to The Promise in ensuring children don't go into care where they don't need to. The savings from 2020-21 were £3 million. This saving was as a result of a number of factors; we had less children requiring out of areas placements, there was also significant savings from the SDS budget, as staff struggled to find local services and options to provide additional support to families, as well as staff being under confident in the use of SDS to support families. Plans are in place for 2021-22 to provide the three conversation model as well as training in the use of SDS, alongside a review of our commissioned services.

4. Workforce

From the most recent information available, 07.12.2020, there are 318 qualified Social Workers employed in Moray. Of these, 14 are managers.

Recruitment and retention of qualified social workers is good. Our turnover is low, as the many Social Work staff will spend their career working within Moray.

We have not encountered any problems in recruiting to frontline social work posts.

The major concern is with the fragility of the Social Work Management and support functions. This led to the decision to draft a Social Work Workforce Plan. This is currently in development.

Recruitment to both Team Management and Service Management positions can be difficult. There is a recognition that we need to better prepare our staff for progression. In response to this we have offered some seconded roles into Team Manager positions in children's services, with coaching provided by the Consultant Practitioners. Within children's services, the management team is less stable with Head of Service and Service Manager positions being interim until a decision is made around how that will look at the point of delegation to the IJB. This can create a sense of the situation being 'temporary' to staff.

Recruitment of Social Care staff has been relatively positive. We were unable to recruit as proactively as we would have liked in 2020, and this has led to some deficits in 2021.

Of concern here would be early attrition of care staff, and retention rates. The decrease in retention, combined with increased demand, led to some significant staffing problems by the Summer of 2021. Most recently resulting in calls for mutual aid when that staffing pressure combined with the consequences of Covid Omnicron.

<u>Staff Development</u>
Staff development was very challenging throughout 2020/21. Social Work training team staff were redeployed to the Grampian humanitarian assistance centre.

Social work staff gradually accommodated to increasing amount of work being conducted virtually. At the beginning of 2021 Moray took part in a pilot development of "Near Me" a digital platform already in use widely within the NHS.

Within children's services there was a lot of energy placed into ensuring a plan for training and development was created and that staff had appropriate post qualifying training and development opportunities as well as being tightly connected with national policy changes and developments. This created challenges for children's services as the capacity was limited in being able to develop and deliver in house training due to the redeployment of the training team and staff time being tight due to the additional demands through Covid. We also had an increase in demand for social work services and so the opportunities were limited, but we were able to roll out workshops and the Safe and Together model across children's services.

The Social Work Leadership group explored the SSSC my badges app and encouraged staff to make use of this to maintain their professional development.

5. COVID 19

April 2020 saw the beginning of the first national lockdown. Social Work/ Care conducted reviews of all Social Care packages at home to maximise available capacity for the anticipated surge of demand resulting from the first wave of Covid.

Many people and families contacted at that time wanted to minimise outside contact and where employed family members were furloughed were able and willing to offer additional support. There was a wave of community support for the Health and Social Care sector that saw people accept a temporary reduction in support, combined with substantial and meaningful increases in volunteer and voluntary sector activity across Moray. Food parcels were handed out to vulnerable people. Families were supported through telephone and doorstep visits, and The Humanitarian Action Centre (HAC) co-ordinated support for those that contacted them with a need for shopping or pharmacy collection.

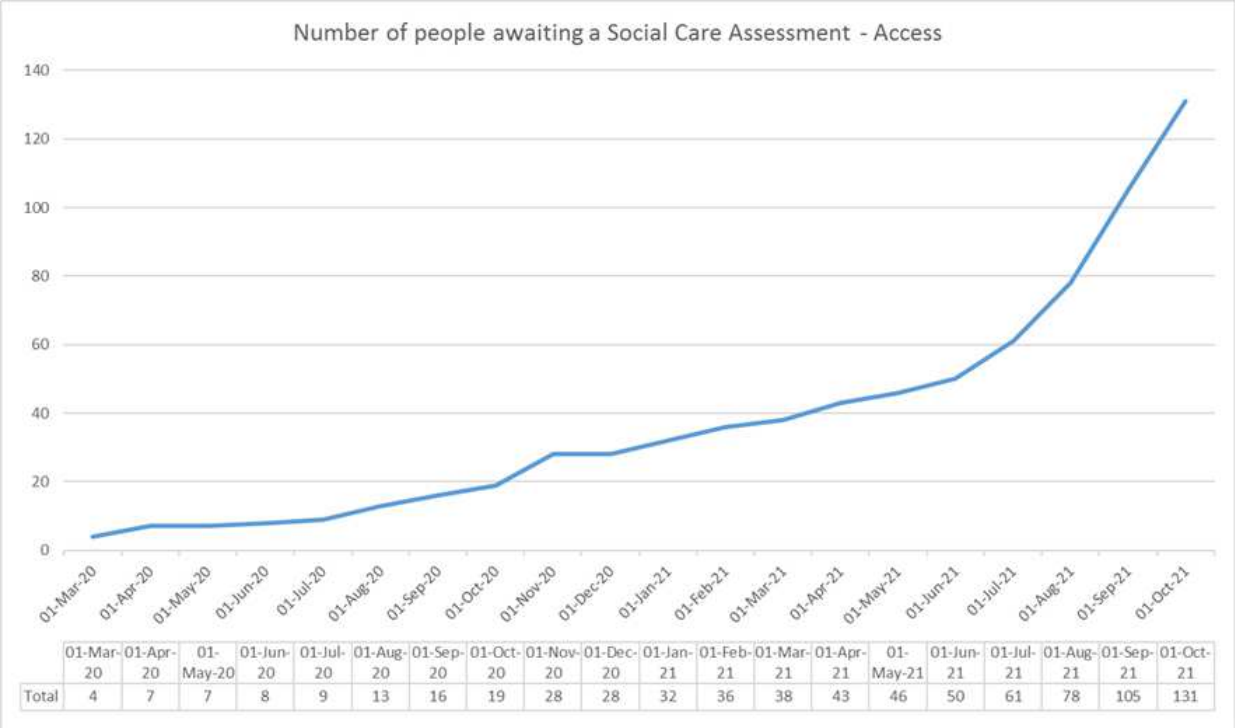
In accordance with Government guidance, day services and routine respite were suspended. Admission to a care home for the purposes of respite was made only in cases of exceptional need.

Across Scotland 731 hospital patients were discharged from hospital to care homes during the period 1st March 2020 -31st May 2020. The context of these discharges was similarly to make available treatment capacity for the anticipated surge of Covid illness. The incidence of Covid in Moray, especially at the early stages of the pandemic, was relatively low. Our care homes had few outbreaks of Covid throughout 20/21 and notably only 3 Covid attributed deaths of care home residents. The stress and strain on both staff and residents of care homes was however very significant, as infection protection and control measures put in place to control the pandemic and protect lives resulted in visiting restrictions, mandatory isolation of residents new to homes and many additional requirements for staff to follow to ensure a safe environment was maintained.

The Scottish Government required each HSCP to establish oversight arrangements for care homes to offer support for these reasons. The Oversight group has representatives from the Director of Public Health, Director of Nursing and Chief Social Worker. Oversight arrangements in Moray have been successful and a high level of engagement maintained since inception. Moray has had no cause for concern about the quality of care provided in care homes throughout the pandemic and have not been

requested by any care home to provide additional staffing to cover staff shortages. I think that the good performance and professionalism of care homes in Moray should be noted.

As the pandemic and the civil responses to this continued throughout 2020 Social Work noted increases in referrals of a particularly complex nature, many where families had been caring for a vulnerable person but no longer felt able to do so. As the number of referrals increased, waiting lists for assessments began. This did not emerge as a significant concern during 20/21, but of note perhaps is the steady build-up of distress in the community. To illustrate, Carefirst records show that there were 4 people awaiting Social Work assessment in March 2020, 9 in July, 28 in November and 38 in March 2021. In contrast the figures for 2021 show 61 in July 21, and 161 in October 2021.



	01-Mar-20	01-Apr-20	01-May-20	01-Jun-20	01-Jul-20	01-Aug-20	01-Sep-20	01-Oct-20	01-Nov-20	01-Dec-20	01-Jan-21	01-Feb-21	01-Mar-21	01-Apr-21	01-May-21	01-Jun-21	01-Jul-21	01-Aug-21	01-Sep-21	01-Oct-21
Total	4	7	7	8	9	13	16	19	28	28	32	36	38	43	46	50	61	78	105	131

A possible explanation of this is that stress amongst carers and families already high as a result of their experiences in 2020, increased during the second lockdown, and has shown no sign of abating since.

As Health services remobilised, beginning in Autumn 2020, demand, in particular for care at home hours, increased. The pressures of receiving demand from both Community and Hospitals continued through 20/21. This emerged as a critical shortage in the summer of 2021, outside of this reporting period, but important to note, and shows a similar picture to the demand for social work assessment.

Suspended Social Care Services began to remobilise from Autumn 2020. A minimal day care service for learning disability continued to meet the most critical and complex need. Learning Disability Day Services remobilised from October 2020. Limited planned respite resumed in late 2020. Day services for Older People were unable to reopen during 2020/21.

In children's services the Covid Pandemic created the need to implement a number of changes to our systems with urgency. While other support services were closed down, social work across the board had to increase their capacity somewhat and ensure services were delivered without the usual support of partner agencies. Within children's services, services to families, services for children with disabilities and some health services were vastly reduced, increasing the workload for social workers, at a time where there was a lot of anxiety within the workforce about their own health, so this was a

time with many workforce challenges. Our advice to social work staff differed to that of the general advice to the nation of Scotland and this caused confusion and anxiety for staff too. Despite this, improvements were still able to be made and our digital connection with our children, young people and families was accelerated beyond our expectations of what was possible. Within our justice services, this was a much more challenging circumstance, given the restrictions some people had with using digital means of communication and also the restrictions placed on unpaid work services, given self-isolation/ lockdown rules.

Key priorities for recovery within children's services include ensuring we are set up to respond quickly should we have further restrictions and sustain the changes we have made to the day to day work. As with any other social work department, we increased our provision of support to families rather than reduced them and as a priority we will look at staff wellbeing – acknowledging the work the teams have put into trying to ensure children remained in safe environments and families were supported. There was an increase in the need for practical supports as well as a need to respond to the fact that face to face meetings could not take place, as well as trying to support family contact time in a complex and conflicting environment.

We need to ensure we are able to cope with increases in staff sickness going forward as well as the potential impact of Long Covid on staff.

Remobilisation, and the opening of new services to meet the backlog of social care demand was recognised as a key priority by April 2021 in adult services. We prepared for our retendering of care at home services and planned additional homes with support for people with Learning Disability.

The retender for care at home services, was approved by the Integrated Joint Board in March 2021. The retender was for a single external partner to work across Moray, and for the internal service with external partner to adopt an outcome based method of work. This will see care at home practitioners rather than Social Workers agree what level of care at home support is required, and agree with the client and their families how best to deliver this.

Social Workers will subsequently be free to focus on the higher level outcomes that clients and their carers want to achieve. This change supports the recommendations of the Feeley report that was issued in January 2021. To support this change in focus away from care management, Moray are going to engage in a refresh of the three-tier model originally adopted as a Health and Social Care policy in 2014. This refresh will support social workers to consider utilising themselves as a resource for clients and families and will enhance the potential of self-directed support by asking social workers to support their clients to make more creative use of care budgets.

In summary, 2020/21 saw very significant challenges for social care and social work across all client groups. Maintaining staff wellbeing and morale was important throughout this period and continues to be so. It is most important to note though the tremendous efforts and contributions made by all social care and social work staff to support our most vulnerable people in the community.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **DEVELOPING THE STRATEGIC PLAN 2022-2032 FOR HEALTH AND CARE IN MORAY**

BY: **INTERIM STRATEGY AND PLANNING LEAD**

1. REASON FOR REPORT

1.1. To seek approval from the Board for the strategy for health and care in Moray to be refreshed, and to broaden the parameters to include all elements of health and care that include functions not delegated to the Board.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB) consider and approve the proposed parameters and timescale to take forward a review of Moray's Health and Social Care Strategic Plan 2022 - 2032

3. BACKGROUND

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 put in place the framework for integrating health and social care. The Act places a duty on Integration Authorities to create a Strategic Plan for the integrated functions and budgets they control and requires a review of the Strategic Plan every 3 years.

3.2. The MIJB is required under the legislation to have in place an established Strategic Planning and Commissioning Group which must be involved in all stages of developing and reviewing plans. The Act prescribes certain groups/persons that must be represented in the membership of this group which places a responsibility on MIJB to consult widely on the development of the Strategic Plan ensuring the health and social care services that are commissioned are in the best interests of the local population.

3.3. Health and Social Care Moray (HSCM) produced its first Strategic Plan in 2016, setting out how to improve the health and wellbeing of adults in Moray and deliver on the 9 National Health and Wellbeing core indicators set out by the Scottish Government. The Plan identified 6 key strategic outcomes and a wide range of improvement actions to be implemented over a time frame of 1 to 3 years.

3.4. Following a review of the Strategic plan in 2019 by MIJB and through external consultation of the themes and priorities, the Plan purposefully placed an emphasis on prevention and early intervention with the aim of building

resilience for individuals within communities. The Plan identified key aims of the MIJB and directed HSCM to work closely with communities and key partners to reform the system of health and care in Moray. Ensuring the Plan is sustainable in the future and is able to respond to the presenting needs of the population. The 2019 Strategic Plan introduced 3 themes:

- Theme 1: Building Resilience
- Theme 2: Home First
- Theme 3: Partners in Care

3.5. It is recognised that progress has been made against the three strategic themes and the review of the new Plan will be developed with an emphasis on building on what has already been achieved, increased alignment with budgets, a clear demonstration of the alignment with locality plans and a vision that reflects where the Partnership wants to be over a time period of 2022-2032.

Dr Gray's

3.6. In 2018, NHS Grampian approved the Moray Chief Officer for Health and Social Care to take an executive leadership role of Dr Gray's Hospital, as an interim position. As described in the amended Chief Officer responsibilities "The Dr Gray's Hospital Manager and Clinical Director will report into the Chief Officer of the Health and Social Care Partnership. In line with good governance arrangements, Dr Gray's Hospital will continue to provide assurance on performance via the existing acute sector mechanisms of NHSG already established". The amendments were in relation to strengthening relationships to support the strategic transformation of services across the whole health and care system.

3.7. Bridging the gap between Health and Social Care through the management arrangements for Dr Gray's aided the commitment and dedication to develop a Moray Portfolio Senior Management Team to connect the whole system and unite as one team. This integrated Management Team supports a whole systems approach when focusing on the delivery of Morays three strategic themes.

3.8. The recent review of the maternity service at Dr Gray's referenced the need to define the future shape of service delivery at the hospital. A key strand of the work in developing the Plan will be creating the vision for Dr Gray's Hospital so its position in Moray and the North East of Scotland is clear. That clarity is incredibly important for the public and our workforce, and will place Dr Gray's in a stronger position, where current uncertainty is having a negative impacts on recruitment.

3.9. Whilst the set aside functions in D Gray's are delegated to the MIJB, much of the activity on the site is not delegated. However, with the new Portfolio arrangements and the wide recognition that Dr Gray's does not function in isolation, placing Dr Gray's in the MIJB Plan will strengthen not just Dr Gray's position but the totality of the health and care offer to our community, and reflects the opportunity that the Portfolio arrangement brings at a management level.

3.10 Work is underway to progress consideration of the formal delegation of Children and Families Social Work and Criminal Justice, which has highlighted the potential opportunity to align strategic planning as a whole systems approach. The Chief Social worker and Head of Service for Children's services have recommended that professional alignment between adults and children social work would improve Moray's strategic planning in several key areas, including substance misuse and mental health work, transitions for children and young people with disabilities. It would also create opportunities for efficiencies and allow a more coherent professional development across the social work workforce.

Moray Portfolio

3.11 The Plan will need to reference the wider Moray portfolio which includes of Dr Gray's Hospital and the potential delegation of Children and Families Social Work and Criminal Justice. The Plan will reference how this creates a whole system approach to achieving better outcomes for Moray's citizens.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The Plan will need to consider not only the experiences and impact of Covid-19 but also recognise the need to shift the paradigm of health and social care support to one underpinned by a human rights-based approach.

4.2. The Plan will take account of the work that will need to be done to integrate the NHS Grampian Plan for the Future into strategic and locality planning. The Plan will also link with Morays Community Planning Partnership and the Housing Contributions statement, reflecting shared outcomes and priorities.

4.3. Proposal for the development of the Strategic Plan 2022 – 2032

1. Strategic Planning and Commissioning Group to lead on the development of the Plan.

2. Build on the work and direction of the 2019-2029 Strategic Plan "Partners in Care".

3. Plan to continue to be informed by the 2019 Joint Strategic Needs Assessment and locality planning profiles. Ownership of the new Strategic Plan will be reflected through the engagement and consultation with communities in conjunction with the development on the locality plans for Moray where appropriate.

4. A revised Medium Term Financial Framework covering a five year period that will align to the Strategic Plan

5. Vision for the Partnership over the next 10 years to be included in the Plan.

6. Use the Scottish Approach to Service Design (SAtSD) methodology to facilitate the new the Plan

7. MIJB to provide guidance over the 6 months, to consider involvement in preparation of the draft, and approve final version of the strategy.

8. Stages with timescales laid out in the 'Delivery Plan' to be followed (see **Appendix 1**).

9. Consultation and engagement with communities provide a key mechanism by which "We Asked' "You Said' We Did" approach which shapes the future for Moray's health and social care priorities (**see Appendix 2**)

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
These documents underpin the intentions of the new Moray Partners for Care Plan 2022-2032

(b) Policy and Legal
This report will ensure that MIJB complies with legal requirements.

(c) Financial implications
There are no direct financial implications with this report. However, integral to the effective delivery of the strategic plan are the financial resources available to MIJB. To assist in the planning process, the Medium-Term Financial Framework will be reviewed to ensure it can support delivery of the Strategic Plan.

(d) Risk Implications and Mitigation
The MIJB strategic risk register is an active document and will be updated to align with identification of potential risks to the delivery of the revised plan.

(e) Staffing Implications
There are no staffing implications arising directly from this report. However, as with any development of a transformation and change plan there are implications for staff in how they go about their work and how supported they are within a pressured and changing landscape. Staff side, Unions and HR will be working alongside the Leadership team in delivering change observing the associated policies and procedures of the Council and NHS.

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

(f) Property
There are no property implications arising directly from this report, however there is an infrastructure Programme Board that has the task of linking with the asset management arrangements of both NHS Grampian and Moray Council to ensure joined up approach in the estate and enable the priorities around infrastructure that supports transformation are coordinated and prioritised through formal routes.
The MIJB does not have these resources delegated and places reliance of the partner bodies processes.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is found in **Appendix 3**.

(h) Climate Change and Biodiversity Impacts
Digital platforms will be utilised where possible to reduce the need for printing hard copies of the draft plan.

(i) Consultations
Members of the Moray Portfolio Senior Management Team (including specifically the Chief Officer MIJB, Chief Social Work Officer MIJB; Chief Financial Officer MIJB, Corporate Manager, Interim Head of Children's and Families and Justice Social Work MIJB), Equal Opportunities Officer and Tracey Sutherland, Committee Services Officer Moray Council, have been consulted.

6. CONCLUSION

6.1. It is recognised that the health and social care landscape has changed considerably since the last strategic plan and a refresh of the plan is essential to set the approach for the next 10 years. The Plan will set out clearly our aims and objectives to the public and our workforce, building on what has already been achieved.

6.2. This report includes a high-level action plan for the revision and updating of the Strategic Plan for 2022-2032

Author of Report: Carmen Gillies Interim Planning and Strategy Lead
Background Papers:
Ref:

Appendix 1. - Morays Health and Social Care Strategic Plan 2022 – Delivery Plan

SAtSD	Date	Milestone	Action
Discover	**Mar – Apr 22**	Review and Report	• Review existing plan and achievements, gather information on how HSCPs are approaching a review. Engage with SMT and IJB to ask for comment on the approach for a new plan. (**Report to IJB 31 Mar 22)** • Review NHSG plans for DGH to support vision for the future.
Discover	**Apr 22**	Collate responses and produce outline for plan	• Inform SPCG of responses to report • Carry out work with SPCG to collate plan of action regarding structure, presentation, content of plan whilst taking recommendations from IJB and SMT recommendations. • Identify roles of SPCG members in development of the plan e.g., writing group, critical friends • Produce a detailed project plan for work ahead.
Define	**May – Jul 22**	Preparation of Draft Preparation of Communication Plan	• Write the first draft of the plan, considering opinions and comments. • Work with identified group members on the preparation of the draft. • Update group monthly on the progress, with continues input and recommendations from the group. • July – Submit Draft Plan to IJB for comment prior to engagement (IJB development session) • Develop and agree a comms plan for engagement and for communicating final plan.
Define	**Aug 22**	IJB Consultation	• Collate and act on responses from IJB • Prepare draft for consultation
Develop	**Sep 22**	Consultation on Draft Plan	• Undertake consultation and engagement with public and professionals on Strategic Plan. Locality Planning Groups, Patient Groups, Carers groups, Elected Members, Public Health, 3rd sector networks and consider use of digital tools for consultation and engagement.
Develop	**Oct 22**	Preparation of Final Plan	• Collate consultation data • Discuss SPCG feedback on draft plan and agree to final version • Write final version, share with SPCG for proof reading
Deliver	**Nov 22**	Final Sign Off	• Submit final version to MIJB for sign off •
Deliver	**Dec 22**	Publish Plan	• Publish and promote the Strategic Plan following the communication plan agreed in July 2022

Appendix 2

Consultation

Throughout June and July 2022, the Planning team will carry out consultations on the draft strategic plan. The consultation will involve the groups listed below, as well as other partnerships networks and key individual. Focus will be given to offering a range of engagement methods including the use of digital platforms to extend the reach to Moray's citizens

Initial Consultation groups to include:

- Locality planning groups
- Patient participation groups
- Service user & carers group
- Community Planning Partnership
- Elected members
- Public health
- 3rd sector community groups and existing networks
- General Public – Via 4 drop-in sessions at libraries (TBC)

For those people who are not able to attend a meeting in person or virtual, there will be an option to feedback via support from Morays Public Engagement Officer.

Questions

The consultation will seek to gather answers to the questions below;

1. Do you feel the partnerships strategic priorities are the right ones?
2. Does the Plan address what is important to you?
3. Do you think there is anything missing from the Plan? If so, what?
4. Do you have any other comments?

Appendix 3 – EIA

DO I NEED AN EIA?

Name of policy/activity: Health and Social Care Moray Strategic Plan Review / Refresh
Please choose one of the following: Is this a: • New policy/activity?

Decision Set out the rationale for deciding whether or not to proceed to an Equality Impact Assessment (EIA) • The strategic plan is a legal requirement for health and social care partnerships to set out their strategic priorities for the next three years and detail how these will be achieved. • Implementation of the strategic plan is designed to improve health and social care services for all groups. **Date of Decision:** …/…./20…

If undertaking an EIA please continue onto the Section 2. If not, pass this signed form to the Equalities Officer.

Assessment undertaken by *(please complete as appropriate)*

Director or Head of Service	
Lead Officer for developing the policy/activity	
Other people involved in the screening (this may be council staff, partners or others i.e. contractor or community)	

SECTION 2: EQUALITY IMPACT ASSESSMENT

Brief description of the affected service

1. Describe what the service does:

The purpose of the strategic plan is to direct the work of the partnership in order to better support local people to achieve their health and social care outcomes. Therefore, implementation of the plan is expected to have a positive impact on all groups.

2. Who are your main stakeholders?

Once the initial draft has been shared with SMT and SPCG wide consultation will take place to gather specific feedback from a wider range of stakeholders. This feedback will then influence final completion of the plan.

Stakeholders include:

- Locality planning groups
- Patient participation groups
- Service user & carers group
- Community Planning Partnership
- Elected members
- Public health
- 3rd sector community groups and existing networks
- General Public
- Internal workforce

3. What changes as a result of the proposals? Is the service reduced or removed?

The Strategic plan will inform strategic commissioning as well as offering opportunities to explore local requirements which may emerge from redesign and improved understanding of the potential at a local level. The Plan will also support the opportunity to think differently about the workforce roles moving forward offering creative solutions in considering the different ways in which the workforce can be shaped to meet the growing need.

4. How will this affect your customers?

Morays strategic plan will determine the direction for HSCM focusing efforts and ensuring that all stakeholders are working towards a common goal. It will support the allocation of resources and encourage collaboration with partners across all sectors. In turn this will allow services to be available at the right time for the right need.

5. **Please indicate if these apply to any of the protected characteristics**		
Protected groups	**Positive impact**	**Negative impact**
Race	x	
Disability	x	
Carers (for elderly, disabled or minors)	x	
Sex	x	
Pregnancy and maternity (including breastfeeding)	x	
Sexual orientation	x	
Age (include children, young people, midlife and older people)	x	
Religion, and or belief	x	
Gender reassignment	x	
Inequalities arising from socio-economic differences	x	
Human Rights	x	

6. Evidence. What information have you used to make your assessment?

Performance data	**x**
Internal consultation	**x**
Consultation with affected groups	**To be consulted**
Local statistics	**x**
National statistics	**x**
Other	

7. Evidence gaps

Do you need additional information in order to complete the information in the previous questions?
No

8. Mitigating action

Can the impact of the proposed policy/activity be mitigated? Yes/No

Please explain
N/A

9. Justification

If nothing can be done to reduce the negative impact(s) but the proposed policy/activity must go ahead, what justification is there to continue with the change?

What is the aim of the proposal?

The completed strategic plans will be public documents and will clearly set out the way forward for the partnership. Through links with locality planning, community planning and other local plans and strategies communication will remain open and stakeholders will have the opportunity to influence implementation of the plan and development of the next strategic plan for 2022-2032.

Have you considered alternatives?

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **SELF-DIRECTED SUPPORT STANDARDS AND (HEALTH AND SOCIAL CARE) CHANGE BOARD**

BY: **CHIEF SOCIAL WORK OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of the implementation of the national Self-Directed Support (SDS) Framework Standards and the SDS Change Board, highlighting current developments that support us to embed the SDS standards.

2. RECOMMENDATION

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

i) the work undertaken to meet the practice statements contained within the SDS Framework Standards; and

ii) the formation of the SDS (Health and Social Care) Change Programme.

3. BACKGROUND

3.1. The Social Care (Self-Directed Support) (Scotland) Act 2013 was enacted in April 2014. Since this date, the Care Inspectorate and Audit Scotland have found inconsistent approaches across Scotland to embedding the ethos of SDS.

3.2. To address these inconsistencies Social Work Scotland were funded to develop a framework for SDS to incorporate the standards, action statements and core components **(APPENDIX 1)**.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. In order to support the implementation of the SDS Standards at a local level, Health and Social Care Moray have formed an SDS (Health and Social Care) Change Programme **(APPENDIX 2)** to drive the changes required to deliver on the standards and the legal duties within the Act, with the intention to support independent living, enabling people of all ages to have the same freedom,

choice, dignity and control as other citizens at home, work and in the community. The formation of the board was approved by SMT on 24 November 2021.

4.2. The embedding of the SDS Standards will individually and collectively create a flexible, responsive social work service ensuring consistency of outcomes and approaches in SDS practice across Moray. Through joint working with both health and social care colleagues a consistent approach can be taken throughout Moray, taking an asset based, strength based approach to supporting individuals achieve a fulfilling life.

4.3. The purpose of the SDS (Health and Social Care) Change Board is to oversee and implement the change processes as it applies to social work and social care. This will include embedding new approaches to operational working practices through supportive behaviours.

4.4. The scale of the change required to social work and social care will result in necessary changes to the wider supporting roles for instance, finance, commissioning, procurement, business processes and technology.

4.5. Health and Social Care Moray are one of three test sites for the SDS Standards alongside colleagues in Edinburgh and Shetland, with close working relationships being formed in the three areas. Through the close working relationships, best practice has been shared and a support mechanism developed to overcome barriers which may arise at a local level in a safe space.

4.6. Through being one of the test sites, Moray is an active participant at the national SDS Community of Practice, updating nationally on local progress in embedding the standards. Invitations have also been extended and accepted to become an active member of the SDS Resource Sub Group, reviewing the national suite of information and training material available on the Care Inspectorate website. Moray is also an active participant on the Social Work Scotland SDS Evaluation Sub Group, identifying how, at a local level, the journey of embedding the SDS standards in an effective and meaningful way can be evaluated.

4.7. Health and Social Care Moray has embarked on the journey with Partners for Change to embed a Three Conversation Model Approach. The Three Conversation Model approach requires the development of several innovation sites based in both social work and health care settings, liberating staff of their current process and freeing them to take a greater person centred approach. This will be achieved through having better conversations and building better relationships **(APPENDIX 2 PAGE 12)**. In Moray this will be operated alongside the Realistic Medicine approach to develop a consistent experience for individuals in Moray.

4.8. A different approach to commissioning will also be taken, through awarding a new Care at Home contract having a single provider will support the further creation of positive outcomes for individuals. Through commissioning for outcomes for care at home, individuals will be able to take a proactive approach to their care package design with their care provider.

4.9. A team is currently undertaking a test of change for Day Opportunities to explore how individuals can integrate into their community, taking an asset based approach. Through having better conversations with individuals, creating positive relationships, together they can explore what a good life looks for them. Through the recruitment of SDS Enablers, getting to know someone is at the heart of what they do, and connecting them to their communities and groups to meet their interests is paramount to the test of change. To support evidencing the positive outcomes that can be achieved for individuals, Health and Social Care Moray, through the support of Social Work Scotland, were successful in a bid to Technology Enabled Care for a grant to explore the use of 247 grids. 247 grids will support individuals to map their days, looking at how they would like to live their lives to the fullest, and where paid support may be required to achieve this. Through the test of change, the experience of 247 grids will be evaluated and shared with our other local authority partners, sharing challenges, barriers and positive outcomes.

4.10. The formation of the SDS Change Board will support the coherence of the positive work being undertaken in Moray, identifying the SDS standards that are being achieved and ensuring that duplication of effort does not occur and a joined up approach is taken.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
Moray has made a commitment to the development of SDS as a means of promoting independent living and equalities. The independent living and equalities agenda cuts across all areas. In line with the Integration Joint Board strategic plan there is a commitment to respect individual needs and values, demonstrating compassion, continuity, clear communication and shared decision making.

(b) Policy and Legal
The Council has a legal duty under the Social Care (Self Directed Support) (Scotland) Act 2013 to promote collaborative working, and ensuring individuals can lead a fulfilling life. The Self Directed Support legislation requires the values and principles which underpin the SDS strategy and legislation to be promoted. The values highlighted are Respect, Fairness, Independence, Freedom and Safety. The underpinning principles are, Collaboration, Dignity, Informed Choice, Innovation, Involvement, Participation, Responsibility and Risk Enablement.

(c) Financial implications
There are no financial implication associated with this report.

(d) Risk Implications and Mitigation
There are no risks identified

(e) Staffing Implication
There are no staffing implications associated with the report

(f) Property
There are no implications

(g) Equalities/Socio Economic Impact
No negative impact has been identified. Through the work overseen by the Change Board, there are anticipated positive impact for individuals promoting equality of opportunity for the following groups: age, disability

(h) Climate Change and Biodiversity Impacts
None arising from this report.

(i) Consultations
Consultations have taken place with Chief Social Work Officer/Head of Service; Commissioning Manager; Interim Strategy and Planning Lead and Tracey Sutherland, Committee Services Officer who are in agreement with the content of the report relating to their area of service.

6. CONCLUSION

6.1. For the Board to have an awareness of the purpose of the SDS (Health and Social Care) Change Programme and the work being undertaken to support the embedding of the SDS Standards.

Author of Report: Michelle Fleming, SDS & Unpaid Carers Officer
Background Papers: Social Work Scotland SDS Framework of Standards
Business Case for SDS Change Group
Ref:

social work scotland

Self-directed Support Framework of Standards, including practice statements and core components

March 2021

Scottish Government
Riaghaltas na h-Alba
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Introduction

Self-directed support is the way that all social care must be delivered in Scotland. The Social Care (Self-directed Support) (Scotland) Act 2013 and detailed Practitioner Guidance set out the principles and policy for delivering Self-directed Support (SDS). However, since the legislation was enacted, Care Inspectorate and Audit Scotland scrutiny has found that SDS has been implemented partially and inconsistently across Scotland. Evidence shows that some local areas have embedded SDS well, while others are challenged to make the changes required for successful SDS implementation.

The standards and action statements outlined in this document have been developed to ensure consistency of outcomes and approaches in SDS practice across Scotland experienced by supported people (children and adults) and carers, building up a framework of good practice in assessment for support, support planning and in provision of care and support resources. This work builds on the SDS Change Map developed in 2019.

SDS Standard	Practice Statements	Core Components
1. Independent Support & Advocacy People are offered independent advice, support and advocacy to have choice and control over their social care and support and to exercise their human rights.	Within every Local Authority/ Health and Social Care Partnership area there are independently funded organisations able to provide independent advice, support, information and advocacy for anyone who needs it and in ways which are accessible to everyone.	1.1 The right to independent advice, support and advocacy for people and carers who need it is upheld under Self-directed Support legislation. 1.2 Independent advice, support and advocacy is sufficiently funded to ensure people feel confident that the support they receive is right for them. 1.3 Independent advice, support and advocacy is tailored to the people's needs, and specialist provision is made for specific vulnerable groups. 1.4 Independent advice, support and advocacy is provided as early as possible to support the processes of good conversation, assessment, support planning and review, and to support personal assistant employers. 1.5 Independent advice, support and advocacy is inclusive, accessible and addresses communication barriers faced by particular people. 1.6 Opportunities are provided for local authorities and independent support organisations to work collaboratively and to develop trusting relationships and a shared understanding of roles and responsibilities, to share learning and to work together in the best interests of people.

SDS Standard	Practice Statements	Core Components
		1.7 Independent advice, support and advocacy organisations have access to local authority training on procedures for managing risk, child and adult protection, adults with incapacity and mental health. 1.8 Independent advice, support and advocacy providers are included in strategic planning, including community action planning, review and commissioning processes, and work closely with locality teams to improve implementation of Self-directed Support in communities. 1.9 Challenges made by independent advocacy are viewed by the authority as opportunities to learn from people's accounts of their own needs, not as a threat to systems and processes. 1.10 Independent advice, support and advocacy providers operate to clear national principles and guidelines, to ensure consistency of practice throughout Scotland. 1.11 Providers provide evidence of the quality of independent support and advocacy. In addition, local authorities provide evidence that all those identified as needing independent support and advocacy are referred to relevant providers, and subsequently receive the support they need. 1.12 Independent support and advocacy play a critical role in working with people, their carers and workers to negotiate and mediate, where it is necessary, to agree the personal outcomes of the cared for person.

SDS Standard	Practice Statements	Core Components
2. Early help & support Early help and community support is available to all people who need it.	Early help and community support offers a universal approach where everyone is welcome to have a good conversation about what matters to them, and to identify solutions to improve their quality of life. This approach can serve as a gateway into more formal assessment and access to services. However, this approach should not be regarded as a replacement for registered statutory services when these are needed. Community solutions do require investment and ongoing commitment and support from national and local government.	2.1 Everyone in a community has access to relevant information, early help and community support. There are no eligibility criteria for this. 2.2 Solutions identified build on a person's own strengths, assets, natural networks, technological supports and community resources. The person and their carers are listened to and treated as an experts in identifying their own needs. 2.3 The administration involved in accessing early help and community support is minimised. 2.4 Early help and community support is part of holistic provision to reduce crisis demand, as people are supported to find help before their needs become critical. 2.5 Early help and community support models work for people, unpaid carers and communities by supporting the trusting relationships that are needed to coproduce the kind of care and support that local people want. 2.6 Early help and community support is creative, and responsive and adaptive to changing circumstances. 2.7 Early help and community support increases workforce satisfaction through greater worker autonomy, cross sector working and collaborative decision-making in community settings. 2.8 Ongoing engagement about the benefits of and investment in early help, prevention and community support models is required.

SDS Standard	Practice Statements	Core Components
		2.9 Early help and community support helps to maintain people's independence and wellbeing addressing loneliness and social isolation and helping people to feel connected. 2.10 Strategic commissioning incorporates early help and community support models. 2.11 National support is provided to develop early help and community support models throughout Scotland and to reinforce the benefits of community-led support.
3. Strength and asset-based approach Assessment, support planning and review systems and processes are personalised, recognising people's strengths, assets and existing community supports, and result in agreed personal outcomes.	Trust-based relationships and good conversations between workers and people are at the heart of assessment, support planning and review practice and processes, recognising people's strengths, assets, human rights, community and funded supports. Personal outcomes are agreed on the basis of what matters to the person.	3.1 Trust-based relationships and good conversations between workers and people and unpaid carers are at the heart of assessment, support planning and review practice and processes. 3.2 People's strengths, assets, human rights, existing community supports and funded social care supports are recognised and included in their support plan. 3.3 What matters to the person is central to agreeing personal outcomes which are then recorded in their support plan. 3.4 The assessment and the identification of resources are all part of the same process, which starts with the good conversation and ends in a budgeted support plan and the offer of the four Self-directed Support options. 3.5 The administration involved in accessing Self-directed Support is minimised and there is a greater focus on relationship based, personal outcome-focused practice.

SDS Standard	Practice Statements	Core Components
		3.6 All staff, including workers, managers, finance and commissioning staff, receive high quality training in Self-directed Support. Workers are continuously supported through coaching supervision to practice a strengths-, assets-, and outcome-focussed approach grounded in human rights.
4. Meaningful and measurable recording practices Good recording practices clearly capture conversations between people and workers identifying what matters to the person, resulting in agreed personal outcomes that are clear and comprehensive. This information is used for ongoing review as well as for continuous improvement and planning of future supports.	Recording practice and information systems demonstrate the extent to which practice is carried out in line with the values and principles of Self-directed Support. Records show how the person's lived experience and preferences have been acknowledged and expressed in their support plan, and connect personal outcomes to the subsequent review process. Recording systems are designed such that data can be aggregated and used for continuous improvement, resource planning and commissioning purposes.	4.1 Recording practices capture the detail of conversations between workers and people. 4.2 A national approach to recording practice is developed and in place across Scotland. 4.3 National key indicators for choice and control are developed and in place across Scotland. 4.4 Recording practices demonstrate the extent to which practice is carried out as intended including the difference Self-directed Support makes to people's lives. 4.5 Recording practice and information systems demonstrate how the person's lived experience and preferences have been acknowledged and expressed in their support plan, and connect personal outcomes to the subsequent review process. 4.6 Recording practices ensure that aggregate data is meaningful and measurable, and can be used for continuous improvement. Unmet need should be routinely recorded for purposes of resource planning and commissioning.

SDS Standard	Practice Statements	Core Components
		4.7 Recording practice captures where conversations are undertaken with people to ensure that processes of assessment, support planning and decisions about Self-directed Support options and budgets are clearly explained and understood. 4.8 Recording practice evidences that a range of choices has been put to the person, and details what choices and options the person has opted for, and why.
5. Accountability Clear and supportive processes are in place for people to challenge and appeal all decisions affecting their experience of social care support.	Processes ensure that people's legal rights are upheld. Human rights underpin practice, policy and processes, and actively provide opportunities for constructive feedback, learning and improvement.	5.1 Systems of accountability are designed to promote responsibility in the social work role, to protect people using services and to form a basis for public trust. 5.2 Processes ensure that people's legal rights are upheld. These include provision of accessible information, advocacy and mediation, the right to challenge a decision and to make a complaint. 5.3 People get accessible information about what they can expect and the level of choice that can be offered, including an honest description of any local limitations existing for each option. 5.4 People are supported to query and challenge decisions throughout their assessment, support planning and review processes, including their agreed personal outcomes. 5.5 There is a greater focus on kindness and trust built into the system where people can meaningfully engage with workers

SDS Standard	Practice Statements	Core Components
		5.6 The local authority actively seeks constructive feedback from people as opportunities for learning and ongoing improvement. 5.7 Local authority complaints processes are compliant with Self-directed Support legislation 5.8 There is an easy and transparent process in place for making a complaint. 5.9 Mediation is supported, facilitated and welcomed at all parts of the process. 5.10 People are supported to challenge decisions which do not uphold their human rights, including escalating complaints to the Scottish Social Services Council (SSSC), the Care Inspectorate and the Scottish Public Services Ombudsman (SPSO). 5.11 National information is aggregated and reported on complaints in relation to Self-directed Support.
6. Risk enablement Workers and supported people work together to plan for positive risk enablement whilst balancing the responsibility of statutory protection of children, young people, adults and carers. Supported decision-making	People will be regarded as experts in their own lives and how they wish to meet their own personal outcomes. This needs to be taken into account and a shared responsibility to risk agreed. Self-directed Support is not separate from safeguarding. Self-directed Support is used creatively to enhance people's and families' resilience	6.1 Workers have clear practice guidance to address the balance between innovation, choice and risks. 6.2 Practice culture is based on positive risk taking to support workers to work in a risk-enabling way. Workers follow evidence-based best practice and receive regular and effective reflective supervision. 6.3 Risk assessment considers both the negative consequences associated with certain actions and activities, and positive risks where there is beneficial impact on mental and physical wellbeing.

SDS Standard	Practice Statements	Core Components
should be used where there are issues of capacity.	towards preventative, protective and positive outcomes.	6.4 Risk assessment follows the principle of least restrictive practice. 6.5 All decisions and actions to support risk are proportionate. Workers ensure their decisions are defensible, and the reasons for decisions are evidenced and recorded appropriately. 6.6 Effective, consistent, trusted relationships and good communication underpin effective risk assessment. 6.7 To reduce the incidence of substitute decision-making, workers are trained in supported decision-making. 6.8 Workers need to be able to identify and deal with issues where there are conflicts in interest between Power of Attorney or Guardians' views and what the person wants.
7. Flexible and outcome-focused commissioning People and commissioners work together to plan, design, and quality-assure flexible local supports, to ensure that people have choice and control over what matters to them.	Social care services and supports are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes. Provision of services and supports start with the good conversation that has been had with the person, what matters to them and what they need to help them live their best life.	7.1 Local approaches to commissioning will take into account strategic commissioning of local needs, including the requirement for specialist supports, and will enable individual commissioning where people opt to manage a personal budget to commission their own supports under Options 1 and 2. 7.2 The third and independent sectors and communities are meaningfully involved in developing personalised social care support services which are effective in meeting personal outcomes. 7.3 Trusting relationships that go beyond the merely transactional are built between authorities and partnerships, people, carers, providers and communities.

SDS Standard	Practice Statements	Core Components
		7.4 Funding, support and time is allowed for a process of disinvestment in order to reinvest in more personalised supports. Investment is based on a thorough understanding of the social care market, local geographical factors and unmet need. 7.5 There is understanding of, and commitment to outcome-focused, collaborative, community and trust-based commissioning. 7.6 Fair work remuneration is in place across the social care sector. 7.7 Ensuring the lived experience of people who use services is central to the design and quality assurance of services. 7.8 Community Planning partnerships, in conjunction with Health and Social Care Partnerships and Children and Young People's Services, actively engage with communities to support the identification and development of local community supports. 7.9 The potential for sectors (including housing, culture and community planning) to collaborate and practice community-based commissioning is taken forward with an understanding of local community need. 7.10 Workers are supported to engage with communities, to build relationships and gain understanding of community assets and networks. This could be through the adoption of a Community Social Work approach. 7.11 Training is developed to support the outcome of getting it right for communities, and is offered to workers from

SDS Standard	Practice Statements	Core Components
		across finance, legal, contracts, and procurement teams. 7.12 Commissioning approaches are further developed for Option 2. 7.13 Accurate local intelligence including unmet need is gathered through regular engagement, as well as assessment and review processes. 7.14 There is further national development of collaborative commissioning for very specialist supports.
8. Worker Autonomy Workers are enabled to exercise professional autonomy in support planning and set personal budgets within agreed delegated parameters.	Workers feel trusted, confident and resilient, and are enabled to be autonomous in exercising their professional judgement, and using their own knowledge, skills and abilities, in partnership with supported people. Workers have the authority to plan support and set personal budgets within agreed delegated parameters	8.1 Local policy and procedures should be flexible enough to allow workers to be autonomous in exercising their professional judgement. 8.2 Workers and their managers have delegated authority to access budget up to nationally agreed amounts. 8.3 Workers feel trusted, confident and resilient, and know how and where to access support if required. 8.4 Workers feel safe and confident when they take managed risks. 8.5 Workers use their knowledge, skills and abilities in order to empower people to exercise maximum choice, creativity and flexibility in achieving their personal outcomes. 8.6 Workers are creative in their use of the full range of flexible commissioning approaches, and are not limited to matching people with existing commissioned services on framework.

SDS Standard	Practice Statements	Core Components
		8.7 Team leaders must provide workers with regular and high-quality reflective supervision which encourages relationship-based practice, focused on people's rights and personal outcomes, which goes beyond caseload management. This will offer a safe and supportive opportunity to discuss managed risks. 8.8 Leaders should ensure that caseloads are manageable and allow for the development of relationships between workers and people. 8.9 Decision-making panels should only be consulted where the total cost of care, after all strengths and assets have been considered exceeds a national agreed amount. This might be comparable to the national care home rate. 8.10 People should not have to wait longer than a set period of time, agreed nationally, for approval from panel to authorise supports which meet agreed personal outcomes. 8.11 Decision-making panels have a responsibility to communicate with the person about the reasons behind all decisions made regarding funding.
9. Transparency Practice, systems and processes are clearly understood and are explained in ways that make sense to the person. All decisions that affect a	People are helped to understand that Self-directed Support allows for maximal choice and flexibility in using a budget to achieve what matters to the person in the form of agreed personal outcomes. The process leading to decisions about a person's	9.1 All people are entitled to have a good conversation and to access community-led supports. 9.2 Local authorities develop transparent systems whereby community supports, technology, aids and adaptations are considered and provided seamlessly to support people before considering the provision of a budget to pay for direct supports.

SDS Standard	Practice Statements	Core Components
person's choices, support, and personal budget are recorded and shared with them.	social care budget and support, and their level of financial contribution, is recorded, shared and explained in ways that make sense to the person.	9.3 All frontline workers, including social workers, community care workers, occupational therapists and community link workers, will have knowledge and awareness of technology, aids and adaptations and what is available in the community in order to help people direct their support. 9.4 The offer of a range of options and the choices made by the person will always be clearly recorded, to provide evidence that the person has been listened to and their preferences supported. 9.5 It is recognised that different people with similar circumstances may require different budgets depending on their own strengths, assets, and family and community supports. 9.6 Having a good conversation is recognised as an intervention in its own right, and should not be mechanistic or transactional. 9.7 People are told the likely level of the budget available irrespective of the option they choose. 9.8 Systems are designed in such a way as to encourage trust and support timely responses. 9.9 There is regular engagement with supported people to ensure that the voice of lived experience helps to shape policy. 9.10 People are able to see what is written about them without having to resort to Freedom of Information (FOI) requests or court action to access their records.

SDS Standard	Practice Statements	Core Components
10. Early planning for transitions People are given the help and support they need to plan for, and adjust to, new phases of their lives.	Transition planning processes have the person's wellbeing, aspirations and personal outcomes at the centre. People are given the time, information and help they need to make choices and have control of their care and support as they move into new phases of their lives.	10.1 The Principles of Good Transitions are embedded within social work and social care policy, strategic planning and practice across all sectors as a framework for all people as they move into new phases of their lives. 10.2 People are given the time, information and help they need to make choices and have control of their care and support during periods of transition. 10.3 Transition planning and support is proportionate to need. Some transitions such as moving into young adult life, or moving into residential care, will require a coordinated, multiagency approach, whilst others will be managed sufficiently between the person and their support staff.
11. Consistency of Practice People can expect a consistently high-quality experience of practice, as articulated in these standards, regardless of their local authority area.	To reduce inconsistency of experience across the country, a consistently high-quality approach to practice is required, including assessment, support planning and review; eligibility; charging and contributions; commissioning and procurement, and the process by which budgets are calculated.	11.1 Practice must focus on exploring what matters to the person. There is a recognition that services and supports may be different in different local authorities, depending on availability and geographical constraints. 11.2 There is a nationally consistent approach to prevention, early help and anticipatory forms of support that shift focus from crisis intervention towards what matters to the person and their quality of life. 11.3 There is a nationally consistent approach to assessment that is asset- and strength-based, takes account of natural supports and technological supports, and includes income maximisation.

SDS Standard	Practice Statements	Core Components
		11.4 There are nationally consistent approaches to eligibility criteria; charging and contributions criteria; commissioning; procurement and budget allocation and calculation, including levels of delegated authority for workers and managers. 11.5 There are nationally consistent guidelines on what budgets can or cannot be spent on. 11.6 Supported people can have confidence that their agreed personal outcomes will be met in a comparable way to others in similar circumstances across Scotland. 11.7 Local authorities work collaboratively to ensure that people can move from one local authority area to another while retaining a level of provision sufficient to meet their agreed outcomes. 11.8 Local authorities work collaboratively to ensure that there is minimum bureaucracy when people move from one local authority area to another.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80004-910-9 (web only)

Published by The Scottish Government, March 2021

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS854146 (03/21)

Self-Directed Support Change Programme

A Business Case to Embed Self Directed Support Standards across Morays Social Care System

Table of Contents

1. Version History

Version	Date	Details
0.1	8/10/21	Initial draft created by Carmen Gillies
0.2	11/11/21	Change to Pg 6 outcomes
0.3	20/12/21	Change to Programme name & Add in realistic medicine

2. Executive Summary

2.1 Self-Directed Support – Service Redesign and Change Programme

2.1.1 This business cases provides the opportunity to undertake a comprehensive analysis of the areas for redesign and change in order to embed the SDS national standards.

Background to Self-Directed Support

2.1.2 The Social Care (Self-directed Support) (Scotland) Act 2013 came into force in Scotland on 1 April 2014 with the aim of providing children and adults with more choice and control over how their social care needs are met. The Act gives local authorities the power to extend self-directed support to carers following a carer's assessment meaning carers will be able to choose from the same range of options provided to other people accessing social care services. The Act placed duties on local authorities to provide options to allow individuals to choose how much involvement they want in the organisation and design of their care and support.

2.1.3 By 2019, it was widely acknowledged that implementation of SDS was variable across Scotland. In response to this, Scottish Government launched a *Self-directed Support Implementation Plan for 2019-2021*. The plan set out the actions that public and voluntary organisations would take to support authorities to build on their progress towards more flexible and responsive social care support, co-produced with communities and supported people. The plan also set out that Social Work Scotland as the professional leadership body for the social work and social care professions would work with local authorities and senior decision makers to design and test a framework of practice for SDS across Scotland. The work was to be taken forward in the context of the Reform of Adult Social Care programme launched by the Cabinet Secretary in June 2019.

2.1.4 It should be acknowledged that in March 2020, the Westminster and Scottish Governments announced measures to restrict the spread of coronavirus. The impact on society was considerable, but more so for services delivering to children, adults and their families already facing significant challenge. Universal, statutory and third sector services were required to respond almost overnight to continue to meet the needs of families and ensure that children and young people remained safe and well.

2.1.5 Alongside these developments and in order to learn from experiences during the Covid-19 pandemic, the First Minister announced the findings of Independent review for Adult Social Care. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and those working in adult social care.

Local Context

2.1.6 SDS has been the driver for change in the way in which we deliver care and support since the introduction of the Act. Health and Social Care Moray (HSCM) have strived to deliver on the Act's legal duties and powers, recognising the SDS statement of intent to support independent living, enabling people of all ages to have the same freedom, choice, dignity and control as other citizens at home, work and in the community. The Act is supported through the Statutory Guidance that gives further guidance to authorities in embedding the legislative requirement laid down in the Act that is used to give clarity on the changes and how these need to be approached.

2.1.7 The Act is underpinned by values and statutory principles which should underpin local strategies, guidance, procedures, and policies in relation to social care services.
The values underpinning the guidance are:

- Respect
- Fairness
- Independence
- Freedom
- Safety

The statutory principles are:

- Participation and dignity
- Involvement
- Informed choice
- Collaboration

2.1.8 HSCM were one of 6 local authority areas inspected through the Care Inspectorate Thematic Review and are working towards the recommendations within the report. Participation in the My Support My Choice independent research also offered valuable independent results. Whilst HSCM achieved positive outcomes in some areas, further recommendations were made to improve lived experience of SDS in Moray. Taking the recommendations from these reports, in conjunction with the research conducted by Derek Feeley and the subsequent Independent Review of Adult Social Care (Feeley Report), these should be seen as our local drivers for change.

2.1.9 It has been recognised at a national level that authorities have still not successfully embedded the legislation, taking a human rights based approach to deliver meaningful individual personal outcomes. The Care Inspectorate and Audit Scotland found that SDS has only been partially implemented across Scotland, and found many inconsistencies as to the approaches taken. As a result Social Work Scotland were commissioned to develop a Framework of Standards for SDS to support authorities to embed the values and statutory principles across the service, and with an ideal to achieve a standardised approach across Scotland, ensure consistency of outcomes and approaches in SDS for supported people (both adults and children) and carers to support those who transition between authority areas, to expect a similar level of service and support

SDS Standards in Practice

2.1.10 The SDS Framework Standards were approved and became live in March 2021, with eleven standards at present and a twelfth standard currently being developed. The current eleven standards are:

1. Independent Support and Advocacy
2. Early Help and Support
3. Strength and Asset Based Approach
4. Meaningful and Measurable Recording Practices
5. Accountability
6. Risk Enablement
7. Flexible and Outcome Focussed Commissioning
8. **Worker Autonomy**
9. Transparency
10. Early Planning for Transitions
11. Consistency of Practice

2.1.11 Local recommendations alongside the SDS Framework Standards are our main drivers forward to change practice within adult social care, ensuring we are consistently delivering on key objectives for Self-Directed Support.

2.1.13 As a result of key recommendations and our work with SWS as one of three local authorities testing out the SDS Framework Standards, with an emphasis on standard number eight, Worker Autonomy, several work streams have already been identified. It is important to highlight the projects in progress and the linkages between these work streams to avoid work duplication by ensuring they run concurrently with knowledge from each project shared.

Managing and Responding to Demand

3.3.6 Partnerships are fully aware that current models of social care are not sustainable and that new models of social care are required to address the pressures of growing demand and limited finances. The prioritisation process must therefore be able to facilitate the local review of existing services and existing resource allocation, bringing decommissioning and commissioning decisions within the same process. This will provide a basis for developing new models of care, redesigning existing services, phasing out services and the redirection of resources to ensure these are better focused on meeting need and improving outcomes. All of which is built on the foundation of legislative change and transformational redesign of the whole system of care.

3.3.7 With redesigning the whole system this will require consideration of flexible and responsive staff structures that can accommodate service and individual needs that changes over time. It also requires an integrated response from all partners, and the adoption of the three-conversation model which will support this transformation redesign of social work services in Moray.

3.3.10 Supportive and collective response to funding for innovation spanning across all ages for Self-Directed Support and the implementation of the Carers Act can drive change at pace through a system supported and facilitate by the MIJB. This in turn can support the collective identify of social work and drive a uniformed approach to social work practice whilst having the person at the heart of the decision-making process.

2.1.10 To address the need for improvement, an SDS steering group and Unpaid carers group has been established since 2018 with the aim to deliver a service that provides the best possible outcomes for the adults in Moray to meet their full potential and aspirations. To achieve this aspirational aim, Moray must place people at the centre of decision making, which is one of the foundations of The Independent review of adult social care with a strong emphasis on a strengths-based practice.

This will be achieved by focusing on:

- Social work practice – supported by the 3-conversation model approach
- Implementing 12 SDS standards
- Implement Outcome Based Commissioning for Care at Home
- Support Community Based Day Opportunities

Outcomes

2.1.18 The embedding of the SDS standards will individually and collectively create a flexible, responsive social work service ensuring consistency of outcomes and approaches in SDS practice across Moray, experienced by children and adults and carers, whilst continuing to maintain and support existing partnerships across Education and other external agencies. Delegation will lead to the outcomes below which will create strong and effective social care foundations by strengthening the workforce to deliver the step change required to increase capacity across the system, to scale up and spread promising practice much more effectively and be empowered and proud to be part of a capable and successful team. Specific measures will be developed to assess progress against the following outcomes.

Outcome for Adults:

- Moray's Adults have more choice, control and flexibility of their care through the implementation of national legislation (SDS standards)
- Morays unpaid carers feel supported, valued and heard
- Engagement with adults to support continuous improvement is regular and welcomed
- Strength based conversations is embedded across the disciplines to improve outcomes for the adults and their carers
- Support and understanding of the transition pathway is seamless through joint processes driven by SDS standards and a collective workforce.

Outcomes for the Workforce:

- Improved sense of belonging and work satisfaction
- Staff are empowered and motivated
- Workforce is supported to become positive risk enablers
- Workers are enabled to exercise professional autonomy in support planning and set personal budgets within agreed delegated parameter
- Engagement with adults and unpaid carers to support continuous improvements is regular and welcomed

Outcomes for the Business:

- Improved performance data through good recording practices clearly capture conversations between people and workers identifying what matters to the person
- Commissioning is flexible and personal centred across the system
- Robust self-evaluation is systematic, robust and comprehensive
- Resilient workforce through shared learnings, training and processes
- Economies of scale through shared resources

2.1.19 These outcomes will drive the redesign of the system to address the need to transform the way we plan, commission, and procure social care support. This will develop and build trusted relationships rather than competition and to build partnerships not marketplaces.

3. The Strategic Case

3.1 The Strategic Context

Introduction

3.1.1 The social care system is enshrined in ground-breaking legislation offering a mechanism to implement real change to those people who need support. It is without a doubt that multiple, regulation-driven integration agendas are now underway. A coherent, consistent, and evidenced based policy approach underpins them all, but at a practical level re-alignment of planning, resourcing and workforce structures will need to be addressed to bring services closer together to maximise on improving outcomes for everyone. It is the legislation and policies below which aid the benefits of being change in order to build trust, understand and practice implementation of policies through shared learning, autonomy and other formal and informal opportunities to encourage the development of workforce relationships.

Legislative Drivers

Integration Authority - Public Bodies (Joint Working) (Scotland) Act 2014

3.1.2 To facilitate the process of joint strategic commissioning, the local authority and health board must delegate a range of functions to an 'Integration Authority'. These Integration Authorities are jointly accountable to Scottish Ministers, local authorities (i.e., elected councillors) and NHS Board Chairs for the delivery of nationally agreed outcomes

3.1.3 The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 namely:

1. People are able to look after and improve their own health and wellbeing and live-in good health for longer.
2. People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Self-Directed Support - Social Care (Self-Directed Support) (Scotland) Act 2013

3.1.4 Scotland's approach to social care and support places human rights and independent living at the heart of delivery. The aim of self-directed support is to ensure that care and support is centred around a person's own care and wellbeing outcomes, and that people exercise the level of choice and control they desire over that support

3.1.5 Major changes required by legislation on Social Care (Self-Directed Support) (Scotland) Act 2013 introduced the new SDS standards to support the for the support personalised outcomes for children, young people and adults experiencing care. The three assumptions involved include:

- taking a strengths-based, asset-based approach to assessment support planning and review processes
- focusing on community supports
- systems and processes being aligned to SDS values and principles

3.1.6 SDS standards have been developed to ensure consistency of outcomes and approaches in SDS practice across Scotland experienced by supported

people (children and adults) and carers, building a framework of good practice in assessments for support, support planning and in provision of care and support resources. These standards are instrumental in the transformation of social work practice across both children and adult services, aiding the decision to delegate so one consistent approach can be embedded with uniformity.

3.1.7 Eleven SDS Standards are across children and adults to promote:

i. **Independent Support and Advocacy** - Within every Local Authority/ Health and Social Care Partnership area there are independently funded organisations able to provide independent advice, support, information and advocacy for anyone who needs it and in ways which are accessible to everyone

ii. **Early help and support -** Early help and community support offers a universal approach where everyone is welcome to have a good conversation about what matters to them, and to identify solutions to improve their quality of life. This approach can serve as a gateway into more formal assessment and access to services. However, this approach should not be regarded as a replacement for registered statutory services when these are needed. Community solutions do require investment and ongoing commitment and support from national and local government.

iii. **Strength and asset-based approach** - Trust-based relationships and good conversations between workers and people are at the heart of assessment, support planning and review practice and processes, recognising people's strengths, assets, human rights, community, and funded supports. Personal outcomes are agreed on the basis of what matters to the person

iv. **Meaningful and measurable recording practices -** Recording practice and information systems demonstrate the extent to which practice is carried out in line with the values and principles of Self-directed Support. Records show how the person's lived experience and preferences have been acknowledged and expressed in their support plan and connect personal outcomes to the subsequent review process. Recording systems are designed such that data can be aggregated and used for continuous improvement, resource planning and commissioning purposes

v. **Accountability** Processes ensure that people's legal rights are upheld. Human rights underpin practice, policy and processes, and actively provide opportunities for constructive feedback, learning and improvement.

vi. **Risk enablement -** People will be regarded as experts in their own lives and how they wish to meet their own personal outcomes. This needs to be taken into account and a shared responsibility to risk agreed. Self-directed Support is not separate from safeguarding. Self-directed Support is used creatively to enhance people's and families' resilience towards preventative, protective and positive outcomes.

vii. **Flexible and outcome focused commissioning -** Social care services and supports are planned, commissioned, and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes. Provision of services and supports start with the good conversation that has been had with the person, what matters to them and what they need to help them live their best life.

viii. **Worker autonomy -** Workers feel trusted, confident and resilient, and are enabled to be autonomous in exercising their professional judgement, and using their own knowledge, skills and abilities, in partnership with supported people. Workers have the authority to plan support and set personal budgets within agreed delegated parameters

ix. **Transparency -** People are helped to understand that Self-directed Support allows for maximal choice and flexibility in using a budget to achieve what matters to the person in the form of agreed personal outcomes. The process leading to decisions about a person's social care budget and support, and their level of financial contribution, is recorded, shared and explained in ways that make sense to the person.

x. **Early planning for transitions -** Transition planning processes have the person's wellbeing, aspirations, and personal outcomes at the centre. People are given the time, information and help they need to make choices and have control of their care and support as they move into new phases of their lives.

xi. **Consistency of practice -** To reduce inconsistency of experience across the country, a consistently high-quality approach to practice is required, including assessment, support planning and review; eligibility; charging and contributions; commissioning and procurement, and the process by which budgets are calculated.

3.1.8 Policy Drivers which can bring improvements to the new world of care have the child or adult at the centre of their support, making their own decisions through a workforce culture of trust, care, and respect.

Independent Review of Adult Social Care – Feely Report

3.1.9 At the centre of the review was the voices and the stories of many people with lived experiences of social care support, unpaid carers and staff working in the sector.
Three fundamental changes must occur to secure better outcomes.
These can be summaries as:

Shifting the paradigm Adult social care support does not stand alone. It has strong links to social work, children's services and the wider services. But we can do better. There is a gap between how we want things to be and how it is done. The system we have now is not getting the results we want. So we need a new system. We need to start by changing the way some people think

about social care support. Good social care is important for everyone in Scotland. It is a good investment in our economy and citizens.
Strengthening the foundations – There are many strengths in the Scottish systems of social care support. The need is to build on the foundations of self-directed support, health and social care integration and the Independent Living Fund. The challenge is the implementation.
Redesigning the System – A new delivery system through the National care Service to drive national improvements where they are required, to ensure strategic integration, to set national standards, terms, and conditions.
The transformation of the way planning, commissioning, and procurement of social care support is accrued. Building trusted relationships rather than competition. Whilst providing a stronger voice of the unpaid carer.

The review has not made recommendations about the Social Work workforce in the proposed new arrangements as these will require careful consideration alongside the implementation of The Promise and any changes planned for criminal justice.

Independent Review of Children Services – The Promise

3.1.10 The promise is responsible for driving the work of change demanded by the findings of the independent care review. The seven publish reports narrate a vision for Scotland built on 5 foundations to make sure that Scotland's children grow up "loved, safe and respected".
Voice is central to the foundations of Family, People, Care and Scaffolding

I. Children and young people must be listened to and meaningfully involved
II. When living with a family is not possible, children must stay with their brothers and sisters
III. Whenever children are safe in their families and feel loved, they must stay
IV. All of the people involved in the care of children must be supported to develop relationships with them, and those children must also be supported to develop relationships with the wider community
V. We need an infrastructure and system around all of this that's responsive and accountable

The strength of pulling together one social work workforce to deliver a consistent approach from childhood to adulthood will not only aid outcomes for children and young people but also create a consistent system for the unpaid carer

<u>Moray Policy Context</u>

3.1.11 Morays Health and Social Care Strategic Plan – Partners in Care reflects the national drivers by focusing on the 3 Strategic Outcomes:

- BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing
- HOMEFIRST - Being supported at home or in a homely setting as far as possible.

- PARTNERS IN CARE - Making choices and taking control over decisions

3.1.12 The Moray Local Outcome Improvement Plan (LOIP) reflects the above principles of building a better future for our young people, with the ambition that Moray is a place where all children and young people thrive, have a voice and are able to reach their full potential. The Moray Council Corporate Plan (2019-2024) prioritises supporting people to be the best they can be, with a strong and sustained focus on those individuals and groups in society who experience the most disadvantage and discrimination.

3.1.13 The Council Improvement and Modernisation Programme provides a number of design principles to guide service transformation and the two recently added principles are highlighted below as particularly relevant to the project:

- Targeting early intervention and prevention;
- Developing the skills, knowledge, and capacity of the workforce to deliver better

3.1.14 Morays Children's Services Plan is connected into the wider planning landscape. Given the requirement to plan for children's services and other related services, children's services planning relates to the duties included in Part 1 (Children's Rights), Part 6 (Early Learning and Childcare) and Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014, as well as the Public Bodies (Joint Working) (Scotland Act) 2014, Community Empowerment (Scotland) Act 2015, Carers (Scotland) Act 2016 and the Community Learning and Development (Scotland) Regulations 2013. This complex landscape requires the plan to set out a joint visions and partnership approach to improving outcomes for children and young people and families in Moray. The scope of Morays plan includes all children's services provided locally by the Local Authority, Health Board and other Service Providers which falls into the categories "children's service" e.g., schools, health visitors, youth group, children and families social work or "related service" e.g. leisure services, drug and alcohol service. This includes services delivered by private or third sector organisations on behalf of, or in partnership with, the local authority, relevant health board or "other service providers" e.g., Police Scotland, Scottish Fire and Rescue Service. It spans the age range of birth to eighteen years old and extends to age twenty-five for young people in the care system. Spanning both adults and services belonging on the young persons criteria aid the decision to create a delegated workforce operating under one reporting structure.

3.2 New Approach to Health & Social Care – Three Conversation Model

Three Conversation Model

3.2.1 HSCM has commissioned *Partners 4 Change* to deliver the Three Conversation approach to support the change management require to delivery health and social care in a competing and demanding environment.

3.2.2 The Three Conversations is the key to the door of a new way of working in social and health care organisations. It's about having open and interested conversations with people and families who need support. It's also about the conversations that people working in the sector have with colleagues and partners – working out how to collaborate to make things happen so that we can be useful for people and help them get on better with their lives.

3.2.3 This is an approach not a model which is governed by a set of simple but precise rules:

- We **recognise that people and families are the experts** in their own lives, so as social and health care workers we need to **listen hard** to them and use the resources and skills we have to build on their wishes and strengths, and to **connect** them to the right people, communities and organisations to make their lives work better.
- We believe our current social and health care system functions like a sorting office, where we attach labels to people and send them off down predetermined routes to 'one-size fits all' services. We need to **stop making assumptions and passing people around like parcels** for someone else to deal with somewhere else in the system and start working with them until we're sure they're safe and that their plan for a good life is working.
- We know our response in a crisis is critical. Many of the people and families we meet need urgent help to get their lives back on track – so rather than assessing them for services, we must **stick with them**, and not even think about eligibility or longer-term support until the immediate crisis is over.
- We know that language is really important too, so we **don't use words that de-humanise** (no more 'service users' or 'cases'), and we stop talking about pathways and journeys, allocation and referrals, screening and triage, because that's the language of a system we're no longer prepared to tolerate.

3.2.4 At the heart of our approach are the three distinct conversations we use to understand what really matters to people and families, what needs to happen next for them, and how we can be most useful.

Conversation 1: Listen and connect

Conversation 1 is about listening hard to people and their families to understand what's important and working with them to make connections and build relationships in order to help them get on with their life independently. Conversation 1 is not about whether the person is 'eligible', but it does meet the 'prevent, reduce, delay' requirements of the Care Act.

Conversation 2: Work intensively with people in crisis

When we meet people who need something to happen urgently to help them regain stability and control in their life, we use Conversation 2 to understand what's causing the crisis, put together an 'emergency plan' and stick with the person to make sure that the changes happen quickly, and that the plan works for them.

Conversation 3: Build a good life

We always exhaust Conversations 1 and/or 2 before moving on to Conversation 3 – and often we find that we don't get this far. But for some people, longer-term support in building a good life will be necessary, so Conversation 3 is about understanding what this good life looks like to them and their family and helping them to get the support organised so they can live the best life possible.

3.3 NHS Realistic Medicine

3.3.1 Realistic medicine puts the person receiving health and social care at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to you so that the care of your condition fits your needs and situation. Realistic medicine recognises that a one size fits all approach to health and social care is not the most effective path for the patient or the NHS.

Realistic medicine is not just about doctors. 'Medicine' includes all professionals who use their skills and knowledge to help people maintain health and to prevent and treat illness. This includes professions such as nursing, pharmacy, counsellors, physios and social work.

3.3.2 Realistic medicine will help to improve the NHS and the care and treatment it offers by:

- sharing decision making between health professionals and patients
- providing a personalised approach to care
- reducing harmful and wasteful care
- collaborative work between health professionals to avoid duplication and provide a joined-up care package that better meets your needs and wishes

3.4 Change Programme Board

3.4.1 In order to manage the changes across the social care system, a SDS (Health & Social Care) Change Programme will be established. This Board will be made up of members from the Senior Leadership and Senior Management Team, with subject matter experts invited when required.

3.4.2 The purpose of the Board is to oversee and implement the change process as it applies to social work and social care. This will include embedding new approaches to operational working practices through supportive behaviours.

3.4.3 The Change Board Charter can be found in Appendix 1 with an outline of the Social Care projects contributing to the change process.

3.5 Dependencies for Success

3.5.1 The success of embedding SDS throughout the Social Care system is dependent on:

i. The workforce agreeing the direction for change
ii. Understanding this is a learning journey and learning from mistakes is key.

iii. Integrated work with staff from all partners (Health, commissioned and non-commissioned providers, Third sector continue to operate in a partnership approach
iv. The creation of a committed, empowered, skilled social work workforce is operating to offer best outcomes for all.
v. The embedding and quality assurance of assets-based approach is throughout all social work practice.
vi. The management of social work staff being aligned to the ethos and principles and SDS and 3 conversation model is standardised to ensure clarity and consistency.
vii. Resilience and commitment to the vision of The SDS standards aligned with the independent Adults Care review is essential to drive the improvements across adult services as well as aligning with the transformation change across the whole of the system.
viii. Joint training and CPD is offered to staff to aid succession planning and continuous learning.
ix. The embracing of SDS standards including worker autonomy to empower social workers in their roles.

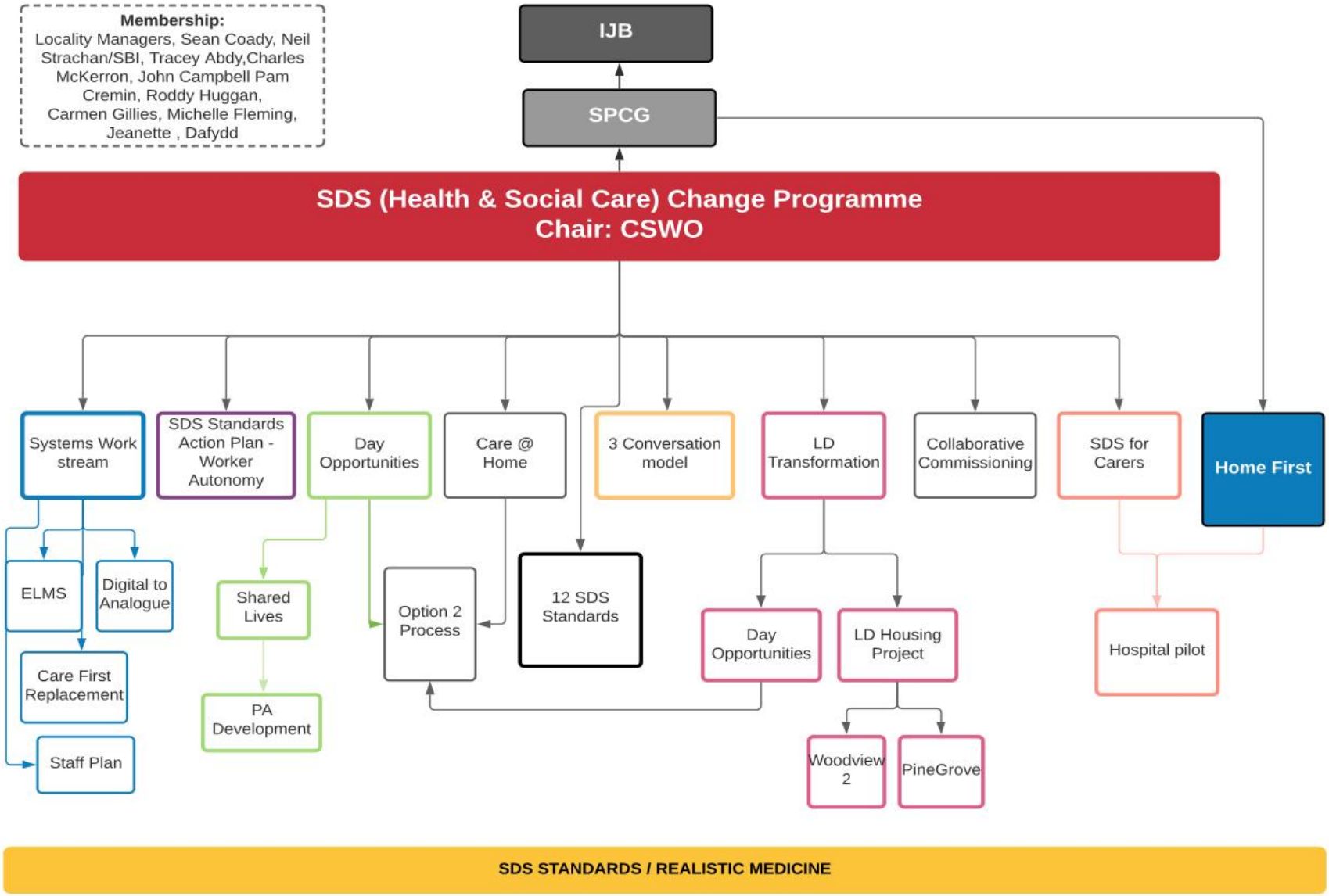
3.5.2 These dependencies will be mitigated through the Programme Board and then thereafter through planning, monitoring, partnership work and the use of relational approaches, consultation and effective communication across partners, teams, communities, and families.

4.0 APPENDICIES

Appendix 1- Change Charter

SDS (Social Work and Social Care) Change Charter	
Purpose	to oversee and implement the change process as it applies to social work and social care. This will include embedding new approaches to operational working practices through supportive behaviours.
Objective	Avoid conflict of resources Determine a realistic timeline for implementing change with consideration to whole systems pressures Support the new approaches and become an ambassador for the 3 conversation model
Meetings	The Board will meet monthly via virtual methods
Scope: Major Activities	Monitoring projects implementing major change including: 3 Conversation Approach Day Opportunities Test of Change including flexible framework Commissioning for Outcomes
Out of Scope Activities	Resolution of operational issues Consideration of new projects (this will continue to be presented to SMT)
Membership including Subject Matter Experts	List names.

Appendix 2- Change Plan



Appendix 3 High Level Risk to Embedding Change

Risk Register							
	Risk Category	Risk Description	Likelihood	Consequence	Score	Overall Risk	Mitigation
1a	Financial Risk	Resources allocated to project may be insufficient to achieve success across all projects	3	3	9	**Red**	Strategic plan supports financial governance, Board will prioritise projects
2a	Workforce – Failure to manage change planning/loss of key staff	Failure to staff governance; systems and processes are not sufficiently robust to support effective CPD and supervision to ensure delivery of practice that promotes public protection and meets health & Social Care need.	3	3	9	**Moderate**	Work force review strategy and delivery plan and with organisational development strategy and delivery plan to be in place.
2b	Workforce – Failure to manage 3 conversation approach	Failure to deliver 3 conversation approach– Actions are not supported by all partners to move from a state of uncertainty/transition to a state of final change	3	3	12	**Moderate**	Innovation sites will drip feed change to those who are willing to change.
3a	Service Delivery & value for money/Effective Delivery	Failure of staff involvement and buy in from SLT to implement new approach to drive forward change across the system	3	3	9	**Moderate**	Make it happened group includes members of SLT to support his approach. Workforce is required to prioritise this project
3b	Service Delivery & value for money: Partnership Arrangement	3 Conversations approach does not facilitate continued partnerships working with agencies, organisations and services that are out with the new approach arrangements	2	3	6	**Moderate**	Commission team and locality managers to share the new approach with external partners
4a	Damage to Reputation – National and Local Outcomes	Failure to meet local and national priorities and indicators for the additional delegated services, or conduct in a manner that brings the Partnership into disrepute	2	4	8	**Moderate**	Core suite of measurements and indicators to be clearly defined and measured.

4b	Damage to Reputation – Integration Process	Failure to deliver scheme of integration to meet requirements of Public Bodies Act and other relevant legislation including SDS Act	2	4	8	**Moderate**	Policies and procedures to be updated: training, integration plan to be implemented
5a	Failure to identify and Manage risks arising from shared services, commissioned services, support services	Commissioning; appropriate and sufficient capacity available across sectors to deliver a range of supports to meet changing priorities. The IJB required legal assurance from the Council and NHS as to shared use of services/resources	2	4	8	**Moderate**	Commissioning / Procurement/ Contract monitoring arrangements are put in place to manage supply and demand.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022

SUBJECT: LOCALITY PLANNING

BY: SEAN COADY, HEAD OF SERVICE

1. REASON FOR REPORT

1.1. The purpose of this report is to provide an overview to the Board on the current status of Locality Planning within Moray.

2. RECOMMENDATION

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

i) notes the progress towards delivering the identified aims for Locality Planning in Moray and confirms that this programme should remain a priority activity to meet the objectives of the Strategic Plan; and

ii) notes the intention to deliver a first draft of locality plans to the MIJB by the end of September 2022; and

iii) requests that further reports will be brought to the MIJB as specific decisions are required.

3. BACKGROUND

3.1. Locality planning empowers communities and individuals to have a say in how health and social care services are delivered across Moray at a locality level.

3.2. Locality planning was a key outcome of the Christie Commission on the future delivery of public services report, 2011. It stated that funding at that time was inadequate to deliver the services of the future and that there would need to be a rethink on how these were provided. It commented that the traditional 'top down' approach was no longer adequate and instead services should be rebuilt from the ground up, being designed with and for people and communities whilst having a thorough understanding of their needs.

3.3. The Public Bodies (Joint Working) (Scotland) Act 2014 specified that new Health and Social Care Partnerships set up two or more localities that allow service planning at locally relevant geographies within natural communities. Other responsibilities include the need to consult with appropriate

representation when service provision is likely to be significantly affected and to report on the performance of planning and carrying out functions within those localities.

3.4. MIJB made its commitment to locality planning within the 2019 - 29 Strategic Plan. Sitting under Theme 2: Home First the plan states that:

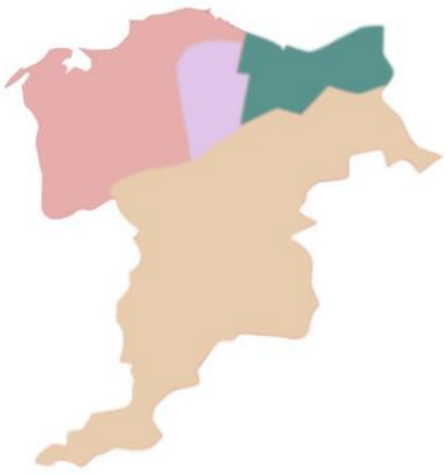
"We will put in place lead managers with responsibility for getting to know their location, the people within it, working hand in glove with communities to shape services by interacting better with what communities themselves have to offer. They will ensure coherent co-ordination of the teams and support the workforce in their daily endeavours."

3.5. Four localities have been identified and locality managers were recruited in early 2020 just before the outbreak of the pandemic. Covid and other work-related pressures have resulted in less available time to develop localities. A project manager was recruited with a 12-month contract in July 2021 to support locality managers and the process.

3.6. The four localities are:

- Elgin
- Forres and Lossiemouth
- Speyside and Keith
- Buckie, Cullen and Fochabers

3.7. Localities are not to be defined by hard borders but instead should represent natural communities. Localities are defined by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres and social work offices. The map below gives a visual indication of the 4 individual localities across Moray.



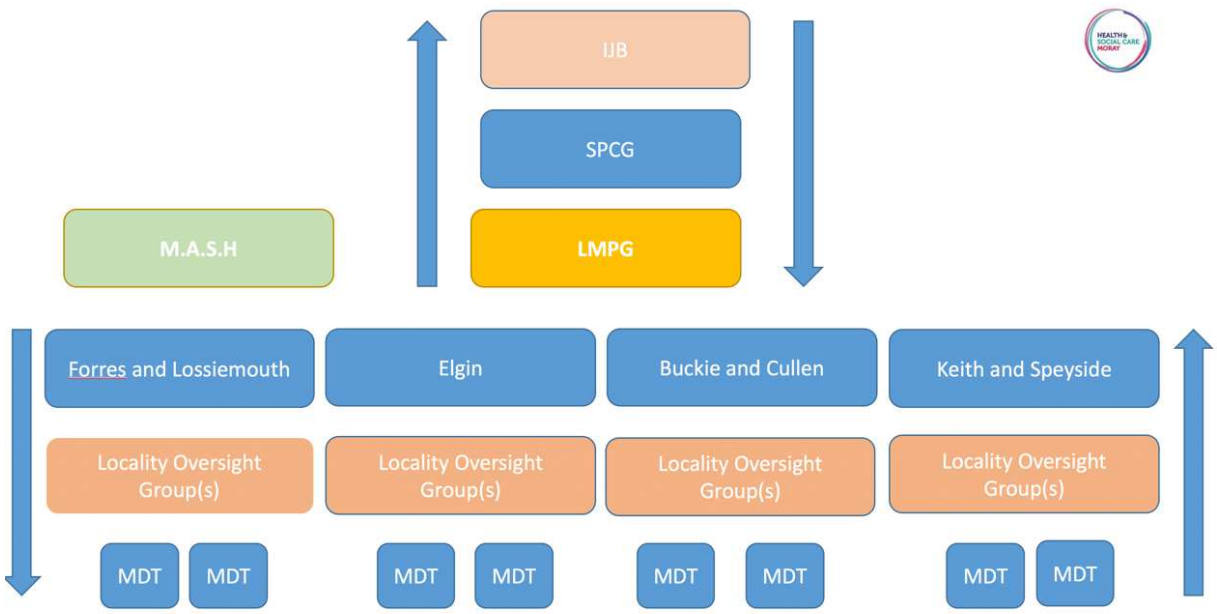
3.8. A Senior Leadership Group Development Session was held on 8 November 2021 with positive attendance and feedback. The session discussed the core elements of locality planning and identified key areas of development. A report was sent to the Audit, Performance and Risk Committee on 6 December 2021

(para 10 refers). Progress was temporarily delayed as the focus was diverted from locality planning in response to the Omicron variant and winter pressures.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Membership to the Locality Plan Management Group (LMPG) was widened to ensure there was sufficient representation from all aspects of locality planning. The steering group, who will initially be meeting every 14 days for three months, will drive forward the delivery of locality plans with collective thinking to help identify and implement opportunities. Working at a strategic level the group will be required to ensure there is sufficient buy-in of the process throughout the entirety of Health and Social Care Moray. This group had its first meeting on 22 February 2022 and was well attended with positive feedback.

4.2. After three months the group will continue to drive and support the locality planning ethos as well as linking in with a yet to be developed multi-agency support hub (M.A.S.H). This will mirror the governance structure currently being used by our partners in Children and Families Services and will support the feed of information both up and down. At this point the LPMG will likely be referred to as the HSCM Wellbeing Partnership Group. The diagram below illustrates the governance structure.



Locality Profiles

4.3. Understanding the current state of each locality is an important step in deciding its priorities. Locality profiles are being developed to gain better insight into the current strengths and weaknesses of that area with regards to health and social care. The main purpose of locality profiles is to have evidence-based findings that can form the basis for engagement and discussion around local priorities.

4.4. A locality dashboard has already been developed that provides a daily overview of the current position of key health and social care metrics within Moray. This includes for example; the current number of delayed discharges; community hospital and care home capacity; and number of people waiting for social care assessments. Locality Managers are considering what further information is required to ascertain areas for specific focus in each locality.

4.5. In tandem, higher level demographic and health information is also being sought. Further breakdowns and analysis of the Strategic Needs Assessment is underway. Public Health Scotland have recently provided East and West profiles for Moray, and further work will be undertaken to identify which of this information is suitable for further breakdown to localities. The aim is to have the right level of quantitative and qualitative data informing locality profiles.

Locality Networks – Engagement

4.6. Community buy-in will be essential to ensuring locality planning works. Since locality plans must be developed from the ground up it will be important that the voice of the community is heard. Equally important is understanding what the community is able to offer and contribute to locality plans. Locality networks will need to be developed that allows for meaningful dialogue.

4.7. The LPMG have emphasised the need to get this right and take forward an inclusive model of ongoing engagement. Work is being done to identify current best-practice models and both a communications and engagement plan is to be developed as a matter of priority. It is anticipated a locality road show will be a key component of early engagement.

Locality Networks – Oversight Groups

4.8. The role of the Locality Oversight Groups is to support the implementation of the strategic objectives at a locality level. Information available through the locality dashboard, locality profiling, Patient, Service User and Employee feedback as well as national local good and national practices will all be used to identify the local priorities for each plan.

4.9. Each locality will have its own Locality Oversight Group and discussions are ongoing to identify how these will be developed. Locality Managers will have flexibility to operate their group as they see fit – acknowledging current working relationships and practices.

Locality Networks – MDTS

4.10. Under locality planning Multi-Disciplinary Teams (MDTs) work together to provide co-ordinated care more locally and allow team members to acknowledge the skills and expertise of others within the team, ensuring each member has an equal voice. Work will need to be done to better develop this, taking advantage of existing teams whilst also identifying opportunities for improvement.

Other Considerations

4.11. Work is currently being led by our partner, Moray Council, to develop Children and Families locality plans. Whilst HSCM is a key contributor to those plans consideration will need to be given on how these link in with plans discussed in this paper, ensuring there is shared learning and no duplication of efforts.

4.12. In a similar fashion, the work being done through other community planning initiatives such as the Local Outcome Improvement Plan (LOIP) will also need to be considered.

5. WHAT HAPPENES NEXT

5.1. A timetable (**Appendix 1**) has been drawn up allowing a first draft of locality plans to be presented to the Board by 29 September 2022. Key milestones have been identified for the individual elements and appropriate project management documentation has been established to monitor progress. It should be noted that many of the elements will have continual development with each contributing to future locality plans.

5.2. In accordance with the nine national health and wellbeing outcomes set by the Scottish Government, the Health and Social Care Moray strategic priorities and the various community and staff consultation and engagement events, local priorities will be identified. The LPMG has agreed that up to 5 priorities should be identified by each locality for the first set of plans. Once identified, an action plan will be developed showing how the priorities will be delivered within the locality.

5.3. As part of locality planning the HSCM budget needs to be split down to a locality level. To meet our legislative requirements this information is currently available at an East/West split but further analysis will need to done to identify which costs can be shown at a locality level. The LPMG appreciates that a complete split of budgets may not be achievable in the short term, and this should be seen as an iterative exercise over many locality planning cycles.

5.4. In line with the MIJB performance framework, locality performance management will be developed to monitor progress of the identified action plans in achieving the stated outcomes required

6. SUMMARY OF IMPLICATIONS

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

The aims of Locality Planning in Moray have significant alignment to the themes of the MIJB strategic plan and in particular to the Home First theme.

b) Policy and Legal

None directly associated with this report

c) Financial implications

At present there are no direct financial implications to locality planning. It is hoped that opportunities to pull together resources and work more collaboratively will lead to greater efficiencies. Deliberation will need to be given to how commissioning forms part of locality planning its impact on the acquisition of services.

d) Risk Implications and Mitigation

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

e) Staffing Implications

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

f) Property

There are no property implications to this report.

g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

There are no direct climate change and biodiversity implications arising from this report.

i) Consultations

Consultations have taken place with the Home First Delivery Group, Chief Officer, Chief Financial Officer, Chief Social Work Officer, Chief Nurse and AHP lead Clinical Lead, Head of Service and Corporate Manager, Consultant in Public Health, Involvement Officer, HSCM and Tracey Sutherland, Committee Services Officer and comments incorporated.

7. CONCLUSION

7.1. Locality planning will provide the opportunity to identify health and social care priorities within natural communities and plan service delivery from the ground up.

7.2. MDT working at its truest form should lead to greater communication, integrated working and overall efficiencies.

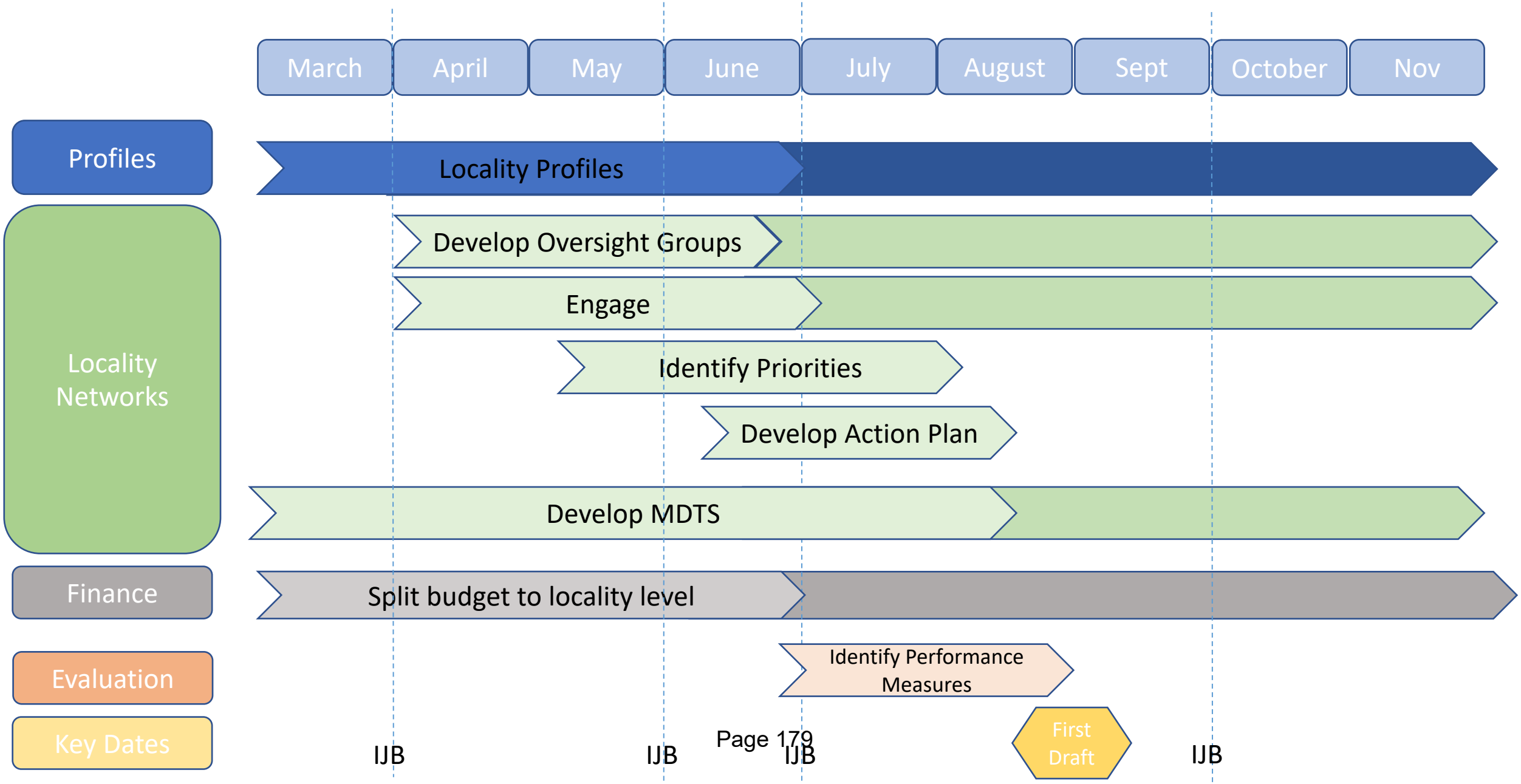
7.3. A first draft of locality plans is to be presented to the MIJB at the end of September 2022.

Author of Report: Jamie Fraser, Project Manager

Background Papers:

Ref:

Appendix 1 : Locality Planning - Timetable



REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **MORAY INTEGRATION JOINT BOARD – DIRECTIONS POLICY**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1. To provide the Moray Integration Joint Board (MIJB) with a Directions policy which has been developed in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance issued by Scottish Government

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) Notes the content of this report, the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and the statutory guidance issued by the Scottish Government in relation to Directions; and

ii) Approves the MIJB Directions Policy and Procedure and MIJB Directions template as set out in Appendix 1.

3. BACKGROUND

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) established the legal framework for integrating health and social care in Scotland. The Act required Integration Authorities to develop a Strategic Plan for the integrated functions and budgets delegated by the health board and local authority.

3.2. As a distinct and separate legal entity, the MIJB has full autonomy and capacity to act on its own behalf and can make decisions about its functions and responsibilities as it sees fit. It does this by directing NHS Grampian and Moray Council to act on its behalf.

3.3. In accordance with Sections 26-28 of the Act, MIJB has in place a mechanism to action its Strategic Plan which takes the form of binding Directions to one or both of the Partners.

3.4. Directions are the means by which the MIJB informs NHS Grampian and Moray Council of what is to be delivered using the integrated budget in order to achieve the strategic aims outlined in its Strategic Plan. A Direction must be issued in respect of every function that has been delegated to the MIJB. Directions are an obligatory legal mechanism.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. In February 2019, the Ministerial Strategic Group (MSG) for Health and Community Care published its report on the review of progress with integration. This contained proposals intended to increase the pace and effectiveness of integration. These proposals included the preparation and issue of statutory guidance to support improved practice in issuing and implementing Directions.

4.2. The Directions policy at **Appendix 1** has been developed to ensure compliance with the statutory guidance on Directions issued by the Scottish Government in January 2020. It seeks to enhance governance, transparency and accountability between the MIJB and its Partner organisations, NHS Grampian and Moray Council by setting out a clear framework for the setting and review of Directions and confirming adequate governance arrangements.

4.3. Since April 2016, MIJB has issued high level Directions which are reviewed at each financial reporting cycle by the Chief Financial Officer. The Directions policy at **Appendix 1** will provide the MIJB with an effective method of issuing and monitoring Directions.

4.4. There has been no prescribed template for Directions provided by Scottish Government and so this is a matter for MIJB to consider what is appropriate and adequate. The final page of the Directions policy at **Appendix 1** provides a standard template for outlining the requirements for each direction to be issued.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
The delivery of the Strategic Plan is dependent on timely issue of meaningful Directions in order for the Partner organisations to action appropriately.

(b) Policy and Legal
The MIJB is, in terms of Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, required to direct NHSG Grampian and Moray Council to deliver services to support the delivery of the Strategic Plan is as far as the functions that have been formally delegated.

(c) Financial implications
None arising directly from this report.

(d) Risk Implications and Mitigation
The delivery of the Strategic Plan is put at risk should appropriate Directions not be issued. The quality of the Directions are also a factor

in ensuring implementation as intended. Close monitoring of Directions and scrutiny by Committee provides reasonable assurance that Directions are being carried out as intended.

(e) Staffing Implications
None arising directly from this report

(f) Property
None arising directly from this report

(g) Equalities/Socio Economic Impact
None arising directly from this report.

(h) Climate Change and Biodiversity Impacts
None arising directly from this report.

(i) Consultations
The Chief Officer and Corporate Manager of the MIJB have been consulted in addition to an informal development session of the Board which was held in February 2022 to discuss how the intended policy would operate in practice. Tracey Sutherland, Committee Services Officer has also been consulted. Consultees are in agreement with the content of the report in as far as the scope of their responsibilities.

6. CONCLUSION

6.1. The MIJB are asked to consider the report content and if so minded, approve the Directions Policy as included at Appendix 1.

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

APPENDIX 1

MORAY INTEGRATION JOINT BOARD

DIRECTIONS POLICY

Date Created	Date Implemented	Next Review Date
January 2022	April 2022	March 2024

Developed By	Reviewed By	Approved By
Chief Financial Officer	Chief Officer February 2022	Moray IJB March 2022

Version	Review date	Approved by MIJB	Summary of Changes
1.1	January 2022	March 2022	Initial Document
1.2			

Contents

1. INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan. Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium and long term using integrated budgets under their control. A mechanism is required to action the strategic commissioning plan. This mechanism takes the form of binding Directions from the Integration Authority to the Health Board, Local Authority or both. Directions are also a means by which a record is maintained of which body decided what and with what advice, which body is responsible for what in financial or decision making terms. A Direction must be given in respect of every function that has been delegated to the IJB. It must set out how the integrated function is to be exercised and identify the associated budget. The current statutory guidance can be found *here*.

This procedure sets out the process for formulating, approving, issuing and reviewing directions for the Moray Integration Joint Board (MIJB) to NHS Grampian and Moray Council. A process map is attached at **Appendix A** of this document, outlining the drivers and actions required to be undertaken.

2. DIRECTIONS

Directions are the mechanism by which the MIJB delivers its Strategic Plan. When a Direction is presented to the MIJB, the report author must ensure that the content of the Direction includes details of the function to which it is the subject of, budget information which has been delegated to deliver it, the impact on workforce, any legal or risk implications, impact on MIJB outcomes, priorities or policy, and details of consultation where appropriate through the completion of an Equalities Impact Assessment. The final page of this policy (**Appendix B**) provides a standard format for outlining the requirements for each direction to be issued; all sections of this must be completed.

Following approval at the MIJB, a Direction will then be issued by the Chief Officer to the Chief Executive of NHS Grampian, the Chief Executive of Moray Council, or both. This will take the form of an email, together with the MIJB report and the Direction template. Directions should be issued as soon as practically possible following MIJB approval and within 7 days in any case. Each Direction will have a unique identifier and once issued will be entered onto the MIJB Register of Directions.

3. IMPLEMENTATION and MONITORING

NHS Grampian and Moray Council are responsible for complying with and implementing all Directions issued by the MIJB. As the issuing of Directions is a legally binding process any concerns/issues with this should be brought to the attention of the MIJB Chief Officer. In the event of non-compliance on an issued Direction, paragraph 18 of the Integration Scheme will be referred to in respect of the Dispute Resolution Mechanism.

A Direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions.

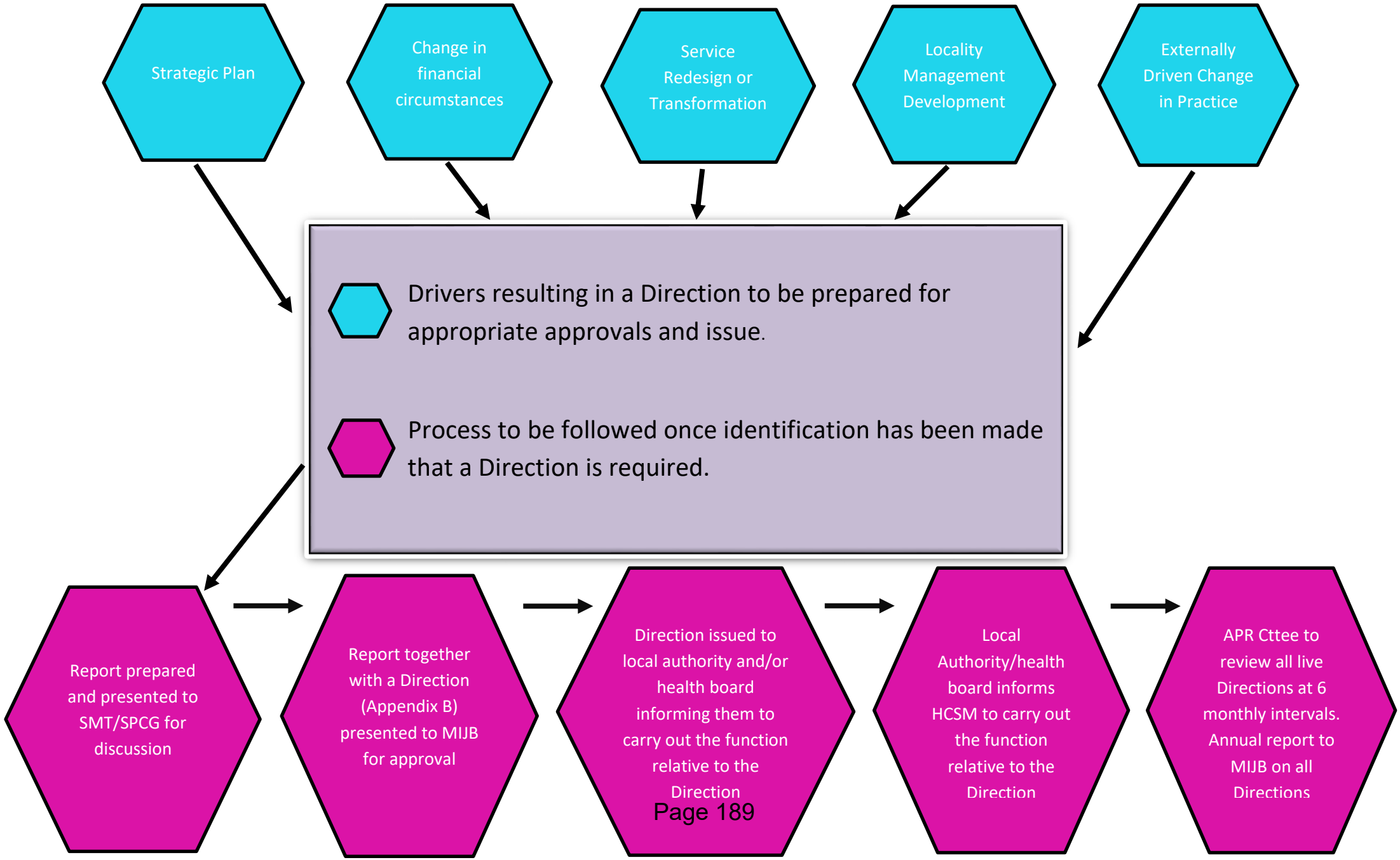
The Audit, Performance and Risk (APR) Committee will review all live Directions on a six monthly basis for assurance of delivery and compliance through an update report. Any resulting concerns should be escalated to the MIJB at the first available opportunity.

An annual summary report will be provided to the MIJB on all current Directions.

4. REVIEW

This policy will be reviewed every two years by the MIJB, or earlier should the Scottish Government release further guidance that would impact on the policy.

APPENDIX A


Strategic Plan
Change in financial circumstances
Service Redesign or Transformation
Locality Management Development
Externally Driven Change in Practice
Drivers resulting in a Direction to be prepared for appropriate approvals and issue.
Process to be followed once identification has been made that a Direction is required.
Report prepared and presented to SMT/SPCG for discussion
Report together with a Direction (Appendix B) presented to MIJB for approval
Direction issued to local authority and/or health board informing them to carry out the function relative to the Direction
Local Authority/health board informs HCSM to carry out the function relative to the Direction
APR Cttee to review all live Directions at 6 monthly intervals. Annual report to MIJB on all Directions

APPENDIX B

MORAY INTEGRATION JOINT BOARD
DIRECTION

Issued under Sections 26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

1.	Title of Direction and Reference Number	*To be provided by Corporate Manager/Support Manager*
2.	Date Direction issued by the Moray Integration Joint Board	*MIJB meeting date*
3.	Effective date of the Direction	*Confirmed by the MIJB*
4.	Direction to:	NHS Grampian / Moray Council or both
5.	Does the Direction supersede/update a previous Direction? If yes, include the reference number(s) of previous Direction	
6.	Functions covered by Direction	List all e.g. Learning Disabilities, Mental Health, Occupational Therapy etc
7.	Direction Narrative	Outline what you are asking NHS Grampian or Moray Council to deliver
8.	Budget Allocation by MIJB to deliver on the Direction	*Financial information must be provided and will the resource be allocated to NHSG, Moray Council or both to carry out the Direction. Where the direction relates to multiple functions the financial allocation for each function needs to be specified. The Direction should also outline any savings to be made.*
9.	Desired Outcomes	*Detail what the Direction is intended to achieve, include detail of which of the National Health and Wellbeing Outcomes these link to, the strategic aims of the Strategic Plan*

10.	Performance monitoring arrangements and review	*Directions will be reviewed by the Audit Performance & Risk Committee on a six monthly basis for assurance. Any concerns should be escalated at the first available opportunity to the MIJB.* *An annual report of all current Directions will be presented to the MIJB*