

Moray Integration Joint Board



Annual Performance Report 2021-22



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1. Foreword

Welcome to the sixth Annual Performance Report (APR) by Moray Integration Joint Board (IJB) on the performance of integrated health and social care provision within Moray.

During 2021-22, we have continued to face challenges created by the coronavirus (Covid-19) pandemic. Service models and methods of delivery have flexed and adapted within the context of the changing restriction levels and guidance introduced in response to the different 'waves' of the pandemic, including the new Omicron variant.

As we enter into 2022-23, and the impact of the pandemic continues to change and hopefully reduce, we would again like to take this opportunity to recognise and commend the commitment, dedication, person-centred professionalism and resilience of all colleagues working in health and social care, unpaid carers and community volunteers during this challenging period.

This report highlights some of our work in response to the pandemic, with a focus on how we have been taking forward the Health and Social Care Partnership's (HSCP) Strategic Priorities aligned to the nine National Health and Wellbeing Outcomes. We highlight some of our key achievements and describe ways in which we have worked to improve our services over the last year. We also review our performance in relation to our key strategic performance indicators and highlight areas of success, as well as where we seek to do better over the next 12 months. Performance in relation to the Scottish Government's core suite of national integration indicators, which allow comparisons to be made over time and with Scotland as a whole, is also presented.

This APR can only ever provide a snapshot of our continuing ambition to work with all partners to transform the planning, design and delivery of health and social care services in Moray so that together we can improve the health and wellbeing citizens. It provides the opportunity, however, to highlight the progress made, set out the challenges we face and demonstrate some of our work to tackle the issues that matter to the people we serve.

We look forward to continuing to work with our stakeholders and partners to shape the future of health and social care in Moray.

Dennis Robertson

Chair, Moray Integration
Joint Board

Cllr Tracey Colyer

Vice Chair, Moray Integration
Joint Board

Simon Bokor-Ingram

Chief Officer, Health &
Social Care Moray

2. Purpose of the report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the sixth report for the Moray Integration Joint Board (IJB) and within it we look back upon the last financial year (2021/22). We consider progress in delivering the priorities set out in our current Strategic Plan which was published in 2019, with key service developments and achievements from the last 12 months highlighted.

Within this report, we also review our performance against agreed local Key Performance Indicators, as well as in relation to the Core Suite of National Integration Indicators (Appendix B) which have been published by the Scottish Government to measure progress in relation to the National Health and Wellbeing Outcomes (Appendix C).

3. Board and Partnership overview

Moray Integration Joint Board (IJB) is a distinct legal entity created by Scottish Ministers and became operational from April 2016. Under the Public Bodies (Joint Working) (Scotland) Act 2014, Moray Council and Grampian NHS Board are legally required to delegate some of their functions to the Integration Joint Board.

These services include:

- Social care services;
- Primary care services including GPs and community nursing
- Allied health professionals such as occupational therapists, psychologists and physiotherapists
- Community hospitals
- Public health
- Community dental, ophthalmic and pharmaceutical services
- Unscheduled care services;
- Support for unpaid carers.

Children and Families Social Work and Justice Services are current in the process of being formally delegated into the Moray IJB.

Children and Families Health Services 'hosted' within the Board's Scheme of Integration include: Health Visiting; School Nursing; and Allied Health Professions i.e. Occupational Therapy, Physiotherapy and Speech and Language Therapy.

The board also has delegated responsibility for the strategic planning of unscheduled care delivered in emergency situations such as A&E, acute medicine and geriatric medicine at Dr Gray's Hospital.

Further information on the health and social care services and functions related to the Moray IJB are set out within the [Scheme of Integration](#).

The IJB's role is to set the strategic direction for functions delegated to it and to deliver the priorities set out in its Strategic Plan. It receives payments from Moray Council and NHS Grampian to enable delivery of local strategic outcomes for health and social care. The Board gives directions to the council and health board as to how they must carry out their business to secure delivery of the Strategic Plan.

The legislation requires the IJB to appoint a Chief Officer who is responsible for the strategic planning, budgetary management, performance, and governance arrangements for all integrated services.

The Chief Officer works collaboratively with the Senior Management Teams of Moray Council and NHS Grampian and provides a single senior point of overall strategic leadership for the employees in the Moray Health and Social Care Partnership. As at April 2022, the partnership had a workforce of 1,795 (1,310 whole time equivalent).

The Chief Officer is supported by the partnership's Senior Management Team and System Leadership Group.

In addition to directly providing services, the Partnership also contracts for health and social care services from a range of partners including Third and Independent sector organisations. Within primary care services, a range of independent contractors, including GPs, dentists, optometrists and pharmacists, are also contracted for by the Health Board, within the context of a national framework.

The Moray area profile is included at [Appendix A](#).

4. Strategic Plan - vision and priorities

Health and social care services are delivered by Health & Social Care Moray and partners as directed by the Board to deliver the ambitions set out in the Strategic Plan. The current Strategic Plan sets out the following vision and priorities for health and social care services in Moray.

Our vision

In Moray, we come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone throughout their life.

Our priorities

We seek to achieve our vision by delivering transformational change and improvement in the way health and social care services are planned, designed, delivered, and experienced, under three overarching strategic priorities:

- **Building Resilience** – Empowering people to take greater responsibility for their own health and wellbeing, with a focus on early intervention, prevention and harm reduction.

- **Home First** – Shifting the balance of care to support more people at home or in a homely setting, reducing unnecessary admissions to hospital and enabling people to get back home from hospital when they no longer need to be there.
- **Partners in Care** – Promoting greater self-determination to ensure people are fully involved and have more choice and control over decisions affecting their own care, support and treatment and (where appropriate) that of the person they care for.

A number of strategic commissioning plans are in place to improve outcomes for supported people who experience additional challenges to their health and wellbeing. These are:

- People who are unpaid carers
- Older people
- People with dementia
- People with autism
- People with physical and sensory disabilities
- People with mental health issues
- People with a learning disability
- People with alcohol and drug issues

The Primary Care Improvement Plan has been progressing since 2018.

Localities

While the Strategic Plan is a Moray-wide document, Moray has been divided into four areas, known as localities, to enable planning to be responsive to local needs and to support operational service delivery. These localities are:

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

Each locality has a locality manager who is leading on putting locality oversight arrangements in place and taking forward engagement with partners, including the third sector, service users, and carers, to develop locality plans to improve health and wellbeing.

Community Planning

Links with Community Planning partners are maintained at a strategic level through the Chief Officers Group and the Community Planning Partnership Board. This supports joint working on multi-agency plans such as the Children's Services Plan, Drug and Alcohol Strategy and Public Protection Plans.

The health board area for NHS Grampian covers not only the health and social care partnership for Moray but also Aberdeenshire and Aberdeen City. We work closely with colleagues across Grampian to support the delivery of NHS Grampian's Plan for the Future.

5. Covid and the HSCM response

Throughout 2021/22, the IJB continued to deliver services in line with the Integration Scheme and Strategic Plan, however the planning and delivery of services remained impacted by the COVID pandemic. Some services remained temporarily paused whilst others rapidly adapted their delivery method and the majority of the non-frontline workforce continued to work from home.

For much of the year Moray remained in a pandemic response phase, flexing and stepping up quickly to respond to spikes in COVID infection rates. It was clear it would not be possible in all cases to restore services to pre-pandemic levels as long as enhanced public health measures remained in place. It was further evident that what could be delivered from within existing resources (workforce, infrastructure, and finance) was diminished. Even at this level, the requirement to operate core services alongside the additional measures in place to support the pandemic response meant there was an immediate and ongoing resource impact.

The health and social care system was challenged by some significant periods of demand. A pan-Grampian approach was taken in how surge and flow through the system was managed to ensure people in the community and in hospital received the care they required. Those working in health and social care in Moray across all sectors, including independent providers and the third sector stepped up to the challenge on a daily basis but have felt the negative effects of the pandemic on our communities more keenly than others. They have continued to respond with compassion, empathy and dedication in protecting and promoting people's opportunities to have the best possible lives.

By November, Grampian had experienced three waves of raised levels of COVID-19 infection and was currently in a fourth cycle of elevated disease which left the entire health and care system struggling to meet the normal level of performance despite the incredible efforts of a reduced and exhausted workforce.

The social care sector in Moray faced continued periods of extreme pressure that had an impact on the wider community and the effectiveness and efficiency of health services. Service managers implemented business continuity arrangements to ensure available staff resources were focussed on maintaining business critical functions, particularly in care at home, to try to ensure that all essential care was covered.

Vaccination programme

Take-up of the COVID-19 vaccine was high among all cohorts in Moray. In April 2021, Phase 2 of the COVID19 vaccination programme for the over 18s progressed. The offer of vaccinations progressed by age, starting with those aged 40-49. In August, 16 and 17 year olds were invited to come forward for vaccination and in September the offer was extended to children and young people aged 12- 15. In February 2022 it was confirmed children aged five to 11 would be offered a COVID vaccine on the recommendation of the Joint Committee on Vaccination and Immunisation (JCVI).

Thanks to the efforts of vaccinators and frontline staff, the Scottish Government met its target of offering every eligible adult over 18 an appointment by 30 December. Nearly 77%

of eligible adults in Scotland had received a booster or third dose by that date. The Covid vaccination programme was primarily delivered at the Fiona Elcock Vaccination Centre in Elgin through appointments and walk-in opportunities, with pop-up outreach clinics held in workplaces and community venues as well as the Mobile Information Bus, to increase vaccine uptake among the vaccine hesitant in all cohorts.

Staff wellbeing

There was real concern that after such a sustained period of intense physically and emotionally draining work, staff's own resilience had been badly hit, with the recognition that they would need support and opportunities to decompress, reflect and recharge in order to find the reserves required to continue to respond to ongoing and future challenges. The We Care staff health and wellbeing programme was established to deliver, co-ordinate and enhance staff wellbeing across NHS Grampian and the Health and Social Care Partnerships. The website acted as a hub where people could access information, help and advice related to their own and or their team's physical and mental wellbeing.

Staff Health and Wellbeing has also has been supported through a broad range of initiatives including weekly staff sessions at Dr Gray's Hospital and bespoke sessions in localities. Work Walking Challenged a total of 53 teams involved – from 23 workplaces. 265 staff members participated in the challenge.

Recovery and re-mobilisation

Resource was directed into supporting people to look after themselves by encouraging good infection control, testing and vaccination, and to protecting the most vulnerable, including vulnerable care home residents. Waiting times for care and support grew longer due to sustained service pressures.

Additional work was directed towards increasing capacity and planning ahead for winter. Operation Iris was enacted at a Grampian wide level for an initial six month period to manage the health and care system through winter, with the NHS continuing to operate on an emergency footing.

The interdependencies between services formed part of the assessment on how we remobilised, as no part of the system operates in isolation. While demand on the health and care system continued to be immense, we remained focused on planning for the longer term to ensure that services remained responsive to the community.

Work on developing some areas of strategic and locality planning slowed as operational issues continued to be prioritised, but we also saw the acceleration of transformational redesign around the Home First programme alongside the opportunities presented by an expanded portfolio of health and care that now encompasses Dr Gray's Hospital.

Care home and care at home assurance groups continued to meet to provide oversight and support to internal and external social care providers within the context of Covid in Moray. The group monitored information with an overview of cases staffing, safety, PPE, testing and any other pertinent issues. This is a multi-agency group that has supported and guided care homes and care at home in a positive way through the ongoing challenges.

Communication

One of our key challenges was effective communication and engagement with all of our stakeholders (public, staff and partner organisations). Weekly updates were produced and widely circulated. The reach of our social media platforms has expanded and the website continued to be utilised to promote information about the work of the IJB. Much of the focus of the last 12 months has been to consolidate learning and positive developments arising out of the pandemic. This included collaboration across the sector to mitigate negative impacts on the lives of individuals, families, communities and colleagues who worked tirelessly to support people, their unpaid carers and each other.

6. Measuring our performance

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

Detailed performance reports are produced for each quarter. Local indicators are assessed on their performance via a common performance monitoring red, amber, green (RAG) traffic light rating system. Performance reports are scrutinised by HSCM's Performance Management Group, Senior Management Team and Senior Leadership Group before being presented to the IJB's Audit, Performance and Risk Committee.

The IJB, its Committees and Management Team also regularly receive assurance reports and updates on how the Strategic Plan commitments are being progressed through transformation work streams and individual service plans, as well as financial updates detailing budgetary performance.

The strategic risk register is reviewed regularly by the Senior Management Team as part of a robust risk monitoring framework in order to identify, assess and prioritise risks related to the delivery of services, particularly any which are likely to affect the delivery of the Strategic Plan.

The inherent risks being faced by the Moray IJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks, is reported to each meeting of the Audit Performance and Risk Committee for oversight and assurance.

Internal audit arrangements are in place for the review of risk management, governance and control of delegated resources.

Management teams and the Care and Clinical Governance Group also review and respond to any reports produced by Audit Scotland, Healthcare Improvement Scotland, the Care Inspectorate, the Mental Welfare Commission for Scotland and the Ministerial Strategic Group for Health and Care.

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Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q4 2021 Jan-Mar	Q1 2122 Apr-Jun	Q2 2122 Jul-Sep	Q3 2122 Oct-Dec	Q4 2122 Jan-Mar	New Target (from Q1 2122)	Previous Target (from Q1 2021 or earlier)	RAG
AE	Accident and Emergency								
AE-01	A&E Attendance rate per 1000 population (All Ages)	17.8	23.5	21.7	20.0	20.2	no change	21.7	G
DD	Delayed Discharges								
DD-01*	Number of delayed discharges (including code 9) at census point	17	20	30	39	46	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	496	592	784	1142	1294	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1773	1859	1934	2045	2140	2037	2107	R
EA-02	Emergency admission rate per 1000 population for over 65s	174.8	185.9	190.4	187.2	183	179.9	179.8	A
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	119.3	124.1	126.7	126.3	125.2	123.4	124.6	A
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	5.0%	4.4%	4.1%	3.5%	3.4%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.8%	9.2%	8.4%	8.4%	8.0%	no change	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	100%	100%	67%	33.0%	no change	90%	R
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	3.1%	4.2%	6.0%	5.5%	4.7%	no change	4%	R

Performance within Health and Social Care Moray at end of the financial year 2021/22 was showing as variable. Three of the indicators were presenting as green, two were amber and five were red. To summarise:

EMERGENCY DEPARTMENT – OVERALL GREEN

The rate per 1,000 of Moray residents presenting at the Emergency Department improved over the year from 23.5 (above target) in quarter 1 to 20.2 at the end of quarter 4, meeting the target but above the number presenting at the same period last year.

DELAYED DISCHARGES – OVERALL RED

The number of delays at the March snapshot was 46 (up from 17 at the end of the previous year), remaining well above the revised target of 10. The number of bed days lost due to delayed discharges was 1294 (up from 496 a year ago).

EMERGENCY ADMISSIONS – OVERALL RED

There was a steady increase each month in the rate of emergency occupied bed days for over 65s. Since the end of quarter 4 last year the rate has increased from 1,773 to 2,140, exceeding the target of 2,037 per 1,000 population. The emergency admission rate per 1000 population for over 65s increased from 174.8 in quarter 4 2020/21 to 183 during 2021/22 and is now classified AMBER, while the number of people over 65 admitted to hospital in an emergency increased from 119.3 to 125.2 over the same period and is also AMBER.

HOSPITAL RE-ADMISSIONS – OVERALL GREEN

Both indicators in this barometer have been green since quarter 2 showing improvement throughout the year and a significant improvement on the position at the end of 2020/21. 28-day re-admissions are 8.0% and 7-day re-admissions are at 3.4%.

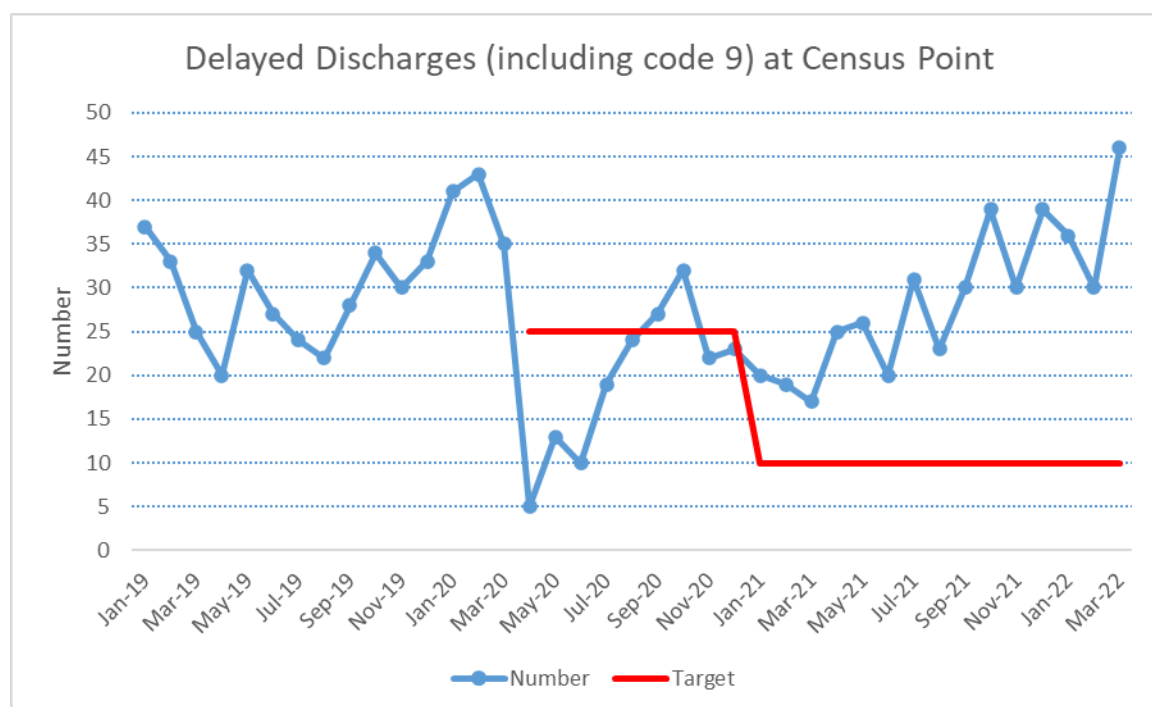
MENTAL HEALTH – RED

After achieving 100% for the 6 months from December 2020 through to June 2021 there was a reduction in performance during quarters 3 and 4 with just 33.3% of patients being referred within 18 weeks.

STAFF MANAGEMENT – RED

NHS employed staff sickness levels rose to 6.0% during the earlier part of the year but had reduced to 4.7% by year end, above the target of 4%. Council employed staff sickness was 8.9% at the end of 2021/22, more than double the 4% target.

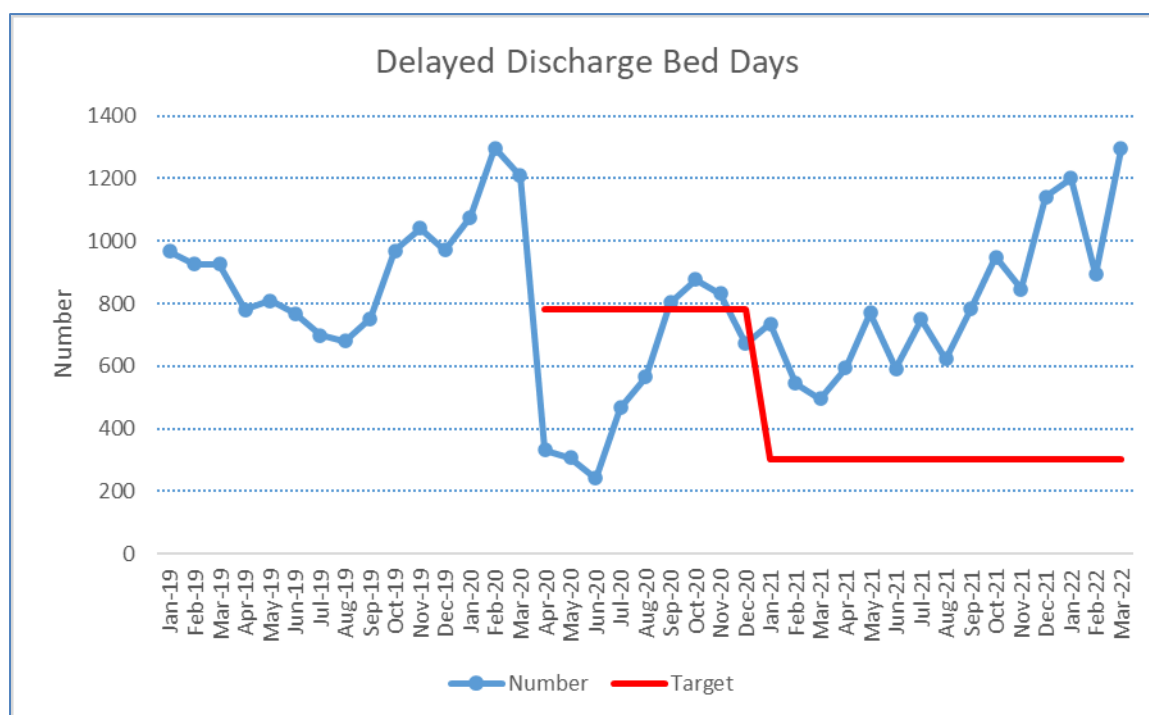
Delayed discharges and unmet need for residents requiring support living at home, or residential care, remain significant challenges for the partnership. The number of people who are medically fit to leave hospital but are delayed in leaving while appropriate care arrangements are put in place continued to rise throughout the year. The number of people affected remain well above historic levels.



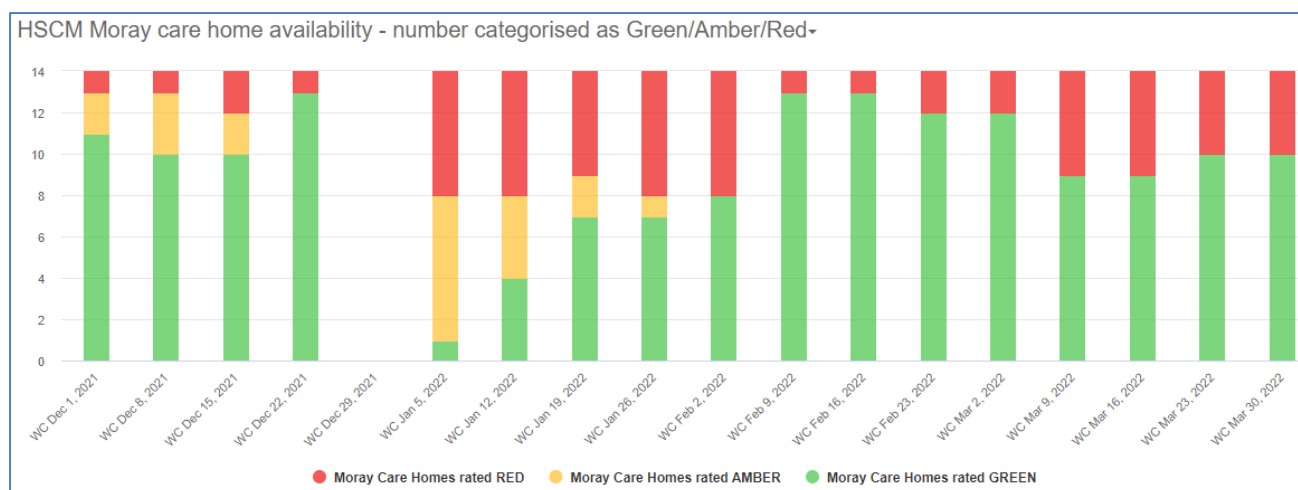
Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing delayed discharge has steadily increased since the end of Quarter 4 2020/21. The number of bed-days were over 4 times the target number of days and showed no sign of reducing during 2021-22.

At the end of February 2022, the data suggested that the winter peak may have been reached, but then the prevalence of the Omicron variant in the local population rose rapidly and the numbers of people delayed in hospital waiting for discharge rose to a new peak.

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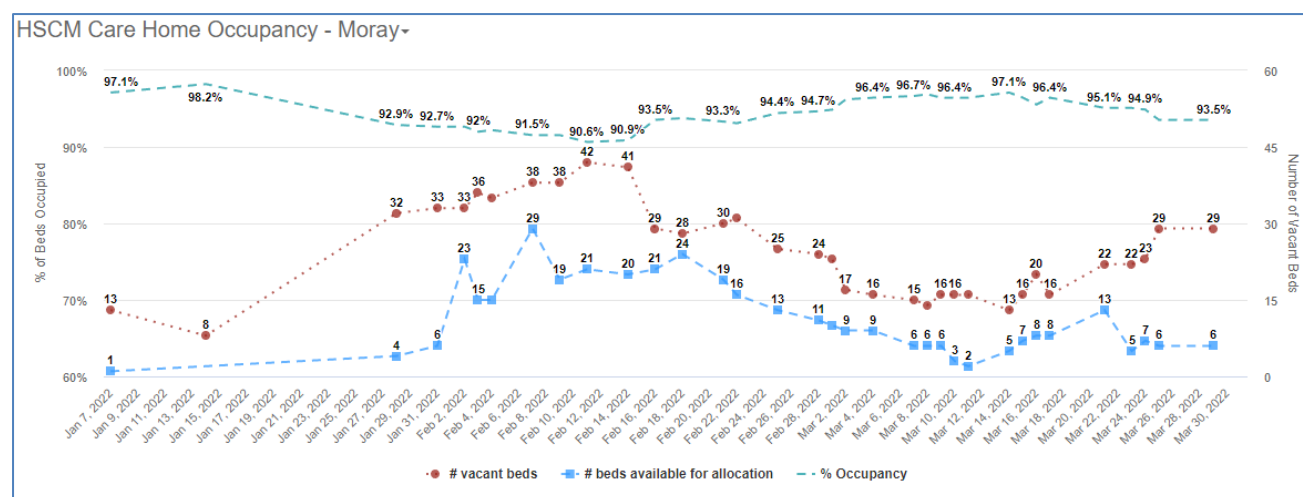


Contributing to the difficulties with finding suitable arrangements for people waiting to be discharged from hospital was the continuing shortage of Care Home beds available to be allocated. Covid-19 and later winter vomiting disease were responsible for care homes being closed to new residents. During the first week of January only one care home was fully open.

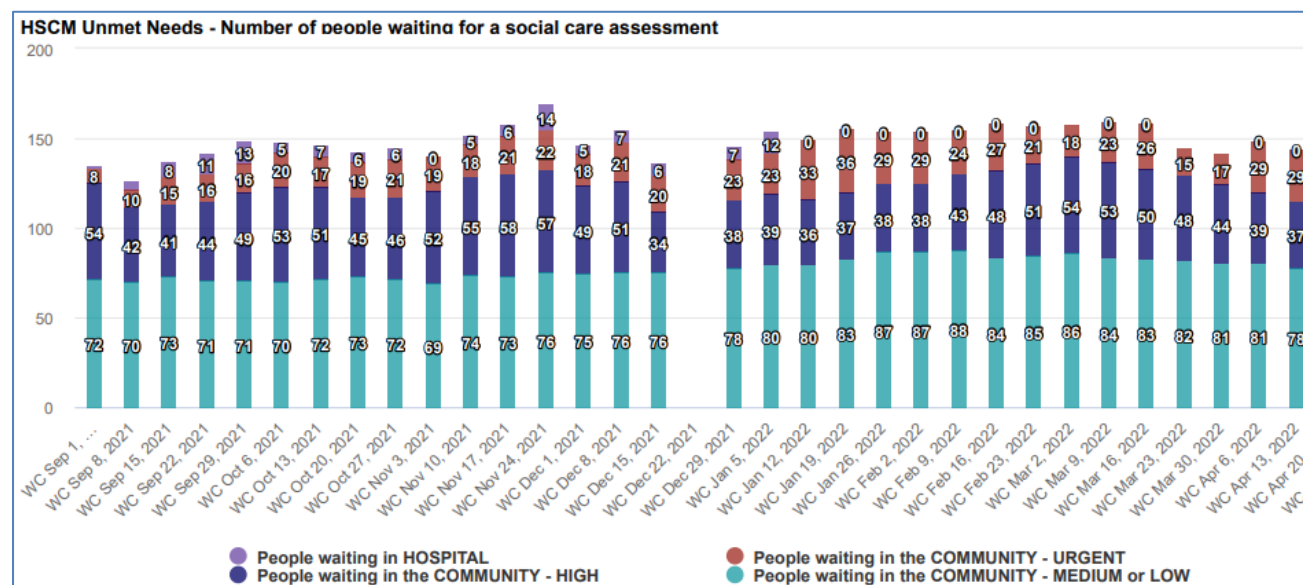


There are a limited number of beds in Moray care homes and the closure of homes to new residents due to Covid-19 and other issues has significantly reduced the beds available for Health and Social Care Moray to allocate to people needing care. During the final quarter of 2022 care home occupancy rates were consistently above 90% and peaked at 98.2%. During February there were 30 or 40 unoccupied beds in care homes but only a half of these were able to be allocated due to staffing shortages, Covid-19 precautionary measures, or the rooms being unsuitable for the potential resident, for example. At the end of March the number of beds that were available for allocation were in single figures.

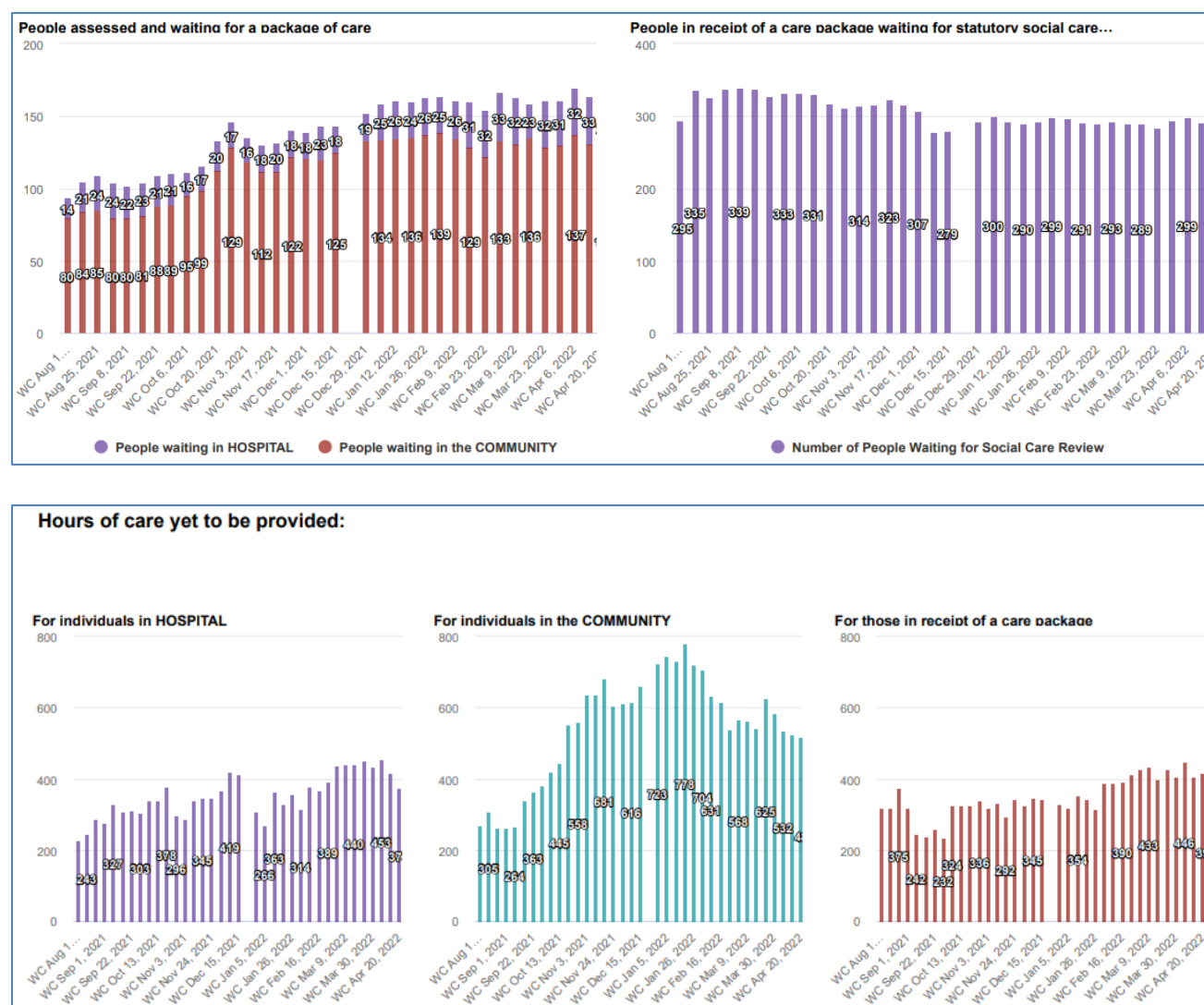
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It is not just beds in care homes that are in short supply, but the level of unmet need is much higher than it was before the pandemic, with many more people waiting for an assessment, a care package or a review of their needs. Also, the hours of care yet to be provided for people in hospital, living in the community, or with a care package in place are high and there is nothing to suggest that unmet need will be back to more typical values in the near future.



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

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

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

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

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

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

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

Utilising the three conversation approach we aim to reduce bureaucracy and increase our responsiveness to people who approach us for support. It follows the approach embedded within the SDS standards so that peoples’ strengths and personal assets are considered before any statutory service. Additionally, rather than focus on service description there is time taken to consider each unique solution. This work is being supported by Sam Newman, a director with Partners for Change. A steering group has been established to develop this approach for Moray with six initial innovation hubs being identified.

7. Our performance in 2021-22

Community health and wellbeing

Strategic priority 1: Building Resilience - supporting people to take greater responsibility for their own health and wellbeing.

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

We have continued to work with a wide range of partners across Moray to improve overall health and wellbeing, prevent ill-health and increase healthy life expectancy.

Key development and achievements

The Volunteer Team responded to growing demand for practical support volunteers to assist community members to re-gain confidence and get back out in their communities following the pandemic lockdowns and restrictions.

Over 100 matching between volunteers and people in need of assistance were made across both the community alarm responder service and social buddy initiative, resulting in volunteers given 80,000 hours of their time. The team created new offerings such as door step visits, green space walks and companionship calls.

The Community Wellbeing and Development Team supported older people to move from crisis to confidence with the re-mobilisation of all the Be Active Life Long BALL groups which aim to prevent, reduce and delay the need for formal care services by enabling everyone to maintain their independence and lead healthy, active lives in their own community.

The team:

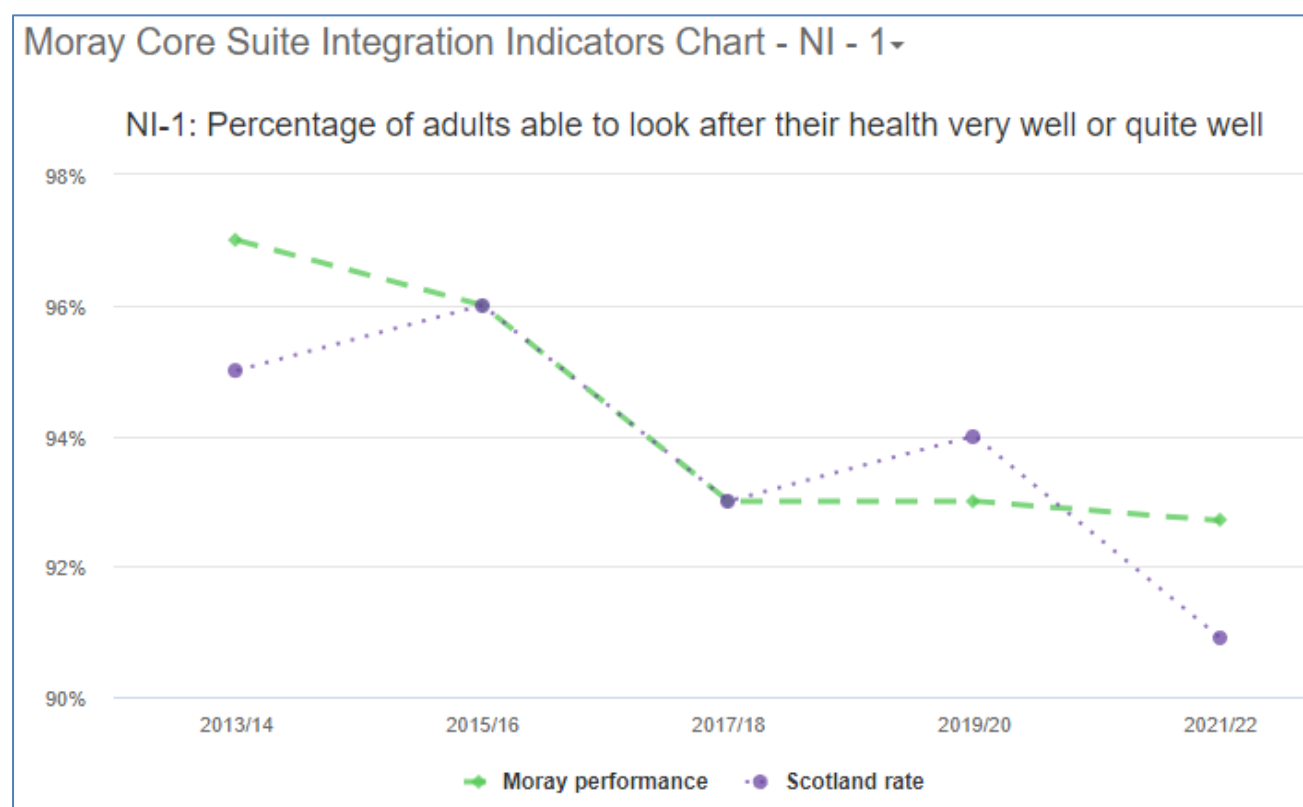
- Introduced a digital platform to offer physical activities to reduce social isolation;
- Created green space walks to support mobility and mindfulness
- Worked with community partners to offer a summer programme of events accessible for older people, supporting participants to try activities for the first time and renew confidence as part of a self-management focus
- Supported wider community groups to remobilise after the pandemic
- Launched a new Friday group to support with strength, balance and confidence
- Organised and distributed over 200 hampers promoting community connections
- Distributed over 1,000 information and activity booklets with a reach of over 2,500 community members.

The Health Improvement Team led on a range of health promotion work and initiatives for the prevention of ill-health in Moray, with outreach work supported by use of the mobile information bus.

This has included Confidence 2 Cook sessions, health walks, buggy walks. Baby Steps is a Health and Wellbeing programme for pregnant women with BMI of 30 or above. The aim is

to empower, motivate and support women to adopt healthy behaviours during pregnancy to benefit them, their unborn baby and the wider family: now and for the future. Step 2 Stretch was a referral and self-referral programme for over 55s and offered 16 week supported self-management strength and balance and short walk programme to encourage individuals back into walking. It was delivered within four locations in Moray: Forres, Elgin, Buckie, and Aberlour.

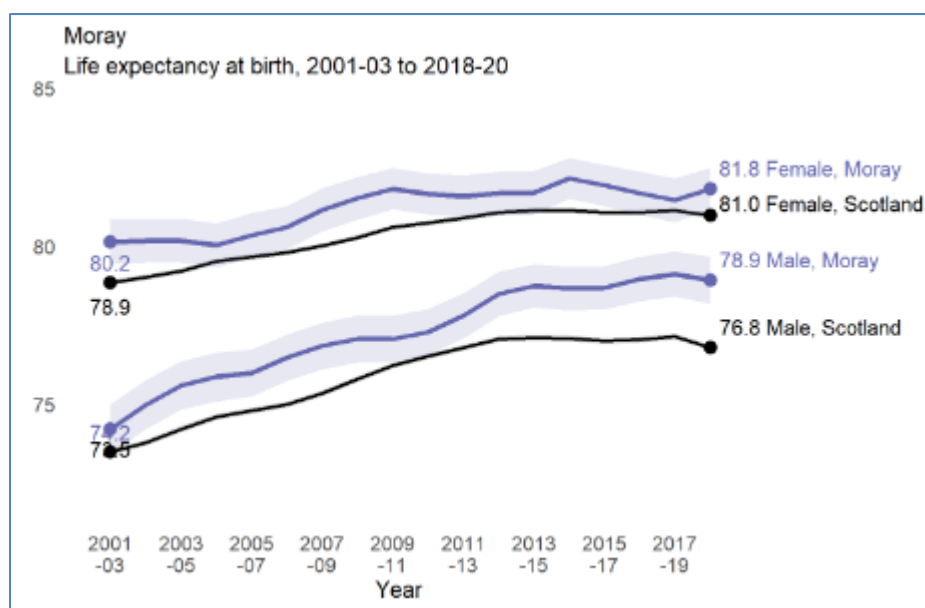
Performance issues and actions to improve performance



There has been a gradual reduction in performance in this measure as reported in the last 5 surveys for both Moray and across Scotland overall, but most respondents in Moray (93%) reported that they are able to look after their health very well or quite well.

In Moray, life expectancy at birth was higher for females (81.8 years) than for males (78.9 years) in 2018-20; higher than at Scotland level for both females and males. Over the period between 2001-03 and 2018-20 (the most recent published data), female life expectancy at birth in Moray has risen by 2.1%. This is the joint 26th highest percentage change out of all 32 council areas in Scotland and this is lower than the percentage change for Scotland overall (+2.7%). Over the period between 2001-03 and 2018-20, male life expectancy at birth in Moray has risen by 6.3%. This is the 3rd highest percentage change out of all 32 council areas in Scotland and this is higher than the percentage change for Scotland overall (+4.5%).¹

¹National Records of Scotland Data - Life Expectancy in 2018-20 by Council Area in Scotland
https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/moray-council-profile.html#life_expectancy



Person-centred approaches to independent living and building a good life

Strategic priority 2: Home First – supporting people to live as independently as possible at home or in a homely setting.

Strategic Priority 3: Choice & Control – supporting people to make choices and take control over decisions affecting their care and support.

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live as independently as possible at home or in a homely setting in the community.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5: Health and social care services contribute to reducing health inequalities.

Outcome 6: 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 wellbeing.

We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve.

Key development and achievements

Action has been taken to reduce waiting times for psychological therapies within both adult mental health and primary care in Moray and meet the 18 week waiting time target. A Grampian Psychological Therapies Improvement Board has been set up to ensure compliance with the Scottish Government HEAT targets and work has been done locally to ensure historical data anomalies have been remedied in order to show an accurate record of people waiting.

Delayed discharges, particularly in the older adult specialist dementia unit continue to cause difficulties. Availability of care home placements is the predominant reason for delay.

Further work is required to identify ADHD diagnostic and treatment pathway and resource required to deliver. This is an issue across NHS Grampian as no additional resource was attached to the additional requirement for community mental health teams. Due to capacity issues the service can only see individuals with concurrent mental health issues.

The Learning Disability Service has developed two successful housing projects and is carrying out work to develop a 'gatekeeping' project and a development for people with extremely complex and challenging behaviour.

Highland Way in Buckie and Greenfield Circle in Elgin have enabled adults with learning disabilities to move into their own tenancies. Both projects were developed in partnership with Hanover Housing. Families of the tenants were fully involved in the commissioning of the support providers – Cornerstone in Buckie and Enable in Elgin.

A core feature of both developments has been the use of the Just Roaming telecare system, which permits real time monitoring of service user behaviour and alerts staff to potential risks that require staff support. The system also supports the refining of staffing input, as patterns of support are monitored and analysed. This has the effect of ensuring that tenants receive a support package which is tailored to meet their needs.

Work is underway to develop a group of 12 flats in Elgin for adults with a learning disability who have difficulty in managing their interactions with others and need support with gatekeeping. This is a partnership with Osprey Housing and progressing through the planning process.

A fourth project is the development of eight houses and a staff base adjacent to Woodview, our resource in Lhanbryde for those people who have the most complex and challenging behaviour. This is being developed in partnership with Grampian Housing Association. Most of the individuals who are proposed to move into this development are currently being supported in expensive, out of area resources and the development will bring them back to Moray.

This is in line with the Scottish Government's Coming Home report. To meet the requirements of the report and to strengthen local accommodation and support planning, the Learning Disability Service has created a dynamic support register to ensure oversight of individuals at the highest level of risk.

A support planning register is also maintained of those people whose parents or family carers are aged 70 or over or who are in poor health, recognising that as carers age and their health needs increase, they may be less able to provide care. This is reflected in the increased demand for day provision. There have also been a number of people who have needed both accommodation and care at very short notice because of the death or ill health of their family carer.

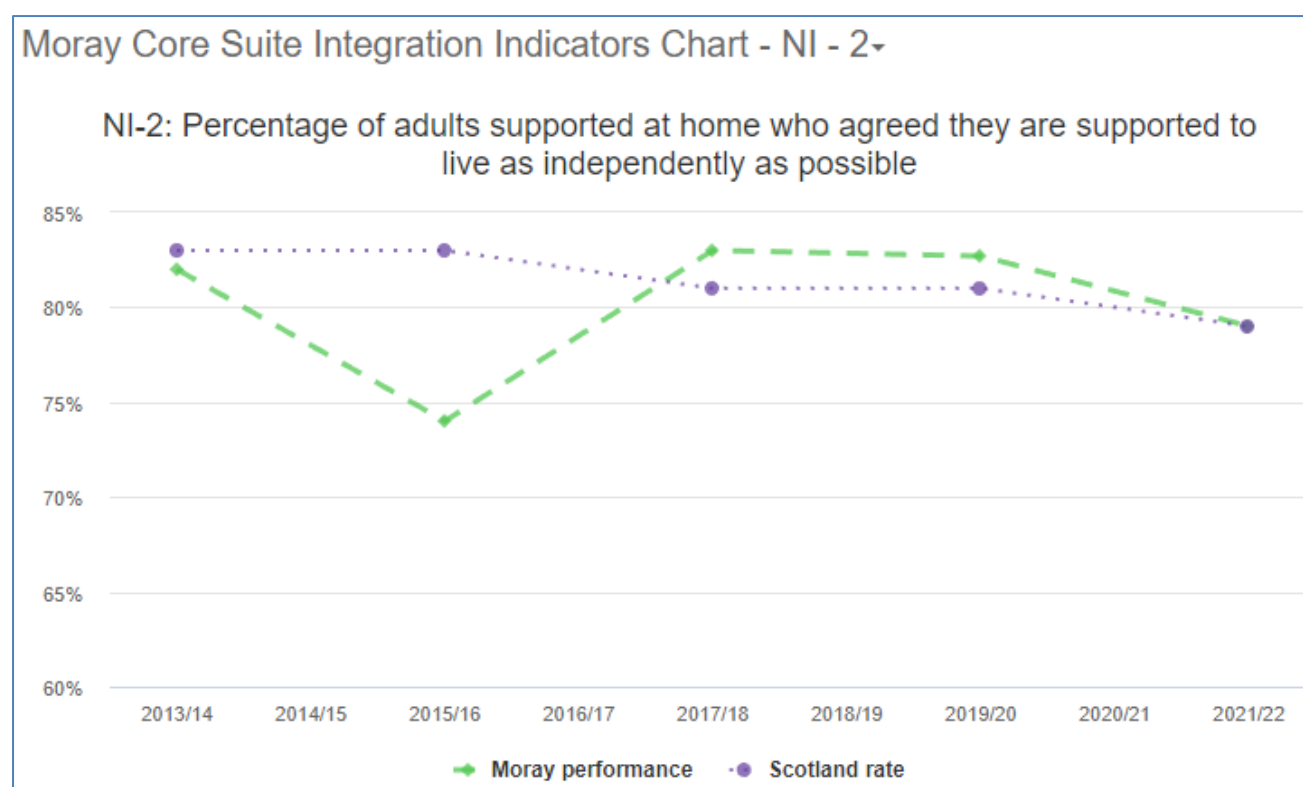
The crisis situations arising from above, has meant that there is increased pressure on the service's four respite beds. Over the past year one and sometimes two of these beds have

been occupied for extended periods of time. This has led to respite for other people being cancelled and has added to the pressure on families.

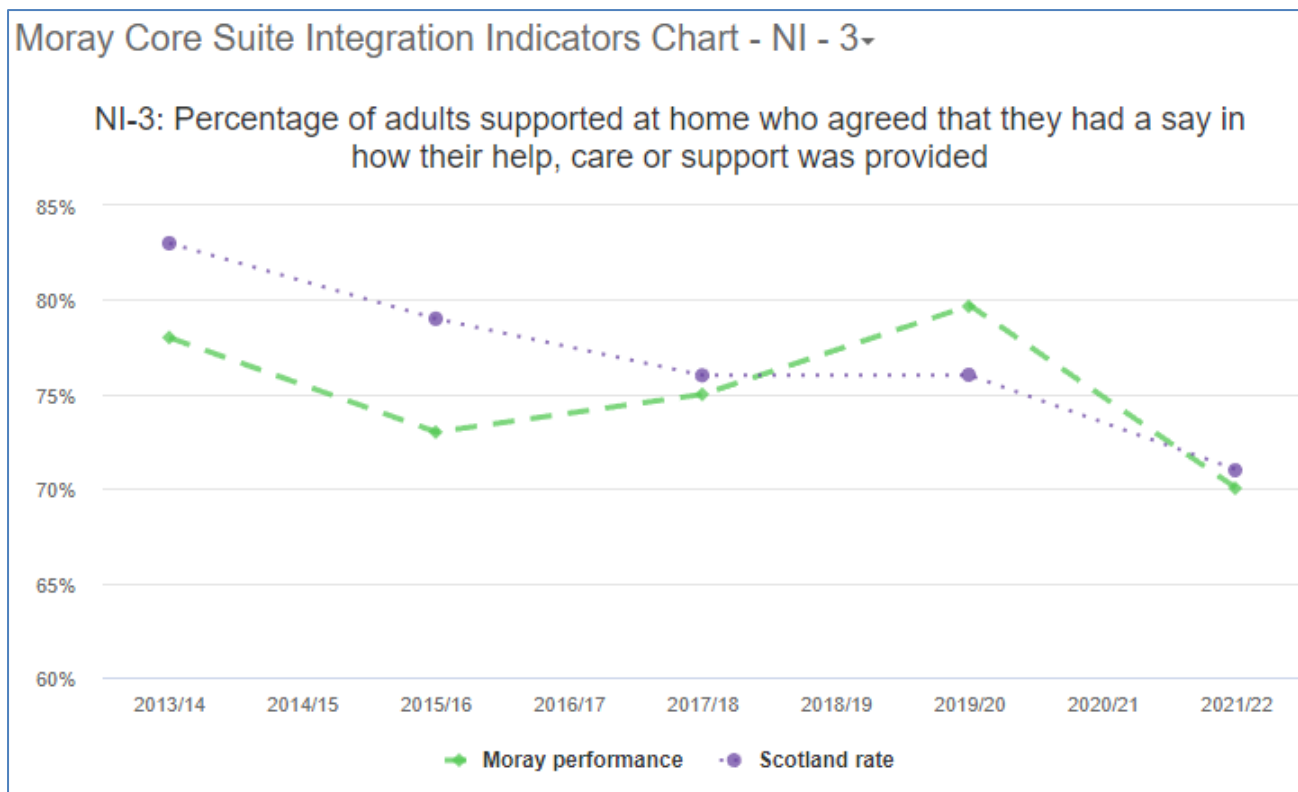
Performance issues and actions to improve performance

The measures in the survey that are used to track the performance of the person-centred approach to independent living all show reducing trend since 2013/14. In addition, there hasn't been a noticeable reduction in health inequality between the least and most deprived areas in Moray since 2010 for early mortality and emergency hospital admissions. However, Moray has lower levels of inequality compared to Scotland as a whole.

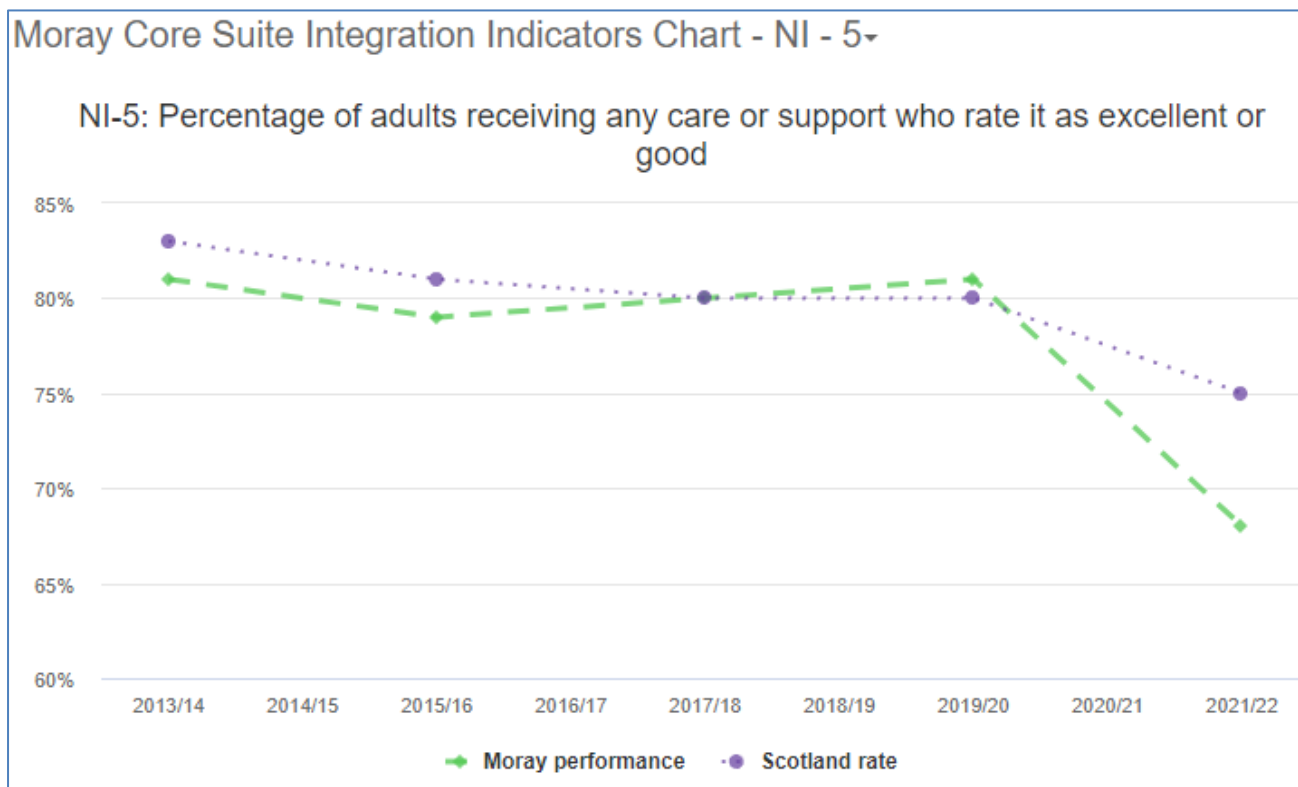
The trend in the proportion of people who agree they are being supported to live as independently as possible has reduced marginally for both Scotland and Moray in the past 3 year. However, around four-fifths (79%) of respondents agreed with this statement in the most recent survey.



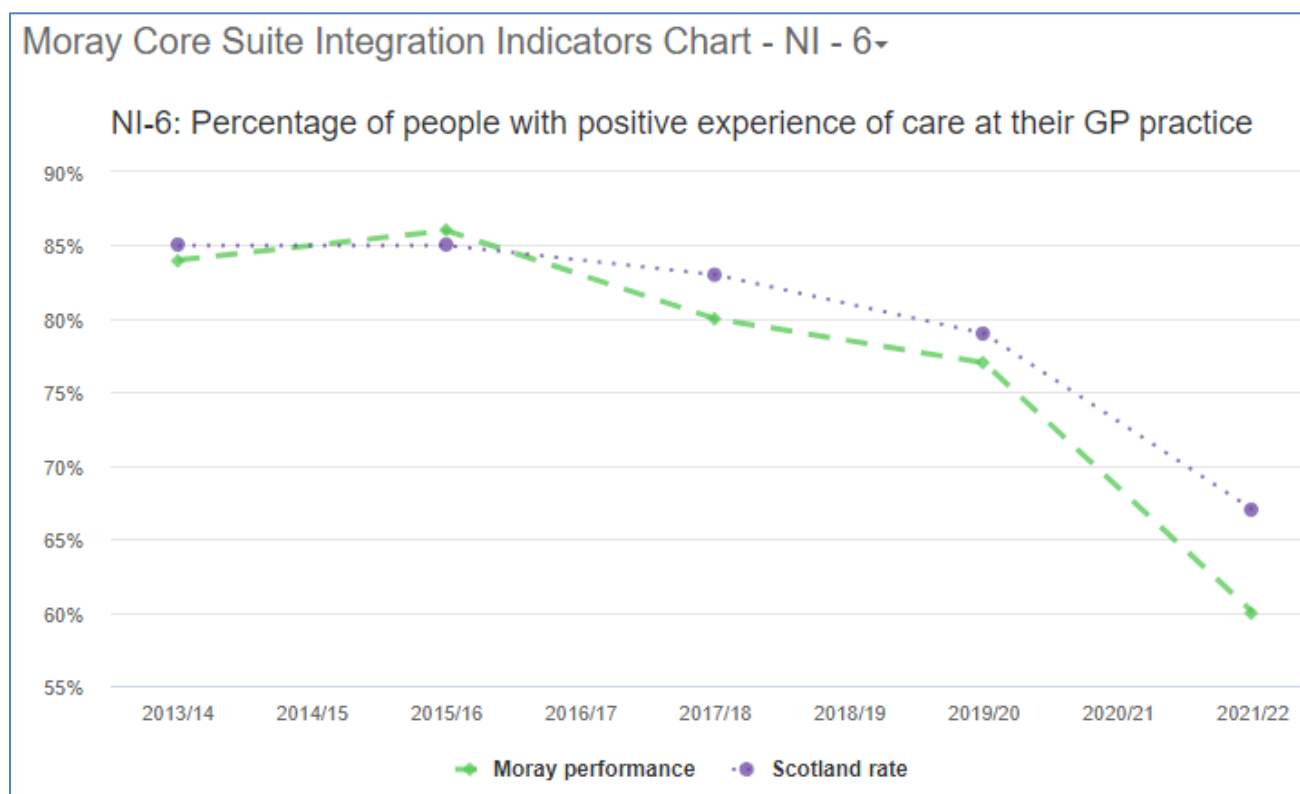
A smaller proportion of Moray respondents agreed they had a say in their care provision in the latest survey compared to previous years. With a positive response of 70%, Moray is similar to the Scottish average of 71%, but is down 10% from the previous survey.



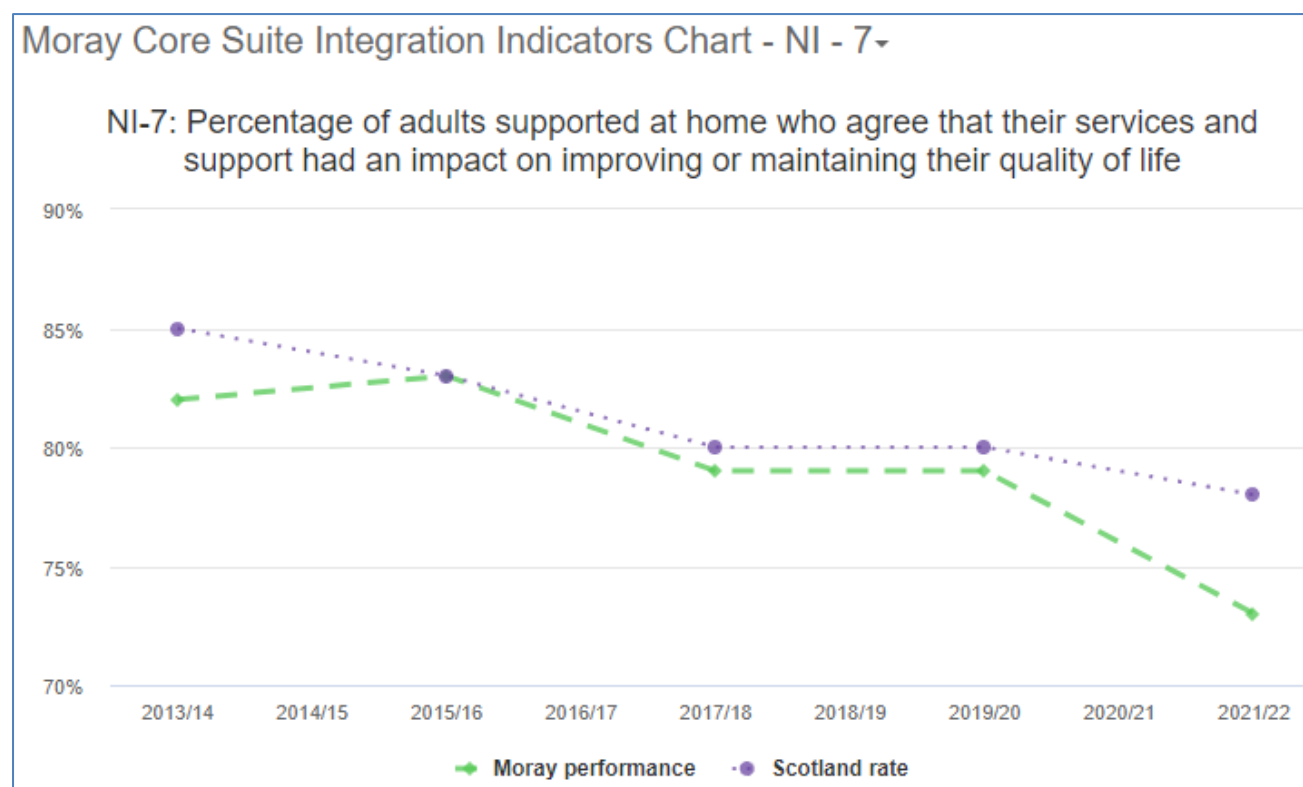
In previous surveys around 80% of Moray respondents have rated their care as excellent or good. That proportion reduced to 68%, below the Scottish average of 75%, in the latest survey.



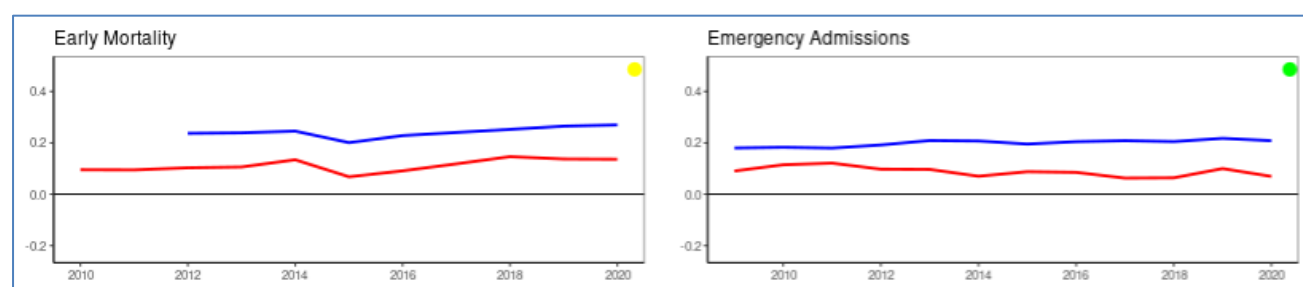
Just 6 out of 10 respondents in the latest survey had a positive experience of care at their GP practice, down from 85% in previous surveys. This deterioration in experience mirrors the decline across Scotland.



Similarly, a smaller proportion of Moray respondents agree that the care they received has had an impact on improving or maintaining their quality of life than in previous years. In the latest survey the proportion agreeing with this statement was 73%, below the Scottish proportion of 78%.

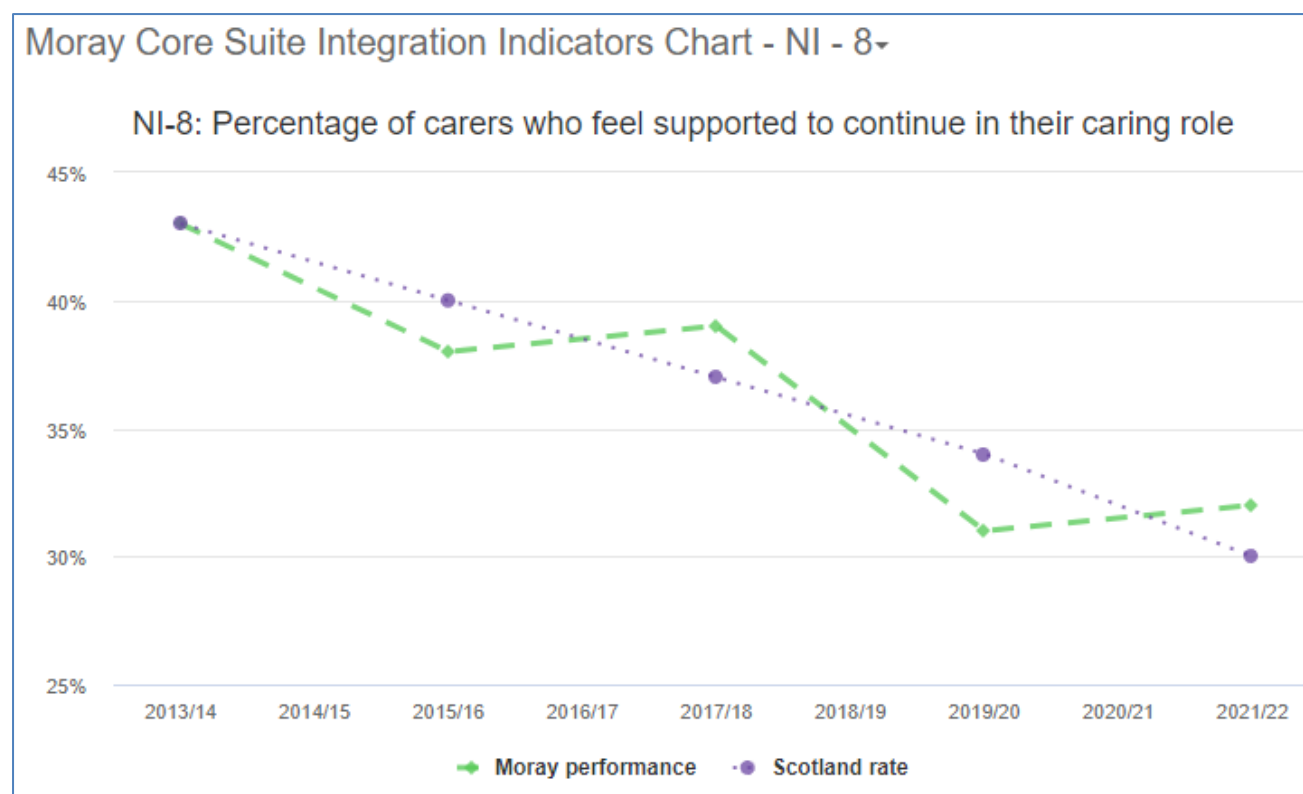


The Improvement Service's Community Planning Outcomes Profile tool² contains 2 measures that indicate the level of inequality between the least deprived and most deprived areas in Moray (the most recent data is for 2020). Inequality in the early mortality rate has consistently been below the Scottish level since 2012. The figure has remained stable over the past 2 years after 3 years of gradually rising, indicating that inequality has stopped widening, but is not reducing. Similarly, the inequality in emergency hospital admissions has been less than the Scottish level since 2010 and showed an improvement in 2020.



The percentage of carers in both Moray and across Scotland who feel supported has never been high, but has gradually reduced over the years from 43% to fewer than one in three (32% in Moray and 30% in Scotland).

² Scottish Government Improvement Service – Community Planning Outcomes Profile Tool - <https://scotland.shinyapps.io/is-community-planning-outcomes-profile/>



Safe services

Outcome 7: People using health and social care services are safe from harm.

Key development and achievements

All GP practices now have daily pharmacotherapy input and all GP practices have all 3 levels of the pharmacotherapy memorandum of understanding covered. Level one is facilitated by the pharmacy technicians and levels two and three activity covered by pharmacists. The Pharmacotherapy Service covers:

- 9900+ technical medication tasks e.g. medication reconciliation, advising patients, facilitating acute requests
- 2500+ medication reviews
- 900+ advanced pharmacist consultations monthly.

More than 20% 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, there is now a rolling programme of adding care home residents which creates a more robust medication availability service to the care homes. The Moray programme is unique in Grampian.

New national standards for services providing medication assisted treatment (MAT) were introduced in May 2021 to ensure safe, accessible and consistently high-quality treatment for drug users to help reduce drug deaths and other harms and promote recovery. Local implementation has been taken forward by the integrated drug and alcohol

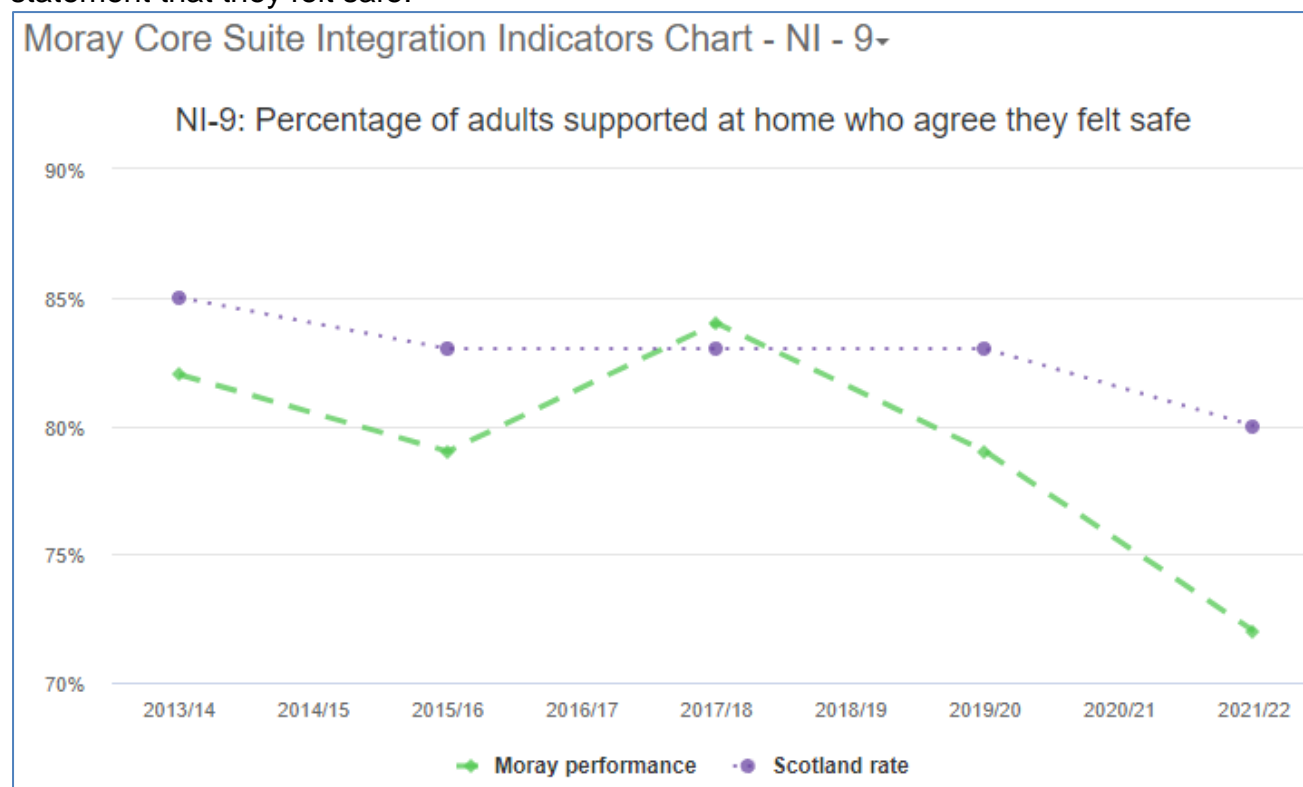
team, working alongside other stakeholders including Arrows, Police Scotland and Scottish Ambulance Service.

The Moray Health Improvement Team has delivered alcohol brief intervention (ABI) training to colleagues and teams from public services including Scottish Fire & Rescue Service and the Ministry of Defence, as well as the third sector.

The Learning Disability Service has been challenged by the significant number of adult protection cases that need attention and investigation by the team.

Performance issues and actions to improve performance

While most Moray respondents supported at home felt safe (72%) the proportion was lower than previous years (a high of 84% in 2017/18) and lower than Scotland (80%). However, this means that more than a quarter of Moray respondents were not able to agree with the statement that they felt safe.



Effective organisation

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

Key development and achievements

The Pharmacotherapy Service successfully escalated recruitment to 13.5WTE pharmacists and 10WTE pharmacy technicians. During period of leave, technician work is now covered remotely for seamless service. This level compares very favourably to the rest of Scotland per 5,000 patients. Due to the limited number of pharmacy technicians in the workforce, the service recruited one pharmacy assistant and plan to recruit one more to complete the staffing complement in an alternative way. There is a two year program of six trainee pharmacy technicians for succession planning.

The service continues to have a focus on skills development. 12 out of 16 pharmacists are in the process of completing the Independent Prescribing course by end of the year. Places are expected to be secured for the four remaining pharmacists in the next university cohort. Technicians are currently completing their accreditations. The service has established a full training program including guidance policies and protocols for the team.

Accommodation is a pressure on both mental health and drug and alcohol services. Ongoing discussions are taking place around accommodation for Ward 4, the in-patient ward, and Pluscarden Clinic, both at Dr Gray's Hospital, due to the installation of the Moray MRI scanner. The current drug and alcohol premises are inadequate and do not support delivery of the MAT standards. Discussions continue to secure appropriate alternatives.

Recruitment challenges to registered nursing posts remains an issue for adult and older adult mental health services, including both in patient areas. Use of agency nursing within older adult in patient area has had a significant financial impact. Medical posts also remain difficult to recruit to and the ongoing use of agency locums is a financial risk to NHS Grampian.

Four Social Work Consultant Practitioner (CP) posts were established to support and maintain professional standards for social work. The CPs ensure legislation is complied with and hold specific roles that are required under legislation, leading on Adult Protection, Adults With Incapacity, Mental Health Officer, Appropriate Adult Service. The team also take a lead in Self Directed Support development, Trauma Champion, Social Work learning and development and Learning Disability.

The team structure and associated roles are under review to permit a more flexible approach and to ensure that all statutory and essential roles can be maintained at times of staff absence.

During the Covid lockdown period and following on from that, one CP was allocated the role of supporting care homes and service providers and monitoring quality standards. This has

been a valuable resource but it is not a statutory requirement and the role needs to be reviewed.

As well as the statutory tasks noted, the CPs support the development of Social Work learning and development and the first courses to be offered since lock down have now been delivered and a programme put in place to ensure continuing professional development opportunities are maintained. The practitioners also support the development of social care policy and procedures.

The CPs are now aligned to locality management and provide support with complex social work issues.

Staff absences and burnout

Health and Social Care Moray acknowledges the significant pressures that continue to be felt by its workforce. Unfortunately the summer period did not reduce the pressures felt following the pandemic response. The inability to recruit to all vacancies means that our staff continue to be stretched. We do not underestimate how detrimental this can be, and we are working with our partner organisations to offer support to staff for their health and wellbeing, in particular in conjunction with Moray Health and Wellbeing Group and the We Care programme, sponsored by NHS Grampian.

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

All staff are encouraged to take breaks, and leave due, and care packages of small comforts such as free refreshments, biscuits and confectionary have been provided where possible.

There are also groups encouraging physical activity and mindfulness, encouraging staff to look after their own wellbeing.

Complaints to the IJB

Complaints received by the Moray IJB are reported in line with recommendations from the Complaints Standards Authority and the IJB's Complaints Handling Procedure. There were no complaints received in 2021-22 relating to the dissatisfaction with the Moray IJB's policies, decisions or administrative or decision-making processes followed by the Board.

Within Health and Social Care Moray, complaints received by NHS Grampian and Moray Council are recorded on two separate systems. Reports from the systems are submitted quarterly to the Clinical and Care Governance Committee and published annually.

In 2021-22, 89 complaints were received. This compared to 67 the previous year.

Table 1 – combined data from Datix and Lagan (complaints received) for 2021/22

	Early resolution	Investigation	Ombudsman	Total
Allied Health Professionals	0	2	0	2
Community Hospital Nursing	1	0	0	1
Community Nursing	2	10	1	13
General Ophthalmic Services	0	3	0	3
GMED	3	22	0	25
Mental Health - Adult Mental Health	2	14	1	17
Primary Care Contracts Team	0	1	0	1
Public Dental Service	1	0	0	1
Public Health	0	2	0	2
Access Team	1	0	0	1
Care at Home	6	2	0	8
Head of Service	4	1	0	5
Learning Disability	2	0	0	2
Mental Health	1	0	0	1
Moray East	1	0	1	2
Moray West	1	0	0	1
Occupational Therapy	4	0	0	4
Total	29	57	3	89

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback. Complaints provide valuable information which can be used to continuously improve services, the experience and satisfaction of people along with their families and carers.

8. Significant decisions and directions

Decisions made by the Moray IJB during the year 2021-2022 are set out in the Board and Committee papers which are hosted on the Moray Council website.

<https://moray.cmis.uk.com/moray/CouncilandGovernance/Committees.aspx>

Meetings continued to be held remotely. The IJB is committed to openness and transparency in its decision-making and since January 2022 support has been in place to enable meetings of the board to be webcast.

In line with the Public Bodies (Joint Working) (Scotland) Act 2014 which established the legal framework for integrating health and social care in Scotland, Moray IJB has in place a mechanism to action its Strategic Plan, and this mechanism takes the form of binding directions from the IJB to one or both of NHS Grampian and Moray Council.

Directions are a key aspect of governance and accountability between partners and are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget.

The directions policy and procedure was developed to ensure compliance with the statutory guidance on directions issued by the Scottish Government in January 2020 and seeks to enhance governance, transparency and accountability between the IJB and its partner organisations – Moray Council and NHS Grampian - by setting out a clear framework for the setting and review of directions and confirming governance arrangements

It was approved by the Moray IJB on 31 March 2022.

Risk register

The strategic risk register is reviewed regularly by the Senior Management Team and the Audit, Performance and Risk Committee as part of a robust risk monitoring framework to identify, assess and prioritise risks related to the delivery of services in relation to delegated functions, particularly any which are likely to affect the delivery of the Strategic Plan.

Covid, winter pressures and rising demand for services has delayed the development of some aspects of transformation plans. There has been significant financial planning and budgetary work with partner organisations to maintain oversight of the additional funding and resource that have been made available from Scottish Government and endowments. This work will need to continue over the next year as budgets return to their pre-Covid levels and services adjust

Levels of staff redeployments, acting up arrangements and requirements for some staff to shield have impacted on the workforce and there will be a period of time before services and staff return to “business as normal”. Staff wellbeing is a key priority and a significant emphasis is being placed on ensuring that everyone is provided with the support that is available, where it is needed.

9. Financial performance and best value

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

From the mid-point in the financial year, the Board was presented with financial information that included a forecast position to the end of the year. In November 2021, the Board received a financial report which forecast an expected overspend to the end of the financial year of £2.3m. This forecast reduced throughout the remainder of the year and in December 2021, MIJB were forecasting a small underspend to the end of the year of £0.2m. In March 2021, the MIJB agreed a savings plan of £0.407m. At the end of the financial year, only £0.11m had not been achieved. Scottish Government additional funding was made available that covered the underachievement on the savings target and £0.11m was received as part of Covid funding.

Given the uncertainties associated with Covid-19, 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.

To support the response to Covid-19, the Scottish Government developed a process to assess the impact of Covid on Integration Authorities' budgets. They did this through the development of local mobilisation plans for each health board area, which in turn captured each Integration Authority. The objective was to demonstrate the impact on IJB budgets and provide appropriate financial support. The local mobilisation plans were updated regularly throughout the year and funding allocations were made by the Scottish Government on the basis of these updates. At the end of the financial year, the cost of the mobilisation plan for Moray was £5.2m, this included £0.11m for the underachievement of the approved savings plan. The largest element of spend was £3.18m which was used to support sustainability payments to external providers of care. Any unspent funds are held in an earmarked reserve and drawn down as appropriate for the continued support to the pandemic response and recovery. Additional detail on the areas of spend supported through Covid-19 funding is highlighted in the table below:

Description	Spend to 31 March 2022 £000's
Additional Staffing Costs	160
Provider Sustainability Payments	3,176
Remobilisation	1,178
Cleaning, materials & PPE	90
Elgin Community Hub	556
Prescribing	154
Other	(244)
Additional Capacity in Community	17
Underachievement of Savings	110
Total	5,197

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend
Community Hospitals	5,494	5,477	17
Community Health	5,490	4,932	558
Learning Disabilities	8,264	9,691	(1,427)
Mental Health	9,267	9,542	(275)
Addictions	1,282	1,259	23
Adult Protection & Health Improvement	151	158	(7)
Care Services Provided In-House	17,215	16,238	977
Older People Services & Physical & Sensory Disability	19,014	20,536	(1,522)
Intermediate Care & OT	1,524	1,828	(304)
Care Services Provided by External Contractors	8,540	8,271	269
Other Community Services	8,576	8,460	116
Administration & Management	2,400	2,404	(4)
Other Operational Services	1,176	1,192	(16)
Primary Care Prescribing	17,416	18,310	(894)
Primary Care Services	18,278	18,307	(29)
Hosted Services	4,619	4,632	(13)
Out of Area Placements	669	832	(163)
Improvement Grants	940	758	182
Total Core Services	130,315	132,827	(2,512)
Strategic Funds & Other Resources	27,470	7,937	19,533
TOTALS (before set aside)	157,785	140,764	17,021

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

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page 39. At 31 March 2022 there were usable reserves of £17.021m available to the MIJB, compared to £6.342m at 31 March 2021. These remaining reserves of £17.021m are for various purposes as described below:

Earmarked Reserves	Amount £000's
Action 15	72
Primary Care Improvement Plan	2,259
Covid-19	9,016
GP Premises	232
Moray care home infection control	223
Community Living Change Fund	319
National Drugs MAT	103
National Drugs Mission Moray	207
OOH Winter Pressure funding	202
Moray Cervical screening	110
Moray hospital at home	199
Moray interface discharge	205
Moray School nurse	46
Moray Psychological	492
MHO Funding	51
Care at Home Investment funding	656
Interim Care Funding	695
Moray Workforce well being	54
Moray Winter Fund HCSW	256
Moray Winter Fund MDT	367
Total Earmarked	15,764
General Reserves	1,257
TOTAL Earmarked & General	17,021

All reserves are expected to be utilised for their intended purpose during 2022/23. More details can be found in the [Unaudited Annual Accounts 2021-22](#).

Significant variances against the budget were notably:

Note 1: Older People Services and Physical & Sensory Disability - This budget was overspent by £1.5m 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. The ageing population requiring more complex care and local demographics also contributes to this overspend.

Note 2: Learning Disabilities – The Learning Disability (LD) service was overspent by £1.4m at the end of 2021-22. This consists of a £1.5m overspend, primarily relating to day services and the purchase of care for people with complex needs. Adults with learning disabilities are some of the most vulnerable people in our community and need a high level of support to live full and active lives. The overspend was offset in part by an underspend of £0.1m, relating primarily to staffing in speech and language and psychology services. The transformational change programme in learning disabilities helps to ensure that every opportunity for progressing people's potential for independence is taken, and every support plan involves intense scrutiny which in turn ensures expenditure is appropriate to meeting individual outcomes.

Note 3: Care Services Provided In-House – This budget was underspent by £1.0M at the end of the year. The most significant variances relate to the Care at Home services for all client groups and the Supported Living services which are underspent predominantly due to vacancies and issues with recruitment and retention. Overspends in internal day services £0.1m mainly due to transport costs and less income received than expected.

Note 4: Community Health – This budget was underspent overall by £0.6m at the end of 2021-22 and is primarily due to vacancies, unplanned leave and retirements. Recruitment and retention is an issue, which is not just apparent in Moray and a plan is currently in place to deal with this going forward.

Note 5: Intermediate Care & Occupational Therapy (OT) – This budget was overspent by £0.3m. This relates primarily to OT equipment where costs have increased due to manufacturing and supply to Moray and more complex equipment requests.

Set Aside

Excluded from the financial performance table but included within the Comprehensive Income & Expenditure Account is £13.04m 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. As a result of prioritising resources to support the Covid pandemic Public Health Scotland have not produced activity data for Set Aside services for the 2019/20 or 2020/21 financial years. The figures for 2021/22 have been derived by uplifting

Annual Performance Report 2021-22

2019/20 figures by baseline funding uplift in 2020/21 (3.00%) and 2021/22 (3.36%):
2021/22 2020/21 2019/20 2

	2021/22	2020/21	2019/20	2018/19
Budget	13.04m	12.62m	12.252m	11.765m
Number of Bed Days and A&E Attendances	-----	-----	-----	47,047

10. Inspections

In 2020, the Care Inspectorate introduced an additional new Standard for Older People Care Homes in addition to the 5 existing ones: How good is our care and support during the Covid-19 pandemic? This standard was added to robustly assess care home arrangements in response to the pandemic, with a focus on infection prevention and control (IPC), personal protective equipment (PPE) and staffing. This was implemented to meet the statutory duties outlined in the Coronavirus (Scotland) (No.2) Act and subsequent guidance.

Care Inspectorate Inspections of registered services during 2021-22 have been targeted at areas of higher risk in order to assess care and support during the ongoing pandemic.

Between April 2021 and March 2022, the Care Inspectorate undertook six inspections in services commissioned by Health & Social Care Moray. The following table details the individual services inspected during this period, the care grades achieved across each Standard and the number of requirements made. Full details of these inspections can be accessed from the Care Inspectorate website and via the individual links provided in the following table.

Date	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 care and support planned?	How good is our care & support during the COVID-19 pandemic?
Cornerstone: Parkholme Care Home, Lossiemouth						
29.03.22	4 Good	Not assessed	Not assessed	Not assessed	Not assessed	4 Good
Real Life Options Elgin: Support services - care at home and housing support service combined						
08.06.21	5 Very good	5 Very good	5 Very good	Not assessed	5 Very good	5 Very good
Capercaillie Care Ltd: Support Service						
05.11.21	3 Adequate	3 Adequate	3 Adequate	Not assessed	Not assessed	3 Adequate
Parklands Group: Speyside Care Home, Aberlour						
13.10.21	4 Good	Not assessed	Not assessed	Not assessed	Not assessed	4 Good
Intobeige: Spynie Care Home, Elgin						
08.12.21	3 Adequate	Not assessed	Not assessed	Not assessed	Not assessed	4 Good
Caledonia Homecare: Support Service						
29.09.21	2 Weak	2 Weak	2 Weak	Not assessed	3 Adequate	2 Weak

The inspection reports are available on the Care Inspectorate website.

The Mental Welfare Commission (MWC) undertake local visits, either announced or unannounced, which involve visiting a group of people in a hospital, care home or prison service. Local visits are not inspections, however the Commission details findings from the visit and provide recommendations, with the service required to provide an action plan within three months.

In May 2021, the Mental Welfare Commission made an announced local visit to Ward 4 at Dr Gray's Hospital in Elgin, which is an 18-bedded acute psychiatric admission ward for adults.

The Commission visitors spoke to patients and staff and reviewed patient files. One recommendation was made – for managers to ensure that work is undertaken to meet the needs of patients in relation to privacy, dignity and wellbeing.

A joint inspection, led by the Care Inspectorate, of adult support and protection in the Moray partnership commenced in March 2022. The report was published in June 2022.

11. Looking forward – priorities for 2022-23

The current Strategic Plan was initially agreed to cover the 10 year period from 2019-2029 with a commitment to review the plan every three years. A refreshed strategic plan is due to be published early in 2023. This will align with the development of the Dr Gray's Hospital Plan for the Future (2023-2033) to ensure there is a whole system strategic approach to supporting the health and wellbeing of the Moray population.

As locality planning matures, locality planning groups will be supported by the Strategic Planning and Commissioning Group to inform the continuous cycle of prioritising, planning, implementing and reviewing our work to ensure it reflects and responds to local needs and aspirations.

The lived experiences of unpaid carers has informed the development of a refreshed draft strategy for Moray's unpaid carers of all ages which will be consulted on during 2022-23.

Officers have progressed the business case for the delegation of Moray Children's Social Work and Criminal Justice to the IJB. Moray Council and NHS Grampian have now agreed the delegation, the next step to update the Integration Scheme and get approval from the Scottish Government.

The draft Workforce Plan 2022-2025 will be implemented. The plan takes account of the requirements set out in the National Workforce Strategy for Health and Social Care in Scotland, and identifies the partnership's workforce needs and priorities. It has been developed through engagement with managers, staff teams and partnership representatives around the five pillars of the workforce journey - plan, attract, train, employ and nurture.

Reducing the number and length of time people are delayed in hospital remains a priority. Moray continues to progress the Home First approach to supporting people to avoid unnecessary hospital admission and to return home, wherever possible, without delay. This

work has developed into Hospital without Walls - an ambitious model involving all aspects of Home First alongside unscheduled care, primary/secondary care and acute services. Hospital without Walls will offer hospital-level care to patients who are acutely unwell in their own home.

Hospital without Walls will establish a suite of responsive, co-ordinated, multi-disciplinary care supporting older people with frailty and multi-morbidity. Initial effort has been concentrated on developing a Home First Frailty Team who will be primarily focused at the 'front door' of Dr Gray's Hospital but will also offer support within the community. The multi-disciplinary team will provide rapid geriatric assessments and allow a quick turnaround of those presenting at the front door. This will combine elements of the Discharge to Assess service which is now embedded into the system and provides an intermediate support approach for hospital in-patients who are medically stable and do not require acute hospital care but may still require rehabilitation. They are discharged home with short-term support to be fully assessed for longer-term needs in their own home.

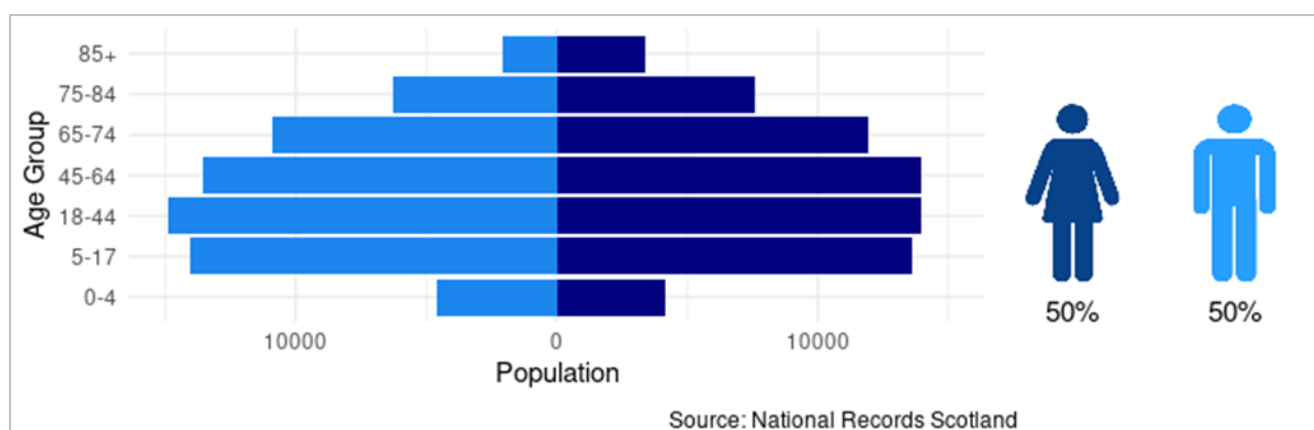
The IJB responded to the Scottish Government's consultation on a National Care Service for Scotland following the recommendation of the Independent Review of adult social care. The National Care Service would operate as a new body to oversee social care, similar to how the National Health Service oversees health, enabling social care to have a more equal footing with health care. It proposes that Local Integration Authorities would have more powers and would be directly funded by national government, rather than receiving their funding from local authorities and Health Boards as they do at the moment.

Appendix A: Area profile

Our population

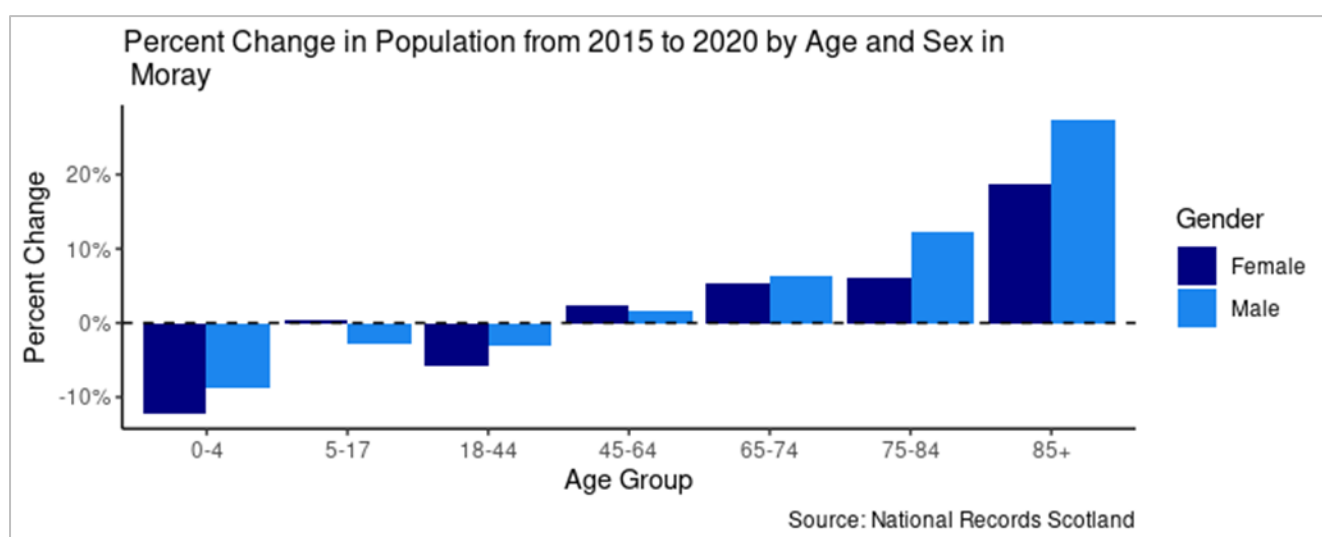
Moray had a population of 95,710 as of June 2020 (National Records of Scotland) while the number of households was 43,175. Between 1998 and 2020, the population of Moray increased by 10.3%. Note that the results of Scotland's 2022 census aren't available yet, but when they are published they will provide a more accurate representation of Moray's current population and demographic.

Figure 1: Population breakdown in Moray.



In terms of overall size, the 45 to 64 age group was the largest in 2020, with a population of 27,544. In contrast, the 16 to 24 age group was the smallest, with a population of 9,019.

Figure 2: Change in population structure over the last five years.



Although the overall age profile broadly follows the national trend towards an aging population, Moray has higher percentages of people in each of the 75+, 60+, and 45+ age groups when compared with the Scottish average. In particular, the evidence indicates that we have higher percentages of older people in our more coastal and rural areas. According

to the National Records of Scotland, it is predicted that by 2039 the number aged over 65 will have increased by 73% in Moray compared to 66% nationally.

The flip side to a higher proportion of older people is a lower proportion of younger and working age people. A smaller available workforce has implications for the stability of the local economy and in parts of Moray the area's aging population will result in a smaller available workforce in the coming years and also increase service demand in certain areas.

The evidence shows a significant outward migration of young people leaving school for higher education in the main cities and relatively slow inward migration from the age of 25 onwards compared to rural areas that are adjacent to the main cities.

The National Record of Scotland projected population figure for Moray of 98,680 by 2039 has not taken into consideration significant numbers of additional military and support personnel and their families arriving in Moray. This will impact on our population demographics, for example by increasing the gap between the number of males and females in the 16-29 age groups.

General Health

For the most recent time periods available, Moray HSCP had:

- An average life expectancy of **78.9** years for males and **81.8** years for females.
- A death rate for ages 15 to 44 of **110** deaths per 100,000 age-sex standardised population⁴
- **23%** of the HSCPs population with at least one long-term physical health condition.
- A cancer registration rate of **612** registrations per 100,000 age-sex standardised population⁴
- **17.54%** of the population being prescribed medication for anxiety, depression, or psychosis.

Deprivation

Moray is a rural area which presents us with challenges in ensuring that our rural communities can access services and that people can connect with each other to avoid social isolation and the negative outcomes that loneliness can lead to.

The Scottish Index of Multiple Deprivation (SIMD) ranks all data zones in Scotland by a number of factors; access, crime, education, employment, health, housing and income. Of the 2020 population in Moray, **2.7%** live in the most SIMD Quintile, and **12%** live in the least deprived SIMD Quintile.

Summary table

Indicators	Data Type	Time Period	Forres and Lossiemouth Locality	Buckie Locality	Elgin Locality	Keith and Speyside Locality	Moray HSCP	Scotland
Demographics								
Total population	count	2020	30,033	19,898	30,399	15,380	94,930	5,466,000
Gender ratio male to female	ratio	2020	1:0.96	1:1.06	1:1.05	1:1.02	1:0.97	1:1.05
Population over 65	%	2020	22	25	19	25	21	19
Population in least deprived SIMD quintile	%	2020	20	0	17	0	12	20
Population in most deprived SIMD quintile	%	2020	1.8	0	6.7	0	2.7	20
Housing								
Total number of households	count	2020	13,761	9,702	14,594	7,778	45,835	2,653,521
Households with single occupant tax discount	%	2020	34	34	34	33	34	38
Households in Council Tax Band A-C	%	2020	61	70	61	70	65	59
Households in Council Tax Band F-H	%	2020	8.4	3.8	8.6	5.7	7	13
General Health								
Male average life expectancy in years	mean	2016-2020*	79.8	79.3	78.6	79.8	78.9	76.8
Female average life expectancy in years	mean	2016-2020*	83.1	82.4	82.1	82.5	81.8	81
Early mortality rate per 100,000	rate	2018-2020	97	94.9	140.4	82.8	110	116
Population with long-term condition	%	2020/21	21	24	23	25	23	20

Indicators	Data Type	Time Period	Forres and Lossiemouth Locality	Buckie Locality	Elgin Locality	Keith and Speyside Locality	Moray HSCP	Scotland
Lifestyle & Risk Factors								
Alcohol-related hospital admissions per 100,000	rate	2019/20	526	352	553	499	474	673
Bowel screening uptake	rate	2017 - 2019	67	68	68	67	68	62
Unscheduled Care								
Emergency admissions per 100,000	rate	2020/21	6,992	7,337	8,339	7,659	7,599	9,467
Unscheduled bed days per 100,000	rate	2020/21	50,761	61,901	53,426	60,111	55,426	64,439
A&E attendances per 100,000	rate	2020/21	18,653	18,057	24,415	17,627	20,194	20,421
Last 6 months of life spent in community setting	%	2020/21	91	92	92	92	92	90
Potentially Preventable Admissions per 100,000	rate	2020/21	922	1,136	1,168	962	1,051	1,180
Unscheduled Care (Mental Health Hospitals)								
Emergency admissions per 100,000	rate	2020/21	186	196	257	254	222	252
Unscheduled bed days per 100,000	rate	2020/21	12,563	6,775	14,685	11,912	11,929	23,674
Readmissions (28 days) per 1,000	rate	2020/21	70	26	28	79	49	84

*At HSCP and Scotland level, the time period is a 3-year aggregate (2018-2020)

Appendix B: Core Suite of National Integration Indicators

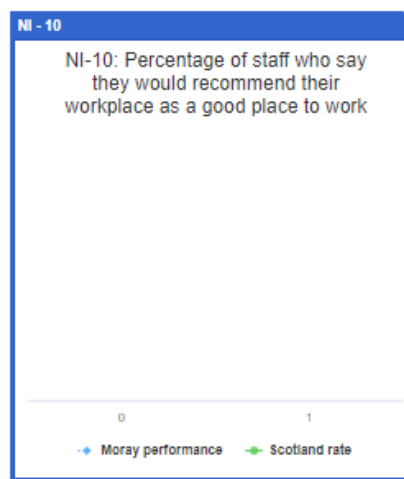
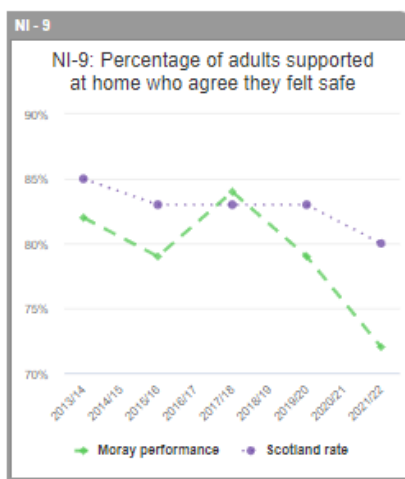
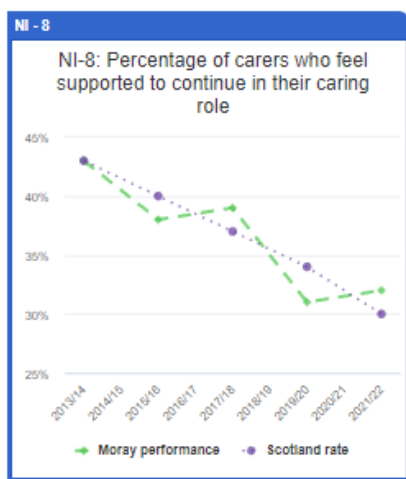
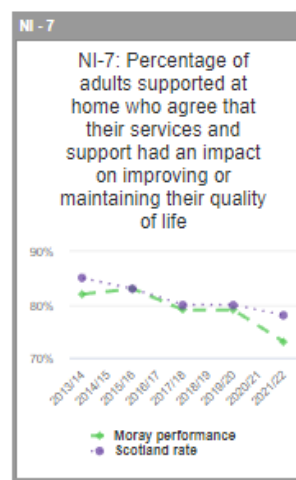
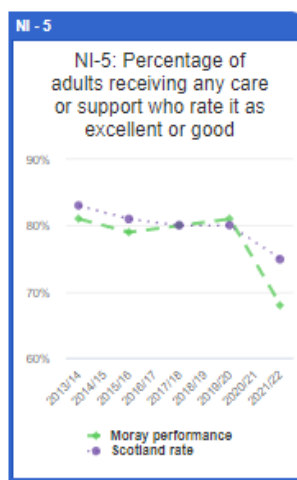
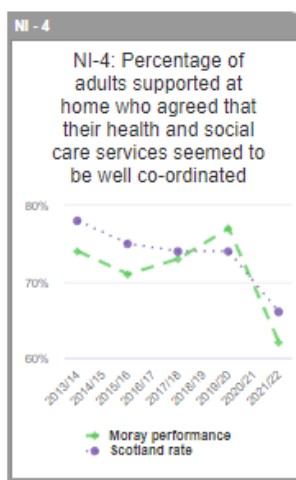
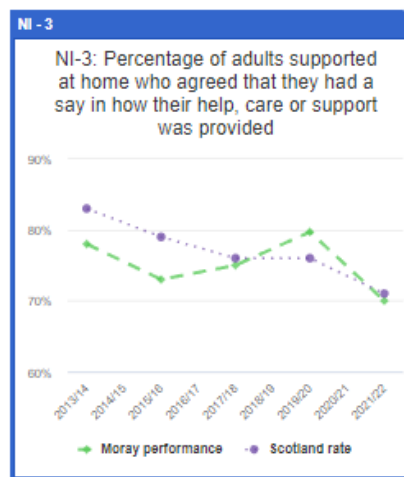
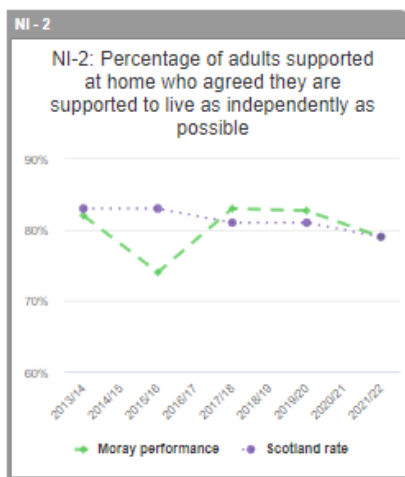
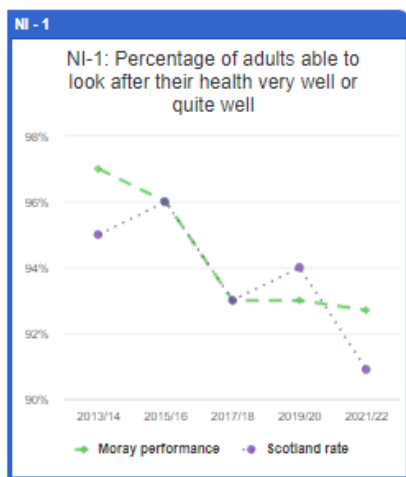
The Core Suite of National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures. Numbers 1-9 below are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which is undertaken using random samples of patients identified from GP practice lists in Moray. The remaining indicators are derived from partnership operational performance data. There are also a number of indicators still under development as shown below.

Health and Care Experience Survey (HACE) Indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good.
6. Percentage of people with positive experience of care at their GP practice.
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.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who would recommend their workplace as a good place to work (*no data available for this indicator*).

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Operational Indicators

11. Premature mortality rate per 100,000 population.
12. Rate of emergency admissions per 100,000 population for adults.
13. Rate of emergency bed days for adults per 100,000 population.
14. Rate of readmissions to hospital within 28 days of discharge per 1000 admissions.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. % of care services graded 'good' (4) or better in Care Inspectorate Inspections
18. % of adults with intensive needs receiving care at home.
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population.
20. % of health and care resource spent on hospital stays where the patient was admitted in an emergency.
21. % of people admitted from home to hospital, who are discharged to a care home (*no data available for this indicator*).
22. % of people who are discharged from hospital within 72 hours of being ready (*no data available for this indicator*).
23. Expenditure on end-of-life care (*no data available for this indicator*).

(Please note that NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20 so this Indicator has not been included in this report). Under Development by Public Health Scotland (PHS)

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Appendix C: National Health and Wellbeing Outcomes

The nine National Health and Wellbeing Outcomes provide the foundation for the Moray Strategic Plan. The outcomes are high level statements by the Scottish Government setting out what health and social care partners are attempting to achieve through integration and how improvements can be made for people. The outcomes framework below has been used to report progress in Moray.

	Outcome	What people can expect
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	<ul style="list-style-type: none"> • I am supported to look after my own health and wellbeing • I am able to live a healthy life for as long as possible • I am able to access information
2	People, including those with disabilities or 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.	<ul style="list-style-type: none"> • I am able to live as independently as possible for as long as I wish • Community based services are available to me • I can engage and participate in my community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	<ul style="list-style-type: none"> • I have my privacy respected • I have positive experiences of services • I feel that my views are listened to • I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together • Services and support are reliable and respond to what I say
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	<ul style="list-style-type: none"> • I'm supported to do the things that matter most to me • Services and support help me to reduce the symptoms that I am concerned about • I feel that the services I am using are continuously improving • The services I use improve my quality of life Health and social care services contribute to reducing health inequalities
5	Health and social care services contribute to reducing health inequalities.	<ul style="list-style-type: none"> • My local community gets the support and information it needs to be a safe and healthy place to be

	Outcome	What people can expect
		<ul style="list-style-type: none"> • Support and services are available to me • My individual circumstances are taken into account
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	<ul style="list-style-type: none"> • I feel I get the support I need to keep on with my caring role for as long as I want to do that • I am happy with the quality of my life and the life of the person I care for • I can look after my own health and wellbeing
7	People using health and social care services are safe from harm	<ul style="list-style-type: none"> • I feel safe and am protected from abuse and harm • Support and services I use protect me from harm • My choices are respected in making decisions about keeping me safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. decisions	<ul style="list-style-type: none"> • I feel that the outcomes that matter to me are taken account of in my work • I feel that I get the support and resources I need to do my job well • I feel my views are taken into account in decisions
9	Resources are used effectively and efficiently in the provision of health and social care services.	<ul style="list-style-type: none"> • I feel resources are used appropriately • Services and support are available to me when I need them • The right care for me is delivered at the right time

