



MORAY INTEGRATION JOINT BOARD

THURSDAY 25 JANUARY 2018, 9:30AM – 12 NOON

INKWELL MAIN, ELGIN YOUTH CAFÉ

NOTICE IS HEREBY GIVEN that a Meeting of the **MORAY INTEGRATION JOINT BOARD** is to be held at **Inkwell Main, Elgin Youth Café** on **25 January** at **9:30am** to consider the business noted below.

Christine Lester
Chair, Moray Integration Joint Board

18 January 2018

AGENDA

1. Welcome and Apologies
2. Declaration of Member's Interests
3. [Minute of the Meeting of the Integration Joint Board \(IJB\) dated 14 December 2017](#)
4. [Action Log of the IJB dated 14 December 2017](#)
5. [Chief Officers Update – Report by the Chief Officer](#)

ITEMS FOR APPROVAL

6. [Data Protection and Records Management – Report by the Legal Services Manager \(Litigation and Licensing\), Moray Council](#)
7. [Review of Financial Regulations – Report by the Chief Financial Officer](#)

8. [Updated Reserves Policy – Report by the Chief Financial Officer](#)
9. [Chief Internal Auditor Reappointment – Report by the Chief Officer](#)

ITEMS FOR NOTING

10. [Minute of the Meeting of the IJB Audit and Risk Committee dated 28 September 2017](#)
11. [Annual Report of the Chief Social Work Officer 2016-17 – Report by the Chief Social Work Officer](#)
12. [Progress Report on Moray Joint Children's Services Inspection – Report by the Head of Integrated Children's Services](#)
13. [Draft Performance Management Framework – Report by the Chief Officer](#)
14. [Provision of Major Adaptations – Report by the Head of Adult Services](#)
15. [Budget Update – Report by the Chief Financial Officer](#)
16. [Draft Organisational Development and Workforce Plans 2016-2019 – Report by the Chief Officer](#)
17. [Membership of the Integration Joint Board and Committees – Report by the Chief Officer](#)
18. [Her Majesty's Prison \(HMP\) and Young Offenders Institute \(YOI\) Grampian Health Centre – Report by the Chief Officer](#)

STANDING ITEMS

19. [Items for the Attention of the Public – Discussion](#)

CONFIDENTIAL ITEMS

20. Draft Forres Plan – Report by the Head of Adult Services

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Ms Christine Lester (Chair)	Non-Executive Board Member, NHS Grampian
Councillor Frank Brown (Vice-Chair)	Moray Council
Dame Anne Begg	Non-Executive Board Member, NHS Grampian
Professor Amanda Croft	Executive Board Member, NHS Grampian
Councillor Claire Feaver	Moray Council
Councillor Shona Morrison	Moray Council

NON-VOTING MEMBERS

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



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

THURSDAY 14 DECEMBER 2017, 9:30AM – 12 NOON INKWELL MAIN, ELGIN

YOUTH CAFE

PRESENT

VOTING MEMBERS

Ms Christine Lester (Chair)	Non-Exec Board Member, NHS Grampian
Councillor Frank Brown (Vice-Chair)	Moray Council
Dame Anne Begg	Non-Exec Board Member, NHS Grampian
Professor Amanda Croft	Executive Board Member, NHS Grampian
Councillor Claire Feaver	Moray Council
Councillor Shona Morrison	Moray Council

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer
Mr Ivan Augustus	Carer Representative
Mr Sean Coady	Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Mr Tony Donaghey	UNISON, Moray Council
Ms Pam Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Dr Ann Hodges	Registered Medical Practitioner, Non Primary Medical Services
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Ms Jane Mackie	Head of Adult Health and Social Care, Health and Social Care Moray
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services

IN ATTENDANCE

Mrs Lissa Rowan	Committee Services Officer, Moray Council, as Clerk to the Board
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APOLOGIES

Mrs Susan Maclaren
Dr Graham Taylor

Chief Social Work Officer, Moray Council
Registered Medical Practitioner, Primary Medical
Services
PPF Representative
tsiMORAY

Mrs Val Thatcher

Mr Fabio Villani

1.	ORDER OF BUSINESS
	The Chair sought the agreement of the Board to vary the order of business and take item 15 "Revenue Budget Monitoring Quarter 2 for 2017/2018" before item 14 "Budget Update" to allow adequate discussion on item 14. This was agreed.
2.	DECLARATION OF MEMBERS INTERESTS
	Dame Anne Begg declared an interest in Item 9 "Doocot View Learning Disability Respite Facility" as she is a Patron of Cornerstone. There were no other declarations of Members interests in respect of any item on the agenda.
3.	MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD DATED 26 OCTOBER 2017.
	The minute of the meeting of the Moray Integration Joint Board dated 26 October 2017 was submitted and approved.
4.	ACTION LOG DATED 26 OCTOBER 2017
	<p>The Action Log of the Moray Integration Joint Board dated 26 October 2017 was discussed and the following points were noted:</p> <ul style="list-style-type: none"> (i) the Adaptations Report is out for consultation and will be brought to the next meeting of the IJB; (ii) the Performance Management Framework report will be deferred until the next meeting of the IJB; (iii) the Financial Plan report is on the agenda for discussion today; (iv) the report on commissioning works in respect of 2016/17 Audited Accounts will be brought to the meeting in March 2018; (v) discussions are ongoing in relation to the communication component of the IJB Communication and Engagement Strategy.
5.	CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD DATED 14 DECEMBER 2017
	<p>A report by the Chief Officer (CO) provided the Board with an update on key priorities and projects.</p> <p>During her introduction, the CO advised that the update on staffing at Varis Court should read that bank staff were supporting the service and not agency staff. This was noted.</p> <p>During discussion, surrounding staffing at Varis Court, it was queried whether this service was within budget and had achieved full recruitment. In</p>

	<p>response the CO, supported by others, advised that recruitment had been more difficult than anticipated. It was also noted that the emerging model of care was to be reviewed in line with the wider health and social care requirements for the Forres area.</p> <p>The CO further advised that a report providing information in relation to whether costings for Varis Court are within budget and the progress on this initiative will be provided in February 2018 when reviewed by the Strategic Planning Group.</p> <p>Thereafter, the Board agreed to note the contents of the Chief Officer's Report to the Moray Integration Joint Board.</p>
6.	<p>CHARGING FOR SERVICES</p>
	<p>A report by the Chief Financial Officer was submitted asking the Moray Integration Joint Board (MIJB) to consider the charges for services for the 2018/19 financial year.</p> <p>Following consideration, the Board agreed to:-</p> <ul style="list-style-type: none"> (i) take responsibility for recommending charges for services to Moray Council in-line with their budget setting processes; (ii) approve the charges to be recommended to Moray Council for approval as part of their policy commitment to review charges annually as set out in Appendix 1 of the report; (iii) note the objective to carry out a review of charging during 2018/19; and (iv) note the content and parameters set out in Moray Council Charging for Services Policy as set out in Appendix 2 of the report.
7.	<p>PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORTING SUBMISSION 2016/17</p>
	<p>A report by the Chief Officer (CO) was submitted presenting the draft Moray Integration Joint Board (MIJB) Climate Change Duties Report submission for 2016/17.</p> <p>During discussion, surrounding the nature and function of the MIJB in terms of climate change reporting, it was queried why the submission stated that the CO was accountable to the Moray Council and NHS Grampian and not the MIJB. It was further noted that the Chief Financial Officer was not mentioned when detailing the management structure of Health and Social Care.</p> <p>In response, the CO advised that she would review the submission carefully and amend any anomalies prior to submission.</p> <p>Thereafter, the Board agreed to approve the draft submission for 2016/17 reporting year to the Sustainable Scotland Network on behalf of the Scottish Government subject to the submission being amended to reflect the following:</p>

	<ul style="list-style-type: none"> (i) that the Chief Officer is accountable to the IJB and not Moray Council and NHS Grampian; (ii) reference to the Chief Financial Officer is included in the section on the management structure of Health and Social Care, Moray; and (iii) the CO reviewing the submission carefully and amending any anomalies prior to reporting to the Scottish Government.
8.	TAIGH FARRAIS RESPITE UNIT
	<p>A report by Jane Mackie, Head of Adult Services informed the Moray Integration Joint Board (MIJB) of the outcomes from the formal consultation process in relation to the re-provision of respite services currently delivered at Taigh Farrais.</p> <p>During discussion surrounding the time frame in which the service should be de-commissioned, the Service Manager suggested that 31 March 2018 was a feasible date. This was agreed.</p> <p>Thereafter, the Board agreed:</p> <ul style="list-style-type: none"> (i) to re-provision respite services currently delivered at Taigh Farrais by 31 March 2018; and (ii) that the outcomes of the consultation process, delivered through the Change Management Plan are implemented.
9.	DOOCOT VIEW LEARNING DISABILITY RESPITE FACILITY
	<p>A report by Jane Mackie, Head of Adult Services informed the Board of the outcome of the further commissioning review for Doocot View Learning Disability Accommodated Respite Service.</p> <p>During discussion, concern was raised in relation to the members of staff that were at risk should the MIJB agree to the de-commissioning of the Doocot View Accommodated Respite Service.</p> <p>In response, the Senior Commissioning Officer advised that, as Doocot View is a contracted service provided by Cornerstone, it would be a decision for Cornerstone.</p> <p>It was further queried whether an appeal could be made to Cornerstone to attempt to transfer staff to the new location for respite provision so that continuity of care is maintained.</p> <p>In response, the Senior Commissioning Officer agreed to explore the possibility of transferring staff along with the clients with Cornerstone, for continuity of care.</p> <p>During the discussion it was noted that, for the individual families, change would be difficult and that there was a reliance on the health and social care teams to support appropriately through the transition. Mr Lindsay, NHS Grampian Staff Partnership Representative asked specifically why the partnership was not going out for further consultation on this proposal. In response the Senior Commissioning Officer and Chief Officer advised that a</p>

	<p>full consultation had taken place 3 years ago and that the individual family views were clear, in that they would not wish this service to be decommissioned, the understanding being that this view has not changed. The task now would be to work closely in supporting this transition. The board members recognised the challenges and sought assurance that the alternative range of options would be fully explored.</p> <p>The Board concluded that, in terms of best value and in line with the requirement to modernise interventions and services, the decision to de-commission was appropriate.</p> <p>Thereafter the Board agreed:</p> <ul style="list-style-type: none"> (i) to support the option of de-commissioning the Doocot View Accommodated Respite Service from 1 April 2018; and (ii) that the Senior Commissioning Officer explore the possibility of transferring staff along with their clients to maintain continuity of care.
10.	MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD AUDIT AND RISK COMMITTEE DATED THURSDAY 25 MAY 2017
	The minute of the meeting of the Moray Integration Joint Board Audit and Risk Committee dated 25 May 2017 was submitted and approved.
11.	MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE FRIDAY 4 AUGUST 2017
	The minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 4 August 2017 was submitted and approved.
12.	QUARTER 2 (JULY – SEPTEMBER 2017) PERFORMANCE REPORTING A
	<p>report by the Chief Officer (CO) presented the Moray Integration Joint Board (MIJB) with a performance update at Quarter 2, 2017/18.</p> <p>During discussion, concern was raised in relation to the wording in the report which was difficult to understand and it was queried whether reports could be written using plain English noting the need to make sense and be understood by lay people.</p> <p>In response, the CO agreed to consider this request when preparing future reports.</p> <p>During further discussion, concern was raised in relation to the 3 amber indicators which indicated that performance had dropped by up to 5% in the last quarter and it was queried what action was being taken to improve this.</p> <p>In response, the CO advised that the Strategic Planning Group will review the 3 amber performance indicators with a view to improving them.</p> <p>Thereafter, the Board agreed:</p> <ul style="list-style-type: none"> (i) to note the performance and draft report template of national core suite indicators and comparison to 32 national IJB's performance as set out in Appendix 1 of the report; (ii) to note the performance and draft report template of local indicators linked to strategic priorities for Q2 (July-September 2017) as set out in

	<p>Appendix 2 of the report;</p> <p>(iii) to note the performance and draft report template on exception reporting – delayed discharges and length of stay within Moray Community Hospitals as set out in Appendix 3 of the report;</p> <p>(iv) to note the ongoing work to develop objectives to measure progress for the Ministerial Steering Group against 6 key indicators in 2018;</p> <p>(v) that consideration be given to using plain English when preparing future performance reports;</p> <p>(vi) to note that the Strategic Planning Group will review the 3 amber performance indicators with a view to improving them.</p>
13.	<p>IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016</p> <p>A report by Jane Mackie, Head of Adult Services advised the Board of the implications of the Carers Act (Scotland) 2016.</p> <p>During her introduction, the Chief Officer advised that a review of the Scheme of Delegation was underway and that this would be reported to the Board in January. This was noted.</p> <p>Following consideration, the Board agreed to note:-</p> <ul style="list-style-type: none"> i) the implications of the Carers (Scotland) Act 2016; ii) the current consultation on the draft eligibility criteria for unpaid adult carers as set out in Appendix 1 of the report; and iii) that the Scheme of Delegation is currently under review and will be brought to the next meeting of the MIJB in January 2018.
14.	<p>REVENUE BUDGET MONITORING QUARTER 2 FOR 2017/2018</p> <p>A report by the Chief Financial Officer updated the Moray Integration Joint Board (MIJB) on the Revenue Budget reporting position as at 30 September 2017 and provided a provisional forecast position for the year end.</p> <p>Following consideration, the Board agreed to:-</p> <ul style="list-style-type: none"> (i) note that the financial position of the Board at 30 September 2017 is showing an overspend of £1.542 million; (ii) note the provisional forecast position for 2017/18 of an overspend of £1.691 million on core services; (iii) note the revisions to staffing arrangements made under appropriate Council/NHS procedures and regulations that impact upon the MIJB budget as set out in Appendix 3 of the report; (iv) note the updated budget position to reflect additional funding received through NHS Grampian, as detailed at paragraph 8.1 of the report; and (v) approve for issue, the revised Direction to Grampian Health Board arising from the updated budget position as set out in Appendix 5 of the report.

15.	BUDGET UPDATE
	<p>A report by the Chief Financial Officer provided the Moray Integration Joint Board (MIJB) with a budget update in preparation for the 2018/19 financial year.</p> <p>During her introduction, the Chief Financial Officer advised that there was a potential funding gap of between £3 - £8 million if the MIJB continued to provide current services with the highest costs being attributed to the potential pay award, high cost care packages and prescribing.</p> <p>The Chief Officer advised that a small management team had been established to promote the change needed to focus on how to use the money that had been allocated. This was noted.</p> <p>Following discussion, the Board agreed to note the:-</p> <ul style="list-style-type: none"> (i) budget protocol that has been developed for assisting engagement and ensuring consistency of approach to budget setting; (ii) budget update in support of negotiations with Moray Council and NHS Grampian for the 2018/19 revenue budget; and (iii) MIJB Annual Financial Statement.
16.	ITEMS FOR THE ATTENDTION OF THE PUBLIC
	<p>Under reference to paragraph 10 of the minute of the Moray Integration Joint Board dated 26 October 2017, the Board agreed that the following items be brought to the attention of the public:</p> <ul style="list-style-type: none"> (i) Positive message in relation to the re-provision of respite services currently delivered at Taigh Farrais; (ii) Moray Carer Aware Care launch; (iii) Benefits from the implementation of the Carers (Scotland) Act 2016; and (iv) Excellent Performance in relation to the prevention of dental decay.



MEETING OF MORAY INTEGRATION JOINT BOARD

14 DECEMBER 2017

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log Dated 26 October 2017	<p>Adaptations Report is out for consultation and will be brought to the next meeting.</p> <p>Performance Management Framework report deferred until next meeting.</p> <p>The report on commissioning works in respect of 2016/17 Audited Accounts will be brought to the meeting in March 2018.</p>	<p>Jan 2018</p> <p>Jan 2018</p> <p>March 2018</p>	<p>J Mackie</p> <p>Chief Officer</p> <p>Chief Financial Officer</p>
2.	Chief Officers Update	A report providing information in relation to whether costings for Varis Court are within budget will be provided in February 2018 to the IJB Strategic Planning and Commissioning Group and subsequently information shared with the board.	March 2018	Chief Officer
3.	Public Sector Climate Change Duties Reporting Submission 2016/17	<p>The Public Sector Climate Change Duties Reporting Submission should be updated to reflect:</p> <p>(i) that the Chief Officer is accountable to the IJB and not Moray Council and NHS Grampian; and</p> <p>(ii) reference to the Chief Financial Officer when detailing the management structure of the Health and Social Care, Moray (Page 6); and</p>	January 2018	Chief Officer

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
		(iii) the CO reviewing the submission carefully and amending any anomalies prior to reporting to the Scottish Government.		
4.	Taigh Farrairs Respite Unit	<p>The MIJB agreed:</p> <ul style="list-style-type: none"> i) to re-provision respite services currently delivered at Taigh Farrairs by 31 March 2018; ii) that the outcomes of the consultation process, delivered through the Change Management Plan are implemented. 	March 2018	Jane Mackie
5.	Doocot View Learning Disability Respite Facility	<p>The MIJB agreed:</p> <ul style="list-style-type: none"> (i) to support the option of de-commissioning the Doocot View Accommodated Respite Service from 1 April 2018; (ii) that the Senior Commissioning Officer explore the possibility of transferring staff along with the clients for continuity of care. 	April 2018	Jane Mackie
12.	Quarter 2 (July – September 2017) Performance Reporting	The Strategic Planning Group will review the 3 amber performance indicators and identify actions required to bring about improvement in performance.	February 2018	Chief Officer
13.	Implementation of the Carers (Scotland) Act 2016	The Scheme of Delegation is currently under review and will be brought to the next meeting of the IJB in January 2018.	January 2018	Chief Officer

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
15.	Revenue Budget Monitoring Quarter 2 for 2017/2018	<p>The MIJB agreed:</p> <p>(i) that the revised Direction to Grampian Health Board arising from the updated budget position shown in Appendix 5 be issued.</p>	December 2017	Chief Financial Officer
16.	Items for the Attention of the Public	<ol style="list-style-type: none"> 1. Positive message in relation to the re-provision of respite services currently delivered at Taigh Farrais; 2. Moray Carer Aware Care launch; 3. Benefits from implementation of the Carers (Scotland) Act 2016; and 4. Excellent Performance in relation to the prevention of dental decay. 	December 2017	Chief Officer

CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD 25 JANUARY 2018

Jubilee Cottages

We have completed a learning review for the Jubilee Cottages as part of the evaluation and project management process. The outcome of that learning review at mid-point has looked at the occupancy of the cottages and as a result the admission criteria has been revised and reissued to all stakeholders with the aim of increasing activity. The cottages have remained in constant use over the past 3 months providing a combination of rehab and temporary accommodation as a stepping stone to getting back home or a more suitable property. The project has provided a service across a range of client groups including elderly PD (physical disabilities) and LD (learning disabilities). The learning review also allowed us to look at some of the risk adversity on discharging to the cottages and this resulted in an element of support mimicking more what is available at home in the form of independent living team being mobilised, providing reablement support in accordance the clients goals.

Ongoing maintenance has been managed through the use of existing resources to support and moving forward costs associated with this element are anticipated to reduce. The Local Enhanced Service (General Practice contractual arrangement) continues to be in place with Linkwood Medical Practice but to date there has been no medical issues for clients requiring this service but remains an important part of the overall service provision.

For further information contact Lesley Attridge, Integration Service Manager,
lesley.attridge@moray.gov.uk

Moray Performance over the festive period

The festive debrief has shown an overall positive performance for Moray Health and Social Care system. Dr Gray's Hospital was one of the acute hospitals who managed to maintain its performance in relation to the 4 hour target placed on Accident and Emergency. This

result is inevitably the success of integrated cross system working between the hospital and community.

The hospital continues to be extremely busy and there have been days of extremely high activity beyond the norm. The teams both in the hospital and in the community are working very hard and on a daily basis link with each other to ensure all parties are active in maintaining this outcome for the people of Moray.

Queens Nurse Award for local Nurse Ally Lister

The Queen's Nursing Institute Scotland exists to promote excellence in community nursing to improve the health and wellbeing of the people of Scotland. The Institute in 2017 took the decision to reintroduce the Queen's Nurse (QN) title in 2017. The title is being awarded to clinical leaders who can demonstrate their impact as expert practitioners. They must be community-based registered nurses, midwives or health visitors.

Ally Lister, District Nurse Team Leader in Keith, has worked in the community for 21 years and been in her current role since 2013. Ally received the award on the basis of her Queens Nurses project involving working with other health care professionals in developing practice in specific areas of care. This accolade recognised outstanding practice and learning that can be shared across the health and care system. Ally attended the awards ceremony in Edinburgh in December 2017.

Moray Quality Forum

Dr Bernie Welsh, Quality Cluster Lead, Health and Social Care Moray, facilitated an evening with General Practitioner colleagues and Consultants from the hospital at Dr Gray's on the 10 January 2018. This leadership role looks predominantly at the quality of practice in general practice and seeks to facilitate the very important relationship that needs to exist between the community and hospital medical workforce. This was the first in a series of planned events in which they will examine particular conditions experienced by the people of Moray, and good practice seeking to identify how by working together with other professionals continuous improvement can be achieved. There was an excellent turnout to this meeting and really good engagement from the medical profession.

Designation: Chief Officer

Name: Pam Gowans

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY

SUBJECT: 2018 DATA PROTECTION AND RECORDS MANAGEMENT

**BY: LEGAL SERVICES MANAGER (LITIGATION & LICENSING),
MORAY COUNCIL**

1. REASON FOR REPORT

- 1.1 To inform and advise the Board of its legal responsibilities and duties in respect of data protection and records management in order for it to consider and comply with those requirements.

2. RECOMMENDATION

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

- i) instruct the Chief Officer to complete the process with the Information Commissioner's Office (ICO) to formally register the Board as a Data Controller in line with the registration details attached at Appendix 1, upon payment of the appropriate fee and thereafter to maintain an annual registration;**
- ii) agree that the Chief Officer be the nominated representative for the Board and the main point of contact for the ICO;**
- iii) agree that the main point of contact for Subject Access Requests should be the Chief Officer;**
- iv) instruct the Chief Officer to signpost on the Board's website contact details for Subject Access Requests; and**
- v) note the intention to report to a future meeting of the Board on Subject Access Request (SAR) Processes, the General Data Protection Regulations (GDPR) requirements and responsibilities and a Records Management Plan (RMP).**

3. BACKGROUND

- 3.1 The UK Data Protection Act 1998 (DPA) requires every data controller who is processing personal information to register with the UK ICO, unless they are exempt. A Data Controller can be a public body such as the board. Personal data is information about a living individual who can be identified from that

information. Processing is concerned with data collection, storage, use, management, sharing and disposal. Compliance with the DPA is regulated by the UK ICO.

- 3.2 To the extent that the Board processes personal data for the purposes of carrying out its functions, the Board is a Data Controller under the DPA and must register with the ICO and register the types of personal data that it processes and how this data is processed.
- 3.3 Data Controllers are responsible for responding to SAR's. These are requests made by individuals, known as data subjects under the DPA, to see or obtain a copy of their personal data. Requests must be responded to within 40 calendar days once it is clear as to the identity of the person making the request, the information being requested and payment of the subject access fee (currently £10).
- 3.4 As agreed by the Board at its meeting on 10 November 2016 (para. 6 of the minute refers), the Chief Officer, as part of her operational responsibilities, has responsibility to approve responses on behalf of the Board to any information requests, including SAR's.
- 3.5 As agreed by the Board at its special meeting on 27 April 2017 (para. 3 of the minute refers) and as embedded within its approved Freedom of Information Publication Scheme (at page 5), it was recommended that Subject Access Requests from individuals who may use services delivered under direction of the Board by Moray Council and NHS Grampian are directed to either the Council or NHS Grampian, who both have set procedures for handling such requests.
- 3.6 It is possible for personal data to be held by more than one public authority as a result of agreed data sharing. Agreements about data sharing need to be clear as to how SAR's are managed by all parties when shared data is involved.
- 3.7 The Public Records (Scotland) Act 2011 (PRSA) is intended to promote better record keeping and it requires public authorities such as the Board to prepare and implement a Records Management Plan (RMP), which sets out proper arrangements for the management of records. It must be approved by the Keeper of the Records of Scotland, reviewed regularly, and include the record keeping elements outlined in a model RMP provided by the Keeper. The Keeper intends to issue invitations to the Chief Officers of Scotland's IJBs to submit their plans in early 2018.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 In order for the Board to ensure it complies with its responsibilities under the DPA, it is required to: register with the ICO; have a Nominated Representative for all data protection matters; have a process in place to deal with SAR's and other data protection matters; and consider its information sharing arrangements.

- 4.2 In light of the strategic nature of the role the Board, it would seem that the personal data it is likely to hold and process will be limited; namely information about the Chief Officer, Chief Finance Officer and complainants who use the Board's complaints procedures. It is recommended that an application be made to ICO to formally register the Board as a Data Controller. The types of processing envisaged at this stage, which will be notified to the ICO as part of the registration are in connection with the purposes listed above. That said, there is scope for greater holding and processing of personal data as the role and scope of the Board is refined over time. Registration with the ICO must be renewed annually and can be amended should there be any changes in processing that take place. The initial registration document is attached at **Appendix 1** for the Board's approval.
- 4.3 It is recommended that the IJB appoints the Chief Officer as the main point of contact for the ICO and for any SAR. The Chief Officer will be responsible for the Board's compliance with its statutory requirements. The Council's Records and Heritage manager will provide the Chief Officer with advice and assistance on the application of the data protection legislation and for ensuring that the Board meets its legislative obligations as well as providing any necessary procedural advice. This will be supplemented by legal advice from the Board's legal adviser as needed.
- 4.4 Both Moray Council and NHS Grampian have their own processes in place for dealing with SAR's that arise out of operational work undertaken for the Board. The Council currently administers Freedom of Information requests for the Board and it may be that similar arrangements can be put in place for administering SAR's on behalf of the Board. Work will be needed for this and a report will be brought back to the Board at a later date.
- 4.5 Further processes will need to be developed to comply with the DPA following registration for example in relation to data retention, destruction, archiving, the reporting of data breaches. Further reports will be submitted to future Board meetings as required.
- 4.6 As regards information sharing arrangements, the Health and Social Care Integration Scheme for Moray refers to the need for an Information Sharing Protocol (ISP)/Memorandum of Understanding between Moray Council and Grampian Health Board in relation to data sharing for integrated services. This does not extend to the Board.
- 4.7 A project known as the Health and Social Care Data Integration and Intelligence Project is being developed by the Information Services Division (ISD) of the NHS Common services to facilitate information sharing between health, councils, IJB's and the ISD. An ISP has been signed in relation to this. The sharing of information in terms of this will also require to be included within the Board's Data Controller registration. This ISP deals with SAR's for shared data.
- 4.8 The General Data Protection Regulations (GDPR) will come into force on 25 May 2018. GDPR provides a new privacy framework to regulate the processing of personal data and will replace the DPA. Whilst there are many similarities with the current legislation, there are some new and different requirements, which will have an impact on data protection governance and

processing activities. The statutory emphasis around accountability and governance may require the Board to nominate a Data Protection Officer. A future report will be prepared for the Board setting out the GDPR requirements and responsibilities and implications.

- 4.9 Work is being progressed for the Board's RMP by the Council's Records and Heritage Manager, assisted by Sean Hoath, Senior Solicitor (Litigation & Licensing) and a further report will be brought to the Board about this. It is envisaged that the Board's RMP will relate to records held directly by the Board and that records produced relating to operational delivery of functions for the Board by Moray Council and Grampian Health Board are covered in those organisations respective RMP's.

5. **SUMMARY OF IMPLICATIONS**

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Good information governance arrangements will support the Board to fulfil its objectives.

(b) Policy and Legal

Information governance legislation upholds the rights of individuals and ensures that their personal data is processed appropriately and lawfully.

(c) Financial implications

The ICO registration fee is currently £35. Registration must be renewed annually.

Failure to comply with DPA requirements could result in enforcement action by the ICO, including the imposition of a fine up to £500,000 for each breach.

(d) Risk Implications and Mitigation

Failure to comply with information governance legislation can result in: distress to individuals; impact on Board business; reputational damage for the Board; financial loss/monetary penalty imposed; potential litigation. To mitigate this roles and responsibilities for information management, reporting and escalation of issues need to be clearly defined and communicated and processes need to be established and embedded.

(e) Staffing Implications

Work to ensure appropriate information governance will involve considerable staff time. As mentioned previously within this report, the Board will in the near future have to consider the appointment of a Data Protection Officer.

(f) Property

None arising from this report.

(g) Equalities

None arising from this report.

(h) Consultations

Consultation on this report has taken place with the Chief Officer; the Chief Finance Officer; James Nock, Acting Records and Heritage Manager, Moray Council; and Caroline Howie, Committee Services Officer, Moray Council; who are in agreement with the contents of this report as regards their respective responsibilities.

6. CONCLUSION

6.1 The Board needs to take action to comply with its data protection and records management obligations.

Author of Report: Margaret Forrest, Legal Services Manager (Litigation & Licensing), Moray Council
Background Papers:

Registration Number:

Date Registered:

Registration Expires:

Data Controller: Moray Integration Joint

Board Address:

Council Headquarters
High Street
Elgin
IV30 1BX

This data controller states that it is a public authority under the Freedom of Information Act 2000 or a Scottish public authority under the Freedom of Information (Scotland) Act 2002

This register entry describes, in very general terms, the personal data being processed by:

Moray Integration Joint Board

Nature of work – Integration Joint Board, health and social care

Description of processing

The following is a broad description of the way this organisation/data controller processes personal information. To understand how your own personal information is processed you may need to refer to any personal communications you have received, check any privacy notices the organisation has provided or contact the organisation to ask about your personal circumstances.

Reasons/purposes for processing information

We may process personal information to enable us to:

- oversee the provision/delivery of delegated health and social care services in our area
- maintain our accounts and records
- promote our services

- undertake research
- support and manage secondees (no direct employees)
- administer our Board

Type/classes of information processed

We process information relevant to the above reasons/purposes. This information may include:

- personal details
- family, lifestyle and social circumstances
- goods and services
- financial details
- employment and education details

We also process sensitive classes of information that may include:

- physical or mental health details
- sexual life
- racial or ethnic origin
- trade union membership
- religious or other beliefs of a similar nature
- offences and alleged offences

Who the information is processed about

We process personal information about:

- patients and service users
- secondees
- suppliers and services providers
- survey respondents
- business contacts
- professional experts and consultants
- offenders and suspected offenders

Who the information may be shared with

We sometimes need to share the personal information we process with the individual themselves and also with other organisations. Where this is necessary we are required to comply with all aspects of the Data Protection Act (DPA). What follows is a description of the types of organisations we may need to share some of the personal information we process with for one or more reasons.

Where necessary or required we share information with:

- NHS Grampian
- Moray Council
- Other Integration Joint Boards: Aberdeenshire Integration Joint Board, Aberdeen City Integration Joint Board
- Healthcare, welfare and social professionals
- Social and welfare organisations
- Central government
- NHS Common Services
- Family, associates and representatives of the person whose personal data we are processing
- Suppliers and service providers
- Financial organisations
- Voluntary and charitable organisations
- Legal representatives
- Survey and research organisations
- Security organisations
- Police forces
- Persons making an enquiry or complaint

Transfers

It may sometimes be necessary to transfer personal information overseas. When this is needed, information will normally be shared within the European Economic Areas (EEA) or other adequate countries under the General Data Protection Regulation (GDPR), and when outwith these countries, with appropriate controls in place.

Transfers

It may sometimes be necessary to transfer personal information overseas. When this is needed information is only shared within the European Economic Area (EEA). Any transfers made will be in full compliance with all aspects of the data protection act.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY

SUBJECT: 2018 REVIEW OF FINANCIAL REGULATIONS CHIEF

BY: FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To seek the approval of the Moray Integration Joint Board (MIJB) to update the Financial Regulations

2. RECOMMENDATION

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

- i) approves the proposed changes to the MIJB Financial Regulations as set out in **APPENDIX 1**; and
- ii) agrees that the next review will be no later than March 2019

3. BACKGROUND

- 3.1 Section 95 of the Local Government (Scotland) Act 1973 requires integration authorities to have adequate systems and controls in place to ensure the 'proper administration of their financial affairs', including the appointment of an officer with full responsibility for their governance. The MIJB Financial Regulations detail those responsibilities.
- 3.2 The statutory guidance produced by the Scottish Government for integration authorities stipulated the requirement for the Chief Financial Officer of the MIJB to develop Financial Regulations to include a minimum set of controls. These were developed and approved at a meeting of this Board on 31 March 2016 (para 11 of the minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 It is necessary to review the Financial Regulations at regular intervals to ensure they continue to reflect policy and practice adopted by the MIJB. The updated Regulations are attached at **APPENDIX 1** and proposed changes have been highlighted for ease of reference.

- 4.2 It is proposed that the Financial Regulations are reviewed on an annual basis to reflect the pace of change and provide good governance surrounding the MIJB financial processes.

5. **SUMMARY OF IMPLICATIONS**

(a) **Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**

Effective governance arrangements will support the MIJB in providing services in line with stated priorities as outlined in its Strategic Plan.

(b) **Policy and Legal**

Approved Financial Regulations form part of the constitutional documents that provide reasonable assurance in that the decision making of the MIJB is legal, clear and accountable.

Failure to observe Financial Regulations may be regarded as a breach of trust potentially leading to disciplinary action or dismissal.

(c) **Financial implications**

None arising directly from this report.

(d) **Risk Implications and Mitigation**

Regular updates of Financial Regulations provides a reference point for staff working under the remit of the MIJB and supports the mitigation of risk in relation to inappropriate use of funds.

Financial Regulations constitute an element of the governance arrangements of the MIJB, the absence of which would result in a lack of clarity regarding roles and responsibilities.

(e) **Staffing Implications**

None arising directly from this report.

(f) **Property**

None arising directly from this report.

(g) Equalities

None arising directly from this report.

(h) Consultations

The Deputy Director of Finance, Assistant Director of Finance and Finance Manager NHS Grampian; Head of Financial Services and Principal Accountant, Moray Council; and the MIJB Chief Internal Auditor have been consulted and their comments incorporated into the Financial Regulations.

6. CONCLUSION

- 6.1 Financial Regulations support the Chief Financial Officer in ensuring the proper administration of the financial affairs of the MIJB. They are also an essential point of reference for service managers in assisting day-to-day operations.**

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

Signature: _____

Date : 03 January 2018

Designation: Chief Financial Officer

Name: Tracey Abdy



MORAY INTEGRATION JOINT BOARD

FINANCIAL REGULATIONS

<u>Date Created</u>	<u>Date Implemented</u>	<u>Next Review Date</u>
<u>February 2016</u>	<u>April 2016</u>	<u>March 2019</u>

<u>Developed By</u>	<u>Reviewed By</u>	<u>Approved By</u>
<u>Chief Financial Officer</u>	<u>Internal Audit</u>	<u>Moray IJB</u>
	<u>January 2018</u>	<u>January 2018</u>

MORAY INTEGRATION JOINT BOARD FINANCIAL

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~~6-7.~~ REVIEW OF FINANCIAL REGULATIONS

1. **INTRODUCTION and INTERPRETATION**

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and provides a framework for the effective integration of adult health and social care services. The Act required the submission of a partnership agreement, known as the Integration Scheme for approval by the Scottish Government. Following a detailed consultation process, the scheme was submitted for approval in December 2015. Following approval by the Cabinet Secretary for Health, Wellbeing and Sport an Order was laid before the Scottish Parliament on 8 January 2016 and the Moray Integration Joint Board was established as an autonomous legal entity with effect from 6 February 2016.
- 1.2 Moray Council and NHS Grampian recognise that they each have continuing financial governance responsibilities and operate under their own Financial Regulations / Standing Financial instructions in the operational delivery of services. As this service delivery will continue to be carried out within the Council and the Health Board, these Financial Regulations relate specifically to the affairs of the Moray Integration Joint Board and are therefore limited and focussed in scope. have agreed to establish Moray Integration Joint Board as a 'joint arrangement' as defined by IFRS 11. IFRS 11 is the international accounting standard that clarifies the reporting procedures that apply where parties recognise the rights and obligations arising from the arrangements.
- 1.3 The main objective of these Financial Regulations is to detail the financial responsibilities and policies and procedures that govern the Moray Integration Joint Board. Representatives and Committees of Moray Integration Joint Board must comply with these Financial Regulations in dealing with the financial affairs of Moray Integration Joint Board.
- 1.4 The Moray Integration Joint Board will appoint a Chief Officer who will be the accountable officer of the Integration Joint Board in all matters except finance where there will be joint accountability with the Chief Financial Officer. ~~The Chief Officer will be accountable to the Chief Executives of NHS Grampian and Moray Council.~~
- 1.5 The Moray Integration Joint Board will appoint a Chief Financial Officer who will be the proper officer for the purposes of Section 95 of the Local Government (Scotland) Act 1973. The Chief Financial Officer has a statutory duty to ensure that proper financial administration of the financial affairs of Moray Integration Joint Board is maintained. The Moray Integration Joint Board will have regard to the current CIPFA guidance on the role of the Chief Financial Officer in Local Government.

<http://www.cipfa.org/policy-and-guidance/reports/the-role-of-the-chief-financial-officer-in-local-government>

- 1.6 Should any difficulties arise regarding the interpretation or application of these financial regulations, individuals must seek advice from the Chief Financial Officer before any action is taken.
- 1.7 The Moray Integration Joint Board will commission services from Moray Council and NHS Grampian. The management of services within each of these organisations will continue to be governed by the existing Standing Financial Instructions, Financial Regulations, Schedule of Reserved Decisions, Operational Scheme of Delegation and any other extant financial procedures approved by their respective Governance structures. ~~Officers, staff, committees, councillors and non-executive members of these organisations should ensure they comply with their respective financial governance arrangements.~~
- 1.8 Any breach or non-compliance with these Regulations must, on discovery, be reported immediately to the Chief Officer or the Chief Financial Officer of Moray Integration Joint Board ~~who, in consultation with others as appropriate shall. They must then consult with the NHS Grampian Chief Executive and Moray Council Chief Executive or another nominated or authorised person as appropriate to decide what action should be taken.~~
- 1.9 For the avoidance of doubt the breach of or non-compliance with these Regulations may result in disciplinary action being taken against the relevant individuals in line with the policies of the employing organisation.

2. CORPORATE GOVERNANCE

- 2.1 Corporate Governance is about the structures and processes for decision making, accountability, controls and behaviour throughout the Moray Integration Joint Board. The basic principles of corporate governance are as follows:
- 2.1.1 **Openness** – Anyone with an interest in the affairs of the Moray Integration Joint Board should have confidence in the decision making and management processes and the individuals involved in them. This confidence is gained through openness in its affairs and providing full, accurate and clear information which leads to effective and timely action and scrutiny.
- 2.1.2 **Integrity** – There should be honesty, selflessness, objectivity and high standards of conduct in how the Moray Integration Joint Board's funds and affairs are managed. Integrity depends on the effectiveness of the control framework and on the personal standards and professionalism of members and officers involved in the running of its affairs.
- 2.1.3 **Accountability** – There needs to be a clear understanding by everyone involved in the Moray Integration Joint Board's affairs of their roles and responsibilities. There should also be a process which provides appropriate independent examination of the decisions and actions of those involved in the Moray

Integration Joint Board's affairs, including how the funds are and performance are managed.

2.2 These Financial Regulations are an essential part of the corporate governance of the Moray Integration Joint Board.

3. ROLES and RESPONSIBILITIES

3.12.4 INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITY

3.1.1 The Board are responsible for ensuring that proper accounting records are kept, which disclose at any time, the true and fair financial position and enable the preparation of financial statements that comply with the applicable Code of Practice. The Board are also responsible for ensuring that procedures are in place to ensure compliance with all statutory obligations.

3.22.2 CHIEF OFFICER RESPONSIBILITIES

23.2.1 The Chief Officer has a direct line of accountability to the ~~Chief Executives of NHS Grampian and Moray Council for the delivery of integrated services~~Moray Integration Joint Board. The Chief Officer is responsible for ensuring that progress is being made in achieving the national outcomes and that any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators (including financial) that will demonstrate progress.

23.2.2 The Chief Officer is responsible for ensuring that the decisions of the Board are carried out.

23.2.3 The Chief Officer shall ensure that the Financial Regulations and all associated procedure manuals and documents are made known to appropriate staff members and shall ensure full compliance with them.

32.2.4 The Chief Officer shall prepare budgets following consultation with the Chief Financial Officer. The Chief Officer is also responsible for the preparation of Service Plans and relevant business cases relating to the Services. The Chief Officer shall ensure that the Chief Financial Officer is informed of financial matters that will have a significant impact on the Services, seeking financial advice where necessary.

2.3 CHIEF FINANCIAL OFFICER RESPONSIBILITIES

2.3.1 The Chief Financial Officer is responsible for governance of the Board's financial resources, ensuring the Partners utilise these in accordance with the Strategic Plan and directions and that the Strategic Plan delivers best value.

- 2.3.2 The Chief Financial Officer shall ensure that suitable accounting records are maintained and is responsible for the preparation of the Board's Financial Statements following the Code of Practice on Local Authority Accounting in the UK.
- 2.3.3 The Chief Financial Officer shall ensure that these Financial Regulations are reviewed and kept up to date.
- 2.3.4 The Chief Financial Officer shall provide the Chief Officer and the Board with an annual governance statement.
- 2.3.5 The Chief Financial Officer shall be entitled to report upon the financial implications of any matter coming before Moray Integration Joint Board. To allow the Chief Financial Officer to fulfil this obligation, the Chief Officer will consult with the Chief Financial Officer on all matters involving a potential financial implication that is likely to result in a report to the Board.
- 2.3.6 The Chief Financial Officer shall ensure that arrangements are in place to properly establish the correct liability, process and accounting for VAT. ~~For major works, service transformation and other changes in service delivery, the Chief Financial Officer must be consulted on the financial impacts, including VAT implications.~~

43. FINANCIAL PLANNING and MANAGEMENT

34.1 ANNUAL BUDGET

- 34.1.1** The Chief Financial Officer will report to Moray Integration Joint Board each year on the process, timetable, format and key assumptions in drafting the annual budget.
- 34.1.2** The Chief Financial Officer of Moray Integration Joint Board, Section 95 Officer of Moray Council and the Director of Finance of NHS Grampian will agree a timetable for preparation of the annual budget of Moray Integration Joint Board and the exchange of information between Moray Integration Joint Board, Moray Council and NHS Grampian. This ensures that required deadlines set out within the Intregation Scheme are met.
- 34.1.3** The Moray Integration Joint Board will approve a Strategic Plan which sets out arrangements for planning and directing the functions delegated to it by Moray Council and NHS Grampian. The Strategic Plan will cover a three-year period and will determine the budgets required to deliver operational services in-line with the Plan, recognising the need to be indicative in years two and three. ~~Chief Officer will submit annually to the Board a Strategic Plan setting out proposals for the delivery of services within the remit of the Board for, at minimum, the next 3 years. This will include the Integrated Budget and the notional budget for~~

~~directed hospital services. The Strategic Plan will detail the reason for any projected surplus or deficit and how this will be used / addressed.~~

~~34.1.4~~ The Chief Officer and the Chief Financial Officer will develop a case for the Integrated Budget based on the Strategic Plan and present it to ~~the~~Moray Council and NHS Grampian for consideration and agreement as part of the annual budget setting process.

~~34.1.5~~ The Chief Financial Officer will prepare and issue guidance, instructions and a timetable to all involved in the preparation of the annual budget.

~~34.1.6~~ The method for determining the final payment i.e. the initial base budget as at 1 April will be contingent on the respective financial planning processes of Moray Council and NHS Grampian. The Integration Scheme stipulates that the baseline payment to the Board will be formally advised by the Partners by 28th February each year.

~~34.1.7~~ Following agreement of the Strategic Plan by the Board, and confirmation of the Integrated Budget by the Partners, the Chief Officer will provide the Board's Directions in writing to the Partners regarding operational delivery of the Strategic Plan. The Directions will include the functions that are being directed, how they are to be delivered and the resources to be used in delivery of the direction in accordance with the Strategic Plan. Directions will be confirmed by the Chief Officer by 31 March of the financial year proceeding the financial year under Direction. Any amendments to Directions may be issued throughout the year. –

~~34.1.8~~ The responsibility for delivering the delegated services for Moray Integration Joint Board to Moray Council and NHS Grampian shall lie with the Chief Officer of the Moray Integration Joint Board. The Chief Officer will hold an operational role in both Moray Council and NHS Grampian, for the management of the operational delivery of services as directed by the Moray Integration Joint Board and a line of accountability to the Chief Executives of both organisations for the financial management of operational budgets.

~~34.2~~ ACCOUNTING POLICIES

~~34.2.1~~ The IJB is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973. The Chief Financial Officer is responsible for the preparation of the Board's Financial Statements following the Code of Practice on Local Authority Accounting in the UK.

4.3 BUDGET MANAGEMENT & CONTROL

4.3.1 Budget holders within Moray Council and NHS Grampian will be accountable for all budgets within their control as directed by the Moray Integrated Joint Board in line with its Strategic Plan. The Moray Integration Joint Board will ensure appropriate arrangements are in place to support good financial management and planning.

4.3.2 It is the joint responsibility of the Chief Officer and Chief Financial Officer of the Moray Integration Joint Board to report regularly and timeously on all budgetary control matters, comparing projected outturn with the approved financial plan to the Moray Integration Joint Board and other bodies as designated by Moray Council or NHS Grampian.

4.3.3 The NHS Grampian Director of Finance and the Section 95 Officer of Moray Council shall, along with the Moray Integration Joint Board Chief Financial Officer put in place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the Integration Joint Board in aggregate.

34.43 BUDGET MONITORING

34.43.1 It is the joint responsibility of the Chief Officer and the Chief Financial Officer of the Moray Integration Joint Board to report to the Board regularly, timeously and accurately on all matters of budget management and control. The reports should include projections for the full financial year and any implications for the following financial years. These reports will include recovery action or corrective measures proposed where a year end budget variance is identified.

34.34.2 The Director of Finance, NHS Grampian and the Section 95 Officer, Moray Council will provide the Chief Financial Officer of the Moray Integration Joint Board with information on a monthly basis regarding the costs incurred for the services directly managed by them. Information should be provided in an agreed format.

34.43.3 The Director of Finance, NHS Grampian will provide the Chief Financial Officer of Moray Integration Joint Board with financial information on a monthly basis regarding the hosted services. Information should be in an agreed format and produced timely to enable inclusion in the financial monitoring reports.

34.43.4 The Director of Finance, NHS Grampian will provide the Chief Financial Officer of Moray Integration Joint Board with information regarding the use of the amounts set aside for hospital services. A frequency will be formally agreed but as a minimum, information will be provided on a quarterly basis.

~~34.34~~.5 The Chief Financial Officer will report monthly to the Chief Officer on the financial performance and position. These reports will be timely, relevant and reliable and will include information, analysis and explanation in relation to:

- Reviewing budget savings proposals
- Actual income and expenditure
- Forecast outturns and annual budget
- Explanations of significant variances
- Reviewing action required in response to significant variances
- Identifying and analysing financial risks
- Use of reserves
- Any adjustments to the annual budget (e.g. new funding allocations)

~~34.34~~.6 The Chief Financial Officer will work with the Section 95 Officer of Moray Council and Director of Finance of NHS Grampian to ensure managers are provided with monthly financial reports that are timely, relevant and reliable. These reports will include information and analysis in relation to:

- Budget available to managers
- Actual income and expenditure
- Forecast outturns.

~~34.34~~.7 The Chief Financial Officer will be consulted on all reports being submitted to the Board to ensure that any financial implications arising have been considered. Each Board report should include a Financial Implications section.

~~34.34~~.8 It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that an annual performance report is presented to the Board and the financial contents therein should comply with the requirements as set out in the Act.

~~4.54~~ VIREMENT

~~4.5~~.1 Virement is the process of transferring budget between budget headings with no change to the overall net budget.

~~4.5~~.2 The Chief Officer is expected to deliver the agreed outcomes within the total delegated budget. Any virement must not create additional overall budget liability.

4.5.3 Any proposal for virement involving a new policy, or variation of existing policy, which will impact upon the strategic plans of the Moray Integration Joint Board, will be subject to the approval of the Moray Integration Joint Board.

4.5.4 Virement can be used in the following situations and with reference to the flow chart at **APPENDIX A**;

- The Chief Financial Officer has been notified; and
- The virement does not create an additional financial commitment into future financial years.

4.5.5 The virement process cannot be used in the following situations:

- for transfers between IJB and non-IJB budgets;
- for expected savings on finance costs or recharges;
- for recurring items of expenditure in place of non-recurring savings;
- for staffing changes that would increase the establishment;
- for property items such as rates and utilities;
- any savings against a property which has been declared surplus under the Council's or NHS's surplus asset procedure;
- to reinstate an item deleted by the Integration Joint Board during budget considerations unless approved by the Integration Joint Board.

4.5.6 The Chief Financial Officer must maintain separate budgets for any hosted services managed on behalf of Grampian wide partners. Virement to and from these to Integration Joint Boards requires authorisation of all the three Integration Joint Boards before being implemented.

4.5.7 To the extent that any virement would transfer budget between Partners the Chief Financial Officer is required to notify the Partner bodies.

34.65 FINAL ACCOUNTS PREPARATION

4.65.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Moray Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under Section 105 of the Local Government (Scotland) Act 1973).

4.65.2 Financial statements will be prepared to comply with the Code of Practice on Local Authority Accounting and other relevant professional guidance.

4.65.3 The draft annual accounts and final accounts shall be submitted to the Board ~~and Audit Committee (if applicable)~~ for their scrutiny and review.

4.65.4 The timetable for audit and publication of Moray Integration Joint Boards annual accounts shall be agreed in advance with the external auditors of Moray Council and NHS Grampian. Audited annual accounts shall be signed and published in line with statutory deadlines.

4.67 TREASURY MANAGEMENT

4.67.1 The Moray Integration Joint Board will not undertake any cash transactions but rather these will be on a notional basis through the Direction of expenditure undertaken by the Partners. Any cash correction arising as a result of the direction by the Board will be undertaken directly between the Partners.

4.7.2 The Moray Integration Joint Board will not operate a bank account.

4.87 RESERVES

4.87.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the Integration Joint Boards to hold reserves, which should be accounted for in the financial accounts and records of Moray Integration Joint Board. Moray Integration Joint Board has a Reserves Policy that is held outwith these Financial Regulations.

4.87.2 Unless otherwise agreed, any unspent budget will be transferred into the reserves of the Moray Integration Joint Board at the end of each financial year.

4.78.3 A separate policy on reserves ~~has been will be~~ prepared by the Chief Financial Officer and approved submitted to by the Moray Integration Joint Board ~~for approval~~. The policy will be reviewed annually.

4.98 GRANT FUNDING APPLICATIONS

4.98.1 Where opportunities arise to attract external funding, relevant officers shall consider the conditions surrounding the funding to ensure they are consistent with the aims and objectives of Moray Integration Joint Board and the Strategic Plan.

4.89.2 All grant funding to be secured by the Moray Integration Joint Board from external bodies is required to receive approval from the Moray Integration Joint Board ~~JB~~ prior to an application being made by the accountable body to ensure financial implications and match funding requirements are considered.

4.89.3 The Chief Financial Officer shall ensure that arrangements are in place to:-

- receive and properly record such income in the accounts of the accountable body;
- ensure the audit and accounting arrangements are met; and
- ensure the funding requirements are considered prior to entering into any agreements.

45. FINANCIAL SYSTEMS and PROCEDURES

5.1 INCOME

5.1.1 There is no income to the Moray Integration Joint Board by way of cash transactions. Transfer of resources will be made by NHS Grampian and Moray Council in respect of the agreed delegated functions. Payment will then be made by the Moray Integration Joint Board for the delivery of these services. The accounting for these transactions will be via book entries in the ledgers of NHS Grampian and Moray Council.

5.2 AUTHORITY TO INCUR EXPENDITURE

5.2.1 The Chief Officer shall have the authority to incur expenditure within the approved delegated resources from Moray Integration Joint Board to Moray Council and NHS Grampian in-line with any supplementary budget that has been approved by the Moray Integration Joint Board, and subject to the provisions of these Financial Regulations.

5.2.2 Expenditure shall be aligned with the Strategic Plan. The CO and CFO will make sure that MIJB only commits to expenditure that it is legally able to commit to and is within scope of the approved Integration Scheme and Strategic Plan. Where this is not clear they will consult with the section 95 Officer of the Council and the Director of Finance of NHS Grampian and seek appropriate legal advice.

5.3 SCHEME of DELEGATION

~~5.3.1 Detail included in separate documentation.~~

5.34 PROCUREMENT and COMMISSIONING

5.34.1 The Public Bodies (Joint Working) (Scotland) Act 2014 provides that the ~~Moray~~ORAY Integration Joint Board may enter into a contract with any other person in relation to the provision to the Moray Integration Joint Board of goods and services for the purposes of carrying out functions conferred on it by the Act.

5.34.2 Procurement activity in relation to operational delivery of services will be undertaken in accordance with the guidance prevailing in the Partner organisation to which the Board has given operational Direction for the use of financial resources.

5.45 IMPRESTS

5.45.1 There will be no facility for petty cash unless authorised by the Moray Integration Joint Board Chief Financial Officer and the necessary security arrangements have been established and have been deemed adequate.

5.45.2 Imprest facilities will be operated within NHS Grampian and Moray Council and will be contained within their respective established arrangements.

6. FINANCIAL ASSURANCE

6.1 AUDIT COMMITTEE

6.1.1 Moray Integration Joint Board is required to make appropriate and proportionate arrangements for overseeing the system of corporate governance and internal controls. This ~~has resulted in~~ ~~may result in~~ the establishment of an Audit & Risk committee. ~~The Audit & Risk~~ ~~If established, then the Audit~~ Committee ~~should~~ operate ~~s~~ in accordance with Financial Reporting Council professional guidance for Audit Committees ~~has distinct, approved and Moray Integration Joint Board~~ ~~will approve~~ terms of reference set out within the Moray Integration Joint Board's Scheme of Administration.

6.2 EXTERNAL AUDIT

6.2.1 The Accounts Commission will appoint the external auditors to the Moray Integration Joint Board.

6.2.2 External Audit ~~are will be~~ required to submit an annual plan to the Moray Integration Joint Board ~~or its / Audit & Risk~~ Committee ~~once established~~.

6.2.3 External Audit ~~are will be~~ required to submit a final report to Moray Integration Joint Board ~~or its / Audit & Risk~~ Committee ~~once established~~.

6.2.4 The External Auditor appointed to Moray Integration Joint Board for the purposes of conducting their work, shall:-

- Have a right of access to all records, assets, personnel and premises, including those of partner organisations in carrying out their duties in relation to IJB activity.
- Have access to all records, documents and correspondence relating to any financial and other transactions of the Board and those of partner organisations where it relates to their business with the Board.
- Require and receive such explanations as are necessary concerning any matter under examination.

6.3 INTERNAL AUDIT - RESPONSIBILITY

6.3.1 The role of Internal Audit is to understand the key risks faced by the Moray Integration Joint Board and to examine and evaluate the adequacy and effectiveness of the system of risk management and internal control as in support of the governance arrangements operated by the Board.

6.3.2 The Moray Integration Joint Board shall secure the provision of an continuous internal audit service to provide an independent and objective opinion on the control environment comprising risk management, governance and control of the

delegated resources. The provision of internal audit services should be subject to periodic review.

~~6.3.3 Following a decision by Moray Integration Joint Board on who will provide the Internal Audit service, a Chief Internal Auditor will be nominated.~~

~~6.3.4 Where the internal audit services are provided by either NHS Grampian or Moray Council (or indeed a shared service), such provision should be subject to a formal service level agreement and subject to periodic review.~~

6.3.~~35~~ The operational delivery of internal audit services within NHS Grampian and Moray Council will be contained within their respective established arrangements.

6.3.~~46~~ The Internal Audit Service provided to Moray Integration Joint ~~B~~ board will undertake its work in compliance with the Public Sector Internal Audit Standards.

6.3.~~57~~ Prior to the start of each financial year the Moray Integration Joint Board Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Moray Integration Joint Board for approval. It is preferable that this be shared with the relevant Committees of NHS Grampian and Moray Council.

6.3.~~68~~ The Chief Internal Auditor shall report to the Audit & Risk Committee ~~Integration Joint Board at regular intervals~~ throughout the year on the outcomes of audit work completed and on progress towards delivery of the agreed annual plan; and provide an annual assurance opinion based on the overall findings from the audit.

6.3.~~79~~ Such Internal Audit work shall not absolve senior management of the responsibility to ensure that all financial transactions are undertaken in accordance with the Financial Regulations and Standing Orders and that adequate systems of internal control exist to safeguard assets and secure the accuracy and reliability of records.

6.3.~~840~~ It shall be the responsibility of senior management to ensure that access to relevant officers and explanations requested by the Chief Internal Auditoror are provided in a timely manner.

6.3.~~944~~ The Chief Internal Auditor has the right to report direct to the Moray Integration Joint Board in any instance where he or she deems it inappropriate to report to the Chief Officer, Chief Financial Officer or Audit & Risk committee.

6.3.~~1042~~ Where recommendations resulting from Internal Audit work have been agreed, the Chief Officer shall ensure that these are implemented within the agreed timescale. Regular progress reports will be sought by the Chief Internal Auditoror and it is the responsibility of the Chief Officer to ensure that these are provided when requested along with explanations of any recommendations not implemented within the agreed timescale.

6.4 INTERNAL AUDIT - AUTHORITY

6.4.1 The Chief Internal Auditor or their representatives shall have the authority, on production of identification to obtain entry at all reasonable times to any premises or land used or operated by Moray Integration Joint Board in order to review, appraise and report on the areas detailed below:-

- The adequacy and effectiveness of the systems of financial, operational and management control and their operation in practice in relation to the business risks to be addressed.
- The governance arrangements in place by reviewing the systems of internal control, risk management practices and financial procedures.
- The extent of compliance with policies, standards, plans and procedures approved by the [Moray Integration Joint Board](#) and the extent of compliance with regulations and reporting requirements of regulatory bodies.
- The suitability, accuracy, reliability and integrity of financial and other management information and the means used to identify, measure and report such information.

6.4.2 In addition, the Chief Internal Auditor or their representatives, for the purposes of conducting their work, shall:-

- Have a right of access to all records, assets, personnel and premises, when carrying out their duties in relation to [Moray Integration Joint Board](#) activity.
- Have access to all records, documents and correspondence relating to any financial and other transactions of the Board and those of partner organisations where it relates to their business with the Board.
- Require and receive such explanations as are necessary concerning any matter under examination.

6.5 FRAUD, CORRUPTION & BRIBERY

6.5.1 Every member of Moray Integration Joint Board and its representatives shall observe these Financial Regulations within the sphere of their responsibility. They have a duty to bring to the immediate attention of the Chief Financial Officer/ Chief Internal Auditor any suspected fraud or irregularity in any matter that would contravene these regulations.

6.5.2 There are a range of confidential routes available to the Moray Integration Joint Board and its representatives who wish to ask for advice or to report suspected fraudulent activity;

- Your Line Manager
- Your HR Manager

- NHS Counter Fraud Services (CFS) Fraud Hotline on – 08000 15 16 28
- NHS Grampian's Fraud Liaison Officer – Assistant Director of Finance (Financial Services) on 01224 556211
- The Moray Council's Internal Audit Manager on 01343 563055

All information provided is treated in the strictest of confidence and individuals who raise genuine concerns are protected by law, regardless of the outcome of any investigation that they initiate.

The fraud policies of both NHS Grampian and The Moray Council are available via their respective Intranets.

6.5.3 When a matter arises where it is suspected that an irregularity exists in the exercise of the functions of Moray Integration Joint Board, the Chief Financial Officer in conjunction with the Chief Internal Auditor and the Chief Officer, will take such steps as may be considered necessary by way of investigation and report.

6.6 INSURANCE

6.6.1 The Chief Officer in conjunction with the Chief Financial Officer will ensure that the risks faced by the Moray Integration Joint Board are identified and quantified and that effective measures are taken to reduce, eliminate or insure against them.

6.6.2 As of 1 April 2016 the Moray Integration Joint Board ~~became~~ will apply to become members of the Clinical Negligence and Other Risks Scheme (CNORIS) scheme. ~~Initially, the~~ cover provided ~~is~~ will be in relation to indemnity for Moray Integration Joint Board Members only. The cover ~~to be~~ provided is in respect of decisions made by Members in their capacity on the Board. All other cover required should be provided by NHS Grampian and Moray Council.

6.6.3 The Chief Officer is responsible for ensuring that there are adequate systems in place for the prompt notification in writing to the Chief Financial Officer of any loss, liability, damage or injury which may give rise to a claim, by or against the Board.

6.6.4 The Chief Officer in conjunction with the Chief Financial Officer shall annually or at such other period as may be considered necessary, review all insurances. Any required changes should be reported to Moray Integration Joint Board.

6.6.5 The Chief Officer in conjunction with the Chief Financial Officer of Moray Integration Joint Board will review the requirement for membership of the Scottish Government (CNORIS) on an annual basis.

6.7 VAT

6.7.1 HMRC have confirmed that there is no VAT registration requirement for Integration Joint Boards under the VAT act 1994 as it will not be delivering any services that fall within the scope of VAT.

6.7.2 Should the activities of the Board change in time and it becomes empowered to provide services, then it is essential the VAT treatment of any future activities or services delivered are considered in detail by the Chief Financial Officer to establish if there is a legal requirement for the Integration Joint Boards to register for VAT.

6.7.3 The Chief Officer and Chief Financial Officer must remain cognisant of possible VAT implications arising from the delivery of the Strategic Plan. The Partner organisations should be consulted in early course on proposals which may have VAT related implications for them.

6.8 GIFTS and HOSPITALITY / REGISTER of INTEREST

6.8.1 Members and employees should comply with their respective codes of conduct when offered gifts, gratuities and hospitality.

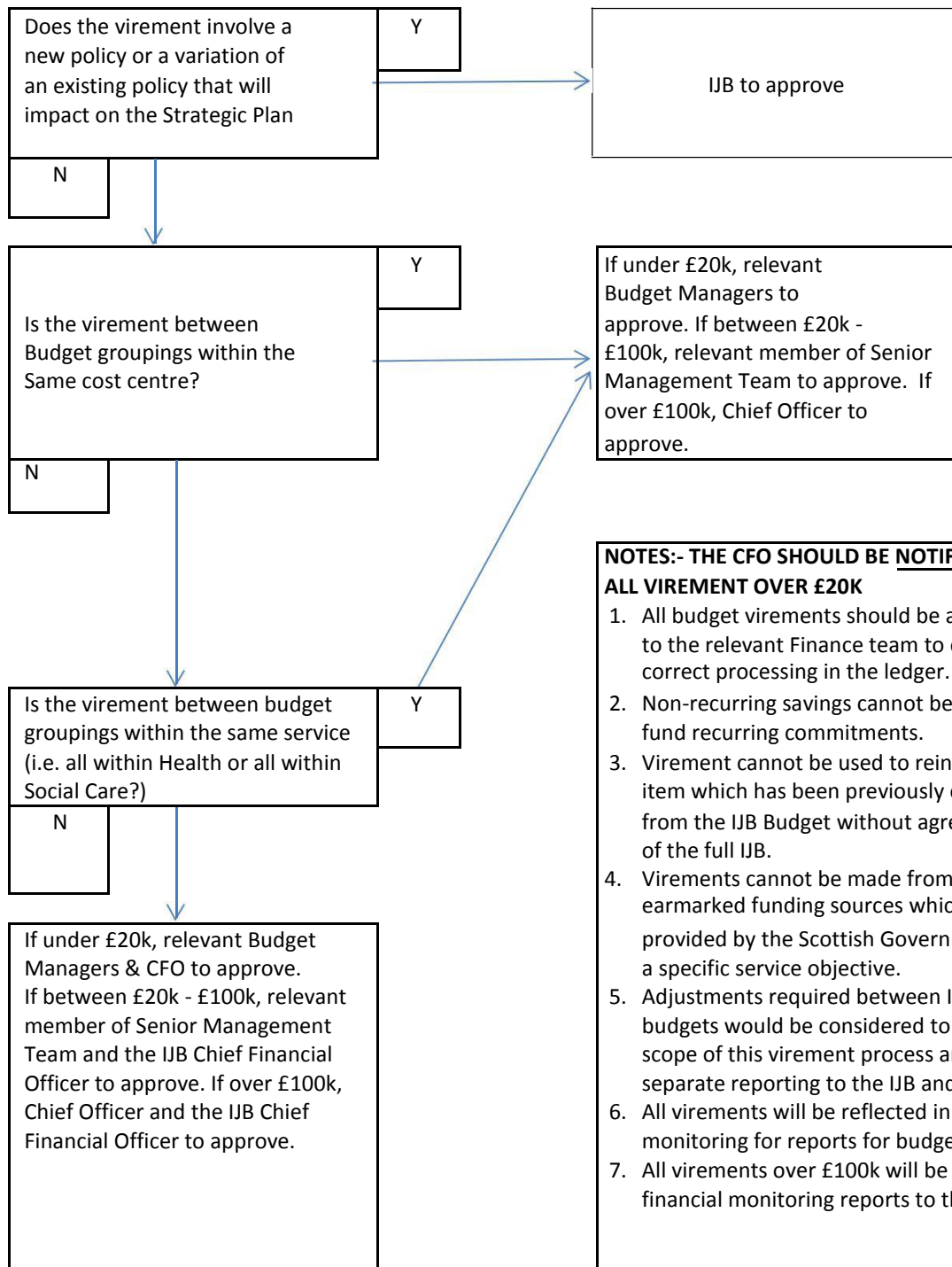
6.8.2 A central register of gifts and hospitality will be maintained by the Moray Integration Joint Board. For the offers of any hospitality or gift, approval must be sought from the relevant line manager prior to acceptance and for offers exceeding £30 details must be intimated in writing for including in the register. Reference should be made to the respective codes of conduct.

6.8.3 A separate Register of Interests for ~~voting~~ members is ~~to be~~ maintained by the Clerk to the Moray Integration Joint Board.

7 REVIEW OF FINANCIAL REGULATIONS

7.1 These Financial Regulations shall be subject to review on an ongoing basis, and at a minimum of every ~~2~~ years by the Moray Integration Joint Board Chief Financial Officer and where necessary, subsequent amendments will be submitted to Moray Integration Joint Board for approval. Financial Regulations should be considered alongside other Governance documents, ~~including Standing Orders and Scheme of Delegation.~~

APPENDIX A – IJB VIREMENT APPROVAL RESPONSIBILITY CHART



NOTES:- THE CFO SHOULD BE NOTIFIED OF ALL VIREMENT OVER £20K

1. All budget virements should be advised to the relevant Finance team to ensure correct processing in the ledger.
2. Non-recurring savings cannot be vired to fund recurring commitments.
3. Virement cannot be used to reinstate an item which has been previously excluded from the IJB Budget without agreement of the full IJB.
4. Virements cannot be made from earmarked funding sources which are provided by the Scottish Government for a specific service objective.
5. Adjustments required between IJB and non IJB budgets would be considered to be outside the scope of this virement process and require separate reporting to the IJB and the Partners.
6. All virements will be reflected in monthly monitoring for reports for budget managers.
7. All virements over £100k will be reported in the financial monitoring reports to the IJB.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY

SUBJECT: 2018 UPDATED RESERVES POLICY CHIEF FINANCIAL

BY: OFFICER

1. REASON FOR REPORT

- 1.1 The purpose of this report is to seek approval from the Moray Integration Joint Board (MIJB) on its Reserves Policy.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

- i) approves the Reserves Policy as detailed at Appendix 1; and**
- ii) agrees that the next review will be no later than March 2019.**

3. BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the MIJB to hold reserves which should be accounted for in the financial accounts and records of the MIJB.
- 3.2 The MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics.
- 3.3 The MIJB have previously considered the purpose and use of reserves and a Reserves Policy was approved at a meeting of the MIJB on 31 March 2016 (para 12 of the minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The MIJB Reserves Policy has been reviewed and is presented as **APPENDIX 1** to this report. It should be noted that there are no material changes proposed following this review.

- 4.2 The Reserves Policy details the circumstances in which reserves can be created and the governance surrounding these.
- 4.3 The Chief Financial Officer is responsible for advising on the targeted optimum levels of reserves that the MIJB would aim to hold, known as the prudential target. The MIJB, based on this advice, should then approve the appropriate reserve strategy on an annual basis.

5. **SUMMARY OF IMPLICATIONS**

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

The Integration Scheme sets out the requirement for the MIJB to determine the treatment for underspends and the necessity to detail this within an agreed policy. The Reserves Policy makes appropriate reference to the MIJB Strategic Plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the MIJB to hold reserves and in doing so requires a strategy to support the process.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

In establishing and maintaining a Reserves Policy, the MIJB are adhering to sound financial management practices and good governance arrangements.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities

None arising directly from this report.

(h) Consultations

The Deputy Director of Finance, NHS Grampian and the Head of Financial Services, Moray Council have been consulted on the contents of the Reserves Policy and comments have been included where appropriate.

6. CONCLUSION

- 6.1 The Reserves Policy approved by the MIJB at its meeting on 31 March 2016 has been reviewed in line with published guidance and good governance arrangements.**

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

Signature: _____

Date : 03 January 2018

Designation: Chief Financial Officer

Name: Tracey Abdy



MORAY INTEGRATION JOINT BOARD

RESERVES POLICY

<u>Date Created</u> February 2016	<u>Date Implemented</u> 1 April 2016	<u>Next Review Date</u> March 2019
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<u>Developed By</u> Chief Financial Officer	<u>Reviewed By</u> Chief Officer January 2018	<u>Approved By</u> MIJ B January 2018
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Role of the Chief Financial Officer	4
Adequacy of Reserves	4
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Accounting and Disclosure	5

1. Background

- 1.1 In July 2014, CIPFA through the Local Authority Accounting Panel (LAAP) issued guidance in the form of LAAP bulletin 99 - *Local Authority Reserves and Balances* in order to assist local authorities (and similar organisations) in developing a framework for reserves. The purpose of the bulletin is to provide guidance to local authority chief finance officers on the establishment and maintenance of local authority reserves and balances in the context of a framework, purpose and key issues to consider when determining the appropriate level of reserves.
- 1.2 The Moray Integration Joint Board (MIJB) is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). The MIJB is able to hold reserves which should be accounted for in the financial accounts of the Board.
- 1.3 The purpose of this Reserves Policy is to:
- Outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
 - identify the principles to be employed by the MIJB in assessing the adequacy of its reserves;
 - indicate how frequently the adequacy of the MIJB's balances and reserves will be reviewed and;
 - Set out arrangements relating to the creation, amendment and the use of reserves and balances.
- 1.4 In common with local authorities, the MIJB can hold reserves within a usable category.

2. Statutory / Regulatory Framework for Reserves

Usable Reserves

- 2.1 Local Government bodies - which includes the MIJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve - Powers

General Fund - Local Government (Scotland) Act 1973

- 2.2 For each reserve there should be a clear protocol setting out:
- the reason / purpose of the reserve;
 - how and when the reserve can be used;
 - procedures for the reserves management and control; and
 - The timescale for review to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprise of the following s ~~of three~~ elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the MIJB cannot have a separate earmarked reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
- future use of funds for a specific purpose, as agreed by the MIJB; or
- commitments made under ~~the~~ delegated authority of the Chief Officer, which cannot be accrued at specific times (e.g. year-end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the MIJB.

4. Role of the Chief Financial Officer

4.1 The Chief Financial Officer is responsible for advising on the targeted optimum levels of reserves that the MIJB would aim to hold, known as the prudential target figure. The MIJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the MIJB over the medium term and the MIJB's overall approach to risk management.

5.2 In determining the prudential target, the Chief Financial Officer should consider the [MIJB's](#) Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and [continued](#) development of the Strategic Plan.

5.3 In light of the size and scale of the [MIJB's](#) responsibilities, over the medium term it is proposed that a prudent level of general reserves will represent approximately 3% of net expenditure. This value of reserves must be reviewed annually as part of the [MIJB's](#) Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.

6.2 The level and utilisation of reserves will be formally approved by the [MIJB](#) based on the advice of the Chief Financial Officer. To enable the [MIJB](#) to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Financial Officer should state:

- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
- the adequacy of general reserves in light of the [MIJB's](#) Strategic Plan, the medium term financial outlook and the overall financial environment;
- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
- If the reserves held are under the prudential target, that the [MIJB](#) should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2018

SUBJECT CHIEF INTERNAL AUDITOR REAPPOINTMENT
:

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To ask the Moray Integration Joint Board (MIJB) to consider the reappointment of the Chief Internal Auditor, whose current term of appointment is due to expire as at 31 March 2018.

2. RECOMMENDATION

- 2.1 **It is recommended that the MIJB formally agrees to re-appoint Atholl Scott, Internal Audit Manager, Moray Council, as the Chief Internal Auditor of the MIJB, for a further period of two years to 31 March 2020.**

3. BACKGROUND

- 3.1 Section 12 of the Moray Health and Social Care Integration Scheme sets out the arrangements for establishing an adequate and proportionate internal audit service for review of the arrangements for risk management, governance and control of the delegated resources.
- 3.2 At its meeting on 31 March 2016 (para 7 of the minute refers), the MIJB agreed the key responsibilities of the Chief Internal Auditor role and to formally appoint the Moray Council's Internal Audit Manager as the MIJB Chief Internal Auditor for an initial period of 2 years.
- 3.3 The appointment recognised that existing internal audit arrangements in place within the Council and NHS Grampian would continue as before and that the additionality would be around reporting separately to the MIJB Audit and Risk Committee, considering any specific audit issues that may emerge as a consequence of integration, and also setting in train processes for closer working between NHS Grampian's internal auditors and those of the three north east councils. Moray Council agreed to make available the internal audit resource for these tasks.

- 3.4 Two years in, progress has been made on all of the above issues, and there is further scope to develop these arrangements recognising that they will follow developments in the MIJB. Council audit resources will continue to be available for this purpose in the 2018/19 financial year.
- 3.5 The 2 year appointment period for the Chief Internal Auditor is due to expire in March 2018. The Chief Internal Auditor role is a statutory requirement and a further nomination is required.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 It is the responsibility of the MIJB to establish and maintain adequate and proportionate internal audit arrangements. It is recognised that the audit resource from Moray Council can only be confirmed for the 2018/19 financial year, however, it is important to place emphasis on the continued development in this area. It is therefore proposed that the current arrangements continue for a further 2 years to 31 March 2020 to further establish and develop the Internal Audit provision to the MIJB.

5. SUMMARY OF IMPLICATIONS

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Good governance arrangements will support the MIJB to fulfil its objectives. The provision of an independent internal audit service is one aspect of good governance.

(b) Policy and Legal

The arrangements to appoint an Internal Audit Service for the MIJB are set out in section 12 of the Integration Scheme and have been referred to within this report.

The MIJB is subject to the accounts and audit provisions contained within Part VII of the Local Government (Scotland) Act 1973 and regulations made under this Act, as it is a body listed under section 106 of the Act. In particular, the Board, by virtue of regulation 7 of The Local Authority Accounts (Scotland) Regulations 2014, must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.

(c) Financial implications

The proposed Financial Regulations of the MIJB state that the MIJB shall secure the provision of a continuous internal audit service to provide an independent and objective opinion on the control environment comprising risk management, governance and control of delegated resources. Moray

Council's Internal Audit Manager has assumed an extension of duties to fulfil the responsibilities of the Chief Internal Auditor for the MIJB. These services are currently provided at no cost to the MIJB which continues to be the case in 2018/19. There maybe financial implications to consider beyond 2018/19.

(d) Risk Implications and Mitigation

If an appointment is not made there will a breach of regulations and likely adverse comment from the MIJB's external auditor. .

(e) Staffing Implications

Atholl Scott is employed by Moray Council. If reappointed, he will continue to be employed by Moray Council. Duties for the MIJB will continue to fall within his remit. This arrangement will be subject to ongoing review through the Audit and Risk Committee to ensure delivery of audit services for the MIJB remains sustainable.

(f) Property

None arising directly from this report.

(g) Equalities

No issues arising from this report.

(h) Consultations

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

- Legal Services Manager (Litigation & Licensing), Moray Council
- Chief Financial Officer, MIJB
- Atholl Scott, Internal Audit Manager, Moray Council
- Caroline Howie, Committee Services Officer, Moray Council
- Katrina McGillivray, Senior HR Advisor, Moray Council

6. CONCLUSION

6.1 The period of appointment for the Chief Internal Auditor is due to expire and a further appointment is necessary to meet statutory requirements.

Author of Report: Catherine Quinn, Executive Assistant
Background Papers: Held with author
Ref: q:\ijb\jan18



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

AUDIT AND RISK COMMITTEE

THURSDAY 28 SEPTEMBER 2017

THE GALLERY, ELGIN LIBRARY

PRESENT

VOTING MEMBERS

Councillor Claire Feaver (Chair)	Moray Council
Dame Anne Begg (Vice Chair)	Non-Exec Board Member, NHS Grampian
Councillor Shona Morrison	Moray Council

NON-VOTING MEMBERS

Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Mr Fabio Villani	tsiMoray

IN ATTENDANCE

Ms Tracey Abdy	Chief Financial Officer
Ms Pam Gowans	Chief Officer
Mr Atholl Scott	Chief Internal Auditor
Ms Patricia Morgan	Primary Care Contracts Manager
Mrs C Howie	Committee Services Officer, Moray Council as Clerk to the Committee

APOLOGIES

Professor Amanda Croft	Executive Board Member, NHS Grampian
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1.	CHAIR
	In the absence of the Chair, Dame Anne, as Vice Chair, assumed the role of Chair.
2.	DECLARATION OF MEMBERS' INTERESTS
	There were no declarations of Members' interests in respect of any item on the agenda.

3.	MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD AUDIT AND RISK COMMITTEE DATED 25 MAY 2017
	<p>The minute of the meeting of the Moray Integration Joint Board dated 25 May 2017 was submitted for approval.</p> <p>Under reference to item 5 'Internal Audit Annual Plan' Mr Villani advised he had raised a query over the arrangements for contracted services which hadn't been minuted. The Committee agreed this should be included in the minute.</p> <p>Mr Lindsay advised he had queried at the end of the meeting when the decision had been taken to change the frequency of the meetings to four per year. He further advised he had requested the dates be circulated and that this had been done.</p> <p>Committee agreed the minute should be updated to include these two items. With these amendments the Minute was approved.</p>
4.	ACTION LOG OF MEETING OF THE MORAY INTEGRATION JOINT BOARD AUDIT AND RISK COMMITTEE DATED 25 MAY 2017
	The Action Log of the Moray Integration Joint Board dated 25 May 2017 was discussed and it was noted that all actions had been completed.
5.	ANNUAL GOVERNANCE STATEMENT 2016/17
	<p>A report by the Chief Financial Officer (CFO) provided the Committee with the opportunity to consider the Annual Governance Statement and comment on the governance framework.</p> <p>During discussion it was agreed that progress on this would be added to the agenda for future meetings.</p> <p>In response to a query from the Chair the CFO advised she was hoping to provide an easy read version in the future.</p> <p>Thereafter the Committee agreed to add progress on the annual governance statement to future agendas.</p>
6.	INTERNAL AUDIT – PAYROLL CARE AT HOME
	<p>A report by the Chief Internal Auditor provided the Committee with details of an internal audit carried out on the payroll for the care at home service.</p> <p>Overtime was discussed and although beyond the scope of this Committee the amount and distribution of overtime was discussed. Committee agreed information should be passed to the Moray Joint Workforce Forum to review and respond with information for inclusion in a report to the next Committee on 14 December.</p> <p>Thereafter the Committee agreed to:</p> <ul style="list-style-type: none"> i) note the findings from the audit; ii) note the management responses to the audit recommendations; and iii) task the Chief Internal Auditor with forwarding information to the Moray Joint Workforce and providing a follow-up report to the Committee in December.

7.	<p>INTERNAL AUDIT – INTEGRATION JOINT BOARD BUDGET SETTING AND STAFF GOVERNANCE</p> <p>A report by the Chief Internal Auditor provided Committee with the findings from an internal audit carried out by PricewaterhouseCoopers (PwC) as part of the NHS internal audit plan for 2016/17. The audit considers Integration Joint Board (IJB) budget setting and staff governance processes.</p> <p>During lengthy discussion Committee noted there had been a time lag between when the audit was carried out and when the report was issued and that although points raised were still relevant, all actions had been carried out.</p> <p>There was discussion on what should be included in audits and it was agreed to discuss at a future development session.</p> <p>Thereafter the Committee agreed to:</p> <ul style="list-style-type: none"> i) note the findings from the audit; ii) note the management responses to the audit recommendations; and iii) task the Chief Officer with including an item on the content of the audit plan in a future development session. <p>Councillor Feaver entered the meeting during discussion of this item. Dame Anne asked if she wished to take over the role of Chair and Councillor Feaver advised she was of the opinion that Dame Anne should continue in the role of Chair so as not to disrupt proceedings.</p>
8.	<p>INTERNAL AUDIT – FAMILY HEALTH SERVICES CONTRACT MANAGEMENT 2016/17 and PAYMENT VERIFICATION ASSURANCE ANNUAL UPDATE</p> <p>Two reports by the Chief Officer presented progress on the Family Health Services Contract Management Internal Audit 2016/2017; updated Committee on the activity of the Payment Verification (PV) Assurance Group during 2016/17 and provided the Committee with information on the key issues highlighted during the course of the year.</p> <p>Ms Morgan, Primary Care Contract Manager, sought permission of the Committee to present both items together as they were inter-linked and presented them as one would provide clarification.</p> <p>Committee agreed to both items being presented together.</p> <p>The Chair thanked Ms Morgan for her comprehensive explanation of the reports and opened the items for discussion.</p> <p>In response to a query from Councillor Feaver, Ms Morgan advised there were 84 practices in the group. Five practices are audited each quarter with a spread of practices across Aberdeen City, Aberdeenshire and Moray being covered annually.</p>

	<p>Following further discussion the Committee agreed to note the:</p> <ul style="list-style-type: none"> i) progress made in respect of the Family Health Services Contract Management Internal Audit 2016/17; ii) content of the Payment Verification Assurance Annual Update report; and iii) arrangements around the payment verification process within NHS Grampian. <p>Ms Morgan left the meeting at this juncture.</p>
9.	<p>ANNUAL SCOTLAND REPORT ON HEALTH AND SOCIAL CARE 2015 – PROGRESS REPORT</p>
	<p>A report by the Chief Officer provided Committee with a further update in relation to the progress made against the recommendations reported in the Audit Scotland report on Health and Social Care Integration, published December 2015.</p> <p>During discussion it was noted it had been two years since the audit and self-evaluation was ongoing. It was felt this had developed into routine work and Committee agreed any outstanding items should be included in the risk register and a report was requested to the next Committee to conclude the need for progress reports on the audit from 2015.</p> <p>Thereafter Committee agreed to:</p> <ul style="list-style-type: none"> i) note the assessment of the progress made against the audit recommendations; and ii) task the Chief Officer with providing a final progress report on the 2015 audit. <p>Councillor Morrison left the meeting during discussion of this item.</p>
10.	<p>STRATEGIC RISK REGISTER AS AT SEPTEMBER 2017</p>
	<p>A report by the Chief Officer presented the revised version of the Strategic Risk Register, updated as at September 2017.</p> <p>The Chief Officer advised the format of the risk register was a work in progress and had been discussed at a recent development session.</p> <p>Discussion took place on risk appetite and it was noted that one person may think something was high risk while another might think it was low risk and therefore it was challenging to decide what should and should not be included on the register. During discussions it was agreed this should be included in a future development session and a report should be provided to a future meeting of the Board.</p> <p>Thereafter the Committee agreed to:</p> <ul style="list-style-type: none"> i) note the revised version and update of the Strategic Risk Register; ii) note the format of the Register will be reviewed annually as agreed at Committee on 23 February 2017 (paragraph 9 of the Minute refers);

	iii) task the Chief Officer with including further discussion at a future development session.
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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2018

**SUBJECT: ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER
2016 – 17**

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Board of the annual report of the Chief Social Work Officer on the statutory work undertaken on the Board's behalf, during the period 1 April 2016 to 31 March 2017 inclusive, that considers major policy and service initiatives across Social Work during the reporting period, summarises key issues in relation to governance and protection issues and advises the Board on measures taken to strengthen the workforce.

2. RECOMMENDATION

- 2.1 **The Board is asked to consider and note the contents of this report.**

3. BACKGROUND

- 3.1 A requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 3 of The Social Work (Scotland) Act 1968. Particular qualifications are set down in the regulations. This is one of a small number of officer roles and duties with which local authorities have to comply.
- 3.2 The Council's Social Work Services require to support and protect people of all ages as well as contributing to community safety by reducing offending and managing the risk posed by known offenders. Social Work has to manage this together with the implications of significant demographic change and financial constraint whilst fulfilling a widening array of legal obligations and duties.
- 3.3 In April 2014 the Office of the Chief Social Work Advisor for Scotland issued new guidance for CSWO Reports in Scotland. This guidance also included a template for the report structure which has been used to produce the report for Moray 2016/17. The report contains information under the following headings:

- Moray Profile
- Partnership Structures/Governance Arrangements
- Social Services Delivery Landscape
- Finance
- Service Quality and Performance
- Statutory functions
- Improvement Approaches
- User and Carer Empowerment

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

4. SUMMARY OF IMPLICATIONS

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in line with Moray 2026 Plan – healthier citizens, ambitious and confident young people, adults living healthier, sustainable independent lives safeguarded from harm and Council priority 4 – More of our children have a better start in life and are ready to succeed.

(b) Policy and Legal

The services referred to in this report fall within the scope of a number of important pieces of legislation including:

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

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

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

There are no risk implications associated with or arising from this report.

(e) Staffing Implications

Many local authorities are having to carefully manage staffing vacancies given the financial constraints facing the public sector. However within Moray we continue to make permanent appointments to positions relating to the difficulty in recruiting Social Workers and other caring type roles within the sector. Given the complex and high risk nature of Social Work the continuity and stability of the workforce is critical. The CSWO monitors the situation closely in terms of need for continuity and stability and to ensure that if any potential implications arise in relation to the quality and safety of services action is taken quickly.

(f) Property

There are no property implications arising from this report.

(g) Equalities

There are no equality issues arising from this report.

(h) Consultations

The following have been consulted in the preparation of this report – Chief Officer Moray IJB, Moray Council Corporate Management Team, Head of Human Resources & ICT, Head of Adult Services, Head of Legal and Democratic Services, Head of Housing & Property, Education and Social Care Senior Management Team, Chief Financial Officer, IJB and all agree its content.

5. CONCLUSION

- 5.1 This is the eighth CSWO annual report for Moray. The overall conclusion is that Moray's Social Work Service has continued to adapt and improve in what has been, and will continue to be, a very challenging context and financial constraint. However, local staff have steadily improved and adapted what they do and have prioritised their resources to meet the growing demands associated with protecting and caring for the most vulnerable members of our community.

Author of Report: Susan Maclaren, Chief Social Work Officer, Head of Integrated Children's Services
Background Papers: ¹The Changing Lives 21st Century Social Work Report, Scottish Government 2006.
Ref:

Signature: Date: 12 December 2017

Designation: Chief Social Work Officer Name: Susan Maclaren

Moray Council
Chief Social Work Officer
Annual Report
2016/2017

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Moray Profile

Geographically Moray is the 8th largest Council area in Scotland, covering an area of 2,238 square kilometres, from the Cairngorm Mountains in the south to the coast of the Moray Firth in the north. However, in terms of its population, it ranks 22nd out of 32 with a population of 96,070¹. The average population density is low at just 43 people per square kilometre, compared with 69 people per square kilometre nationally. Approximately 57% of the population live in the 5 main towns of Elgin, Forres, Buckie, Lossiemouth and Keith, where the population density is approximately 2,500 people per square kilometre.

The Scottish Governments 6 fold Urban/Rural classification (2013/14) states that, 25% of Moray's population live in "Other Urban Areas" (between 10,000 and 125,000 people) and a further 33% live in "Accessible Small Towns" or "Remote Small Towns" (settlements of between 3,000 and 10,000). The remaining 42% live in "Accessible Rural" or "Remote Rural" (settlements of less than 3,000 people).

In terms of distance from a settlement of 10,000 or more, 48% of Moray's population (those in Accessible Small Towns or Accessible Rural) live within thirty minutes of such a settlement and 28% (Remote Small Towns or Remote Rural) live more than 30 minutes from such a settlement.

The mid-2016 population estimates for Scotland¹ put Moray's population at 96,070 – 48,417 females (Increase of 124 from 2015) and 47,653 males (Increase of 436 from 2015). In the past 30 years there has been only one year (2003) where the male population has exceeded the number of females, in recent years however the gap has closed. With the expected influx of RAF personnel in the coming years it is likely that the gap will close further. Moray's population continues to grow at a slightly higher rate than the national average with the largest growth rate witnessed within the 65+ age group. In 2001 16.3% of Moray's population were aged 65+; in 2016 the proportion had risen to 20.6%. In real terms this rise relates to an increase of 5,541 people in this age bracket. If the number of people aged 65+ continues to rise it is likely to place significant strain on the resources required to meet their needs. In contrast the 0-15 age group has witnessed a reduction from 20% in 2001 to 17.2% in 2016; between 2001 and 2016 there was a reduction of 961 young people aged 0-15 in Moray.

Population Breakdown ¹			
<i>Ages</i>	<i>Male</i>	<i>Female</i>	<i>%</i>
0-4	2,478	2,303	5.0%
5-11	3,877	3,709	7.9%
12-17	3,356	3,117	6.7%
18-24	4,186	3,453	8.0%
25-44	11,326	11,236	23.5%
45-64	13,526	13,749	28.4%
65+	8,904	10,850	20.6%

Between June 2015 and June 2016 there were 996 births in Moray and 1,014 deaths, for the second consecutive year deaths have exceeded births, this change has also been replicated nationally. With Scotland's population continuing to

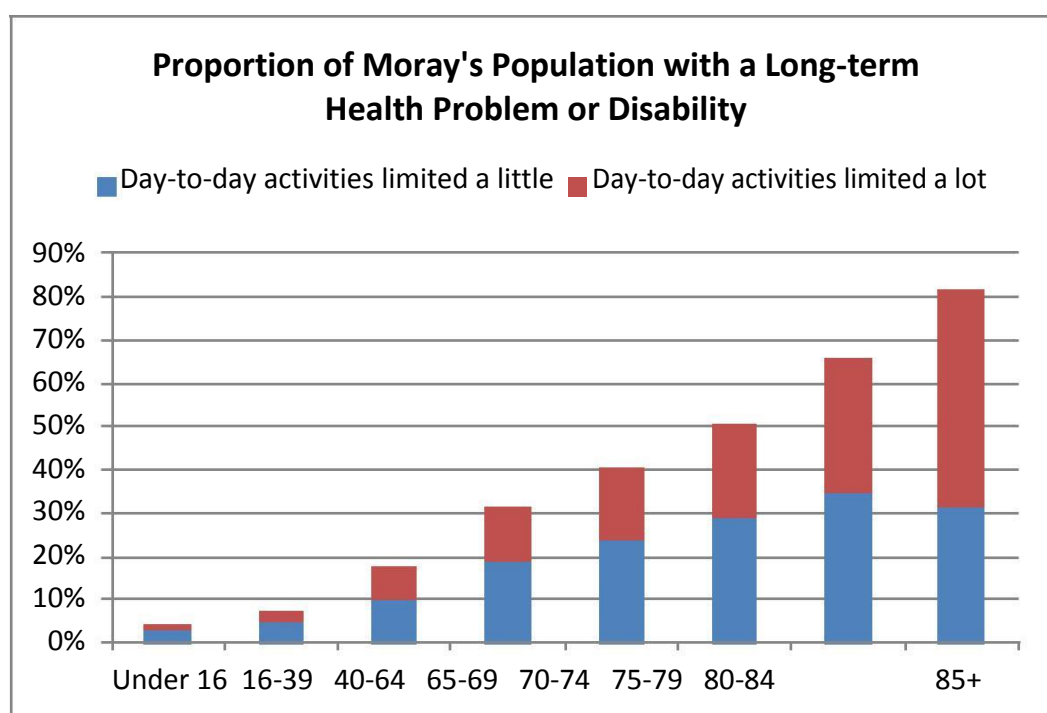
¹ National Records of Scotland, Mid-2016 Population estimates Scotland

increase year on year, and Moray increasing at a higher rate, these increases are heavily influenced by net civilian migration from within Scotland, the rest of the UK and overseas.

The latest census (2011) data shows that Moray has a very small proportion of residents (4.4%) from out with the British Isles. “White Scottish” account for 77.7% of Moray’s overall population which is significantly less than the national figure (84.0%). The “White – Other British” residents contribute 18.0% of Moray’s population which is proportionately double the national figure (7.9%). This is likely due to the large transient populations at the two large military bases in Moray and others who have retired to the area after finishing their service.

The largest non-white ethnicity in Moray is Asian, accounting for 0.6% of the population, the majority of who are Pakistani or Chinese. People of mixed or multiple ethnicity account for 0.25% of Moray’s population, while those of African or Caribbean ethnicity each account for about 0.1%. Other ethnic groups account for the remaining 0.1%.

At the time of the 2011 census a total of 16,520 people in Moray are limited to some extent in their day-to-day activities by a long-term health problem or disability. About 7,050 are limited “a lot” and about 9,470 are limited “a little”. This equates to 7.5% and 10.2% of the population respectively. An age breakdown illustrates the increasing incidence of limiting conditions with age. In all age groups the proportion limited a little is larger than the proportion limited a lot, except for those aged 85yrs and over. So not only do a much greater proportion of older people have their day-to-day activities limited by a long-term health problem or disability but the extent of that limitation is also greater. With Scotland’s and Moray’s population aging this trend is likely to continue which in turn will place increasingly more pressure on health care services.



Moray's Children

As of September 2016², in Moray there were 1,647 children registered for ante pre-school/pre-school a drop of 24 from 2015. This includes 64 under 3yr olds (more than double the 31 in 2015) and 88 deferred entry pupils. At the same time there were 7,026 children on the primary school roll and 4,915 on the secondary school roll (133 less than 2015).

At the end of June 2017 there were 225 looked after children in Moray, 188 (83.5%) of whom were accommodated in community placement, 19 (8.4%) in a residential placement within Moray, 17 (7.6%) in an out of area residential placement and one child in an out of area secure placement.

In December 2016³ there were 547 school children in Moray for whom English is not their first language, an additional 80 attend nursery². When children not yet at nursery age are taken into consideration it is envisaged that the overall numbers of children whose first language is not English are likely to exceed 700; 47 different languages are spoken. These numbers are increasing year on year which is reflective of the increasing migrant population of Moray. If this trend continues it is likely to have an impact on resources.

As at December 2016 there were 3,340 school aged children with recorded additional support needs (ASN) – 1,843 in Primary school and 1,493 in Secondary, this equates to 28.0% of the total school population. In addition there were 190 children in Early Years Education with ASN, equating to 11.5% of all registrations. All areas have shown increases since December 2015; children with ASN in Early Years Education by 1.8%, Primary school children by 7.5% and Secondary school children by 0.2%.

² Early Years & childcare Statistics 2016

³ Pupils in Scotland 2016

Key challenges and developments during 2016/17

2016/17 was a very challenging year for Integrated Children's Services in terms of both embedding developments from the previous year and going through an inspection of children's services with Community Planning Partners.

We progressed and embedded developments started in 2015/16:

- Locality Management Groups became increasingly significant in responding to localised need.
- Moray Social, Emotional and Behavioural Needs (SEBN) Service built up a transition team consisting of a 0.6 full time equivalent teacher and a project worker as well as the existing Looked After Child (LAC) teacher.
- We contributed to the development of the Children's Service Plan –



<http://www.moray.gov.uk/downloads/file112627.pdf>

- We progressed the improvement priorities identified through inspection.
- We continued to develop our Self Directed Support (SDS) processes.

Outcome from Inspection

A joint inspection of services for children and young people in Moray under the auspices of Moray's Community Planning partners was carried out between August and November 2016, led by the Care Inspectorate with input from other inspection agencies. The report can be accessed from the following link:

<http://www.careinspectorate.com/images/documents/3689/Moray%20services%20for%20children%20and%20young%20people%20joint%20inspection%20report%20February%202017.pdf>

As a result of the inspection 6 areas for improvement were identified by the Care Inspectorate, as below:

- Improve standards of operational practice, by setting clear expectations for staff and strengthening approaches to quality assurance and staff supervision.

- Improve initial risk assessment of, and response to, vulnerable children and young people at risk of, or experiencing neglectful parenting, or cumulative harm.
- Strengthen collective vision and collaborative leadership, to direct the delivery of integrated children's services. It should be underpinned by a strategic needs assessment and robust performance information and demonstrate measurable improvements in outcomes for children, young people and families.
- Strengthen the governance, leadership and accountability of the child protection committee.
- Implement a framework of joint self-evaluation, ensuring a clear focus on improved outcomes for children and young people, including those in need of protection.
- Strengthen the approach to corporate parenting, participation and children's rights to deliver improvements at pace.

Recognising that these improvements would take time to deliver the following priorities were identified across the partnership:

- To protect children and young people from the risk of neglect and cumulative harm.
- To strengthen performance management, self-evaluation and quality assurance to demonstrate improved outcomes for children and young people.
- To improve operational practice through strengthening support and supervision of staff.

As a result of the findings from inspection ICS have been very involved in developing and implementing an improvement plan to address the issues identified.

In addition work has continued to:

- Develop and agree a transitions policy with adult services
- Bring 'in house' services previously delivered through third sector partners and redirecting the resources to invest in and improve the standard of social work assessment.
- Streamline internal allocation processes.
- Carry out an audit of young people's pathways through services in order to identify further improvement.
- Support teams around children with risk management and risk enabling policies and practice in order to increase the number of additional resource packages and reduce the risk of young people going out of area.

During 2016/17, the key challenges for Community Care were:

Common themes emerged - the need to create the conditions of effective inter-disciplinary working; the need for empowered localities to provide a stronger connection between how resources were used and the needs of the community; the need to redesign the system of care to sustain the independence of the people who used services.

Meeting the care needs of the people of Moray longer-term requires focusing on the following key challenges:

Demographically, the projected population of older people in Moray increased (a continual trend). The ageing population and increasing numbers of people with long term conditions and complex generated demand demonstrated a pressure which cannot be met long-term unless alternative service delivery models are generated. Based on the pressure in 2016/17, the population increase almost certainly means a shortfall in budget to meet the needs of the elderly population.

Staff recruitment and retention was a key area of concern within community care, taking into account the complex nature of care models and the number and skill mix of professionals involved in meeting the needs of people that we provide services to. A particular area of concern was within learning disabilities and meeting the needs of individuals with intensive complex care needs. Pressures also existed within home care and the recruitment and retention of staff which presented capacity issues.

The financial challenges in 2016/17 to meet our priorities, in parallel with managing the risks of an increasing population and providing safe and effective care to those with more complex health conditions cannot be underestimated and is a VERY HIGH risk on the MIJB's Strategic Risk Register, with zero appetite for risk of harm to people.

In Mental Health a retendering exercise resulted in the opening of the Wellbeing Centre that provides improved access to support for people with mental health issues.

In home care the first stage of a service redesign resulted in home carers being provided with new job titles; social care assistants and with salaried roles that regularise their income.

2. Partnership Working - Governance and Accountability Arrangements

The Chief Social Work Officer in Moray is the Head of Integrated Children's Services. The CSWO is responsible for monitoring Social Work service activity across the Council and Integration Joint Board to ensure agreed standards are met and that professional standards are maintained. The post assists Moray Council in understanding the complexities of Social Work Service commissioning and provision; including particular issues such as child protection, adult protection and the management of high risk offenders, as well as the key role Social Work plays in contributing to the achievement of local and national outcomes. The CSWO also has a responsibility for overall performance improvement and the identification and management of corporate risk insofar as these relate to Social Work Services.

The Head of Integrated Children's Services fulfils her responsibility as CSWO by:

- Reporting directly to the Corporate Director (Education and Social Care) to ensure that he is appropriately advised on Social Work issues;
- Reporting to Moray Council's Corporate Management Team on areas that directly relate to social work services, including highlighting areas of potential risk;
- Meeting regularly with elected members (including chairs/vice chairs, group leaders and leading briefings on critical developments) to ensure that they are appropriately advised on Social Work matters;
- Providing regular reports on Social Work practice and performance to appropriate committees;
- Contributing to the Integration Joint Board, the Community Planning Partnership, and the Public Protection Partnership; and Moray Chief Officer's Group;
- Meeting regularly with the Head of Community Care and the Chief Officer for Moray Health and Social Care Partnership.

Moray Council Governance

Children and Young People's Committee

It is the role of the Children and Young People's Committee to exercise the functions of the Council:

- As an Education Authority within the terms of relevant legislation with regard to school education, nurseries and child care, Gaelic and children's services.
- With regard to leisure, libraries and museums, sport and the arts, CLD and lifelong learning.
- With regard to the Children (Scotland) Act 1995, and to determine the Council's policies in regard thereto, including youth justice.
- In respect of looked after children and young people leaving care.
- To deal with Child Protection issues.
- In respect of the Adoption and Fostering of children in terms of the Adoption (Scotland) Act 1978. The Adoption and Children (Scotland) Act 2007 and the Foster Children (Scotland) Act 1984.

As a Local Authority, Moray Council has a statutory duty to provide services to young people and their families who are in need across the Council area. The responsibility for overall delivery of this service in Moray lies with the Department of Education and Social Care which comprises the following sections;

- Integrated Children's Services
- Schools and Curriculum Development
- Lifelong Learning, Culture and Sport

The department is led by the Corporate Director (Education and Social Care), assisted by three Heads of Service, each leading one of the sections above.

Integrated Children's Services

In addition to the Head of Integrated Children's Services the department has the following managers each with specific responsibility for their section:

- Corporate Parenting and Commissioning Manager – responsible for Commissioning and Placement Services.
- Children's Wellbeing Service Manager – responsible for early engagement, intake and assessment and outreach teams.
- ASN Manager – responsible for Additional Support Needs, English as an Additional Language, Pinefield parc, Autism and Communication Disorders, Beechbrae and the Sensory Teams.
- Justice Services Manager – responsible for the Criminal Justice, and Out of Hours Social Work Teams.
- Principal Educational Psychologist – responsibility for Educational Psychology Team.
- Strategy Manager – responsible for policy and strategy development.
- Continuing Support Service Manager – responsible for the Reviewing team and longer term intervention through the Continuing Support Teams.

Moray Community Planning Partnership (CPP) Children's and Young People's Services Governance Structure

Following the outcome of the 2016 joint services inspection a new governance structure was put in place for children's and young people's services at a Community Planning Partnership (CPP) level.

Moray Chief Officers' Group (MCOG)

The MCOG was formed to provide a collective vision and collaborative leadership to direct the delivery and improvements of children's services in Moray.

Executive Leadership Group (ELG)

The Executive Leadership Group (ELG) was formed to lead, develop and drive forward the joint services agenda for children, young people and families in Moray.

The following four strategic groups will oversee the delivery of the strategic and improvement priorities across the partnership: -

- GIRFEC (including Mental Health and Wellbeing)
- Child Protection Committee
- Early Years
- Corporate Parenting



Moray Integration Joint Board

The key governance structures are: Practice governance, achieved through the Practice Governance Board (PGB) which meets every 5/6 weeks. The PGB now reports to the Clinical & Care Governance Committee.

The Chief Social Work Officer is present, or represented at the Integrated Joint Board and the Health & Care Governance Committee.

Health and Social Care Moray was formally established in April 2016 and brings together a wide range of health and social work services into a single operational system. The Moray Integration Joint Board (MIJB) is responsible for planning and overseeing the delivery of a full range of community health and social work/social care services and is also responsible for a number of Grampian health services relating to primary care.

Throughout the course of 2016/17, the MIJB has taken key decisions in relation to the establishment of the Partnership including the appointment of Officers, the delegation of functions and operating and governance arrangements. The MIJB's strategic vision is:

“To enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals.”

3. Social Services Delivery Landscape

The societal context shows that Moray is experiencing pressure from demographic change, both in terms of ageing population and a net loss of young people. These factors combined can create a sometimes challenging labour market for social care. The social care sector in Moray is delivered by the public sector and independent sector in both voluntary and commercial organisations. The sector is coordinated through commissioning activity in Community Care and Integrated Children's Services.

Provision of residential care for Looked After Children (LAC) in Moray is provided by Moray Council, Action for Children, Aberlour and by Scottish Autism. Prior to the contracts coming to an end procurement activity, consistent with The Moray Council financial regulations, will commence in line with the method detailed within the ICS Commissioning Framework.

Adult Social Care

Adult services are delivered by a range of services providers both internally by Moray Council and externally through contracted arrangements.

A major Housing development was opened in Forres in 2016 providing accommodation and support for older people in Moray.

There were no changes in the number of residential care homes or placements available and the number of placements made remained relatively static, but with a slight drop during the last quarter. This drop led to quite a large number of vacancies in local care homes.

The provision of care at home remained a key issue, although the introduction of the living wage brought about more stability in the workforce of care at home providers.

Implementation of the Working Time Directive, National Minimum Wage and the Scottish Living Wage

Background

Overview of the Scottish Government's Commitment to Fair Work Practices, specifically "Living Wage" The Living Wage commitment was agreed between the Scottish Government and Local Government as part of the Local Government Settlement 2016/17 and set out plans to improve wages for those working in adult social care by ensuring that all people who work providing direct care and support to adults are being paid the "Living Wage", an amount of £8.25 per hour from 1 October 2016.

This commitment covers all purchased services and applies to all hours worked.

Councils were required to deliver on this commitment or the Scottish Government may remove access to, or recover, the specific funding identified in the settlement.

Local Government will be responsible for ensuring the commitment to the Living Wage is delivered through local contracts and agreements.

Distinction between the “Living Wage” and the “National Living Wage”/National Minimum Wage and implications of the Working Time Directive

The Living Wage is a voluntary rate which employers choose to commit to paying. It goes beyond legal requirements to pay the National Minimum Wage (now called the “National Living Wage”- see below). The Living Wage is calculated each year by the Centre for Research in Social Policy at Loughborough University by considering the cost of living using the Minimum Income Standards (annual research to identify what households need in order to have a minimum acceptable standard of living). The Living Wage was currently fixed at an hourly rate of £8.25 (since November 2015) and the new rate is announced in November each year. The rate is used by the Living Wage Foundation to accredit employers as ‘Living Wage Employers’.

The Living Wage is different from the Government's “National Living Wage”. The National Living Wage was introduced by law on 1 April 2016 and it must be applied to all working people aged 25 and over. It is set at a rate of £7.20 per hour (until April 2017). The current National Minimum Wage for those under the age of 25 continues to apply.

The Working Time Directive which came into force on 1 April 2014 means that anyone required to be in work overnight even if it is called a sleeping night must be paid at least the minimum wage hourly rate for each hour of attendance rather than a sleeping night allowance.

Implications for Providers The settlement which was agreed between the Scottish Government and Local Government was predicated on providers making a contribution to the overall cost of the commitment. It was acknowledged that this commitment will not only be an increase in the cost of wages to a provider but will also incur other costs, such as increased pension and national insurance costs and maintaining the pay differential across the provider's staff. In addition, it is also recognised that providers who operate across England, Wales and Northern Ireland as well as Scotland may have increased costs to maintain equal pay across their organisation.

The Way Forward We attended a short life working group organised by COSLA to discuss implementation of SLW and the differing approaches being taken by local authorities, the impact on the providers and to share good practice. Argyle & Bute Commissioning Team were praised by a number of providers for the approach they have taken and the team kindly agreed to share their methods with Moray. Essentially they had developed a spread sheet that is completed by the provider for each contract, the information provided calculates the average hourly rate paid to that worker now and what percentage uplift would be required to pay the national minimum wage and then the SLW. You can then determine how much a provider will need and be able to provide an audit trail to show how you have spent your budget and justify the reasoning behind it.

Present Day The spread sheet has been used successfully to implement the initial increase to the Scottish Living Wage and the National Living Wage in 2016/17. The cost of implementation in 2016/17 was £1,491,681*.

4. Resources

Moray Council continues to experience severe financial pressure. Work has been progressed to identify potential areas for savings from 2016 onwards. The CSWO has been very involved in the discussions in respect of Integrated Children's Services; however this does pose a dilemma for those who hold the CSWO post as Head of Service. There are occasions when obliged to offer up savings as Head of Service which may mean a reduced service provision which, as CSWO, you would advise against in terms of risk.

2016/17 Gross Social Work Expenditure

	£000's
Children's Panel Service Strategy	20
Criminal justice social work services	958
Adults with physical or sensory disabilities	925
Adults with Other Needs	4,121
Mental Health	1,250
Learning Disabilities	2,097
Older Persons	11,701
Children & Families	28,242
	19,416
	<u>68,730</u>

Integrated Children's Services Financial Position

The most significant overspend for Integrated Children's Services is in the Out of Area budget, which was £560,000 in 2016/17. The pressures the department faces include:

- There is a consistency in the information for children in foster care in for example of 89 children 44 were in permanent care and for 15 others permanence processes were under way.
- Of local fostering provision there are currently 6 households with placement available (depending on matching considerations) for 9 children.
- Following due process and certain other changes, including adoption or need for residential accommodation, the number of children we have placed in independent foster care is likely to reduce from 19 placements to 12: 75% of those remaining YP are permanently matched with their foster carer.
- We have a number of residential placements in Moray to meet a range of needs including complex learning and autism needs as well as what is

referred to a social emotional behavioural needs. Residential provision in Moray is supplied by Moray Council, Action for Children, Aberlour Child Care Trust and Scottish Autism: the total number of beds available are 21 plus an assessment bed.

- There are a further 21 residential beds out of Moray placement being made on a number of needs. Placement breakdown, especially adoption or long term fostering breakdown is increasing and we are undertaking an audit into this issue.
- The increase in activity in the education development of the SEBN provision will ensure planning is effective for young people returning to Moray. This takes time and planning to ensure alternative education package paired with appropriate care placement.

Community Care Financial Position

MORAY INTEGRATED JOINT BOARD

SOCIAL CARE SERVICES OUTTURN 2016/17

MORAY INTEGRATION SERVICES FINANCIAL OUT TURN 2016/17

	£ 000'S
Learning Disabilities	4,882
Mental Health	948
Addictions	823
Adult Protection & Health Improvement	165
Care Services provided in-house	13,047
Older people & PSD - Assessment & Care	16,267
Intermediate Care & OT	1,629
Care Services provided by External Contractors	9,946
Admin & Management	785
	48,492

Due to the focussed structure of the IJB this is presented as outturn rather than budget against actual as this would distort things given that the funds that flow to the IJB from the Council aren't the same as those that flow back to the Council.

However, key financial pressures remain in domiciliary care for older people and complex learning disability.

5. Service Quality and Performance including delivery of statutory functions

Service Quality and Performance

Social work services contribute to the development of Moray as identified in Moray 2026, which provides a strategic context for the delivery of social work services in Moray.

Community Care

There are currently 200 people in receipt of direct payments. Of this number, 144 employ Personal Assistants, with a further 41 getting a regular weekly payment to purchase their own services from either a care provider or for other weekly activities. The remaining 15 have received a one off direct payment. The number of individuals in receipt of a direct payment fluctuates, however numbers are still increasing in relation individuals opting to take option 1 of SDS.

The Option 2 ISF project has now come to a conclusion, with an evaluation of the project written. The learning from the project showed that individuals who chose to use an ISF did so as they wanted a Direct Payment style of support. Individuals and their families wanted the choice and control over the support that they received without the direct control over their budget. This was especially evident when individuals wanted a Personal Assistant style of support with the ISF provider employing the staff to give continuity in support. Building on from the learning we will be looking at further raising the awareness of Individual Service Funds with practitioners and service users to fully embed the full suite of options of SDS to individuals Moray.

The SDS Residential Care Project has concluded and the final report has been submitted to the Scottish Government and recommendations will be made to the minister based on the findings from Moray and East Renfrewshire in due course. Local learning which we can draw upon, and are developing as a result of the project, is having meaningful conversations with individuals residing in care homes in Moray regardless of any legislation change relating to the use of Direct Payments.

A revised action plan is currently being devised, also taking into consideration the recent Audit Scotland report to allow further development of SDS in Moray in recognition of the 10 year strategy (2010-2020) for embedding SDS.

Community Care Performance

Community Care performance is monitored and reviewed monthly on a formal basis. The following statistics demonstrate activity over period 2015/16:

- The rate of those in Permanent Care has gone from 25.53 in Q1 2016/17 to 24.56 as of Q2 2017/18. This has been a raw figure reduction for the respective quarters of; 485 to 476
- For the personal outcome “Having Things To Do”, where in 2015/16 the question was met 67.9% times, partially met 28.5% and not met 3.6%. As of Q2 2016/17 these numbers are currently 66.5% met, 30.5% partially met and 2.9% not met. As a result the direct rate of not met has been reduced by 0.7%.

- For the personal outcome “Feeling Safe”, where in 2015/16 the question was met 75.4%, partially met 30.5% and not met 2.9%. As of Q2 2016/17 these numbers are currently 79.4% met, 18.7% partially met and 1.9% not met. This is a reduction of 0.6% not met.

Balance of Care (Number of Service Users Receiving Permanent Care and Homecare)				
	Permanent Care	Homecare	Receiving less than 10 hours of Homecare	Receiving 10+ hours of Homecare
Jun-17	467	1099	551	337
Jul-17	469	1108	551	346
Aug-17	477	1111	562	342
Sep-17	483	1105	557	343

The number of Older People in Permanent Care has been decreasing despite a growing demographic. There has, in fact, been a decrease in all receiving care, with those receiving 10+ hours showing the smallest decrease. This evidences that the balance of care in Moray is shifting towards providing more care and support in service user's homes as opposed to care homes.

Integrated Children's Services

In 2016 Education and Social Care adopted a departmental service improvement plan. This plan included further detail in relation to the national position -

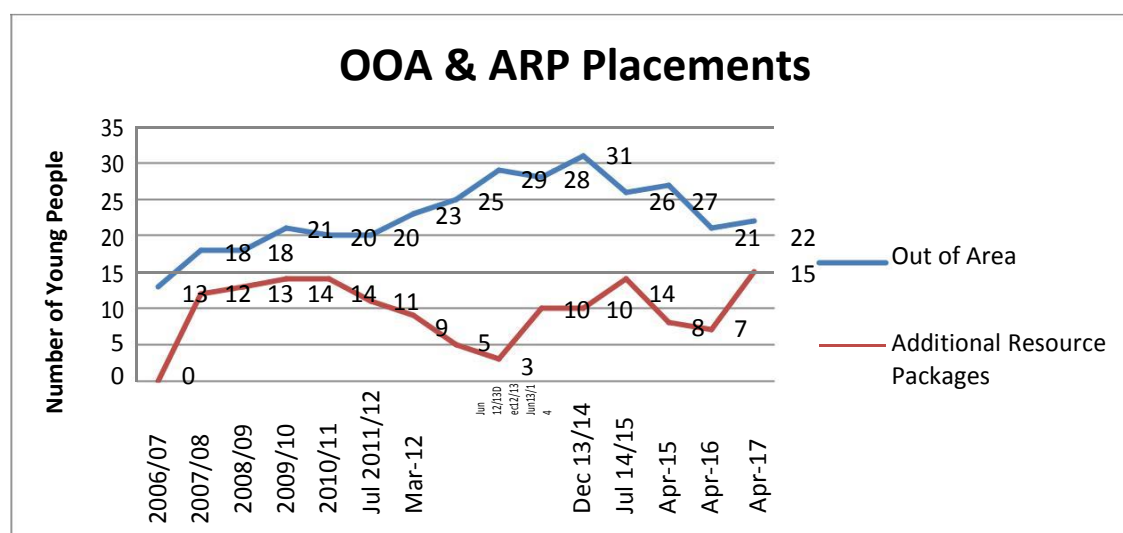
Indicator	2014/15	2015/16	Change	Performance Against Comparators / National
Integrated Children's Services				
The gross cost of "Children Looked After" in residential based services per child per week	£4,093	£3,792	-£301	Moray –gross cost of "Children Looked After" in residential based services per child per week - £3,792 (Rank 10th) (Rank 1 st highest gross cost) Scotland - £3,406
The gross cost of "Children Looked After" in a community setting per child per week	£362	£393	+£31	Moray –gross cost of "Children Looked After" in a community setting per child per week - £393 (Rank 4) (Rank 1 st highest gross cost) Scotland - £292
Balance of care for looked after children: % of children being looked after in the community	86.1%	83.6%	-2.5%	Moray – looked after children: % of children being looked after in the community – 83.6% (Rank 29) Scotland– 90.4%

At the end of March 2017 the overall rate of Looked After and Accommodated Children (LAAC) in Moray stood at 8.9 (per 1,000 of the child population), a slight increase on the previous quarter (8.3), and above the target of 8. The majority of children are accommodated in a family placement (78.2%), however this has reduced slightly from quarter 4 last year (79%) and is below the 80% target. The percentage of LAAC accommodated in a residential placement has increased to 12%, which is 2% up on last year and well above the target threshold of 8.5%. While the rate of residential placements has increased, the level of out-of-area placements has actually reduced over the same period – this will largely be due to the opening of

Moray Council residential Houses in Elgin providing an additional six placements meaning less children are required to be accommodated in out-of-area placements.

Criminal Justice performance indicators are now included within the Integrated Children's Services suite of indicators. Year on year there has been an increase (65% since 2013/14) of social enquiry reports submitted to courts. Throughout the course of 2015/16 a total of 439 (128 in quarter 4) of these reports were submitted to courts, of these only one was not submitted by the due date. The number of new probation orders issued has risen for the second consecutive year with a total of 139 orders issued in 2015/16 in comparison with 119 in 2013/14. In 2015/16 less than half of offenders were offered a work placement within 7 working day, national figures are not yet available for this indicator, however if 2014/15 figures are compared Moray is performing significantly less than Scotland (Moray 57.0%, Scotland 72.7%).

Number of Out of Area Residential Placements & Additional Resource Packages – April 2017



The April 2017 figure represents: -

- A. Out of area residential placements consisting: -
 - (i) 20 residential placements for Looked After Children; 3 of which are expected to end no later than July 2017;
 - (ii) 2 educational placements requested by parents for children with specific educational needs each of which will end by July 2017.

A total of 22 residential placements, which is an increase of 1 since April 2016.

- B. Additional resource packages consisting of 15 additional resource packages, 7 of which maintain looked after children in school/education.

Apart from the joint children's services inspection the service had two further inspections:

Moray's supported Lodgings Project was inspected in October 2016 by the Care Inspectorate. The service provides an Adult Placement Service to young adults in the Moray area who have been Looked After Children. The aims and objectives of the service are to help young people currently aged 16 - 21 move from a care setting into a supportive environment to help them prepare to live independently in the community.

Inspectors reported on the following quality indicators and the evaluation for the Moray Project were as follows: -

- | | | |
|--|---------|-----------|
| • Quality of Care and Support | Grade 5 | Very Good |
| • Quality of Staffing | Grade 5 | Very Good |
| • Quality of Management and Leadership | Grade 5 | Very Good |

Moray's Residential Service, managed by the council, Cala, was inspected in October 2016 by the Care Inspectorate. The service provides 6 residential placements for young people 11 and over with the aim of providing a therapeutic setting to support recovery from trauma and positive movement towards independence.

Inspectors reported on the following quality indicators and the evaluation for the Moray Project were as follows: -

- | | | |
|--|---------|-----------|
| • Quality of Care and Support | Grade 2 | Weak |
| • Quality of Staffing | Grade 3 | Adequate |
| • Quality of Management and Leadership | Grade 2 | Weak |
| • Quality of Environment | Grade 5 | Very Good |

Following this inspection a robust action plan was put in place and an internal review carried out. An unannounced visit from the Care Inspectorate took place in February 2017 and positive progress in respect of the action plan, care and support provided and commitment of staff was noted.

Complaints 2016/17

Moray has really developed its focus on corporate parenting. We applied for LCT funding in December 2016 and were advised of award, from April 2017.

There was prelaunch of Champions Board and as CSWO I expect to have considerable update on developments over the year in my next annual report.

	Number of Complaints	Number and % responded to in target timescale	Number and % Upheld / Part Upheld /	Number progressing to Complaints Review Process

			Not Upheld or Lack of Evidence	
Integrated Children's Services	25	12 (48%)	9 / 4 / 12	1
Community Care	35	24 (69%)	2 / 3 / 30	1
Total	60	36 (60%)	11 / 7 / 42	2

A total of 25 ICS complaints were responded to and closed within the reporting year. All 25 complaints were resolved at investigative stage. Over the year 9 ICS complaints were upheld and a further 4 were part upheld, with appropriate action taken to resolve these issues. The remaining 12 complaints were not upheld. The average time taken to respond to complaints was 25 days, exceeding the target of 20 working days. A total of 12 complaints were actually responded to within the 20 working days, while 6 complaints received extensions that were authorised for various reasons.

STATUTORY FUNCTIONS

Child Protection

The Moray Child Protection Committee (CPC) has updated several key multi-agency documents over the past year including the role and remit of the Child Protection Co-ordinating Group, implementing the Significant Case Review procedure and refreshing the IRD procedure. The updated resources can be found here:

http://www.moray.gov.uk/moray_standard/page_90286.html

The Moray CPC regularly receives performance management information which is derived locally and from the North East of Scotland Child Protection Register (CPR) which covers Aberdeenshire, Aberdeen City and Moray and is managed by the Child Protection Partnership (CPP). This information provides data trends across Moray in relation to risk indicators and comparisons to previous quarters throughout the year. The number of children recorded on the CPR in Moray has risen to 70 plus as can be seen in the chart below which is above the national average as of 31 March 2017.

Moray CPC is currently reviewing all performance management information in order to gather and present meaningful information that can help identify both good practice and areas for improvement. Most importantly Moray CPC is looking to provide rich analysis behind the performance management information so that this can be used to improve outcomes for children and direct targeted resources accordingly.



Over the past year the Moray CPC has:

- Strengthened its Governance through the creation of Chief Officers Group and subsequent revised structure across the Moray Partnership
- Successfully held a development day with all staff connected to Moray CPC and actioned the key feedback
- Developed and implemented the Significant Case Review procedure for all staff
- Updated guidance for all staff on the process for Police Concern Reports under the Children and Young People (Scotland) Act 2014
- Successfully conducted an IRD audit and taken the learning into the new IRD procedure which is set for a multi-agency launch later in 2017
- Introduced a Neglect sub group of the CPC to take forward the Neglect agenda across Moray

- Published guidance for staff on accessing Legal Services and this was offered with training also.

Moray CPC is considering how it can take help take forward the outcomes from the recent Joint Children's Service Inspection carried out by the Care Inspectorate, its own improvement plan, and the recommendations from the National Child Protection Improvement Programme set out by Scottish Government. The ongoing audit and review of IRDs and Childs Planning Meetings will further enhance the CPCs ability to keep children safe and improve outcomes for all children cross Moray.

The Moray CPC has played a key role in the progress of the Moray Learning and Development Group (MLDG). The MLDG consists of experienced professionals from Health, Education, Social Work, Police, and Third Sector. It is the responsibility of the MLDG to develop and deliver a multi-agency Child Protection, GIRFEC and Early Years training calendar for all staff working with children and young people across Moray. After a successful year the MLDG are currently rolling out 3 monthly training calendars to address multi-agency training gaps and, importantly, will quality assure the training to measure its impact on practice. There are various training courses available which can be found here:

<http://www.moray.gov.uk/downloads/file104571.pdf>

Adult Support & Protection

The previous report identified areas we would need to work on to promote awareness of Adult Support & Protection:

- Continue to raise public awareness and NHS staff Work continues on promoting awareness across Moray. The ASP trainer and Lead officer attended an open day at Elgin town hall along with many other agencies which was attended by the public. The stand offered information via leaflets and discussions about ASP and also captured some enquiries that had to be followed up via investigation route. It was an opportunity to 'network' with other agencies to promote the ASP legislation throughout the Moray area. Leaflet distribution continues and posters were delivered to all GP surgeries and hospitals for display in public areas. The Adult Protection Committee health representative will ensure literature is displayed and updated timeously. It is our intention to begin the process of reaching more public businesses across Moray and hope to make links with the local supermarkets in particular the delivery drivers who can play a big part in reaching those in more rural and isolated areas. The ASP facilitator/trainer has already secured a date late summer 2017 to disseminate information in one of the major supermarkets in Elgin. The Z cards have been updated and ready for approval by Moray Adult Protection Committee. These are wallet sized cards that hold relevant information about ASP, including telephone numbers for people to contact if they have a concern. They will be distributed across all agencies who will also be encouraged to give out to the public. Over the past two years, the APU in Moray has continued to work on promoting awareness of adult protection. There has been a general increase in referrals in this reporting period, however, it is difficult to ascertain whether this is due to more people being aware of how to report a concern or an increase in those who are deemed to be most at risk. There is no doubt, however, that the number of agencies, statutory and independent, who have participated in training and events to raise awareness has steadily risen.

The APU consultant practitioner attends the weekly public safety hub established in January 2015 and led by the community safety team based in Elgin. It is attended by all statutory agencies and relevant information is shared proportionately. There have been improvements in agencies attending ASP case conferences and it is felt this is due to the sharing of information and the introduction of these weekly hub meetings.

- b) Ensure policies, procedures and protocols are current relevant and appropriate. The Interagency Grampian Working Group (representatives from Moray, Aberdeen City and Aberdeenshire) has updated the Interagency Grampian Policy and Procedures for ASP and this has been approved by all three APC's. To assist MAPC in fulfilling its multi-agency functions and responsibilities, a series of short life working groups have been established to take forward the work of the Committee. In addition to these, there are now three Sub Groups which meet on a regular basis to address the key functions of MAPC:

- The Grampian Working Group;
- The Grampian Joint Training Group; and
- The Financial Harm Group

The short life working groups have covered the following areas of work:

- Public information and awareness;
- Data collection systems;
- Multi agency auditing;
- LSI (Large Scale Investigations)
- Workforce development and learning

In addition, recognition is also taken of the outcomes from national reports on adverse events.

- c) Raise the profile of financial harm

There are many challenges for Adult Support and Protection across all agencies, one being co-operation from the many financial institutions including post offices, but it is hoped this will improve as the awareness raising continues across Moray. The introduction of the updated and Scotland wide approved form - Re: Request for Information from Financial Institutions - Section 10 Adult Support and Protection (Scotland) Act 2007 (ASPA) has now been implemented. It is anticipated this will encourage financial institutions to participate more willingly in the ASP process therefore reducing the risk to Adults at Risk of financial harm or exploitation.

Our focus for the year 2017 to 2018 will be;

- Provide appropriate and updated training across health and social care partnership
- Work closely with local business groups to promote more public awareness of ASP
- Ensure policies and procedures are relevant and robust
- Develop and roll out ASP protocol for 16 – 18year olds.

Criminal Justice

Over the past year Criminal Justice staff have continued to be involved in contributing to the Improvement Plan associated with the National Multi Agency Public Protection Arrangements (MAPPA) Inspection.

Moray Criminal Justice Service acted as a pilot area in relation to the introduction of the new MAPPA templates. We provided feedback to the Risk Management Authority which helped shape the roll-out of the planned national training of the templates by the RMA.

Following the training given to all staff the Moving Forward Making Changes case management pack is now delivered to High Risk Sex Offenders. Joint work with Police, Youth Justice and other Council Services continues in order to improve outcomes for young people at risk of offending.

Officers have been involved in preparing for and addressing the changes to Community Justice which resulted from the Scottish Government's Community Justice Re-design. Following considerable consultation with the public and across the partnership the new Community Justice Partnership (CJP) held its first meeting on 13th January 2017; the CJP also submitted its first plan to government in line with the statutory requirements.

Integrated Mental Health Services

Good Mental Health for All in Moray 2016-2026 was launched in September 2016. The strategy was developed by people with lived experience of mental health problems, their families and those involved in mental health service delivery. It focusses on protection, promotion, prevention and early intervention as well as treatment and care services. It is recovery focussed and promotes a strengths based perspective. The implementation plan has progressed and the partnership has achieved the following:

- The newly commissioned Mental Health and Wellness Centre has opened. It is operated by Penumbra and located in a shop premises in the centre of Elgin. Members of the public can access it directly to receive short term support and/or information about mainstream and targeted activities in Moray to promote mental wellbeing and it provides a first contact for people in distress.
- Link workers attached to GP practices are employed to provide direct access for GPs to time limited help and support for people experiencing mental distress.
- Peer Support Workers have been commissioned in Moray to increase community capacity and to improve self- management skills.
- The Making Recovery Real Initiative has progressed throughout the past year, with Recovery Café events and Recovery Roadshow events taking place in Moray.
- The Partnership has supported delivery of Wellness Recovery Action Planning (WRAP) and Living Life to the Full courses. These are led by Community Recovery and Wellbeing Champions contracted through the Scottish Recovery Network. The Wellbeing Hub also runs these programmes.

- A recovery service improvement exercise is planned throughout the mental health service using SRI2. This will inform future developments in recovery focussed service delivery.
- A review of commissioning for residential based care and housing support for those who have high and complex support needs is being progressed and will continue into the coming year.
- The coming year will see a review of the function of the Community Mental Health Team

Mental Health Social Work Team

In the past year the focus has been on embedding SDS into mental health services, offering people more choice and control in their support. There has been a development towards a re-enablement approach which results in shorter term interventions. There continue to be challenges around differing thresholds for the secondary service.

One of the priorities for the Mental Health Social Work Team for the coming year is a focus on strengthening a recovery approach to the support that is provided to individuals who live with mental ill health.

The acute mental health ward has reduced its bed capacity due to staffing difficulties and this has had an effect on the mental health team who have had to be more creative in their support of service users experiencing deterioration in their mental health.

Mental Health Officers

The Mental Health Social Work Team Manager and Consultant Practitioner have an overview of all casework undertaken by the Mental Health Officer service. Accountability for the service has been strengthened and the MHO Governance Group including Mental Health Team Manager, Consultant Practitioner, Service Manager Learning Disability and Chief Social Work Officer now meet biannually to discuss issues arising from the MHO provision.

Mental Health Officer Rota commitments continue to be met successfully. In the past year one MHO candidate successfully completed the course and is practicing on the rota while another MHO retired. There are currently 3 candidates undertaking the Mental Health Officer programme. There are two candidates with work outstanding from the 2015-2016 MHO programme. The reason appears to have been the lack of appropriate MHO work opportunities for 3 candidates and there has been a decision to limit the number of candidates to 2 in future years to avoid similar situations.

There is no appropriately experienced candidate interested in undertaking the Mental Health Officer Programme starting in August 2017. However there are a number of interested parties for the programme starting in 2018 and unless there are a number of MHOs leaving the service then Moray should be able to meet its statutory mental health responsibilities without difficulty. A preparation period for people undertaking the programme is planned.

The Mental Health Officer Forum has been re-established and is well attended. An MHO improvement plan is in place which includes improving MHO recording on Care First, a quality audit of MHO reports, peer supervision and CPD events.

Adults with Incapacity

Adults with Incapacity work continues to increase. There were 55 requests for guardianship in 2015 and 75 requests in 2016, an increase of 36%. This is due to an increase in applications being made by families for Welfare Guardianship in relation to older adults and young adults with learning disability and both local authority and private application for further powers to comply with statutory guidance regarding restriction of liberty. Currently the Moray Council MHO service has been able to respond quickly to requests and there is no delay in the preparation of the reports caused by the service being unable to assign an MHO.

Challenges in Relation to Incapacity

The supervision of guardians within the time scales is difficult to achieve. A prompt from the Unit administrator notifying social workers of review is in place and it has been recommended to social workers that they schedule reviews to coincide with annual social work reviews of the support plan.

The trigger for action under AWI for older people tends to be a crisis either a health crisis where the person is admitted to hospital. Often an older adult being admitted to hospital receives a capacity assessment and the conclusion is reached that the adult does not have capacity to make decisions about their future care. Consequently, the person remains in hospital until action can be taken under AWI. The length of time that private guardianships in particular take to complete is contributing to the delays in hospital discharge.

Section 13ZA Social Work Scotland Act 1968 is used only occasionally to place older adults with incapacity in care homes. Factors that preclude its use include difficult family relationships, financial and property matters exceeding the level at which access to funds would be appropriate or the adult had indicated that they would never wish to go into a care home. Discussions continue to find a solution to reduce long stay hospital admission where there is incapacity.

Complex Needs – Learning Disability

Our learning disabilities accommodation review team was created through funding through the Integrated Care Fund. In late summer 2016 we established, through a commissioned study by Alder Associates, that there is significant scope to improve the quality of life of people with a learning disability in Moray. At present we are missing opportunities to help people achieve greater levels of independence whether in terms of living arrangements or work/leisure. Although there are some strategic and operational initiatives in hand to address this we recognise that there is also significant scope to improve the economic impact, efficiency and effectiveness of the services being provided. There is therefore a strong business case for service transformation which is in summary:

- A higher quality of life occurs when services deliver better outcomes for people with a learning disability.
- Better outcomes and higher quality of life reduce need.

- Need is a driver of services, and therefore cost.
- By focussing on improved outcomes, and so reducing need, we have the opportunity to reduce the level of expenditure and develop a more sustainable financial model.

We will introduce the “Progression” model as part of a transformational change of services in Moray. The “Progression” model is a person-centred developmental approach that has been tried and tested in England and Wales, and seeks to help each adult with a learning disability to achieve their aspirations for independence. It is a relational change from traditional care management approaches by focussing on the individuals’ hopes and choices, using these as the basis to co-develop care and support plans that enable each person to reach their potential.

The model calls for changes to systems and processes that will have implications for professional practice:

- The way in which assessments are carried out.
- Support plans are prepared.
- Risks are managed.
- Reviews are undertaken.

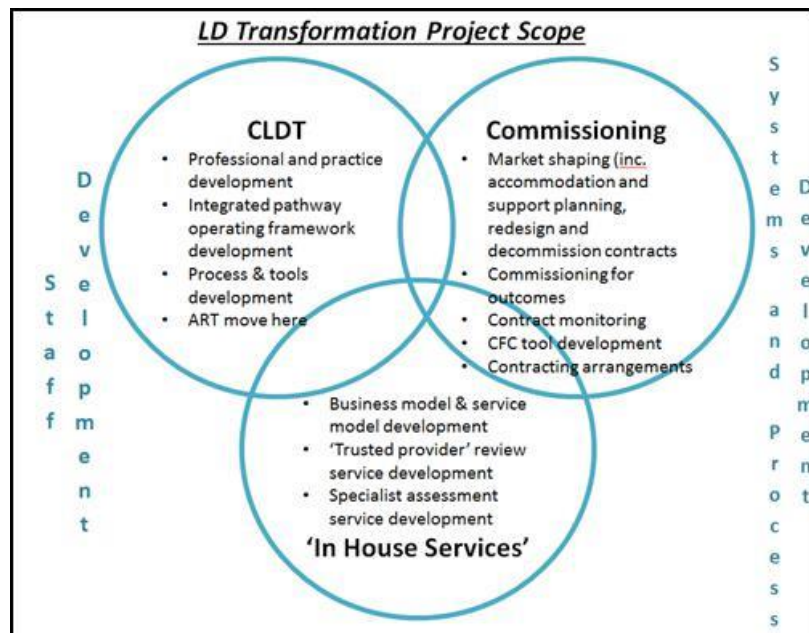
There are also implications for the way in which care and support services are commissioned.

Services such as residential care, supported living and day opportunities must introduce new models that offer greater flexibility and provide a strong focus on enablement of individuals.

Our introduction of the “Progression” model will be linked to the opportunity created by moves to develop more effective integration working between NHS Grampian and Moray Council. This will require significant changes to establish practices. By simultaneously introducing the “Progression” model we will ensure alignment between integrated working arrangements and our goals for the transformational change of our ways of working with people with a learning disability.

We recognise the scale of the change required. We have learnt from the English and Welsh experiences of adopting the “Progression” model and aspire to create a Scottish model of “Progression” that suits our national context. We are seeking to introduce a whole system change that will profoundly affect the culture and delivery of our learning disability services. It will include:

The following diagram shows what is in scope for the project.



We recognise the significant overlap and inter-relationship between the work that will take place across the three work streams of the project.

Work will continue through 2017/19 to achieve this transformational change.

Woodview (Urquhart Place, Lhanbryde)

The decision to decommission a care home at Maybank, Forres for service users with severe autism and to commission a new build on the outskirts of Lhanbryde was taken in 2013. This was a time when a critical report had been published by the Care Inspectorate in relation to the quality of care provided at Maybank for 4 service users with severe autism.

The report reflected Adult Community Care's concerns regarding the overall suitability of the Maybank property to support people with challenging behaviour and the related impact that this had on recruitment and the retention of staff.

During the week of 14 August 2017, Maybank was decommissioned as a care home residence and the 4 service users became tenants at a £2.5m new build development consisting of 8 bungalows, an office and communal area at Woodview on the outskirts of Lhanbryde.

Although, this represents the initial phase of the project, there has been a significant drop in the recorded incidents and a reduction in the medication for the tenants. Staff retention rates also remain high. Overall, this project has already had a significant positive impact on the lives of the tenants and members of staff.

Plans are in place to support a further 4 service users from Moray and out of area to move to Woodview in the Spring of 2018.

6. Workforce

- a) Planning**
- b) Development**

Moray Council's corporate workforce strategy sets out the council's overarching approach to developing a skilled, motivated and flexible workforce able to deliver efficient high quality services that will make a difference to the community of Moray. The main themes for 2016-17 were workforce transformation and change, employee engagement and leadership development and capacity and while these broad themes are set at a corporate level, there is an expectation that they are cascaded throughout the organisation and embedded within workforce development activity. Underpinning this, Moray Council continues to promote and develop a positive workforce culture in line with the values set out in Working Together for a Positive Workforce incorporating the Corporate plans and aspirations; Ambitious, Listening, Respect, Fairness, Sustainability & Accountable.

In September 2016, as part of the council's response to the need for transformational change, an Organisational Development (OD) service was established bringing together the corporate training team, the social work training team and the workforce policy and strategy team. Combined with reviewing the design and delivery model for training across the council, the OD service is tasked with ensuring that the overall training resource is effectively allocated and managed to meet council priorities whilst ensuring the workforce is engaged and motivated.

It is against this backdrop that the social work training team have continued to support employees within the social work disciplines and teams to meet their registration requirements during 2016-17 as well as developing, delivering, facilitating and promoting a range of learning and development opportunities.

The learning and development delivered has been based on the information gathered from managers via the annual training needs analysis (derived from supervision, individual casework, team meetings and for some employees from the corporate employee review and development programme) discussions with heads of service about the strategic requirements for the workforce and responding to demand arising from the Care Inspectorate Joint Inspection of Services for Children and Young People in Moray and partnership arrangements with the Moray Integrated Joint Board.

While the implementation of the new Standard for Residential Child Care qualification has been halted pending further consultation, work continues with the residential services for children and young people to support the learning and development of the team as well as ensuring attainment of SSSC registration requirements mainly with regard to SVQs. This has included a number of specific development days for team building which has improved the overall cohesiveness of the teams.

The training team continues to sponsor and co-ordinate the attainment of the practice teacher qualification for a number of social workers across the organisation both financially and through facilitating and supporting access to social work students through placements at various points throughout the year.

Work also continues to support newly qualified social workers to evidence their post registration training and learning (PRTL) ensuring that core competencies are embedded, specialist skills are developed and effective learning is promoted.

Work has begun on our response to the Foster Care Standard that has been developed based on one of the outcomes of the 2013 National Foster Care Review. While foster carers are already undertaking learning relevant to their roles within our authority, and in many areas this will match the Standard, we will make sure the learning they are providing meets the Standard to help foster carers feel more confident and better prepared for their roles.

A number of post-graduate qualifications are being sponsored including the Post-Graduate Certificate in Child Welfare and Protection and the Mental Health Officer Award to ensure the council's capacity for knowledge and skill within these specialist areas is kept up to date.

Workforce development activity has also been delivered through the multi-agency Moray Learning and Development Group (MLDG) which works on behalf of the Community Planning Partnership and is responsible for the development, delivery and quality assurance of a multi-agency Child Protection, GIRFEC and Early Years training calendar for all staff working with children and young people across Moray.

In 2016 the MLDG successfully delivered its first full multi-agency training calendar and work is now underway to continue to deliver that calendar alongside developing training to address the key training needs emerging from the afore mentioned Care Inspectorate Joint Inspection of Services for Children and Young People in Moray as well as training needs emerging from the Moray Children's Services Plan 2017-2020.

Work to support the learning and development of the social work workforce within adult services continues as part of the social work training team's standard training catalogue and going forward this will include liaising with the MIJB about the wider transfer of knowledge required longer term regarding the Progression Model currently being developed and implemented across the MIJB.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2018

**SUBJECT : PROGRESS REPORT ON MORAY JOINT
CHILDREN'S SERVICES INSPECTION**

BY: HEAD OF INTEGRATED CHILDREN'S SERVICES

1. REASON FOR REPORT

- 1.1 To inform the Board of the outcome of the recent progress review of joint children's services carried out by the Care Inspectorate.

2. RECOMMENDATION

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

3. BACKGROUND

- 3.1 A joint inspection of services for children and young people in Moray under the auspices of Moray's Community Planning partners was carried out between August and November 2016, led by the Care Inspectorate with input from other inspection agencies. The report can be accessed from the following link:
<http://www.careinspectorate.com/images/documents/3689/Moray%20services%20for%20children%20and%20young%20people%20joint%20inspection%20report%20February%202017.pdf>
- 3.2 Colleagues from the Care Inspectorate returned to Moray in September 2017 to undertake a progress review. The report of the review is attached at **APPENDIX 1**.
- 3.3 The progress review acknowledged that partners took the findings of the inspection in February 2017 very seriously and have responded appropriately. The inspectors acknowledged the amount of hard work that is going in to delivering change and improvement.
- 3.4 The inspectors will return within 12 months for a further review.

4. SUMMARY OF IMPLICATIONS

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in line with Moray 2026 Plan – Ambitious and confident children and young people, and Council priority 4 – More of our children have a better start in life and are ready to succeed.

(b) Policy and Legal

This report updates the Board on the outcome of the progress review in relation to the joint inspection of services for children and young people in Moray.

(c) Financial implications

Given the capacity issues in all partner organisations and the improvement agenda required, there may be further additional resources required. The scope of this is unknown at present.

(d) Risk Implications and mitigation

Despite progress significant improvements continue to be required to improve the approaches to collaborative working in terms of public confidence in services and of outcomes for children, young people and families.

(e) Staffing Implications

Staff are working at and beyond capacity and there are significant staff shortages in some areas of children's services which has an impact on staff workload and morale. There is a risk that failure to recruit staff in certain key areas will continue to have an adverse impact on performance in services.

(f) Property

There are no direct property implications associated with this report.

(g) Equalities

The inspection report requires partners to continue and improve the collective focus on specific groups of children and young people, including those who are looked after, Lesbian, Gay, Bixexual and Transgender LGBT, young carers and those who live in rural areas.

(h) Consultations

The Chief Officer Moray IJB, Head of Adult Services and Head of Service Moray Health & Social Care have all been consulted in the preparation of this report and are in agreement with the content relating to their areas of responsibility.

5. CONCLUSION**5.1 This report informs the MIJB of the outcome of the recent progress review of joint children's services carried out by the Care Inspectorate.**

Author of Report: Susan Maclaren
Background Papers:
Ref:

Signature: _____

Date: 12 December 2017

Designation: Head of Integrated Children's Services Name: Susan Maclaren

Services for children and young people in Moray

December 2017

Progress review following a
joint inspection

Contents

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2. How we conducted this progress review	2
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Appendix 1: Areas for improvement arising from the February 2017 joint inspection of services for children and young people in Moray community planning partnership area.

1. Background to this progress review

We carried out a joint inspection of services for children and young people in the Moray community planning partnership area between August and October 2016. You can find the report, which we published in February 2017, on our website www.careinspectorate.com.

At that time, we were not confident that joint planning of children's services was resulting in improvements in the wellbeing of children and young people. Leaders were not working together effectively to improve outcomes for children and young people. The lack of governance and accountability for implementing improvements meant that the pace of change was too slow. The quality and effectiveness of children's assessments and plans was too variable. While those at immediate risk of harm were being protected, children experiencing neglectful parenting and cumulative harm were exposed to risk for too long before decisive action was taken.

We identified six priorities for improvement and gave notice that we would return to the area to report on initial progress within six months of our report being published.

2. How we conducted this progress review

The aim of this initial progress review was to assess partners' commitment to making improvements and their effectiveness in doing so at an appropriate pace. We recognised that it would be unrealistic to expect to see the impact of changes on overall outcomes for vulnerable children and young people but we were looking for compelling evidence that improvements had been achieved in the initial response to child protection and welfare concerns.

A team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland undertook a range of activities in the community planning partnership area during the week beginning 11 September 2017. We did not set out to reassess all the areas of work relating to children, young people and families that would be covered in a full inspection. Instead, activities were designed to find out about the work being done to bring about improvements in the six areas of performance which gave greatest concern in the previous inspection. These are listed in appendix 1.

During this progress review we:

- took account of the work carried out by the Care Inspectorate strategic link inspectors and the Education Scotland area lead officer to support chief officers and senior managers in improving services
- reviewed partners' self-assessment of their progress against all six of the main areas for improvement, along with supporting evidence they provided
- interviewed chief officers, senior managers, elected members and the chairs of the child protection committee
- held focus groups with first-line managers and frontline staff around the six recommendations made in the February 2017 report
- reviewed a sample of the most recent child welfare and protection concerns referrals to the social work service to assess the multi-agency initial response.

We decided not to meet with children, young people, and their families during this initial progress review. We judged that the joint improvement plan was at too early a stage of implementation for children, young people and families to be able to tell us about any real impact on service delivery.

3. Progress made

The partnership's approach to improvement

Leaders and senior officers have made a firm commitment to work more closely together and raised their collective aspiration for improving services to children and young people. In response to our verbal feedback, and prior to publication of the report, partners revised their governance arrangements and established an interim structure to respond to the concerns raised during the inspection. They have developed both a strategic and detailed operational improvement plan to prioritise, monitor and review key improvement actions. Partners have visited another local authority area that had faced similar significant challenges, and are using this learning to develop new approaches. They have sought out examples of best practice across the country, and formed links with partnerships in other areas to provide them with greater external support and challenge. Partners recognise the scale of improvement and culture changes required to achieve their aspirations for all children and young people in Moray. They identified this would require a change programme of two to three years to establish and implement new ways of working. They accept that the cultural shift required to embed and sustain improvements over time will take longer, and are fully committed to achieving this.

Area for improvement: Strengthen collective vision and collaborative leadership to direct the delivery of integrated children's services. It should be underpinned by strategic needs assessment and robust performance information, and demonstrate measurable improvements in outcomes for children, young people and families.

Following the inspection, chief officers had prioritised a review of children's services planning governance and reporting arrangements. They have now identified and agreed their priorities for improvement and are engaging in more open dialogue with frontline staff and managers as they share their vision for the delivery of children's services.

Chief officers are beginning to deliver clearer leadership and direction for services for children and young people in Moray. We are persuaded that they are committed to their vision that Moray should be the best place in Scotland to grow up, and they are successfully communicating this vision, together with their key strategic priorities for children's services, through a series of staff engagement events and briefings. Following the joint inspection, partners had prioritised three key actions to improve standards of operational practice. We talk about these later in the report.

Governance and accountability arrangements for children's services planning have been revised and are now more robust. The interim governance structure

established post inspection has been replaced with an executive leadership group (ELG). Supported by four strategic groups, this more streamlined and simplified governance structure has been designed to enable senior officers to more effectively direct change and review progress in children's services planning. Delivery plans for each of the groups are in place, but not yet sufficiently SMART (specific, measurable, achievable, relevant and time bound). Senior officers are now working more effectively together to begin to address key improvement actions arising from the joint inspection. Led and modelled by chief officers, a more open and transparent culture of debate and challenge is beginning to emerge. At a local level, locality management groups are beginning to meet more consistently. This approach to the delivery of children's services has the potential to help partners build additional capacity for change and improvement.

A recently completed locality-based profile of children's needs has been used to inform the new children's services plan. Partners recognise the need to strengthen the current plan, to re-align joint resources towards early intervention and to develop more meaningful performance measures. Their current profiling work will provide a positive foundation for a more comprehensive joint strategic needs assessment. Partners have formally approached the Realigning Children's Services¹ team from Scottish Government to support them with this work. If agreed, the work will commence early next year.

Overall, leaders have made encouraging progress in this improvement action. They have used the inspection findings to help them understand how best to strengthen children's services planning and now have the structure in place to support this work.

Area for improvement: Strengthen the governance, leadership and accountability of the child protection committee.

The chief officers' group is now providing more effective leadership, support and challenge to the child protection committee. Membership of the chief officers' group had been reviewed, a new chair introduced and the group is meeting regularly. It is beginning to provide clearer direction to the child protection committee. Governance and reporting arrangements have been established, with the child protection committee chair reporting directly to the chief officers' group and to the newly formed executive leadership group.

Chairing arrangements for the child protection committee have been revised as part of an overarching review of strategic children's services planning groups. A proposal for an independent chair of the committee is being considered by the chief officers' group and an interim chair appointed on a temporary basis. The committee's interim chair had met with the chief officers' group chair as part of an induction process to agree priorities, expectations and reporting arrangements. Chief officers are beginning to hold services to account if their attendance at the committee diminishes. A review of the membership of the child protection committee is planned to ensure representatives attending hold sufficient authority and delegated

¹ The Realigning Children's Services programme is funded by the Scottish Government and supports community planning partnerships to improve the commissioning of children's services in their local area.

responsibility for their service. Recently elected councillors, new to the committee, have been given helpful briefings to enable them to better understand their role and responsibilities. While there are clear connections between the child protection committee and the Moray alcohol and drug partnership, links to other public protection partnerships are less well defined and could be strengthened to ensure that the protection of children is seen more widely within the context of public protection.

The child protection committee has produced a revised performance framework, which is beginning to provide more relevant and comprehensive data. Children's reviewing officers are helpfully providing contextual information about vulnerable children's plans to provide greater meaning to this. The chief officers' group and the child protection committee are now interrogating management information and performance reports more robustly. They are beginning to request further analysis of reports to help them better understand this information. Multi-agency practice audits were beginning to take place, and although still at a very early stage, these should help the child protection committee and the chief officers' group better understand the quality and effectiveness of child protection practice across Moray.

Chief officers have made very positive progress to re-establish governance and reporting arrangements for the child protection committee. The protection of children and young people could be strengthened through more formal alignment of public protection arrangements across Moray.

Area for improvement: Strengthen the approach to corporate parenting, participation and children's rights to deliver improvements at pace.

Leaders understand their responsibilities as corporate parents and are taking encouraging steps to fulfil these responsibilities more effectively. Governance arrangements and membership of the corporate parenting group have been reviewed and revised and are now more closely aligned with other strategic planning groups and the executive leadership group. We found newly elected councillors to be well informed about their responsibilities as corporate parents. Partners have completed a draft corporate parenting strategy, informed by the views of care experienced young people, and are currently planning arrangements for its launch. Underpinned by 10 guarantees, this has the potential to improve services and outcomes for looked after children, young people and care leavers. The strategy and plan could be further strengthened by including timescales for completion and resource requirements.

Leaders and senior officers have fulfilled their long-standing commitment to establish a champion's board and engaged young people in a range of related events and activities. This has resulted in improved opportunities for care experienced young people to share their views and experiences. Externally secured funding has supported the creation of the champion's board and the appointment of a development officer for youth participation and engagement. These developments have the potential to enhance meaningful participation by care experienced children and young people in the development of policy and service improvement.

Senior officers and staff we met cited positive examples within their own services of promoting children's rights and engaging children and young people to seek their views on services. However, a collective strategic approach for the effective engagement of children and young people in children's services and wider aspects of community planning has yet to be developed. A greater focus is now required to strengthen and embed children's rights and child-centred values and behaviours across Moray in order to fully implement this area for improvement.

Area for improvement: Implement a framework of joint self-evaluation, ensuring a clear focus on improved outcomes for children and young people, including those in need of protection.

Leaders identified quality assurance and self-evaluation as a key improvement priority. They created a dedicated multi-agency quality assurance, performance and planning team to coordinate and lead the development, monitoring and review of joint self-evaluation activity across children's services with clear governance and reporting arrangements. Helpful links with key strategic and locality planning groups have been established and these arrangements should assist partners as they begin to develop a greater shared understanding and ownership of self-evaluation across children's services.

We could see partners beginning to implement the quality assurance and performance framework they have developed. This clearly sets out their approach to the joint self-evaluation of services for children and young people in Moray. With an ambitious calendar of activity, individual senior managers are responsible for ensuring completion of each activity. Templates are beginning to be used to feed back the learning from audits to staff and managers. Partners are beginning to collate findings from self-evaluation and audit activities into a central repository. They have developed tools, based on the Care Inspectorate quality indicator framework² to assist the collation of information. They plan to use this to inform annual reports and for planning future thematic self-evaluation activity.

Encouragingly, we found partners promoting self-evaluation and reflective practice among all staff groups. They had raised awareness of the framework through a formal launch event and a series of locality-based workshops, providing opportunities for staff and managers to discuss how they could become more involved in improvement activities. Partners worked with the Care Inspectorate's strategic link inspector to provide training to staff from across services and were using this learning to start the process of undertaking their own multi-agency practice audits. More considered use of improvement science methodology is enabling a greater focus on the key improvement priorities of supervision, quality assurance and neglect.

Partners have made a promising start to introducing a systematic approach to self-evaluation. With their quality assurance and performance framework now in place, once implemented, this should provide chief officers, managers and staff with a

² How well are we improving the lives of children and young people? A guide to evaluating services using quality indicators. Care Inspectorate (2014)

clearer understanding on the impact of practice on outcomes for children and young people.

Area for improvement: Improve initial risk assessment of, and response to, vulnerable children and young people at risk of, or experiencing, neglectful parenting or cumulative harm.

Leaders had introduced a range of measures to address the concerns identified in the joint inspection report. They had created a short-life working group to consider best practice and develop new ways of working where children were experiencing, or at risk of, neglect. While still at an early stage, this group is beginning to deliver on some key improvement actions. Multi-agency training is helping staff and managers develop a better understanding of neglect and thresholds of concern. More open debate about thresholds of neglect is beginning to take place. Involvement of staff from adult services in training would further enhance this shared learning. There is scope through the group's recent engagement with CELCIS and other local authority contacts to further develop evidence-based tools and approaches that could complement the existing risk assessment framework.

Senior managers quickly undertook a multi-agency review of the high-risk cases we raised with them during inspection and implemented immediate actions to ensure these children were appropriately protected. In addition, they have reviewed information -sharing processes and procedures. The education service has introduced a single point of contact within their service to enhance information sharing processes.

Chief officers have focused heavily on auditing case records as a key quality assurance mechanism. A practice audit is now undertaken every two months, with the records of 50 children and young people reviewed so far. While we recognise the critical importance of auditing activity, reviewing practice retrospectively means it has provided limited evidence of recent improvements which still need to be embedded to become 'the way we do things round here'. Nonetheless, they are proving a useful vehicle for staff and managers to develop skills and confidence in this method of quality assurance.

More recently, senior managers have introduced a multi-agency practice hub to review the quality of information contained within childcare or protection referrals and give immediate feedback to staff and frontline managers. This is helping managers better recognise quality in practice and identify factors which support good quality or act as a barrier. The next step would be to further develop this approach to assess the quality of decision making and the response by services to assessed needs and/or risks.

Partners have reviewed, revised and relaunched the inter-agency referral discussion (IRD) procedure. Staff we met had a clear understanding of the new process. Teleconferencing and real-time recording of IRDs is now beginning to become more systematic. Partners recognise the need to introduce a system of quality assurance, performance review and evaluation in order to drive and sustain improvement. The child protection committee will review the new procedure following a three-month trial period.

Overall, encouraging progress is being made. We would encourage partners to now identify a small number of key questions which address priorities, for example “How well do we respond to concerns that children are experiencing neglect or cumulative harm?”. We suggest they should use the new quality assurance mechanisms, including auditing case records, to provide answers across an increased number of cases, over a sufficient length of time to test whether changes to processes are resulting in improved experiences and outcomes.

Area for improvement: Improve standards of operational practice by setting clear expectations for staff and strengthening approaches to quality assurance and staff supervision.

Leaders had identified the development of new and improved approaches to quality assurance and supervision as improvement priorities. In addition to the introduction of regular practice audits as part of their new quality assurance framework, they have engaged with staff and managers to review the effectiveness of existing supervision arrangements.

Single- and multi-agency practice guidance is in place and senior officers have provided clear instruction to staff on the requirement for this to be adhered to. Exemplars of good practice are being developed which should assist staff develop higher-quality children’s assessments and plans. The recently developed quality assurance framework helpfully sets out the range of approaches, which, if fully implemented, should support improved standards of operational practice.

The practice of routine auditing of case records on a multi-agency basis has been instituted with the intention of providing evidence, in time, of improvements in practice, eventually working through to better outcomes for children and young people. The introduction of more systematic approaches to quality assurance within services is at an early stage. We could see that the police response to child welfare or child protection concerns is being scrutinised more closely by managers. They have successfully improved the timeliness of information-sharing and now need to focus on the quality of information and response. Managers in the social work and health services provide direct feedback to staff about the quality of their work after reviewing sample cases. However, we found this approach somewhat unplanned and it would be improved by developing more systematic quality control by first-line managers to ensure compliance with agreed standards, acknowledge good practice and take corrective action when this is required. The quality assurance role of reviewing officers had been limited due to capacity issues within the service. Now resolved, managers were planning to strengthen this role to include reviewing the quality of children’s assessments and plans. If implemented, this should provide managers and the child protection committee with an overview of the quality of practice across the authority.

Senior managers have reviewed models of staff supervision within their service. Well-evaluated development sessions have enabled health and social work staff and frontline managers to reflect on current supervision practices and explore new approaches. A competency-based supervision model is being tested in one social work team. Managers recognise the impact of increasing workload demands on the

frequency and quality of supervision staff received. They are hopeful that the creation of additional posts within the children and families service will alleviate some of these pressures.

New approaches are being developed to review individual children's cases where this proves necessary. Multi-agency reflective sessions had helped staff to critically review their practice in relation to two complex cases. The head of service in children and families social work had reviewed decision making at child protection case conference in relation to two children on the child protection register. We found staff to be enthusiastic about opportunities to become more reflective practitioners and these approaches are helping managers develop greater insight into issues of quality in practice and provide direct feedback and support to staff.

While these are encouraging steps, a greater focus is now required to ensure all aspects of the quality assurance framework are implemented. A more systematic checks and balances approach to quality control and analysis of performance data should enhance partners' understanding of the quality of operational practice. Multi-agency audit will be more helpful once practice changes have had time to become more fully embedded.

4. Conclusion

We are confident that partners have taken the findings of the joint inspection of services for children published in February 2017 very seriously. They have been working hard to deliver change and improvement. Chief officers have prioritised strengthening their strategic planning arrangements and developing quality assurance systems. They now need to build on this work and use it to evidence real improvements in operational practice to ensure that children and their families experience more effective support and intervention.

Partners acknowledge that they have been able to give little attention as yet to developing more strategic approaches to children's rights and participation. This needs to be included in their improvement work going forward.

Partners recognise they need to maintain the current momentum and energy levels if they are going to achieve sustained improvement and change. Given the limited number of officers and many competing demands, partners will need to invest in building capacity at all levels within services to do so.

5. What happens next?

The Care Inspectorate and its scrutiny partners will continue to monitor progress and to offer support for improvement to community planning partners in Moray. We would expect to see stronger processes starting to impact positively on children, young people and families and, in turn, leading to demonstrably better outcomes. We will make opportunities to gain the views of children, young people and their families as part of our ongoing monitoring work. We will publish a second progress review within 12 months of publication of this report.

Appendix 1: Areas for improvement arising from the February 2017 joint inspection of services for children and young people in Moray community planning partnership area

- Strengthen collective vision and collaborative leadership to direct the delivery of integrated children's services. This should be underpinned by strategic needs assessment and robust performance information, and demonstrate measurable improvements in outcomes for children, young people and families.
- Strengthen the governance, leadership and accountability of the child protection committee.
- Strengthen the approach to corporate parenting, participation and children's rights to deliver improvements at pace.
- Implement a framework of joint self-evaluation, ensuring a clear focus on improved outcomes for children and young people, including those in need of protection.
- Improve initial risk assessment of, and response to, vulnerable children and young people at risk of, or experiencing, neglectful parenting or cumulative harm.
- Improve standards of operational practice by setting clear expectations for staff and strengthening approaches to quality assurance and staff supervision.

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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY

SUBJECT: 2018 DRAFT PERFORMANCE MANAGEMENT FRAMEWORK

BY: PAM GOWANS, CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 The purpose of this report is to update the Moray Integration Joint Board (MIJB) of the development and improvement of performance management arrangements, including a draft Performance Management Framework attached at **APPENDIX 1**.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:-

- i) consider and offer comment on the draft Performance Management Framework attached at APPENDIX 1; and**
- ii) note the ongoing work being undertaken to further develop performance management arrangements locally.**

3. BACKGROUND

- 3.1 Section 42 of the 2014 Public Bodies (Joint Working) (Scotland) Act requires that annual performance reports be prepared, shared with the Health Board and Local Authority and published. The Performance Report Regulations set out the form and content of these reports and require Health and Social Care Moray to assess their performance in relation to the National Health and Wellbeing Outcomes, focusing on quality and experiences of people using those services, carers and their families.
- 3.2 Regular reporting of performance is provided to the MIJB. The information reported contains an overview of the 23 national indicators demonstrating current progress and those preceding years (where available) and a performance summary of locally generated indicators.
- 3.3 The Chief Officer recently requested a review of arrangements to consider any necessary improvements to reporting but fundamentally, the development of a Performance Management Framework (PMF), relating to the Strategic Plan. The key aims of the framework are to allow effective monitoring of performance against the Strategic Plan, identify areas where improvements are required, and demonstrate to stakeholders the benefits that are being delivered.

- 3.4 Within the draft PMF, the development of local performance indicators continues to be a work in progress. Further work is required to define these and the acknowledgement that these will continue to evolve in line with the review of the Strategic Plan An Action Plan is being developed to support the additional work required in defining local performance indicators, how we obtain data, review our processes and systems and report performance information. Performance management arrangements across health and social care is complex and arrangements need to ensure we can demonstrate the following:-

- Progress on the delivery of the national health and wellbeing outcomes.
- Effective performance management of key performance indicators.
- Evidence that strategic planning and locality arrangements are contributing to delivering services that reflect integration principles.
- The extent to which we are moving resources to support health and wellbeing outcomes.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 The draft PMF suggests a hierarchy of aligned plans from the Strategic Plan to service and locality plans to individual performance plans. The MIJB's vision and values link these plans together. In the business of performance management, this is known as the 'Golden Thread'. This is essential if performance is to improve on a sustainable basis.
- 4.2 The draft PMF suggests information will be reported at 4 core levels:-
- *Level 1:* National Core Outcome Indicators (currently reported to MIJB).
 - *Level 2:* Delegated Health and Social Care Targets (currently reported to MIJB).
 - *Level 3:* Strategic Plan indicators (in development).
 - *Level 4:* Locality and service based improvement indicators (in development).
- 4.3 This work will continue to be reported through various groups to ensure performance remains directly related to the Strategic Plan and enabling the MIJB to assure itself of the monitoring and performance of the delivery of services.

5. **SUMMARY OF IMPLICATIONS**

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report makes reference to a range of indicators that inform Moray 2026 and are set out within the MIJB Integration Scheme.

(b) Policy and Legal

Annual performance reporting by the MIJB is a legislative requirement.

The Health and Social Care Integration Scheme for Moray (section 8) sets out requirements for a Joint Performance Management Plan between Moray Council and Grampian Health Board and for the sharing of this with the Integration Joint Board to enable it to take account of these as it discharges its functions.

(c) Financial implications

There are no financial implications directly arising from this report.

(d) Risk Implications and Mitigation

Risk is being managed as detailed in Objective 7 of the MIJB's Strategic Risk Register (Operational Continuity and Performance): Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level. Robust performance management arrangements is critical to both the delivery of the Strategic Plan and achievement of a system and culture of continuous improvement.

(e) Staffing Implications

There are no staffing implications directly arising from this report.

(f) Property

There are no implications in terms of Council or NHS property directly arising from this report.

(g) Equalities

There are no equality issues directly arising from this report.

(h) Consultations

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

- Legal Services Manager (Litigation & Licensing)
- Caroline Howie, Committee Services Officer
- Commissioning and Performance Manager
- Gareth Williams, Performance Officer
- Pauline Maloy, Senior Support Analyst - Performance

- Head of Adult Services and Social Care
- Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services
- Chief Officer, MIJB
- Chief Financial Officer, MIJB

6. CONCLUSION

- 6.1 The MIJB are asked to consider and offer comment on the draft Performance Management Framework and note the ongoing work to develop indicators.**

Author of Report: Catherine Quinn
Background Papers: With Author
Ref: q:\ijb\jan18

Signature: _____

Date : _10 January 2018

Designation: CHIEF OFFICER

Name: PAM GOWANS



Health & Social Care Moray

Performance Management Framework for Moray Integration Joint Board

DRAFT

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1. Introduction

Section 42 of the 2014 Public Bodies (Joint Working) (Scotland) Act requires that performance reports be prepared. The Performance Report Regulations require Health and Social Care Moray to assess their performance in relation to the National Health and Wellbeing Outcomes, focusing on quality and experiences of people using those services, carers and their families.

The Moray Integration Joint Board (MIJB) Strategic Plan sets out how it carries out the functions it is responsible for in order to meet the agreed local strategic priorities for achieving the national health and well-being outcomes outlined in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes)(Scotland) Regulations 2014.

The need for effective performance management is critical to the successful delivery of this plan and allows us to:-

- Improve health and wellbeing for the people of Moray.
- Prioritise our work and allocate our resources effectively.
- Ensure we remain accountable for delivering the MIJB Strategic Plan 2016-2019.

The following PMF will guide the MIJB in its performance management role and will:-

- Define performance management within the MIJB as it delivers on its Strategic Plan.
- Ensure everyone understands their accountabilities in delivering priorities and how this will be measured and reported; and
- Provide a guide to all those involved in the performance management process.
- Set clear performance goals and measures that are understood by all involved in the integrated partnership and the people it serves. This will allow open scrutiny from both within IJB, its parent bodies and from the public.

Vision

Our vision as articulated in our Strategic Plan is:

“To enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals.”

The PMF provided in this document provides the mechanism by which the MIJB will know how successfully this transformation is being delivered.

2. Defining Performance Management

Business performance management is a set of performance management and analytic processes that enables an organisation to achieve its strategic aims.

Performance management has three main activities:-

- 1) Selection of indicators.
- 2) Consolidation of measurement information relevant to the organisation's progress against its strategic priorities.
- 3) Interventions made by staff in light of this information with a view to improving future performance against strategic priorities.

Principles

The PMF is based on NHS Scotland's Ten Performance Management Principles and Audit Scotland's "Managing Performance – are you getting it right?"

Key principles are:-

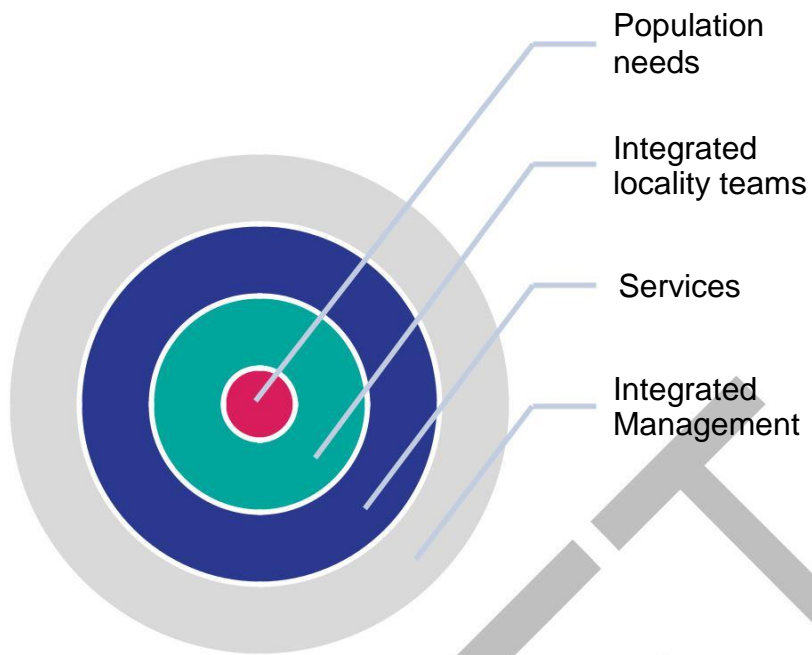
1.	Delivery of the Scottish Government's outcomes and Health and Social Care Directorates strategic objectives.
2.	Performance measures demonstrate the progress towards delivering our strategy for improving the quality of patient care.
3.	Performance measures help deliver a wider system aim, and the impact on the whole system must be considered.
4.	Design the system, deliver the performance.
5.	Clinical decision making in the interest of the patient is always more important than unequivocal delivery of performance measures.
6.	Local flexibility in delivery.
7.	Performance measures should support diversity and reduce inequalities.
8.	Staff should be engaged in performance measurement setting and delivery.
9.	Best practice in performance management and delivery is shared.
10.	Data and measurement are key aspects of performance measurement.

Planning and performance management process

The PMF follows industry-recognised performance management principle of Plan-Do-Review-Revise and described in Audit Scotland's "Managing Performance – are you getting it right?"



For effective performance management, the 'Plan-Do-Review-Revise' cycle must operate at all levels of the MIJB. This ensures that the MIJB is continually working towards achieving its vision, delivering upon its plans and responding to the ever-changing needs of the Moray population:-



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3. Plan

The MIJB's Strategic Plan 2016-2019 is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and is the key document setting out the strategic priorities for integrated health and social care services. This is guided both by the national health and wellbeing outcomes as well as local needs. These outcomes are described in the 'National Health and Wellbeing Outcomes Guidance' and include:-

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

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

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 to reduce any negative impact of their caring role on their own health and well-being

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

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

Further development of the PMF will be overseen the Senior Management Team, the Operational Management Team and a programme of wider engagement.

The planning process developed by this group links the elements of strategy, service, locality and financial planning within the MIJB.

4. Do

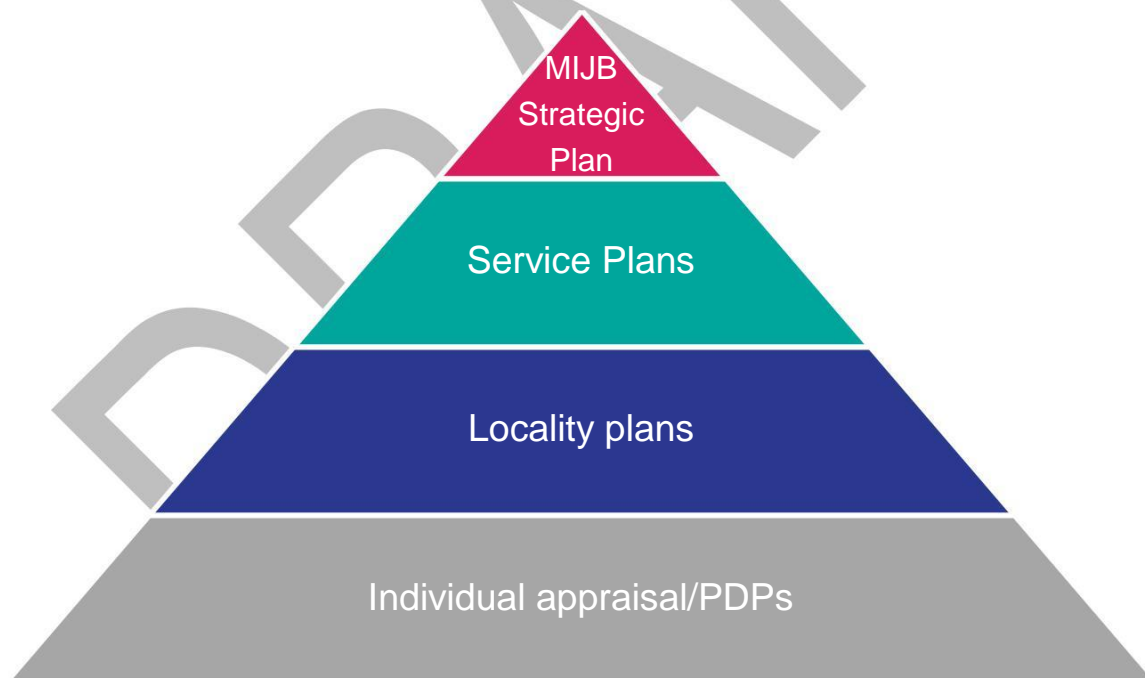
This stage of performance management is about implementing the plans to deliver upon the MIJB's strategic outcomes. Ongoing performance monitoring is crucial to achieve our planned outcomes as it allows for immediate responsive actions on a real-time basis at all levels.

Implementation and monitoring of priorities and actions

For the PMF to work effectively there needs to be a system where all those involved in delivering the MIJB's strategic priorities are engaged. This will be achieved through a hierarchy of aligned plans from the strategic to service based to individual performance plans. The MIJB's vision and values link all these plans together.

The following sets out the context with which the performance management framework operates:-

Hierarchy of Aligned Plans



Strategic Plan

The key priorities should have clear action plans setting out how they will be achieved with delivery milestones and measureable indicators of progress and responsibilities clearly defined.

Service Plans

Service Plans will be produced in support of the Strategic Plan and are the cornerstone of effective performance management. They translate objectives into service targets, aligning with finance, workforce development and risk issues.

It is the responsibility of the relevant Service Manager to deliver and monitor progress of service plans via agreed action plans with clear and measureable milestones which will support both the delivery of the Strategic Plan priorities as well as all other service functions. Any required actions that have cascaded down from the strategic level are assigned to relevant service leads who will take responsibility for implementation. Any significant performance breaches or risks identified during the monitoring process can also be escalated to the Operational Management Team or Senior Management Team for a corrective action/decision to be made.

Performance colleagues should work alongside Service Managers and Lead Officers to assist in the development of local performance indicators across services and produce relevant information in the monitoring of indicators – e.g. exception reports on activity trends.

Locality plans

Locality Plans may have differing arrangements and some may have locality based teams for which localised team plans may be appropriate. Others may have more activity/professional teams within services that straddle localities. These plans should link to the Service Plans which in turn, reflect the strategic priorities.

Any resource implications or risks of delivery of locality priorities can also be escalated to the Operational Management Team or Senior Management Team for a corrective action/decision to be made.

Performance colleagues should work alongside Service Managers and Lead Officers to assist in the development of local performance indicators across services and produce relevant information in the monitoring of indicators.

Individual appraisals/PDPs

Individual appraisal/PDP arrangements which underpin the above hierarchy of planning are individual staff objectives set annually. This ensures that the planning that outlines the vision and values of the MIJB runs from the Strategic Plan to the individual staff members who ultimately will be the key to successful delivery. Staff appraisals/PDPs will have objectives aligned to service and locality plan objectives.

Critical to good performance management is the support of robust processes and systems for identifying, collecting, producing, recording and monitoring performance information.

We will focus our work on ensuring arrangements are in place at each level where we are collecting, recording and monitoring performance information, including:

- evidence of clear accountability and responsibility;
- formal arrangements established and followed, to oversee the production of performance information;
- national or local guidance utilised by all officers involved in the collection, monitoring and production of Performance Indicators (PIs);
- a timetable to plan and monitor routine production of data; and
- a robust process supported by senior managers for quality assuring the data involved in production of performance information.

Timely and accurate data is essential for effective performance monitoring. Heads of Service and Service Managers will require to work alongside and be supported by performance colleagues to have systems in place to collect the agreed service information for performance monitoring purposes.

Performance Monitoring Information will be provided at 4 indicator levels in support of delivery of National Outcomes and MIJB Strategic Priorities as below:-

NATIONAL OUTCOMES	NATIONAL HEALTH AND WELLBEING OUTCOMES (9)										Reporting frequency	
	1. Healthier Living	2. Independent Living	3. Positive experiences	4. Maintained or improved quality of life	5. Reduced health inequalities	6. Carers are supported	7. People are safe	8. Supported & Engaged Workforce	9. Efficient use of resources			
LEVEL 1 PI'S	National Core Integration Indicators (23)										Bimonthly to MUB	
	10 x Outcome indicators from Biannual Social Care Survey					13 x indicators derived from organisational/system data						
LEVEL 2 PI'S	Health and Social Care Delegated Standards										Bimonthly to MUB	
	NHS delegated HEAT Standards					Local Authority delegated adult social care KPIs						
LEVEL 3 PI'S	Strategic Plan Indicators										To be confirmed	
	Integrated Care	Person centred care	Self-management	Supporting Recovery	Community capacity	Inequalities	Primary Care	Early Years	Carers support	Safe care		Mental Health & Wellbeing
LEVEL 4 PI'S	Service and Locality Indicators										To be confirmed	

Level 1: A suite of national Core Outcome Indicators have been set by the Scottish Government as measures of progress towards achievement of the national health and social care outcomes (See example at **APPENDIX 1a and APPENDIX 1b**).

Level 2: A subset of the parent bodies publicly accountable targets and standards that have been delegated for delivery by the MIJB (See example at **APPENDIX 2**).

Level 3: Strategic Plan indicators will be developed in support of measuring performance against the priorities within the Strategic Plan.

Level 4: a range of indicators will be developed by locality and service teams, supporting the setting of priorities and inputting to the planning process.

Developing Local Pls

To ensure our performance indicators are meaningful and effective, the following criteria should be considered when developing individual indicators/measures:

- relevant - to the MIJB aims and objectives, and are therefore aligned to both the national outcomes and local deliverables;
- attributable – the measured activity is linked to the actions of the MIJB and is clear where accountability lies;
- well defined – clear and unambiguous, so data will be collected consistently and the measure is easy to understand and use;
- timely – producing information regularly enough to track progress and quick enough for all data still to be useful;
- reliable – accurate enough for its intended use and responsive to change;
- comparable – with either past periods or similar activity elsewhere; and

Target Setting

All objectives, actions and targets should be SMART:

Specific: the need for a specific goal over a more general one, stating exactly what is expected

Measurable: if it is not measurable, how will we know how we are performing?

Achievable: goals and targets need to be challenging yet realistic, and not necessarily aspirational

Relevant: choosing objectives that matter and have a strong link to the improvement priorities

Time-bound: helps us to focus our efforts, and quite often deadlines are externally set

Quality assurance information

Data reported influences decisions at all levels. Information Reports are only as useful as the accuracy of the information in them. Reporting inconsistencies can lead to misunderstandings or other errors, which in turn can lead to flawed decision making and this is a risk to the MIJB. It is therefore imperative that attention is paid to the importance of ensuring good data quality within the information that comprises performance reporting and service planning. Heads of Service and Service Managers, supported by Performance Officers and other key staff, are responsible for undertaking their own quality assurance throughout the year, checking that systems and methods used to measure and report the data are robust and effective.

Reporting and analysis of information

Reporting and analysis of information to support service delivery with ongoing monitoring of performance against national outcomes and local indicators will be supported by the Health Intelligence team of NHS Grampian and the Performance Team and Research and Information Officers of Moray Council. Information will be drawn directly from Health and Social Care Information Systems where available.

Performance will continue to be monitored through the Adult Services Performance Management Group on a **monthly** basis.

Level 1 and **Level 2** indicators will continue to be reported to the MIJB **bi-monthly**.

Level 3 and **Level 4** indicators will be reported to the MIJB once developed alongside the review process and completion of the Strategic Plan 2018/19.

Performance monitoring will take the form of a Balanced Scorecard approach produced by the Tableau system. The balanced scorecard will demonstrate performance measured against targets (or baseline where no target available) alongside movement over previous reporting period.

Additional operational dashboards for managers and staff will be developed over time in support of service performance objectives.

Geographically based information in support of locality planning will be collected annually and presented in the form of Locality Area Profiles.

5. Review

The review stage assesses whether or not we are on course to deliver our outcomes and service objectives and targets, so that corrective action(s) can be taken where needed, and success can also be celebrated. This stage focuses on evaluating, or self-assessing, rather than monitoring. Review will occur at all levels within the performance framework but will culminate in a formal review process annually (Annual Performance Report).

Scrutiny and assurance

Scrutiny and assurance is provided to the MIJB. This will be by means of formal **bi-monthly** Performance reports to the MIJB and year end scrutiny of the Annual Performance Report. A key component of the scrutiny and performance assurance process will also be the inspection of services by external scrutiny bodies. The findings from those inspections taking place during the year will form part of the public Annual Performance Report.

Published Annual Performance Report

Under Section 42 of the 2014 Public Bodies (Joint Working) Scotland Act, the MIJB will publish an Annual Performance Report. This will follow the Scottish Government's Guidance for Health and Social Care Integration Partnership Performance Reports. The key areas included in this are:

- Assessment of Performance in Relation to the National Health and Wellbeing Outcomes
- Financial Performance and Best Value
- Reporting on Localities
- Inspection of Services
- Review of Strategic Plan (where a review has occurred)

6. Revise

This stage in the Performance Management cycle is about learning from the information gained during the Review stage and from various other sources, including findings of external inspections and audit. This stage is crucial to developing an organisational culture of performance. It is about gathering and understanding information about what has and has not worked.

Analysis, knowledge and information is gathered and analysed from a number of sources, including:

- current performance – how are we performing against targets? Are objectives and targets still relevant and realistic?
- national priorities – have national priorities remained the same?
- self-assessment – following evaluation from strategic through to service and locality level, what have we learned about ourselves and how we are performing?
- resource availability – how are we performing financially?
- risks – what are our main risks and how are we managing these?
- surveys – what do public, service users and/or staff think about particular themes & objectives? Have the public's priorities changed?
- complaints and feedback – what are our service users saying? What are we doing well/poorly?
- staff views – what are our staff saying? Are our staff motivated and engaged in delivering our vision and objectives?
- external audits and inspections – what are our external scrutiny bodies saying about us? How do they feel we are performing following inspection? Are changes needed, if so, how quickly can we implement these?
- internal audits – do we have process of internal audit of services and if so what are the outcomes and findings of these audits?
- SWOT analysis – what are our current strengths, weaknesses, opportunities and threats?

Based on our analysis obtained from a combination of some of the above sources, revisions can be made at any level from strategic priorities right through to individuals' own personal objectives.

As a result of analysing all the information, informed decisions can be made and corrective actions taken where required. This may include a redistribution of resources, revised plans and timescales, or even a revision to our objectives and priorities in the next round of planning.

Appendix 1. Moray Core Suite of National Integration Indicators - Annual Performance

ISD Updated September 2017

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated bi-annually. Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly. Data for indicators 10, 21, 22 and 23 are not yet available.

Outcome Indicators	Indicator	Title	Previous score 2013/14	Current score 2015/16	Scotland 2015/16	RAG
	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	96%	94%	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81%	78%	84%	A
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	74%	72%	79%	A
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71%	77%	75%	G
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	75%	78%	81%	G
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	87%	87%	G
		support had an impact on improving or maintaining their quality of life	74%	86%	84%	G
	NI - 8	Total combined % carers who feel supported to continue in their caring role	44%	43%	41%	A
	NI - 9	Percentage of adults supported at home who agreed they felt safe	76%	81%	84%	G
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

Data Indicators	Indicator	Title	Previous score	Current score	Scotland	RAG
	NI - 11	Premature mortality rate per 100,000 persons (<i>European age-standardised mortality rate per 100,000 for people aged under 75</i>)	399 <small>2015</small>	360 <small>2016</small>	440	G
	NI - 12	Emergency admission rate (per 100,000 population)	8,672 <small>2015/16</small>	8,681 <small>2016/17</small>	12,265	A
	NI - 13	Emergency bed day rate (per 100,000 population)	94,269 <small>2015/16</small>	91,011 <small>2016/17</small>	124,663	G
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	76 <small>2015/16</small>	74 <small>2016/17</small>	99	G
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90% <small>2015/16</small>	90% <small>2016/17</small>	87%	G
	NI - 16	Falls rate per 1,000 population aged 65+	17 <small>2015/16</small>	15 <small>2016/17</small>	22	G
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78% <small>2015/16</small>	71% <small>2016/17</small>	84%	R
			75% <small>2014/15</small>	67% <small>2015/16</small>	62%	R
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	764 <small>2015/16</small>	1,095 <small>2016/17</small>	842	R
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22% <small>2015/16</small>	21% <small>2016/17</small>	25%	G
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	

*** Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level.

RAG scoring based on the following criteria

If Moray quarter has improved or stayed the same from previous, then "Green"

If Moray quarter has worsened by 5% or less of previous quarter, then "Amber"

If Moray quarter has worsened by more than 5% of previous Moray quarter then "Red"

Appendix 1. Moray Core Suite of National Integration Indicators - Annual Performance

ISD Updated September 2017

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated bi-annually. Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly. Data for indicators 10, 21, 22 and 23 are not yet available.

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	NI - 8	Total combined % carers who feel supported to continue in their caring role	44%	43%	41%	A
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	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

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RAG scoring based on the following criteria

If Moray quarter has improved or stayed the same from previous, then "Green"




If Moray quarter has worsened by 5% or less of previous quarter, then "Amber"





















If Moray quarter has worsened by more than 5% of previous Moray quarter then "Red"




Appendix 2. Moray Health and Social Care Partnership: Performance at a Glance Quarter 2 (July - September 2017)

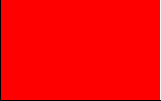





Local Indicators

RAG scoring based on the following criteria

Performance		If Moray quarter has improved or stayed the same from previous, then "Green"
Against		If Moray quarter has worsened by 5% or less of previous quarter, then "Amber"
Previous		If Moray quarter has worsened by more than 5% of previous Moray quarter then "Red"
Period		

ID.	Indicator Description	Performance						
		Current Quarter	Target	Previous Quarter	Against Previous Quarter	Trend line	Trend Period	Current Quarter
L01	Rate of emergency occupied bed days for over 65s per 1000 population	2531	2360	2558			5 Quarters	Jul-Sep 17
L02	Emergency Admissions rate per 1000 population for over 65s	180	193	178			5 Quarters	Jul-Sep 17
L03	Number of people admitted as an emergency over 65 years per 1000 population	128	118	125			5 Quarters	Jul-Sep 17
L04	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	31.0	-	50.0			5 Quarters	Jul-Sep 17
L05	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	27	35	38			5 Quarters	Jul-Sep 17
L06	A&E Attendance rated per 1000 population (All Ages)	59.9	19.3	60.3			5 Quarters	Jul-Sep 17
L07	A&E Percentage of people seen within 4 hours (Total Attendances) within community hospitals	100.0% (729)	98.0%	100.0% (679)			5 Quarters	Jul-Sep 17
L08	Percentage of new dementia diagnoses who receive 1 year diagnostic support	Data not available						
L09	Smoking cessation in 40% most deprived after 12 weeks	60	-	29			5 quarters	Jan-Mar 17
L10	Percentage of clients receiving alcohol treatment within 3 weeks of referral	100.0%	90%	98.6%			5 Quarters	Jul-Sep 17
L11	Percentage of clients receiving drug treatment within 3 weeks of referral	100.0%	90%	100.0%			5 Quarters	Jul-Sep 17

RAG scoring based on the following criteria		
Performance Against Previous Period		If Moray quarter has improved or stayed the same from previous, then "Green"
		If Moray quarter has worsened by 5% or less of previous quarter, then "Amber"
		If Moray quarter has worsened by more than 5% of previous Moray quarter then "Red"

ID.	Indicator Description	Performance Current Quarter	Target	Previous Quarter	Against Previous Quarter	Trend line	Trend Period	Current Quarter
L12	Number of Alcohol Brief Interventions being delivered	59	257	66			5 Quarters	Jul-Sep 17
L13	Number of complaints received and % responded to within 20 working days - NHS	No data available at the moment due to changes in data collection, this indicator should be available with the next update						
L14	Number of complaints received and % responded to within 20 working days - Council H&SC	No data available at the moment due to changes in data collection, this indicator should be available with the next update						
L15	NHS Sickness Absence % of Hours Lost	4.0%	4.0%	4.9%			5 Quarters	Jul-Sep 17
L16	Council Sickness Absence (% of Calendar Days Lost)	No data available at the moment, this indicator should be available with the next update						
L17	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100.0%	90%	94.1%			2 Quarters	Jul-Sep 17

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY

SUBJECT: 2018 PROVISION OF MAJOR ADAPTATIONS CHIEF

BY: OFFICER

1. REASON FOR REPORT

- 1.1** To inform the Board of the updated Policy and Protocol for Major Adaptations and to request authorisation of these papers.

2. RECOMMENDATION

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

- i) consider, authorise and approve the updated policy and guidelines for the provision of major adaptations in Council and private properties as attached at APPENDIX 1;**
- ii) refers the policy to Moray Council's Communities Committee for agreement; and**
- iii) consider and note the progress of the Adaptations Governance Group.**

3. BACKGROUND

- 3.1** The policy and protocol for the Provision of Adaptations in Council Properties was approved by Moray Council's Communities Committee on 16 February 2010 (para 9 of the minute refers). This document provides a framework and guidelines for the provision of adaptations. It sets out how the Council's Housing Service and Occupational Therapy services work together to provide adaptations. This has been a helpful document and has recently been reviewed.
- 3.2** The Adaptations Governance Group was established on 23 February 2017 as a group reporting to the MIJB via its Strategic Planning and Commissioning Group to oversee the process, activity and budget relating to housing adaptations, which became the responsibility of the MIJB from April 2016.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Policy and Protocol

- 4.1 The Policy and Protocol for the Provision of Adaptations was written 7 years ago. It now requires updating. The main driver for the update was to reflect the range of major adaptations now provided and the criteria for these adaptations.
- 4.2 The previous policy looks at the provision for Council tenants only. There is also a need for information for people living in private sector housing. The new document addresses this issue.

Adaptations Governance Group

- 4.3 The Governance Group has met on 3 occasions and is comprised of representatives from Housing, Legal, Finance and Adult Services.
- 4.4 The Governance Group has discussed the revision of the Adaptations protocol and support and agrees this revision.
- 4.5 The Governance Group will now focus on analysing the activity and budgets relating to the adaptations process before considering any improvements to that process based upon the analysis.
- 4.6 This Strategic Plan is intended to achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers.: The following 2 outcomes are integral to the Adaptations policy:
 - ‘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. *This outcome aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, reducing emergency admissions to hospital. It recognises that independent living is vital to improving health and well-being.* ‘
 - ‘To deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services. ‘

5. SUMMARY OF IMPLICATIONS

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This policy is in line with MIJB's Strategic Plan. A key policy directive within the Strategic Plan 2016-2019 is to strive to maintain independence for individuals and the ability to live at home, adaptations form a major part of enabling this ambition to be fulfilled.

(b) Policy and Legal

Aids and adaptations in terms of section 92 of the Housing (Scotland) Act 2001 and section 71(1)(b) of the Housing (Scotland) Act 2006 are included within the Health and Social Care Integration Scheme for Moray and so are within the Moray Integration Joint Board's remit.

This policy complies with current legislation and promotes good practice.

(c) Financial implications

The Board's Chief Financial Officer and the Council's Head of Financial Services, as part of the general annual budget setting process, agree and identify the monies available and to be delegated by Moray Council to the Board for aids and adaptations. In relation to funds for use for Council properties/tenants, this is resourced from the Council's Housing Revenue Account (HRA). There are specific statutory regulations controlling the use of and accounting for such monies and therefore this part of the Board's budget is ring fenced. This is reflected within directions issued by the Board and monitoring is via the Board's Adaptations Governance Group.

(d) Risk Implications and Mitigation

This policy does not introduce any further financial risks only clarifies already established financial duties.

(e) Staffing Implications

There are no staffing implications arising from this report.

(f) Property

There are no property implications arising from this report.

(g) Equalities

An equalities impact assessment will be carried out and completed by 31 March 2018 to establish what proportion of service users would be affected and to what extent. The EIA will ensure any negative consequences can be eliminated, minimised or mitigated by other measures.

(h) Consultations

The proposal was agreed at the Major Adaptation Governance Group. Members include: Head of Adult Services; Service Manager (Occupational Therapy (OT) & Intermediate Care); Kathryn Macpherson, Senior Solicitor (Property and Contracts); Housing Strategy & Policy Manager; Deborah O'Shea, Principal Accountant.

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

- Chief Financial Officer, MIJB
- Legal Services Manager (Litigation & Licencing), Moray Council
- Caroline Howie, Committee Services Officer, Moray Council
- Housing Strategy & Development Manager, Moray Council
- Head of Financial Services, Moray Council
- Head of Adult Services and Social Care

6. CONCLUSION**6.1 The document being presented lays out the updated criteria for major adaptations for people with disabilities in Moray.**

Author of Report: Paula Harte OT Team Manager
 Background Papers: with author
 Ref: with author

Signature: _____

Date: 16 January 2018

Designation: Chief Officer

Name: Pam Gowans



Health & Social Care Moray

Policy for the Provision of Major Adaptations



Moray Council

CONTENTS

1. Introduction

2. General conditions

3. Decision Making Process

4. Complaints Procedure

Appendix A - Priority System

Appendix B - Criteria for the Provision of Major Adaptations.

1.1 Introduction

This document provides the policy framework by which Moray Council's Housing services and Occupational Therapy within Health and Social Care Moray will work together to provide major adaptations in people's own homes.

1.2 The policy provides a collaborative framework between Moray Council and the Moray Integration Joint Board which seeks to ensure sensitive and practical procedures are in place to ensure the aim of the policy is achieved as fully as is practical.

1.3 The provision of adaptations are an important part of meeting the needs of people in their own homes either by enabling people to return to their homes from hospital or other care, or to remain in their own homes and prevent hospital admission.

1.4 Health and Social Care Moray promotes and facilitates independent living in people's own homes, for people who have a disability. This is achieved by the provision of advice, rehabilitation and recommendation of equipment and adaptations.

Moray Council has a statutory duty to provide assistance to make a house suitable for a disabled person. From April 2016, as required by the Public Bodies (Joint Working) (Scotland) Act 2014, the lead responsibility for adaptations was delegated to the Integration Joint Board. In the context of this responsibility, the Housing Service will continue to work in partnership with the OT service of Health and Social Care Moray to meet its statutory duties to adapt homes to meet the disabled needs of its tenants.

2.1 General Conditions

2.2 Disability is defined:

'if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities

'substantial' is more than minor or trivial, eg it takes much longer than it usually would to complete a daily task like getting dressed

'long-term' means 12 months or more'

Equality Act 2010

2.3 Adaptation is defined as:

An alteration or addition to the structure, access, layout or fixtures of a property.

An adaptation will be provided for the purpose of allowing a person to occupy, or to continue to occupy, the accommodation as their sole or main residence.

2.4 A minor adaptation is relatively inexpensive and may be fitted relatively easily and quickly without the need for architect support or advice. Examples of minor adaptations include grab rails and external handrails. The provision of minor adaptations are not part of this policy.

2.5 Major adaptations address complex needs and involve expensive, permanent structural changes to a person's home, such as widening doors for wheelchair access, provision of level access shower facilities, or installation of a through floor lift. These generally need an architect or representatives from specialist companies to be involved.

2.6 The provision of equipment, adaptations, rehabilitation and providing advice on daily living and personal-care activities is aimed at increasing or maintaining functional independence for people with a substantial and long term disability. The service is provided to adults and children. Equipment and adaptations provided to improve quality of life without a functional element are outside the bounds of the Occupational Therapy service. Adaptations are not considered solely to overcome social or economic problems, e.g. overcrowding.

2.7 There will be circumstances when adaptations are not the most appropriate solution to meet a person's housing needs and alternative housing is the most appropriate solution. In these circumstances, the Housing Department and other services or agencies will work together with the person and their families, to provide a solution to meet assessed needs. Equipment and adaptations will be provided in the most cost-effective way that meets the person's needs.

3.1 Decision Making Process

The level of service provided will be determined following an assessment of need by an Occupational Therapist. We have a priority system for assessment and for major adaptation work to be carried out. Please see appendix A for the priority system

3.2 Following an assessment by an Occupational Therapist a decision on the need for major works is made by the Occupational Therapist. The decision will be made by following the Criteria for the Provision of Major adaptations, see appendix B. The request for major works is then authorised by the Occupational Therapy Team Manager. Where the work is extensive or the request outside our criteria, a panel will meet to discuss the request. The panel may consist of a Service Manager, Occupational Therapy Team Manager, Housing Improvement or Housing Manager

3.3 The process will be transparent, equitable and offer informed choice to the client on both outcome and delivery of the service, under pinned by the principle of minimum intervention and best value.

4.1 Complaints Procedure

The complaints procedure is as follows: a complaint can be made by telephone, email, in writing or in person at any of our public facing offices.

Moray Council
High Street
Elgin
IV30 1BX

01343 543451
complaints@moray.gov.uk

After we have fully investigated, if you are still unhappy with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to assess it. Freephone: 0800 377 7330 Online contact:

www.spsso.org.uk/complain/form

Website: www.spsso.org.uk Mobile site: <http://m.spsso.org.uk>

APPENDIX A Priority System

Duty – priority for Occupational Therapy assessment

Immediate action required to prevent admission to care home or hospital.

Immediate action required to prevent care situation breaking down.

Immediate action to enable out of area hospital discharge (for example - assessing home environment and issue of equipment that is essential for discharge)

Critical – priority for Occupational Therapy assessment

Action is needed to reduce risk of injury or to allow discharge from hospital

The client at high risk of injury in carrying out essential activities of daily living

The health of the main carer is at immediate risk.

The client has a terminal illness or receiving end of life care.

Substantial – priority for Occupational Therapy assessment and major adaptation

Action is needed to promote client and carer's safety and independence.

The client/carers is at risk of injury in carrying out activities of daily living.

The client/carers is at risk in carrying out essential activities but a viable work around exists.

The client is a child or adolescent.

Moderate - priority for Occupational Therapy assessment and major adaptation

The client/carers is at risk of injury in non-essential activities of daily living (such as bathing)

The client is unable to perform some aspects of personal care, social life or domestic tasks, indicating some risk to independence.

The client's relationship is maintained with carers with occasional strain.

Low

There is a low risk to independence.

There is the potential for the client/carers to maintain their health with minimum interventions.

The client has difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating low risk to independence.

The carer is able to manage most aspects of their caring / domestic role though struggles with one or two aspects but with low risk.

Action – Client given information or signposted to services in order to self-manage.

APPENDIX B

Criteria for the Provision of Major Adaptations

Toileting

Special Toilet i.e. Closomat

Description

An automatic WC that provides flushing, warm washing and drying functions in one operation. In most circumstances this is classed as equipment provision unless it is part of a major adaptation.

Criteria

The general considerations prefacing this document are met.

and

The person is unable to maintain proper hygiene after toileting due to the degree of functional loss, and is unable to use assistive devices i.e. bottom wiper

and

The provision would maximise the person's independence in toileting or prevent the breakdown of a care situation.

An Additional Toilet

Description

Provision of an additional toilet within the existing footprint of the house. This can be a standard WC or a special WC (i.e. Closomat).

Criteria

The general considerations prefacing this document are met

and

The person's functional ability to access the existing WC is severely restricted due to the

nature of their disability

and

Access to existing amenities cannot be provided (or is inappropriate) by alternative means e.g. stairlift

and

A special commode or chemical toilet have been considered but is inappropriate as a long-term solution

or

There is a permanent medical condition affecting frequency/urgency of micturition and/or bowels and the existing WC is not readily accessible for person.

Bath/Shower Adaptations

Level Access / Wet Floor Shower Installations

Description

An adaptation where an accessible showering facility is created. This may involve the removal of an existing bath or shower cubicle or the creation of a new separate facility with relevant accessories e.g. chair, rails, half height doors.

Criteria

The general considerations prefacing this document are met.

and

The person requires the adaptation to improve their safety / independence in personal care.

or

The person is unable to transfer safely in / out bath.

and

All bathing equipment from basic bath board to powered bath lifts have been tried where appropriate and have proved unsuccessful.

and

A shower installation is the most appropriate long term option

and

The service user must be encouraged to try all feasible options. Preference alone cannot be the only factor for this provision.

A level access shower will not be considered where a property is otherwise unsuitable for the person's long term needs, or if there is a current application for re-housing.

For flats and apartments, a level access shower would not normally be recommended above the ground floor unless there is an accessible communal lift for in place.

Stairs

Curved Stair lift

Description

A powered lift mounted on a curved track on a staircase. The fixed track follows the line of the stairs. The majority of lifts are used in a seated position but it is possible to obtain models that can be used standing or perching.

Criteria

The general considerations prefacing this document are met.

and

The person is unable to climb the stairs.

or

The physical exertion of climbing the stair is contraindicated.

or

The person is unsafe climbing the stairs and a second handrail will not make them safe.

and

There is unlikely to be an improvement in ability either due to prognosis or through surgical intervention / active rehabilitation.

and

The house is otherwise suitable for long term needs or could be further adapted if required.

Where there is a ground floor toilet, washing facility and a suitable room on the ground floor to provide a private bedroom a curved stair lift will not be provided.

A stairlift will only be considered when a person's needs cannot be met on the ground floor of their home and rehousing to more suitable accommodation is not considered to be a suitable solution.

Straight Stairlift - this adaptation is currently considered as equipment – see Equipment guidelines

A stairlift on the exterior of the property (open to the elements) will not normally be considered.

Through Floor Lift

Description

A vertical lift which can be used between the lower and upper floors in a domestic property. There is a range of lifts available that can be used by wheelchair users, persons with mobility impairment and where carer assistance is required.

A through floor lift will only be considered in exceptional circumstances where a person's needs cannot be met on the ground floor of their home, re-housing is not considered to be a suitable option and a stairlift is contra-indicated (e.g. the stair is unsuitable for a stairlift, the person is unable to transfer on/off a stairlift, or where the carer needs to accompany the person).

Criteria

The general considerations prefacing this document are met.

and

The person is unable to climb the stairs.

or

Where the physical exertion of climbing the stair is contraindicated.

or

The person is unsafe doing so and a second handrail will not make them any safer.

and

There is unlikely to be an improvement in ability either due to prognosis or through surgical intervention / active rehabilitation.

and

The house is otherwise suitable for long term needs or could be further adapted if required.

Access

Ramp

Description

A non-slip sloped construction with edging and rails if required which either replaces or covers existing steps to give access where a person cannot negotiate the steps.

Criteria

The general considerations prefacing this document are met.

and

It is technically feasible to provide a ramp which meets building regulations and is practical for the person and their carer to use.

and

The person is a permanent wheelchair user.

or

The person requires to use a wheelchair part of the time and is physically unable to climb the steps.

or

The person is anticipated to require a wheelchair or wheeled walker in the foreseeable future, has substantial difficulty in climbing the steps and a step modification is not thought to be a long term solution.

A ramp will not be considered where a property is otherwise unsuitable for the person's long term needs, or if there is a current application for re-housing.

Permanent Ramps

A permanent ramp is the best solution for a person with long term needs.

A permanent ramp would usually only be considered where the interior of the house is suitable for wheelchair use.

All permanent ramps installed must comply with Building Regulations and may require planning permission. These regulations are subject to change and it is important to adhere to current guidance.

Once installed, a permanent ramp becomes part of the property and any maintenance etc is the responsibility of the property owner.

A permanent ramp will not be removed by Health and Social Care Moray if no longer required.

Removable Ramps – See Equipment Guidelines

Platform lift

Description

A vertical lifting platform designed to give easy access to homes, where a change in level (usually overcome by steps) inhibits wheelchair users, or those with severe mobility impairment. This can be used internally or externally.

Platform lifts are only considered in exceptional circumstances and rehousing to more suitable accommodation should always be considered first.

A lifting platform is generally only considered for a wheelchair user.

Installation of a platform lift at communal steps will not be considered.

Criteria

The general considerations prefacing this document are met.

and

The person is unable to climb the steps.

or

Where the physical exertion of climbing the steps is contraindicated.

or

The person is unsafe doing so and a second handrail will not make them any safer.

and

There is unlikely to be an improvement in ability either due to prognosis or through surgical intervention / active rehabilitation.

and

The house is considered to be otherwise suitable for long term needs.

and

It is not possible / feasible to provide a ramp, due to lack of space, gradient etc, to reach essential areas of the property.

and

An internal / external stairlift is not considered to be an option.

Door Opening Devices

Description

A remote controlled device which, when activated, unlocks and opens a door, with time delayed closing. This is classed as an adaptation.

Criteria

The general considerations prefacing this document are met.

and

The client is unable to physically open / close and negotiate a conventional door.

and

The client is able to mobilise independently with or without mobility equipment.

and

The client is able to negotiate the steps/path to and from the door

And

The client lives alone or is alone for significant periods of time.

Extensions to Functional Space

Extensions cannot be built purely to overcome an overcrowding issue.

The following alternatives to a house extension must be considered:

- Adaptation within the existing footprint of the property.
- Different types of lifts should be considered.
- Re-housing must have been explored in great depth.

An extension will only be considered as a last resort and can take a considerable time to completion



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2018

SUBJECT: BUDGET UPDATE

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To provide the Moray Integration Joint Board (MIJB) with a further budget update in preparation for the 2018/19 financial year.

2. RECOMMENDATION

- 2.1 **It is recommended that the MIJB considers and notes the budget update in support of continued negotiation with Moray Council and NHS Grampian for the 2018/19 revenue budget.**

3. BACKGROUND

- 3.1 The Integration Scheme sets out the obligation for NHS Grampian and Moray Council to determine the baseline payment for the functions delegated to the MIJB and formally advise the Board by 28 February each year. There is a requirement on the MIJB to approve its budget and provide direction to Moray Council and NHS Grampian by 31 March each year regarding the functions that are being directed and the resource to be used in service delivery.
- 3.2 On 14 December 2017, the Chief Financial Officer presented a report to this Board, giving a budget update on the financial outlook heading into the 2018/19 financial year (paragraph 14 of the draft Minute refers). With the information available at the time of reporting, the scenarios presented a potential funding gap of between £3m and £8m based on best and worst case scenarios. The funding gap also assumed maintaining delivery of services at 2017/18 levels and full utilisation of the forecast underspend for 2017/18 of £0.767m.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 BUDGET ANNOUNCEMENT

- 4.1.1 The Local Government Finance Settlement was issued on 14 December 2017 containing the provisional total revenue and capital funding allocations for local government in 2018/19. The total provisional funding allocations form the basis of the annual consultation between Scottish Government and the Convention of Scottish Local Authorities (COSLA) ahead of the Local Government Finance (Scotland) Order 2018 being presented to the Scottish Parliament in late February 2018. At this stage it was stressed that the allocations are provisional and that local authorities should not set their final budgets until the end of the consultation period and a further Circular is issued in late February.
- 4.1.2 On 14 December 2017, following the announcement of the Scottish Government's 2018/19 draft budget, the Director of Health Finance wrote to all Health Boards to provide details of the provisional funding settlement and the indicative baseline budget for the forthcoming financial year. As with local authority funding, the allocations are provisional at this stage pending Scottish Parliament approval of the budget in February.
- 4.1.3 The provisional local government settlement included an additional £66m to support investment in social care. For Moray, this translates to £1.2m, however it should be noted that this investment is in recognition of pressures evident in the implementation of the Carers (Scotland) Act 2016, commitment to the Living Wage (including sleepovers) and the proposed increase in Free Personal Care and Nursing Care payments. The onward transfer of this funding element to the MIJB will be subject to further negotiation between Moray Council Members and the Chief Officer and Chief Financial Officer of the Board. The straight-forward transfer of £1.2m to the MIJB cannot be assumed at this stage without consideration to the wider implications surrounding the funding.
- 4.1.4 The funding settlement for Health Boards stipulates the requirement to transfer £350m from baseline budgets to Integration Authorities as was the case in 2017/18. For Moray, this equates to £5.7m. It should be stressed that this is not new funding.
- 4.1.5 The position at present from the perspective of Moray Council is that the proposed settlement still gives cause for concern in respect of a budget reduction in real and cash terms and in order to achieve a balanced budget, the utilisation of reserves will be required, to this effect, the initial proposals to reduce the funding to the MIJB by 4.5% (£1.7m) remain unchanged.
- 4.1.6 Health Boards will receive a cash terms uplift of 1.5%. NHS Grampian has assumed this uplift will be applied to the MIJB which is an improved position on previous considerations which assumed a budget reduction. Most recent correspondence indicates an uplift to the MIJB of £0.850m, however, inflationary increases relating to pay and price would need to be met from this uplift.

4.1.7 The Scottish Government has set out its pay policy for 2018/19 which recommends a 3% pay increase for public sector workers earning £30,000 or less and a cap of 2% on the increase for staff earning more than £30,000. In addition, there will be a cap on high earners with a maximum increase of £1,600 for those earning above £80,000. It should be noted that the pay policy is not mandatory for local authority workers; however, an initial calculation has been prepared using this basis to recognise the potential cost pressure resulting from pay awards. For Health and Social Moray staff this has been calculated as £1.3m. Emerging cost pressures continue to be assessed as a component of the 2018/19 budget setting process. Currently, cost pressures are considered to be in the region of £4m, which includes the uplift for pay awards.

4.1.8 The 2018/19 budget case has been updated to consider the most recent information available following the Scottish Government proposed settlement and continuing negotiation between MIJB and the Partners. The outcome of which is shown below:

	2017/18 Opening Position	2018/19 Estimated Requirement
	£'000	£'000
Baseline Budget Core Services	107,378	109,339
Inflation & Budget Pressures	1,811	3,842
Earmarked Commitments	1,662	671
ICF / DD Commitments	2,062	2,062
Recurring Deficit to be funded	1,327	1,691
Approved Savings	(624)	tbc
Total Expenditure	113,616	117,605
Total Funding (inc reserves)	113,881	
Estimated Funding – at December 2017		£112m
Potential Funding Gap		£5.5m

4.1.9 The table above gives cause for concern and whilst the 2018/19 position is an estimate at this point in time and based on assumptions, it highlights the possibility of a potential funding gap in the region of £6m prior to the application of further savings. It also assumes full use of reserves, which are currently estimated to be £0.767m in the 2017/18 outturn forecast. The table above outlines the 2018/19 anticipated requirement in relation to providing services at the current level, through the present model of service delivery and in striving to deliver on our Strategic Plan.

4.1.10 Following the Scottish Government budget announcements in December, the Chief Officer and Chief Financial Officer continue to work closely with colleagues in partner organisations to ensure engagement is maintained and progress towards setting the 2018/19 budget can be made.

4.1.11 It is with a full appreciation of the financial challenges being faced by the funding partners of the MIJB that work has begun on the identification of further efficiency savings whilst striving to drive the pace of change through service redesign. Given the financial outlook a strategic approach has been adopted. An initial exercise has been completed to determine potential areas for consideration and the MIJB Senior Management Team are in the process of developing options that will be presented to the Board at a future meeting as part of the budget setting process.

5. SUMMARY OF IMPLICATIONS

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Ensuring an adequate revenue budget for the MIJB is key to the successful delivery of health and social care services in Moray and in accordance with the Strategic Plan. Continued engagement into the budget setting process will support this outcome.

(b) Policy and Legal

The MIJB has a duty to set a balanced budget each year and in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS).

(c) Financial implications

Considered throughout the body of this report.

(d) Risk Implications and Mitigation

There is a great degree of uncertainty resulting from the current financial climate. This report outlines the outlook for the 2018/19 financial year. It highlights the planning assumptions made to date and the approach to addressing these challenges in the period ahead of setting the budget for the forthcoming year.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities

None arising directly from this report

(h) Consultations

Consultation has taken place with the Legal Services Manager and Head of Financial Services (both Moray Council) and the Deputy Director of Finance, NHS Grampian who are in agreement with this report with regard to their respective responsibilities.

6 CONCLUSION

6.1 This report provides an update following the Scottish Government budget announcements made in mid-December.

6.2 The Chief Officer and Chief Financial Officer of the MIJB continue to engage and negotiate with Moray Council and NHS Grampian in advance of presenting a proposed revenue budget for the 2018/19 financial year.

6.3 The Senior Management Team continues to explore areas for efficiency savings and service re-design in the context of emerging funding constraints.

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

Signature: _____

Date: 05 January 2018

Designation: Chief Financial Officer

Name: Tracey Abdy



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2018

**SUBJECT : DRAFT ORGANISATIONAL DEVELOPMENT AND
WORKFORCE PLANS 2016-2019**

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To invite the Moray Integration Joint Board (MIJB) to approve the draft Organisational Development (OD) Plan 2016-2019 and note the work being undertaken in the development of the draft Workforce Plan 2016-2019 for Health and Social Care Moray.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

- i) approve the draft OD Plan 2016-2019;**
- ii) note the OD Plan will be reviewed annually, with a report presented to the MIJB in Spring 2019; and**
- iii) note the work being undertaken in the development of the draft Workforce Plan, with a draft to be presented to the MIJB meeting in March 2018.**

3. BACKGROUND

OD Plan

- 3.1 The MIJB Integration Scheme sets out the requirement for Health and Social Care Moray to have an OD Plan to help develop a culture that will support change so that people, their skills, behaviours, capability and effectiveness achieve the performance required to ensure MIJB priorities are delivered.
- 3.2 The objective of the OD Plan is to ensure that the workforce outcomes stipulated in the Strategic Plan 2016-2019 are achieved; and to ensure communication is clear and transparent to support our workforce in the delivery of integrated services and teams. The draft OD plan is attached at **APPENDIX 1.**

Workforce Plan

- 3.3 The MIJB Integration Scheme sets out the requirement for Health and Social Care Moray to have a Workforce Plan to ensure a workforce that is fit for the future of health and social care.
- 3.4 The objective of the Workforce Plan is to ensure that the workforce brings together its skills and capabilities to transform how we work in achieving better outcomes aligned to the objectives set by the MIJB.
- 3.5 Two events have been delivered in the workforce in August and November 2017, to look at the concept of joint working and methods by which we can develop workplace practices. Another event will be delivered in early 2018 to develop an action plan to promote the new ways of working.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The OD Plan will be published in February 2018 once work is completed with the Corporate Design Team.
- 4.2 The OD Plan will be subject to monitoring and reporting on a regular basis and progress will be reported annually to the MIJB to ensure it continues to align with the Strategic Plan.

5. SUMMARY OF IMPLICATIONS

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

The OD plan supports the MIJB in meeting the strategic aims contained within the Strategic Plan 2016-2019.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

There are no immediate risk implications arising from this report. The OD Plan seeks to ensure that the workforce is prepared for the operating environment and helps in mitigating risk as change progresses. Risk will be assessed and managed in line with the MIJB's Strategic Risk Register.

(d) Risk Implications and Mitigation

None directly associated with this report.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities

At this stage, the plan is at a high strategic level and no impacts can be identified. It is recommended that an Equality Impact Assessment is carried out when developing each of the themes of the action plan.

(h) Consultations

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

- Head of Organisational Development, NHS Grampian
- Acting Joint Head of HR & ICT / OD Manager, Moray Council
- Legal Services Manager (Litigation & Licensing), Moray Council
- Caroline Howie, Committee Services Officer, Moray Council
- Chief Financial Officer, MIJB
- Katrina McGillivray, Senior HR Adviser, Moray Council
- Equal Opportunities Officer, Moray Council

6. CONCLUSION**6.1 The draft OD plan (APPENDIX 1) will be supported by more detailed work plans to underpin the strategic objectives set out in the Moray Integration Joint Board Strategic Commissioning Plan 2016-19.**

Author of Report: Catherine Quinn, Executive Assistant

Background Papers: With author

Ref: ijb\board meetings\jan18

Signature: _____

Date: 16 January 2018

Designation: Chief Officer

Name: Pam Gowans

Health and Social Care Moray (HSCM)
Draft Organisational Development Plan
2017

Foreword – to be decided

Contents

- 1 Introduction
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 - 3.1 Our Organisational Development Aims
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 - 3.4 Our Organisational Development Priorities and Actions
- 4 Organisational Development Action Plan
- Appendix 1 Diagnostics
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1 Introduction

1.1 Purpose

The Moray Integration Joint Board Integration Scheme requires that Health and Social Care Partnerships develop an Organisational Development Strategy for integrated teams. The plan alongside the workforce plan will consider staff communication, staff engagement, staff and team development, leadership development and the training needs.

This Organisational Development (OD) Plan sets out how Health and Social Care Moray (HSCM) will develop the shared culture, priorities and commitment required to help the organisation and its workforce deliver the best possible health and wellbeing services for the people of Moray. The vision, principles and values provide the guide on expectations around the prevailing ethos of this new and developing organisational arrangement.

Adopting an organisational development approach means that, through partnering arrangements, the recruitment, support and development of our workforce is activity embedded within our strategic planning arrangements.

Setting out the actions needed to ensure the organisation is fit and able to respond to the dynamic, challenging and fast pace of the current public sector environment, the scope of the plan will extend across the leadership at all levels of the organisation, the professional and technical capacity of the workforce as well as the underpinning systems and structures that form the mechanisms through which the organisation functions.

This is first OD Plan for HSCM and will help guide and shape its development as an organisation. It will be a working document that will develop as the precise organisational and individual needs become clearer. To that end, the plan will be reviewed and refreshed in the light of feedback, guidance and planned review in order to be able to respond to both internal and external changes.

Our context is one of transformational change. This plan will be implemented to take account of the emergent needs of the workforce in response to change and to engender in employees the ability to work within a change environment flexibly.

1.1 What is Organisational Development?

Organisational Development is a planned approach to supporting organisational change from a strategic level so that people skills, behaviours, capability and effectiveness are developed to achieve the performance required to ensure the organisational priorities are delivered.

It is about aligning the workforce with organisational vision, purpose, values and principles, and developing the capacity and potential of both the organisation and the people within it whilst achieving staff governance standards that link with the values and behaviours of each parent organisation.

The benefits of an OD approach are that they support the development of a culture that underpins innovation and creativity, increases job satisfaction, develops more positive interpersonal relationships and fosters greater participation and therefore engagement in defining organisational goals and creating plans to help achieve them.

2 Context

2.1 Our Organisation

Following the introduction of The Public Bodies (Joint Working) Scotland Act 2014 setting a new legal framework for the future of health and social care services in Scotland, the Moray Integration Joint Board approved the establishment of the new integrated partnership between health and social care services known as Health and Social Care Moray (HSCM).

HSCM as an integrated partnership has responsibility, for a range of health and social care functions relating to adults and many universal health services such as general practice and children's health services. It is responsible for the operational delivery of integrated services, as well as ensuring that the quality and performance of services meets the aims of the MIJB Strategic Plan 2016-2019 and demonstrates good governance.

2.2 Our Aims and Priorities

The MIJB strategic intent is to enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals.

This will be done through promotion of choice, independence, quality and consistency of service by providing a seamless, joined up, high quality health and social care service.

HSCM will always do its utmost to support people to live independently in their own homes and communities for as long as possible as long as it is safe to do so and will strive to ensure resources are used effectively and efficiently to deliver services that meet the needs of an increasing number of people with longer term and often complex care needs; many of whom are older.

The values set out by the MIJB and HSCM are to:

- a) support people to achieve their own quality outcomes and goals that improve their quality of life
- b) listen and treat people with respect
- c) value the support and contribution provided by unpaid carers
- d) respect our workforce and give them the support and trust they need to help them achieve positive outcomes for the people of Moray

3 Organisational Development

3.1 Our Organisational Development Aims

Whilst HSCM, under the direction of the MIJB is in its infancy as a distinct organisation, the preceding joint and partnership working between the NHS and local authority has provided a solid foundation from which to build the shared culture, priorities and commitment required to ensure the organisation can develop its own identity.

This plan is designed to support the strategic intent of the partnership including promotion of the 3 tier model of service delivery and key principles which collectively form the ethos of the partnership, workforce development to ensure that skills, competencies and confidence match the needs to enable people to maintain their wellbeing including team development and support, and technology enabled care is considered at every intervention.

OD interventions will be designed specifically to help HSCM build the right workforce to deliver quality care, ensure the leadership and accountability required to support that and create shared processes across sections and professionals where technology and innovation are embedded in identifying and developing new ways of service delivery.

3.2 Our Diagnostic Activity

This OD Plan has been developed from a series of diagnostic activities (see Appendix A) including:

- Workforce development sessions on communications and multi-disciplinary meetings
- Community area meetings across the whole partnership
- Lead up sessions with groups of staff about what it means for them
- Locality meetings
- Joint Workforce Forum
- Meridian consultants – process efficiency/business/best value – how much is efficiency approach, progression model, external facilitators and enablers
- Discussions at strategic management level

3.3 Our Organisational Themes

Following the diagnostic activity and discussions with the senior and operational management teams HSCM, the following 4 areas have been identified as the main themes of the OD plan:

1 Employee Engagement, Morale and Motivation
- engaging with the workforce and local community to build positive working relationships, strong localities and effective joint partnerships that foster a positive workforce climate and culture
2 Empowerment

- empowering people to achieve individual and collective goals and to be their best self at work, linked to organisational values and to provide space and opportunity for creativity and innovation to flourish
3 Workforce Transformation and change
- developing a progressive, forward looking organisation and workforce with a future focus embracing transformation and innovation
4 Efficiency
- continually seeking improvements that are efficient and improve performance across the organisation

In order to ensure the direction and drive to achieve the change required to deliver the strategic priorities of the organisation, there is also a strong focus on:

5 Developing Leadership Capacity and Capability
- promoting and developing leadership development at all levels of the organisation
6 Communication (and Engagement)
- fostering two way communications with a clear purpose and target audience

3.3 Our Organisational Development Priorities and Actions

3.3.1 Employee Engagement, Morale and Motivation – engaging with the workforce and local community to build positive working relationships, strong localities and effective joint partnerships that foster a positive workforce climate and culture

During the initial engagement workshops people said they wanted to be valued, be listened to and wanted to work well together. At the Talking Shops people said they wanted problems to be addressed and they wanted to feel valued and respected. The workforce planning session identified that managers see engagement as a major theme and the low response rate to imatter indicates that there is room to improve how engaged the workforce are.

Culture can be defined as ‘the way things are done’ and is generally made up from shared assumptions, beliefs, values and norms. HSCM has identified that it wants to create a shared culture that supports its workforce to deliver the best possible health and well-being services for the people of Moray.

To help create this, an employee engagement programme will be developed that helps align the workforce towards a shared culture which will develop over time into a unique identity. The scope of the employee engagement programme will extend across the whole organisation spanning both hierarchical layers and professional disciplines.

The engagement programme will increase the visibility and recognition of senior managers across the workforce, increase the capacity of key staff members, provide

opportunities for employee voice and influence and develop opportunities to recognise and value the contribution of the workforce.

3.3.2 Empowerment – empowering people to achieve individual and collective goals and to be their best self at work, linked to organisational values and behaviours and to provide space and opportunity for creativity and innovation to flourish

During the initial workshops people said they wanted clear roles, accountability and information. Feedback received during the council's employee engagement activity was that people were concerned about resources, technology and integration, and during the OD workshop managers said empowerment was an important theme.

Creating an environment that empowers individuals and teams to perform at their best and be creative and innovative means developing the capacity of the organisation to create a culture of trust and confidence without fear of failure.

Sessions will be organised where managers and staff will be helped to explore and develop an understanding of what empowerment means in theory and in reality and how that might look within their organisation.

Managers and supervisors within and across teams will be encouraged to develop their capacity to enable staff to develop their own creative and innovative ideas, with support to develop and implement where possible.

People are enabled to identify and address issues within teams so that suggesting improvements, problem solving and 'fixing the small stuff' becomes the normal way of doing things.

3.3.3 Workforce transformation and change – developing a progressive, forward looking organisation and workforce with a future focus embracing transformation and innovation

Feedback from the council's employee engagement activity showed concern for and a desire to improve how the resources and technology are used in order to deliver services as an integrated organisation. Having a future focus with a workforce that embraces transformation and innovation was seen by managers during the OD session as key for the future development of the organisation.

Developing a future focus is about identifying and stretching, ambitious long term aspirations including exploring approaches to risk and tolerance.

To do this there will be activities that will help people to seek out opportunities for innovation using a 'no limits' or 'considering the art of the possible' type approach.

An environment will be created where progressive thinking and evidence based proposals are used to establish scalable pilots with mainstream implementation

planning, monitoring and evaluation, making links with other development projects and partners to enhance future service delivery.

3.3.4 Efficiency – continually seeking improvements that are efficient and improve performance across the organisation

Feedback from the Talking Shops, council employee engagement activity and OD session recognised the need for efficiency to be a major element of the development of service delivery.

With ongoing financial constraints and increasing demand for services it is vital that the drive for efficiency, either financial or procedural, is embedded as an integral part of any continuous improvement approach.

Quality is at the centre of everything we do and we see continuous improvement being a key enabler to support our staff, partners and communities to facilitate changes which will ensure the best possible experience and health and well-being outcomes for our population.

To achieve this we will support co-ordination of improvement approaches by creating an environment and effective frameworks and systems that are applicable in all settings, thus ensuring we understand what works well and what does not work well in Moray, and enabling individual members of staff, services and the system to make changes to move in the right direction.

The OD plan is core to making this a reality, supporting improvement methodology and skills' being integrated into existing development programmes to ensure staff are empowered and have the capability to take forward ideas.

In addition the OD Plan will support HSCM to identify a plan for further development opportunities that will continue to build sustainable improvement capacity to drive forward change at scale and pace.

3.3.5 Developing Leadership Capacity and Capability – promoting and developing leadership development at all levels of the organisation

At the initial workshops, from the council's employee survey, from the OD session and iMatter, it was identified that having the 'right' kind of leadership to lead HSCM forward is as critical as having the traditional package of leadership development activity.

Activity will be planned that will allow consideration of what type of leadership style and approach is right for the organisation.

As leaders of an organisation that seeks innovation and creativity from the workforce, space will be created for managers at various levels to discuss and launch new corporate initiatives within the organisation, encouraging debate and challenge and increasing understanding and buy in.

There will also be clarity around the expectations of managers and a clear link between individual and organisational performance with a common understanding of the responsibilities and expectations placed on managers across the organisation that acknowledges areas of commonality and differences between disciplines.

Managers at all levels of the organisation will be developed with talent management strategies in place to identify emerging leaders and support them with career management.

All staff will have regular appraisals aligned to the common values and principles of HSCM.

3.3.6 Communication (and Engagement) – fostering two way communications with a clear purpose and target audience

Survey results from both the council survey and imatter as well as feedback from managers during the OD session identified that having clear and effective communications must underpin most of the other elements of the OD plan.

There will be a clear communications strategy that builds on existing approaches to provide clarity and direction on the purpose of each message and how it should be delivered to the various sections of the workforce.

Face to face communications will also be developed whereby every member of the organisation has the opportunity to meet with other members of their team and the wider workforce.

Different forms of communication will be explored including digital platforms that may provide an effective platform for engagement.

4 Organisational Development Action Plan

A high level plan of the organisational development actions is attached as Appendix B and a more detailed work plan will be used as a working document to guide, monitor and measure progress.

Appendix A – Diagnostics Feedback

Appendix B –HSCM Organisational Development Plan

Diagnostic Activity Summary

Activity	Main Themes
Workshop	Being valued Being listened to Working well together
Workshop	Roles Accountability Information
Talking Shops – focus groups x 5	Addressing problems Being valued and respected
Employee Survey	Leadership Management Supervision Communications
Engagement Programme e.g. Service Learning Visit, Listening Meetings	Resources Technology Integration – separate budgets
Workforce Planning Session	Recruitment and retention Engagement Training and development Succession planning Strengthening the Links
OD Session	Efficiency within the organisation Future focus/transformation Individual – goal setting, link to values Partnership – building localities, joint partners (and public engagement) Buzz – opportunities for change, creating space for creativity and empowerment Supported by broader aims of communication, engagement, empowerment, innovation
iMatter	Effective team work Role clarity Communication Listened to Recognition and reward Job satisfaction

Employee Engagement, Morale and Motivation – engaging with the workforce and local community to build positive working relationships, strong localities and effective joint partnerships that foster a positive workforce climate and culture

Key Point:

- To develop an employee engagement approach and programme of activity that enhances employee recognition, voice, involvement and influence

Empowerment – empowering people to achieve individual and collective goals and to be their best self at work, linked to organisational values and behaviours and to provide space and opportunity for creativity and innovation to flourish

Key Point:

- To create an environment that has opportunities to explore and foster empowerment of the workforce
- To develop tools and activities that support creativity and innovation

Workforce transformation and change – developing a progressive, forward looking organisation and workforce with a future focus embracing transformation and innovation

Key Point:

- To develop a toolkit of activities that facilitate a future focussed, transformational approach to change
- To facilitate progressing and evidence based approach

Efficiency – continually seeking improvements that are efficient and improve performance across the organisation

Key Point:

- To build on current and develop future joint approaches to quality and improvement methodologies that support continuous improvement
- To build on current and develop training on a quality focused and continuous improvement approach, to be cascaded across HSCM
- To organise a structured programme of improvement activity

Developing Leadership Capacity and Capability – promoting and developing leadership development at all levels of the organisation

Key Point:

- To develop and support talent across the organisation including leadership

- and management development and management standards
- For each employee to receive regular feedback, development and support through whichever appraisal system is appropriate
- Longer term aspiration to develop an appraisal system that spans the partnership.

Communication (and Engagement) – fostering two way communications with a clear purpose and target audience

Key Point:

- To develop a cohesive communications strategy and plan for meaningful two way communication
- To ensure clear practices, procedures and supports are available
- Longer term aspiration to develop a HSCM Intranet

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Completion TIME-SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
Employee Engagement, Morale and Motivation – engaging with the workforce and local community to build positive working relationships, strong localities and effective joint partnerships that foster a positive workforce climate and culture					
Development of an employee engagement programme e.g.	Workforce engagement in the future design and review of HSCM <u>Measures:</u> <ul style="list-style-type: none"> - iMatter engagement scores improve - Positive feedback from employees 	July 2018	IJB/OD	1	iMatter Council employee survey Council employee engagement and workforce culture activity Review and consider existing induction programmes
- Team swops	Increased awareness of what different parts of the organisation do and what they contribute	July 2018	Tbc	Tbc	Link with neighbouring boards regarding developments in this area.
- Suggestions scheme programme	Workforce suggestions are considered and implemented and recognised across the IJB	July 2018	Tbc	Tbc	
- Staff recognition programme	Employees are recognised and valued across the IJB for their contributions	July 2018	Tbc	Tbc	
- Back to the floor programme for senior management team	Increased visibility and recognition of senior management amongst all levels of the organisation	September 2018	Tbc	tbc	
- New start and new manager induction programme reviewed to	New starts and new managers inducted to HSCM culture from start	January 2019	Tbc	Tbc	

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Comple tion TIME- SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
represent HSCM					
- Employee conferences/eve nts	Key organisational messages are delivered to large groups of staff, who have had the opportunity to voice their opinions and influence the debate	March 2019	Tbc	Tbc	
Empowerment – empowering people to achieve individual and collective goals and to be their best self at work, linked to organisational values and behaviours and to provide space and opportunity for creativity and innovation to flourish					
Embed opportunities for managers and supervisors to explore and develop an understanding of what empowerment means in theory and in practical terms within range of work plan sessions and activities	Create an environment of trust without fear of failure Measures: - People report feeling empowered to make decisions and take action - Positive feedback through engagement activity and team meetings	Ongoin g	OD	Tbc	Improvement Service Aston Team Journey approach or similar
Tools and activities sourced to enable managers and supervisors to support their teams to be creative and innovative	Managers and supervisors equipped to enable teams to be creative and innovative <u>Measures:</u> - Ideas for change and improvement are generated by the workforce - Ideas are developed and implemented	July 2018	Tbc	tbc	

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Completion TIME-SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
Develop environment where team based suggestions welcomed e.g. suggestion scheme Quick fix scheme developed	People are enabled to identify and address issues within teams and 'fix the small stuff' promptly and easily <u>Measure:</u> - Staff suggestions for improvements and solutions within teams and across disciplines are received and either implemented if effective or given feedback if not	July 2018	Tbc	Tbc	
Workforce transformation and change – developing a progressive, forward looking organisation and workforce with a future focus embracing transformation and innovation					
Activities developed to identify how best to seek out opportunities for innovation e.g. the 'art of the possible'	Ambitious, stretching, long term aspirations for HSCM of the future identified including approach to and tolerance of risk <u>Measures:</u> - Future focused aspirations developed - Approach to risk and tolerance clear	Ongoing – embedded in other activity	OD	Tbc	North East Learning Collaborative Part of leadership programme, masterclass
Structure providing opportunities for regular horizon scanning, future focus, transformation and innovation	Progressive health and social care models in place <u>Measure:</u> - Progressive thinking and	Ongoing – embedded in other activity	Tbc	tbc	

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Completion TIME-SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
	<p>evidence based proposals are developed to enhance decision making about future service delivery</p> <ul style="list-style-type: none"> - Future pathways for further development are set out 				
Efficiency – continually seeking improvements that are efficient and improve performance across the organisation					
Research and develop or adopt a methodology that will underpin continuous improvement across the HSCM	<p>Framework for continuous improvement approach in place</p> <p><u>Measure:</u></p> <ul style="list-style-type: none"> - As above 	March 2019	Tbc	Tbc	Scottish Government 3 Step Improvement Framework for all Public Services Quality Hub NHS QI capacity building options
Training and development programme developed to support implementation of continuous improvement approach	<p>All staff trained to appropriate levels (e.g. awareness, understanding, in-depth knowledge) in continuous improvement methodology, able to identify what works and does work well in Moray</p> <p><u>Measure:</u></p> <ul style="list-style-type: none"> - As above 	July 2019	Tbc	Tbc	
Programme of workshops organised to identify current activity streams, workflow, common areas, duplication, gaps	<p>Improvements in performance are identified and implemented</p> <p><u>Measure:</u></p> <ul style="list-style-type: none"> - Performance improvement 	July 2019	Tbc	Tbc	

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Completion TIME-SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
	measures show improvement				
Developing Leadership Capacity and Capability – promoting and developing leadership development at all levels of the organisation					
<p>Relevant appraisal and development processes applied consistently within each parent organisation</p> <p>Longer term – seek to develop systems across the partnership and establish common and consistent approach across professional and sectoral disciplines</p>	<p>All staff receive feedback and development support aligned to the common values and principles of the HSCM</p> <p><u>Measure:</u></p> <ul style="list-style-type: none"> - 100% of staff have the opportunity to participate in an appraisal process every year 	Mar 2018	Tbc	Tbc	<p>Consider national, regional and local options e.g. NESS, North Region Programme North East Learning Collaborative Leadership Development Programme Improvement Service Leading for the Future NHS Talent management Framework NHS Talent Forum Mentoring and coaching schemes</p>
Leadership Forum/Platform/Assembly	<p>Space is created for discussing and launching key corporate or new initiatives within the organisation encouraging debate and challenge and increasing understanding and buy in</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> - Positive feedback from managers about new initiatives 	October 2018	Tbc	Tbc	
Management development	Management development programme in place for all sections of the management	October 2018	Tbc	Tbc	

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Completion TIME-SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
Programme developed for all sections of the management and supervisory workforce	and supervisory workforce including career management element Measures: <ul style="list-style-type: none"> - All managers and supervisors undertake planned and structured development activity - iMatter results and feedback from employee engagement activities regarding management practice improve - development opportunities within the HSCM are sourced 				
'Future leadership' workshops	Type(s) of leadership the organisation aspires to develop defined <u>Measure:</u> <ul style="list-style-type: none"> - Future leadership approach agreed - 	October 2018	Tbc	Tbc	
Options for Leadership development framework sourced and considered	Leadership development framework designed, developed and implemented <u>Measures:</u> <ul style="list-style-type: none"> - Leadership development framework implemented 	October 2018	Tbc	Tbc	

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Completion TIME-SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
	<ul style="list-style-type: none"> - Performance expectations and links with organisational performance established 				
Talent management and development and emerging leaders programme developed	<p>Pool of future leaders increased and links with career management element of the management development programme established</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> - number and calibre of internal candidates for more senior posts increased - participants for development opportunities within the HSCM are provided 	Dec 2018	Tbc	Tbc	
Management standards / competency frameworks agreed for discrete staff groups	<p>Manager responsibilities and expectations set out relevant to each professional discipline and service area</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> - Common understanding of discrete management responsibilities across the HSCM - Improvement in positive feedback regarding management practice as reported through iMatter, employee engagement activity 	March 2019	Tbc	Tbc	

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Comple tion TIME- SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
	and general anecdotal feedback				
Management development programme developed	Managers and supervisors across the organisation display desired competencies and behaviours <u>Measure:</u> - Improvement in positive feedback regarding management practice as reported through iMatter, employee engagement activity and general anecdotal feedback	July 2019	Tbc	Tbc	
Communication (and Engagement) – fostering two way communications with a clear purpose and target audience					
Develop a comprehensive communications strategy and plan with clear processes, practices and support to implement	Communications strategy and plan formed providing clarity and direction on the purpose of, tone and intended audience for each type of communication (i.e. how, key methods, frequency, support required). <u>Measures:</u> - communications scores in iMatter improve - positive feedback through employee engagement activities received	July 2018	JM/SH	1	Council Staff newsletter - Connect Council intranet – Interchange NHS intranet
A day in the life of – series of articles in	Increased awareness and appreciation of the different roles across the IJB	July 2018	Tbc	Tbc	

HSCM OD Detailed Work Plan

Action Required	Planned Outcome	Completion TIME- SCALE	Lead Officer	Priority Rating	Possible Sources, Resources and approaches besides OD support from NHS and Council (to be expanded)
monthly newsletter depicting someone's daily routine in different areas of work	<u>Measures:</u> <ul style="list-style-type: none"> - range of different roles featured in communications - positive feedback received from employee engagement activities 				
Set up regular team meetings across the workforce with meaningful two way flow of information and response	Every member of staff feels part of a team and has the opportunity to hear about and contribute to what is going on <u>Measures:</u>	October 2018	Tbc	Tbc	
Develop a HSCM intranet	Effective platform for communications and engagement	July 2019	Tbc	tbc	



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2018

SUBJECT: MEMBERSHIP OF THE INTEGRATION JOINT BOARD AND COMMITTEES

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To invite the Moray Integration Joint Board (MIJB) to note the revised substitute membership of the Board made by Moray Council following a restructure.

2. RECOMMENDATION

- 2.1 **It is recommended that the MIJB note the new substitute voting member appointments made by Moray Council as set out in paragraph 3.1.**

3. BACKGROUND

- 3.1 On 29 June 2017 the Board were advised of Moray Council nominated appointments (para 13 of the Minute refers). Moray Council has since undertaken a restructure and have advised a change in the substitute members appointed to the MIJB.
- 3.2 Legislation empowers the Council and NHS Board and non-voting members of the Board unable to attend a meeting, to arrange for a suitably experienced proxy (substitute) to attend meetings on a member's behalf. As such, it is recommended that the Board note the appointment of 2 Moray Council substitute voting members to serve on the MIJB.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The appointment of substitute voting members ensures continuity of membership and the development of expertise in the functions of the MIJB.
- 4.2 Councillor Eagle is the named deputy for Councillor Feaver, who is also the appointed Chair of the MIJB's Audit and Risk Committee. Under reference to para 2.1 of the Board's standing orders, a substitute member may vote at but not chair a Board meeting. Therefore members should note that Councillor

Eagle will also be appointed a substitute voting member for the Audit and Risk Committee but in the absence of the Chair, this role would be undertaken by the currently appointed Vice Chair.

5. SUMMARY OF IMPLICATIONS

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

As per the MIJB's standing orders, it is recommended that voting members from Moray Council and NHS Grampian be equally represented on the MIJB.

(b) Policy and Legal

Provisions regarding the membership of the Integration Joint Board and its Committees are set out in the Act, the Order and Standing Orders and have been referred to throughout this report.

It is important that the Board agree appointments to Committees to enable business to be progressed.

(c) Financial implications

There are limited financial implications arising from the consideration of this report relating to the payment of expenses to Board Members. It is anticipated that voting members will continue to make claims to their nominating organisation.

(d) Risk Implications and Mitigation

If appointments to the MIJB are not balanced in terms of membership and substitute membership, there is a risk that perspectives from both partners may not be reflected during meetings and this may have an impact on decision making and scrutiny capacity.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities

None directly associated with this report.

(h) Consultations

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

- Caroline Howie, Committee Services Officer, Moray Council
- Chief Financial Officer, MIJB

6. CONCLUSION

6.1 The Board is asked to note the Moray Council appointment of two new substitute members.

Author of Report: Catherine Quinn, Executive Assistant
Background Papers: Public Bodies (Joint Working) (Scotland) Act 2014
The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014
Moray Integration Joint Board Standing Orders
Ref: ijb\board meetings\jan18

Signature: _____

Date : 16 January 2018

Designation: Chief Officer

Name: Pam Gowans



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2018

**SUBJECT HER MAJESTYS PRISON (HMP) AND YOUNG OFFENDERS
: INSTITUTE (YOI) GRAMPIAN HEALTH CENTRE**

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To update the Moray Integration Joint Board (MIJB) on the proposed recovery action plan for the HMP and YOI in Grampian.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board:-

- i) note the proposed Recovery Action Plan for the prison Health Centre;**
- ii) note the progress towards achieving key priority actions approved previously by the Aberdeenshire IJB in October 2017;**
- iii) consider what data may be useful in terms of the strategic development of the MIJB;**
- iv) note the wider national strategic developments in relation to health care delivery in Scottish Prisons; and**
- v) agree to receive regular updates on progress with the action plan.**

3. BACKGROUND

- 3.1 HMP & YOI Grampian opened on 3 March 2014 following the closure of HMP Aberdeen and HMP Peterhead. It is the first purpose built community facing prison in Scotland, capable of housing over 500 prisoners, both male and female adult and young offenders.
- 3.2 The health service, provided by NHS Grampian is the lead responsibility of Aberdeenshire IJB as host on behalf of Aberdeenshire, Aberdeen City and Moray IJB.

- 3.3 The health centre contained within the prison complex delivers a range of services including general practice, mental health, substance misuse, sexual health and dental. The health centre is predominately staffed by a team of nurses who work alongside rotational GPs from Peterhead Practice and visiting specialist clinicians. A large component of the nurse's time is undertaking daily medication rounds in the individual units.
- 3.4 HM Inspectorate of Prisons for Scotland (HMIPS) carried out an inspection between 30 November and 8 December 2015. The inspection report was published on 11 May 2016. The purpose of the inspection was to review the overall performance of the prison against a set of standards of which there are 10 main sections, one of which is Health and Wellbeing.
- 3.5 Health care provision within HMP & YOI Grampian was rated generally acceptable or satisfactory in 15 out of the 21 standards. However six standards were rated poor and therefore the prison was given an overall rating of poor for health and wellbeing.
- 3.6 Following the HMIPS inspection, Aberdeenshire Health and Social Care Partnership did an internal review. The review identified a number of issues similar to those within the inspection, including roles and responsibilities, communication and relationships with all stakeholders.
- 3.7 The purpose of this report is to update the MIJB on the proposed Recovery Action Plan related to this and provide update on the key priority actions that were approved by the Aberdeenshire IJB meeting in October 2017, particularly in relation to stabilising the service and the nursing working force.
- 3.8 As the operation and delivery of HMP & YOI Grampian Health Centre also sits within the national context of prisoner health care in Scotland, and strategic developments will continue to inform / impact on future service delivery, key areas of activity at a national level are highlighted in this report.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Recovery Action Plan

- 4.1 The recent review of progress in relation to the Health Centre Improvement Action Plan concluded that whilst some actions had been fully achieved, a number remain outstanding, primarily as a result of ongoing challenges with staffing levels – both within the Health Centre (in particular the nursing team) and also within the Scottish Prison Service workforce.
- 4.2 The themes and outstanding actions in the Health Centre Improvement Action Plan remain relevant and it is important that these are ultimately realised. However, the recent extensive staff engagement and stakeholder consultation, that was part of the review, highlighted that a 'recovery focus' with a phased approach to actions and priorities with realistic and achievable timescales would be more beneficial.

- 4.3 The proposed Recovery Action Plan (attached as **APPENDIX 1**) is intended to outline the actions that are being completed; all are key to moving the service forward. The actions have been prioritised for completion in phases and the plan reflects at what points they are 'live' – in general, focus is on the completion of Phase 1 actions first, followed by Phase 2 and so on.
- 4.4 However, there is flexibility in the plan as recovery and improvement work continues to gather momentum and specific timescales for completion of individual actions (and indeed the 'Phase' within which an action may sit in the plan) are suggestions – this phased approach is merely linked to staffing levels and capacity to deliver the actions. The aim is to ensure that expectations are realistic and managed with robust exception reporting.
- 4.5 The actions have been grouped in focus areas for ease of management, reference and future reporting. Actions and updates beyond Phase 1 will expand and become more detailed as service recovery progresses, and some actions may also move forward into an earlier 'Phase' – the intention is for the plan to be dynamic whilst remaining realistic and manageable.

Update on Key Priority Actions

- 4.6 Progress towards completing the key priority actions, that were approved by the Aberdeenshire IJB in October 2017, is detailed within Phase 1 of the Recovery Action Plan.
- 4.7 One of the main priorities continues to be staff recruitment because staffing levels continue to be low, with the service utilising bank and agency staff as required.
- 4.8 Three Treatment Room Nurses are now in post. Posts have been offered to preferred candidates for one Band 5 Mental Health Nurse vacancy, two Band 5 Substance Use Nurse vacancies and one Band 6 Mental Health nurse vacancy and it is anticipated that start dates will be confirmed upon completion of the relevant recruitment checks. All remaining vacancies are currently advertised or scheduled to be re-advertised.
- 4.9 Despite the staff shortages, a number of training events have been undertaken / arranged in November, December and January. These include Endocrine training, Equality & Diversity, Blood Borne Viruses (HIV, Hepatitis B, Hepatitis C), Professional Boundaries, Courageous Conversations and Datix.
- 4.10 The Lead Nurse and Operational Lead Nurse continue to support the development of personal development action plans for the nursing team within the Health Centre in tandem with the development of an improved career pathway for the nurses. It is anticipated that this input will support staff retention.

- 4.11 The other key priority is the management and administration of controlled drugs, as this is a high impact area in terms of other elements of service delivery and clinical governance. A snapshot of figures taken on 4 December 2017 showed that 37.8% of patients in the prison were methadone users and 2.27% were on suboxone.
- 4.12 All prison health centres in Scotland are now required to apply for a Controlled Drugs Licence from the Home Office. Thus far, the Glasgow prisons have obtained this with the rest of the health centres across the estate, including HMP & YOI Grampian Health Centre, preparing to do so. The Home Office will undertake an inspection before they issue a licence so this is a priority focus.

National Strategic Developments – SPS and NHS Partnership Work

- 4.13 Following the publication of the Health and Sport Committee report on Prison Health Care and the subsequent establishment of the Health and Justice Collaboration Improvement Board by the Scottish Government, there is focus on improving collaboration between the Health and Social Care and Justice Directorates, and the remit includes improving health and social care in prisons.
- 4.14 It is anticipated that HMP & YOI Grampian will host a visit from the SPS Health and Wellbeing Lead and Divisional Head of Operations Directorate in January 2018, and this will provide an opportunity to discuss good practice, local challenges and opportunities, and key policy drivers with the governor/prison management team and Aberdeenshire Health and Social Care Partnership Managers.

5. SUMMARY OF IMPLICATIONS

(a) Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Aberdeenshire IJB has lead responsibility on behalf of Grampian for planning and service delivery.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report. .

(d) Risk Implications and Mitigation None

directly associated with this report.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities

An equality impact assessment is not required because this report is to update on service performance.

(h) Consultations

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

- Legal Services Manager (Litigation & Licensing), Moray Council
- Caroline Howie, Committee Services Officer, Moray Council
- Chief Financial Officer, MIJB
- Mark Simpson, Partnership Manager, Aberdeenshire Health and Social Care Partnership

6. CONCLUSION

- 6.1 The health and wellbeing of any prisoner can deteriorate if his or her needs are not met, including the continuation of treatment that he/she was receiving prior to incarceration and the handing over of care to a community-based provider on release. It is important for the MIJB to note that the progress being made against the action plan and priority actions will improve the health and wellbeing of individuals on release from prison.**

Author of Report: Alex Pirrie, Location Manager, Aberdeenshire Health and Social Care Partnership & Catherine Quinn, Executive Assistant

Background Papers: With author

Ref: ijb\board meetings\jan18

Signature: _____

Date: 16 January 2018

Designation: Chief Officer

Name: Pam Gowans



HMP & YOI GRAMPIAN HEALTH CENTRE

RECOVERY ACTION PLAN

Notes:

Actions are prioritised for completion in phases.

Focus on completion of Phase 1 actions first, followed by Phase 2 and so forth.

Specific timescales for completion of individual actions are suggestions - phased approach linked to staffing levels and capacity to deliver.

Actions grouped in focus areas for ease of reference and future reporting.

Actions beyond Phase 1 are likely to be expanded / more detailed as recovery action plan progresses.

Phase	Focus Area	Action	Progress	Target date for completion
1	Workforce capacity - nursing	Undertake bespoke high profile recruitment drive for all vacant posts	All current vacancies with workflow / at advert with interview dates scheduled. Recruitment roadshows being planned for January 2018 with publicity. SPS supportive of an open day with tour of the establishment for potential applicants - being arranged in conjunction with roadshow planning. Recruitment video being made - working title 'a day in the life of prison nursing'.	31/03/2018 (to account for process timescales including PVG and OHS clearance)
		Establish working group to progress workforce planning, skill mix review and fit-for purpose nursing rota.	Underway - representatives identified from Nursing, HR, Finance, Management, Partnership, Primary Care and Workforce Planning. Proposed skill-mix from Head of Nursing being costed. Health Centre Senior Charge Nurses meeting with Workforce Planning on 12 December to look at rota issues - fit-for-purpose rota can only be established when vacant posts are recruited	31/01/2018 (workforce planning & skill mix review) ; 31/03/2018 (fit-for-purpose rota)
	Workforce development - nursing	Implement programme of training and team-building so staff have improved understanding of roles and responsibilities and each individual has up-to-date eKSF.	Focus continues on core / mandatory training due to ongoing recruitment drive and use of bank / agency staff and multi-disciplinary / multi-agency training. Lead Nurse & Operational Lead Nurse are overseeing the development of individual personal development action plans and a defined career pathway for the nursing team - 1:1 sessions are being held with individual nurses / Health Care Support Workers as a part of training needs analysis, workforce planning and preparation for staff appraisal.	31/01/2018

1	Workforce development - nursing	Staff appraisals undertaken by the appropriate person	Preparation for appraisals underway with Lead Nurse and Operational Lead Nurse undertaking 1:1 sessions with registered nurses and Health Care Support Workers - discussions centred around key skills, competencies, training (undertaken and required) and gaps to be addressed. Health Centre Management Team and Professional Leads to finalise staff appraisal plan (matching appraiser to appraisee and setting date for appraisal)	28/02/2018
	Service standards of delivery	Review of all Standard Operating Procedures (SOPs) for the Health Centre to ensure that they are current and a system is implemented to ensure staff understand and	Current focus is SOP for management and administration of controlled drugs. Action plan that resulted from inspection by Controlled Drugs Team is being progressed. Staff have received refresher training. Input / support being requested from Business & Strategy Team.	31/01/2018
	Clinical Governance - compliance with legislation	Apply to Home Office for Controlled Drugs Licence for the Health Centre	Input and support being provided by Lead Pharmacists and Controlled Drugs Team. Controlled Drugs inspection and action plan - inspection complete and actions being progressed; reporting to Clinical and Adult Social Work Governance Group. Controlled Drugs SOP being revised with staff refresher / re-training in preparation for application and Home Office inspection required for issuing of licence. English Capita disclosure required for Home Office Licence so clarity being sought on appropriate named person for licence from operational management side.	31/01/2018
	Health and Safety	Complete review of all service risk assessments	Ongoing review of effective risk management / risk enablement to ensure continued service improvement and development within the prison regime. Input and support from NHSG Risk Management Advisor for key areas of review and development is being arranged.	28/02/2018

1	Service delivery	Improve the range and availability of clinics with identified staff champions that have undertaken relevant certified training, e.g. BBV, sexual health, asthma, diabetes	Advanced Practice Nurses included / to be explored in skill mix review (see above). Treatment room nurses x 3 have been appointed and will commence NES modules in Asthma, Chronic Obstructive Pulmonary Disease and Cardiovascular Disease. Nursing team have received training and input from BBV & Sexual Health Training. Lead Nurse and Operational Lead Nurse assisting with the identification / training of 'champions' as a part of their 1:1 sessions and professional support to team. Will be developed as staffing levels continue to improve.	31/03/2018 and ongoing
	Patient outcomes - health improvement	Increased self-care and health promotion for prisoners	Staff undertake health promotion sessions, e.g. smoking cessation, health and wellbeing checks. Health promotion activities are also planned to coincide with health campaigns. Key focus is preparing for smoke-free prison in 2018 - service representatives are attending an engagement event at SPS college on 18 December for this purpose. Health and Wellbeing Lead and Location Manager are reviewing further work required on holistic health improvement action plan and activities. Rapid review of health promotion information for patients taking place in January 2018.	31/03/2018 and ongoing
	Patient experience / involvement	Revise service induction information for prisoners and establish a patient forum	Revision of patient induction information underway. Input from Primary Care Development Managers being arranged to help implement a patient forum and link with SPS processes already in place (SPS have confirmed support).	28/02/2018

1	Measuring performance	Underake audit of Datix (both complaints and adverse events) and provide additional training to ensure optimum use of this tool within service parameters and requirements.	Input from NHSG Quality Informatics Facilitator arranges - Health Centre Management Team on 13 December 2017; wider staff team on 18 January 2018. Review of current 'permissions and reporting levels undersay. Dashboard being set up for Location Manager and link with Operational Lead Nurse and Lead Nurse to assist with identification of key trends / themes to inform service development and improvement	31/01/2018
	Professional relationships / collaborative working	Develop staff information booklet with SPS that details relevant posts, roles and remits within the establishment	Underway - information on posts and structures collated.	31/01/2018
	Service development and improvement	Establish links with other prison health centres (Scotland) to take and share learning to develop and improve service delivery to patients who are prisoners	Health Centre Management team links with National Prisoner Health Care Network. Managers have accepted invitations to visit two prisons in the central belt and these are being arranged. Service has received requests from colleagues from two prison health centres to visit HMP & YOI Grampian Health Centre and these will be hosted.	31/03/2018
2	Workforce Development	Individuals identified and trained as mentors	Staff had been identified previously but not all had undertaken the relevant training and some have now left. To be revisited once the service is fully staffed.	Tbc
		Undertake training needs analysis for whole service team (all functions) and identify realistic, relevant and efficient service development plan - to include shared opportunities with partners.	Upon conclusion of training needs analysis currently being undertaken for the nursing workforce, focus group to be convened with other Lead Professionals (e.g. AHPs, GP, Denistry, Area Support) and relevant partner representatives to discuss agree how to progress this. Lead Professionals are already involved in workforce planning activity for Aberdeenshire so elements of this will likely contribute to Health Centre Team Development Plan.	Tbc

2	Workforce Development	Expand options for clinical supervision (individual and group) and professional collaboration - improved links and collaborative working with community and acute services and other Scottish prison Health Centres.	Links already established or developing with community and acute services and other Scottish prison Health Centres but primarily at a management level. To be explored for staff team when staffing levels improve.	Tbc
		Explore options for developing / improving structures that allow for staff to share knowledge and experience following attendance at courses etc.	Currently there is an opportunity within existing team meetings but staff shortages meant that focus of discussion is centred on operational matters. To be progressed when staffing levels improve.	Tbc
	Professional relationships / collaborative working	Implement programme of joint sessions with SPS and Health Centre staff to learn more about each other's roles and developed shared professional understanding.	Appropriate professional relationships and collaborative working in place at management level but action is required at front-line staffing levels. Previous sessions were held in 2016 but there was a lack of attendance from SPS front-line officers due to staff shortages. Currently there are staff shortages in both SPS Officer and Nursing teams so this action will be progressed when staffing levels improve in both teams.	Tbc
		Develop and agree a communication strategy for all health care staff to use in relation to providing patient care to enable interrogation of interventions.	Action to be submitted to the relevant workstreams for consideration and input.	31/03/2018
	Patient experience / involvement	Agree programme of input with patient forum, e.g. revision of patient induction, service performance and service development	To be progressed once patient forum is in place	Tbc

2	Measuring performance	Finalise performance information system which supports improvement work	Processes in place for Mental Health and Substance Misuse teams but less progress with primary care due to lack of staff. To be progressed as staffing levels improve. SMS Workstream are working on scorecard. Explore potential for score cards to be developed for other service elements.	Tbc
		Undertake audit of patient recording system to ensure consistent and effective use	To be progressed once staffing levels have improved.	Tbc
		Performance information on non-attendance available within health centre and wider establishment	This information is currently gathered but there are questions on the validity of the data as not all SPS officers have engaged with the process for refusal slips. To be reviewed and progressed in conjunction with patient forums and joint sessions with SPS, once in	Tbc
3	Professional relationships / collaborative working	Programme of regular staff team-building events with SPS in place	To be progressed once staffing levels have improved for SPS officers and within the Health Centre	Tbc
	Measuring and improving performance	All staff have sight and ownership of performance information and are empowered to make improvements via action learning sets.	Opportunity to develop scorecards with visuals for specific service elements and make progress when staffing levels have improved and patient forums and joint sessions with SPS are in place.	Tbc
	Patient experience / involvement	Regular programme of patient forums in place and patient champions identified and trained.	To be progressed once patient forums fully established.	Tbc
	Workforce development	Student nurse placements offered within the Health Centre	To be progressed once staffing levels are sufficiently improved and appropriate supervisors for student placements have been identified and trained.	Tbc

3	<i>Workforce development</i>	Extended training for Health Care Support Workers to undertake roles with other professionals e.g. Occupational Therapy and Psychologists.	Possibly move into Phase 2 depending on improvement in staffing levels - Professional Lead has been identified and has provided some input to Health Care Support Workers; Consultant Clinical Psychologist for the prison expected to commence in post in January 2018.	Tbc
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ITEMS FOR THE ATTENTION

OF THE PUBLIC –

DISCUSSION

MORAY INTEGRATION JOINT BOARD

THURSDAY 28 JANUARY 2018

CONFIDENTIAL ITEM

ITEM 20

This is a confidential item of business to be discussed with the press and public excluded in terms of Section 6.2. of the Moray Integration Joint Board Standing Orders.

This report contains information which the Chair wishes to be considered in private as the Board is still in the process of developing proposals or its position on the matter and need time for private deliberation.

Should you require clarification or have any queries regarding this item, please contact Committee Services on (01343) 563302.