Annual Performance Report 2023/24

Moray Integration Joint Board

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1. Foreword

On behalf of the Moray Integration Joint Board, we are pleased to present our Annual Performance Report for the financial year 2023/24.

This report reflects a year of resilience, adaptation and progress in the face of significant challenges. It covers a period marked by ongoing financial pressures across the public sector, locally and nationally, impacting both our ability to deliver services and the lives of those who rely on them.

We believe our report, however, demonstrates the unwavering commitment of our staff and partners to providing high-quality health and social care services for the people of Moray.

Within these pages, you'll find a comprehensive overview of our performance against key Scottish Government indicators. We've included examples to illustrate how we're shaping our services around the needs and aspirations of those we support, focusing on improving health and wellbeing, enhancing quality of life and promoting independence.

The achievements this year are a testament to the dedication of our workforce and partners in the third and independent sectors. Their professionalism, innovation, and person-centred approach have been crucial in navigating the complex landscape of health and social care. We extend our thanks to each individual who has contributed to our mission. You are valued and appreciated.

We also want to acknowledge the invaluable contribution of our volunteers and unpaid carers. Their selfless efforts play a vital role in supporting the wellbeing of Moray's residents, and we are deeply grateful for their commitment.

While we celebrate our successes, we also recognise areas of performance where improvement is needed. We are committed to addressing these challenges head-on, always striving to enhance the quality, safety, effectiveness and efficiency of our services.

Looking ahead, in 2024/25 we face the task of implementing our financial recovery plan to ensure the sustainability of our services. This will involve difficult decisions and our focus remains on providing the best possible care and support to the people in greatest need. As we move forward, engagement with all our stakeholders will continue to be at the heart of our approach.

This report offers many reasons to be proud of our partnership. While challenges lie ahead, we face them with confidence, knowing that together, we have the resilience and capability to overcome them.

We invite you to explore this report and gain insight into our journey over the past year. It is our hope that it provides a clear picture of our performance, our challenges, and our unwavering commitment to making Moray a place where everyone can start well, live well, and age well.

Councillor Tracy Colyer
Chair
Moray Integration Joint Board

Dennis Robertson
Vice Chair
Moray Integration Joint Board

2. About this report

All Integration Joint Boards (IJBs) in Scotland are required to publish annual performance reports to inform the public of progress in delivering their strategic intent and against the National Outcome Indicators.

This is the eighth annual report of the Moray Integration Joint Board (MIJB) which is a Statutory Public Body under the Public Bodies (Joint Working)(Scotland) Act 2014.

The MIJB has a broad range of health and social care services delegated to it by NHS Grampian and Moray Council and has responsibility to undertake the strategic planning and commissioning of those services for the benefit of the population of Moray. Operationally, these services are then delivered by Health and Social Care Moray (HSCM) which is the partnership entity which brings together and delivers care across the region.

This report is the MIJB's assessment of performance in carrying out its delegated functions. This has been scrutinised against national performance indicators (Appendix B) identified by the Scottish Government to measure progress in delivering the National Health and Wellbeing Outcomes and local key performance indicators (Appendix C).

It also describes the progress of services managed and delivered by Health & Social Care Moray in delivering on the vision and commitments set out in the MIJB's Strategic Plan, **Partners in Care 2022-32**, which was approved in November 2022 and the delivery plan which was approved in October 2023.

Also included in this report is an assessment of the board's financial performance.

3. Board and Partnership overview

Our board

The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland.

The purpose of integrating health and social care is to improve the experience of people who use these services, and to make it easier for them to get the care and support they need. This should be at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

Since it was established in April 2016, the Moray Integration Joint Board (MIJB) has been responsible for a range of functions delegated to it by Moray Council and NHS Grampian. These are set out in the **Scheme of Integration**.

There are eight voting members on the MIJB – four appointed by Moray Council and four appointed by NHS Grampian. They are supported by non-voting members made up of leading officers from the council and NHS, and representatives of the third sector, people who receive services and unpaid carers.

The MIJB's role is to set the strategic direction for community health and social care services and to deliver the priorities set out in its Strategic Plan through the local partnership of Health & Social Care Moray (HSCM).

The board receives payments from Moray Council and NHS Grampian to enable delivery of local priorities for health and social care. It gives directions to the local authority and health board as to how they must carry out their business to secure delivery of the strategic plan.

Our partnership

Services are commissioned and delivered through the partnership of HSCM which brings together staff employed by the local authority and by the NHS.

The partnership is led by the Chief Officer supported by a Senior Management Team and Operational Management Team. The Chief Executive Officer reports to the Chief Officers of Moray Council and NHS Grampian.

In addition to directly providing services, the partnership also contracts for health and social care services from a range of partner organisations in the Third and Independent sectors.

Within primary care services, a range of independent contractors including GPs, dentists, optometrists and pharmacists, are also contracted by the Health Board under national frameworks.

Services delegated to the MIJB and which are managed of its behalf by HSCM include:

- Social work and social care (older people's services, mental health services, learning disability services, physical and sensory disability services)
- Primary care services including GPs and community nursing
- Allied health professions including occupational therapy and physiotherapy
- Community hospitals
- Health improvement
- Community dental, ophthalmic and pharmaceutical services
- Aspects of acute services (hospitals) relating to unscheduled care
- Support for unpaid carers.

Children and families health services hosted within the MIJB's Scheme of Integration include:

- Health visiting
- School nursing
- Allied health professions.

Grampian-wide services hosted by Moray on behalf of all three health and social care partnerships are:

- Primary care contractors
- The GMED out of hours primary care service.

In 2022, Moray Council, NHS Grampian Board and the MIJB agreed to progress with delegation of Children & Families and Justice Services to the MIJB. The Moray Integration Scheme was revised to reflect these changes and was approved by Scottish Ministers on 16 March 2023.

4. Our Strategic Plan – Vision and Priorities

A key statutory duty of the Moray Integration Joint Board (MIJB) is to develop a Strategic Plan which must be reviewed every three years. A refreshed strategic plan was approved by the Board in November 2022, with the delivery plan approved in September 2023.

The strategic plan sets the vision and local priorities that will help improve the health and wellbeing of the people of Moray. It outlines how services will be delivered to meet the National Outcomes for Health and Wellbeing, and achieve the core aims of integration.

Our Moray vision

"We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives."

The plan has three strategic priorities to be delivered over on the three years.

Building Resilience

Supporting people to take greater responsibility for their health and wellbeing by:

- focusing on prevention and tacking inequality;
- nurturing and being an integral part of communities that care for each other.

Home First

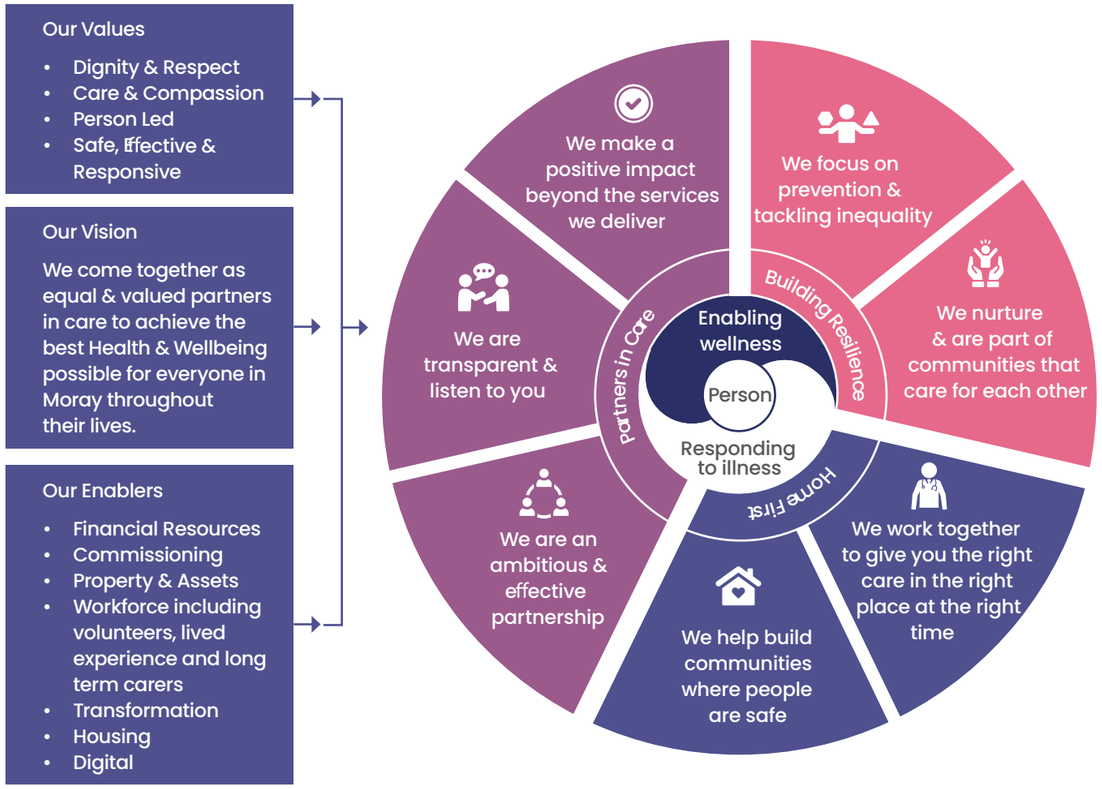
Supporting people at home or in a homely setting as far as possible by:

- working to give citizens of Moray the right care in the right place at the right time;
- building communities where people are safe.

Partners in Care

Supporting people to make choices and take control of their care and support by:

- working in partnership with all;
- listening to what citizens are telling us and being transparent in our decision making and communications;
- ensuring we make a positive impact beyond the services being delivered.



The strategic intentions continue to focus on the triple aim of the national Health and Social Care Delivery Plan which is summarised as:

- **Better Care:** improving the quality of care by targeting investment at improvement and delivering the best, most effective support;

- **Better Health:** improving health and wellbeing through support for healthier lives through early years, reducing health inequalities and focusing on prevention and self-management:

- **Better Value:** increasing value and sustainability of care by making best use of available resources, ensuring efficient and consistent delivery, investing in effectiveness, and focusing on prevention and early intervention.

The Strategic Delivery Plan sets out the actions that will be taken forward to deliver on the Strategic priorities. It was approved for implementation in September 2023.

The integration of Children & Families and Justice Services into Health & Social Care Moray under the direction of the MIJB is not yet reflected in the board's Strategic Plan. Work is ongoing to ensure appropriate governance of performance reporting and that it is included in the MIJB Annual Performance Report for 2024/25.

Transformation and improvement priorities

A number of transformation and improvement priorities were agreed by MIJB in June 2023. These included working with the Digital Health Institute (DHI) on research and development projects, the Primary Care Improvement Plan (PCIP) and Frailty Pathway. The local delivery of national programmes such as Getting it Right for Everyone (GIRFE) are also being incorporated into the delivery plan.

These priorities remain a key focus but their affordability and sustainability is a major consideration as we refresh the Strategic Delivery Plan in light of the financial challenges impacting across all public sector organisations and ensure projects can be delivered within available resources.

Digital health and care innovation

A £5 million capital investment from the UK Government, delivered through the Moray Growth Deal by the Digital Health Institute (DHI), is supporting the remobilisation of health and care services in Moray by investing in research and innovation activities aligned to the digital health and care agenda.

The first project has been delivery of a Rural Centre of Excellence (RCE) for digital health and care innovation. The RCE hosts a state-of-the-art demonstration simulation environment in the Alexander Graham Bell building in Elgin.

Research and development activity in the centre is focused within "living labs" - real life research opportunities where stakeholders, including HSCM officers, are actively engaged in developing concepts, providing ideas and finally testing and evaluating the solutions that are developed.

Current living labs focus on:

- Supported self-management
- Long-term conditions co-management
- Care in place
- Smart housing/communities
- Mental wellbeing

These themes are supporting development across many key projects such as:

- **Community connections** – providing a one-stop-shop for information to help signpost people to support in their own communities with an initial focus on frail elderly people.
- **Personal data store** – enabling people to collate their own information and then control it being shared with people or organisations that provide support to them, reducing the need for continually repeating the same information.
- **Heart of Moray** – a project in partnership with the Moray Leisure Centre in Elgin to provide support for weight management and long term health conditions.

Primary Care Improvement Plan

Progress continues to be made in Moray on implementing the local Primary Care Improvement Plan in response to the new 2018 General Practitioner (GP) Contract. This new contract, and its accompanying Memorandum of Understanding (MOU), set out to refocus the GP role as expert medical generalists, enabling GPs to do the job they train to do and deliver better care for patients.

The Improvement Plan seeks to support this by broadening out the Multi-Disciplinary Team. Key areas of progress through 2023/24 were:

- **Pharmacotherapy –** well established with each practices having some access to Level 1 (core), Level 2 (additional advanced) and Level 3 (additional specialist).
- **Vaccination transformation programme** – now established with all eligible vaccinations having been transferred from GP practices to HSCM. GP practices continue to assess patients' eligibility for certain vaccinations. Travel vaccinations and all travel health advise is undertaken at community pharmacies.
- **Community Treatment and Care (CTAC), Urgent Care and Mental Health and Wellbeing Practitioners Services** – available at all GP practice premises.
- **First Contact Physiotherapy Services** – available at all GP practices for patients with new presentation of musculoskeletal conditions (bones, joints, muscles).

In addition to our local Primary Care Improvement Plan, the Grampian GP Strategic Visioning programme 2024-2030 brings together the three health and social care partnerships and NHS Grampian to address challenges around transforming general practice into a sustainable service which enables people in their communities to stay well through the prevention and treatment of ill health.

A 10 point programme plan includes a focus on modern premises, integrated IT systems, data driven decisions and a robust education and workforce development plan.

Frailty Pathway

The 'Focus on Frailty' collaborative is a national 18 month initiative facilitated by Health Improvement Scotland. Moray was one of six Health and Social Care Partnerships accepted onto the collaborative in the summer of 2023.

A combination of national events and webinars have taken place which have led to Moray designing a local frailty plan covering community and primary care through to acute services. A Moray Frailty Strategic Group is in place to oversee the delivery, monitoring and evaluation of the local plan.

Key aspects of the plan include the promotion of aging well, information and activities, social prescribing work, realistic medicine, community appointment days and assessment of frailty within primary care. It also focuses on the development of a frailty icon to help with patient identification, polypharmacy reviews for people taking a number of medications at the same time, assessment of patients who may be frail when they arrive at Dr Gray's Hospital, education and training of staff within the hospital, further development of the geriatrician team and a dedicated ward for frailty patients.

A quality improvement approach has been taken to this work, with successful tests of change then being scaled up. Early evidence indicates a reduction in people being admitted to hospital, a reduction in the length of time people are in hospital and a reduction in readmissions.

Getting It Right for Everyone (GIRFE)

Health & Social Care Moray became a partner within the national Getting it Right for Everyone (GIRFE) programme in October 2023. GIRFE is a multi-agency approach for health and social care services from young adulthood to end of life care. It builds on the previous Scottish Government policy Getting it Right for Every Child (GIRFEC).

10 partnerships are involved in work to co-design and test the principles which will support the national approach to GIRFE and a toolkit to support staff to roll out and embed the approach.

A Moray GIRFE Strategic Group has been formed to work in collaboration with people who have lived and living experience to test and inform the development of the GIRFE principles and toolkit. The next stage is the testing of aspects of the toolkit with different population groups along with:

- Promotion of the overarching GIRFE programme to key Moray stakeholder groups through briefings and presentation
- Promotion of GIRFE to the general public via social media and news releases;
- Ensuring GIRFE principles are embed in polices/strategic plans;
- Benchmarking of locality practice/performance against the GIRFE principles.

5. Our continuing challenges

Like all our community planning partners, we are ambitious for Moray. Already a great place to live, work, grow and enjoy life in wonderful surroundings, we recognise the importance of continued collaborative working with public sector bodies, third and independent sector organisations, other key groups and agencies, to tackle inequalities across Moray and improve the lives of residents and the services they receive.

Our progress in improving health and wellbeing outcomes is challenged in many areas. Year on year, we have reported on the same issues of an ageing population, inequalities in health, workforce shortages, growing pressures on primary care and acute hospitals, and increasing reliance on unpaid carers.

Some of the challenges services experience have emerged due to the impact of the Covid-19 pandemic. The cost of living crisis is impacting on the health and wellbeing of children, families and more vulnerable people.

We are challenged to balance providing statutory services to meet people's assessed needs, offer choice and control in how their support needs are met and to keep them safe in times of crisis, with also supporting them to manage their own health and wellbeing and increase their independence to reduce their reliance on formal support services.

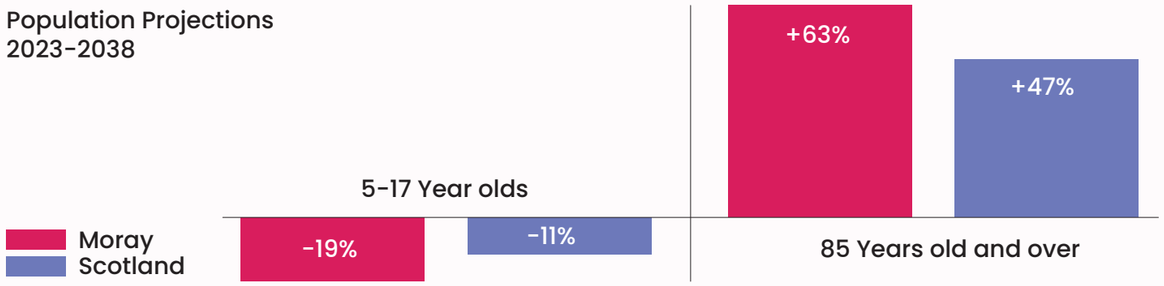
One of our greatest challenges remains our funding position. The MIJB is delegated funding by both NHS Grampian and Moray Council to deliver the services for which it has responsibility. However, the increasing costs of delivery heath and care (e.g. wage growth, costs of medicines etc) mean that budgets are under significant pressure. Efficiencies and savings need to be found each year so that the Board can operate within its financial resources. Added to this, we see growing demand for services as the population grows and as more people live with and experience ill health, frailty or other health and social care needs.

The 2023/24 Annual Accounts, subject to audit, show an overspend on the provision of services of £2.697m for the year ending 31 March 2024. Our financial performance is detailed in section 10 of this report.

The MIJB is aware that it will be required to make some difficult decisions in deciding how to allocate its budget and where service change or transformation will be required for it to become sustainable.

Our key challenges identified in our Joint Strategic Needs Assessment include:

Population projections.



Moray is projected to have an increasingly ageing population structure. Between 2023 and 2038 it is projected that the number of 5-17 year-olds in Moray will decline by 19% (-11% for Scotland). Conversely, those aged 85 and over will increase by 63% in Moray and 47% in Scotland.

Across all the over 65 age groups, the percentage growth in both males and females is expected to be higher in Moray than Scotland. There is the potential for increased demand for health and social care services with a limited workforce.

Inequalities

Although life expectancy is comparatively higher than the Scottish average, clear inequalities are present: females in the most deprived areas of Moray have a 3% lower life expectancy than Moray as a whole; males in the most deprived areas have a 5% lower life expectancy than Moray as a whole.

Demand

Some services have struggled to manage increase in demand due to a multitude of factors such as the impact of the pandemic on health and wellbeing, staff fatigue, and workforce challenges.

Workforce

We have an aging workforce with a sizable proportion of staff potentially nearing retirement as well as ongoing issues around recruitment and retention.

Mental health

Data from General Practices in Moray shows depression is the second most prevalent long-term condition recorded (4,005 patients) after hypertension. The prevalence of depression risen between 2017/18 and 2022/23. The rate per 1,000 population in Moray has increased from 42.5 to 53.7.

The prevalence of dementia within the Moray population has increased from 4.9 per 1,000 population in 2017/18 to 5.6 in 2022/23.

Behavioural risk factors

The three leading groups of causes of ill-health and early death in Moray are cancers, cardiovascular diseases and neurological disorders. These groups of causes account for 50% of the total burden of health loss. The largest differences in burden - compared to Scotland - occur due to substance use disorders, digestive diseases and cancers. A large proportion of cancer and cardiovascular disease is preventable.

Smoking is the single biggest avoidable risk factor for cancer and remains a leading cause of preventable disease and premature death. Alcohol is also recognised as a contributory factor in many other diseases including cancer, stroke and heart disease.

Armed Forces veterans

Veterans and service personnel have higher rates of certain health conditions, giving rise to greater need for services than in the general population. These conditions include mental health problems (e.g. PTSD, suicide, substance misuse); severe and enduring physical health conditions (e.g. multiple, complex injuries; ongoing support through the national trauma network); impaired mobility and musculoskeletal disorders; chronic pain.

The Moray area profile is included at Appendix A.

6. Measuring our performance

Performance management arrangements established within the partnership facilitate overview and scrutiny of performance in relation to delivery of our Strategic Plan and against a range of local and national key performance indicators.

Quarterly performance reports are produced for HSCM management to review performance and to determine actions required to address areas for concern or to highlight areas showing improvement. This information is further scrutinised by the Senior Management Team and then reported to the MIJB's Audit, Performance and Risk Committee on a quarterly basis.

National context

The Scottish Government measures the performance of all health and social care partnerships against a set of high-level statements of what we should be aiming to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services and they focus on the experiences and quality of services for people receiving these services, carers and their families. We have used this framework as the basis for our performance report.

National Indicators

The Core National Indicators (Appendix B) have been developed from national data sources to enable comparisons between Integration Authority areas and with Scotland. Each indicator acts as a measure of progress against at least one outcome.

There are 23 indicators in total with four (10, 21,22 and 23) still to be defined. Indicators 1-9 are taken from the Health and Care Experience (HACE) Survey which is carried out nationally every two years.

The National Health and Wellbeing Outcomes

1		**Health & wellbeing** People are able to look after and improve their own health and wellbeing and live in good health for longer.
2		**Living in the community** 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		**Positive experiences** People who use health and social care services have positive experiences of those services, and have their dignity respected.
4		**Quality of life** 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 inequalities** Health and social care services contribute to reducing health inequalities.
6		**Support for carers** 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 well- being.
7		**Safe from harm** People using health and social care services are safe from harm.
8		**Workforce** 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		**Use of resources** Resources are used effectively and efficiently in the provision of health and social care.

Our 2023/24 performance report looks at each of the Health & Wellbeing Outcomes alongside national indicators.

7. Our performance in 2023/24

Moray Core Suite of National Integration Indicators Headline Performance

Health & Social Care Moray was in the top 50% for eight of the 19 reported indicators for this reporting period. This was a decrease from the previous reporting period where 11 were in the top 50%.

Areas of particular strength were in relation to lower premature mortality rate, emergency admissions, emergency bed days, readmissions within 28 days and falls. There has been a significant reduction in the premature mortality rate (NI-11) and emergency admission rate (NI-12) (per 100,000 population) in comparison to the Scottish rate, with reductions of 25% and 29% respectively.

Overall, we performed the same or better than Scotland for 12 of the 19 national indicators, with seven performing worse than Scotland. This is the same as the previous reporting period.

Areas where there were reductions in performance related to percentage of adults supported at home who agree that they are supported to live as independently as possible (NI-2) with a reduction of 7% and the percentage of adults supported at home who agree they had a say in how their help, care or support was provided (NI-3) which reduced by 10%. Although the difference between years cannot be directly compared due to the changes in wording of the survey, it is concerning that these indicators have declined.

We continue to progress work to improve performance in these areas through our Strategic Delivery Plan which has a focus on frailty to identify changes in support needs at early stages and to develop multi-disciplinary services in localities, which is targeted to increase the support accessed by people living independently in their communities.

The ongoing work to embed the Self-Directed Support (SDS) principles and to develop more guidance for people and more training for staff to ensure that information is available and understood by all those involved, will better support people to have choice and control over their support.

The detail of each of the indicators is included in Appendix B.

National Indicators

	Our performance has improved compared to last year.
	Our performance is similar to last year.
	Our performance has got worse compared to last year.

		National Indicator	**Scotland**	**Our result**	
Outcome indicators	1	Percentage of adults able to look after their health very well or quite well	91%	92%	
	2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	72%	72%	
	3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	60%	59%	
	4	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	61%	66%	
	5	Percentage of adults receiving any care or support who rate it as excellent or good	70%	69%	
	6	Percentage of people with positive experience of the care provided by their GP practice	68%	69%	
	7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	70%	69%	
	8	Percentage of carers who feel supported to continue in their caring role	31%	28%	
	9	Percentage of adults supported at home who agree they felt safe	73%	70%	

	Our performance has improved compared to last year.
	Our performance is similar to last year.
	Our performance has got worse compared to last year.

		National Indicator	**Scotland**	**Our result**	
Data indicators	11	Premature mortality rate (rate for 2023 not yet available)	442 (for 2022)	330 (for 2022)	
	12	Emergency admission rate	11707	8338	
	13	Emergency bed day rate	112883	87123	
	14	Readmission to hospital within 28 days	104	77	
	15	Proportion of last 6 months of life spent at home or in a community setting	89%	91%	
	16	Falls rate	23	17.7	
	17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	77	81.1%	
	18	Percentage of adults with intensive care needs receiving care at home	65%	61%	
	19	Number of days people spend in hospital when they are ready to be discharged	902	980	
	20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Not yet available	Not yet available	

Moray Local Indicators

Performance in on target or within agreed tolerance in four of the 11 indicators. The following is an assessment of performance in the areas not meeting target.

The number of people waiting to be discharged from hospital at census date (DD-01) fluctuated through the year but ended with a high figure of 43. The number of bed days occupied (DD-02) also increased to 1501 days, double the figure of the previous year. The main reason for the sudden increase related to a contracted partner not being unable to accept new people for care throughout the year but also reducing their capacity at short notice during December 2023, all of which contributed to delays in discharge.

There is a keen focus on ensuring people do not remain in hospital longer than necessary and many teams work collaboratively daily and throughout the week to try to get people home or to a homely setting with appropriate support.

Emergency admissions have started to slowly reduce but is still reflective of a system under pressure. Readmissions to hospital are reducing and with the heightened focus on frailty work at both the national and Moray levels, early indications suggest a reduction in presentations within the frailty age groups.

There is a positive increase in the number of patients starting psychological therapy within 18 weeks but it remains below target. Some people remain in treatment for extended periods due to the complexity of their illness. Moray is continuing to progress well with the implementation of the Medication Assisted Treatment Standards (MATS) and early feedback indicates Moray continues to meet the benchmarks set.

Staff absences continue to be at a high level with mental health and muscular-skeletal injuries being the most common reasons. There are several wellbeing and support services open to staff and managers ensure staff are aware of and can access these. There are recruitment challenges in some areas which places pressure on other members of staff. Efforts are being focussed on ensuring staff are supported effectively and absences are managed.

The detail of each of the Local Indicators is included in Appendix C.

Summary of our performance at a glance – Local Indicators

	Moray is performing better than target.
	Moray is performing worse than target but within agreed tolerance.
	Moray is performing worse than target by more than agreed tolerance.

	National Indicator	2023/24 (Q4)	Target	
Local Indicators	A&E attendance rate per 1000 population all ages	22.6	21.9	
	Number of Delayed Discharges (inc code 9) at census point	43	10	
	Number of bed days occupied by delayed discharges (incl. code 9) at census point	1501	304	
	Rate of emergency occupied bed days for over 65s per 1000 population	2509	2320	
	Emergency admission rate per 1000 population for over 65's	179.7	177	
	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	125.8	121	
	% Emergency readmissions to hospital within 7 days of discharge	4.4%	3.9%	
	% Emergency readmissions to hospital within 28 days of discharge	8.3%	8.4%	
	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	57%	90%	
	NHS Sickness Absence (%of hours lost)	5.7%	4%	
	Council Sickness Absence (% of calendar days lost)	9.7%	4%	

8. Our progress & achievements in 2023/24

Outcome 1 : Health & Wellbeing

People are able to look after and improve their own health and wellbeing and live in good health for longer.

Indicator	Title	2022	2023/24
NI - 1	Percentage of adults able to look after their health very well or quite well		92.2%
NI - 11	Premature mortality rate per 100,000 persons	330	
NI - 12	Emergency admission rate (per 100,000 population)		8,338

Moray's performance for 2023/24 has reduced very slightly from the previous year and remains above the Scottish rate.

Opportunistic conversations

Frontline staff across all services use the making every opportunity count (MeOC) approach to have light touch early intervention and prevention conversations with people on lifestyle and life circumstances, with a focus on the information and advice people want to help them manage their own health and wellbeing.

Over 30 partner organisations across Moray have attended awareness sessions led by the Health Improvement Team and embedded the approach within their practice. The sessions are now included in the Moray Council Care at Home Service induction programme for new staff.

Supporting older people to maintain their independence

The Health Improvement Team developed a frailty specific tool to help us use the MeOC approach to better understand what matters most to older people, their families and carers, and connect them to early intervention support services.

The MeOC self-check tool links with the Realistic Medicine approach which supports people using healthcare services to feel empowered to discuss their treatment, test or procedure fully with healthcare professionals. The aim of this discussion is to ensure people are aware that suggested treatment might come with side effects – or even negative outcomes - and also to reduce harm, waste and unwarranted variation.

Improvement methodology was used to develop the MeOC frailty tool focussing on our wellbeing as we age and an accompanying information sheet signposting to local support services. The tool incorporated the Rockwood Clinical Frailty Score, the measure used by primary care practitioners as a predictor of adverse outcomes among older people.

The tool was tested at a series of vaccination clinics in Moray for people aged 65 and older. Feedback was gathered at each session and changes made in response. The MeOC tool evaluated positively with the format being easy to read and understand. 83%% of people who completed the self-check said they were more aware of services than before.

Most common issues identified have been:
- lack of ability to cut own toenails (41%)
- going over a year without having medications reviewed (37%)
- noticing a decline in hearing (30%)

Least commonly identified issues:
- looking for opportunities to socialise (13%)
- worrying about money (3%).

The next stages of evaluation will be to understand whether or how people access early intervention services as a result of the conversations.

Young people and healthier behaviours

The Health Improvement Team worked with pupils at Keith Grammar School on the topic of vapes and the risk of future harm and addiction.

During the S4 parents evening, the pupil ambassadors were supported by the team to set up a stall with tobacco/vaping resources. This provided information to pupils/parents and the event received good engagement from both parents and pupils. The event also allowed for excellent networking with partners like Police Scotland.

This was followed by a health and wellbeing event at Keith Grammar with 20 organisations showcasing services including mental health, physical activity, Child Smile, online safety advice and volunteering opportunities. Around 400 pupils attended across all year groups. 94% of pupils who completed the feedback form said they found the event informative and were more knowledgeable about support services available to them.

The team piloted new health promotion resources on the dangers of smoking and vaping with 64 pupils at Bishopmill Primary School in Elgin. The children designed posters demonstrating their learning.

The teacher said that pupils: "*Thoroughly enjoyed the session and were very excited about it. They made some fantastic posters warning others of the damaging effects smoking and vaping can cause.*"

Work on vaping is challenging because we know that vapes can be used as effective stop smoking tools, but also that they are clearly targeted by tobacco companies at young people. It often feels uncomfortable to be working with young people to give them the skills and confidence to reject something that adults are making available and marketing directly to them. We plan to expand this area of our work over the next year to consider the roles of retailers and local communities in smoking and vaping.

Health Information Week

Health Information Week (4-10 July) is a national campaign to highlight the role of high-quality, reliable health information in supporting people to stay well, manage ill-health effectively, and have a better quality of life.

In today's "infodemic" with an overload of information, it can be difficult for people to find reliable sources. Libraries play a key role in supporting information literacy skills in communities.

During the week, the Health Improvement Team partnered with NHS Grampian Library Services to present tips to Moray Council library staff on finding and directing people to quality assured health information. With a request to focus on women's health, a presentation was also given by a healthpoint advisor on menopause, including signposting to trusted menopause information and support resources.

Health walks

Health walks are low level walks, led by trained volunteers supported by our Walk Moray Health Walk Coordinator, and are aimed at inactive people who would benefit most from doing more physical activity.

The Walk Moray project delivers 17 health walks across Moray every week supported by active walk leaders forming a fantastic network of volunteers. Around 100 walkers join a local health walk each week. A thank you event was held in February to recognise the achievements of the leaders and show our appreciation for their time and dedication.

Staff working in care homes fed back that they didn't have the opportunity to take part in daytime walks, and in response, two evening walks were introduced – one in Buckie and one in Aberlour. The evening walks support a more mixed demographic to participate in this no cost low level activity.

Leading healthy, active lives

The Community Wellbeing and Development Team continues to support older people through the well-established community groups Be Active Lifelong (BALL) and Seated Exercise and Tea (SET). These are aimed at preventing, reducing and delaying the need for formal care services by enabling people to maintain their independence and lead healthy, active lives.

There are 18 BALL groups and four SET groups across Moray with a current weekly membership of 1,200 older people benefitting from physical and mental activities keeping them connected to their communities and reducing social isolation and loneliness.

The 2023 Fall Ball in Elgin Town Hall was attended by over 130 older people and featured on the STV news programme.

Health and wellbeing groups have doubled in size over the past 18 months. The team have supported several independent community health groups to establish and be self-sustainable across Moray where a need has been evidenced, growing the reach to over 200 new participants.

Two new Steady Steps mobility health groups were launched and the team supported a number of sheltered housing tenants groups to deliver wellbeing activities.

Through quarterly community engagement events and an annual information and activities booklet, people are supported to access information to improve their awareness of sources of advice and help. Over the year, the Community Wellbeing and Development Team supported 2,000 older people to stay connected in their community.

Social prescribing pilot

A social prescribing pilot took place in Forres and Lossiemouth Locality between April 2023 and March 2024. Health and social care practitioners have the opportunity to link individuals to community supports via 'community connectors'. This benefits the individual by providing an early intervention/prevention approach where a clinical intervention is not required, or in conjunction to a clinical intervention where appropriate.

Over the 12 months, 799 adults were signposted within the Forres area, and 780 adults within the Lossiemouth and coastal village area. The ratio of females to males was 2:1. A broad range of community resources were accessed including financial advice, listening services, mental health and wellbeing practitioners, men's shed groups, weight management, smoking cessation, sport and leisure services.

The aim is to scale up this model across Moray during 2024/25, and to utilise the Community Connections and Personal Data Store work being undertaken by DHI through the Moray Growth Deal to provide a future digital solution. This work closely aligns with the national GIRFE work.

Outcome 2 : Living in the community

People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community.

Indicator	Title	2023/24
NI - 2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	71.9%
NI - 3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	59.5%
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	68.7%
NI - 12	Emergency admission rate (per 100,000 population)	8,338
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	91.1%

The results for National Indicators 2 and 3 are not where we would like to be. Supporting people to live as independently as possible and involving people in how that support is provided is a key focus for us. Work will continue to be taken forward in a variety of ways such as ensuring people are connected with their communities through social prescribing, initiatives led by the health improvement and community health and wellbeing teams, further developing multi-disciplinary teams working in the community and considering how digital technology can support people in their own homes, all of which should support people to live independently as possible.

We intend developing further guidance for people and training for staff in relation to Self-Directed Support (SDS) to improve knowledge and understanding of the options available for people when deciding how they want their support to be provided.

Care at Home Service

Care at Home is one of the key services which enables people to live independently in their own home for longer.

As at February 2024, the planned weekly hours of care being delivered by the internal Moray Council service and CQS our external partner, were 4,752.

	Number of planned weekly hours (Feb 2023)	2023/24	Change	%
Internal Care at Home	**3,550**	**3,871**	**+321**	**+9.04%**
Partner provider	**1,446**	**881**	**-565**	**-39.07%**
TOTAL	**4,996**	**4,752**	**-244**	**-4.88%**

A weekly care at home hub meeting is in place to better understanding challenges faced in each locality and keep track of where and how care is being provided, to understand risks faced by the service users and providers and to assist in developing strategies for improvement across the service. Performance information from these meetings is submitted weekly to the Collaborative Care Home Support Team Meeting which oversees provision of care at home and care homes by internal and external services.

A Strategic Care at Home Group was set up in 2023 to look at the commissioning element of care at home and how internal services can support progress in this area. This is managed and progressed by the Commissioning Team, supported by the Locality Managers.

Self-Directed Support

The Self-Directed Support (SDS) team within HSCM are currently supporting 301 individuals who are in receipt of an Option 1 Direct Payment to meet their care and support needs.

The majority opt to use their budget to employ their own team of personal assistants (PA). There are approximately 415 PAs in Moray supporting individuals directly through Option 1 ranging from support with personal care, to social support and support to enable the unpaid carer to have a break from their caring role.

HSCM are represented on the national Personal Assistant Programme Board sub- groups looking at PA recruitment and PA health and wellbeing. To support recruitment, work is underway with the Convention of Scottish Local Authorities (CoSLA) to enable PA job vacancies to be placed on the My Job Scotland recruitment website which will support in raising the profile of the PA workforce.

The SDS team continue to progress with the development of tri part (three parties) agreements for those individuals who opt to have their care and support delivered via Option 2, whereby the individual directs the support available with the local authority putting in place the arrangement on the individual's behalf.

During 2023/24, the team completed 103 tri part agreements in liaison with the chosen provider and the individual. The team offer on-going support to ensure people's support is delivered in accordance with the contractual agreement.

Supporting people with a learning disability

Around 450 people with a learning disability are supported and receive a wide spectrum of services from a multi-disciplinary team to promote their safety, health and wellbeing, and enable them to live as full and independent a life as they can.

Implementing the Dynamic Support Register has been a significant area of development within the service over the last year. This is in line with the Coming Home Implementation Memorandum of Understanding between the Scottish Government and COSLA and aims to improve monitoring of the experiences of people with learning disabilities and complex care needs who are in hospital, who are in out-of-area placements and/or whose current support arrangements are at risk of breaking down.

In 2023/24, three people were supported through this process to return to their homes in Moray following discharge from a learning disability or mental health hospital bed, and nine people supported to stabilise support arrangements which had been at risk of breaking down.

Housing has been an area of significant development within the service over recent years and it is imperative this momentum continues in order to meet the needs of those on the Dynamic Support Register and to proactively prevent people being added to the register.

The service is working in partnership with Moray Council Housing Department as well as external providers to achieve this. This includes the continued plan to increase our provision within the internal Woodview service which offers independent living to some of the most vulnerable adults who have complex and challenging support needs.

Communities and volunteer teams

During Volunteer Week in June 2023, we hosted joint celebrations for our NHS and Social Care volunteers which were well attended and gave HSCM the opportunity to thank all of our volunteers both in person and with a letter of appreciation from our Chief Officer.

Volunteers make up 10% of our workforce headcount and add unmeasurable value to our services and the experience of people who receive our services. While we are careful to ensure volunteers never replace paid staff, they very much complement and enhance our work and are often able to undertake some of the day to day things that make the biggest difference such as being a listening ear.

We have over 120 social volunteers supporting 144 people in the community in a variety of roles from alarm responders and supporting in day services, through to befriending in person and on the telephone to ensure older vulnerable individuals avoid social isolation and can, where possible, integrate into their local community. We recorded 8,000 hours of contribution in the last 12 months by social volunteers

We have over 80 NHS volunteers supporting our patients and staff across Moray, including in our acute and community hospitals and The Oaks unit in Elgin. Their role includes visiting patients without family or friends close by, wayfinding, reception, activities on wards and in departments.

Our volunteers join us for numerous reasons including to gain work experience, enhance their employment prospects, to give something back, to be part of a team and to do something meaningful. We have been delighted to see several of our volunteers move on to study to become clinical or social care staff and to find employment with HSCM.

We are also working with the newly formed NHSG Volunteer Oversight Group in developing our systems and processes to ensure that volunteers are embedded, valued and recognised as part of the NHS workforce.

Feedback on volunteering

"Volunteering has given me a social life, I've met new people, joined new groups and get out more."

"I am the only person she sees and I know how much my visits mean to her."

"The nursing staff and patients are so grateful and lovely every time I volunteer, it makes me feel I am making a difference."

"Having a volunteer to talk to makes such a difference to the patients mood and motivation which is lovely to see and greatly supports the patients."

Outcome 3 : Positive experiences

People who use health and social care services have positive experiences of those services, and have their dignity respected.

Indicator	Title	2023/24
NI - 4	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	65.7%
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	68.7%
NI - 6	Percentage of people with positive experience of care at their GP practice	68.6%
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	81.1%

Learning from complaints and feedback

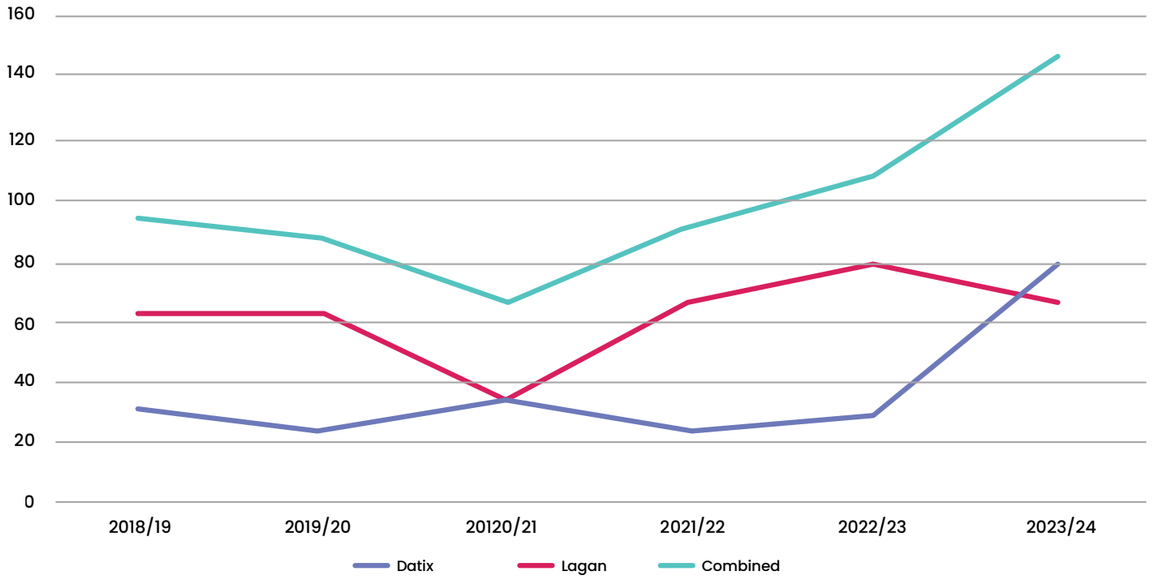
We place huge importance on using the comments and feedback we receive to continuously improve services. As well as the feedback received directly by services and gathered via surveys conducted as part of monitoring the quality of services and service redesign, another source of information and learning is obtained from complaints received.

A total of 147 complaints were received by Health and Social Care Moray in 2023/24. We record all complaints received onto either the DATIX system for health related services or LAGAN for social work and social care related services.

The figures in this reporting period include Children & Families and Justice Services for the first time, as these services were delegated to the Moray Integration Joint Board on 16 March 2023. This accounts for the increase in complaints recorded on Lagan between 2022/23 and 2023/24.

Complaints Received by Year

Year	Total (recorded in DATIX)	Total (recorded in LAGAN)	Total complaints
2018/19	62	31	93
2019/20	62	25	87
2020/21	33	32	65
2021/22	68	24	92
2022/23	78	30	108
2023/24	67	80	147



In 2023/24, 24% (34) of complaints were upheld fully with the remainder being partially or not upheld.

Aspects of services leading to complaints were around processes not being clear or not being followed appropriately by staff, communication issues relating to messages or guidance not being sufficiently clear for people and the right people not having been informed at the right time.

Learning from complaints is being used to address these issues. It is positive to note that complaints regarding provision of care are small in number and that very positive feedback is regularly received from people receiving support from services

We aim to respond to complaints within the target of 20 days. Performance during 2023/24 did not achieve this with an average of 54 days for health related services and 29 days for social work and social care services. This is an area for improvement and processes internally have been reviewed to ensure they are as streamlined as possible.

Aberlour Medical Practice

Aberlour Medical Practice, which has just over 3,000 patients, is being managed and operated by HSCM on an interim basis after the single GP partner handed back the contract in February 2024.

Patients were invited to a drop-in community engagement event in March to provide feedback on their experiences and how they would like to see the practice developed going forward.

Overall, the feedback indicated a mix of dissatisfaction with previous aspects of care and the service from Aberlour Medical Practice, alongside recognition of areas of good practice, areas for improvement and a desire for better communication, consistency and quality of care.

Patients had been satisfied with the service provided by the practice pre-COVID, saying it ran smoothly and provided excellent care, but since then had found it difficult to access appointments. Concerns were raised that HSCM had not acted sooner to address the issues at Aberlour which had impacted patients for some time.

The comments also expressed a sense of optimism from patients who had already experienced improvements under the interim arrangements.

Outcome 4 : Quality of life

Health and social care services are centred on helping to maintain or improve the quality of life of service users.

Indicator	Title	2023/24
NI - 6	Percentage of people with positive experience of care at their GP practice	68.6%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	69.3%
NI - 12	Emergency admission rate (per 100,000 population)	8,338

Health and wellbeing practitioners

Our team of mental health and wellbeing practitioners are based within Moray's GP practices and provide practical and emotional support for adults experiencing a range of mental health conditions.

The direct access service is a partnership between primary health care and mental health services and offers people the opportunity to make an appointment with a mental health and wellbeing practitioner without the need for a GP referral.

Feedback gathered from 104 people who had received the service was very positive.

- **99%** felt their practitioner was supportive
- **95%** felt the service helped them
- **89%** felt more positive about their journey to recovery
- **89%** felt more confident about looking after their own wellbeing
- **98%** would use the service again if they needed to
- **94%** would consider using the service to talk about their mental health instead of making a GP appointment

Case studies from the mental health and wellbeing service

Julie

Julie is a survivor of domestic abuse. She was referred to the Mental Health and Wellbeing Service as she was experiencing anxiety and was frightened to go outside, which meant she couldn't get a job to support herself and her children.

We had a session where we talked about how she was feeling and what she might like her recovery to look like; how her life could be. Her goal was to eventually get a job which would also boost her self-esteem.

We agreed on a plan of anxiety reduction and relaxation techniques, coupled with some on line support for self-compassion and women who were survivors, too, so that she didn't feel alone. She also consented for referral to Women's Aid and Rape Crisis so that she could get some counselling and support specifically around violence against women and girls. They would also be able to support her family as well as help her to access financial, housing, school bank and food bank support.

About three months later, she got back in touch with the Mental Health and Wellbeing Service to say she was applying for jobs. She was feeling much more confident, less alone and able to get medical and social care for herself and her children which was helping her to feel like a good mum, a good person, resilient and capable.

Bob

Bob contacted his GP because he realised that he was not able to lift himself from the low mood that had intensified over the last six months. He had regular thoughts of suicide and was frightened by these.

Bob phoned the GP surgery and an appointment was made for him in three weeks' time. In the interim, the receptionist asked if he would like the Mental Health and Wellbeing Practitioner to make contact. He said yes as he was feeling desperate.

Bob worked with the practitioner to develop his plan which included talking to his wife and adult children about how he was feeling and talking to his supervisor at work. He found the appointment incredibly helpful. He felt listened to and equipped with some readily available tools to help him understand how he was feeling and feel more in control and, most importantly, safe.

Bob attended three more appointments with the practitioner in the GP surgery until such time as he felt he could cope. His knowledge and understanding of himself and how to stay well improved markedly through his own hard work.

Day opportunities

The Self-Directed Support Day Opportunities team continue to build on the ethos of creating positive relationships with the people they support and taking a strengths and asset-based approach to support planning with both the individual and their unpaid carer. The team supported over 340 individuals and their unpaid carers in the reporting period April 2023 to March 2024.

The SDS Enablers aim to support individuals to reconnect with their own communities where possible, with or without support, ensuring a person-centred approach. The team also focus on providing unpaid carers with a regular break from their caring role.

Feedback from unpaid carers include:

"Thanks for that - the words 'above & beyond' spring to mind. Many, many thanks".

"Thanks to you both for setting us up on the right road will not forget what you both did for us."

Improved access to medications for patients

Over 22% of patients registered with Moray GP practices have a serial prescription which can ensure that medication is available for the year directly at the community pharmacy.

In addition to this we are now rolling out the programme to include residents living in care home which creates a more robust medication availability service to the homes. This is a first for Grampian which is not yet available in Aberdeen City or Aberdeenshire.

Each month our pharmacotherapy service provides the following within the main areas of activity:

- 1,500 consultations
- 2,300 medication reviews
- 10,800 technical interventions

52% of frailty medication reviews in the elderly resulted in medication changes, medication being stopped, doses changed or dose frequency changed. This has positive impacts for the individual by reducing the volume of medication being taken and can assist services by reducing the number of care at home visits required just to administer medication, thereby releasing capacity for other people.

Other actions included referral to another service, discussion of results, ways to support people having difficulty complying with or managing their medication and addressing other risk aspects such as the risk of falls. An additional benefit is a reduction on the spend on medication which is currently an area of significant overspend.

Outcome 5 : Health inequalities

Health and social care services contribute to reducing health inequalities.

Indicator	Title	2022	2023/24
NI - 11	Premature mortality rate per 100,000 persons	330	
NI - 12	Emergency admission rate (per 100,000 population)		8338

Moray is performing well in both these indicators. Deaths in people aged under 75 years are more common in deprived areas so delivering sustainable improvements in health requires a focus on the underlying causes of poor health and inequalities.

Improvements in peoples' overall heath and reducing heath inequalities should lead to fewer emergencies (the emergency admission rate is strongly related to patient age and to deprivation)

Supporting people with a learning disability

There has been significant progress in planning for implementation of annual health checks for adults who have a learning disability. These checks have been introduced by the Scottish Government to address and reduce health inequalities experienced by people with a learning disability.

Working in partnership with one GP practice, the service will commence a pilot involving 20 people with a view to rolling this out more widely thereafter.

Supporting families on a low income

Confidence 2 Cook is a training programme which aims to promote healthy eating messages through practical, hands-on cookery sessions, particularly with vulnerable groups in low-income communities.

The Health Improvement Team are supporting local partners to access the free course with the aim of having trainers in each locality within Moray. Six practitioners within partner organisations completed the training for trainers course this year.

The team also work as members of the Fairer Moray Action Group to mitigate the impact of poverty, such as encouraging and enabling uptake of benefits and supporting access to foodbanks. We will continue to develop the health and care system's contribution to tackling poverty over the next year.

Supporting people with lived experience of the justice system

The Health Improvement and Community Justice teams are working together to improve the health and wellbeing of people with lived experience of the justice system. This is in line with the National Strategy for Community Justice which recognises the need to reduce stigma and discrimination around accessing services.

Between September 2023 and March 2024, the project ran fortnightly sessions. Interactions at sessions were mostly positive and generated lots of learning, discussions and sharing of past and present experiences.

Supporting services were able to offer information and practical help. Some services were quite new to the group members while some were already being accessed. One individual was able to access urgent dental treatment and another was introduced to journaling to help manage previous trauma.

For some project participants, there was the sense of achievement when joining a group walk. For others, their participation sparked an interest in exploring the possibility of pursing further education.

Alcohol brief intervention

Alcohol problems are a major concern for public health in Scotland. Short-term problems such as intoxication increase risk of injury and are associated with violence and social disorder. In the longer term, excessive consumption can cause irreversible damage to parts of the body such as the liver and brain.

Alcohol can also lead to, and result from, mental health problems; alcohol dependency is associated with an increased risk of suicide. Alcohol is also recognised as a contributory factor in many other diseases including cancer, stroke and heart disease. Wider social problems include family disruption, absenteeism from work and financial difficulties.

The Chief Medical Officers recommend drinking no more than 14 units a week on a regular basis to keep health risks from alcohol to a low level. Between 2018-2022, the mean weekly alcohol consumption in Moray was 10.3 units, an increase of 0.2 units from the previous 2017-2021 reporting period. While weekly consumption by males (11.8 units) lay significantly below the national average (15.6 units), weekly consumption by females (9 units) was above the national average (8.4 units). It is worth noting that self-reported alcohol consumption always underestimates consumption due to stigma.

Binge drinking also has important health impacts. It matters whether the 14 units are drunk regularly across the week or are all drunk in one evening (the former being more harmful than the latter).

An alcohol brief intervention (ABI) is a short, evidence-based, structured conversation about alcohol consumption with an individual that seeks, in a non-confrontational way, to motivate and support the person to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.

While we know that we also need to tackle attitudes to and the availability of alcohol, ABIs are effective and cost effective interventions. Training in this has been delivered to 46 colleagues and partners within the health and social care sector by the Moray Health Improvement Team.

The aim of the course is to demonstrate an increase in both knowledge and confidence of health and social alcohol related issues and is an introduction to simple motivational interview techniques which will enhance the practitioner's practice.

Digital weight loss programme

We know that there are many environmental, commercial and poverty related reasons why people are overweight and obese; as one example, ultra processed, high fat and high sugar foods are often much cheaper and more readily available than less processed, lower fat and lower sugar alternatives.

Moray Nutrition and Dietetics strives to reduce nutrition related and health inequalities by taking a public health approach to the service. This involves tackling cost and availability of foodstuffs as well as supporting the creation of environments where regular physical activity is the norm.

The move to deliver more digital weight loss programmes was as a direct result of identifying that men, younger adults and minority ethnic groups were not taking up the in-person traditional weight loss interventions. Evidence suggests that digital weight loss programmes better meet these population cohorts' needs.

Outcome 6 : Carers are supported

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.

Indicator	Title	2023/24
NI - 8	Percentage of carers who feel supported to continue in their caring role	28.2%
NI - 18	Percentage of adults with intensive care needs receiving care at home	60.6%

Moray is near the Scottish rate regarding carers who feel supported, however it is recognised that the large number of adults with intensive care needs receiving care at home places more pressure on unpaid carers.

The work that is described below is intended to improve these results, however given the increasing older people population in Moray, the level of need is likely to increase significantly, with no additional funding available to increase capacity for support, so providing support where needed will be an increasing challenge.

A strategy for unpaid carers

Unpaid carers can be any age, from young people to older people, with Carers UK predicting 3 in 5 of us will be a carer at some point in our lives. There are an estimated 16,200 unpaid carers in Moray. Not all unpaid carers in Moray require formal support from statutory services to assist them to meet the demand of the role, or to receive formal support for the person they care for, however, carers legislative rights are enshrined by the Carers (Scotland) Act 2016.

Health and Social Care Moray want to recognise the significant contribution unpaid carers make every day to ensuring that people with care and support needs in our communities, continue to experience a good quality of life.

Since the launch in April 2023 of the Unpaid Carers Strategy 2023-2026, work has progressed to address the actions identified within the associated implementation plan.

Our strategy has three key priorities:
- Recognition for carers
- Valuing carers
- Supporting carers

A local action plan has been developed to support us to embed our key priorities over the coming years, with work underway in line with our strategic aims.

Support for unpaid carers

Following a competitive tender process, the unpaid carers contract was awarded to Quarriers to continue delivering information, support, advice and to offer both Adult Carer Support Plans and Young Carer Statements.

As of March 2024, there were a total of 1130 unpaid adult carers registered with the service, of which 16 were receiving intense support. For the same period, there were a total of 170 young carers registered with the service, of which 15 were receiving intensive support.

We are supporting unpaid carers through the work undertaken by the Self-Directed Support (SDS) Day Opportunities team, with the SDS Enablers focussing on building relationships, taking a strengths and asset-based approach, and acknowledging the need for place-based support in people's own communities.

Through the team's focus on ensuring the support delivered is focussed on meeting the needs of the unpaid carer, but also providing a meaningful outcome for the cared for person, short breaks and respite can be a positive experience for both individuals.

Work is continuing to identify a transparent, personalised indictive budget when unpaid carers meet eligibility for an SDS budget. Social Work Scotland worked alongside Moray and two other Health and Social Care Partnerships to test out the draft self-evaluation framework for improvement, with the focus for Moray being around Standard 12: access to budgets and flexibility of spend of the Self-Directed Support Framework of Standards for unpaid carers.

Outcome 7 : People are safe

People who use health and social care services are safe from harm.

Indicator	Title	2022/23	2023/24
NI - 9	Percentage of adults supported at home who agree they felt safe		70%
NI - 11	Premature mortality rate per 100,000 persons	330	
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)		77%
NI - 16	Falls rate per 1,000 population aged 65+		17.7

Performance again these indicators show that the gap between the Scottish rate and Moray's position is reducing. Work is underway to conduct reviews of support provision to ensure people receive the support they need whilst drawing on the connections and relationships that people already have in their communities which is hoped will assist in establishing an increase in their feeling of safety.

Moray is performing very well in comparison with other partnerships with regard to low levels of premature mortality, emergency readmissions at 28 days and falls rate. This is positive in that it indicates efforts to ensure people are able to access support before reaching a crisis point are working.

We acknowledge, however, that premature mortality rates are higher among the most deprived (SIMD1) at 505.3 per 100,000 population which is almost double the rate for the least deprived (SIMD5) at 254.5 for Moray.

Monitoring of commissioned services

A particular strength of the Adult Social Care Commissioning team is the proactive and reactive monitoring of contracts. The proactive element of contract monitoring involves a weekly submission by providers of staffing absences, a monthly submission of comments, complaints and incidents, an annual site visit by a commissioning co-ordinator, a six monthly finance meeting and an annual contract meeting. This ensures that relationships with providers are strong, and they are well supported.

The Commissioning Team also meet weekly with social work and health colleagues as well as with the Care Inspectorate to identify any potential issues. Where there are issues, the Commissioning Team lead on reactive monitoring which is a three-tiered approach:

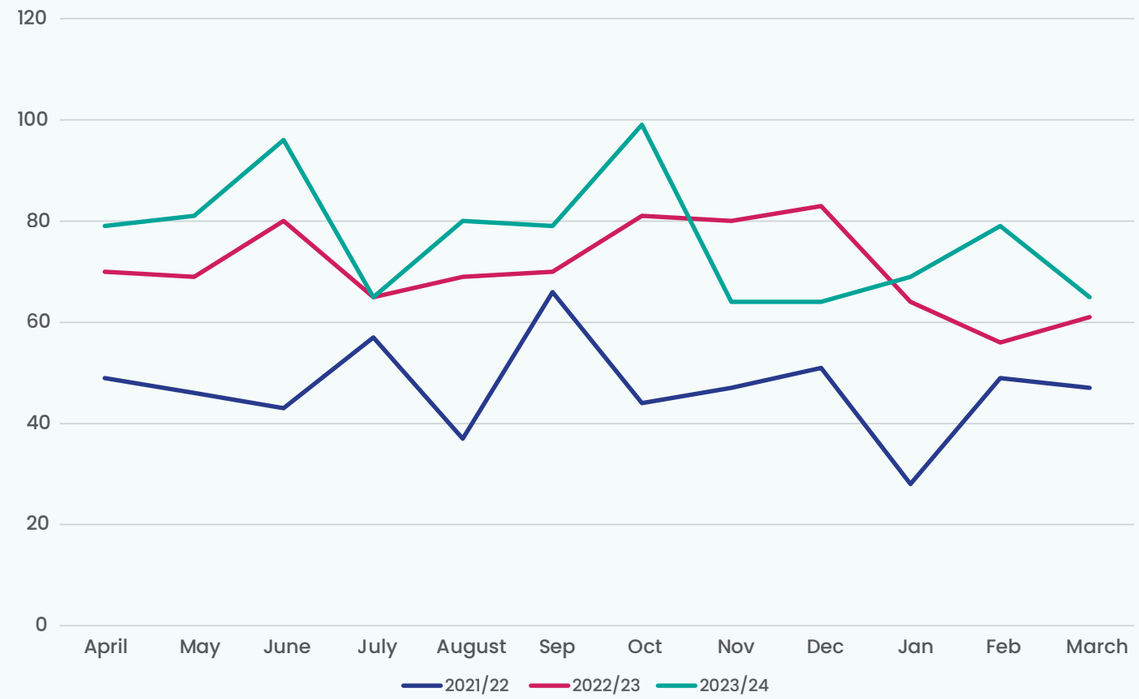
- Supportive monitoring
- Enhanced monitoring
- Large scale investigations led by social work.

The approach to be used is authorised through the Collaborative Care Meeting and is a well-received way of monitoring that is supportive, whilst also holding all internal and external colleagues to account for improvement actions. This way of monitoring has been praised by colleagues in the Care Inspectorate as it supports their inspections and any improvements that they agree with providers.

Referrals into the Adult Support and Protection (ASP) system

The Access Social Work Team continues to be the single point of contact for initial concerns and referrals relating to ASP. It accepts and manages referrals from both members of the public and professionals. The public can find information on the **Moray Protects webpage**.

Like many partnerships, we experienced a significant increase in the volume of ASP referrals received during 2023/2024 (see graph below).



We worked in our multiagency partnership to understand the cause of this increased demand and through the refresh of the Multiagency Thresholds Guidance colleagues and partners are supported in relation to what type and nature of incidents should be subject to ASP reporting. The document also provides support and guidance to practitioners on actions to support vulnerable adults and reduce risk.

Urgent health care out of hours

GMED is the Grampian-wide out of hours primary care service that cares for patients who have urgent but non-life threatening health needs that cannot wait until their GP practice is open. GMED is not an emergency service, a minor injury service or a walk-in service.

In 2023, GMED dealt with 112,148 calls which was a 14% increase in demand compared to the previous year. There were:

- 66,532 advice calls,
- 31,601 centre consultations,
- 10,848 home visits and
- 3,167 mental health advice calls.

GMED operates from 18:00 until 08:00 each weekday, all weekend and every public holiday including over the festive period. GMED employs nearly 300 staff consisting of bank GPs with a core of substantive Advanced Nurse Practitioners (ANPs), Advanced Paramedic Practitioners (APPs) and healthcare support staff (Drivers, Dispatch and Administrators).

GMED also provides comprehensive training to ANP and APP trainees as well as supporting General Practitioner specialty training, the Career Start programme and medical and clinical student placements.

The service operates from bases in Aberdeen, Inverurie, Huntly, Peterhead, Fraserburgh, Elgin, Stonehaven and Banchory. It offers centre appointments and home visits in all above listed locations. To support home visits, the service manages a fleet of 12 vehicles.

To access urgent care services, patients need to call 111 (NHS 24) who will triage the patient and refer to the most appropriate service, including GMED. Community pharmacies, Scottish Ambulance Service (SAS), community nursing, social work and some other services can refer patients directly to the dispatch hub via the professional-to-professional telephone line.

Outcome 8 : Workforce

People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do.

Indicator	Title	2023/24
N/A	There are no National Indicators to measure our progress towards this outcome. Our performance is in part measured using staff surveys.	

Staff survey

iMatter is an annual staff survey sent to all employees across health and social care in Grampian. There was 57% response rate for the iMatter staff survey which showed an employee engagement index of 77 and our overall score was 7.2.

Areas with the lowest scores were: *"I have sufficient support to do my job well"* and *"I am confident performance is managed well within my organisation"*. The senior management team are committed to identifying and delivering on actions to improve these elements.

Workforce Forum

The Workforce Forum provides an opportunity for open dialogue between workforce, partnership and health and safety representatives, and enables colleagues to discuss and raise issues and best practice. Attendance at these meetings has increased significantly which is a positive move as more teams are now represented and engaged.

In January, our workforce delivery plan was submitted to Scottish Government in collaboration with Dr Gray's Hospital and was linked to the Health and Care Staffing Act. Our staff governance report was submitted to the pan-Grampian Board in collaboration with Dr Gray's. A staff governance delivery plan sits under the workforce plan and is owned by the workforce forum.

Following feedback from managers, it was recognised that there was a need to provide support in relation to managing change in teams. Peer to peer support has now been established across the partnership for those managers instigating or supporting change management to ensure people are engaged appropriately and any lessons learnt are shared.

Occupational Therapy team building day

As a result of the impact of Covid on ways of working, the introduction of hybrid working and the general ongoing pressures of increasing demand, managers seek opportunities to develop their teams and build relationships and networks. One example was the Occupational Therapy (OT) team building day held in February 2024.

The OT service had not come together for some time and after the pandemic there was a need to reset and refocus the Moray service. A workshop was held to look at using the Well Being toolkit with its themes of support, keeping connected and new ways of working.

The afternoon session focused on locality group discussions based on the outcomes of the toolkit feedback. Each locality defined two key priorities for their area moving forward and this was built into a OT delivery plan focussing on providing a service across Moray that is seamless and maximises the resources within each locality in early intervention and prevention.

The event was attended by 54 members of both the adult and paediatric OT services. The feedback was very positive with 90% of responses rating it excellent or good and many participants suggested topics for future events.

Staff health and wellbeing

The Health Improvement Team leads on a number of staff wellbeing initiatives such as healthy weight, mental health and smoking cessation and can provide onsite and outreach sessions to staff teams on request.

Cedarwood Day Service in Elgin, which supports adults with learning disabilities, asked the team to deliver a health and wellbeing information session for staff with a focus on women's health. Resources were displayed alongside information signposting and healthpoint offered free mini lifestyle checks. 35 staff members attended the session with two going on to access further healthpoint support around weight management.

New starts within Care at Home service

Following discussions at the Care at Home Practice Governance Forum, a new induction training programme has been developed for the service. This is now held every two months and has had excellent feedback from participants.

The retention rate in the service remains high at 79% for staff who have joined since April 2023. Staff feedback gathered by the Care Inspectorate during the recent inspection was also very positive about all aspects within the service.

Outcome 9 : Use of resources

Resources are used effectively and efficiently in the provision of health and social care.

Indicator	Title	2023/24
NI - 4	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	65.7%
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	77
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	91.1%
NI - 16	Falls rate per 1,000 population aged 65+	17.7
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	980

Moray is performing well for indicators relating to efficient and effective use of resources. There remains a challenge, however, with some people having to wait longer in hospital than they should which is not a good outcome for the individual and is an ineffective use of resource. There is a considerable focus on this aspect and several initiatives in progress with an aim to reduce this figure.

Vaccination uptake

The World Health Organisation (WHO) describes vaccines as one of the two public health interventions that have the greatest impact on the world's health, the other being clean water. It is also considered as one of the most impactful and cost-effective public health interventions available to communities and populations across the world.

Vaccination can prevent or reduce the severity of disease, minimise disability and save lives, often in many of the most disadvantaged people in society. It offers excellent value for money by reducing current and future public expenditure on health and social care provision.

Uptake of seasonal flu and covid-19 vaccinations in Winter 2023/24 was similar in Grampian to elsewhere in Scotland and highest in the oldest age groups, and the Spring 2024 programme continues to perform well. Uptake shows a socioeconomic gradient with highest uptake amongst least deprived

COVID 19	Number of planned weekly hours (Feb 2023)
Cohort	**% uptake**
Age 65 to 74	77.0%
Aged 75+	83.9%
All social care workers	14.5%
At risk age 5 to 11	7.3%
At risk age 6 months to 4 years	13.6%
At risk age 12 to 64	35.8%
Frontline health care workers	30.2%
Older people care home residents	89.9%
Weakened immune system	59.3%
TOTAL	60%

Influenza	Number of planned weekly hours (Feb 2023)
Cohort	**% uptake**
Age 50 to 64	43.1%
Age 65 to 74	77.1%
Aged 75+	84%
All health care workers	24.7%
All social care workers	13.1%
At risk age 18 to 64	44.2%
Older people care home residents	91%
Weakened immune system	63.9%
TOTAL	58.3%

The uptake of vaccinations amongst frontline health and social care staff is lower than the partnership would like it to be, despite significant work by the Moray Immunisation Team to increase uptake.

Commissioning of services

In the last year the commissioning team have been focusing on the improvements identified in the external audit from KPMG in February 2023. This process has ensured that the governance surrounding commissioning decisions has been approved and the role that commissioning has within Health and Social Care Moray has been strengthened.

To maintain the processes around commissioning, contracts and monitoring, the team has created a procedure with a number of process maps underpinning the content. These process maps identify governance routes, monitoring processes and internal ways of working.

The team have also been working to ensure that contracts are current, and they have awarded 13 contracts and undertaken five letters of extension. The team are currently working on 12 contracts which are at various stages of the commissioning cycle. Within this, the voice of the citizens of Moray gets stronger as they are included in the commissioning cycle, from consultation stage to sitting on a tender panel.

Localities, finance & priorities for 2024/25

9. Working with communities across our localities

For service planning and delivery purposes, the four localities in Moray are: Forres and Lossiemouth; Elgin; Buckie, Cullen and Fochabers; Keith and Speyside

Locality managers are leading on the development and delivery of locality plans to respond to local needs and reflect the priorities of communities. First drafts were published in 2022 and updated plans for 2023-2026 were approved by the MIJB in March 2023.

Elgin Locality

Multi-disciplinary team (MDT) working where a group of health and care professionals from different backgrounds work together to plan and coordinate care for people, is a key element within each of the four localities.

In the Elgin locality, there has been a particular focus on how effective these are and what improvements can be made to better support MDTs and the people of Elgin who require support from them.

Professionals participating in MDTs in the Elgin locality were surveyed to gain feedback on the effectiveness of collaboratively working in this way and what other opportunities could be explored. The information received is being reviewed and recommendations will be shared to then move to implementation and improvement.

It was identified that it would also be good practice to engage with people who are supported by MDTs within their community to gather their view on the impact this way of working has on their health and wellbeing. This will be progressed during 2024/25.

Keith and Speyside Locality

As part of our intergenerational work around early intervention and prevention, we held ‘Let’s talk health, wellbeing and your community’ events at Speyside High School and Keith Grammar School. We were joined by partners from the local third sector, community groups and blue light services.

We engaged with over 800 young people, their families, teachers and carers during the two events. Topics covered included basic lifesaving skills, diet, information on the harmful effects of alcohol, tobacco and vaping and energy drinks.

The Fleming Hospital Health Hub at Aberlour has seen a significant increase in the number of services being delivered and people supported over the last 12 months, with plans in place to increase the services we can offer further over the next 12 months.

To date we are hosting retinal screening clinics, vaccinations, children's immunisations, podiatry, respiratory clinics, health point, parent and baby checks and classes, exercise for people with arthritis, occupational and physiotherapy clinics, foot and nail clinics. We have also been able to support several training events for staff and local communities including manual handling and first aid.

Our Speyside District Nurse Team and our Community Response Team (CRT) are based in the hub and we have our Care at Home team in the adjacent building. Many Moray-wide services are also able to utilise work space in the hub whilst working in the Speyside area.

The delivery of services from the Fleming Hospital Health Hub supports people to access services closer to home in line with our strategic direction and in some instances prevent travel through to Elgin or Aberdeen for appointments. Having more organisations and services able to offer services locally opens up options, opportunities and alternatives in line with social prescribing, prevention and self-management.

MDT working is an important part of locality working, ensuring the right people are involved in matters at the right time. There are numerous regular weekly MDT meetings across the locality, from our GP practices through to our community hospitals to support planning around patients and the people we support and a lot of work has been undertaken over the last year to improve these meetings where required and to ensure the right people are involved and meetings are run as efficiently and effectively as they can be.

With Keith and Speyside being across such a large geographical spread and so as not to add to already busy workloads by having many locality meetings, we have introduced an online directory where all health and social care professionals are able to access one another's direct contact details, referral processes and overview of services offered. This has proven very popular and improved and increased collaborative working across the locality.

10. Financial performance and best value

Financial review and performance

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives, is asked to consider the financial position at a given point and any management action deemed as necessary to ensure delivery of services within the designated financial framework.

From the first quarter in the financial year, the Board was presented with financial information that included a forecast position to the end of the year. In November 2023, the Board received a financial report which forecast an expected overspend to the end of the financial year of £3.02m.

This forecast remained consistent throughout the remainder of the year and in December 2023, MIJB were forecasting an overspend to the end of the year of £3.02m. The MIJB actually out turned at £3.02m overspent.

Both partners, in line with the Integration Scheme, put in additional funding to cover this overspend so with the use of ear marked reserves totalling £2.697m, leaves a balance of £1.986m in ear marked reserves to be carried forward into 2024/25.

In March 2023, the MIJB agreed a savings plan of £4.141m. At the end of the financial year, this had been achieved in part, with recurring savings of £2.5m.

Given the uncertainties associated with funding and the emerging overspend position at the early stage of the financial year, it was necessary to update the Board regularly on the emerging financial position. This was done formally through MIJB meetings and informally through development sessions.

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

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend £000's	Note
Community Hospitals & Services	7,605	7,942	(337)	
Community Nursing104,360	5,544	5,702	(158)	
Learning Disabilities	15,748	18,366	(2,618)	1
Mental Health	11,047	11,506	(459)	
Addictions	1,849	1,726	123	
Adult Protection & Health Improvement	197	213	(16)	
Care Services Provided In-House	24,611	23,044	1,567	2
Older People Services & Physical & Sensory Disability	22,357	25,191	(2,834)	3
Intermediate Care & OT	1,640	1,881	(241)	
Care Services Provided by External Contractors	1,833	1,808	25	
Other Community Services	9,739	10,012	(273)	
Administration & Management	2,559	2,828	(269)	
Other Operational Services	1,221	1,299	(78)	
Primary Care Prescribing	18,651	21,339	(2,688)	4
Primary Care Services	19,776	19,939	(163)	
Hosted Services	5,359	5,936	(577)	
Out of Area Placements	720	1,777	(1,057)	5
Improvement Grants	940	949	(9)	
Childrens & Justice Services	19,762	19,762	-	
Total Core Services	171,158	181,220	(10,062)	
Strategic Funds & Other Resources	18,946	6,898	12,048	
TOTALS (before set aside)	190,104	188,118	1,986	
Set Aside	14,665	14,665	-	
TOTAL	204,769	202,783	1,986	

Significant variances against the budget were notably:

Note 1
Learning Disabilities – The Learning Disability (LD) service was overspent by £2.618m at the end of 2023/24. The overspend is essentially due to the purchase of care for people with complex needs which resulted in an overspend of £2,727,867, client transport of £13,589. This is offset by more income received than expected of £109,728 (partly due to deferred payments); an underspend in clinical Speech and Language services, physiotherapy and psychology services of £10,544 and other minor underspends totalling £3,671.This budget has been under pressure for a number of years due to demographic pressures, transitions from Children's services and people living longer and getting frailer whilst staying at home. The biggest overspends was for domiciliary care and day services this enables people to stay living at home or in a homely setting for as long as possible.

Note 2
Care Services Provided In-House – This budget was underspent by £1.567m at the end of the year. The most significant variances relate to the Care at Home services for all client groups which are underspent predominantly due to vacancies and issues with recruitment and retention. This is reduced by overspends in internal day care services mainly due to transport costs and energy costs, software licences, uniforms and staff transport costs.

Note 3
Older People Services and Physical & Sensory Disability - This budget was overspent by £2.834m at the end of the year. The final position includes an overspend for domiciliary care in the area teams, which incorporates the Hanover complexes for very sheltered housing in Forres and Elgin and for permanent care due to more clients receiving nursing care than residential care and agency staff to provide care and support at Loxa Court. The ageing population requiring more complex care and local demographics also contributes to this overspend as well as the correlation between the recruitment and retention of the internal home care service provision.

Note 4
Primary Care Prescribing - This budget was overspent by £2.688m. The overall continuing high price has been attributed in part to the impact of short supply causing an increase in costs being sustained. This is spread across a range of products. The actual volume of items to January has been lowering compared to prior year and was estimated to continue at this level to March 2024.The position has been adjusted to include an overall 4.00% volume increase for the year to March 2024. This overall volume increase is less than previously anticipated. Medicines management practices continue to be applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspectives.

Note 5
Out of Area Placements – This budget was overspent by £1.057m at the end of the year. This relates to an increase in patients requiring high cost individual specialised placements.

At 31 March 2024 there were ear marked reserves of £1.986m available to the MIJB, compared to £4.683m at 31 March 2023. These remaining reserves of £1.986m are for various purposes as described below:

Earmarked Reserves	Amount £000's
Primary Care Improvement Plan & Action 15	33
GP Premises	229
Community Living Change Fund	319
National Drugs MAT	268
OOH Winter Pressure funding	172
Moray Cervical screening	35
Moray hospital at home	5
Moray Psychological	315
MHO Funding	138
Adult protection funding for CA	18
Adult Disability payment	45
National Trauma Training services	62
Moray ADP	22
Moray School Nurse	28
Moray Winter Fund HCSW & MDT	226
LD Annual Health Checks	69
Community Planning partnership	2
Total Earmarked	1,986
General Reserves	0
TOTAL Earmarked & General	1,986

Action 15 – as part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support employment of 800 additional mental health workers to improve access.

Primary Care Improvement Plan – Scottish Government investment to support the GP contract that was agreed in 2018. Covers 6 priority areas identified by Government.

GP Premises – balance of funding for improvement grants including the making of premises improvement grants to GP contractors. The continued digitalisation of paper GP records. Modifications for the purposes of improving ventilation and increase to the space available in NHS owned or leased premises for primary care multi-disciplinary teams.

Community Living Change Fund – funding to be used over a three year period (2021-2024) to support reducing delayed discharge of those with complex needs, repatriate people inappropriately placed outside Scotland and to redesign the way service are provided for people with complex needs.

National Drugs Medication Assisted Treatment (MAT) for embedding and implementation of the standards will he be overseen by the MAT implementation support team (MIST).

National Drugs Mission Moray – balance of funding for range of activities including: drug deaths, taskforce funding, priorities of national mission, residential rehabilitation, whole family approach, outreach, bear fatal overdose pathways and lived and living experience.

Out of Hours Winter Pressure funding – balance of funding to sustain GO out of hours and to support resilience to explore operational solutions.

Moray Cervical Screening – balance of funding for smear test catch up campaign.

Moray Hospital at home – development of Hospital at Home provides Acute hospital level care delivered by healthcare professionals, in a home context for a condition that would otherwise require acute hospital inpatient care.

Moray Psychological – funding streams for mental health, psychological wellbeing, facilities, post diagnostic support and psychological therapies.

Mental Health Officer (MHO) funding – funding to support additional mental health officer capacity.

Adult protection funding for care at home – balance of funding to build capacity in care at home community based services.

Adult Disability payment – funding to assist with the implementation of the adult disability payments.

National Trauma Training services – training for dealing with people affected by trauma and adversity.

Moray ADP – funding to support the delivery of services to reduce harms and deaths associated with alcohol and drugs.

Moray School nurse – funding to support NHS Grampian to retain school nurse posts.

Moray Winter Fund Health Care Social Workers (HCSW) – additional funding for further HCSW in both the IJB and Emergency department.

Moray Winter fund Multi-Disciplinary Team – additional funding for service pressures includes Discharge to Assess, Home First Frailty team and volunteer development.

Learning Disability Annual Health Checks – to implement the annual health checks.

Community Planning Partnership – funding towards community planning partnership.

All reserves are expected to be utilised for their intended purpose during 2024/25.

Set Aside

Excluded from the financial performance table above on page 56 but included within the Comprehensive Income & Expenditure Account is £14.665m for Set Aside services. Set Aside is an amount representing resource consumption for large hospital services that are managed on a day to day basis by the NHS Grampian. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector.

Set Aside services include:

- Accident and emergency services at Aberdeen Royal Infirmary and Dr Gray's inpatient and outpatient departments;
- Inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry and general psychiatry; and
- Palliative care services provided at Roxburgh House Aberdeen and The Oaks Elgin.

The budget allocated to Moray is designed to represent the consumption of these services by the Moray population.

The figures for 2023/24 have been derived by uplifting 2019/20 figures by baseline funding uplift in 2020/21 (3.00%), 2021/22 (3.36%) ,2022/23 (6.70%), and 2023/24 (5.35%):

	2023/24	2022/23	2021/22	2020/21	2019/20
Budget	**14.665m**	**13.92m**	**13.04m**	**12.62m**	**12.252m**

11. Looking forward – priorities for 2024/25

Health and Social Care Moray is in a period of change. With the appointment of an interim Chief Officer and interim CSWO the senior management team are reviewing the Strategic Delivery plan to ensure that it is focussed on delivering improvements to services, whilst being mindful of the severe financial constraints that are affecting all Health and Social Care Partnerships, Local Authorities and NHS services.

Key priorities will be:-

Financial Delivery Plan – due to the need to implement budget savings of circa £8m during 2024/25 and £10m during 2025/26 there are many savings proposals to progress and implement. These are being project managed through the establishment of a Programme Management Office and will be incorporated into the revised Strategic Delivery Plan where transformational change is required.

Continuing the focus on **Frailty** – to develop tools for GPs to identify when people are beginning to show signs of frailty so that signposting and support can be offered at an early stage to ensure people can live independently as long as possible.

Use of **Technology enabled care** – working with DHI and the living labs to be at the forefront of development of the options, information and tools available for people to be able to live at home and feel safe and supported. **Community Connections** tool, development of a **Personal Data Store** so people have ownership of their information but can share it with those directly involved in their support to prevent having to repeat it, and **Smart Housing** to help people live independently and where appropriate monitor aspects of their activities to ensure they are safe. This work will also ensure that support is provided and desired results are achieved in a cost conscious manner.

Embedding **Self-Directed Support** remains a key objective so the focus will be on developing more guidance for people to understand their options and more training for staff to be able to explore all the options with people through good conversations.

A strategic review and redesign of the **Care at Home** service will look at availability of social care across Moray, potential future demands and the further development of models to increase provision of care at home.

There will be a Grampian wide pathway redesign of **Mental Health Services** which HSCM will be heavily involved with to establish a sustainable service for Moray that ensures access to services needed.

National Care Service – developing and implementing the governance framework within Moray for the transition, during the shadow year, from Integration Joint Board to the new Boards that will report to the National Board.

Communication is an ongoing challenge with so much information to share with so many different groups. We recognise our staff are key in helping deliver messages and receive feedback and aim to strengthen implementation our communication strategy, including provision of regular updates for staff on the financial delivery plan and strategic delivery plan progress, developing our website to provide more information about services and how to access them and to deliver more direct, honest and open messaging to people to manage expectations and to ask for help and support from individuals and communities on identifying ways we can support them better.

Appendices

Appendix A
Moray Area Profile

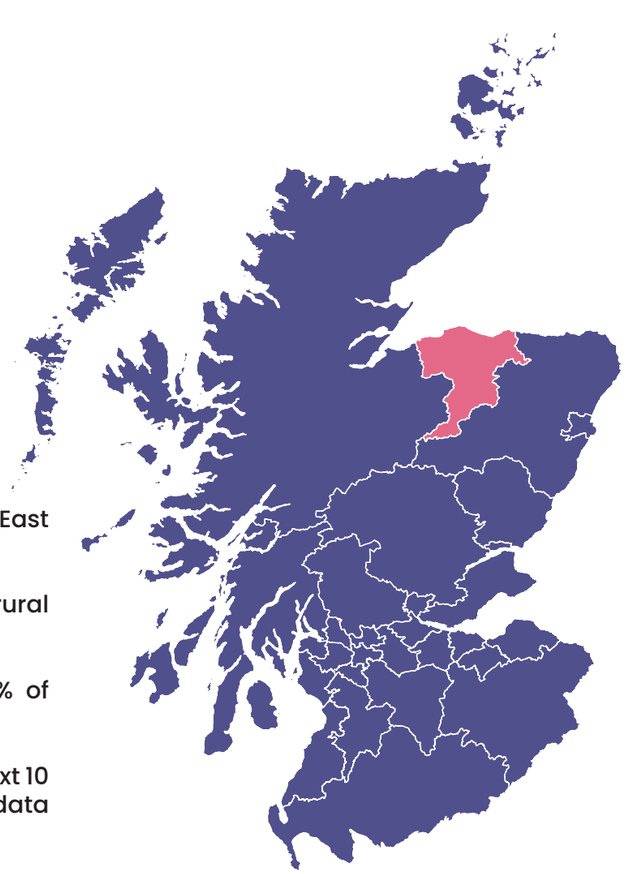
Appendix B
Core Suite of National Indicators

Appendix C
Local Indicators

Appendix D
Moray Integration Joint Board Significant Decisions

Appendix A

Moray Area Profile



- Moray spans 864 square miles in North East Scotland
- Comprising mainly coastal and rural communities
- Population 93,400 (2022 census), 1.72% of Scotland's total population
- Population predicted to fall by 2.6% in next 10 years according to publicly available data last updated in 2022

Moray Age Profile		
(Data from Census 2022 (published 14/09/2023))		
		
0-14 year olds	15-64 year olds	People aged 65+
14,500	**57,500**	**21,400**
15.5% of population	61.5% of population	23% of population
(Scotland 16.9%)	(Scotland 64.2%)	(Scotland 19.6%)
Males: 46,000 (49%) , Females: 47,400 (51%) which is comparable to Scottish average		
Expected to fall to 14.6% of the population by 2028	Expected to fall to 59.3% of the population by 2028	Expected to rise to 26.2% of the population by 2028 (Scotland 22.1%)

Community

- In 2023 it was estimated that there were 43,891 households in Moray.
- 62.2% of adults living in Moray rate their neighbourhood as a good place to live (Scotland 59.1%)
- The crime rate in Moray is 41 per 1,000 population (Scotland 55)
- The rate of non-accidental fires in Moray is 13 per 10,000 population (Scotland 28)
- In Moray, 45 drug crimes are recorded per 10,000 population (Scotland 97)

Economic Status

- 12.5% of Moray households are estimated to be workless (Scotland 17.8%)
- 20.1% of children aged under 16 within Moray are living with low income families (UK 20.1%)
- In May 2023, 11.6% of all Moray households were on Universal Credit - 5,103 households (Scotland 18.7%)
- 63.6% of homes were in Council Tax Bands A-C, 7.34% were in Council Tax Bands F-H, compared to 60.0% and 14.2% respectively in Scotland.

Deprivation

- Moray is the second least deprived mainland local authority in Scotland (SIMD 20)
- 2.7% of Moray population live within the highest of the Scottish Index of Multiple Deprivation (SIMD) quintiles (most deprived)
- 13.3% live in the least deprived quintile.

Appendix B

Core suite of National Indicators

Source information from **Public Health Scotland**

Survey fieldwork was carried out between October and December in the financial year presented and respondents were asked about their experiences over the previous 12 months.

Please note results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording. Also results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology.

Calendar year 2023 is used here as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2023 should improve the consistency of reporting between Health and Social Care Partnerships.

National Indicator 1 (NI-1)

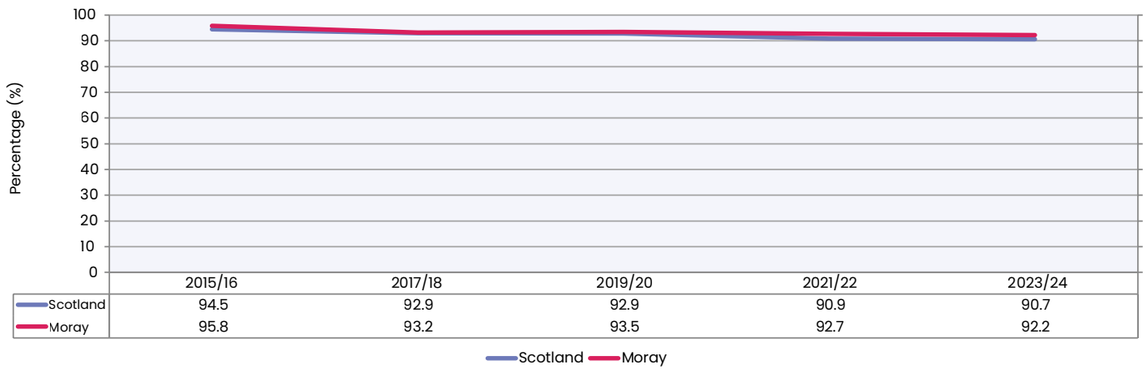
2023/24

92.2%

Percentage of adults able to look after their health very well or quite well

Moray's results for 2023/24, whilst very slightly reduced from the previous year, remain above the Scottish rate.

Note: Health and Care Experience Survey is a sample survey of people aged 17 and over registered with a GP practice in Scotland. A change in survey wording between 2019/20 to 2023/24 has resulted in a small sampling error so care needs to be taken when comparing results.



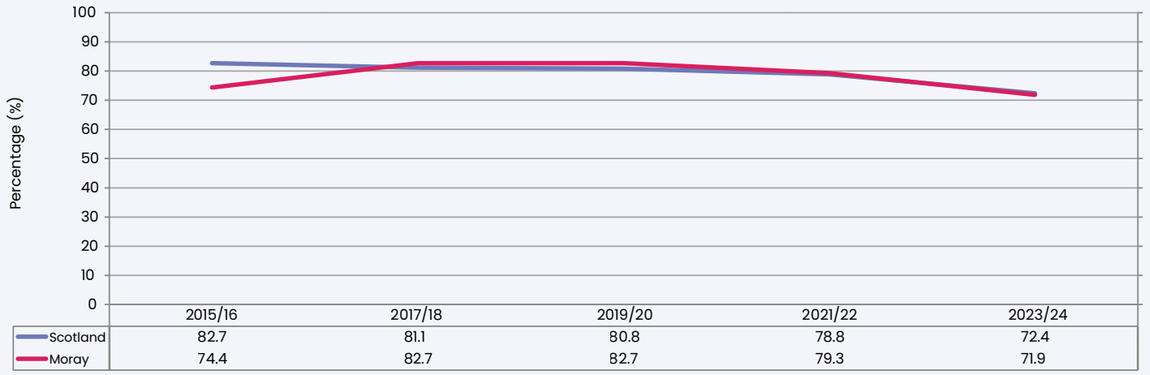
National Indicator 2 (NI-2)

2023/24

71.9%

Percentage of adults supported at home who agree that they are supported to live as independently as possible

Whilst there has been a reduction in this indicator over the period, the change in wording of the survey means we cannot compare previous years. It is however in line with the Scottish rate. This may reflect how people in the community feel, where there are continued levels of unmet need, following assessment. This remains a key focus to address and it is hoped that the work being undertaken in areas such as social prescribing, community health and wellbeing teams support and investigations into utilising developing digital technology to support people in their own homes may help release some capacity so that available care can be directed to those who these other solutions will not be suitable for.



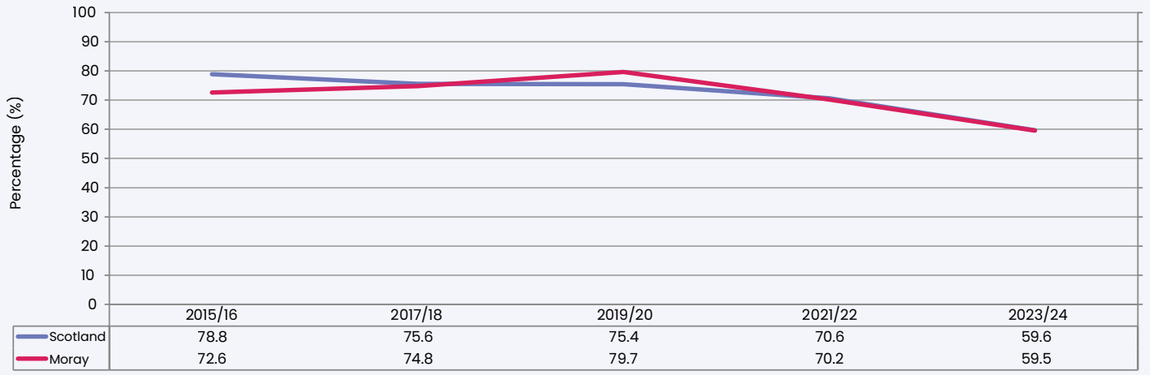
National Indicator 3 (NI-3)

2023/24

59.5%

Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.

This is another indicator in which HSCM are in line with national trends. It is disappointing that despite efforts to ensure that people are involved in how their support is provided, that people do not feel that they are. In relation to the care provided at home by our internal service the results from the recent care inspectorate report were very good and the feedback from other inspections would indicate that the majority of people in receipt of services are happy and feel supported.



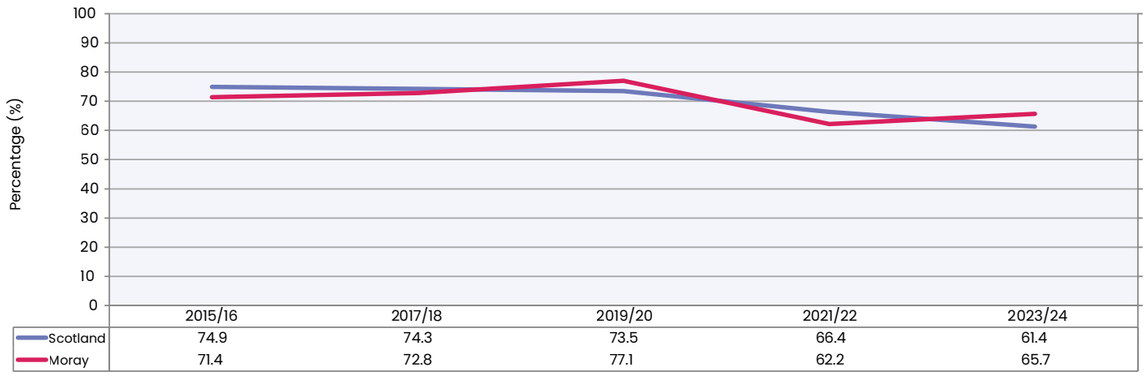
National Indicator 4 (NI-4)

2023/24

65.7%

Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated

Progress in this indicator is above the national rate. A direct comparison is not possible with previous years due to the change in wording of the survey.



	2015/16	2017/18	2019/20	2021/22	2023/24
Scotland	74.9	74.3	73.5	66.4	61.4
Moray	71.4	72.8	77.1	62.2	65.7

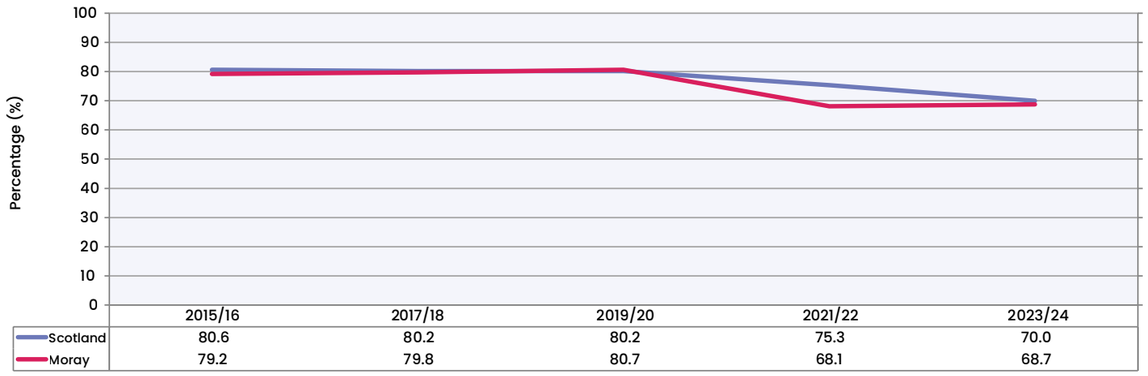
National Indicator 5 (NI-5)

2023/24

68.7%

Percentage of adults receiving any care or support who rate it as excellent or good

This indicator is now nearer the Scottish rate than it was previously. With the positive feedback from survey's undertaken locally for various inspections it was anticipated that there would be an improvement in this indicator. It may be that the positive results will be shown in next year, but in any case, feedback is actively sought and acted on to enable improvements to be made.



	2015/16	2017/18	2019/20	2021/22	2023/24
Scotland	80.6	80.2	80.2	75.3	70.0
Moray	79.2	79.8	80.7	68.1	68.7

National Indicator 6 (NI-6)

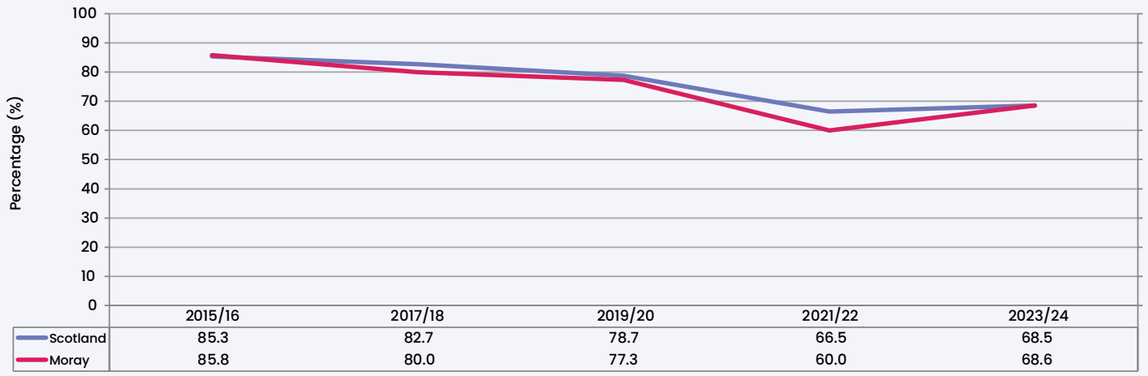
2023/24

68.6%

Percentage of people with positive experience of care at their GP practice

There has been a significant increase in the percentage of people with a positive experience of care at their GP practice and Moray is now in line with the Scottish rate.

Whilst the figures are below where we would want to be it reflects the ongoing challenges of providing care and support in the community, for an increasingly older population who have more complex health issues.



	2015/16	2017/18	2019/20	2021/22	2023/24
Scotland	85.3	82.7	78.7	66.5	68.5
Moray	85.8	80.0	77.3	60.0	68.6

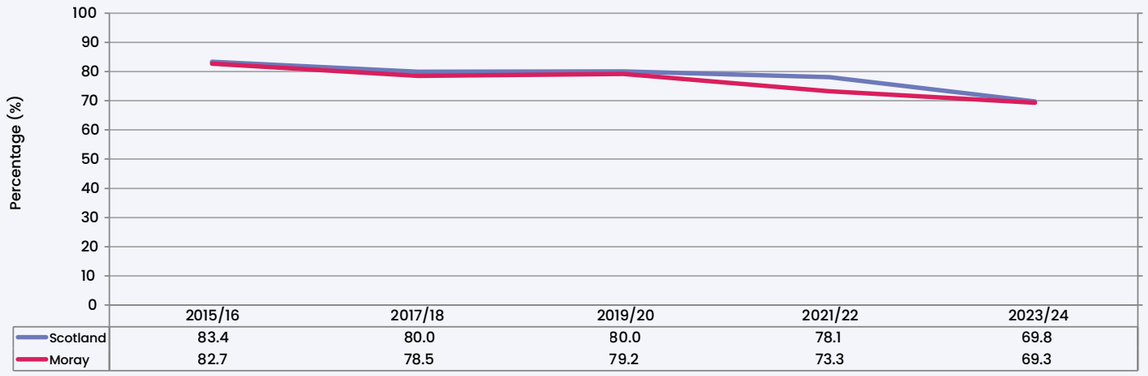
National Indicator 7 (NI-7)

2023/24

69.3%

Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

Due to the change in wording of the survey we cannot draw a direct comparison to previous years, however it is encouraging that we are in line with the Scottish rate and whilst the percentage has dropped, it was not as big a drop as the Scottish rate.
Given the impact of the financial constraints on all health and care services, NHS and Local Authorities budgets it is likely that this indicator will not improve in the short term, and may in fact decrease, because the equivalent services and support are not available to the same amount of people as before. Efforts are being directed to encourage early intervention and prevention to assist people to take more ownership of their health and wellbeing.



	2015/16	2017/18	2019/20	2021/22	2023/24
Scotland	83.4	80.0	80.0	78.1	69.8
Moray	82.7	78.5	79.2	73.3	69.3

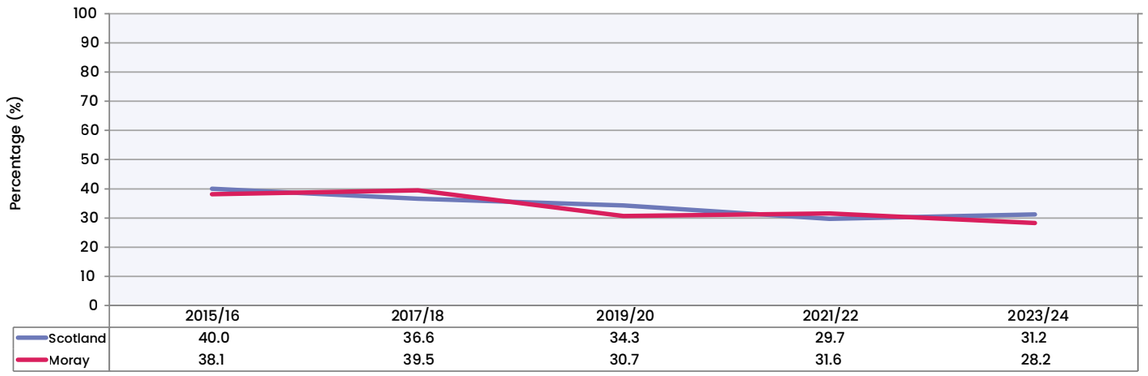
National Indicator 8 (NI-8)

Percentage of carers who feel supported to continue in their caring role

2023/24

28.2%

This result is below where HSCM would want it to be. Unpaid carers are an essential element of the provision of support and care in the community and it is a strategic priority for HSCM to support them. A new carers strategy was implemented during 2023/24 and work will continue to address the areas identified to try to have a positive impact on how carers feel.



	2015/16	2017/18	2019/20	2021/22	2023/24
Scotland	40.0	36.6	34.3	29.7	31.2
Moray	38.1	39.5	30.7	31.6	28.2

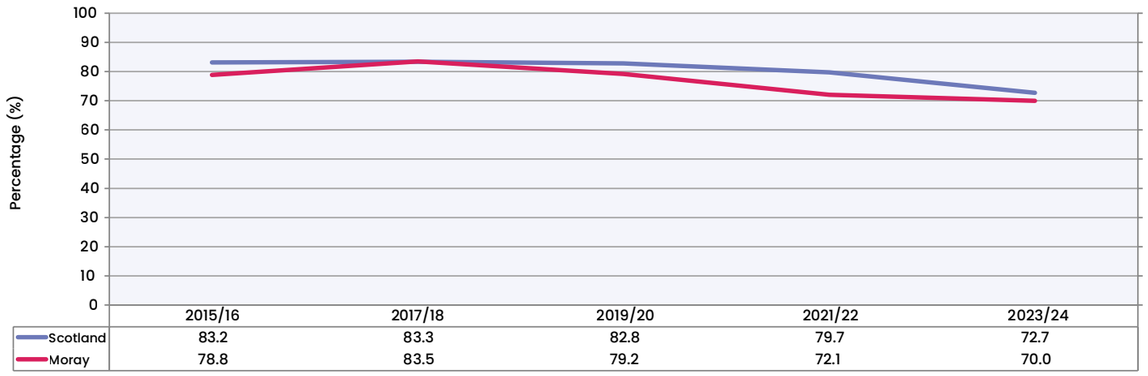
National Indicator 9 (NI-9)

Percentage of adults supported at home who agree they felt safe

2023/24

70.0%

Again, this is an indicator that we can't compare with previous years however there is less of a gap between the Scottish rate and Moray's position, which is positive. There is some way to go to get to the pre-Covid position but it is hoped that there will be a positive impact of the work that is being undertaken to conduct reviews to ensure people receive the support they need whilst drawing on the connections and relationships that people already have in their communities which is hoped will assist in establishing an increase in their feeling of safety.



	2015/16	2017/18	2019/20	2021/22	2023/24
Scotland	83.2	83.3	82.8	79.7	72.7
Moray	78.8	83.5	79.2	72.1	70.0

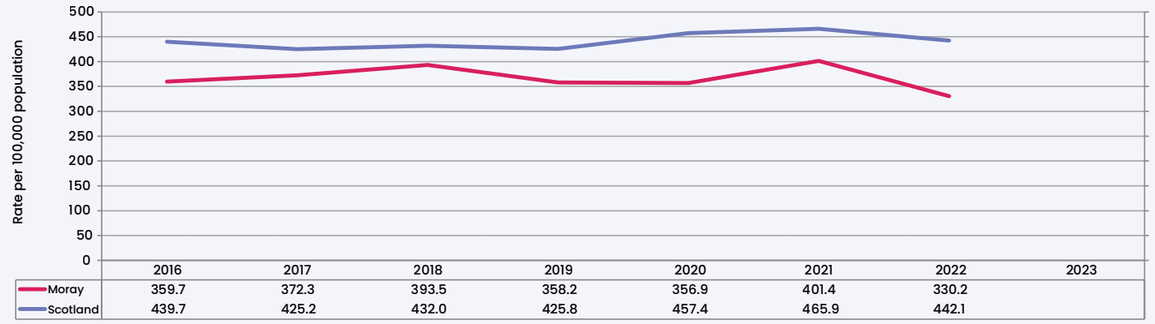
National Indicator 11 (NI-11)

Premature mortality rate per 100,000 persons

2023/24

330

Moray's premature mortality rate is much lower than the Scottish rate and has improved dramatically to 2022. Figures for 2023 are not yet available.



	2016	2017	2018	2019	2020	2021	2022	2023
Moray	359.7	372.3	393.5	358.2	356.9	401.4	330.2	
Scotland	439.7	425.2	432.0	425.8	457.4	465.9	442.1	

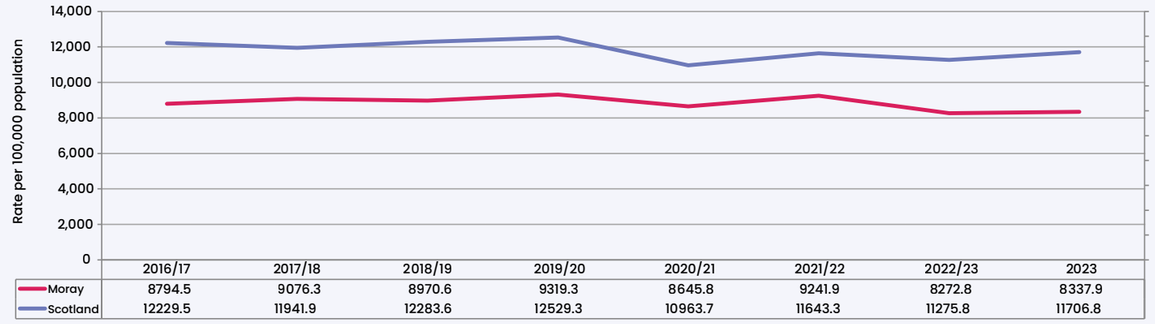
National Indicator 12 (NI-12)

Emergency admission rate (per 100,000 population)

2023/24

8,338

Moray's emergency admission rate (per 100,000 population) is consistently much lower than the Scottish rate.



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Moray	8794.5	9076.3	8970.6	9319.3	8645.8	9241.9	8272.8	8337.9
Scotland	12229.5	11941.9	12283.6	12529.3	10963.7	11643.3	11275.8	11706.8

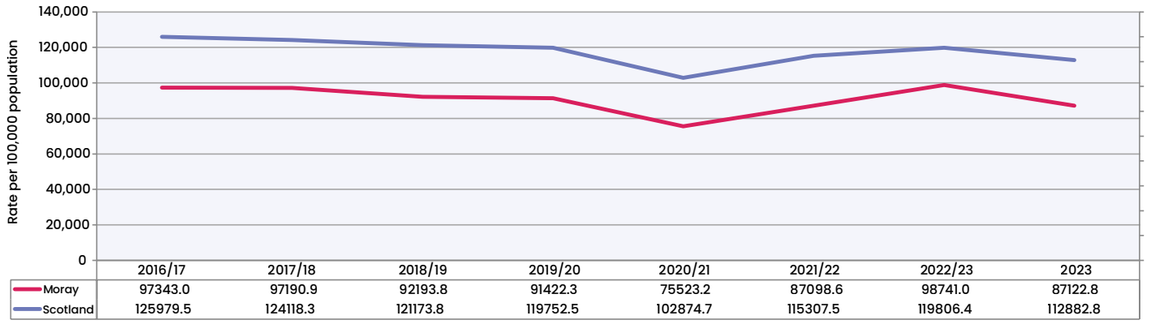
National Indicator 13 (NI-13)

Emergency bed day rate (per 100,000 population)

2023/24

87,123

Moray remains well below the Scottish rate in relation to the emergency bed day rate and is below the pre-covid rates.



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Moray	97343.0	97190.9	92193.8	91422.3	75523.2	87098.6	98741.0	87122.8
Scotland	125979.5	124118.3	121173.8	119752.5	102874.7	115307.5	119806.4	112882.8

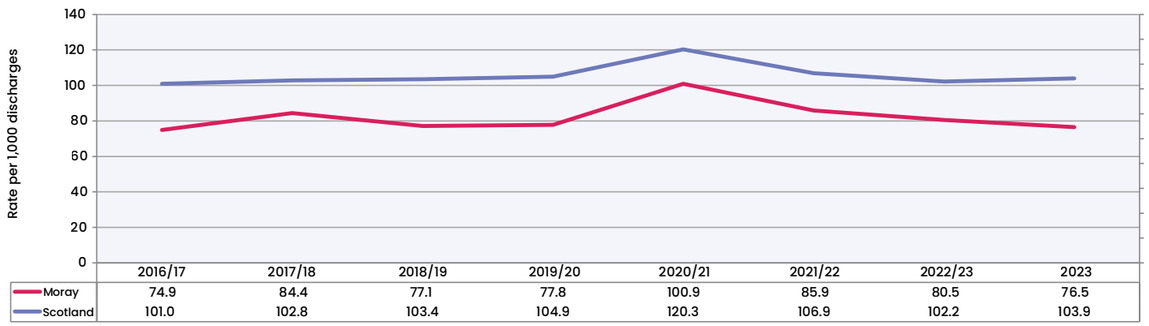
National Indicator 14 (NI-14)

Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)

2023/24

77

Emergency readmissions within 28 days has decreased and is well below the Scottish rate.



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Moray	74.9	84.4	77.1	77.8	100.9	85.9	80.5	76.5
Scotland	101.0	102.8	103.4	104.9	120.3	106.9	102.2	103.9

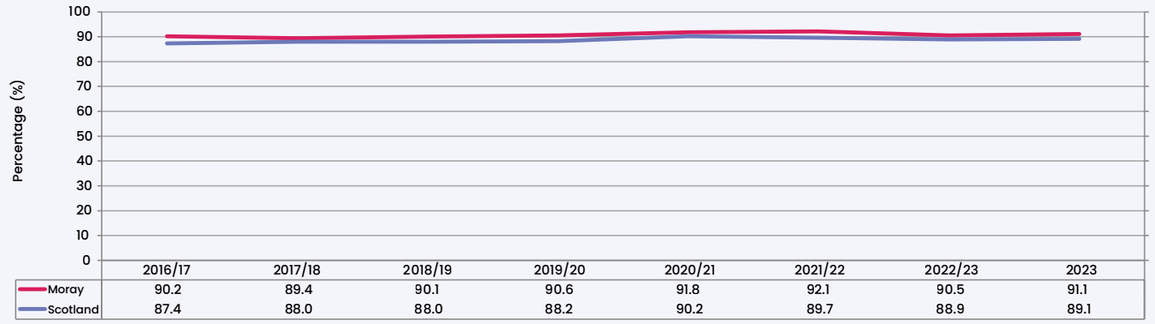
National Indicator 15 (NI-15)

Proportion of last 6 months of life spent at home or in a community setting

2023/24

91.1%

Moray remains above the Scottish rate for the last 6 months of life being spent at home or in a community setting.



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Moray	90.2	89.4	90.1	90.6	91.8	92.1	90.5	91.1
Scotland	87.4	88.0	88.0	88.2	90.2	89.7	88.9	89.1

National Indicator 16 (NI-16)

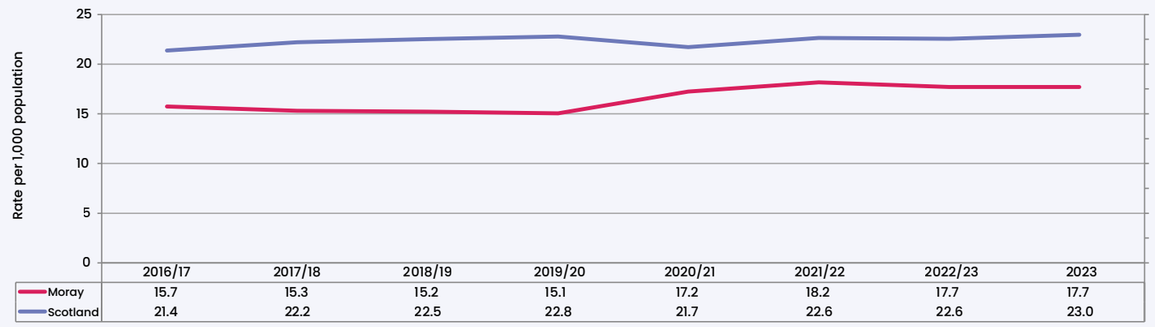
Falls rate per 1,000 population aged 65+

2023/24

17.7

The rate of falls per 1,000 population aged 65+ is the same as the previous year, despite the Scottish rate increasing, and Moray remains well below the Scottish rate.

Our rate is still higher than pre-Covid and given the potential negative impact on people's health and wellbeing resulting from falls this is still an area where we are focussing efforts.



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Moray	15.7	15.3	15.2	15.1	17.2	18.2	17.7	17.7
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.6	23.0

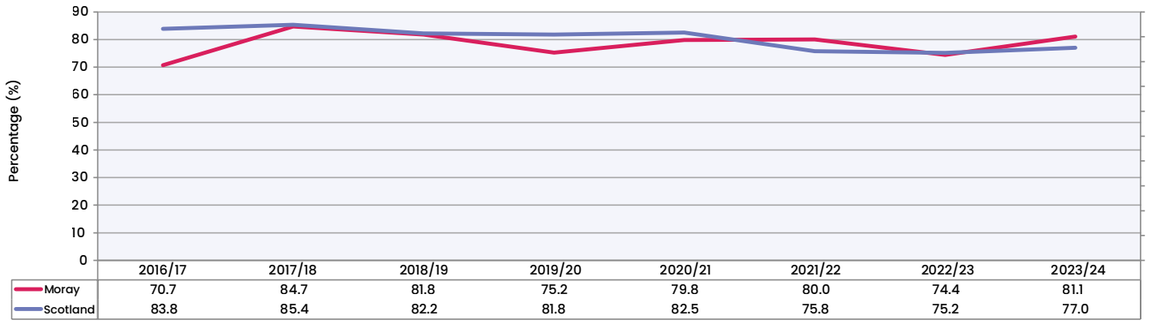
National Indicator 17 (NI-17)

2023/24

81.1%

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Moray has made good progress and positive results from Care Inspectorate reports which are reflected in an increase in this indicator, which is also well above the national rate.



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Moray	70.7	84.7	81.8	75.2	79.8	80.0	74.4	81.1
Scotland	83.8	85.4	82.2	81.8	82.5	75.8	75.2	77.0

National Indicator 18 (NI-18)

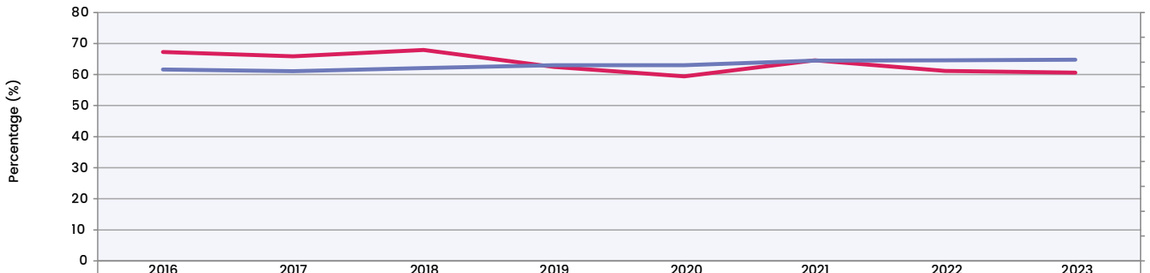
2023/24

60.6%

Percentage of adults with intensive care needs receiving care at home

This indicator has reduced meaning less of our adults with intensive care needs are receiving care at home. This is reflected in the unmet care needs that are identified and reported to the Audit, Performance and Risk committee of the Moray Integration Joint Board.

It is anticipated that the level of need will increase with the aging population trend in Moray. Efforts are underway with projects such as proportionate care, that introduces hoists for those people where is it appropriate, to reduce the amount of requirement for two carers to attend at a time, thus releasing some care hours for other people.



	2016	2017	2018	2019	2020	2021	2022	2023
Moray	67.3	65.9	67.9	62.5	59.4	64.6	61.2	60.6
Scotland	61.6	61.1	62.1	63.0	63.0	64.5	64.6	64.8

National Indicator 19 (NI-19)

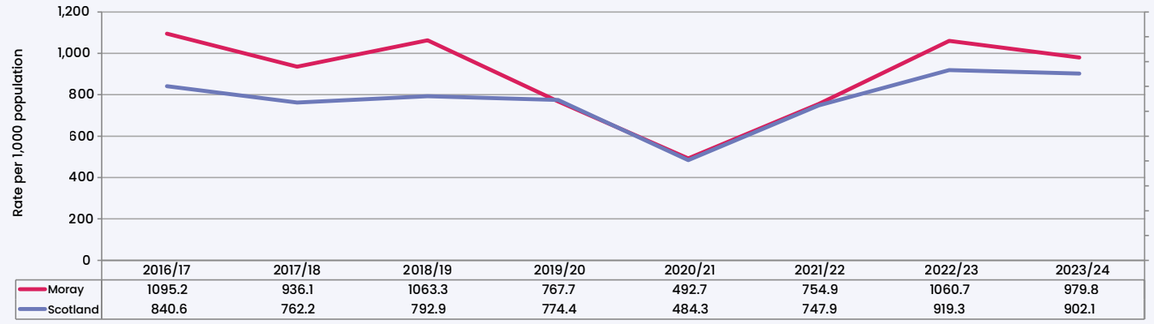
2023/24

980

Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)

There has been a reduction in number of days people spend in hospital (per 1,000 population) since 2022/23 but the numbers are still higher than pre-covid.

Considerable efforts are made to reduce delays to discharge so that people do not become dependent on support from remaining in hospital too long and so they can return home as soon as it is safe for them to do so. There are many factors that may result in delays and it is an area that the Scottish Government is focussed on improving and will remain a key area for HSCM to improve.



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Moray	1095.2	936.1	1063.3	767.7	492.7	754.9	1060.7	979.8
Scotland	840.6	762.2	792.9	774.4	484.3	747.9	919.3	902.1

Appendix C

Local indicators

Indicator	2020/21 (Q4)	2021/22 (Q4)	2022/23 (Q4)	2023/24 (Q4)	Target
A&E Attendance rate per 1000 population (all ages)	17.8	20.2	22.6	**22.6**	21.9
There is an increase in the rate attending A&E. Further analysis will be undertaken to understand why people are attending A&E and if opportunities for early interventions to prevent crisis. In addition the A&E department are working to triage attendees and redirect them to alternative services where appropriate.					
Number of delayed discharges (Inc. code 9) at census point	17	46	26	**43**	10
There is a significant increase in the figure at the end of 2023/24. During the last two quarters our contracted partner provider of care at home faced significant constraints and was unable to provide a service to some client nor accept new cases. This had a direct impact on the level of discharges that were delayed. The situation has now been resolved and figures have reduced. The Scottish Government has revised targets for all partnerships based on ration per 100,000 and the revised target for Moray will be 26. Additionally, a comprehensive review of national delayed discharge reporting and criteria is underway, which will enhance the accuracy and comparability of reporting across Scotland.					
Number of bed days occupied by delayed discharges (incl. code 9) at census point	496	1294	751	**1501**	304
This indicator has doubled from the previous year and occurred as a result of the issue explained above for Delayed Discharges regarding the lack of capacity in Care at Home in Quarters 3 and 4, which has been resolved.					
Rate of emergency occupied bed days for over 65s per 1000 population	1773	2140	2749	**2509**	2320
There has been a slight reduction over the year, but this figure is still high and reflects a system still under pressure. The heightened focus on frailty work at both the national and Moray levels appears to be yielding positive results. Early indications suggest a reduction in presentations within this age group in those areas.					
Emergency admission rate per 1000 population for over 65's	174.8	183	185.8	**179.7**	177
This rate is showing a slowly decreasing trend and it is anticipated the focus on the project "Frailty at the front door" will contribute to further reductions.					

Indicator	2020/21 (Q4)	2022/23 (Q4)	2023/24 (Q4)	2023/24 (Q4)	Target
Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	119.3	125.2	129.2	**125.8**	121
The number of people of 65 per 1000 population being admitted as an emergency has reduced from the previous year by 3.4 and the work on prevention plays a crucial role, encompassing social prescribing, effective signposting and targeted health improvement programmes. Access to primary care is vital for early intervention and supporting people to stay within the community, The Primary Care Vision work continues to progress.					
% Emergency readmissions to hospital within 7 days of discharge	5%	3.4%	3.6%	**4.4%**	3.9%
This rate has increased Readmissions continue to be a challenge across the system, striking the balance between length of stay, thorough assessment and seamless transition into the community setting is crucial. The MDT planning and effective communication remains a top priority to improve outcomes for all patients.					
% Emergency readmissions to hospital within 28 days of discharge	9.8%	8.0%	7.5%	**8.3%**	8.4%
Whilst slightly up on last year it is within our target.					
% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	33%	73%	**57%**	90%
This percentage continues to fluctuate. Several factors contribute to this such as the number of referrals made to the service and subsequently are placed on the waiting list. The complexity of illnesses means that some individuals remain in treatment for extended periods, which ultimately reduces the services capacity. A Cognitive Behavioural Therapist (CBT) has been appointed and this has started to have an impact on waiting list. The service is linked into the Grampian wide Psychological Therapies Improvement Board meetings looking at capacity within the service and trajectory planning. The implementation of the ten Medication Assisted Treatment Standards, (MATS): evidence-based standards to enable the consistent delivery of safe, accessible, high quality drugs treatments across Scotland, sees Moray continuing to progress well with the standards and early feedback indicates that Moray is continuing to meet the benchmarks set.					
NHS Sickness Absence (%of hours lost)	3.1%	4.7%	5.9%	**5.7%**	4%
Council Sickness Absence (% of calendar days lost)	-	8.9%	9.7%	**9.7%**	4%
Staff sickness levels still remain high. There are various staff wellbeing programmes in place such as Mental Health First Aid and We Care, to provide support to staff but the levels of long term sickness are keeping the figures high.					

Appendix D

Moray Integration Joint Board decisions and directions

Changes to Membership of the IJB

- **Professor Siladitya Bhattacharya**, Non-executive NHS Board member, left the IJB in September 2023.
- **Councillor John Divers**, Moray Council, left in September 2023.
- **Councillor Ben Williams** was appointed to the Board by Moray Council as a new voting member in September 2023
- **Graham Hilditch**, Third Sector representative, left in January 2024.
- **Val Thatcher**, service user/patient representative, left in October 2023.
- **Stuart Falconer**, NHS staff partnership representative, left in November 2023.
- **Kevin Todd**, Moray Council staff representative, joined in April 2023.
- **Deirdre McIntyre**, NHS staff partnership representative, joined November 2023.

Agendas and reports for all MIJB meetings during 2023/24 are set out in the papers which are published on the Moray Council website.

Board meetings are open to the public and webcast, meaning they can be watched remotely as they happen or the recording viewed at a later time.

Governance considerations and decisions made by the IJB have included:

May 2023	• Considered the sustainability issues in general practice across Moray following a report presented by the HSCM GP Clinical Leads. It was agreed during the meeting to add an additional recommendation for the Chair of the MIJB to write to the Scottish Government highlighting the issues which are disproportionally affecting Moray. • Agreed the associated implementation plan relating to the Moray Carers Strategy 2023-26 and instructed the Lead Officer for Unpaid Carers to report back to the MIJB Clinical and Care Governance Committee in 6 months' time to monitor progress on the plan and the actions within.
June 2023	• Delegated authority to the Chief Officer and the Standards Officer to enter into the joint agreement arrangements with the North East Alliance, to work with Public Health Scotland for the benefit of Moray residents on behalf of the Moray Health and Social Care Partnership. • Approved repayment to NHS Grampian of £1,178,000 of the unused earmarked Covid reserves and approved the issue of Directions to NHS Grampian and Moray Council. • Approved the updated Local Code of Corporate Governance which supports the Annual Governance Statement and approved the self-assessment of good practice, as set out in the CIPFA 'Audit Committee Member in Local Authority' 2022. • Approved the MIJB Strategic Priorities and the plan for developing a Joint Strategic Needs Assessment. • Approved the publication of the Annual Performance Report 2022/23 by 31 July 2023
Sept 2023	• Approved the virements in budgets from Care Services provided by external contractors to the Learning Disability Services, Mental Health Services and Older People and PSD services. • Noted that the Moray Coast Medical Practice had formally notified Health and Social Care Moray (HSCM) that they do not intend to reopen the Hopeman Branch Surgery premises, which they own. • Noted the mitigating actions that are in place as a result of the closure of the Burghead and Hopeman branch surgery premises are now incorporated into the wider Forres and Lossiemouth Locality Planning procedures. • Agreed to note the current position regarding the Keith (and East) Locality Project and the further gateways that the project will need to move through. • Received a report by the Chief Nurse, informing the Board of the current situation regarding the Out of Hours Rapid Response Nursing Service currently hosted by Aberdeenshire IJB and delivered by Marie Curie across Moray and Aberdeenshire. The Board noted that notice had been given by Marie Curie in relation to the cessation of the Rapid Response Out of Hours Nursing Service aspect of the current contract as of 30 September 2023. • The Board noted the requirement for NHS Grampian to deliver an Out of Hours Nursing Service across Aberdeenshire and Moray in a two phased approach with the first priority being to ensure continuity of service provision beyond the notice period for a 6 month period to allow full review of the service model. • The MIJB were informed of the linkages with the NHS Grampian Three Year Delivery Plan (2023-2026) and the compatibility with the MIJB's strategic aims and objectives. The Board agreed to continue to support the NHS Grampian Delivery Plan priorities through the local work in Moray of the MIJB. • Approved HSCM's Three Year Delivery Plan (2023-2026). • Approved for publication, on the HSCM webpage, the HSCM Annual Complaints Report for 2022/23. • Approved the draft Public Sector Climate Change submission to Sustainable Scotland Network for the reporting year 2022/23.
Nov 2023	• Agreed to acknowledge the findings of the Vaccination and Immunisation Annual Report 2023. • Agreed to note the financial position of the Board as at 30 September 2023 is showing an overspend of £5,068,191 on core services. Noted the provisional forecast position for 2023/24 and noted progress against the approved savings plan. • Approved the proposed changes to the MIJB Financial Regulations and noted a review will be carried out annually.
Jan 2024	• Agreed the initiation of a process to being scoping a replacement social work services client based recording system. • Agreed to reappointment of the Board's Chief Internal Auditor, Standards Office and Depute Standards Officer. • Approved the Reserves Policy. • Request a workshop be arranged as soon as practicably possible to consider detailed and costed options with associated risks for transformation change to address the budget deficit with the outcomes report to the MIJB at the earliest opportunity.
March 2024	• Approved the uplift to social care providers as part of the continued policy commitment made by Scottish Government since November 2021. • Accepted that the Revenue Budget for 2024/25 will be used as a working budget to allow services to continue to be delivered and a robust recovery plan be developed for the Board in May 2024. • Approved the vision and objectives for General Practice in Grampian in relation to the NHS Grampian GP Vision Programme.

Appendix E

Inspections of services

The annual performance report requires the IJB to report on inspections by external bodies.

Care Inspectorate

The following services managed by the partnership were inspected in 2023/24.

Care at Home Service – Moray Council

How well do we support people's wellbeing?	5 – very good
How good is our leadership?	5 – very good
How good is our staff team?	5 – very good
How good is our setting	Not assessed
How well is our care planned?	5 – very good

During their discussion with the inspectors, most people supported by the service expressed high levels of satisfaction with the standard of their care. They spoke about being treated with dignity and respect by their care staff who they described as knowledgeable, competent and skilled.

The inspection report commended the service's proactive approach to working with individuals to find solution to challenges they experience. Person-centred care plans ensured people's wishes and preferences were paramount. The plans were regularly reviewed, evaluated and updated, which meant they stayed relevant to people's current needs. Medication was well managed and staff were very good at recognising and reporting potential adult support and protection matters, which helped to keep people safe.

The service had good contingency measures in place and was able to meet people's needs and keep people safe during challenging times.

The experienced and dedicated leadership team demonstrated a deep understanding of the care at home model, navigating the challenges facing the sector with their value based approach to decision-making. This ensured all areas for improvement kept the needs and wellbeing of people at the centre and resulted in very good outcomes for people. Performance was well managed and linked to improvement work.

Staff overwhelmingly reported a supportive management structure, with line managers listening to their views, supporting their training and development and providing help and guidance when required. Each job role had a clear structure for learning and training pathway attached to it. This ensured staff had the knowledge and skills to do their job well.

Cala residential service for children and young people – Moray Council

How well do we support children and young people's rights and wellbeing?	5 – very good

The inspectors found that young people experienced warm, trusting, nurturing, and respectful relationships with those caring for them. There was a clear culture of relationship-based practice which reduced the likelihood of incidents. Training, trauma informed practice, and knowledge of behaviour support strategies supported early intervention, and very limited use of restrictive practices.

Education was given a high priority with most young people doing really well. Staff advocated strongly on behalf of young people to ensure their right to education was upheld. Feedback from parents was extremely positive about staff respecting their role and views, and working together to the benefit of their child.

Joint inspections

Evaluation of quality indicator 2.1: This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people: • feel valued, loved, fulfilled and secure • feel listened to, understood and respected • experience sincere human contact and enduring relationships • get the best start in life.	Adequate

The inspection, led by the Care Inspectorate, found Moray's children and young people were safer from the risk of abuse or neglect because of the effectiveness of multi-agency approaches to identifying and responding to concerns.

Inspectors evaluated the overall impact of services as adequate, identifying a need for improvement in ensuring young people at risk of harm to themselves or others consistently receive the right help and support they need to improve their lives. Additionally, improvement was needed to increase opportunities for children and young people to influence service planning and delivery and ensure access to independent advocacy was consistently available.

The Moray Child Protection Committee submitted an improvement plan to the Care Inspectorate in March 2024.

Mental Welfare Commission for Scotland

Muirton Ward, Seafield Hospital, Buckie

An unannounced visit was carried out to Muirton Ward, an older adult assessment unit for people with dementia at Seafield Hospital, Buckie, on 28 June 2023.

The ward had a relaxed atmosphere. Patients generally reported staff as “nice and lovely” and some were “happy” on the ward. Relatives described staff as “excellent” and “very approachable.”

New Senior Charge Nurse providing positive leadership and improvements and staff responded supportively to patients showing stress/distress.

Progress had been made in care plan updates, reviews, and evaluations since the last visit. There was good evidence of one-to-one sessions with nursing staff. There was clear focus on both physical and mental health care and improvements were noted in outdoor space accessibility.

One recommendation was made that managers should consider the appointment of an activity coordinator/therapist.

Ward 4, Dr Gray’s Hospital, Elgin

An unannounced visit was carried out to Ward 4, Dr Gray’s Hospital, Elgin, on 17 and 18 October 2023. Ward 4 is an 18-bedded adult acute psychiatric admission ward.

Most patients felt safe and reported staff as kind and caring. Some patients felt the ward could be hectic and stressful and many reported feeling bored due to limited activities available.

The ward frequently used agency staff due to high staff absence. One-to-one sessions with staff were inconsistent across patients. There was limited access to psychology services.

The report made 10 recommendations, including improving documentation, auditing processes, ensuring proper use of legal frameworks, enhancing activity provision, and addressing environmental issues.

Independent care providers

Care and support is commissioned from independent and third sector providers and these services are subject to contract monitoring by the Commissioning service to ensure that services are safe, effective and that they meet people’s needs.

Performance is monitored through formal contract meetings, review of compliments, complaints and feedback from staff, carers and people who use services. Visits to providers involve observing care and support and looking at records and documents.
The team also work closely with the Care Inspectorate.

The following services commissioned by the partnership were inspected in 2023/24.

Name of service	Service Provider	How well do we support people’s wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care planned?
Netherha' House	Parklands Limited	4	5	4	5	5
Abbeyvale (Care Home)	Abbeyside Nursing Homes Limited	5	4	5	5	5
Abbeyside Nursing Home	Abbeyside Nursing Homes Limited	4	4	4	4	4
Moray Services (Housing Support)	Cornerstone Community Care	3	3		3	3
Ark Moray	Ark Housing Association Ltd	5	5		4	5
Care Quality Services Limited - Moray	Care Quality Services Limited	3	3		3	3
Weston View	Parklands Limited	4	5	5	4	5
Wakefield House Care Home	Parklands Limited	4	4	4	4	4

The six-point scale

6	Excellent	Outstanding or sector leading
5	Very good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses - priority action required
1	Unsatisfactory	Major weaknesses - urgent remedial action required

HEALTH & SOCIAL CARE MORAY

Find out more about the Moray Integration Joint Board and Health & Social Care Moray on our website:

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