MORAY INTEGRATION JOINT BOARD THURSDAY

28 JUNE 2018, 9:30AM UNTIL 12 NOON

ALEXANDER GRAHAM BELL CENTRE, MORAY COLLEGE, ELGIN

NOTICE IS HEREBY GIVEN that a Meeting of the **MORAY INTEGRATION JOINT BOARD** is to be held at **Alexander Graham Bell Centre, Moray College, Elgin** on **28 June 2018** at **9:30am** to consider the business noted below.

Councillor Morrison   21 June 2018
Chair, Moray Integration Joint Board

AGENDA

1.   Welcome and Apologies

2.   Declaration of Member's Interests

3.   Minute of the Meeting of the Integration Joint Board (IJB) dated 26 April 2018

4.   Action Log of the IJB dated 26 April 2018

5.   Chief Officers Report – Report by the Chief Officer

ITEMS FOR APPROVAL

6.   Review of Standing Orders and Scheme of Administration and Membership of Committees – Report by the Legal Services Manager (Litigation & Licensing), Moray Council

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Councillor Morrison (Chair)	Moray Council
Ms Christine Lester (Vice-Chair)	Non-Executive Board Member, NHS Grampian
Dame Anne Begg	Non-Executive Board Member, NHS Grampian
Councillor Eagle	Moray Council
Councillor Laing	Moray Council
Mrs Susan Webb	Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

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

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

THURSDAY 26 APRIL 2018

INKWELL MAIN, ELGIN YOUTH CAFÉ

PRESENT

VOTING MEMBERS

Councillor Frank Brown (Chair)	Moray Council
Ms Christine Lester (Vice-Chair)	Non-Exec Board Member, NHS Grampian
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
Ms Pam Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Ms Jane Mackie	Head of Adult Health and Social Care, Health and Social Care Moray
Ms Joyce Lorimer substitute for Mrs Maclaren	Service Manager, Social Work, Moray Council
Dr Malcolm Metcalfe	Secondary Care Advisor, Moray Integration Joint Board
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Mrs Val Thatcher	PPF Representative
Ms Elidh Brown substitute for Mr Villani	tsiMoray
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services

IN ATTENDANCE

Ms Lesley Attridge	Team Manager, Moray Council
Mrs Margaret Forrest	Legal Services Manager (Litigation and Licensing), Moray Council

Ms Sandra Gracie   Strategic Development Officer, Health and Social Care Moray
Councillor Louise Laing   Moray Council
Ms Fiona McPherson   Public Involvement Officer, Health and Social Care Moray
Ms Jeanette Netherwood   Corporate Manager, Moray Integration Joint Board
Mr Robin Paterson   Senior Project Officer, Moray Council

APOLOGIES

Mrs Susan Maclaren   Chief Social Work Officer, Moray Council
Mr Fabio Villani   tsiMoray

1.	**WELCOME and TRIBUTE**
	The Chair welcomed everyone and advised this was his first meeting since taking on the role of Chair. He asked those present to introduce themselves as there were some new Members. Thereafter the Board joined the Chair in thanking Ms Lester for all her work during her time as 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 DATED 29 MARCH 2018**

	The minute of the meeting of the Moray Integration Joint Board dated 29 March 2018 was submitted for approval.
	
	It was advised that Dame Anne had been in attendance however was not noted in the list of attendees.
	
	It was further advised that Ms Brown was incorrectly noted in the attendance under Voting Members and should have been listed under Non-Voting Members.
	
	Dr Taylor was of the opinion that the Minute did not reflect the depth of feeling of the Board in relation to two of the items discussed:
	
	    Item 8 of the Minute – Revenue Budget 2018/19; although the Minute reflected there was lengthy discussion it did not emphasise the strong feelings at the meeting that, due to the settlement from Moray Council and Grampian Health Board, the safe and effective delivery of services would be challenging.
	    Item 9 – Delivering the New 2018 General Medical Services Contract in Scotland; should the proposed new allocation formula be implemented it would raise significant challenges in delivering GP services as there was no account taken of rural areas.

	The Chair was of the opinion strong feelings had been intimated at the previous meeting and felt it appropriate to make note of this as it had not been reflected in the previous Minute. As no one was otherwise minded it was agreed not to update the previous minute but to reflect views and the depth of concern in this Minute. Thereafter the Board agreed that with the amendments to the attendance the Minute was a true record of the meeting.	
4.	**ACTION LOG DATED 29 MARCH 2018**	
	The Action Log of the Moray Integration Joint Board dated 29 March 2018 was discussed and it was noted that all actions other than the following had been completed: i) item 1 – Action Log dated 25 January 2018, item 4 – Provision of Major Adaptations – not yet completed, to be presented to the next Moray Council Communities Committee meeting on 26 June 2018; and ii) item 5 – Annual Performance Report 2017/18 – Draft Annual Performance Report to be circulated for discussion at the May Development Session prior to being presented to the Board meeting in June.	
5.	**CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD**	
	A report by the Chief Officer (CO) provided the Board with an update on key priorities and projects. The CO advised the development at Woodview had been a good example of transformation and was working well. Staff retention is good and the robust approach taken in bringing this to fruition has proven to be of real benefit.	
6.	**EVALUATION REPORT-VARIS COURT AUGMENTED CARE UNITS AND THE FORRES NEIGHBOURHOOD CARE TEAM**	
	A report by Robin Paterson, Senior Project Officer, informed the Board of the progress to date in evaluating the Augmented Care Units (ACUs) and the Forres Neighbourhood Care Team (FNCT), located at Varis Court, Forres. The Senior Project Officer acknowledged this was work in progress and that full data for 12 months was required to carry out an in-depth evaluation. Lengthy discussion took place on Leanchoil Community Hospital and Varis Court ACUs and the differences in function and whether they could be compared. It was noted that the data already gathered was not sufficient to allow a full evaluation to take place and additional data should be included over the coming months to provide a meaningful evaluation. There would be a need to understand the evaluation of this test of change in the context of the wider health and care system in Forres and there would need to be evidence of impact across the system for this to be fully considered as a viable and appropriate approach to care going forward.	

	During discussion it was noted that with the limited number of patients involved it might be possible to identify individuals from the data given, it was further noted that a summary of information would be provided in future reports. Further discussion took place on the wording of the recommendations. It was agreed recommendation 2.1 ii) of the report was to have the words 'and lease period' removed as extending the lease period was being done verbally. It was further agreed that recommendation 2.1 iii) was to have 'Dundee University to publish their findings' replaced with 'publication of academic findings' as Dundee University may not now be used for the review of the findings. Thereafter the Board agreed: i) to note the interim findings of the evaluation report in relation to the ACU test site and FNCT(Appendices 1 to 4 of the report); ii) that the ACU test site evaluation be extended for a further 8 months to allow for a further exploration of the impact of this initiative on the health and social care system in the Forres locality area; iii) that this extension will also allow publication of academic findings in relation to an independent item of research focused on the application of the Buurtzorg principles in relation to the FNCT and the instrumental learning that this may reveal at both local and national levels; and iv) that at the MIJB meeting on 29 November 2018, a further ACU evaluation report will be submitted along with the outline transformation reshaping care plan for the redesign of health & social care services in the Forres area.
7.	**JUBILEE COTTAGES**
	A report by the Chief Officer informed the Board (MIJB) of progress to date and sought approval to continue the use of Jubilee Cottages. Discussion took place on the use of the cottages. The categories of those using the cottages is not as originally intended as during ongoing review it was found there was the possibility of wider use than originally intended. Thereafter the Board agreed the ongoing use of the cottages for a further year for future review, based on the information supplied in the appendices to the report. Dr Taylor, Ms Attridge and Mr Paterson left the meeting at this juncture.
8.	**EQUALITIES MAINSTREAMING PROGRESS REPORT 2016-2018**
	A report by the Chief Officer (CO) sought approval of the Moray Integration Joint Board (MIJB) Equality Mainstreaming Progress Report 2016-2018 and informed the MIJB of planned work in relation to equalities mainstreaming and outcomes during 2018/19.

	During lengthy discussion it was agreed more work was required before a decision could be reached and an updated report could be circulated within a few weeks. The CO noted that there were challenges in producing this report and that whilst legally this should be published immediately there was a risk in doing so in that it did not fully reflect requirements. The Legal Services Manager (Litigation and Licensing) sought clarification on whether this would be brought back to the next Board meeting for agreement. It was agreed the amended report would require to be tabled at a future date. Thereafter the Board agreed to defer consideration of the report, with an updated report being presented to the Board meeting on 28 June 2018.
9.	**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD AUDIT AND RISK COMMITTEE DATED 14 DECEMBER 2017**
	The minute of the meeting of the Moray Integration Joint Board Audit and Risk Committee dated 14 December 2018 was submitted and noted. Discussion took place on whether it was required to rotate the Chair for both this and the Clinical and Care Governance Committee (CCGC) and it was advised the Board's Standing Orders (SOs) stipulate the Chair of the CCGC is a Health Board voting member but that the Chair of the Audit and Risk Committee would rotate in line with the rotation of the Board Chair. After further discussion on the original requirement for the Chair of the CCGC to be a Health Board voting member it was agreed a review of the SOs was required, the review to include information on performance. Thereafter the Board agreed to a report on the remit of the Audit and Risk Committee to include performance to be presented to the Board in June.
10.	**REVISED HEALTH AND SOCIAL CARE INTEGRATION SCHEME FOR MORAY**
	A report by the Legal Services Manager (Litigation and Licensing), Moray Council, asked the Board to consider the revised Moray Health and Social Care Integration Scheme. The Chair advised that as the Scheme is prepared by Moray Council and Grampian Health Board and approved by the Scottish Government that it was on the agenda for noting. Following consideration the Board agreed to note the i) terms of the Revised Moray Health and Social Care Integration Scheme attached as Appendix 1 to the report; and ii) updated functions and services delegated to it in terms of Annex 1 and Annex 2 of the Scheme as attached as Appendix 1 to the report.

11.	**AUDIT AND RISK COMMITTEE ASSURANCE REPORT**
	A report by the Chief Financial Officer informed the Board of a summary of matters considered and actioned during 2017/18 at the Audit and Risk Committee. During discussion it was noted that the first risk on appendix 1 of the report 'Political' was rated as high and the Chair was of the opinion this should be very high. In response the Chief Officer advised the rating on the risk register were scheduled to be discussed at the development session in June and consideration would be given then to changing the risk ratings. Thereafter the Board agreed to note: i) the content of the report; ii) the Strategic Risk Register attached at Appendix 1 of the report; and iii) the External Audit Plan attached at Appendix 2 of the report.
12.	**CLINICAL AND CARE GOVERNANCE COMMITTEE ASSURANCE REPORT**
	A report by the Chief Officer informed the Board of the summary of matters considered and actioned during 2017/18 at the Clinical and Care Governance Committee (CCGC). During discussion it was noted that under the Terms of Reference the CCGC the Chair of the Committee is required to be a Health Board voting member. It was stated the Committee had progressed from where it began and clarification was sought on whether it was still relevant for the Chair to always be a Health Board member. It was agreed this should be reviewed and the Chief Officer was asked to provide a report to the next meeting of the Board for consideration. Thereafter the Board agreed to: i) note the report; and ii) task the Chief Officer with submitting a report to the next meeting on the provision of a Chair for the CCGC.
13.	**STRATEGIC PLAN REVIEW**
	A report by the Chief Officer informed the Board of the progress being made with the review of the Strategic Commissioning Plan 2016-2019. Following consideration the Board agreed to note the report.

14.	**ITEMS FOR THE ATTENTION OF THE PUBLIC**
	Under reference to paragraph 10 of the minute of the Moray Integration Joint Board dated 26 October 2017 the Board agreed that the following items be brought to the attention of the public: i) Varis Court; ii) Jubilee Cottages; and iii) Woodview
15.	**FUNDING OF SHOPMOBILITY MORAY**
	A confidential report by the Head of Adult Services provided information to the Board to facilitate an informed decision about savings identified. Following lengthy discussion the Board agreed engagement would be undertaken with Shopmobility to obtain information on how funding is spent.
16.	**FUNDING OF MORAY HANDYPERSON SERVICES**
	A confidential report by the Head of Adult Services provided information to the Board to facilitate an informed decision about savings identified. Following lengthy discussion the Board agreed engagement would be undertaken with the Moray Handyperson Services to obtain information on how funding is spent. Professor Croft and Dr Metcalfe left the meeting during consideration of this item.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 26 APRIL 2018

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Minute of Meeting of the Moray Integration Joint Board dated 29 March 2018	It was noted that Dame Anne, having been in attendance at the meeting, was missing from the list of those present. It was further noted that Ms Brown, substitute for Mr Villani, was listed under voting members but should have been listed under non-voting members. With these amendments the minute was agreed.	April 2018	Clerk
2.	Action Log Dated 29 March 2018	Item 1 – Action Log dated 25 January 2018, item 4 – Provision of Major Adaptations – not yet completed, to be presented to the next Moray Council Communities Committee meeting on 26 June 2018	June 2018	Pam Gowans
		Item 5 – Annual Performance Report 2017/18 – Draft Annual Performance Report to be circulated for discussion at the May Development Session prior to being presented to the Board meeting in June.	May/June 2018	Pam Gowans
3.	Evaluation Report – Varis Court Augmented Care Units and the Forres Neighbourhood Care Team	Remove 'and lease period' from recommendation 2.1 ii).	April 2018	Clerk
		Replace 'Dundee University to publish their findings' with 'publication of academic findings' at recommendation 2.1 iii).	April 2018	Clerk
		Further Augmented Care Units evaluation report to be presented in November 2018 alongside the outline transformation plan for Forres.	Nov 2018	Robin Paterson

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
4.	Equalities Mainstreaming Progress Report 2016-2018	Updated report to be submitted in June.	June 2018	Pam Gowans
5.	Minute of Meeting of Moray Integration Joint Board Audit and Risk Committee dated 14 December 2017	Report on the remit of the Audit and Risk Committee to include performance and changes to the CCGC chairmanship to be presented to the Board in June.	June 2018	Pam Gowans
6.	Clinical and Care Governance Committee Assurance Report	Report to be submitted in June for discussion on whether the Chair of Clinical and Care Governance Committee still requires to be someone with a clinical background.	June 2018	Pam Gowans
7.	Items for the Attention of the Public	Varis Court Jubilee Cottages Woodview	May 2018	Fiona McPherson
8.	Funding of Shopmobility Moray	Engagement to be undertaken with Shopmobility to obtain information on how funding is spent.	June 2018	Jane Mackie
9.	Funding of Moray Handyperson Services	Engagement to be undertaken with Moray Handyperson Services to obtain information on how funding is spent.	June 2018	Jane Mackie

**CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD
28 JUNE 2018**

Reshaping the Health and Care System

Discussions have taken place with NHS Grampian regarding the need to strengthen cross system working in Moray in relation to the pathways of care in both emergency and planned care. It has been agreed that in terms of redesign and the delivery of change, that in line with the legislation and delegations to the Moray Integration Joint Board (MIJB) that further work within the context of an alliance should be promoted and supported to affect change and achieve sustainability for the future.
Gary Mortimer, Director of Acute Services will work with the Chief Officer (CO) to agree the scope of this work and NHS Grampian will support with resources to enable a more robust approach to change. This opportunity will support the appropriate collaboration between Health and Social Care Moray and the Acute Sector in reshaping the services on offer to the people of Moray and the deployment of resources. The MIJB Strategic Planning and Commissioning Group will remain the key mechanism for strategic planning in relation to this, with some additional membership to strengthen the collaboration. A formal report setting out the proposal will come to the next Board meeting in August 2018.

Palliative/End of Life Care – Unscheduled Care Pathway

The Moray CO has the lead responsibility for this pathway on behalf of the three partnerships and Acute Sector. At NHS Grampian Senior Leadership Team this month the CO presented a paper alongside the Lead Clinician Dr David Carroll on some of the challenges relating to this area and where a proposal set in the context of shifting the balance of care and ensuring best practice was presented. It was proposed that a refresh of the Grampian expert group take place and a Strategic Outcomes Framework be established for each partnership to respond to. This was accepted as a positive approach to cross-system change and collaboration. Key measures for improvement will be identified. The Moray CO will now take this forward and updates will be available as the work progresses and particularly the impact at a local level.

National Remote and Rural General Practice Group

In line with the new General Medical Services contract implementation the National Oversight Group has established a Remote and Rural Group to look at specific concerns raised and to ensure all aspects of implementation are considered and taken forward accordingly. The group had the inaugural meeting on the 12th June 2018 and the Moray CO has accepted the invite to be a member of this group providing a link into the national CO network. There are some concerns locally regarding the implications and this will enable us to be very well prepared to respond to and support concerns raised.

Workforce Development

The CO attended a session at Robert Gordons University to discuss the future workforce, exploring how we could work differently together to address some of the future workforce challenges facing Health and Social Care. A productive meeting took place with the CO agreeing to further discussions on placements going forward. New ideas were considered as to how these could be put together in a different way to try to maximise the opportunities available ensuring these experiences support integration and new ways of working. Further work is now underway to agree plans to progress these initiatives.

Children's Services

The CO attended a national development session with the other Public Sector Chief Officers (Police, Local Authority and NHS) responsible for Children's Services in Moray on the 2nd May 2018. The purpose of the day led by the Scottish Government was to ensure that there was clarity regarding responsibilities alongside the requirement for collaborative leadership across the public sector, with the aim of maximising outcomes for children. The role of Adult Services and collegiate accountability was emphasised, consistent with the Children's inspection messages received in Moray to date. The partnership have been considering further where Adult and Children's Services need to come together more robustly to ensure good outcomes for children. The Locality Management Groups for Children's Services will have adult services representation on them and have been aligned with the East and West Locality of the MIJB.

Management Structure

In recent months we have been looking at the existing structure within Adult Services and the requirements for the future as we start to integrate services further. Over the coming months there will be changes to the way in which the management team are configured to cover the business requirements and to ensure a coherence in delivery of the many functions that need to be covered. A paper will come to the next Board meeting setting out the first phase of these changes.

Signature: _____   Date: 20 June 2018

Designation: Chief Officer   Name: Pam Gowans

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JUNE 2018

**SUBJECT: REVIEW OF STANDING ORDERS AND SCHEME OF
                 ADMINISTRATION AND MEMBERSHIP OF COMMITTEES**

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

1.   REASON FOR REPORT

1.1   To ask the Board to review the Standing Orders that govern proceedings at meetings of the Board and its Committees, and which incorporates the Board's Scheme of Administration that deals with the Board's committee structure and working groups.

1.2   In light of changes in Board membership, to ask the Board to consider its Committee membership.

2.   RECOMMENDATION

2.1   It is recommended that the Moray Integration Joint Board:

   i)   review its Standing Orders and Scheme of Administration attached at Appendix 1;

   ii)   agree changes to this as the Board sees fit; and

   iii) consider and make appointments to its Committees as the Board sees fit.

3.   BACKGROUND

3.1   The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 obliges the Integration Joint Board to agree Standing Orders to regulate its meetings and those of its Committees. The Order also lists certain mandatory provisions that require to be included within Standing Orders. Standing Orders may be amended from time to time.

3.2   At its meeting on 31 August 2017, the Board adopted the Standing Orders attached at **Appendix 1** (para. 7 of the minute refers). It is good practice to regularly review key governance documents such as the Standing Orders and Scheme of Administration to keep them up to date and fit for purpose.

3.3   Grampian Health Board has intimated a change in its voting membership on the Board. Susan Webb, Director of Public Health has replaced Amanda Croft now interim Chief Executive, NHS Grampian. Moray Council has also intimated changes in its voting membership on the Board (and proxy members):- the Board members are now Councillor Shona Morrison, who will take over as the Board's chair, and Councillors Louise Laing and Tim Eagle. The Council's new proxy/substitute members will be Councillors Theresa Coull and Sonya Warren for Councillors Morrison and Laing and Councillor Ray McLean for Councillor Eagle.

4.   **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1   The Standing Orders include all the mandatory statutory provisions and additional discretionary provisions that the Board may amend or add to as it sees fit. Statutory provisions are highlighted in yellow within **Appendix 1.**

4.2   Suggested amendments for the Board to consider, which are mainly to the Scheme of Administration, are shown as struck through and highlighted in red in **Appendix 1**. **Explanations for changes are contained within paragraphs 4.3 to 4.8.**

4.3   In relation to the Strategic Planning and Commissioning Group, this was established in 2014 to drive forward the development of the strategic plan. The Moray Strategic Plan 2016-2019 was approved by the Moray Integration Joint Board at its meeting on 31 March 2016 (para. 4 of the minute refers). As advised by the Scottish Government in Strategic Commissioning Plans Guidance, the Moray Strategic Plan will be revised every 3 years.

4.4   The Strategic Planning and Commissioning Group utilise the Institute of Public Care (IPC) Commissioning model key principles, which has been adopted by the Scottish Government: the commissioning process must be equitable and transparent and open to influence – a co-productive approach, have a written, joined up strategy, focusing on how to meet needs, improving outcomes and standards, to be met by all public service providers. The Strategic Planning & Commissioning Group has worked well in completing the Moray Strategic Plan 2016-2019 and has demonstrated excellent partnership working and great enthusiasm to continue to make Moray the best health and care system it can be. All stakeholders were engaged in the preparation, publication and review of the strategic plan as part of an ongoing cyclical process.

4.5 Strategic commissioning is crucially about establishing a mature relationship between different partners from across the public, third and independent sectors in a way which will help to achieve the best services for the population. Providers themselves will bring knowledge and experience of their services and the outcomes they are delivering. Every partner has a role to play in strategic commissioning, and that is why it is important that local arrangements promote mature relationships and constructive dialogue. The remit has been reviewed by that group, and will continue to be reviewed on an ongoing basis to ensure appropriateness in dealing with the business of the Board.

4.6 In relation to the Audit and Risk Committee, this has been renamed the Audit, Performance and Risk Committee and its remit has been expanded to cover performance issues. One of the two Health Board voting members on this Committee was Amanda Croft. A new Health Board voting member appointment will be required to replace her. Board members may also wish to revisit the Council voting membership of this Committee. Councillors Feaver and Morrison were previously appointed to sit on this Committee.

4.7 In relation to the Clinical and Care Governance Committee, amendments made to those "to be in attendance" are to ensure consistency of approach on this issue within committees. The Health Board voting member on this Committee was Amanda Croft. A new Health Board voting member appointment will be required to replace her. Board members may also wish to revisit the Council voting membership of this Committee. Councillor Morrison was previously appointed to sit on this Committee.

4.8 Working group meetings are not open to members of the public to attend but to enable some information to be made public, standing order number 14.4 has been amended to enable the chair to arrange for the publishing of excerpts of minutes at his/her discretion.

5. **SUMMARY OF IMPLICATIONS**

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

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

(b) **Policy and Legal**

The Board is required to adopt Standing Orders for Meetings under the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The Standing Orders at **Appendix 1** comply with this obligation.

Standing Orders ensure that the Board's affairs are administered in accordance with the law, probity and proper standards.

(c) Financial implications

None arising from this report.

(d) Risk Implications and Mitigation

Agreement of and adherence to Standing Orders help reduce the chance of a successful challenge to Board decisions.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising from this report.

(g) Equalities/Socio Economic Impact

None arising from this report as Standing Orders regulate internal procedures only.

(h) Consultations

Consultation on this report has taken place with Caroline Howie, Committee Services Officer, Moray Council and comments received incorporated.

6.   CONCLUSION

6.1   This report recommends a review of Standing Orders and the Scheme of Administration as well as the voting membership of Committees.

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

Background Papers:

Ref:

Signature: _____   Date : <u>19 June 2018</u>

Designation: <u>Chief Officer, Integration Joint Board</u>   Name: <u>Pam Gowans</u>

MORAY INTEGRATION JOINT BOARD

STANDING ORDERS

FOR THE REGULATION OF MEETINGS

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1. General

1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the 2014 Order").

1.2 These Standing Orders shall, as far as applicable, also regulate the proceedings of Committees and Sub-Committees of the Board and therefore reference to the term 'Board' shall be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.

1.3 The Board may amend these Standing Orders as it so determines except that all requirements of the 2014 Order and any order that may amend or replace it from time to time shall be met.

1.4 Any statutory provision, regulation or direction issued by the Scottish Government Ministers shall have precedence if they are in conflict with these Standing Orders.

2. Chairperson and Vice Chairperson

2.1 At every meeting of the Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from within the voting members present for that meeting. Any proxy or substitute attending the meeting for a voting member may not preside over that meeting.

2.2 The Chairperson shall, amongst other things:-

(a) Preserve order at meetings and at his/her discretion, order the exclusion of any individual present who is deemed to have been acting in a disorderly or offensive manner or whose presence or conduct is impeding the work or proceedings of the Board;

(b) Determine the order in which speakers can be heard;

(c) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;

(d) If requested by any Member, ask the member making a proposal, to clarify its terms;

(e) Decide all matters of procedure, having taken into account any advice offered by the Clerk in attendance at the Meeting, in reference to which no express provision is made under these orders.

2.3 Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption and Members shall address the Chairperson whilst speaking.

2.4 The decision of the Chairperson on all matters within his/her jurisdiction shall be final.

3. Codes of Conduct and Conflicts of Interest

3.1 Members of the Board shall subscribe to and comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies - http://www.gov.scot/Resource/0044/00442087.pdf - which is deemed to be incorporated into these Standing Orders. All members who are not already bound by the terms of the Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.

3.2 If any Member has a direct or indirect financial or other interest as defined in the Code of Conduct of Members of Devolved Public Bodies, which the member considers should be disclosed, and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has such an interest and the nature of that interest.

3.3 If a Member has declared an interest then that member must decide whether in the circumstances it is appropriate to take part in discussion of or voting on the item of business.

4. Calling of Meetings

4.1 The first meeting of the Board will be convened at a time and place to be determined by the Chairperson. Thereafter the Board shall meet at such place and such frequency as may be agreed by the Board. The Board shall approve annually a forward schedule of meeting dates for the following year.

4.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chairperson. If the Office of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

4.3 If the Chairperson refuses to call a meeting of the Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

4.4 A member who is unable to be present for a meeting of Board or any Committee at the venue identified in the notice calling the meeting shall be able to take part remotely via video conferencing facilities.

5.   Notice of Meetings

5.1   Before every meeting of the Board, a notice of the meeting, specifying the time, place and business to be transacted at it and signed by the Chairperson, or some other member authorised by the Chairperson to sign on the Chairperson's behalf, or in the case of a meeting called by the requisition of members by those members, shall be delivered to every Member by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five working days before the meeting. For the avoidance of doubt, the following days shall be excluded from this calculation: the day of the meeting, weekends and public holidays. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any member shall not affect the validity of anything done at a meeting.

5.2   At all Ordinary or Special Meetings of the Board, no business other than that on the notice shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

5.3   Public Notice of the time and place of each meeting of the Board shall be given by posting it within the main offices of the Board and on the internet not less than five working days before the date of each meeting. For the avoidance of doubt, the following days shall be excluded from this calculation: the day the notice is issued, the day of the meeting, weekends and public holidays.

5.4   The Notice will clearly identify any items which should be treated as confidential and in respect of which the press and public are likely to be excluded from the meeting in accordance with these Standing Orders.

6.   Admission of Press and Public

6.1   Subject to the extent of the accommodation available, meetings of the Board shall be open to the press and public who may observe proceedings but not take part in discussions. This is without prejudice to the Chair's powers of exclusion in order to suppress or prevent disorderly or offensive conduct at a meeting.

6.2   The Chair may at his/her discretion, at any meeting, in order to consider certain items of business, move the Board in to a closed session and exclude the press and public therefrom, and may decide to do so for the following reasons:

6.2.1 The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
6.2.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

6.2.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the principles of the Data Protection Act 1998.

6.2.4 The business necessarily involves reference to confidential or exempt information, as determined by the Local Government (Scotland) Act 1973.

6.2.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

6.3   The minutes of the meeting will reflect the reason(s) why the chair decided to move the meeting in to a closed session.

7.   Adjournment of Meetings

7.1   A meeting of the Board may be adjourned to another date, time or place by a member proposing this to the meeting. If such a proposal is made there will be no discussion on this and it shall be put to a vote. If such a proposal is carried by a majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the proposal.

7.2   A meeting of the Board may be adjourned to another date, time or place by the Chairperson in the case of disorder or misconduct that is impeding the work or proceedings of the Board.

8.   Quorum

8.1   No business shall be transacted at a meeting of the Board unless there are present, at least three of the voting Members, which shall include one of the members nominated from each of Grampian Health Board and Moray Council.

8.2   If within a reasonable period after the time appointed for the commencement of a meeting of the Board as determined by the Chair, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.

9.   Voting

9.1   Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

9.2   Only the three Members nominated by Grampian Health Board, and the three Members nominated by the Council, and all of their proxies when standing in for those members, shall be entitled to vote. No other members are entitled to vote.

9.3   Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question.

9.4 In the case of an equality of votes the Chair shall not have a second or casting vote and the matter under consideration shall be carried forward to the next meeting for further discussion/resolution. If at the next meeting an equality of votes remain then the matter shall be referred to dispute resolution as provided for within the Integration Scheme.

10. Discussions and Proposals

10.1 It will be competent for any Member of the Board at a meeting of the Board to make a proposal directly arising out of the business before the Meeting.

10.2 If the chairperson so requires, every proposal shall be noted by the Clerk in writing and read to the Board before the proposal is discussed.

10.3 The member making the proposal will have the right to speak first in support of his during discussions on the proposal. Once the discussion has closed the Chairperson will call for a vote on the proposal to be taken.

10.4 Any Member who has not already spoken in a discussion about a proposal may propose the ending of the discussion and a vote will be taken on this. If a majority of the Members present vote for the discussion to be closed, the discussion will be closed. However, closure is subject to the right of the member making the proposal to sum up. Thereafter, a vote will be taken immediately on the proposal that is the subject of discussion.

10.5 In a discussion, any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member.

10.6 It is the duty of all members to ensure that they have all the information that they require in order to reach an informed decision on any item of business. Accordingly, in addition to the papers which have been issued to members, prior to any decision being reached on an item, the Chair will at any time afford an opportunity to the relevant officer presenting a report, or to any adviser to the Board, or to any member to provide any further information or brief explanation as they feel necessary.

11. Suspension of Standing Orders

11.1 Any one or more of the Standing Orders, in the case of emergency as determined by the Chairperson upon a proposal, may be suspended at any Meeting so far as regards any business at such meeting, provided that two thirds of the Members of the Board present and entitled to vote shall so decide. Any proposal to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended and the reason for this. A suspension shall not apply to any Standing Order or part thereof that incorporates a statutory provision.

12. Minutes and Recording of Proceedings

12.1 The names of the Members (both voting and non-voting) and officers present at a meeting shall be recorded in the minutes of the meeting.

12.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up by the Clerk and submitted to the next meeting for agreement, after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

12.3 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior written approval of the Board.

13. Disclosure of Information

13.1 There shall be no disclosure to any person of any information regarding proceedings of the Board from which the press and public have been excluded unless or until disclosure has been authorised by the Board or the information has been made available to the press or to the public under the terms of relevant legislation.

13.2 Without prejudice to the foregoing no Member shall use or disclose to any person any information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Board.

14. Committees and Working Groups

14.1 The Board may establish any Committee or Working Group as may be required from time to time but each Working Group shall have such lifespan as may be determined by the Board.

14.2 The Membership, Chairperson, remit, powers and quorum of any Committee or Working Groups will be determined by the Board and once agreed, set out within a Scheme of Administration and periodically reviewed. The Scheme of Administration will be deemed to form part of these Standing Orders.

14.3 Agendas for consideration at a Committee or Working Group will be issued by electronic means to all Members no later than five working days prior to the start of the meeting. For the avoidance of doubt, the following days shall be excluded from this calculation: the day of the meeting, weekends and public holidays.

14.4 The minutes of a Committee meeting, once approved by that Committee in line with 12.2 above, shall be submitted to the next available Board meeting for noting. The minutes of a Working Group meeting will not generally be made public but excerpts may be published on the Board's website at the discretion of the Chair of the group.

14.5 A Committee may, notwithstanding that anything is delegated to it, refer any matter for decision to the Board.

Approved and adopted by the Board at their meeting on 31 August 2017.

Version History

31 August 2017	Revisions agreed by Board to sections:- 4.1; 5.1; 5.3; 5.4; 6.1- 6.3; 8.1; 8.2; 10.6; 11.1; 12.1; 14.1- 14.5; Appendix (Scheme of Administration).
25 February 2016	First Standing Orders agreed by Board.

MORAY INTEGRATION JOINT BOARD

SCHEME OF ADMINISTRATION

Dealing with the Board's Committee Structure and Working Groups

Terms of Reference to Committees:

- (A) Audit and Risk Committee
- (B) Clinical and Care Governance Committee
- (C) Appointments Committee

Terms of Reference to Working Groups:

- (1) Strategic Planning and Commissioning Executive Group
- (2) Adaptations Governance Group

(A) Audit, Performance and Risk Committee

The following has been agreed by the Board for this Committee:

Membership:	2 Council voting members (not chair or vice chair of Board)
	2 Health Board voting members (not chair or vice chair of Board)
	Third Sector Stakeholder Member
	NHS Grampian Staff Representative Stakeholder Member
Chair:	voting member, rotating every 18 months as a Council voting member and Health Board voting member in line with the term for the Chair of the Board, selected from the organisation which does not currently chair the Board.
Quorum:	2 voting members
To be in attendance:	Chief Officer; Chief Finance Officer; Chief Internal Auditor.
	Professional advisors and senior managers.
	External auditor to attend at least two meetings per annum at invitation of Committee.
	Other persons and advisors to attend at invitation of Committee.
Meeting frequency:	minimum 4 per year, as per annual forward schedule of meetings agreed by Board.
	There should be at least one meeting a year, or part thereof, where the Committee is given the opportunity to meet the External Auditor and Chief Internal Auditor on an informal basis without other senior officers present.
	The Committee may arrange additional workshops and training sessions to support its work and development of members.

Remit and powers:

1 To assist the Board to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that appropriate systems of internal control are in place to ensure that: business is conducted in accordance with the law and proper standards; public money is safeguarded and properly accounted for; Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question; and reasonable steps are taken to prevent and detect fraud and other irregularities.

2 To review the level of assurance provided over the internal control and corporate governance arrangements (e.g. Standing Financial Instructions – Financial Regulations) of the Board and make recommendations to the Board regarding the signing of the Annual Governance Statement.

3 To approve the selection and appointment of the Board's Internal Audit function.

4 To receive and consider the annual internal and external audit plans on behalf of the Board, and receive reports on work planned, progressed, and completed by Internal and External Auditors.

5 To consider matters arising from Internal and External Audit reports and any investigations into fraud or other irregularities, and review on a regular basis the implementation of actions planned by management in response to these matters.

6 To monitor the effectiveness of the risk management arrangements implemented by the Board, including strategy, assessment, monitoring and reporting of risk.

7 To consider the annual financial accounts and related matters before submission to the Board.

8 To obtain assurance that the Senior Management Team maintains effective controls within their services which comply with financial procedures and regulations.

9 To develop and oversee arrangements for reporting the assurance gained from its activities for the information of the relevant Scrutiny and Audit Committees within NHS Grampian and the Moray Council, and obtaining the assurance it requires from these bodies, including sharing relevant audit reports where appropriate.

10 To set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit, Performance and Risk Committee.

11 To ensure that satisfactory arrangements are established for reviewing and appraising service performance against set objectives and agreed performance indicators and to receive and scrutinise regular performance reports to enable the review of outcomes.

12 To ensure resolution of key performance issues raised through referral to the accountable officer, supported by the Chief Officer.

13 To support the Board in ensuring the Performance Management Framework is working effectively and that escalation of action is consistent with the risk tolerance of the Bpard.

1114 To make recommendations regarding improvements to the activities, internal controls and governance of the Board and its services.

1215 To maintain awareness of relevant Audit Scotland and other national audit, inspection and regulatory advice, and consider the potential implications of the outcomes of this work for the Board's internal control and governance arrangements.

1316 To review the Committee's effectiveness, and consider its development and training needs at least annually.

1417 To instruct investigations and call upon officers to give evidence, explanations, or provide written reports as appropriate for the purpose of providing information to assist the Committee in fulfilling its role of advising the Board.

1518 To call for investigation of any matter within its remit, and set its own work programme. To be provided with the resources it needs to do so, and to be given full and timely access to information relevant to its function. The Committee may obtain external professional advice where considered necessary.

(B) Clinical and Care Governance Committee

The following has been agreed by the Board for this Committee:

Membership: 1 Council voting member
1 Health Board voting member
Carer Stakeholder Member
Service User Stakeholder Member
Third Sector Stakeholder Member
Moray Council Staff rep Stakeholder Member
Chief Officer Professional Member
Chief Social Work Officer Professional Member
Lead Nurse Professional Member
GP Lead Professional Member
Non Primary medical services Lead Professional Member
Dr Graham Taylor Additional Member

Chair: Health Board voting member

Quorum: 1 voting member

To be in attendance: Head of Adult Services
Head of Primary Care Prevention and Children's Health Services
Clinical Governance Co-ordinator

Other persons and advisors to attend at invitation of Committee.

~~The Committee will extend invitations to other groups or representatives as required to address set agenda items or give further insight and assurance around a particular area.~~

Meeting frequency: as per annual forward schedule of meetings agreed by Board.

In addition development workshops/activities will be held each year.

Remit and powers:

1. To reflect the following core elements of clinical and care governance in the standing items on the Committee's meeting agenda:

- **Leadership and accountability**
  Leadership and management
  Human resources
  Organisational learning and continuous professional development
  Supervision and performance appraisal

- **Safe and effective practice**
  Risk management and adverse events
  Research, evidence-based practice and informed decision-making
  Adult Support and protection
  Child protection

- **Accessible, flexible and responsive services**
  The involvement of people who use services and carers
  Integrated working

- **Effective communication and information**
  Information management
  Standards, outcomes and audit
  Complaints and compliments

2. To oversee and provide assurance in regards to clinical and care governance issues within the Moray Health and Social Care services.

3. To provide support and assurance and escalate concerns to the Board.

4. To inform and assure the NHS Grampian Clinical Governance Committee and Chief Social Work Officer, at a frequency to be determined, that robust processes and procedures are in place.

5. An annual report will be submitted to the NHS Grampian Clinical Governance Committee providing Board activity which will evidence robustness in regards to procedures.

6. To support and assist the Board in achieving their clinical and care governance responsibilities in compliance with the Health and Social Care Integration, Clinical and Care Governance Framework Version 1 (Scottish Government November 2014).

7. To provide assurance to partner organisations that robust and effective mechanisms for clinical and care governance are in place for the services and functions delegated.

8. To provide a coordinated and integrated approach to clinical and care governance across Moray Health and Social Care Partnership.

9. To inform, support and advise Health and Social Care staff on clinical and care governance issues, ensuring and enabling best practice and high quality safe patient care.

10. To encourage ownership and collaboration with Health and Social Care staff informing the working of the committee, highlighting issues of concern and good practice.

11. To enable reporting on these matters as part of the annual reporting cycle.

12. To provide assurance to Statutory post holders in relation to effective services – i.e. Medical Director, Executive Nurse Director and Chief Social Work Officer.

13. To feedback on the work of the committee to members' profession/service.

14. To ensure that systems are in place and performing effectively across health and social care to support clinical and care governance including to ensure that registration is current and valid and that there is a system for reporting poor practice by registered professionals to the appropriate regulatory board.

15. Following each meeting, to report to the Board providing details of any governance issues or concerns that the operational teams have reported, as well as evidence of good practice and learning on an exception basis. Where an issue or concern is linked to delivery of a Children's Health Service or an Adult Service out with the Board then the report will also be forwarded to the NHS Grampian Clinical Governance Committee or to the Chief Social Work Officer as appropriate.

(C) Appointments Committee

The following has been agreed by the Board for this Committee:

Membership: Chair of Board
                       Vice Chair of Board
                       Chief Officer
                       Chief Finance Officer

Chair: Chair of Board

Quorum: All members

To be in attendance: -----------------

Meeting frequency: ad hoc, as and when required to fill a vacancy in
                       stakeholder membership.

Remit and powers:

1. To appoint a new stakeholder member to fill a vacancy following the Board's
   agreed process for identifying potential new members.

(1)   Strategic Planning and Commissioning ~~Executive~~ Group

The following has been agreed by the Board for this Working Group:

Membership: Chair of Board

Chief Officer

Chief Financial Officer

~~Joint Operational Manager, Adult Services~~

~~Hosted Services Manager~~

Head of Adult Services

Head of Primary Care, Prevention & Children Services

Hospital Manager, Dr Gray's Hospital

Clinical Lead, Primary Care

Clinical Lead, Secondary Care

Housing Representation

Third Sector Representation ~~- tsiMORAY~~

~~Private~~ Independent Sector Representation

~~Locality~~ Public Representation

Strategic Planning Project Officer

Service Manager, Commissioning Team

~~Finance Project Manager~~

Chair: Chief Officer

Quorum: ~~--------------------------~~ Half of the membership.

To be in attendance: ~~------------------~~ Other representatives may be invited to attend where there are agenda items specific to their role and expertise.

Meeting frequency: as requiredmonthly. During the period of revision of the strategic plan, meetings will alternate between business focus and strategic plan review

Remit and powers:

1. To oversee, drive and strengthen strategic planning and commissioning for health and social care services across Moray.

1.2.   To assist the board and its Chief Officer in driveing forward the Board's Strategic Plan and translateing this into an Implementation Plan that meets the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the integration principles and the achievement of the 9 national health and wellbeing outcomes.

2. To develop an agreed terms of reference and process by which to oversee planning and commissioning on behalf of the Board.

3. To take into account the views of localities to develop sustainable ways of ensuring locality representation access a range of stakeholders via the Strategic Planning Reference Group.

4. To develop and review the Strategic Framework and Implementation Plan that will optimise opportunities to integrate commissioning and service delivery.oversee the strategic plan, steer implementation and the allocation of funds, reporting this activity to the Board on a regular basis.

4.5.   To ensure effective financial planning practice is embedded into the process for commissioning to assist in delivery of the Strategic Plan. Processes should be clearly monitored for financial monitoring and reporting to Moray IJB.

5.6.   To ensure that all existing contracts put in place by Moray Council and NHS Grampian are reviewed and that necessary stakeholders are brought together to complete the review and agree a process for the future, which will be set out in a Joint Commissioning Strategy that will be brought to the Board for approval.

6. To review locality planning arrangements and develop locality representation.

7. Ongoing monitoring and review of the Implementation Strategic Plan.

8. To review the group's effectiveness, and consider its development and training needs at least annually.

9. Members will be expected to:

- Represent their sector or professional area

- Ensure the interest of the agreed localities are represented

- Develop and maintain the necessary links and networks with groups and individuals in the community to enable views to be sought and represented over the development, review and renewal of the strategic plan.

- Take an active role in the review of the strategic plan.

- Help ensure the strategic plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations) across the localities.

- Work collaboratively with each other, with the Strategic Planning Reference Group and with the Joint Operational Management Team of the health and social care public service in Moray.

(2)   Adaptations Governance Group

The following has been agreed by the Board for this Working Group:

Membership: Occupational Therapy representative

Housing Representative

Legal Representative

Finance Representative

Chair: Head of Adult Health and Social Care, Additional Member

Quorum: -----------------------------

To be in attendance: --------------------

Meeting frequency: Initially monthly until budget and any process amendment has been agreed and thereafter quarterly

Remit and powers:

1.   To identify the correct budget for transfer to the Board.

2.   To ensure that the resources identified for adaptations are utilised correctly and efficiently.

3.   To keep under review the adaptations process to ensure Best Value is being achieved.

4.   To review performance information in relation to adaptations to ensure effectiveness and efficiency.

5.   To report to the Strategic Planning and Commissioning Executive Group.

Version History

31 August 2017	Information for Committees and working groups pulled together into Scheme of Administration
31 August 2017	Appointments Committee agreed by Board to appoint stakeholder members.
23 February 2017	Strategic Planning and Commissioning Executive Group remit extended by adding ongoing monitoring of Implementation Plan. Adaptations Governance Group agreed by Board.
10 February 2017	Appointments Committee agreed by Board to select and appoint a Chief Financial Officer. On completion Committee to be disbanded.
10 November 2016	Audit and Risk Committee and Clinical and Care Governance Committee quorum amended.
28 April 2016 and 30 June 2016	Clinical and Care Governance Committee agreed by Board.
31 March 2016	Strategic Planning and Commissioning Executive Group agreed by Board.
31 March 2016	Audit and Risk Committee agreed by Board.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JUNE 2018

SUBJECT: REVENUE BUDGET 2018/19

BY: CHIEF FINANCIAL OFFICER

1.   REASON FOR REPORT

1.1   To inform the Board of the updated position in relation to the revenue budget for the 2018/19 financial year.

2.   RECOMMENDATION

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

   i)   note the progress since the budget report of 29 March 2018 in addressing the funding shortfall of £4.596m;
   ii)   approve the increased level of efficiency savings being proposed;
   iii) approve the use of remaining reserves of £0.847m to support the funding of the 2018/19 revenue budget;
   iv) note the revised budget position should approval be given to ii) and iii) above which displays a funding shortfall of £3.293m, detailed at APPENDIX 1;
   v)   note the high level of financial risk inherent in the 2018/19 revenue budget in achieving financial balance and delivery of delegated services that exists;
   vi) note additional funding streams, recently communicated from Scottish Government to IJB Chief Financial Officers and the parameters surrounding these funds; and
   vii) approve revised Directions for issue as set out in APPENDICES 2 and 3 respectively to NHS Grampian and Moray Council to allow services to continue without disruption.

3. **BACKGROUND**

3.1   The MIJB has to consider its revenue budget in the context of a period of continuing real terms reductions in funding from central government to funding partners (NHS Grampian and Moray Council). Audit Scotland has identified the move in Scottish Government funding for local authorities between 2010/11 and 2017/18 as an 8% reduction in real terms. Funding for NHS Boards continues to be challenging, although the NHS in Scotland is currently receiving relative protection compared with the rest of the public sector.

3.2   On 14 February 2018, Moray Council approved its revenue budget for the forthcoming financial year based on a one year settlement. This budget included savings totalling £6.5m for the 2018/19 financial year which included £1.759m as a reduction in funding to the MIJB. It should be noted that the approved budget reduction was reported as a net figure, that being £1.2m, reflecting an estimate of the potential pressure arising from pay awards for local authority employees (not yet agreed nationally) which Moray Council have agreed to fund. Additionally, the Scottish Government has made £66m available across Scotland to support investment in social care in recognition of a range of pressures being faced, including support for the implementation of the Carers (Scotland) Act 2016, maintaining the joint commitment to the Living Wage (to be extended to cover sleepovers) and an increase in the Free Personal and Nursing Care payments. As part of the settlement, Moray Council has included the Moray share of this funding to the MIJB which translates as £1.186m. It should be noted that an in-year adjustment is expected in consideration of the impact of the Carers (Scotland) Act 2016 on children's services that are out with the scope of the MIJB. This will not be material.

3.3   At a meeting of NHS Grampian's Budget Steering Group on 21 February 2018, a balanced 2018/19 revenue budget was proposed for approval prior to formal approval by the NHS Grampian Board on 5 April 2018. The NHS Grampian settlement represents an increase of 1.5% in baseline funding, that being higher than originally planned. This translates for the MIJB as a 1.5% uplift on the recurring budget. In addition, funding will be provided to meet the costs of the pay award above 1.0% for staff employed on Agenda for Change conditions i.e. not for medical staff or senior managers although it should be noted that 2018/19 pay awards for all NHS staff are still under national negotiation.

3.4   On 29 March 2018, the MIJB was presented with an indicative revenue budget for the 2018/19 financial year which was unbalanced (paragraph 8 of the minute refers). The Board approved a savings and efficiencies plan of £1.060m, leaving a remaining shortfall between funding and projected expenditure of £4.596m.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The increasing demands on health and social care services are well publicised, together with the pressures being faced by demand exceeding the available resource. The difficulty exists in redesigning services efficiently and effectively, ensuring the population of Moray remains the focus whilst financial constraints are a major consideration. From the onset of integration the MIJB has been faced with the challenge of identifying savings annually in order to balance budgets.

4.2 The MIJB accepted the indicative 2018/19 revenue budget on 29 March 2018 (para 8 of the minute refers), tasking the Senior Managers, together with the Chief Officer and Chief Financial Officer, with identifying further savings, continuing to pursue alternative methods of service delivery in driving the pace of change, whilst ensuring safe levels of care for the people of Moray.

4.3 Since the MIJB meeting of 29 March 2018, a further exercise has been completed pursuing both further efficiencies and longer term redesign. Managers have been asked to provide detail on the impact and consequences of reducing budgets to the level required to balance the budget within the funding envelope available. Emerging themes are being considered through MIJB development sessions and will be presented formally to the Board throughout the year for informed decision making identifying the financial, risk and wider service implications.

4.4 Further efficiencies have been identified that are achievable within the year and will not have a negative impact on the quality and performance of existing services and clinical and care governance. In addition to the previously approved £1.060m, a further £0.456m has been identified and summarised below. It should be noted that these additional savings are primarily derived through commissioning opportunities.

Service Area	Description of Saving	£'000
External Commissioning	Opportunities through commissioning cycle	425
Public Health	Uncommitted budget	31
Total Proposed Savings		**456**

4.5 The management team and finance officers will continue to seek opportunities for efficiency within discretionary budgets by continuously monitoring uncommitted expenditure. Whilst there is always value in this approach, it is not possible to fully address the funding shortfall the MIJB is facing using this method. This can only be considered in the context of major redesign.

4.6   As part of the exercise that was carried out during April and May 2018, clear areas have been highlighted as potential for service redesign that have the ability to realise savings in future years whilst remaining consistent with the strategic priorities identified by the MIJB in its Strategic Plan 2016 – 19. Options are being pursued, initially through MIJB development sessions to ensure proposals are aligned to the principles of integration and the strategic priorities identified in Moray. It has been acknowledged that the progression of these service changes will take time and it is unlikely that financial benefits will be realised prior to the 2019/20 financial year.

4.7   The final outturn position on the 2017/18 annual accounts resulted in a deficit on provision of services of £1.857m. At the beginning of the 2017/18 financial year the MIJB had a reserve of £2.704m, after utilisation of reserves the balance on the general reserve account at 31 March 2018 was £0.847m. It has previously been highlighted to this Board, the significance of using general reserves to balance the budget position; however, given the detail as set out in the Integration Scheme, it is difficult at this stage to provide any justification for not including the remaining reserve of £0.847m to support the funding of the 2018/19 revenue budget. The MIJB general reserves will be reduced to zero and this should be drawn to the Board's attention ahead of the budget setting process for future years.

4.8   The updated position as at the beginning of June on the 2018/19 revenue budget after consideration of the 2017/18 financial outturn, recurring savings taken and the additional efficiency work that has been completed is that there remains a shortfall in funding of £3.293m which has been detailed at **APPENDIX 1**.

4.9   The Moray Integration Scheme sets out the directives when a MIJB overspend is being forecast. The MIJB Chief Officer and Chief Financial Officer must agree a recovery plan with the Director of Finance, NHS Grampian and the Section 95 Officer of the Moray Council to address the overspending position. A financial recovery plan is in development and will be presented to this Board following agreement by the Partners.

5.   SCOTTISH GOVERNMENT ADDITIONAL RING-FENCED FUNDING

5.1   **Primary Care Improvement Fund** (PCIF) – the Scottish Government is investing a total of £115.5m in Primary Care in 2018/19. An in-year allocation will be made to Integration Authorities (via health boards) on the adjusted population based formula NRAC (NHS Scotland Resource Allocation Committee) of £45.750m. Clear parameters have been set against this funding requiring IJB's to develop three year Primary Care Improvement Plans in consultation with NHS Boards and other partners and agreed with the local GP subcommittee of the Area Medical Committee. The core requirements of the PCIF are to deliver on the specified key outcomes:

- Pharmacy teams in General Practice
- Vaccination Transformation Programme
- Primary Care Transformation Fund
- Community Links Workers
- Mental Health Primary Care Fund
- Pharmacy First

This funding is complex and as such the MIJB Senior Management Team will work closely with NHS Grampian and other partners to ensure a robust improvement plan is in place and funding is optimised. Total funding for MIJB through the PCIF is £0.787m. The PCIF replaces the Primary Care Transformation Fund allocated to the MIJB in 2017/18.

5.2 **Action 15 of the Mental Health Strategy** – as part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings. Scottish Government have asked integration authorities to develop plans to improve capacity in the settings outlined in Action 15 and a high level plan submitted at the start of September. Funding for MIJB for the 2018/19 financial year amounts to £0.189m and will be released in two tranches, 70% in June 2018 and the remaining 30% will be issued in November 2018 following confirmation of the ability to fully spend the allocation in-year.

5.3 **GP Out of Hours (OOH) Fund** – over the last two years, funds were provided from the Primary Care Transformation Fund (PCTF) to progress tests of change and reviews of services to assist the establishment of sustainable OOH services in line with the recommendations of the National Review. The PCTF is now closed and a revised allocation has been released to create a distinct recurring fund to help ensure resilience and sustainability of GP OOH services. The fund is intended to recognise that the service provided in GP OOH's is an urgent/emergency care service which is linked to but distinct from in-hours General Medical Services provision. This fund is £5m across Scotland. The share for Moray is allocated on a NRAC basis and equates to £0.086m. An outline of how this fund will be spent is to be returned to Scottish Government by the end of August 2018.

6. **SUMMARY OF IMPLICATIONS**

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

The approval of an adequate revenue budget for the MIJB is key to the delivery of health and social care services in Moray in accordance with the Strategic Plan.

(b) Policy and Legal

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

(c) Financial implications

The 2018/19 revenue budget requirement (excluding Set Aside) as detailed in **APPENDIX 1** is **£116.408m** which includes savings totalling £1.516m.

The funding made available by Moray Council and NHS Grampian as at 28 February 2018 totalled **£112.268m**. There is an additional £0.847 available through the MIJB general reserve, leaving a remaining budget shortfall of **£3.293m**.

The notional Set Aside budget for Moray's share of the Large Hospital Services has been set at £10.593m and reflects the most recent activity analysis data as provided by the Information Services Division (ISD). The full funding of this budget line is provided by NHS Grampian.

(d) Risk Implications and Mitigation

The 2018/19 revenue budget is subject to the following risks:
*   Financial balance – to deliver the existing delegated services, there is a shortfall in funding of £3.293m. Senior Managers, will continue to work with the Chief Officer and Chief Financial Officer to identify further efficiency savings whilst continuing to pursue alternative methods of service delivery that ensure safe levels of care within the increasing financial constraints faced by the MIJB, working in close partnership with NHS Grampian and Moray Council.

*   Service users with complex care needs attract high cost packages – the financial consequences of any future high cost referrals will need to be managed within the overall resource of the MIJB.

*   Prescribing can be extremely volatile with volume and price increases leading to substantial adverse variances. Medicines management practices are in place and being continuously developed to ensure opportunities are maximised where possible.

*   There is a requirement to closely manage service vacancies to ensure service structures reflect the need of the service whilst generating short term savings through vacancies.

(e) Staffing Implications

The current savings plan proposed for approval in para 4.4 does not contain any implications for Moray Council and NHS Grampian staff. The impact on the staffing budget will be kept under review as further work is undertaken in continuing to identify options to address the funding shortfall.

There are no other direct staffing implications associated with this budget other than in relation to pay awards.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

None arising directly from this report.

(h) Consultations

Consultations have taken place with the Senior Management Team, Service Managers of Health and Social Care Moray, the Head of Financial Services and Legal Services Manager (Litigation and Licencing) (both Moray Council) and the Deputy Director of Finance. NHS Grampian. Any comments received have been considered in writing this report.

7. CONCLUSION

7.1 **The existing shortfall between funding and projected expenditure to deliver the MIJB 2018/19 revenue budget is £3.293m. The Section 95 Officer to the Board recommends the utilisation of the budget as attached at Appendix1. It is proposed that work continues throughout the year to address the budget position for 2018/19. Close monitoring will continue for fortuitous savings which will be actioned throughout the year as the programme of redesign is developed. Regular updates will be provided as we progress through the financial year and reported to this Board.**

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

Signature: _____   Date : 7 June 2018

Designation: Chief Financial Officer   Name: Tracey Abdy

MORAY INTEGRATION JOINT BOARD
REVENUE BUDGET 2018/19

		Annual Net Budget £000's 2017-18
Community Hospitals		5,032
Community Nursing		3,315
Learning Disabilities		5,897
Mental Health		7,093
Addictions		361
Adult Protection & Health Improvement		197
Care Services provided in-house		14,028
Older people & PSD - Assessment & Care		16,186
Intermediate Care & OT		1,526
Care Services provided by External Contractors		11,038
Other Community Services		
Allied Health Professionals		3,308
Dental		1,986
Public Health		394
Pharmacy		254
Specialist Nurses		832
Admin & Management		1,622
Primary Care Prescribing		16,849
Primary Care Moray		14,949
Hosted Services		3,723
Out of Area Placements		669
Improvement Grants		
General Services		500
Housing Revenue Account (Ring-fenced)		424
Total Moray IJB Core		**110,183**
Identified Budget Pressures for 2018/19		4,390
Commitments from ICF & DD		2,067
Commitments from Earmarked Reserves		98
New Burdens		1,186
Savings Identified @ 29.3.18		(1,060)
Savings Identified @ 28.6.18		(456)
Total Budget Requirement for 2018/19		**116,408**
Budget Available for Core Services		
NHS Grampian		72,828
Moray Council		38,254
SG funding for Social Care		1,186
Balance of Reserves		847
Total Available Budget for 2018/19		**113,115**
Budget Shortfall to be Addressed		**(3,293)**
SET ASIDE BUDGET		**10,593**

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:-   £61.5 million, of which £4million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing.

                              An additional £10.5 million is set aside for large hospital services.

This direction is effective from 28 June 2018.

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Services:	All services listed in Annex 2, Part 2 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget:-	£51.5 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations.

This direction is effective from 28 June 2018.

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

FRIDAY 2 FEBRUARY 2018

PRESENT

VOTING MEMBERS

Professor Amanda Croft	Executive Board Member, NHS Grampian
Councillor Shona Morrison	Moray Council

NON-VOTING MEMBERS

Mr Ivan Augustus	Carer Representative
Ms Pam Gowans (via telephone link)	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
Ms Jane Mackie	Head of Adult Health and Social Care, Health and Social Care Moray
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Mrs Val Thatcher	PPF Representative

IN ATTENDANCE

Ms Patricia Morgan	Service Manager Primary Care Contracts
Mr Sandy Thomson	Lead Pharmacist

APOLOGIES

Mr Sean Coady	Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Ms D Barron	Clinical Governance Facilitator, NHS Grampian

1.	**DECLARATION OF MEMBERS' INTERESTS**
	There were no declarations of Members' interests in respect of any item on the agenda.

2.	**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE DATED 3 NOVEMBER 2017**
	The minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 3 November 2017 was submitted and approved.
3.	**ACTION LOG DATED 3 NOVEMBER 2017**
	The Action Log of the Moray Integration Joint Board Clinical and Care Governance Committee dated 3 November 2017 was discussed and it was noted that all items due had been completed.
4.	**UPDATE TO CLINICAL AND CARE GOVERNANCE FRAMEWORK**
	A report by the Chief Officer (CO) presented the Moray Integration Joint Board (MIJB) Scheme of Administration, a section of which supersedes the Clinical and Care Governance Framework, for consideration. During discussion it was agreed that having at least two clinicians at each meeting would provide more robust consideration for clinical governance, it was further agreed that named deputies should also be requested for the clinicians. The Head of Adult Health and Social Care was of the opinion that an Allied Health Professional (AHP) would be a beneficial addition to the membership, which would also bring the number of clinicians to five. As no one was otherwise minded it was agreed to seek an AHP to join the membership of the Committee. Thereafter the Committee agreed to: i) note the Scheme of Administration (agreed by the MIJB on 31 August 2017), as attached at Appendix 1 of the report; ii) task the CO with amending the Scheme of Administration Clinical and Care Governance Committee provisions, as set out in Section B of the appendix to the report, with the following changes: • quorum to be amended to 1 voting member and 2 clinicians; • AHP to be included in the membership; • point 4 of the Remit and Powers to be amended and iii) task the CO with taking a report with the above recommendations to the MIJB meeting in March 2018.
5.	**PROPOSED CHANGE TO MEETING DATES 2018/2019**
	A report by the Chief Officer recommended changes to the schedule of meetings for 2018/19 as attached at Appendix 1 of the report. Following consideration the Committee agreed to recommend the changes to the Integration Joint Board in March 2018.
6.	**ANNUAL ASSURANCE REPORT TO NHS GRAMPIAN CLINICAL GOVERNANCE COMMITTEE**
	A report by the Chief Officer presented the annual assurance report submitted to NHS Grampian Clinical Governance Committee in November 2017. Thereafter the Committee agreed to note the report.

7.	**UPDATED CLINICAL AND CARE GOVERNANCE OPERATIONAL ARRANGEMENTS**
	A report by the Head of Adult Services and Social Care & Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services provided an update on the operational clinical and professional governance arrangements, incorporating the Grampian Mental Health and Learning Disabilities structure.
	The Head of Adult Services advised the relationship shown with Mental Health required further work to reflect where it sits in the organisation and where reporting structures lie.
	Discussion took place on links and reporting structures shown for some sectors; in some instances the hierarchy appeared to be inconsistent.
	During further discussion it was agreed the Head of Adult Services would review changes required with the Registered Medical Practitioner, Non Primary Medical Services, and provide a further report to the next meeting of the Committee.
	Thereafter the Committee agreed to:
	i) note the report; and
	ii) task the Head of Adult Services with providing a further report to the next meeting.
8.	**DUTY OF CANDOUR CONSULTATION**
	A report by the Chief Officer advised of new Duty of Candour arrangements being implemented from 1 April 2018.
	Discussion took place on requirements to ensure procedures are in place to identify and follow through with any learning required following reporting of incidents.
	The Head of Adult Services advised she was of the opinion this should be handled through the Operational Management Team and as no one was otherwise minded this was agreed.
	Thereafter the Committee agreed to:
	i) note the new Duty of Candour arrangements being implemented from 1 April 2018; and
	ii) task the Head of Adult Services with raising the need for procedures to identify and follow through any learning required following reporting of incidents.
9.	**QUARTERLY SUMMARY REPORTS ON EXTERNAL REPORTS, AUDITS AND REVIEWS FOR MORAY**
	External reports on the following subjects, all of which were published in October 2017, were presented for consideration:
	• Re-audit of Elgin Young Person's Diabetes Clinic User Experience: December 2016 – February 2017

- Physiotherapy Telephone Assessment User and Staff Experience Audit: Westhill and Peterhead Department: May – July 2016

- Audit of Record Keeping – School Nursing 2015/16

- Audit of Children and Young People Community Nursing Record Keeping in NHS Grampian Health Visitors 2015/16

The Chief Officer advised it hadn't been possible to get officers to speak to these reports and apologised for the lack of covering reports.

The Chair was of the opinion the Chief Officer should discuss with appropriate personnel outwith the meeting if these reports would need to come to a future meeting with covering reports.

Thereafter, as no one was otherwise minded the Committee agreed to:

i) note the reports; and

ii) task the Chief Officer with discussing the need for the return of the reports to a future Committee.

Ms Morgan entered the meeting at this juncture.

10.	**PRIMARY CARE CONTRACTS TEAM**
	A report by the Service Manager Primary Care Contracts (PCC) informed the Committee of the ongoing work on current primary care contracts.
	Discussion took place on various aspects of what the PCC team cover, how they handle complaints and adverse events and the capacity within a small team.
	Thereafter the Committee agreed to note the report.
	Mr Thomson entered the meeting during discussion of this item.
	Ms Morgan left the meeting at this juncture.
11.	**COMMUNITY PHARMACY**
	A report by the Lead Pharmacist provided information on the clinical and care governance framework developed to monitor community pharmacy.
	In response to a query from Dr Taylor the Lead Pharmacist advised he would he would welcome the opportunity to have more regular engagement with contractors however with limited staff resources this wasn't possible.
	Thereafter the Committee agreed to note the report.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JUNE 2018

SUBJECT: CHILD PROTECTION COMMITTEE ANNUAL REPORT 2017

BY: CHIEF SOCIAL WORK OFFICER

1.   REASON FOR REPORT

1.1   This report advises the Board of the Moray Child Protection Committee Annual Report 2017.

2.   RECOMMENDATION

2.1   It is recommended that the Moray Integration Joint Board considers and notes the contents of the Moray Child Protection Annual Report 2017.

3.   BACKGROUND

3.1   Following consultation processes the Moray Child Protection Committee (MCPC) produced its Annual Report for 2017. This report was agreed by MCPC on 20 February 2018 and presented to the Chief Officers Group (COG) on 13 April 2018. The report looks back at the previous 12 months and details the progress before planning ahead for 2018 and beyond

3.2   The report covers the period of preparation for and the outcome of the joint services children's inspection, including the introduction of an interim Chair for the CPC.

3.3   The report also:

- Links the work of Moray CPC directly to Moray Children's Services Plan
- Gives an update on the ongoing work of the Moray CPC
- Explains the key developments in the multi-agency training that has been delivered in Moray
- Gives key performance information for Moray and compares MCPC data pan Grampian and also with MCPC comparator authorities.
- Describes other key developments over 2016/17.

3.4 The report also includes updates on the Moray Learning and Development Group, policies and procedures, and MCPC engagement with children, young people, and their families. The Moray Child Protection Committee Annual Report 2017 is attached at **Appendix 1.**

4. **SUMMARY OF IMPLICATIONS**

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic 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**
The National Guidance for Child Protection in Scotland requires Child Protection Committees to produce Annual Reports and ensure that relevant local forums are kept informed.

(c) **Financial implications**
There are no direct financial implications arising from this report.

(d) **Risk Implications and Mitigation**
Despite significant improvements following on from the Joint Children services inspection there continues to be action 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**
There are no staffing implications associated with or arising from this report.

(f) **Property**
There are no direct property implications associated with this report.

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

(h) **Consultations**
The CPC Annual Report has been approved by both the CPC and COG prior to being presented to IJB.

5. **CONCLUSION**

5.1 **This report updates the Board on the Moray Child Protection Committee Annual Report 2017.**

Author of Report: Susan Maclaren, Chief Social Work Officer
Background Papers:
Ref:

Signature: _____   Date: 13 June 2018

Designation: Chief Officer   Name: Pam Gowans

Protecting Children and Young People in Moray

Child Protection Committee Annual Report - November 2017

Contents

Preface from Chair of Moray Child Protection Committee

On behalf of the Committee Members I am delighted to present the Annual Report of Moray Child Protection Committee (CPC). Child Protection in Moray is taken very seriously by all involved; this commitment is evidenced in this report through the developments and improvements undertaken throughout 2016/17.

The Moray Child Protection Committee covers the Moray local authority area bringing together key agencies to contribute to promoting the care and welfare of children in this area by aiming to ensure that all children are safeguarded and protected from harm and abuse. The Moray CPC works to promote inter-agency working, continuous improvement through self-evaluation and sharing best practice in child protection services. The work of the Moray CPC supports practice and aims to provide better outcomes for vulnerable children, young people and their families.

2016/17 proved to be a very challenging time for Moray CPC in both the preparation for and the outcome of the joint services children's inspection. Without doubt the message given was a difficult one to hear but the children and young people in Moray deserve the best services we can deliver and it is our job to do that. The response to the inspection has been robust and swift and continues.

Following on from the inspection it was agreed that the Chair of the CPC should be independent of the agencies directly involved in delivering services to children. As an interim position pending the appointment of an Independent Chair, Kathy Henwood, Continuing Support Service Manager was appointed Chair in September 2017. As this is my last Annual Report I would like to thank the CPC for the support offered to me during my time in the Chair.

This report:
- Links the work of Moray CPC directly to Moray Children's Services Plan
- Gives an update on the ongoing work of the Moray CPC
- Explains the key developments in the multi-agency training that has been delivered in Moray
- Gives key performance information for Moray and compares our data pan Grampian and also with our comparator authorities.
- Describes other key developments over 2016/17.

Susan Maclaren
Chair, Moray Child Protection Committee

Introduction

It has been another very busy year for all connected to Moray CPC. We were part of the recent Children's Service Inspection carried out by the Care Inspectorate. Our Locality Management Groups have developed and evolved alongside the Moray Learning and Development Group (MLDG). The continuous integration of Health and Social Care, Moray CPC Development Day and the National Child Protection Improvement Programme has all made for a challenging 12 months.

As detailed in this report, a key focus for Moray CPC over the past year has been the Children's Services Inspection and subsequent outcomes. As a result the new partnership planning and governance structures in Moray are as follows:
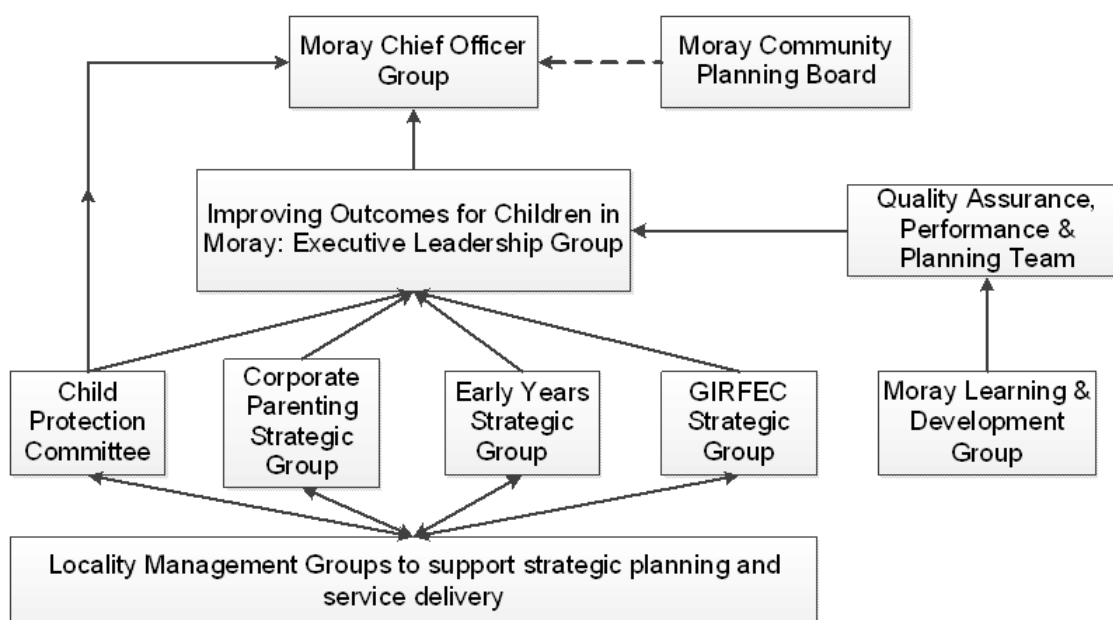
Participation on all committees/groups includes The Moray Council, NHS Grampian, Police Scotland, the Third Sector and the Armed Forces. The membership and resources of Moray CPC can be found at **Appendix 1.** Moray CPC is governed by the Chief Officers Group (COG) and the role and remit of the COG, along with the rest of the groups, can be found at **Appendix 2**

Moray Children's Services Inspection

The Care Inspectorate carried out a joint Inspection of Morays Children's Services and released the full Inspection report in February 2017. A summary of the findings from the report is as follows:

Throughout this inspection, staff, managers and leaders told us of their desire to improve and to make Moray the best place in Scotland for children and young people to live. Nonetheless, we did not find a culture where meaningful challenge was recognised as a necessary part of continuous improvement. Frontline staff were experiencing success with many families through the provision of effective help and support. They are delivering tangible results that can be built upon through a more joined up approach by partners. However, variability in the quality and effectiveness of some key processes means that the experiences of some children and young people, including those most vulnerable, are diminished. While children at immediate risk of significant harm are being protected, those experiencing neglectful parenting and cumulative harm are exposed to risk for too long before decisive action is taken. Many assessments and children's plans are of a good standard – a more robust approach to quality assurance and staff supervision would enable a more consistently high standard to be achieved.

Senior managers demonstrated commitment to drive forward improvements in the absence of clear leadership and challenge from their leaders. Without a clear and measurable plan to tackle a small number of manageable priorities, they are unlikely to succeed. The lack of strategic approaches to key areas such as parenting support, corporate parenting, and participation and engagement of young people, diminished their capacity to deliver improvement at pace.

There is an urgent need to strengthen collective strategic direction, challenge and scrutiny of services for children in Moray. Community planning officers were beginning to help change long-established ways of working in the community planning partnership however more now needs to be done to address areas of significant weakness. Leaders have been willing to hear the difficult messages from this inspection and tell us they are keen to accept help to improve. They are taking action to address the key areas of weakness identified in this inspection report.

They have created a chief officers' group that will meet monthly to oversee the work of the child protection committee. Partners are taking positive steps to improve their planning, engaging Scottish Government Realigning Children's Services to support this work. However, we believe the partnership will require considerable ongoing support and challenge to address the findings of the inspection.

Particular strengths

In the course of the inspection, we identified the following strengths that were making a positive difference for children and young people in Moray.

➢ *The range and effectiveness of nurturing support to parents and very young children.*
➢ *The willingness of front line staff and senior managers to work collectively to meet the needs of children and young people.*

Areas for improvement

Senior managers and leaders expressed their motivation to address the findings of the inspection. In taking forward the improvements required, the Moray community planning partnership should:

➢ *improve standards of operational practice by setting clear expectations for staff and strengthening approaches to quality assurance and staff supervision*
➢ *improve the 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 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.*

The full Inspection report can be found [here](#).

As a result of the findings from the Inspection the new Moray structure detailed above has been put in place and governance of the CPC strengthened by the creation of Moray COG.

Within the new governance structure are the Quality Assurance and Performance Planning Team (QAPPT) and the Executive Leadership Group (ELG). The ELG meet weekly and report to directly to the COG. Their areas of accountability/responsibility are:

➢ To lead, develop and drive forward the joint services agenda for children, young people and families in Moray

- To promote and lead the shared vision for children and young people in Moray through the implementation of the Children's Services Plan
- To promote effective and meaningful communication and engagement at all levels and with all stakeholders and partners
- To set and monitor budgets for integrated working
- To provide sound governance and performance management arrangements at a local level
- To oversee the implementation of the Children and Young People (Scotland) Act 2014 and the effective delivery of the Children's Services Plan
- To lead shared planning and joint self-evaluation of services
- To provide strategic direction to and oversight of working groups and to remit specific pieces of work to these groups as required
- To promote solution oriented approaches to integrated working at all levels

The QAPPT meet weekly and have been established to support the ELG. They have a core focus on Quality Assurance and Performance Planning across Moray. Their key areas of accountability/responsibility are:

- To support and monitor the effective delivery of the Children's Services Plan
- To further develop the Profile of Moray's Children in order to inform future strategic needs assessments
- To develop appropriate routine procedures for joint self-evaluation of all integrated services and for future planning requirements
- To maintain a robust joint planning and quality assurance/self-evaluation calendar for children's services in Moray
- To develop an improvement agenda based on relevant frameworks for evaluating services for children and young people and ensure an overview of relevant improvement methodology programmes such as CYPIC etc.
- To provide regular performance reports to the Executive Leadership Group and the Chief Officers' Group
- To support working groups with planning, joint self-evaluation and continuous improvement and performance reporting
- To maintain an overview of local and national reports and inspections and advise on implications for services in Moray

The QAPPT directly supports each group with their improvement plans and the current Moray CPC improvement plan can be found at **Appendix 3.**

Performance Management Information

Over the past year Moray CPC has continually refreshed and updated its Performance Management information so that it accurately reflects the Child

Protection landscape in Moray. The Performance Management Report (PMR) that is produced has moved away from being heavily data and statistic based, and while these are still important, there is now more emphasis on providing rich analysis of the data to tell the story of children in all aspects of child protection across Moray. This has created a more succinct report that allows the CPC to clearly see what is happening and address any issues more effectively.

The Moray CPC regularly receives performance management information which is derived from the North East of Scotland Child Protection Register (CPR) which covers Grampian and is managed by the Child Protection Partnership (CPP). The CPP provides data trends across the Grampian area.

As at 31.03.17 there were **260** children on the CPR:-

Aberdeen City   **112** (3.3 per 1,000 population aged 0 – 16)* which involved 68 families, 4 registered siblings in largest family.

Aberdeenshire   **67** (1.3 per 1,000 population aged 0 - 16)* which involved 51 families, 4 registered siblings in largest family.

Moray   **81** (4.8 per 1,000 population aged 0 - 16)* which involved 55 families, 5 registered siblings in largest family.

National registration figure: 2.9 per 1,000

*Population figures based on 2011 census

Table 1

	2014		2015		2016	
	Number on Register	Per 1,000 population aged 0-15	Number on Register	Per 1,000 population aged 0-15	Number on Register	Per 1,000 population aged 0-15
Moray	**45**	**2.7**	**45**	**2.7**	**64**	**3.9**
Angus	116	5.9	89	4.5	96	4.9
Argyll & Bute	21	1.5	33	2.4	40	3.0
East Lothian	67	3.6	26	1.4	47	2.5
Highland	106	2.6	79	2.0	104	2.6
Midlothian	54	3.4	29	1.8	51	3.1
Scottish Borders	16	0.8	24	1.3	64	3.4
Stirling	62	4.0	43	2.8	44	2.8
Scotland	**2,882**	**3.2**	**2,741**	**3.0**	**2,723**	**3.0**

Table 1 compares the child protection registration rates of Moray against the national figure and comparator local authorities over the past year.

Table 2

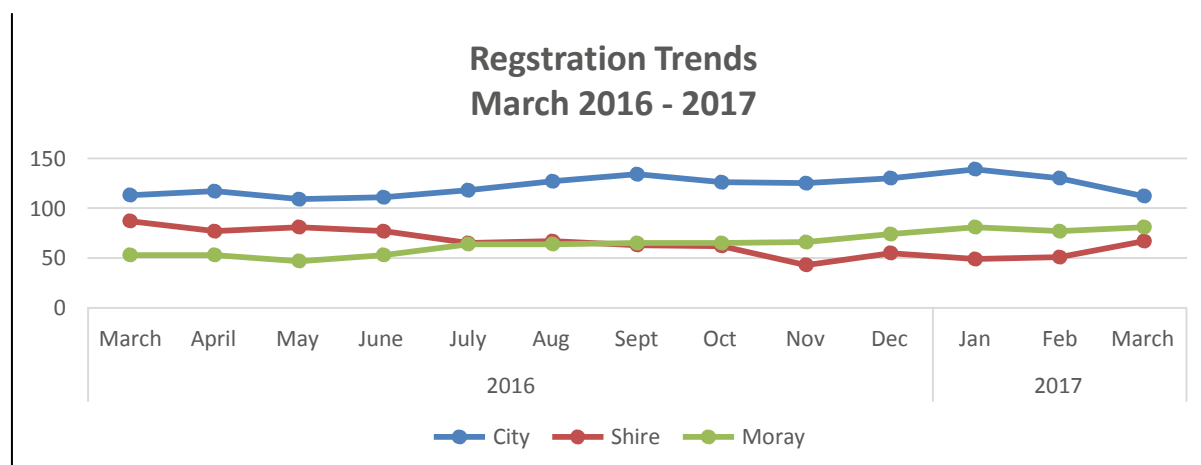Table 2 compares registration trends across the Grampian area. Moray remains low but has seen a rise in children being placed on the CPR.
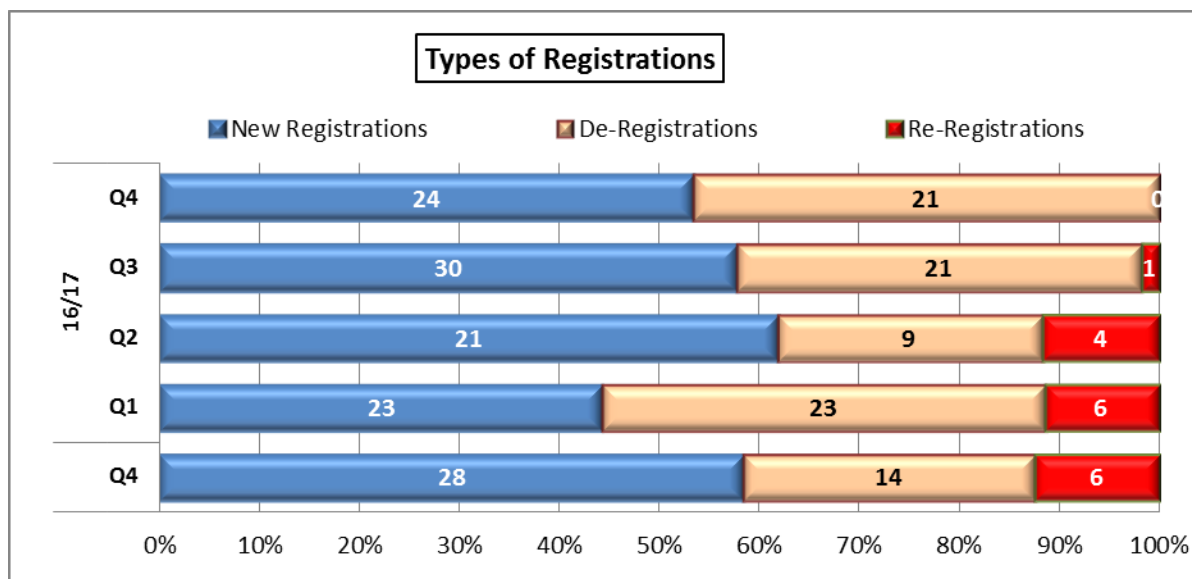
Table 3

Table 3 is Moray specific and gives an accurate breakdown of the CPR registration, de-registrations, and re-registrations.
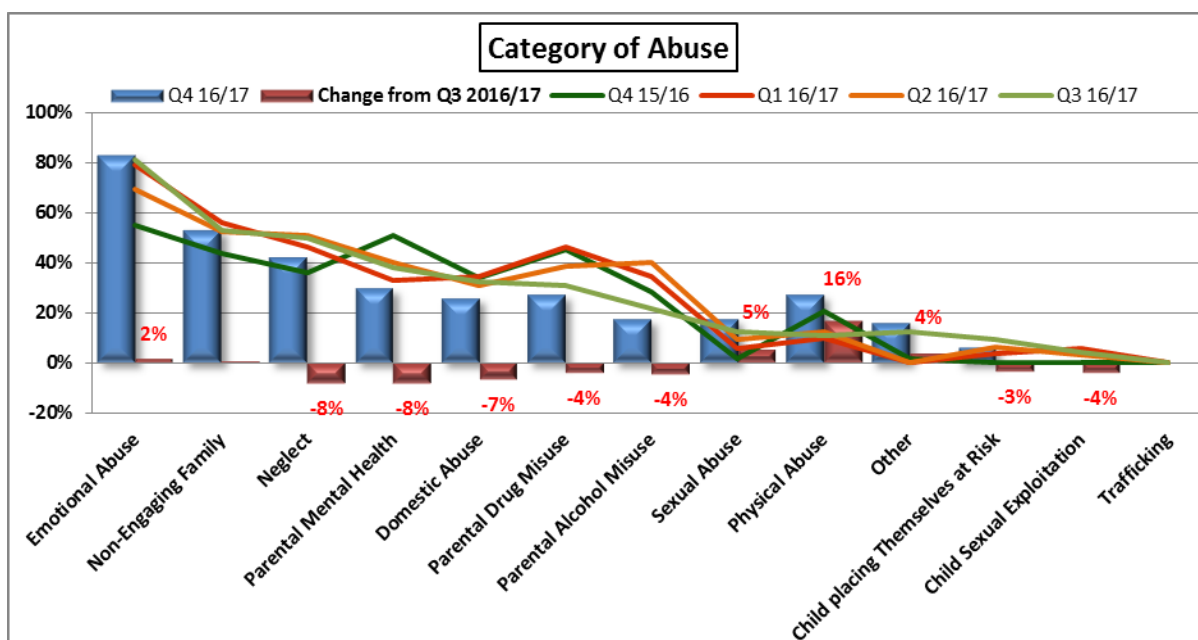
Table 4

Table 4 shows the trend of risk factors associated with the reasons that children have been placed on the CPR in Moray.

There are various reasons that have been presented to Moray CPC over the past year as to why there has been an increase of children being placed on the CPR, these included (but are not limited to); large family groups being placed on the CPR, re-structure of teams and a significant t increase in the number Child Protection Case Conferences held, and the complexity of some of the work involved to provide excellent supports to vulnerable children and families across Moray.

Annual Development Day

On 21 March 2017 Moray Child Protection Committee (CPC) held its second Development Day. The agenda for the day included an update and discussion on the CP Reform Programme, discussion about the role of the CPC Chair and an update regarding Significant Case Reviews. The day was attended by 28 delegates, with all partners represented.

Anne Houston, Chair of CPC Scotland and Independent Chair of North Ayrshire gave an insightful presentation on the work of the national CP Reform Programme, which was complemented by the Chair of MCPC who gave an update in regards to the position in Moray. This was followed up by discussion about how we would progress the agenda further.

The second session was also led by Anne Houston, who invited those present to consider the role of the CPC Chair and the advantages/disadvantages of an independent chair as opposed to a 'service' chair.

The last session was led by Sean Coady, Vice Chair MCPC and lead for SCR's. Sean outlined the findings from the recent SCR seminar he attended and asked the delegates to consider how we can progress this work and know how effective our learning has been.

Fulfilling Functions

Public Information

The Moray CPC website content has been updated to reflect the recent changes already highlighted - http://www.moray.gov.uk/moray_standard/page_55497.html

Monthly bulletins are distributed from Children's Services to staff and local media to further increase the information provided to the public.

Policies, Procedures and Protocols
Moray CPC is directly supported by the coordinating group and approved the creation of the Significant Case Review group highlighted below, and the Neglect group to drive forward the Neglect work plan following Inspection.

Moray CPC has recently updated several policies and procedures. The Initial Referral Discussion (IRD) procedure has undergone a full multi-agency audit and review, the procedure itself has been updated to reflect and support operational practice, and the tools including the minute template has been refreshed to ensure IRDs are efficient and effective. Subsequent focus groups were extremely productive in shaping the new IRD procedure and a successful launch day for the IRD procedure was held at Moray College. The launch of the IRD procedure was well attended by practitioners from across Moray and the procedure has now been published on the CP webpages.

Significant Case Review (SCR) guidance was developed and implemented by Moray CPC following the publication of the National SCR guidance which stated that each CPC area should have their own local SCR procedure in place. Moray CPC approved the creation of a Moray SCR group and the newly developed SCR guidance. This group will consider all Initial Case Review (ICR) notifications using the new guidance and states:

"It may not be immediately obvious that a case requires a significant case review. This SCR referral procedure is therefore an opportunity for Moray CPC, through an established SCR group, to consider relevant information, determine the course of action and recommend whether an SCR or other response is required. The Initial Case Review (ICR) process is set out in this procedure and this is the vehicle for referring SCRs to Moray CPC. An ICR should not be escalated beyond what is proportionate, taking account of the severity and complexity of the case and the process and its timescales."

These policies and procedures can be found here:
http://www.moray.gov.uk/moray_standard/page_90286.html

Training and Staff Development

The Moray Learning and Development Group (MLDG) works on behalf of the Community Planning Board and is chaired by the Partnership Officer for Child Protection and the Vice Chair is the Partnership Officer for GIRFEC. The group consists of experienced professionals from Health, Education, Social Work, Police, and Third Sector. It is the responsibility of the MLDG to develop, deliver, and quality assure 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 which ran from April to December 2016 with very positive feedback. Courses included:

> - tackling Child Sexual Exploitation
> - Child Trafficking, Honour Based Violence (HBV), Forced Marriage (FM), and Female Genital Mutilation (FGM)
> - National Risk Framework (NRF)
> - Named Person
> - Lead Professional
> - Child Protection basic awareness
> - an introduction to GIRFEC, and
> - Solution Orientated Practice

So far in 2017 the MLDG has implemented and delivered an April to June calendar and a further calendar for October to December is being prepared. It is important to recognise the training was delivered multiple times for each subject and was delivered in various locations throughout Moray in an effort to reach each local area. Delivering this calendar saw the MLDG reach its maximum operating capacity.

Throughout 2017 different priorities have been identified including, Neglect, Chronologies, Case Conferences, Mental Health, and Non-Engaging families. These courses are being prepared for implementation with some already on the calendar.

A key priority of the MLDG moving forward is being able measure the impact of the training on staff and their practice. The MLDG want to be able to answer the 'so what?' question. With that in mind the group have developed self-evaluation for staff which will be followed up by focus groups or discussions with staff who have attended the training. Finally the group will endeavour to gain the views of the children and young people who the training may have had a direct impact on. It is to be noted that 50% of the MLDGs work is quality assurance with the other 50% being the developing and delivering of training.

Quality Assurance of NRF, Chronologies, and Neglect training is already underway and a report will be produced by MLDG annually.

Communication and Co-operation

The Moray CPC had significant involvement in the development of Moray's Children and Young People's Service Plan 2017 – 2020. An update can be found here.

Planning and Connections

The Partnership Officer for Child Protection is Chair of the Moray Learning and Development Group and sits on the Central and North Child Protection Consortium, National Child Protection Lead Officers Network, and the Grampian Child Protection Partnership. The Chair of the Moray CPC is the Vice Chair of the National Child Protection Committees Scotland and Chair of the National Neglect Group.

These meetings play an important role of helping to inform Child Protection in Moray as they offer a chance to share good practice, develop and implement action plans for key Child Protection issues such as Neglect, and help keep Moray CPC in line with National expectations.

Listening to Children and Young People

We have a number of methods for consulting with children, young people and families in Moray. The Communication and Consultation Strategy is now in place for Integrated Children's Services.

Viewpoint, which is an interactive web based tool that enables services to gather the views of children and families from individual service users to larger surveys, has been developed and training has been delivered. It provides valuable information in respect of how children and young people engage with, and benefit from, our services.

Viewpoint is open for all services to use and although uptake is relatively low for children and young people, Moray CPC is keen to progress with Viewpoint. A new addition has recently been added to the Viewpoint system by way of an additional questionnaire, focusing on general wellbeing with a plan to roll this out across Children's Services. Feedback from the data received is reported to the Moray CPC.

The LMGs are key to communicating with children and young people and gathering their views through the Moray Youth Council and Community Councils, using the wellbeing wheel as a tool at different intervals throughout individual work, and through individual project evaluations. The LMGs provide a crucial and direct route into local communities.

Future Planning & Conclusion

Moray CPC improvement plan focuses on three key areas for improvement: Strategic Development, Performance Management and Public Information, and will continually be updated. Moray CPC have overseen the creation of the Moray Neglect to further improve outcomes for children and young people.

This annual report for Moray CPC highlights the developments and improvements made over 2016/17. In addition, the report considers the next steps that are required in order to protect children.

There have been significant changes across Moray over the past year after a challenging Children's Services inspection; partnership working and governance has been strengthened, departments have been restructured with a focus on quality assurance and performance planning, and a shared focus on identifying and addressing neglect at an early stage. The next year will present a number of challenges including:

- The completion of Neglect work plan
- Ensuring that the improvements identified are achieved through self-evaluation
- Support the Moray COG and Community Planning Board in addressing the findings from the Children's Services inspection
- Fully establishing and embedding the strategic links across Moray Children's Services
- Improving communication and consultation with children, young people and their families
- Continuing to provide a robust Child Protection service across Moray for all children and young people
- Forging links with and supporting the Chief Officers Group within the new governance structure.

The Moray CPC looks forward to these challenges and helping to provide an excellent service to the children and young people across Moray.

<div align="right">**APPENDIX 1**</div>

Membership of Moray CPC

Chair: Head of Integrated Children's Services

Vice Chair: Head of Primary Care, Prevention and Child Health

Committee: 3 x Elected Members
                    General Manager, Moray Community Health and Social Care Partnership
                    Corporate Director (Education and Social Care)
                    Head of Schools and Curriculum Development
                    Police Scotland
                    Legal Services Manager Third
                    Sector Representative Armed
                    Forces Representative
                    Domestic Abuse Forum Representative
                    SCRA Representative
                    Partnership Officer Child Protection

The Child Protection Co-ordinating Group reports to the CPC and consists of Team Managers and other representatives across Children's Services. These include, Health, Social Work, Police Scotland, Education, Adult Protection, Youth Justice, Legal Services, Armed Forces, and Third Sector organisations.

The Child Protection Practitioner Reference Group reports to the Co-ordinating Group. Members of this group are practitioners from across Children's Services in Moray, including Health, Social Work, Police, Education, Youth Justice, and Third Sector organisations.

Resources dedicated to Child Protection

Joint Child Protection Unit:
Moray Council
1 x Senior Social Worker
3 x Social Workers
1 x Family Support Worker
1 x Team Secretary

Police Scotland
1 Detective Inspector
2 Detective Sergeants
10 Detective Constables

NHS Grampian
1 x Specialist Nurse – Child Protection
Contribute towards cost of Team Secretary

Funding:

Moray Council
Child Protection Team: £243,091
CPP   :   £18,077
WithScotland: £2,000

NHS Grampian
CPP   :   £42,883 (pan Grampian contribution)

Police Scotland
CPP   :   £18,143 (pan Grampian contribution)

Moray Chief Officers Group role and remit

Group:	Moray Chief Officers' Group (MCOG)
Reports to:	Moray Community Planning Partnership Board NHS Grampian Police Scotland Moray Council
Areas of accountability/responsibility:	• To deliver the vision that Moray should be the best place in Scotland in which to grow up • To provide clear direction and priorities for children's services in Moray • To oversee the commissioning of all child and adult protection services • To promote a culture of quality assurance and self-assessment • To ensure a corporate approach to child and adult protection • To have strategic responsibility for the Child and Adult Protection Committees • To promote effective collaborative working in relation to all Child and Adult Protection Services • To maintain oversight, scrutiny and governance in all areas of public protection • To implement a comprehensive communications strategy to promote community, public and staff confidence and reassurance
Membership:	Director of Public Health, NHS Grampian – Chair Chief Executive, NHS Grampian Chief Executive, Moray Council Divisional Commander, Police Scotland (Superintendant as substitute) Chief Executive, tsiMORAY Senior Officers from partner agencies will be in attendance to support MCOG
Meeting frequency:	Monthly

The main focus of MCOG in early 2017 is to oversee improvements in integrated children's services further to the 2016 joint inspection. By September 2017, MCOG will have further developed to ensure it holds a wider remit for public protection in Moray.

Moray Child Protection Committee Joint Improvement Plan 2015/16

Strategic Development

Task	Outcome	Lead	Due Date	Progress/Notes
1.1 Development, training and dissemination of material to promote the revised Moray Information Sharing Guidelines	Appropriate, proportionate and timely sharing of information with regards to Wellbeing Concerns	Moray Learning & Development Group	**COMPLETE**	*Info Sharing event already held across Grampian. Guidance recently updated with changes to Named Person. Training Calendar developed, training materials being agreed*
1.2 Development, training and dissemination of material to promote the use of the National Risk Framework. SCIE Finding 4	Increased effectiveness of multi-agency risk assessments	Partnership Officer – Child Protection	**COMPLETE**	*Training sessions complete, these sessions will now continue and now form part of the Moray Learning & Development Group training calendar*
1.3 To update and disseminate information regarding Children Missing from Education	Increased effectiveness of the co-ordinator role	Children's Wellbeing Manager	December 2015	*Document updated but not circulated yet as still subject to clearance from LNCT*
1.4 Ensure staff have a clear understanding of the key components of GIRFEC – Named Person, National Practice Model, and Child's Plan	Increased awareness and understanding of key components of GIRFEC	Partnership Officer - GIRFEC	*Ongoing*	*3 GIRFEC groups have been established under the Operation Group to progress the keys area of GIRFEC Multiagency training programme for GIRFEC and CP is being developed. Education Support Officer for GIRFEC has delivered GIRFEC training for most schools in Moray PowerPoint presentation produced to be delivered to all school staff at the beginning of summer term*
1.5 Audit, assess and plan a multi-agency training programme	Increased opportunities for multi-agency training	Moray Learning & Development Group	**COMPLETE**	*Calendar successfully delivered with Quality Assurance framework for 2016. Report to CPP/COG.*
1.6 Train staff and provide public	Increased awareness of	Moray	**COMPLETE**	*Calendar successfully delivered with*

information in relation to Female Genital Mutilation and Forced Marriage	Female Genital Mutilation and Forced Marriage	Learning & Development Group		*Quality Assurance framework for 2016. Report to CPP/COG.*
1.7 Ensure a co-ordinated approach to raising children's awareness of mobile phone and internet safety	Safe mobile phone and internet use	Partnership Officer – Child Protection	**COMPLETE**	*SE roadshow provided throughout all Secondary Schools in 2015. Feedback reported to CPC and nationally*
1.8 Introduction and successful implementation of the Family Nurse Partnership (FNP) by NHS Grampian	Increased support to parents under the age of 19 in relation to parenting	NHS Grampian FNP Lead	**COMPLETE**	*Staff in now in place and progressing workloads. National evaluation processes are already in place*
1.9 An audit of individual agencies staff supervision arrangements. SCIE Finding 2	To ensure that supervision arrangements are suitably robust and challenging	Service Leads	December 2015	*Integrated Children Services have agreed and implemented a supervision and audit structure (Kathy Henwood).* *Health - All current team leaders have been trained in supervision and deliver this regularly to individual team members. Team Leaders and Midwives receive case supervision from Specialist Nurse for Child Protection. Case file audits also underway including Chronologies and Initial Referral Discussions*
1.10 To carry out an audit of all Parenting Assessments that took place in Moray over the past 12 months SCIE Finding 5	To enable a better clarity and understanding regarding the use of Parenting Assessments	Continuous Improvement Officer	July 2015	*Trained 10 Social Workers and 10 Action for Children workers in Parenting Assessment for consistent approach. This consisted of 3 days training. To be discussed at next meeting March 2016*

Performance Management

Task	Outcome	Lead	Due Date	Progress/ Notes
2.1 Quarterly recording and analysis of Child Protection data	Analysis of this data will lead to key developments and improved service provision	Partnership Officer – Child Protection	**Quarterly updates provided to CPC**	*Quarterly reports tabled at each CPC meeting where they are discussed and appropriate actions suggested. Review group set up to look at data gathered, templates used, and the analysis provided*
2.2 Ensure qualitative and quantitative information is gathered and assessed from the commencement of new services and over time	Service changes leading to improved outcomes for children	Self-Evaluation Group	**Updates provided to CPC**	*Responsibility of Self Evaluation Group to find a process/tool that all services can use*
2.3 Assess staff and user satisfaction with effectiveness of service provision	Services improve over time	Self-Evaluation Group	**Updates provided to CPC**	*Update from Health - First phase of data collection completed. Rolling programme in place, next cohort of data collection currently underway – data is being collected from service users of Health Visiting Service for November 2015. An improvement tree is also in place for 2 Health Visiting Teams and this will be rolled out to all team over the coming year. Evaluation tools being developed for groups*
2.4 Audit of Child Protection Services to consider the impact on Child Protection processes as part of the review of the restructure of Education and Social Care. SCIE Finding 3	Improved service provision ensuring the quality and reliability of Child Protection processes	Continuous Improvement Officer & Children's Wellbeing Service Manager	**COMPLETE**	*Audit and Case File reading now completed and feedback produced/delivered to teams.*
2.5 Review and evaluate the support offered to children and parents in key meetings. Inter-agency evaluation to be carried out	Ensure full and meaningful contributions	Continuous Improvement Officer	**Updates provided to CPC**	*Update from Health – leaflet being developed to provide children/families information from Dr Gray's Hospital about what happens when there is a CP concern*
2.6 Evaluation and review of access	Child Protection Register	NHSG Clinical	**COMPLETE**	*Audit of usage and appropriateness to*

to the Child Protection Register within A&E	accessed and used effectively	Governance Facilitator		*be carried out. Staff now report concerns directly to Social Work*
2.7 Moray CPC to hold a Development Day using Link Inspector Report 2014 as basis for Self Evaluation	Review performance and progress, set SMART objectives moving forward	Head of Integrated Children's Services	**COMPLETE**	*Development Day took place 24 November 2015 and was a success. Feedback and actions to next CPC March 2016 to progress*

Public Information

3.1 Bi-monthly press releases relating to Child Protection matters	Increased public awareness.	Partnership Officer – Child Protection	**Quarterly**	*Released as new topics are identified through various sources, Barnardo's, with Scotland etc (Social Media). Monthly bulletin from HUB also goes to local media through Strategy Manager*
3.2 What's New in Child Protection? Monthly bulletin updates	Increased public and staff awareness.	Partnership Officer – Child Protection	**Monthly**	*To be distributed as part of Partnership HUB newsletter which includes events*
3.3 Maintenance of the Child Protection Websites	Increased public and staff awareness.	Partnership Officer – Child Protection	**COMPLETE**	*Updated after every CPC by Partnership HUB admin. Update from Health - Update of Public Health Nursing web page on NHS Intranet complete. Pages updated as required*
3.4 Campaign to highlight the role of the Moray CPC, including GIRFEC and CP	Increased public awareness.	Partnership Officer – Child Protection	**COMPLETE**	*Communication Strategy being developed by Strategy Manager. School competition developed regarding wellbeing, completed in December 2015. Winning Schools developed GIRFEC game to be distributed across Schools in Moray. Leaflet created and distributed in School transitions packs for families info. This will also be sent to LMG's when there are local events taking place. Updates also delivered through locality teams as part of LMG's*

Child Sexual Exploitation

Provide training and briefing sessions on Child Sexual Exploitation (CSE) to staff	To increase awareness and improve understanding of CSE in Moray	Inter Agency Training Group	**COMPLETE**	*Calendar successfully delivered with Quality Assurance framework for 2016. Report to CPP/COG.*
Audit of Looked After Children (LAC) cases regarding CSE	To ensure early and effective intervention in terms of Child Sexual Exploitation	Corporate Parenting Manager	March 2016	*Updates from Health – all LAC are offered health assessment within 4 week. Moving to email sharing of paperwork to facilitate improved timeframe. ICS - Audit to use NRF*
Link with Licensing Board regarding issues raised with Rotherham report	Increase awareness and understanding in relation to Licensing and the connection it can have with Child Sexual Exploitation	Partnership Officer – Child Protection	**COMPLETE**	*Presentation to the board on 20 August 2015 was a huge success. Increased awareness for Board and Committee ref CSE*
Link with Child Adolescent Mental Health Service regarding the connections to CSE	To increase awareness and improve understanding of CSE	Partnership Officer – Child Protection	**COMPLETE**	*4 meetings with CAMHS over 3 months to update on CP, CSE, and GIRFEC. Process mapping completed.*
Work with residential units in terms of CP Policies and Risk Assessment for all LAC on admission	To enable a full Risk Assessment to be undertaken and ensuring children's wellbeing is paramount	Corporate Parenting Manager	*Ongoing*	*CP delivered and policy updated. Work on CSE ongoing*
Making the connection with youth cafe's and youth workers in terms of CSE	To increase awareness and improve understanding of CSE.	Moray Learning & Development Group	**COMPLETE**	*Training delivered and follow up session booked*
Connecting with Taxi and Hotel workers (night-time economy staff) regarding CSE	To increase awareness and improve understanding of CSE for key workers who may come across CSE at an early stage.	Partnership Officer – Child Protection	*Ongoing*	*Materials developed for dissemination regarding how to spot the signs of CSE early. Work ongoing with Licensing Board/Committee*
Engaging with Public Protection Partnership regarding CSE	To ensure CSE issues are addressed at earliest opportunity and to further increase awareness of CSE.	Partnership Officer – Child Protection	**COMPLETE**	*Partnership Officer – Child Protection attends all meetings when available, all connections made and CSE issues addressed as they arise as with all other CP concerns*

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JUNE 2018

SUBJECT: QUARTER 4 (JANUARY – MARCH 2018) PERFORMANCE
             REPORT

BY: CHIEF OFFICER

1.   REASON FOR REPORT

1.1   To present the Moray Integration Joint Board (MIJB) with a performance
      update at Quarter 4, 2017/18, including:-

   ▪ National core suite indicators and comparison to 32 national Health &
     Social Care Partnership performance **(APPENDIX 1)**;
   ▪ Local indicators linked to strategic priorities for Quarter 4 (Jan-Mar 18)
     (APPENDIX 2); and
   ▪ Highlight report on data presented on the National and Local indicators.
     (APPENDIX 3).

2.   RECOMMENDATION

2.1   **It is recommended that the MIJB:-**

   **(i)   note the change in the red/amber/green (RAG) assessment criteria in
          4.1;**

   **(ii) comment on performance and draft report template of national core
          suite indicators and comparisons to 32 national Health & Social Care
          Partnerships performance (APPENDIX 1);**

   **(iii) comment on performance and draft report template of local
          indicators linked to strategic priorities for Q4 (January – March 2018)
          (APPENDIX 2);**

   **(iv) comment on performance and draft report template of Highlight
          Report (APPENDIX 3); and**

   **(v)   note the progress in the development of the new Local Indicators
          (APPENDIX 4).**

3. **BACKGROUND**

3.1 The purpose of this report is to ensure the MIJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the Strategic Plan.

3.2 **APPENDIX 1** provides the published Core Suite of National Integration Indicators which details Moray performance against national indicators. Although the Core Suite is published quarterly, the majority of indicators are updated annually. This has just recently been updated to March 2018. Also included within this appendix is the current Moray performance in comparison across the 32 Health & Social Care Partnerships in Scotland.

3.3 **APPENDIX 2** details all the local indicators currently reported by NHS Grampian and Moray Council which relate to delegated functions. Local indicators are summarised to allow wider scrutiny by the MIJB across all publicly accountable indicators.

3.4 **APPENDIX 3** considers key highlights for further focus on currently reported items to the MIJB.

3.5 **APPENDIX 4** notes the progress being made towards the new suite of Local Indicators.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1 Indicators are assessed on their performance via a common performance monitoring Red, Amber, Green traffic light rating system (RAG).

RAG scoring based on the following criteria:	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within 5% tolerance.
RED	If Moray is performing worse than target by more than 5%.
▲ – ▼	Indicating the direction of the current trend.

National core suite of indicators (APPENDIX 1)

4.2 The RAG status for National Indicators 1-10 are based on the comparison to the Scottish average position when reported, rather than quarterly. These are outcome indicators based on survey feedback and are updated bi-annually. In order to mitigate the infrequency of the availability of these National Indicators, comparable Local Indicators will be developed which will complement them.

4.3 Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly.

4.4   Data for National Indicators 10, 21, 22 and 23 are not yet available. The
       National Review of Targets and Indicators for health and social care in
       Scotland has recently been published and makes a number of
       recommendations regarding the development of targets and indicators at a
       national and local level. These recommendations will be considered as the
       indicators are reviewed.

4.5   For the current reporting period, Moray performed better than the Scotland
       average for 13 of the 19 national indicators, with 6 performing worse than the
       Scotland average

Local indicators (APPENDIX 2)

4.6   As a consequence of a review of the Strategic Plan and performance
       management framework being undertaken in 2018, a review of local
       performance indicators will take place over the next few months. It is
       therefore anticipated that **APPENDIX 2** will be developed further new Local
       Indicators is presented in **APPENDIX 4**.

4.7   A Performance Management Group has been established to ensure the
       continued development around lead responsibility for each indicator/group of
       indicators, to refine targets and collate context around indicators. Work is also
       ongoing to add in additional local indicators particularly around social care.

4.8   Moray currently has 17 local indicators with 2 indicators showing their status
       as red and 6 amber. There are 7 indicators which are green and there are 2
       that have no available data at this time but which should be available for the
       next quarter. Refer to **APPENDIX 2** for the indicators and **APPENDIX 3** for
       analysis on the red indicators.

Summary of indicators

■RED   □AMBER   ■GREEN   □NO DATA
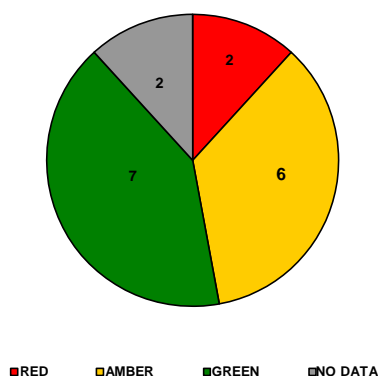
Highlight Report (APPENDIX 3)

4.9   This report highlights areas of health and social care delivery that are
       identified for improvement or for good performance.

4.10 Indicators which are currently a RED status (not meeting local targets and outwith tolerances) in **APPENDICES 1 and 2** are analysed by the Adult Services Performance Management Group who then identified which require attention and associated action.

5. **SUMMARY OF IMPLICATIONS**

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

Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the Moray IJB will "monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis" (para 5.2.2 of the Moray Integration Scheme refers).

(b) **Policy and Legal**

None directly associated with this report.

(c) **Financial implications**

None directly associated with this report..

(d) **Risk Implications and Mitigation**

MIJB Strategic Risk Register Risk 1: To monitor service performance against an agreed set of performance measures and to ensure appropriate information is presented to IJB to allow it to deliver this function.

(e) **Staffing Implications**

None directly associated with this report.

(f) **Property**

None directly associated with this report.

(g) **Equalities/Socio Economic Impact**

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

(h) Consultations

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

- Legal Services Manager (Litigation & Licensing)
- Caroline Howie, Committee Services Officer
- Chief Financial Officer, MIJB
- Service Managers
- Corporate Manager, MIJB

6. CONCLUSION

6.1 This report asks the MIJB to comment on performance and draft report template of national core suite indicators, local indicators and performance summarised in the highlight report.

Author of Report: Bruce Woodward, Senior Performance Officer
Background Papers: With author
Ref: ijb\board meetings\Jun18

Signature: _____   Date: 13 June 2018

Designation: Chief Officer   Name: Pam Gowans

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

ISD's latest refresh of this data was December 2017, however please note that data is only updated to the end of the financial year available hence the newest data provided by ISD here is for 2016/17.

The latest Health and Care Experience Survey has recently been published and the outcome indicators are taken from this, we have included an update locally but this shouldn't change when ISD publish the next indicator update around June 18.

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.

	Indicator	Title	Previous score 2015/16	Current score 2017/18	Scotland 2017/18	RAG
Outcom	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	93%	93%	G ▼
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	78%	83%	81%	G ▲
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	72%	75%	76%	A ▲
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	77%	73%	74%	A ▼
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	80%	80%	G ▲
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%		83%	A ▼
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	86%	79%	80%	A ▼
	NI - 8	Total combined % carers who feel supported to continue in their caring role	43%	39%	37%	G ▼
	NI - 9	Percentage of adults supported at home who agreed they felt safe	81%	84%	83%	G ▲
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

	Indicator	Title	Previous score	Current score	Scotland	RAG	
Data indicators	NI - 11	Premature mortality rate per 100,000 persons *(European age-standardised mortality rate per 100,000 for people aged under 75)*	399 *2015*	360 *2016*	440	G ▼	
	NI - 12	Emergency admission rate (per 100,000 population)	8,673 *2015/16*	8,734 *2016/17*	12,294	G ▲	
	NI - 13	Emergency bed day rate (per 100,000 population)	94,533 *2015/16*	94,294 *2016/17*	125,634	G ▼	
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	76 *2015/16*	74 *2016/17*	100	G ▼	
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90% *2015/16*	90% *2016/17*	87%	G –	
	NI - 16	Falls rate per 1,000 population aged 65+	17 *2015/16*	16 *2016/17*	22	G ▼	
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78% *2015/16*	71% *2016/17*	84%	R ▼	*
	NI - 18	Percentage of adults with intensive care needs receiving care at home	67% *2015/16*	65% *2016/17*	61%	G ▼	*
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	764 *2015/16*	1,095 *2016/17*	842	R ▲	***
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22% *2015/16*	21% *2016/17*	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		

* *Data updated or refreshed since last report.*

*** *Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. 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. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.*

RAG scoring based on the following criteria

|	
G	*If Moray is performing better than the Scottish average.*
A	*If Moray is performing worse than the Scottish average but within 5% tolerance.*
R	*If Moray is performing worse than the Scottish average by more than 5%.*
▲ – ▼	*Indicating the direction of the current trend.*

Moray Core Suite of National Integration Indicators - Headline Performance

ISD's latest refresh of this data was December 2017, however please note that data is only updated to the end of the financial year available hence the newest data provided by ISD here is for 2016/17.

The three charts below show Moray's performance for the National HSCP Integration Indicators against the rest of Scotland and comparing Moray's performance to the previous reporting period. Note that data for the national indicators is updated nationally and the latest reporting period differs per indicator and is documented on the previous page.

National Indicators - Moray HSCP
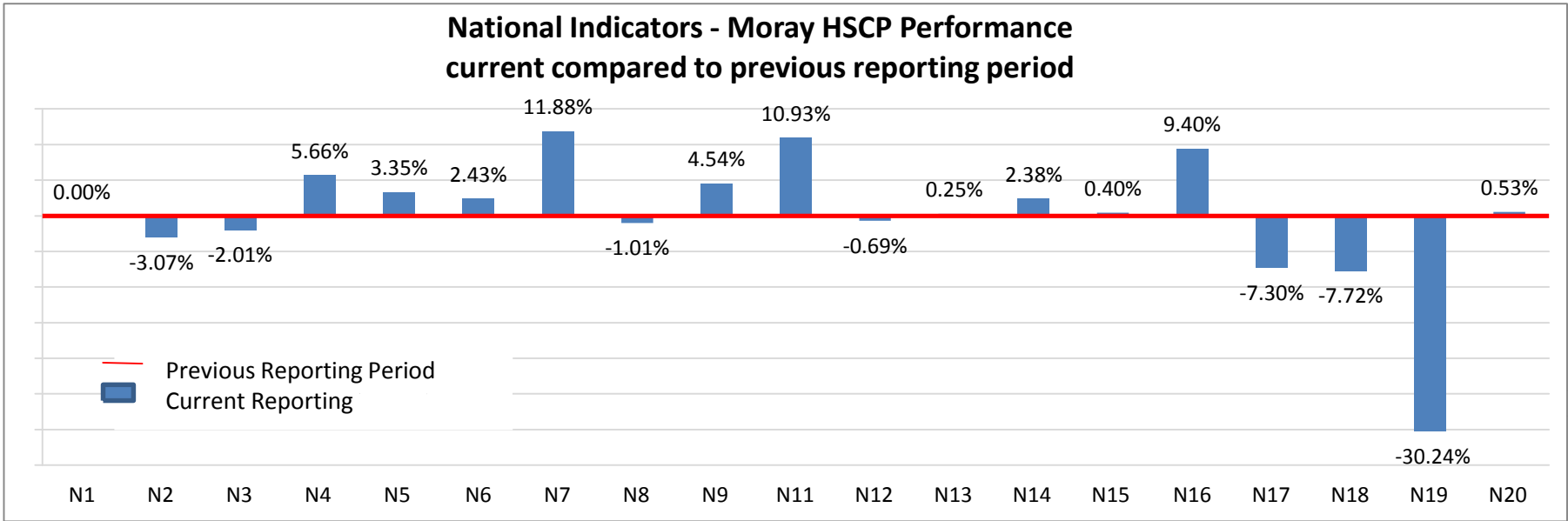Performance against Scotland
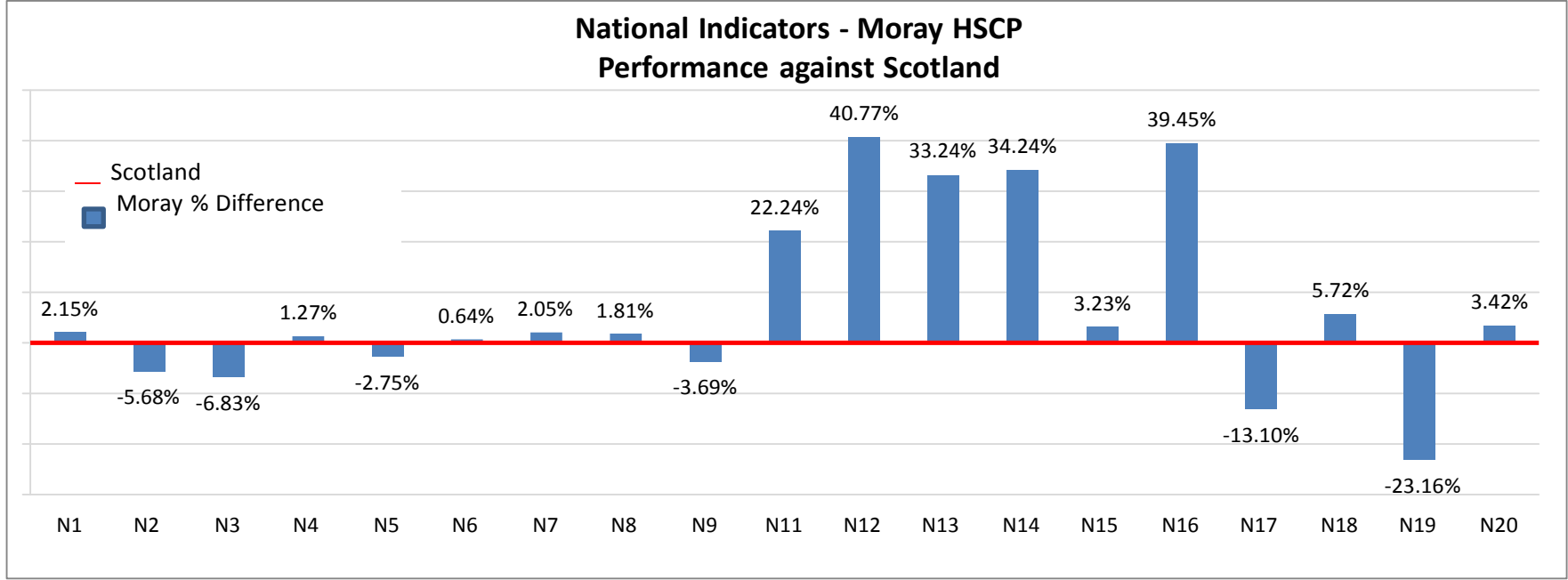
The red line shows the Scotland position and the bars show for each indicator the percentage Moray HSCP's performance differs from Scotland's performance. Positive bars show where Moray HSCP is performing better than Scotland and negative bars show where Moray HSCP performance is worse than Scotland's.

For the current reporting period Moray HSCP performed better than Scotland for 13 of the 19 national indicators, with 6 performing worse than Scotland. Note that of the 23 national indicators only 19 have data available for reporting.

Moray HSCP's performance for each indicator ranked against all 32 HSCP's in Scotland is shown below. A lower number demonstrates a better position against the rest of Scotland. Moray was in the top 50% for 12 of the 19 reported indicators for this reporting period.

National Indicators Moray Rank from 32 Scottish HSCP's
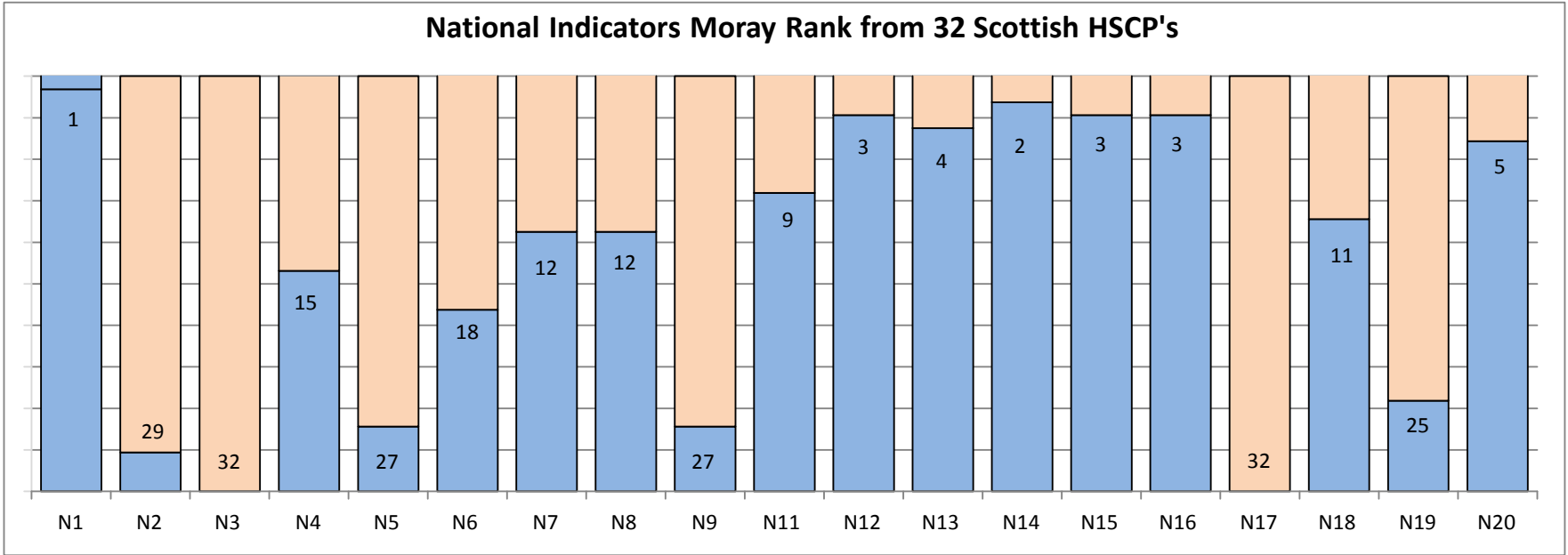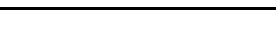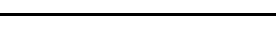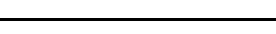
The below chart shows Moray HSCP's performance for the current reporting period compared to the previous reporting period.
The red line demonstrates the previous reporting period and the bars indicate the change in performance to the current reporting period. 12 of the 19 reported indicators have improved, or stayed the same, since the previous reporting period. Of the 7 indicators that performed worse N19 - Number of days people spend in hospital when they are ready to be discharged (per 1,000 population), saw the biggest decline in performance from 764 bed days per 1,000 population in 2015/16 to 1,095 bed days per 1,000 population in 2016/17.

National Indicators - Moray HSCP Performance
current compared to previous reporting period

Moray Health and Social Care Partnership: Performance at a Glance Quarter 4 (January to March 2018)
Local Indicators

RAG scoring based on the following criteria		
Performance Against Previous Period	G	*If Moray is performing better than target.*
	A	*If Moray is performing worse than target but within 5% tolerance.*
	R	*If Moray is performing worse than target by more than 5%.*
	▲ − ▼	*Indicating the direction of the current trend.*

ID.	Indicator Description	Performance Current Quarter	Target	Previous Quarter	Against Previous Quarter	Trend line	Trend Period	Current Quarter
L07	Rate of emergency occupied bed days for over 65s per 1000 population	2444	2360	2495	A ▼		5 Quarters	Jan-Mar 18
L08	Emergency Admissions rate per 1000 population for over 65s	186	193	182	G ▲		5 Quarters	Jan-Mar 18
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	129	125	130	A ▼		5 Quarters	Jan-Mar 18
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	38	-	30	A ▲		5 Quarters	Jan-Mar 18
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	32	-	26	A ▲		5 Quarters	Jan-Mar 18
L12	A&E Attendance rates per 1000 population (All Ages)	57.6	-	56.1	A ▲		5 Quarters	Jan-Mar 18
L13	A&E Percentage of people seen within 4 hours, within community hospitals	100% (624)	98%	100.0% (595)	G −		5 Quarters	Jan-Mar 18
L14	Percentage of new dementia diagnoses who receive 1 year diagnostic support	96.7%	70%	90.7%	G ▲		3 Financial Years	Apr-Dec 16
L15	Smoking cessation in 40% most deprived after 12 weeks	14	-	17	A ▼		5 Quarters	Oct-Dec 17
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	100%	90%	100.0%	G −		5 Quarters	Jan-Mar 18
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	96%	90%	100.0%	G ▼		5 Quarters	Jan-Mar 18
L18	Number of Alcohol Brief Interventions being delivered	142	257	106	R ▲		5 Quarters	Jan-Mar 18

ID.	Indicator Description	Performance Current Quarter	Target	Previous Quarter	Against Previous Quarter	Trend line	Trend Period	Current Quarter
L19A	Number of complaints received and % responded to within 20 working days - NHS	68% (19)	-	10.0% (10)	G ▲		4 Quarters	Jan-Mar 18
L19B	Number of complaints received and % responded to within 20 working days - Council	This indicator will be replaced in the next report with a new, more relevant PI						
L20	NHS Sickness Absence % of Hours Lost	5.8%	4.0%	4.6%	R ▲		5 Quarters	Jan-Mar 18
L21	Council Sickness Absence (% of Calendar Days Lost)	This indicator will be replaced in the next report with a new, more relevant PI						
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	95.5%	90%	61.5%	G ▲		4 Quarters	Jan-Mar 18

MIJB PERFORMANCE HIGHLIGHT REPORT

1. NATIONAL INDICATORS

There were two Indicators updated this quarter to the National Indicators (APPENDIX 1). Note that of the 23 national indicators used to measure progress towards the National Health and Wellbeing Outcomes, only 19 have data available for reporting (See section 3 for the current state of those not available)

1.1 NI – 17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

The 2016/17 Scottish average for this measure is 84% and Moray scored 71% which is a reduction from the 2015/16 figure of 76%. This ranks Moray 32 out of the 32 Scottish Partnerships.

In 2016/17 there was a change in the grading requirements and a number of inspections across Moray. Moray HSCP has reacted to this in the past year and there has been an increase in the numbers of 'good' or better grades in 2017/18 (Almost half the number of services in 2017/18 have a grading worse than 'good' than those in 2016/17, according to internal figures). This should translate to a better performance in the official National Indicator for 2017/18 when the data is verified and published.

1.2 NI – 18 Percentage of adults with intensive care needs receiving care at home

Despite a slight reduction from 67% to 65%, Moray continues to perform above the Scottish average (61%) in this measure. There is a continued commitment within Health and Social Care Moray (HSCM) to ensure people live for longer independently within their own homes and this measure is key in demonstrating that.

Additionally to the Indicators above:

1.3   NI – 19 Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)

Despite no update to this measure, it has been noted in a previous performance report (2016/17 Q3 Performance Report: Appendix 3 Performance Highlights Q3) and the current local measure is included as below for information. There was an increase in delayed discharges in February, but it was brought down again in March:

Fig 1. The number of people waiting to be discharged from hospital when they are ready (Delayed Discharges).
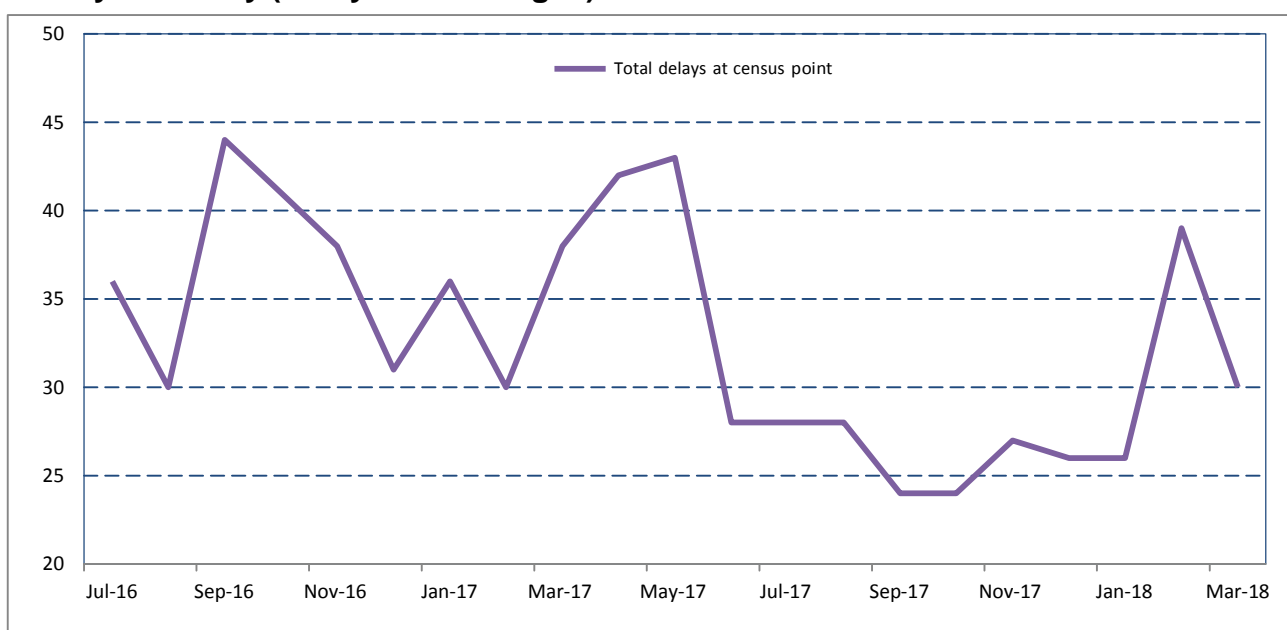
Moray is now moving to use Trak as the default recording system for Delayed Discharges (As opposed to EDISON). Social Care colleagues have had training and it is expected to go live (with one month of parallel running) in June 2018. This implementation will greatly improve the visibility of clients across the relevant teams and will significantly reduce administration time taken to enter the data.

2. LOCAL INDICATORS

The following Local Indicators are showing as Red (APPENDIX 2):

2.1   L18 Number of Alcohol Brief Interventions being delivered –

NHS Grampian has a target of delivering 6658 interventions per year. This figure is divided across the 3 IJB's based on GP practice adult population size. Based on population size it is anticipated that 1028 ABIs would be delivered in Moray each year (257 per quarter). Moray achieved 142 in Q4 of 2017/18 which, while below target, is 50% higher than the same quarter in 2016/17 and suggests there is significant ongoing progress. The teams will continue to keep pushing for improvement. An ABI strategy and action plan for the next 3 years is currently being developed which will address this PI.

2.2   L20 NHS Sickness Absence % of Hours Lost –

Moray followed a national trend of a peak in % of Hours Lost in January which then reduced in February and March. Sickness absence is monitored by line managers in each department, and they will continue to follow NHSG policy on this and carry out any appropriate actions accordingly.

3. The following National Indicators do not yet have reportable data:

3.1   NI – 10 Percentage of staff who say they would recommend their workplace as a good place to work

It has been agreed that NHS Scotland Staff Survey, and all Local Authorities will incorporate the question, and in future will spread to third and private sectors. The NHS data is not currently presented at partnership level and work needs to be undertaken to provide it in a meaningful way. For example, staff in hospitals will provide care for a range of geographic areas not one specific IJB.

Work has begun to explore if the survey question can also be extended to the majority of social care staff who work in the third and independent sectors. This will involve a number of providers of care and will be more complicated to collect. The mechanisms for collating and calculating this information is work in progress

3.2   NI – 21 Percentage of people admitted to hospital from home during the year, who are discharged to a care home

The data would come from The General/Acute and Inpatient Day Case – Scottish Morbidity Record (SMR01), collecting episode level data on hospital inpatient and day case discharges from acute specialities from hospitals in Scotland. This contains fields on where people were admitted to hospital from and where they are discharged to. The information is not currently considered of usable quality, so data improvement work will be required by ISD working with NHS Boards before this indicator can be used.

3.3   NI – 22 Percentage of people who are discharged from hospital within 72 hours of being ready

The development of this indicator by ISD is being led by the Delayed Discharge Task Force. It requires NHS Boards to set up new methods of recording and collecting the required information, and changes to administrative systems, which is not yet in place.

3.4   NI – 23 Expenditure on end of life care

The final definition for this indicator still needs to be clarified, and will need to ensure it complements the end of life activity indicator, to be meaningful for both Integration Authorities and the public.

#*	Indicator	Notes
L01	Rate of emergency occupied bed days for over 65s per 1000 population	
L02	Emergency Admissions rate per 1000 population for over 65s	
L03	Number of Discharges over 65 years admitted as an emergency in the previous 12 months per 1000 population	
L04	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	
L05A	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	
L05B	Percentage of Discharges that were Delayed	
L06	A&E Attendance rates per 1000 population (All Ages)	
L10	Percentage of clients receiving alcohol treatment within 3 weeks of referral	Suggested removal (In Discussion with MADP for replacement)
L11	Percentage of clients receiving drug treatment within 3 weeks of referral	
L12	Number of Alcohol Brief Interventions being delivered	
L13	Number of complaints received and % responded to within 20 working days - NHS Stage 1/2	
L14	Number of complaints received and % responded to within 20 working days - SC Stage1/2	Due to the nature of the way complaints are processed and recorded this will be replaced by a new measure.
L15	NHS Sickness Absence % of Hours Lost Percentage Rates	Use numbers as opposed to %
L16	Social Care Sickness Absence (% of Calendar Days Lost or days lost per empolyee in social care)	Due to the nature of the way sickness is reported by TMC HR this will be replaced by a new measure.
L17A	Percentage of MH patients commencing Psychological Therapy Treatment within 18 weeks of referral	
L18	OT Assessments completed within timescales	Timescales to be defined.
L19	Number of Clients processed by the Home From Hospital Team	
L20A	Percentage of unpaid carers who are aware of short break/respite services available locally	Carer data is going to be more readily available as Carer's Assessments are now going to be reported via Carefirst. All of these measures are likely to be replaced by a new suite of indicators.
L20B	Percentage of unpaid carers who state they have PoA or other AWI Measures in place	
L20C	Percentage of unpaid carers who have a say in the services that are provided for the person they care for	
L20D	Percentage of unpaid carers satisfied with the quality of services provided for the person they care for	
L20E	Percentage of unpaid carers who feel well informed about the services provided to the person they care for	
L21	Percentage of service users who have an Anticipatory Care Plan in place **Percentage Improvement**	
L22	Unmet need (hours) for social care Total Hours met	
L23	Unmet need as a % of total hours met	
L24	Access Team Tier 2 - Volume of referals	
L25	Access Team Tier 1 calls received	
L26	Access Team Tier 1 calls escalated	
L27	Number of People Supported in a Week by Community Services	Several Options have been discussed
L28	Number of Weekly hours provided by parternship supported volunteers across Moray	There is a wealth of data regarding volunteering.
L29	Employment Support Service T1	
L31	Learning Disability suite of Indicators	For discussion following LDTP project Phase 3
L32	% of Adults who smoke	Replacement for L09
L33	High Resource Individual suite of Indicators	For discussion with ISD, will rely on Social Care returns.
L34A	Number of Care at home hours comissioned - Total	From ASPMG Monthly Reports
L34B	Number of Care at home hours comissioned - Internal Services	From ASPMG Monthly Reports
L34C	Number of Care at home hours comissioned - External Services	From ASPMG Monthly Reports
L35	65+ Perm Care vs Home Care (rate per 1000 pop.)	From ASPMG Monthly Reports

*The numbering is subject to change once indicators are formally set.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JUNE 2018

SUBJECT: UNAUDITED ANNUAL ACCOUNTS

BY: CHIEF FINANCIAL OFFICER

1.   REASON FOR REPORT

1.1   To consider the unaudited Annual Accounts of the Moray Integration Joint Board (MIJB) for the year ended 31 March 2018.

2.   RECOMMENDATION

2.1   It is recommended that the Moray Integration Joint Board:

   i)   consider the unaudited Annual Accounts prior to their submission to the external auditor, noting that all figures remain subject to audit;
   ii)   note the Annual Governance Statement contained within the unaudited Annual Accounts; and
   iii) note the accounting policies applied in the production of the unaudited Annual Accounts, pages 34 to 42 of the accounts, attached as Appendix 1.

3.   BACKGROUND

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

3.2   The Local Accounts (Scotland) Regulations 1985 (as amended) ('the Regulations'), places a statutory obligation on the MIJB to submit draft Annual Accounts for the year ended 31 March 2018 to its external auditors by 30 June 2018. Copies of the unaudited 2017/18 accounts are attached at **APPENDIX 1.**

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

4.1   The Annual Accounts have been prepared in accordance with the 2016/17 Code of Practice on Local Authority Accounting in the United Kingdom.

4.2   Under Regulation 9(1) of the Local Authority Accounts (Scotland) Regulations 2014, notice has been given and copies of the unaudited Annual Accounts will be available for public inspection at named locations for the period 29 June 2018 to 19 July 2018.

4.3   Audit Scotland as appointed external auditors will audit the accounts. They are required to complete their audit by 30 September 2018. The audited accounts and the External Auditor's report will be submitted to the MIJB when complete.

4.4   The Comprehensive Income and Expenditure Statement shows a deficit of £1.857m on the provision of services for the year. At the start of the financial year £2.704m of reserves had been brought forward. £1.857m has been utilised through the general fund reserve leaving a reserve to be carried forward to 1 April 2018 of £0.847m.

4.5   As at 31 March 2018 there were significant variances between budget and actual on several services. These are evident in the Comprehensive Income and Expenditure Statement and are detailed in a separate report being presented to this Board entitled '*Revenue Budget Outturn for 2017/18'*. A summary on the major variances is included within the Management Commentary as part of the Unaudited Annual Accounts.

5   SUMMARY OF IMPLICATIONS

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

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

(b)   **Policy and Legal**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. In producing Annual Accounts for the 2017/18 financial year, the MIJB have complied with statute and mandatory guidance through attention to the 2017/18 Code of Practice on Local Authority Accounting in the United Kingdom.

(c) Financial implications

The unaudited Annual Accounts provide all required information about the MIJB in relation to its financial position at 31 March 2018. The overriding principle in relation to annual accounts preparation is to provide a true and fair view.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The unaudited Annual Accounts will be subjected to audit by external auditors, Audit Scotland, which will provide assurance that the Accounts for 2017/18 give a true and fair view of the financial position and expenditure and income of the MIJB for the 2017/18 financial year.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

None arising directly from this report.

(h) Consultations

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

6 **CONCLUSION**

6.1 **The unaudited Annual Accounts, subject to audit, show an overspend on the provision of services of £1.857m for MIJB for the year ending 31 March 2018. At the beginning of the year the MIJB, held in its general reserve £2.704m. The closing balance on the general fund reserve as at 31 March 2018 is £0.847m.**

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

Signature: Date : 29 May 2018

Designation: Chief Financial Officer   Name: Tracey Abdy

MORAY INTEGRATION JOINT BOARD

UNAUDITED ANNUAL ACCOUNTS

FOR THE YEAR ENDED

31 MARCH 2018

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

إذا تنكم في حجاة إلى عملومات نم بقل مجلس ومراي توكنو بلغة مختلفة عوألى شكل مختلف مثل البراي، أسطواةذ وأدوي أو نأ نوكتﻃمبوعة ابستعمال حروف غلظية افﻻ ﺗﻼاصال ب راجﺊّ

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

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گا روم وک پآروک ےنسل سے کسد ییرگ زبان یا وصرت میں مولعمات درکرا م ںوہثلا″ بریلے، آیڈو ٹیپ یابﮍح ےروف، ہم وتربانف ىرما کرار بطه فرمایئں:

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

01343 563125   accountancy.support@moray.gov.uk

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MORAY INTEGRATION JOINT BOARD MEMBERS

Voting Members

Christine Lester (Chair)	The Grampian Health Board
Cllr. Frank Brown (Vice-Chair)	Moray Council
Dame Anne Begg	The Grampian Health Board
Professor Amanda Croft	The Grampian Health Board
Cllr. Claire Feaver	Moray Council
Cllr. Shona Morrison	Moray Council

Non-Voting Members

Pamela Gowans	Chief Officer
Tracey Abdy	Chief Financial Officer
Susan Maclaren	Chief Social Work Officer
Linda Harper	Lead Nurse
Dr Ann Hodges	Registered Medical Practitioner
Dr Lewis Walker	Registered Medical Practitioner
Dr Graham Taylor	Registered Medical Practitioner
Fabio Villani	tsiMoray
Val Thatcher	Public Partnership Forum Representative
Ivan Augustus	Carer Representative
Steven Lindsay	The Grampian Health Board Staff Partnership Representative
Tony Donaghey	UNISON, Moray Council

Co-Opted Members

Jane Mackie	Head of Adult Health and Social Care
Sean Coady	Head of Primary Care

MANAGEMENT COMMENTARY

Introduction

This management commentary is intended to support its readers in understanding the strategic priorities and objectives of the Moray Integration Joint Board (MIJB). It provides an overview of the business that the MIJB has engaged in throughout the year and assesses the financial performance in year. Additionally, it will provide information on the principal risks and uncertainties which are likely to affect the future development and performance of the MIJB.

The Role and Remit of the Moray Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Moray Council and the Grampian Health Board prepared an Integration Scheme for the area of the local authority detailing the governance arrangements for the integration of health and social care services. Following formal notification of approval of the Integration Scheme from the Cabinet Secretary for Health, Wellbeing and Sport, the Order to establish Moray Integration Joint Board came into force on 6 February 2016 and the MIJB was legally established as a body corporate. This new body following approval of the Moray Strategic Plan 2016-2019 became fully operational from 1 April 2016 taking on its role as a strategic planning body with operational oversight for the delivery of services.

Moray covers a land mass of 2,238sq km. It is largely rural and has a long coastline on the Moray Firth. Moray has a population of some 96,000, which represents 1.8% of Scotland's national population (5.4 million).

MIJB is one of 31 Integration Authorities across Scotland that has been established to work with health and social care staff, communities, the third and independent sectors to ensure a person centered approach to the design and delivery of services.

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

Under the Public Bodies (Joint Working) (Scotland) Act 2014, a range of health and social care functions have been delegated from Moray Council and Grampian Health Board to the MIJB who has assumed responsibility for the planning and operational oversight of delivery of integrated services. MIJB also has a role to play in the strategic planning of unscheduled acute hospital based services provided by Grampian Health Board. Such budgets for large hospital services continue to be managed on a day to day basis by the Grampian Health Board Acute Sector. However, MIJB has an allocated budget 'set aside' of £10m, designed to represent the consumption of these services by the resident population of Moray. The 3 IJB's that fall into the Grampian Health Board area are responsible for the strategic planning of these services in partnership with the Acute Sector. The overall aim of this mechanism is to shift the balance of care by reducing unnecessary, unplanned emergency admissions to hospitals whilst having alternative community arrangements that prevent this from happening. In recent months, a Scotland-wide group has been established which includes representation from Health Boards, Integration Authorities, local authorities, Audit Scotland, the Chartered Institute of Public Finance and Accountancy (CIPFA), Convention of Scottish Local Authorities (COSLA) and the Scottish Government and is designed to support the implementation of the financial aspects of the legislation and to understand the progress being made on a national level. MIJB is fully engaged in this process.

MANAGEMENT COMMENTARY (continued)

The Role and Remit of the Moray Integration Joint Board (continued)

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

Key Purpose and Strategy

The main purpose of Integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. In recent years there has been increasing recognition that health and social care services for the population of Scotland will need to change in order to meet demands and expectations through early intervention and prevention. Demographics, economics and increasing care complexities are all factors that have been considered when looking at how services will be planned, co-ordinated and delivered effectively. The ultimate aim is that through integrating the design and delivery of our services we will achieve the nine National Health and Wellbeing Outcomes as prescribed by the Scottish Ministers.

On a local level and in our drive to achieve the nine outcomes, we have developed a Vision by listening to the views of the people who use health and social care services, unpaid carers and those who deliver services in Moray and the wider community.

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 Strategic Plan 2016-19 that was approved in April 2016 to allow the MIJB to become fully operational was developed by the Strategic Planning and Commissioning Group which was made up of stakeholders from across the wider health and social care system to include all sectors and to ensure engagement in the preparation, publication and review of the Plan. This process supported the development and agreement of the strategic priorities in Moray as follows:

MANAGEMENT COMMENTARY (continued)

Key Purpose and Strategy (continued)

In April 2017 a review of this Plan was carried out by the Strategic Planning and Commissioning group to ensure that the intentions remained relevant to the vision of the MIJB whilst the Strategic Planning and Commissioning Group drive forward the development of the Plan by overseeing planning and commissioning on behalf of the MIJB. The review of the Strategic Plan considered:
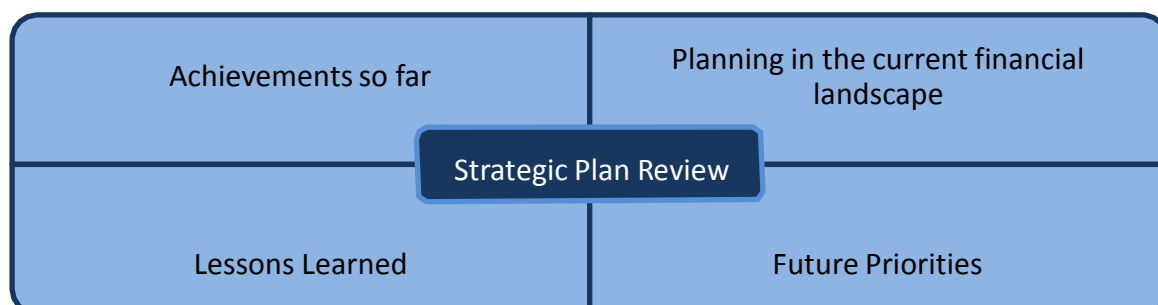
MANAGEMENT COMMENTARY (continued)

Operational Performance – A Year in View

Performance reporting is viewed as a key part of the governance processes of the MIJB. During the year a draft Performance Management Framework was developed and approved by the Board with the key aim being to allow effective monitoring of performance against the Strategic Plan, identify areas where improvements can be made and demonstrate to stakeholders that benefits are being delivered.

Throughout the year, detailed performance reports are presented to the MIJB on a quarterly basis which report progress against both national and local indicators to enable scrutiny by the Board and identify areas for improvement as well as establishing positive performance. In addition to the quarterly performance reporting to the MIJB, there is a requirement under the Public Sector (Joint Working) (Scotland) Act 2014 for the MIJB to produce and publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the delegated functions for which they are responsible. The Annual Performance Report must be published by 31 July each year.

A key target for MIJB is to reduce the number of Moray residents that are ready to be sent home from hospital but have been delayed in this process. This is referred to as a 'delayed discharge'. Delayed discharge can occur due to a number of reasons but quite often involves the onward provision of social care which can be complex in nature. Performance over the year shows a reduction of 24% against this indicator as shown below:

Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	
Apr – Jun 17	**Jan – Mar 18**
50	38

In relation to occupied bed days it is encouraging to note that the rate of emergency occupied bed days for over 65's per 1000 population has also reduced over the year as can be seen below:

Apr – Jun 17	Jul – Sept 17	Oct – Dec 17	Jan – Mar 18
2558	2531	2495	2444

Another local indicator is '*Accident & Emergency percentage of people seen within 4 hours, within community hospitals'*. MIJB has retained 100% performance during 2017/18 against this target.

The 2017/18 year has seen some notable achievements in relation to transformational change:

Construction of the £2.5 million housing development in Lhanbryde began in 2016, replacing a residential facility in Forres which had become unsuitable as a care establishment for those who lived and worked there. Woodview in Lhanbryde consists of 8 bungalows, a communal area and staff office, and is designed to support people with autism and challenging behaviour with their own tenancies, in turn creating a positive impact on their quality of life.

Operational Performance – A Year in View (continued)

Capital funding for the development has been provided by Moray Council with the MIJB assuming operational responsibility for the services provided.

The £2.5 million development was completed in the summer and became home to its first service users through supported tenancy in August 2017.

By the summer of 2018, all 8 of the bungalows within Woodview will be occupied. Clear objectives were set in relation to the replacement facility and to date results are extremely positive showing outstanding improvement in staff retention and incident reductions.

Transformational Change in Learning Disabilities - In response to the growing demand on health and social care services, increasing financial pressures and the commitment to deliver better personal outcomes for people who receive support, it was recognised that a greater focus on longer term life planning and changing how we deliver services was necessary. A Learning Disability Transformation Project has been established based on the 'Progression Model' which has been tried and tested in England and Wales. The progression model is a person-centred developmental approach that seeks to help each adult with a learning disability to achieve their aspirations for independence. The model calls for changes to existing systems and practices with the context of a whole system approach to significantly affect the culture and delivery of our learning disability services. The Progression model encompasses:

- New methods of professional practice and the way in which professionals relate to people with a learning disabilities and their families;
- Revision to the framework within which health and social care services operates;
- Changes to role and models of our in-house provider services; and
- The introduction of improved systems for commissioning, supporting a more effective operation of the commissioning cycle.

It is recognised that this is a long term project and the benefits being realised will be reported to the MIJB on a periodical basis to ensure consistency to our values and the aims of the Strategic Plan.

MANAGEMENT COMMENTARY (continued)

Operational Performance – A Year in View (continued)

Boogie in the Bar

Boogie in the Bar has supported the older people in Moray to increase their physical activity whilst enjoying a 'boogie' on the dance floor. Each of the two events to date have been linked to a health and wellbeing campaign, encouraging Self Care; by promoting how to reduce the risk of falls, heart health and increasing the awareness of the role of the unpaid carer. Over 250 people have attended these events. A key outcome has been to create environments where social connect can take place in an attempt to address loneliness, a now well recognised risk factor in maintaining good wellbeing.

Boogie in the Bar has been supported by community volunteers and Joanna's night club staff. Funds raised at the events have been gifted back to support local community groups.

Financial Review and Performance

The 2017/18 budget setting process was extremely challenging for the MIJB from a sustainability perspective as it considered its revenue budget in the context of a period of continuing real term reductions in funding from central government to our funding partners (Grampian Health Board and Moray Council). An indicative budget was presented to the MIJB on 30 March 2017 displaying a funding shortfall of £3.981m in respect of delivering existing services at current level. Following closure of the 2016/17 annual accounts, a net favourable position was realised creating a reserve of £2.7m. This one-off positive position, combined with further work on savings and budget pressure assessments supported a balanced budget position that was approved by the Board on 29 June 2017.

Allocated Partner funding to support the 2017/18 budget can be summarised as follows:

	£ 000
Grampian Health Board	63,279
Moray Council	40,069
Scottish Government funding for Social Care	5,762
Strategic Funds	2,067
General Reserve	2,704
Total Available MIJB Funding 2017/18	**113,881**

MANAGEMENT COMMENTARY (continued)

Financial Review and Performance

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

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page 32. At 31 March 2018 there were usable reserves of £0.847m available to the MIJB compared to £2.704m at 31 March 2017. Reserves have had to be utilised within the year to address the shortfall in funding and ensure the continuation of services. Significant pressures on the budget were notably:

Prescribing – remains the most significant financial pressure facing the MIJB which gave rise to an overspend in year of £1 million. Prescribing is the largest budget within the services delegated to the MIJB at £16.8 million and is extremely difficult to predict due to the number of external factors influencing costs and control. Medicines management practices are in place to promote cost effective treatment options, identifying and responding to prescriber variation, reviewing patients' treatment regimens ensuring waste is minimised, however, external influences remain the predominant factor in cost control of the prescribing budget.

Older Peoples Services & Physical and Sensory Disability – services were overspent by £0.879 million as at 31 March 2018. This primarily is due to external purchasing of care with a continuing increase in demand on services. In the main this was attributable to growth through increased care packages in the West which have risen by 30% on the level at March 2017. Additionally, there have been increases to hourly rates that have highlighted further this adverse variance.

Learning Disabilities - the Learning Disability service was overspent by £0.155m at the year-end. The overspend is primarily due to the purchase of care for people with complex needs, including young people transferring from Children's services. This is offset by underspends on staffing (£0.129m) that has existed throughout this financial year, mainly relating to physiotherapy, speech and language and psychology services. The Learning Disability Transformation Programme is in its implementation phase which will enable the system to be confident that people are being supported in the best way to ensure they have the right kind of support to become as independent as possible. Demographics suggest that the number of people with a learning disability will continue to increase, and whilst these people will live longer with more complex needs this creates additional financial pressure in the system.

Mental Health – services were overspent at the end of the year by £0.308m. In the main this was due to senior medical staff costs including locums (£0.181m), nursing and other staff (£0.073m). There are clear obligations that exist in relation to mental health consultants and the responsibility for ensuring the clinical needs are met fall to NHS Grampian whilst the financial impact directly affects the MIJB. This continues to be closely monitored.

MANAGEMENT COMMENTARY (continued)

Financial Review and Performance (continued)

Hosted Services – are operated and managed on a Grampian wide basis. Hosting arrangements means that one IJB within the Grampian Health Board area hosts the service on behalf of all 3 IJB's. Strategic planning for the use of hosted services is undertaken by the 3 IJB's for their respective populations. MIJB has responsibility for hosting the Grampian Medical Emergency Department (GMED) and Primary Care Contracts. The overspend for the year on hosted services was £0.176m, this is representative of Moray's share of all hosted services within Grampian. The overall recharge includes overspends on Sexual Health, Marie Curie nursing, Police Forensic Examiners and GMED, which is reduced by underspends in Intermediate Care, Diabetes & Retinal Screening and HMP Grampian.

Set Aside - Included within the CIES is £10.593m for Set Aside services. Set Aside is an amount representing resource consumption for large hospital services that are managed on a day to day basis by the NHS Grampian Acute Sector or Mental Health Service. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector and Mental Health services which are:

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

The budget allocated to Moray is designed to represent the consumption of these services by the Moray population. During 2017/18, the Information Services Division (ISD) provided health boards with updated set aside activity for the 2016/17 financial year. This information can be summarised as follows:

	2017/18	2016/17
Budget	10.593m	10.163m

	2016/17	2014/15
Number of Bed Days and A&E attendances	48,415	44,869

The increase in the set aside budget of £0.430m can be split between:

•   An increase of £0.757m being due to the increased number of bed days
•   A reduction of £0.327m being due to changes in direct unit costs

MANAGEMENT COMMENTARY (continued)

Risks, Uncertainties and Future Developments

When the MIJB was established, the Chief Officer had a responsibility to develop a risk strategy and risk reporting framework. Risks inherent within the MIJB are monitored, managed and reported at each meeting of the Audit and Risk Committee. The key strategic risks embedded within the strategic risk register together with an assessment of the level of risk are as follows:

VERY HIGH	HIGH
There is a risk of MIJB financial failure with demand outstripping available budget. Financial settlements to the MIJB continue to reduce	The Integration Joint Board (IJB) does not function as set out within the Integration Scheme, Strategic Plan and Schemes of Delegation and fails to deliver its objectives or expected outcomes
MEDIUM	**LOW**
Inability to recruit and retain qualified and experienced staff whilst ensuring staff are fully able to manage change. Inability to demonstrate effective governance and ineffective communication with stakeholders Inability to deal with unforeseen external emergencies or incidents is compromised by inadequate emergency planning and resilience. Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level. Requirements for IT and Property are not prioritised by NHS Grampian and Moray Council	Risk of major disruption in continuity of ICT operations and data security is compromised

Given the MIJB has only been operational for two years gives us the opportunity to continue to refine and embed our governance process as we continue to strive to deliver on the policy objectives set out in the legislation surrounding health and social care integration.

Development Aims for 2018/19

Throughout 2018/19 a range of themed workshops are scheduled to drive forward the development of the new Strategic Plan 2019 - 22. We will continue to communicate with all stakeholders to ensure inclusion and engagement in developing a Plan that is fit for the future as we endeavour to achieve systematic and transformational change. The new Strategic Plan will consider the service and cost pressures that have been identified to date and ensure these are considered as we continue to shape the future of health and social care services across Moray. In addition we will seek to:

MANAGEMENT COMMENTARY (continued)

Development Aims for 2018/19 (continued)

- continue to monitor, evaluate and report on our transformational projects to ensure we remain consistent with our strategic aims;
- continue to develop our performance management framework;
- continue to develop our governance framework;
- embed and report on locality working;
- implement and monitor the implications of the Carers Act
- approve a primary care improvement plan alongside the implementation of the new General Practice Contract
- ensure a medium term financial strategy is in place to run parallel with the Strategic Plan
- develop a workforce plan to support the delivery of the new Strategic Plan
- continue to work closely with all partners to ensure we maximise potential across the whole health and social care system.
- Work closely with NHS Grampian and nationally to realise the potential of the unscheduled pathways and any opportunities to reshape the budget in relation to shifting the balance of care.

STATEMENT OF RESPONSIBILITIES

Responsibilities of the MIJB

- To make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In Moray Integration Joint Board, that officer is the Chief Financial Officer as appointed by the Board at its meeting of 25 February 2016;

- To manage its affairs to achieve best value in the use of its resources and safeguard its assets;

- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and

- To approve the Annual Accounts.

Christine Lester

Chair of Moray IJB

28 June 2018

STATEMENT OF RESPONSIBILITIES (continued)

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the Moray Integration Joint Board's Annual Accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (''the Code of Practice''), is required to give a true and fair view of the financial position of the Moray Integration Joint Board at the financial year end and its income and expenditure for the year then ended.

In preparing the Annual Accounts the Chief Financial Officer has:

• Selected suitable accounting policies and applied them consistently;

• Made judgements and estimates that were reasonable and prudent;

• Complied with legislation; and

• Complied with the local authority code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

• Kept proper accounting records which were up to date; and

• Taken reasonable steps for the prevention and detection of fraud and other irregularities.

Statement of Accounts

I certify that the financial statements give a true and fair view of the financial position of the Moray Integration Joint Board for the year ending 31 March 2018 and the transactions for the year then ended.

Tracey Abdy CPFA

Chief Financial Officer

28 June 2018

REMUNERATION REPORT

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

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

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

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

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

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

Taxable Expenses 2016/17	Name	Position Held	Nomination By	Taxable Expenses 2017/18
£		£	£	£
Nil	Christine Lester	Chair	Grampian Health Board	Nil
Nil	Cllr Frank Brown	Vice-Chair	Moray Council	Nil

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

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

REMUNERATION REPORT (continued)

Chief Officer

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

Other Officers

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

Total 2016/17	Senior Employees	Salary, Fees & Allowances	Taxable Expenses	Total 2017/18
£		£	£	£
93,288	Pamela Gowans Chief Officer	93,391	1,619	95,010
	Tracey Abdy Chief Financial Officer (1.7.17 -31.3.18)	42,680 FYE* 57,232	0	42,680

*FYE = Full Year Effect

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

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

REMUNERATION REPORT (continued)

Other Officers (continued)

	In Year Pension Contributions			Accrued Pension Benefits	
	Year to 31/03/17	Year to 31/03/18		As at 31/03/2018	Difference from 31/03/2017
	£	£		£ 000's	£ 000's
Pamela Gowans Chief Officer	13,454	13,915	Pension	30	3
			Lump Sum	75	3
Tracey Abdy Chief Financial Officer 1.7.17 - 31.3.18	0	6,606	Pension	13	N/A
			Lump Sum	18	N/A

Disclosure by Pay bands

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

Number of Employees in Band 2016/17	Remuneration Band	Number of Employees in Band 2017/18
-	£55,000 - £59,999	1
1	£90,000 - £94,999	-
-	£95,000 - £99,999	1

Exit Packages

There were no exit packages agreed by the MIJB during 2017/18 financial year, or in the preceding year.

Christine Lester

Chair of Moray IJB

Pam Gowans

Chief Officer

ANNUAL GOVERNANCE STATEMENT

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

Scope of Responsibility

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

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

The Governance Framework

The CIPFA/SOLACE framework for 'Delivering Good Governance in Local Government' was updated in 2016 and provides a structured approach in defining the principles that should underpin the governance arrangements. Whilst the framework is written specifically for Local Government, the principles are applicable to integration authorities.

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

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

ANNUAL GOVERNANCE STATEMENT (continued)

WHAT IS THE MORAY INTEGRATION JOINT BOARD'S GOVERNANCE ASSURANCE FRAMEWORK?

Annual Governance Statement

Audit and Risk Committee

Committee Members, Chief Officer, Chief Financial Officer, Chief Internal Auditor

Oversight & Support	**Operational & Business Management**	**Independent Assurance**
Strategy / Policy / Decision-Making	*Delivering objectives, identifying risks, progress reporting, management assurance*	*Independent challenge & audit, audit opinion, assurance levels*
Committees & Scrutiny Functions	Operational Management Team	Internal Audit
Strategic Planning & Commissioning Group	Managing Performance & Data Quality	External Audit
Senior Management Team	Programme & Project Management	External Inspection Agencies
Risk Management	Delivery of Service Plans	Regulators
Functional Compliance (Legal, HR, Finance)	Risk Management	

ANNUAL GOVERNANCE STATEMENT (continued)

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

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

Behaving with Integrity
The MIJB has a Board and two separate committees, specifically, Audit & Risk and Clinical & Care Governance to promote high standards of member conduct. On 5 July 2016, the MIJB Code of Conduct was formally approved by Scottish Government, The Code exists to ensure Members exercise leadership through exemplary standards of behaviour and that values are established and replicated effectively throughout the organisation.

Demonstrating Strong Commitment to Ethical Values
At a meeting of the MIJB on 26 October 2017, Alasdair McEachan (Head of Legal and Democratic Services, Moray Council) was formally nominated for approval by the Standards Commission as the Standards Officer of the MIJB for a further period of 18 months until April 2019. At the same meeting, the MIJB also approved the formal nomination of two Depute Standards Officers for the same period and from existing Moray Council staff.

Arrangements exist to ensure that Members are not influenced by prejudice, bias or conflicts of interest in dealing with stakeholders. The Standards Officer assumes responsibility for a number of duties which includes holding various key documents for the Board and advising and guiding Members of the Board on issues of conduct. The Standards Officer ensures the Board keeps Registers of Interest and records of Gifts and Hospitality.

Respecting the Rule of Law

On 9 August 2017, the MIJB appointed an independent Chief Financial Officer in-line with the legislative requirement and to ensure accountability for the proper administration of the Board's financial affairs.

The MIJB has the support of a legal adviser, an equalities adviser and data protection adviser.

Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement

Ensuring Openness
The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 obliges the MIJB to agree Standing Orders to regulate its meetings and those of its committees. Provision is made within MIJB's Standing Orders for public and press access to meetings and reports. The MIJB has continued to enhance this process and 2017/18 has seen the development of a specific website for Health and Social Care Moray where agendas, reports and minutes for all committees can be accessed and assessment can be made on whether decisions have been made in the public interest.

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement (continued)

Stakeholder Engagement

Both the voting and non-voting membership arrangements of the MIJB are set out in the Health and Social Care Integration Scheme for Moray and are in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.   The non-voting membership comprises six professional members and five stakeholder members representing the following groups: staff, third sector bodies carrying out activities in relation to health and social care, service users and unpaid carers, and two additional non-voting members.

The Community Empowerment (Scotland) Act 2015 places a statutory duty on MIJB and its Community Planning Partners to engage with communities on the planning and delivery of services and securing local outcomes.

The MIJB at its meeting of 31 August 2017 approved its Communication and Engagement Strategy 2017-19 with a commitment to review on an annual basis. The MIJB engage in a diverse range of methods and activities to ensure stakeholder engagement and augment understanding when considering public and service user views.   This year has seen an increase in the use of social media to promote events and establish opinion, and community engagement events have been well attended.

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

Defining Outcomes

The MIJB Strategic Plan 2016 -19 sets out the priorities in improving the health and wellbeing for the adult population of Moray through redesign and delivery of integrated services consistent with the policy objectives of The Public Bodies (Joint Working) (Scotland) Act 2014.   The Strategic Planning and Commissioning Group has continued to evolve throughout 2017/18 to incorporate both business meetings where the aim is to drive forward the Strategic Plan by overseeing the elements of delivery on behalf of the MIJB and also through workshop events ensuring stakeholder engagement in the future planning processes.

In January 2018, the MIJB approved a Performance Management Framework (PMF) following a request from the Chief Officer for a review of the performance reporting arrangements.   A review was considered necessary in establishing improvements to reporting but fundamentally, the development of a 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.

The 2017/18 Scottish Government funding settlement, for both health boards and local authorities, announced in December 2016 were significantly more challenging than was anticipated and so had an adverse impact on the onward negotiation of funding to the MIJB. Whilst the strategic outcomes and intent remain unchanged, the challenge is to ensure that the economic impacts of decisions taken are highlighted as there is likely to be insufficient funding to maintain current levels of service in the current and future years.

ANNUAL GOVERNANCE STATEMENT (continued)

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

Determining Interventions

The MIJB's decision making process ensures that the members of the Board receive objective and robust analysis of a variety of options indicating how the intended outcomes will be achieved, providing information on the associated risks and opportunities. Public involvement and engagement is undertaken to ensure that feedback from citizens and service users are fully considered when making recommendations regarding service improvements / changes.

Optimising Achievement of Intended Outcomes

The Strategic Plan 2016 -19 set out an indicative financial requirement to deliver the agreed priorities and ensure progress in meeting the national health and wellbeing outcomes. Acknowledgment has been given to the need to develop this further and so progress has been made in the production of a Medium Term Financial Strategy. A Medium Term Financial Strategy is designed to outline how the available financial resources will be deployed in order to deliver the priorities as set out within the Strategic Plan. The uncertain financial climate being experienced by public sector organisations has emphasised the importance of medium term financial planning with the requirement to reconsider on an annual basis.

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

Developing Capacity

The MIJB has developed both its Organisational and Workforce plans to support a culture that will assist change and enable people, their skills, behaviours, capabilities and effectiveness to achieve the performance required to ensure the MIJB can deliver on its strategic priorities. The MIJB continues to engage and involve a wide range of stakeholders within its working groups in order to develop capacity and expand on its learning experiences.

Developing Leadership Capability

Training and development for members is provided mainly in the form of briefings and development sessions. Workshops are provided to cover emerging issues, these being provided by staff from Moray Council and The Grampian Health Board, or by representatives from other government agencies and partner bodies.

The Chief Officer represents the MIJB in a leadership, governance or advisory capacity on a variety of national groups including digital health, community interest, surgical transformation board, elective care transformation board and is the Chair of the transforming cancer after treatment group.

ANNUAL GOVERNANCE STATEMENT (continued)

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

Managing Risk
The MIJB has a Risk Strategy that is updated at regular intervals and clearly defines the roles and responsibilities for managing risk and is an integral part of business and decision making. Strategic Risk Registers are reviewed regularly and reported to the Audit and Risk Committee at each cycle.

Managing Performance
A performance management framework has been developed and performance is reported quarterly setting out Moray's performance against national and local indicators. Officers have been engaged with a national group developed to support the requests from the Scottish Governments Ministerial Strategic Group to measure objectives and demonstrate progress against designated key performance indicators.

Robust Internal Control
The internal control system links closely with those of the Partners, given their operational remit for delivery of services under direction of the MIJB. MIJB internal control arrangements are specified in the Financial Regulations developed to be used in conjunction with The Grampian Health Board and Moray Council's financial regulations and the MIJB Integration Scheme. An Audit and Risk committee through its consideration of reports monitors the effectiveness of internal control procedures.

Financial Management
Financial management procedures are secured through the work of the Chief Financial Officer appointed in terms of section 95 of the Local Government (Scotland) Act 1973. This Officer is an appointment to the Board and provides advice to the MIJB on all financial matters and ensures the timely production and reporting of budget estimates, budget monitoring reports and annual accounts

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

Good Practice - Transparency
MIJB business is conducted through an established cycle of Board meetings which are held in public, and the agendas, reports and minutes are available for the public to inspect. There is a standard reporting format in place to ensure consistency of approach and consideration by Members to provide transparency in decision making.

Good Practice - Reporting
The published Annual Accounts is the statutory summary of the MIJB's financial affairs for the financial year. The purpose of this is to provide clear information on the income, expenditure of the Board and its performance through the Management Commentary. There is also a statutory requirement on the MIJB to publish an Annual Performance Report by 31 July each year which gives an assessment of performance against the functions for which it is responsible. July 2017 saw the publication of the MIJB's first Annual Performance Report.

ANNUAL GOVERNANCE STATEMENT (continued)

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

Good Practice - Audit

In developing audit arrangements regard has been made to the published guidance on 'The Role of the Head of Internal Audit in Public Organisations' (CIPFA) and to 'Public Sector Internal Audit Standards' (CIPFA). Internal audit terms of reference have been established, and the Chief Internal Auditor reports directly to the Audit and Risk committee with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Risk committee on any matter.

The Audit and Risk Committee approved an Internal Audit Plan presented to it by the Chief Internal Auditor to the MIJB. The plan outlined the planned internal audit coverage for the year. Progress against the Plan has been reported regularly throughout the year.

Review of Adequacy and Effectiveness

The MIJB has a responsibility to review the effectiveness of its governance framework including the system of internal control and to produce an Annual Governance Statement. This work is pursued throughout the year. The key roles of those responsible for developing and maintaining an effective governance framework are described in the table.

The Grampian Health Board and Moray Council

MIJB has placed reliance on the systems and procedures of its principal Partners, the Grampian Health Board and Moray Council. The Partners have maintained governance arrangements applicable to their respective organisations which are summarised annually and published in their Annual Governance Statements which for part of the annual accounts of each organisation. Moray Council has a duty under the Local Government in Scotland Act 2003 to make arrangements to secure continuous improvement in the way in which its functions are exercised. The Grampian Health Board is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) issued by Scottish Ministers. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy and promotes good practice and high standards of propriety.

For the 2017/18 review period, the Chief Executive of Grampian Health Board has confirmed that he is not aware of any outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance that applies to NHS Boards in relation to governance, risk management and internal control. Likewise, Moray Council has reviewed its governance arrangements in line with the CIPFA/SOLACE framework and concluded that these essentially remain fit for purpose, recognising the not inconsiderable political and financial challenges it faces in the period ahead.

Internal Audit

The Chief Internal Auditor to the MIJB was reappointed for a further period of two years to 31 March 2020. The Chief Internal Auditor has responsibility for the MIJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The requirement of the appointment is to report to the Audit and Risk committee of the MIJB on the proposed annual audit plan, the ongoing delivery of the plan as well as reporting on the outcome of reviews undertaken and to submit an annual report.

ANNUAL GOVERNANCE STATEMENT (continued)

Internal Audit (continued)

While the services delivered under Direction of the MIJB are extensive, the principal assurances on the systems of internal financial control continue to be drawn from audit work completed within the partner bodies (Grampian Health Board and Moray Council). Additional assurances for the MIJB came from audit projects covering the use of strategic change funds and performance reporting. In both areas appropriate systems of control had been established with recommendations focusing on the need to further develop reporting of outcomes to evidence the impact of planned service improvements.

Based on the assurances available from the partner bodies and from audit work completed it is the opinion of the Chief Internal Auditor that reasonable assurance can be placed on the MIJB's internal financial control systems in place for the year ended 31 March 2018.

External Agencies

Aspects of the MIJB's governance arrangements are subject to consideration in various inspection reports by the external auditor and by service inspectorates. The foundations have been established for the MIJB to respond positively to the recommendations arising from inspection reports where these provide opportunities to strengthen governance arrangements.

The MIJB is subject to external scrutiny through external auditors by the Accounts Commission to provide an opinion on the MIJB's annual accounts and conduct such other work that they may deem necessary or by request from the MIJB or its Audit and Risk committee.

ANNUAL GOVERNANCE STATEMENT (continued)

The Moray Integration Joint Board	Members appointed in accordance with the Integration Scheme ensuring a wide representation through its membership. Key decision makers in the planning and delivery of integrated services.
Audit & Risk Committee	To assist in ensuring a robust framework for risk management, governance and internal control and to provide effective scrutiny of the MIJB and its functions.
Clinical & Care Governance Committee	Ensures safe, effective and high quality care and to provide assurance to statutory post holders in relation to effective services.
Grampian Health Board	Principal Partner for which the MIJB places reliance on the systems and procedures in maintaining adequate governance arrangements.
Moray Council	Principal Partner for which the MIJB places reliance on the systems and procedures in maintaining adequate governance arrangements.

ANNUAL GOVERNANCE STATEMENT (continued)

Chief Officer	Overall strategic & operational responsibility to MIJB. Line managed by the Chief Executives of the partner bodies
Chief Financial Officer	Statutory responsibility for the financial administration of the MIJB in terms of s95 of the 1973 Act.
Standards Officer	Responsibility for key duties including holding key documents for the MIJB and advising and guiding Board Members on issues of conduct and propriety.
Internal Audit	Assurance function that provides an independent and objective opinion to the MIJB on the control environment. Delivers an annual programme of risk based audit activity and reports through the Audit and Risk Committee of the MIJB.
External Audit	External Audit appointed by the Accounts Commission to provide an opinion on the MIJB's annual accounts (including the Annual Governance Statement).
External Agencies	Reviews and inspection reports produced through external service inspectorates providing opportunities to strengthen governance arrangements and improve performance.

ANNUAL GOVERNANCE STATEMENT (continued)

Significant Governance Issues

Securing good governance continues to be a key focus of the MIJB, its committees and senior management. This is a significant undertaking within a challenging financial climate and a commitment to deliver an ambitious Strategic Plan and programme of redesign within challenging time scales.

The Annual Governance Statement for 2016/17 highlighted, through a review of adequacy and effectiveness, a number of areas for development in looking to ensure continual improvement. An action plan was produced and an assessment of progress has been provided below:

Area for Improvement Identified in 2016/17	Action Undertaken / Progress Made in 2017/18
Development of an assurance framework to include production of a Local Code of Corporate Governance based on the requirements of the CIPFA/SOLACE guidance of 2016.	*Local Code of Corporate Governance developed and co-ordinated with NHS Grampian and Moray Council and approved by the Audit and Risk Committee in December 2017.*
Improvements in financial reporting providing clarity to members and stakeholders. Directions to be issued in-line with legislation.	*Financial reporting formats have been developed providing enhanced detail around budget pressures and savings to assist decision making. This will continue to evolve as locality planning becomes embedded. Directions are issued as part of each financial monitoring cycle, reflecting the budget position and impact on funding partners.*
Development of a Communications and Engagement Strategy. Development of a designated website.	*Strategy approved by the MIJB in August 2017.* *A designated Health and Social Care Moray website was launched in June 2017.*
Developments surrounding the Set Aside budget.	*This has been addressed locally through discussions with NHS Grampian and MIJB members informed through development sessions. This is also an area being driven nationally by Scottish Government and a specific working group has been established.*
Implementation of agreed audit reporting arrangements providing assurance to the Audit and Risk committee of the MIJB.	*The Chief Internal Auditor reports on audit issues including progress against the agreed audit plan on a quarterly frequency.*

ANNUAL GOVERNANCE STATEMENT (continued)

Significant Government Issues (continued)

Area for Improvement Identified in 2016/17	Action Undertaken / Progress Made in 2017/18
Development of performance reporting.	*Draft Performance Management Framework approved by the MIJB in January 2018. Regular performance monitoring to the MIJB has been refined and continues to evolve to ensure meaningful representation to the MIJB.*
Locality Planning to be a focus led by intensive engagement with communities.	*Locality planning is under continuous development. Strategic Planning workshops have ensured wide stakeholder engagement. Forres has been an area of focus during 2017/18 seeing the establishment of a core group and community involvement sessions have been held throughout the year.*
Review and refinement of the procurement approach.	*Discussions have been held continuously with Moray Council with the aim of developing process and approach. Initial conversations have been held with neighbouring areas to consider opportunities however this will remain an area of focus for 2018/19.*

In the prior year, the annual governance statement identified areas of challenge in relation to progressing the objectives and principles of integration whilst working closely with Partners, achieving financial balance and ensuring established performance reporting procedures. These areas remain very much a focus as they reflect longer term objectives and so will continue to feature as significant governance issues in future periods.

The key governance challenges going forward will involve:

- Enabling the MIJB to move forward within a difficult financial framework whilst striving to drive the paced of change through redesign.

- Working closely with all key stakeholders to develop the next iteration of the Strategic Plan to be prepared, approved and ready for implementation by 1 April 2019.

ANNUAL GOVERNANCE STATEMENT (continued)

Further Developments

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

	Area for Improvement and Outcome to be Achieved
1.	Drive forward the arrangements surrounding the Set Aside budget at both a local level and ensuring close observation on the developments nationally. Closer involvement with the strategic planning element of the Set Aside budget is required in order to meet the outcomes set out in this key policy objective.
2.	Emphasis should be placed on Locality Planning as set out within the legislation. Planning and preparation of the next Strategic Plan within the year will ensure a focus is maintained in this area developing enhanced community engagement within the Moray localities.
3.	Performance Management Framework (PMF) – The draft PMF was approved by the MIJB in January 2018. The focus for the forthcoming year will be to ensure the implementation of this framework whilst continuing to develop locality and service based improvement indicators.
4.	There has been some slippage in the planned Internal Audit activity and the Moray Council has made available additional staff resource in the audit team to support delivery of a level of audit coverage commensurate with the evolution of the MIJB. Monitoring of progress will continue through the Audit and Risk Committee.
5.	We will continue to develop our governance framework through learning experienced during these early years of integration.

Statement

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

ANNUAL GOVERNANCE STATEMENT (continued)

Statement (continued)

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

Christine Lester   **Pam Gowans**

Chair   **Chief Officer**

Moray Integration Joint Board   **Moray Integration Joint Board**

28 June 2018

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year ended 31 March 2018 according to generally accepted accounting practices.

2016/17 Net Expenditure £ 000		2017/18 Net Expenditure £ 000
5,520	Community Hospitals	5,475
3,654	Community Nursing	3,555
5,288	Learning Disabilities	6,025
7,405	Mental Health	7,447
823	Addictions	1,003
165	Adult Protection & Health Improvement	144
13,047	Care Services Provided In-House	13,427
16,267	Older People & Physical & Sensory Disability Services	16,945
1,629	Intermediate Care and Occupational Therapy	1,508
9,946	Care Services Provided by External Providers	11,024
7,169	Other Community Services	7,143
2,703	Administration & Management	2,569
17,304	Primary Care Prescribing	17,844
14,890	Primary Care Services	15,085
3,681	Hosted Services	4,061
525	Out of Area Placements	658
930	Improvement Grants	787
875	Strategic Funds	1,526
10,163	Set Aside	10,593
121,984	**Cost of Services**	**126,819**
(124,688)	Taxation and Non-Specific Grant Income (note 4)	124,962
(2,704)	**(Surplus) or Deficit on provision of Services**	**1,857**
(2,704)	**Total Comprehensive Income and Expenditure**	**1,857**

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

MOVEMENT IN RESERVES STATEMENT

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

Movement of Reserves During 2017/18	General Fund Balance £000	Total Reserves £000
Opening Balance at 1 April 2017	**(2,704)**	**(2,704)**
Total Comprehensive Income and Expenditure	1,857	1,857
Adjustments between accounting basis and funding basis Under regulations	0	0
(Increase) or Decrease in 2017/18	**1,857**	**1,857**
Closing Balance at 31 March 2018	**(847)**	**(847)**

Movement of Reserves During 2016/17	General Fund Balance £000	Unusable Reserves: Employee Statutory Adjustment Account £000	Total Reserves £000
Opening Balance at 1 April 2016	**0**	**0**	**0**
Total Comprehensive Income and Expenditure	(2,704)	0	(2,704)
Adjustments between accounting basis and funding basis Under regulations	0		0
Increase or Decrease in 2016/17	**(2,704)**	0	**(2,704)**
Closing Balance at 31 March 2017	**(2,704)**	0	**(2,704)**

BALANCE SHEET

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

31 March 2017 £000		Notes	31 March 2018 £000
2,704	Short Term Debtors **Current Assets**	6	847
0	Short Term Creditors **Current Liabilities**		0
0	Provisions **Long Term Liabilities**		0
2,704	**Net Assets**		**847**
2,704	Usable Reserve General Fund Unusable Reserve: Employee Statutory Adjustment Account	7	847
2,704	**Total Reserves**		**847**

The unaudited accounts were issued on 28 June 2018.

Tracey Abdy
Chief Financial Officer
28 June 2018

NOTES TO THE FINANCIAL STATEMENTS

Note 1 Significant Accounting Policies

General Principles

The Financial Statements summarises the Moray Integration Joint Board's (MIJB) transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

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

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

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 1 Significant Accounting Policies (continued)

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

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

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

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

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

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

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

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the MIJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Note 2 Critical Judgements and Estimation Uncertainty

The Financial Statements include some estimated figures. Estimates are made taking into account the best available information, however actual results could be materially different from the assumptions and estimates used. The key items in this respect are listed below.

Provisions
The MIJB has created no provision for future events in the 2017/18 accounting period.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 3 Events after the Reporting Period

The unaudited Annual Accounts were authorised for issue by Tracey Abdy, Chief Financial Officer on 28 June 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 Expenditure and Income Analysis by Nature

2016/17		2017/18
£000		£000
49,346	Services commissioned from Moray Council	52,432
72,505	Services commissioned from The Grampian Health Board	74,363
116	Employee Benefits Expenditure	0
17	Auditor Fee: External Audit Work	24
121,984	**Total Expenditure**	**126,819**
(124,688)	Partners Funding Contributions and Non-Specific Grant Income	(124,962)
(2,704)	**(Surplus) or Deficit on the Provision of Services**	**1,857**

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 5 Taxation and Non-Specific Grant Income

2016/17		2017/18
£000		£000
41,252	Funding Contribution from Moray Council	40,070
83,436	Funding Contribution from The Grampian Health Board	84,892
124,688	**Taxation and Non-specific Grant Income**	**124,962**

The funding contribution from The Grampian Health Board shown above includes £10.593m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by The Grampian Health Board who retains responsibility for managing the costs of providing the services. The MIJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 6 Debtors

31 March 2017		31 March 2018
£000		£000
1,403	The Grampian Health Board	699
1,301	Moray Council	148
2,704	**Debtors**	**847**

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 7 Usable Reserve: General Fund

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

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.

- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the MIJB's risk management framework.

The table below shows the movements on the General Fund balance. Accordingly, there was no transfer of reserves during 2015/16. The £2.704m transfer in to reserves relating to the 2016/17 financial year is as a result of slippage on strategic funds during the year.

		2016/17					2017/18
Balance at 1 April 2016	Transfers Out 2016/17	Transfers In 2016/17	Balance at 31 March 2017		Transfers Out 2017/18	Transfers In 2017/18	Balance at 31 March 2018
£000	£000	£000	£000		£000	£000	£000
(0)	0	(2,704)	(2,704)	Strategic Funds	1,857	0	
(0)	**(0)**	**(2,704)**	**(2,704)**	**General Fund**	**1,857**	**0**	**(847)**

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 8 Agency Income and Expenditure

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

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

2016/17		2017/18
£000		£000
8,067	Expenditure on Agency Services	8,593
8,067	Reimbursement for Agency Services	8,593
0	**Net Agency Expenditure excluded from the CIES**	**0**

Note 9 Related Party Transactions

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions (continued)

Transactions with The Grampian Health Board

2016/17		2017/18
£000		£000
(83,436)	Funding Contributions received from the NHS Board	(84,892)
72,505	Expenditure on Services Provided by the NHS Board	74,269
58	Key Management Personnel: Non-Voting Board Members	106
(10,873)	**Net Transactions with The Grampian Health Board**	**(10,517)**

Key Management Personnel: The Chief Officer, being a non-voting Board member is employed by The Grampian Health Board and recharged to the MIJB. Details of the remuneration of the Chief Officer are provided in the Remuneration Report.

Balances with The Grampian Health Board

31 March 2017		31 March 2018
£000		£000
(1,403)	Debtor balances: Amounts due from The Grampian Health Board	(699)
0	Creditor balances: Amounts due to The Grampian Health Board	0
(1,403)	**Net Balance due from The Grampian Health Board**	**(699)**

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions (continued)

Transactions with Moray Council

2016/17		2017/18
£000		£000
(41,252)	Funding Contributions received from the Council	(40,070)
49,363	Expenditure on Services Provided by the Council	52,377
58	Key Management Personnel: Non-Voting Board Members	67
8,169	**Net Transactions with Moray Council**	**12,374**

Balances with Moray Council

31 March 2017		31 March 2018
£000		£000
(1,301)	Debtor balances: Amounts due from Moray Council	(148)
0	Creditor balances: Amounts due to Moray Council	0
(1,301)	**Net Balance due from Moray Council**	**(148)**

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 10 VAT

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

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

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

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

There are no accounting standards issued but not yet adopted that impact on the 2017/18 financial statements.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JUNE 2018

SUBJECT: EQUALITIES MAINSTREAMING PROGRESS REPORT 2016-2018

BY: CHIEF OFFICER

1.   REASON FOR REPORT

1.1   To seek approval of the revised Moray Integration Joint Board (MIJB) Equality Mainstreaming Progress Report 2016-2018.

1.2   To inform the MIJB of planned work in relation to equalities mainstreaming and outcomes during 2018/19.

2.   RECOMMENDATION

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

(i)   consider and approve the revised MIJB Equality Mainstreaming Progress Report 2016-2018 (APPENDIX 1);

(ii)   approve the revision of existing Equality Outcomes to be undertaken in tandem with the review of the Strategic Plan; and

(iii) instruct the Chief Officer to submit for approval to MIJB a revised set of equality outcomes prior to 31 March 2019.

3.   BACKGROUND

The Public Sector Equality Duty

3.1   The Public Sector Equality Duty, laid out in the Equality Act 2010 (the Act) came into force in Scotland in April 2011. This equality duty is often referred to as the "general duty" and it requires public authorities to have "due regard" to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act;

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
- Foster good relations between people who share a protected characteristic and those who do not.

3.2   The general duty covers the following protected characteristics: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion/belief; and, race.

Equalities Outcomes

3.5   Integration Joint Boards were added to the list of public authorities subject to the requirements of the Act in 2015 and were required to publish Equality and Mainstreaming Outcomes plans by the end of April 2016.

3.6   The first MIJB Equality Outcomes and Mainstreaming Equalities Framework was published in April 2016. The Equality Outcomes contained within the framework were subject of consultation, including representation from people who have protected characteristics, and were intended to contribute to the strategic priorities and shifts identified within the Strategic Commissioning Plan. There is a requirement to review Equality and Mainstreaming Outcomes at least every four years; meaning the first substantive review in Moray must take place by 1 April 2020.

3.7   It was intended that the agreed Equality Outcomes would facilitate the reporting of positive actions undertaken by Health and Social Care Moray (HSCM) and partners in relation to the duties contained in the Equalities Act 2010. Following detailed analysis of the population of Moray, the initial focus of these outcomes were on the protected characteristics for the elderly and disabled. Whilst the focus remains on these characteristics, the wording of the outcomes have proved too specific to facilitate reporting of the progress made across the wider service.

3.8   As the Strategic Plan is currently under review and as HSCM current Equality outcomes are not providing the basis for reporting performance and demonstrating implementation across the whole service, it is considered an appropriate time to review the Equality outcomes to better align to the revised strategic plan.

Equality Mainstreaming Progress Report 2016-2018

3.9   The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) impose "specific duties" on Scottish public authorities to publish a set of Equality Outcomes and a report showing progress being made in mainstreaming equality at intervals of not more than two years. Therefore as the MIJB assumed its equality duties as a public body from 1 April 2016 the first mainstreaming equality update report should have been published by 30 April 2018.

3.10 A progress report was produced for the IJB meeting on 26 April 2018 (para 8 of the draft Minute refers) and has now been revised for approval at **APPENDIX 1**. This report provides an overview of progress made towards achieving the current Equality Outcomes over the last two years. It also identifies areas for improvement and priorities for the next year in relation to equalities mainstreaming. The report is compliant with the Act, supplementary regulations and guidance issued by the Equality and Human Rights Commission.

3.11 The Regulations specify that Equality Mainstreaming Progress Reports must be clearly identifiable and accessible to any member of the public who may have an interest in them. The Equality and Human Rights Commission recommends that reports are published on websites in a location that is easy to find and in a format that is compatible with accessibility features, such as screen reading facilities for people with sight impairments. It is therefore intended that, following approval, the report will be designed in compliance with accessibility standards, and uploaded onto the HSCM website. In addition, copies will be distributed in appropriate formats to organisations and identifiable community groups who are known to have a specific interest in the rights of people with protected characteristics. There will also be reference made in the Annual Performance Report 2017/18 to support wider dissemination of key information.

3.11 The Equality mainstreaming and outcome reports have now been combined into one report to reduce repetition and improve readability.

4. **<u>KEY MATTERS RELEVANT TO RECOMMENDATION</u>**

Equalities Mainstreaming and Outcomes Priorities for 2018/19

4.1 A key priority during 2018/19 will be to review the MIJB's existing Equality Outcomes to ensure they are fit for purpose and reflect the desired outcomes of affected communities. The Strategic Planning and Commissioning Group will give clear recommendations in relation to how equalities issues are supported, governed, monitored and driven forward by HSCM. This group will review the existing equality outcomes in tandem with the review of the strategic plan where plans are already in place to engage with a wide range of stakeholders, including people who share protected characteristics.

4.2 It is intended that a revised set of outcomes be available for submission to the MIJB in early 2019.

5.   **SUMMARY OF IMPLICATIONS**

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

This report forms part of the governance arrangements of MIJB Strategic Commissioning Plan 2016 – 2019.

(b)   **Policy and Legal**

It is recognised that the MIJB is directly subject to the Public Sector Equality Duty and therefore continues to address equalities matters through integration arrangements to ensure compliance with the Equality Act 2010 (specific duties) (Scotland) Regulations 2012.

(c)   **Financial implications**

None directly arising from this report.

(d)   **Risk implications**

Failure to comply with the commitments of the Public Sector Equality Duty would result in services delegated to the MIJB not meeting the needs of people who share protected characteristics, leading to poorer outcomes and a widening inequality gap.

(e)   **Staffing implications**

None directly arising from this report.

(f)   **Property**

None directly arising from this report.

(g)   **Equalities/Socio Economic Impact**

None directly arising from this report.

(h)   **Consultations**

Consultations have been undertaken with Legal Services Manager (Licensing & Litigation), Moray Council, Chief Financial Officer, MIJB and Caroline Howie, Committee Services Officer, Moray Council who are in agreement with the content of this report where it relates to their area of responsibility:

6.   **CONCLUSION**

6.1   **This report provides a summary of progress for MIJB in the first two years operation, with a full review to be submitted to this committee by the end of 2019.**

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

Signature: Date: 19 June 2018

Designation: <u>Chief Officer</u>   Name: <u>Pamela Gowans</u>

Moray Integration Joint Board

Equality Mainstreaming & Outcomes Report 2016-2018

This report provides an overview of progress made in achieving Moray Integration Joint Board's equality outcomes over the last two years. It identifies areas for improvement and priorities for the next year in relation to equalities mainstreaming. The report is compliant with the Equality Act 2010, supplementary regulations and guidance issued by the Equality and Human Rights Commission.

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1. Foreword

This document is an update of the progress that Health and Social Care Moray have made on the mainstreaming of equalities across services and the outcomes specified in 2016.

I am happy to present this report providing opportunity to inform the reader on some of the positive steps we have taken to incorporate and further develop equalities into our policies and processes, and how our staff actively engage in meeting the needs of people with protected characteristics when delivering services.

As well as outlining the progress made on our equality outcomes, this report will provide examples of actions taken across the wider service.

Pam Gowans
Chief Officer

Background

The Equality Act 2010

The public sector equality duty, laid out in the Equality Act 2010 (the Act), came into force in Scotland in April 2011. This equality duty is often referred to as the "general duty" and it requires public authorities (including Integration Joint Boards) to have "due regard" to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics:

- Age
- Disability
- Sex
- Gender reassignment
- Pregnancy and maternity
- Sexual orientation
- Marriage and civil partnership
- Religion, belief or lack of religion/belief
- Race

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) also impose "specific duties" on Scottish public authorities to publish a set of Equality Outcomes and a report demonstrating the progress being made in mainstreaming equality ,at intervals of not more than 2 years.

The Moray Integration Joint Board's (MIJB) first Equality Outcomes and Mainstreaming Equalities Framework 2016/17 was published in April 2016 and can be found at: http://www.moray.gov.uk/moray_standard/page_100266.html

It should be noted that as the MIJB does not employ staff directly there is no requirement to produce or publish employee information. This information is reported by the two employing organisations (Moray Council and NHS Grampian). However, it is critical that access to employee information for functions delegated to the MIJB is in place to allow it to meet the general and specific equality duties with which it has to comply.

It is also recognised that the MIJB will actively participate in work undertaken by Moray Council and NHS Grampian to address employment provisions within the Act and to further embed equality mainstreaming within the delegated workforce.

3. Moray in the context of Equalities

3.1 Demographics

78.8% OF THE POPULATION WAS ECONOMICALLY ACTIVE

95,780 MORAY'S POPULATION IN 2017

NUMBER OF MORAY HOUSEHOLDS EXPECTED TO INCREASE TO 44,114 BY 2024

CONTRIBUTION OF THE MILITARY TO LOCAL ECONOMY £158.3m (2010)

FOOD AND DRINK PRODUCTION MAKES UP 19% OF MORAY'S GVA
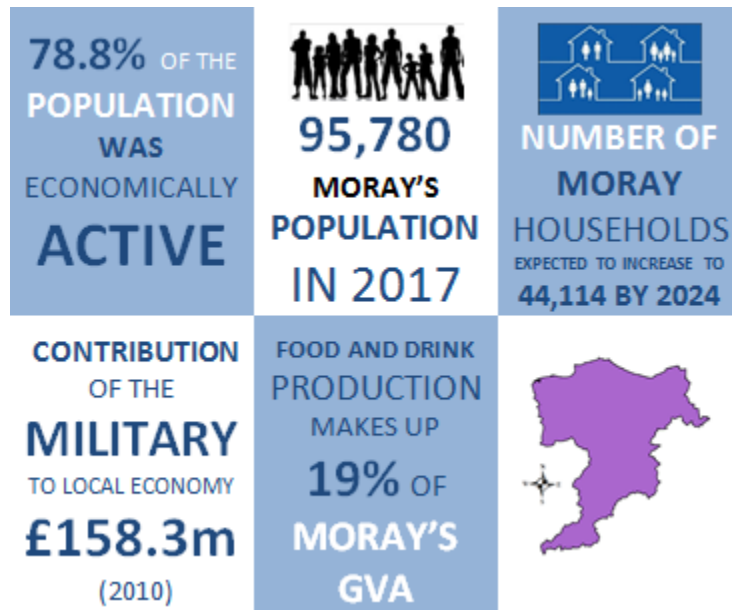
The National Records of Scotland report indicates that in 2017 Moray's population was 95,780 and its total number of households was 42,269. Between January and December 2017, 78% of the population in Moray aged between 16-64 years old was economically active. From the male population in that age group, 83% were economically active[1] and in the female population it was 74%. Moray residents are, on average, more likely to be economically active and will contribute the national average Gross Value Added (GVA) per capita compared to people living in other parts of Scotland. However, on average they will earn lower salaries than people living elsewhere.

Two key factors are seen as having a major impact on the Moray economy: the missing generation of 16-29 year olds, and the issue of fair work for women, with evidence of occupational segregation, a significant gender pay gap, and additional under-employment issues for women.

The Moray economy relies heavily on micro enterprises (those with 10 or fewer employees) which make-up 88% of all Moray businesses. There are over 3,000 small and medium sized enterprises (10 – 249 employees), and only a small number of large enterprises with more than 250 employees. Furthermore, there are fewer professional jobs in Moray. Earnings in the region are below the Scottish average and 22% below the average earnings for our neighbours in Aberdeen.

Access to key services, public spaces and retail centres is poorer in Moray than Scotland generally, possibly due to poorer public transport networks. In addition, Moray faces a declining working age population, while the number of residents of pensionable age and over is projected to increase by 33% by 2039. However, unemployment in Moray between January to December 2017 was 3.8%, lower than Scotland's overall average of 4.1%, and down from the peak of 5.3% in 2012.

Projected increase in Moray's population between 2016 and 2026 is 4.4 %, 1.2% higher

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[1] Economically active means those in work or actively seeking work

than the projected rate for Scotland of 3.2%. The 65+ age group is expected to increase by 20.9%, to 23,874 (or 24% of the projected population). Moray households are expected to increase to 44,114 by 2024, from 42,269 in 2017(+3%).

Moray's population increase is mainly driven by net migration. Numbers had been rising since 2010/11 but during the period 2015-16, the level of inward migration in Moray was 3,563, a 3.2% decrease from 3,680 in the period 2014-15. The level of outward migration in Moray was 3,010, which is an 8 % decrease from 3,270 in 2014-15.

In considering data by Protected Characteristic, the following is noted:

Age

In the 20 years from 1997 to 2017 Moray's population grew by 9.9% from 87,160 to 95,780. The number of people aged 0 to 15 reduced by 9.5% during this period, and the number of 25 to 44 year olds decreased by 14.7% from 26,069 to 22,224. The biggest increase was in the 75 and over age group which grew by 52.9% (5,841 to 8,993). To provide some context this age group across the whole of Scotland increased by only 30.6%. (Source: NRS population estimates).

Religion or Belief

There has been an upward trend in the proportion of adults reporting not having a religion, from 39% in 2009 to 53% in 2016. There has also been a corresponding decrease in the proportion reporting 'Church of Scotland', from 36% to 23.6%. 5.4% of respondents declared themselves as Roman Catholic, 16.5% as Other Christian and 1.3% as Pagans. (Source: 2016 Scottish Household Survey)

Marriage and Civil Partnership

In 2016, 349 marriages were registered in Moray (the 25th highest number out of the 32 local authority areas in Scotland). This is a 15.3% decrease from 412 in 2015. There were 2 civil partnerships registered in Moray, both male. As of 2016, the vast majority (68%) of adults aged 16 to 34 have never been married or been in a same sex civil partnership. For those in the age bands between 35 to 64, marriage is the predominant status and accounts for 64% of adults across these categories and 25% for those aged 65 or over. 29% in this age are widowed or a bereaved civil partner. (Source: 2016 Scottish Household Survey)

Race

The sample of Moray residents selected for the 2016 Scottish Household Survey all stated that they were white. A more useful picture of ethnicity in Moray is available from the Census 2011 data. 78% of Moray residents were White – Scottish, with White – Other British the second largest group at 18%. 1.1% of the population were Polish, with just 0.6% Asian, Asian Scottish or Asian British, and 0.5% other non-white ethnic groups.

(Source: Census 2011)

Disability

As per Census 2011, 7.6% of Moray's population had a long term health problem or disability which limited their day-to-day activities a lot; 10.2% were limited a little. Almost a third (29.1%) of the population had one or more health conditions. (Source: Census 2011)

Pregnancy and Maternity

There were 939 births in Moray in 2016. The most common age group was 25 to 29 years old with 300 births (32%), with over 40 year olds accounting for the fewest; 38 births (4%). During the 3-year period 2014/15 to 2016/17, on average 32.7% of babies were exclusively breastfed at their 6-8 week health review. (Source: ISD Scotland)

Sex (Gender)

In 2017 the resident population in Moray consisted of 47,475 males and 48,305 females. From that, 83% of males and 74.4% of females were economically active. (Source: Office for National Statistics). For men living in Moray, life expectancy is 78.7 years, compared to the Scottish male national average of 77.1 years. For women, life expectancy is 81.7 years, compared to the national average of 81.1 (Source: National Records of Scotland).

Sexual Orientation

97.4% respondents to the Scottish Household Survey in 2016 identified themselves as Heterosexual/Straight, 0.8% as Bisexual or and 1.1% as other; 0.8% refused to disclose. No-one in the sample who was surveyed identified as Gay/Lesbian. (Source: 2016 Scottish Household Survey).

Gender Reassignment

There are no records on numbers for this Protected Characteristic. Data on gender identity was not collected in the last census; however research and testing is underway in the lead up to the next census in 2021 which may enable better monitoring of this in future.

4. Equality Outcomes

The focus of the Moray Strategic Plan is to improve the wellbeing of adults (18+) who

use health and social care services, particularly those who's needs are complex and involve support from both aspects at the same time.

This focus arises from the analysis of the population of Moray and the health and wellbeing needs identified. The protected characteristics of age and disability are highest priority. The forecasts for the aging population identify the significant challenge in terms of strategic planning to meet future needs whilst ensuring opportunities are available for those who want it.

The equality outcomes presented in this report were designed to complement the outcomes of the Moray Strategic Plan 2016-19 and are targeted to demonstrate progress in advancing equality in the main areas highlighted in the Health Profile key charateristics above.

For Moray IJB the predominate key characteristics that were focused on initially were age, (specifically over 65 years old) and disability. Related to work in these areas there was also a focus on carers.

The outcomes that were identified were as follows:-

Outcome 1

The rate per 1,000 people aged 65+ who receive intensive care at home will be 19 for each of the four years of these Equality Outcomes.

Outcome 2

The rate per 1,000 people aged 65+ who are in permanent care will be 28 for each of the four years of these Equality Outcomes. This represents a slight decrease from the current rate of 29.87.

Outcome 3

Of people aged 65+ who receive care, 95% will report having more things to do for each of the four years of these Equality Outcomes. The current rate is 90%.

Outcome 4

Of the people who receive care, 95% will report feeling safe for each of the four years of these Equality Outcomes.

5. Mainstreaming

Leadership

Responsibility for compliance with the equality legislation lies with the MIJB. The Chief Officer and Senior Management team ensure that the necessary steps are taken to implement the requirements of the legislation.

Intial work has been undertaken in Forres and Keith to assess the demographics of the localities and assess the projected needs. Local Forums have been set up that represent the local communities and who are involved in developing current and future service delivery.

Planning

Reports, plans and strategies have an equality impact assessment completed where required. The process for the development of the future strategic plan underway with wide consultation and engagement from staff, partners and community representatives and will incorporate the requirements of the Act.

Performance

The performance framework is being further developed to ensure that information provided is meaningful and provides a basis for the effective strategic decision making of the MIJB and management decisions surrounding service delivery. As part of the development the Equality Outcomes identified for MIJB will be considered and alternatives suggested for future year reporting, where required.

Training

Equality and diversity training is provided for employees. Additional role specific training is provided where identified which is monitored by service managers.

Engagement

Staff are involved in a wide variety of engagement opportunities with the wider community in Moray and actively work to promote positive relationships. They support individuals by providing opportunities to meet like minded people whilst reducing isolation. They support building connections with the third sector and partners. As part of this engagement, the staff facilitate the establishment of a resilient and sustainable community because it is generated from their community.

6. Progress against current outcomes

Outcome 1

The rate per 1,000 people aged 65+ who receive intensive care at home will be 19 for each of the four years of these Equality Outcomes.

The overall aim of the outcome is to ensure that older people and those with a disability are looked after in their community and live at home longer. We aim to have supportive local communities which have the required capacity to provide care and support where needed.

The expected rate was increased to take account of the forecast increase in the "65 and over" population and the potential for an increase in the number of people living with multiple conditions who require 10+ hours care.

Date	31/3/14	31/3/15	31/3/16	31/3/17	31/3/18
Rate	20.5	19.1	18.6	18.6	not yet available

Source: Social Care Survey publication

Whilst the expected rate has not been achieved, in the main this is due to there being an increase in the amount of care being provided, to a reduced number of clients where the average hours per client has increased from 10.4hrs to 13.2hrs, which is above the national average of 11.7 hrs.

In addition a higher percentage of adults with long term care needs receive personal care at home, 43.3% in Moray compared to 35.2% nationally. This would indicate people with more complex needs are being supported within their community..

The updated figures for 2017/18 will be available in September. It is likely that the developments in extra care facilities across Moray will have an impact on statistics relating to intensive care at home and permanent care. This is an area that will be kept under close review.

A limited amount of information is available in relation to outcomes for those with protected characteristics other than disability or age.

Care and Support services in Moray maintain high levels of performance in relation to Care Inspectorate Standards. 75% are graded as 'good' (4) or better overall.

Outcome 2

The rate per 1,000 people aged 65+ who are in permanent care will be 28 for each of the four years of these Equality Outcomes.

The aim of this outcome is to reduce the rate of people in permanent care and the target was reached and continues to be reduced year on year.

Date	31/3/14	31/3/15	31/3/16	31/3/17	31/3/18
Rate	29.45	26.57	25.00	23.42	23.24

Source: Carefirst system.

Users of health and social care services, their families and carers will have improved physical and mental well-being, will experience fewer health inequalities and will be able to live independently accessing support when they need it.

The reduction in permanent care rate relates, in part, to the increase in extra care facilities available across Moray through the partnership arrangements with housing providers. This has given people different choices and this relates to people with a number of different challenging conditions, supporting them to reach their potential in maintaining independence and diverting from traditional permanent care settings. This is an area we will continue to monitor.

There has been an increase in hospital admission rates following a fall, in the admission rate per 1,000 for those aged over 65 in Moray, between 2012/13 and 2016/17. This increase may reflect growth in the numbers of older people with levels of increased frailty. This is an area that has been investigated further and improvements have been made through investment in an Occupational Therapist based in the Emergency Department in Dr Grays. The expectation is that this figure will improve in future reporting and will be monitored closely in respect of progress and further interventions to ensure continuous improvement.

Outcome 3

Of people aged 65+ who receive care, 95% will report having more things to do for each of the four years of these Equality Outcomes. The current rate is 90%.

Date	31/3/14	31/3/15	31/3/16	31/3/17	31/3/18
Rate	96.8%	95.8%	96.8%	97.2%	96.2%

Source: Carefirst system.

Health Inequalities and Early Intervention/Prevention are included in our strategic priorities. Work is progressing towards supporting those who are furthest away from achieving outcomes to return them to a cycle of positive outcomes. In tandem with this, early intervention and preventive action is undertaken to maintain those who have positive outcomes to avoid these individuals moving into a cycle of negative outcomes.

Person-centred care and pathways of care form one of our strategic priorities. Work

continues to progress this agenda as part of the Strategic Commissioning Plan. The recording of information will continue to be refined to enable the extraction of information surrounding protected characteristics.

Users of health and social care services, their families and carers will be confident that information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered.

Outcome 4

Of the people who receive care, 95% will report feeling safe for each of the four years of these Equality Outcomes.
The current Scottish rate is 90%. The majority of this group in Moray are older people (78%). The remaining group are people with a disability, broken down as Physical and Sensory Impairment (9%), Learning Disabilities (9%) and Mental Health (3%).

Date	31/3/14	31/3/15	31/3/16	31/3/17	31/3/18
Rate	96.8%	97.1%	97.4%	98.5%	98%

Source: Carefirst system.

Users of health and social care services, their families and carers will experience fair access to services that mitigate the impact of any protected characteristics as defined in the Equality Act 2010

Link Workers have been co-located with General Practices to maximise individual's benefits and finance, with the aim of improving health and wellbeing longer term and reducing inequalities. The aim of supporting people in their communities to integrate is central to the function of the link worker.

The Making Recovery Real initiative has improved the ways in which we involve people with mental health issues in developing recovery focused mental health services

Outcome 5

Of all unpaid carers 95% will feel supported and capable to continue their role as a carer for each of the four years of these Equality Outcomes.

This data is no longer being collected nationally. However, the Performance Officer for MIJB will address this through the Health and Social Care Moray's Performance Management Group.

Frailty and ill health (including dementia) is prevalent in the increasing ageing population in Moray. The effect of this is an increased demand and usage of health and social care services and unpaid carers. HSCM will continue to address equality and fairness issues in achieving equality of outcome for Moray communities.

The figures reported in National Indicators 8 and 9 are from the Scottish Health and Care Experience Survey done biennially. (http://www.hace15.quality-

health.co.uk/reports/health-and-social-care-partnership-reports/2452-moray-pdf/file).
The figures in this report are taken directly from our own outcomes reporting system in Carefirst. The difference is that the Scottish Survey one is exactly that, a Survey of 6,901 people registered to GP practices in Moray, of which only 1,514 responded whereas our figures are derived from the actual outcomes reported of those receiving Health and Social Care services.

7. Highlights for 2017

Outcome 1	Facilitate people receiving care to remain at home or a homely setting
Care at Home - Brokerage	Transformation of care at home service - with a focus on working closely with contracted providers to ensure the most appropriate care for clients, the management and teams co-ordinated staff resources across the various providers to achieve the most effective and efficient use of time.
Acute Care of the Elderly (ACE)	Appointment of a Geriatrician at Dr Grays has facilitated the provision of advice to support assessment and outreach work in the community, to prevent readmission to hospital for frail elderly clients. This will be further supported by the appointment of 2 Advance Nurse Practitioners during 2018/19
Dementia Training	The first phase of training for staff in care at home teams in relation to the **Dementia Skilled Practice Level of the Promoting Excellence Framework** was undertaken during 2017/18. This framework defines the skill level required by all staff involved with direct contact with people with dementia, their families and carers. This training will be rolled out to remaining staff during the course of the next two years.
Outcome 2	Reducing use of Care Homes where appropriate
Varis Court	In partnership with Hanover (Scotland) Housing Ltd accommodation is being provided in a substantial extra care development at Varis Court, Forres. This development opened in 2016 and continues to provide housing with care for older people; including people withdementia. A 12 month test site was established based on a nursing team providing 24 hours of care, 7 days a week at Varis Court with a strong reablement and recovery focus. The nursing team also provided support for people in their own homes in the community. Although the benefits of the test site are in the process of being fully evaluated, it is clear that important insights and learning can be gained from this project that will inform the future design of health and social care services in the Forres Area. This site also has designated dementia flats that help support clients to live independently for longer when they have been unable to stay at home due to the associated risks.

Linkwood	Linkwood View Development at Glassgreen, Elgin was opened in 2017. Commissioned by Health & Social Care Moray it is a facility making an important contribution to the delivery of extra care housing for a wide mix of tenancy groups in the Moray area. The age range is more diverse than other developments with older people, learning disabilities, mental health and dementia tenancies being accommodated and supported.
Self Directed Support	Moray Council have been part of a two year Scottish Government project alongside East Renfrewshire in relation to SDS in a Residential Care Home. We explored the use of all four options of SDS, with an emphasis on Option 1 (Direct Payments). Over the course of the two years we worked alongside residents and their families, and two care homes in Moray to explore the use of SDS with an emphasis on a Direct Payment. The final report was submitted to Scottish Government in June 2017, highlighting the positive impact that a Direct Payment can have on an individual's social support which can be individualised to them.
Outcome 3	Providing opportunities for 65+ receiving care to partake in activities in their communities
Mens Sheds	Support has been provided by Community Well being development team to develop Mens Sheds across Moray. They are working collbratively with a third sector orgnisaiton to secure funds to increase growth of groups across Moray.
Be Active Live Longer (BALL) groups	Groups to promote activity and social interaction have been established and continue to deliver benefits to participations with groups established across Moray. The development of health and social care community groups is a preventative approach which offers a method to future proof Moray by creating a flourishing connected communities for all generations to benefit, in particular the over 60s.
Boogie in the Bar	Introduction of a community event for over 60s to dance, sing and chat with new and old friends. Working with local partners to offer advice to enable them to stay well, safe and connected to their community has proved a huge success and over 250 attend. These have now become a regular event due to demand.
Outreach Mobile Information Bus	Over the past year we have built on and developed new collaborations to work in and with communities utilising our Outreach Mobile Information Bus to address health inequalities and promote social inclusion. We have built relationships, trust and capacity with communities, maximising opportunities for health gain, with partner organisations such as the Men's Sheds and Street Pastors; who have now become volunteer drivers. This has enabled the 'shedders' to promote the benefits of Men's Sheds and increase their membership. The street pastors, now have a safe space to engage with those more vulnerable in our communities

	encouraging and signposting them to other supporting agencies. We have increased access to approved information, advice and support to enhance community resilience through the outreach work with the Department for Work and Pensions, Quarriers and REAP Scotland; taking services to local communities.
Outcome 4	**People who receive care will feel safe**
Technology enabled care	Use of technology to facilitate people living at home is a key priority for Health and Social Care Moray. As part of the process for arranging care provision, staff ensure that consideration is given to the use of technology aids such as community alarms, bed alarms and mobility sensors to support keeping clients safe.
Care at home re-configuration	Care at home extended the availability of care co-ordinators (7:00 to 22:00) to provide better continuity of care for families and clients requiring assistance outwith normal working hours. This service is considering a further development of an Out of Hours team to reduce emergency admissions to hospitals and provide additional support for palliative care.
Outcome 5	**Unpaid Carers will feel supported**
Carers	There are 1,481 adult carers registered with our carer support provider Quarriers with 146 being actively supported by a Family Wellbeing worker. Hours of availability have been extended to weekends and evenings, to address support needs of those carers who work. Support is also provided to the 91 registered young carers. Family Wellbeing workers engage with carers via a variety of mechanisms eg face to face, phone, text, social media to provide a range of support. This includes assistance with Carers Assessment and Suport Plan, providing and sign posting training, provision information and providing emotional support.

8. Priorities for 2018/19

A number of key priorities have been identified for the coming year:

Review of Equality Outcomes

The Integrated Strategic Planning Group has agreed that a short life working group will be established to give clear recommendations in relation to how Equality Issues are supported, governed, monitored and driven forward.

A key priority for this group during 2018/19 will be to review the existing equality outcomes to ensure that they are fit for purpose and reflect the desired outcomes of affected communities. This work will also integrate with the review of the strategic plan during 2018/19 and it is intended that a revised set of outcomes be available for submission to the MIJB in early 2019.

Engagement with Equality Groups

Equality and Human rights Commission guidance states that public authorities must take reasonable steps to involve people who share a relevant protected characteristic and anyone who appears to represent the interests of those people in reviewing a set of equality outcomes. The short-life working group will ensure that revised equality outcomes are co-produced with affected people, utilising and strengthening existing engagement mechanisms. It is recognised that this will require careful planning and significant expertise from across a range of stakeholders, including representation from those who share protected characteristics.

We will work with our Community Planning Partners to ensure that equality groups are able to participate and engage with us in the planning, delivery and review of services. This will include not just those services targeted specifically at equality groups, but also our "mainstream" services and our community planning contributions.

Impact Assessment and Fairer Scotland Duty

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including Integration Joint Boards to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies will also be required to publish a short written assessment showing how they have fulfilled the duty. Interim guidance to support the implementation of the new duty was published in March 2018. The short-life working group will give consideration to how HSCM's implementation of the Fairer Scotland Duty can be aligned within existing duty under the 2010 Act and existing commitments within the Strategic and Commissioning Plan to address health inequalities.

Working with our Partners

We will continue to work with our statutory partners to develop, implement and support an appropriate model of co-operation and mutual support in relation to the Public Sector Equality Duty, with a specific focus on employee information and procurement aspects of duties under the Act.

Links to Commissioning

We will explore how our commissioning activity, both internal and external, can better support the delivery of equality outcomes.

Future Reporting

In order to reflect our desire to fully mainstream our equalities work (including our obligations in relation to fairness) we will explore how we integrate our equalities (and fairness) reporting as part of the 2018/19 Annual Performance Report of the MIJB.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JUNE 2018

SUBJECT: DRAFT PRIMARY CARE IMPROVEMENT PLAN FOR MORAY

BY: HEAD OF PRIMARY CARE, SPECIALIST HEALTH IMPROVEMENT SERVICES AND NHS COMMUNITY CHILDREN'S SERVICES

1. REASON FOR REPORT

1.1 To present the draft Primary Care Improvement Plan (PCIP) for Moray and note the content, actions and financial commitment that demonstrates how the new General Medical Services (GMS) contract will be implemented between April 2018 and March 2021.

2. RECOMMENDATION

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

(i) content as set out in the draft PCIP, attached at APPENDIX 1; and

(ii) final PCIP will be submitted to the Scottish Government after it has also been approved by the Local Medical Committee.

3. BACKGROUND

3.1 There is a requirement for Health and Social Care Moray to produce a PCIP in response to new GMS contract, which was implemented in April 2018.

3.2 A report to the MIJB on 29 March 2018 (Para 9 of the Minute refers) outlined the requirements to produce the Plan and submit this to the Scottish Government by 31 July 2018.

3.3 A Memorandum of Understanding (MOU), which can be found at http://www.gov.scot/Resource/0052/00527517.pdf , supporting the new contract set out agreed principles of service redesign to enable change to happen, new national and local oversight arrangements and agreed priorities. Six priority areas were identified in the MOU for improvement and these form the basis of the PCIP:

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

3.4 The draft PCIP outlines how services will be introduced until March 2021, to establish an effective multi-disciplinary team model that will be aligned to general practice (GP).

3.5 A GP information evening took place on 10 May 2018 to look at some of the key successes of the Moray GP Strategic Plan 2016-2019 and consider some of the opportunities to build on the plan as a basis for the PCIP for Moray.

3.6 A staff event and public event were held on 24 May 2018 and 7 June 2018 respectively. Key feedback included:

- • the need for a whole-system approach
- • digital enhancement in Moray needs to be a key focus
- • continuous engagement with all stakeholders was crucial in development of services.

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 A Moray PCIP Group has been established with representation from Primary Care Leads, Management, Finance, Contracts, Practice Management, GP/Clinical Leads and Public Involvement.

4.2 The draft PCIP is being developed in collaboration with local GPs and others, including the GP Sub-Committee. The final plan will be submitted to the Local Medical Committee (LMC) for sign off prior to submission to the Scottish Government by 31 July 2018.

4.3 The draft PCIP for Moray 2018-2021 is ambitious in its direction; a significant amount of transformational activity has taken place however, with positive test of change models embedded. It is acknowledged that implementing new models of care will continue beyond 2021. The main reasons for this is the scale and complexity of the changes required, the availability of additional people to take on the new roles and the time it will takes to develop the right skills and competencies in the existing and additional workforce.

5.   **SUMMARY OF IMPLICATIONS**

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

   The draft PCIP outlined in this report will assist the MIJB to deliver the
   following objectives from its Strategic Commissioning Plan 2016-2019 to
   ensure:

   • More people will live well in their communities - the population will be
     responsible for their own health and wellbeing – the community will
     respond to individual outcomes
   • Carers can continue their caring role whilst maintaining their own health
     and wellbeing
   • Relationships will be transformed to be honest, fair and equal
   • Investment in a seamless workforce to ensure that skills, competencies
     and confidence match the needs to enable people to maintain their
     wellbeing
   • Technology enabled care considered at every intervention.

   The development and delivery of sustainable Primary Care and Community
   Health and Care Services supports the ambitions of the National Health and
   Social Care Delivery Plan.

   (b)   **Policy and Legal**

   The fundamental aim of the 2018 GMS contract is to provide improved
   services to patients by providing stability and sustainability to General
   Practice. It also supports the wider policy aim of delivering care and support
   close to home where possible.

   The legal responsibilities sit with the MIJB under the Public Bodies (Joint
   Working) (Scotland) Act 2014 in terms of the directions issued to the NHS
   Board in relation to strategic commissioning and redesign of services. The
   NHS Board in ensuring that primary medical services meet the reasonable
   needs of the board area as required under Section 2C of the NHS (Scotland)
   Act 1978 and the contracting for the provision of primary medical services for
   their respective NHS Board areas.

(c) Financial implications

The funding available was announced by the Scottish Government on 23 May 2018.

The Scottish Government has set aside £45.8m nationally to support this work in 2018/19. The overall figure for Moray is £788k, which incorporates the Primary Care Fund. (In 2017/18 MIJB were allocated £416k from the Primary Care Fund which has been used to test out new approaches in the delivery of primary care, including Link Workers, Wellbeing Practitioners, Out of Hours service and pharmacy input). Given this amount includes funding for services already in place, the actual amount available is significantly less as the MIJB will need to commit this funding to meet development across the six priority areas and to include Pharmacy First and Vaccination Transformation Programme costs which are yet to be confirmed.

An assessment of the improvements identified for each of the priority areas for 2018/19 will be made against the available funding and any gaps will be identified and highlighted and will be reported to the MIJB.

(d) Risk implications

The development of the PCIP for Moray should be balanced in the context of the existing challenges in the sustainability of GP practices and other challenges identified within the draft PCIP at **APPENDIX 1**.

These issues will be identified and managed by an associated Risk Register being developed which will also underpin the MIJB's Strategic Risk Register.

(e) Staffing implications

The new GMS Contract 2018 supports the development of new roles within multi-disciplinary teams aligned/attached to GP Practices. The Contract also plans the transition of the GP role into an Expert Medical Generalist. These changes require local and national workforce planning and development.

The National Health and Social Care Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland was published in April 2018. This Plan sets out recommendations and the next steps that will improve primary care workforce planning in Scotland. These complement the recommendations in parts one and two and, taken together, will form the basis of the integrated workforce plan in 2018. The recommendations set out how the expansion and up-skilling of the Primary Care workforce will be enabled, the national facilitators to support this, and how this will complement local workforce planning.

An assessment of the current Primary Care workforce will be required to inform the workforce plan as part of the PCIP. Areas of development already underway include a review of recruitment with the aim of making Moray an attractive place to work in and early recruitment to key posts.

(f)   Property

A detailed review of GP premises will be undertaken, under direction of the Scottish Government, in order to identify the current condition and use, future suitability for use and any changes required to create positive environments for patients and staff.

(g)   Equalities

The contents of this report do not require an EIA because the PCIP puts in place actions to deliver the nationally agreed GMS Contract. Future service delivery will however require cognisance and application of this assessment in determining the effectiveness of future services in ensuring equality.

(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 (Licensing & Litigation), Moray Council
•   Caroline Howie, Committee Services Officer, Moray Council
•   Chief Financial Officer, MIJB
•   Chief Officer, MIJB

6.   CONCLUSION

6.1   This report provides an overview of the work in progress and planned developments in preparing the draft Moray PCIP. The PCIP once approved by the Board, will be submitted following sign off by the LMC to the Scottish Government by 31 July 2018.

Author of Report: Catherine Quinn, Support Manager
Background Papers: Held with author
Ref: ijb\board meetings\June18

Signature: _____   Date : _20 June 2018___

Designation: Chief Officer   Name: Pamela Gowans

Health and Social Care Moray

Primary Care Improvement Plan for Moray

2018 - 2021

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Introduction

Demand on primary care services is rising given the profile of our ageing population, increasing levels of frailty and the strategic goal of shifting care from hospital to home or homely settings. Reforming the way health and social care services are delivered is necessary and we can expect to see services change over the next few years.

With the progression of the new General Medical Services (GMS), contract, we will see the old model of general practice transition into a new model of care, where the GP will become the Expert Medical Generalist. We envisage the GP actively leading multi-disciplinary teams to ensure they are fully informed about all active cases.

This new model requires a change in culture; we all need to think and work differently around the way we deliver services. This requires a real shift from reactive to preventative care, improving collaboration with services and their communities; making the best use of resources, including digital technology.

The new GMS contract, is to be implemented over a 3 year transition period, and is part of a wider primary care transformation that will change the way GP services are delivered. The benefits of the proposals in the new contract for the GP profession are:

- *Improved experience of being a GP* - a refocusing of the GP role as Expert Medical Generalist - GPs will become 'less involved' with routine tasks to allow them to take on more complex work, deal with undifferentiated presentations and fulfil a leadership role.

- *Manageable Workload* – additional Primary Care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care.

- *Improvement in recruitment and retention* - the Scottish Government will aim to increase the number of GPs in Scotland by at least 800 over the next decade. The Scottish Government announced £7.5 million in 2018-19 to recruit and retain GPs, particularly in rural areas. Support will be available for all rural and remote practices, including 'golden hello' payments of £10,000 to GPs taking up their first post in a rural practice and relocation packages of up to £5,000.

- *Reducing risk and improving infrastructure* - including management/ownership of premises, shared responsibility as data controller for information sharing, responsibilities for new staff.

- *Secure income* - phase 1 of Pay and Expenses, including new workload formula and increased investment in general practice.

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Health and Social Care Moray (HSCM) are committed to working with all stakeholders to ensure active participation and collaboration in developing effective primary care multi-disciplinary working.

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A   Local context

The population in Moray is growing. We have a responsibility to redesign our services to meet the changing needs of our communities. Over the next 10 years, the size of our population will increase, including a **34.2%** rise in those over 65 years of age by 2026, as well as the number of people with complex long-term conditions. Most long-term conditions have a strong association with age and as result there is a significant projected increase in prevalence over the next 10 years.

People are living longer and therefore we can see a parallel in the number of people living with a range of long term conditions. These range from the most common conditions like cancer, chronic heart disease and stroke, to a variety of other chronic physical or mental health conditions including dementia, depression, diabetes and asthma.

GP Practices

The GP caseload will vary day-to-day, practice to practice.   GPs will see a variety of presentations each day. For example, it is estimated musculoskeletal (MSK) problems account for as many as one in four of presentations to GPs, and a similar proportion present with mental health problems.

The 2017/18 [bi-annual patient survey](#) indicates that in Moray, **95%** of respondents rated the care provided by their GP as positive. It is also evident however, that there has been a decrease in satisfaction levels (based on previous years), in terms of access to the GP with 18% respondents reporting a negative experience in the arrangements for getting to see a doctor in the GP practice (in comparison to the Scottish average of 15%).

The level of GP provision in Moray has remained fairly constant over recent years although this perhaps masks quite significant challenges we have faced in sustaining the GP workforce.

KEY HIGHLIGHTS

1.   *GP practices will need to be supported to respond to a growth in long-term conditions associated with older age.*

2.   *There are some diagnostic categories such as MSK that would benefit from a wider primary care team being in place to support patients.*

3.   *Integrated health and social care teams attached/aligned to practices will be critical in delivering anticipatory care and self-management approaches.*

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4. *We need to build community capacity so that the primary care team have access to a range of support options for patients who present with long-term conditions.*

Primary Care within a wider Health and Social Care System

For the improvements set out in this plan to work effectively, primary care must be firmly seated within the wider health and social care system. There is emerging evidence internationally that a well-resourced primary care system often sits at the heart of well-performing healthcare systems. For example, in New Zealand, the [District Health Board for Canterbury](#) has been engaged on a mission to deliver an integrated system of care. It is a system that has good-quality general practice that is keeping patients who do not need to be in hospital out of it; is treating them swiftly once there; and discharging them safely to good community support. Its success lies in part because primary care understands its role in the wider healthcare system and is an efficient means of supporting people in their local communities. The primary care system is highly connected to other sectors and is as capable of linking with community institutions like schools and libraries as it is formal healthcare services.

In Moray, we are seeking to deliver a similarly situated whole-system primary care approach which is connected to communities and the third and independent sectors, who all have a role to play in ensuring that the people who rely on primary care have strong and sustainable community support as well.

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B   Aims and priorities

Our vision is that by 2021 and beyond, the people of Moray will be living longer, healthier lives in a supportive and self-managing community. We will have a well-resourced and sustainable primary care system delivered by a network of GP practices, which sit at the heart of our local health and social care system.

Multi-disciplinary teams will be connected to our GP practices, which will collectively focus on anticipating care needs, support self-management and the co-ordinated operational delivery of care. We will offer a wider range of primary care services, developing the advanced nursing workforce and professionals such as pharmacists and physiotherapists to provide a range of clinical services from initial assessment to completion of treatment.

GPs themselves, as Expert Medical Generalists, will oversee the delivery of integrated care in community settings and providing clinical direction to the work of local teams. In this role, the GP will focus on undifferentiated presentations and the most complex care so that our local system achieves the greatest benefit from their skills.

Person-centred care will be provided to the highest standards of quality and safety, and we will personalise support arrangements, to maximise the individual's ability to exercise choice and control over the lives they lead. We will build on peer-led support groups and support patients who do not need services but who would nonetheless benefit from additional support to manage their health and well-being.

We will prioritise support for people to stay at home or in community settings for as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible. We will work with unpaid carers as equal partners, and include them in all planning and care management decisions.

Primary care services will be planned and delivered as locally as possible. This means the day-to-day services that people rely on to support their personal independence will be organised and coordinated within localities.

Realistic Medicine

Realistic Medicine puts the person receiving health and care at the centre of decision-making and creates a personalised approach to their care. It aims to reduce harm and variation, while managing risks and innovating to improve. These concepts will be essential to a well-functioning and sustainable primary care for the future and they connect to 7 broad questions, which will drive quality improvement within primary care in Moray:-

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- *How can we further reduce the burden and harm that patients experience from over-investigation and overtreatment?*
- *How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients?*
- *How can we ensure value for public money and prevent waste?*
- *How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?*
- *How can we work to improve further the therapeutic relationship?*
- *How can we better identify and manage clinical risk?*
- *How can all healthcare professionals release their creativity and become innovators improving outcomes for people they provide care for?*

The 2018 General Medical Services Contract

The 2018 GMS contract in Scotland was implemented on 1 April 2018 and represented a significant change in how general practice operates and its relationship with HSCM and the professionals working within our communities. Unlike the majority of healthcare professionals who work in the NHS, GPs are not normally employed by Health Boards but are independent practitioners who are compensated through a nationally agreed contract. At the beginning of 2018, the Scottish Government agreed a new GMS contract, with the Scottish General Practices Committee of the British Medical Association, the professional body which represents GPs.

The new contract is intended to help people access the right person, at the right place, at the right time, in line with the Scottish Government Primary Care Vision and Outcomes. In particular, this will be achieved through:-

- Maintaining and improving access
- Introducing a wider range of health and social care professionals to support the GP
- Enabling more time with the GP for patients when it is really needed
- Providing more information and support for patients

We will extend the range of services that can be provided within a primary care setting. The new GMS contract aims to support the development of the Expert Medical Generalist and senior clinical decision maker role for GPs, with a shift over time of workload and responsibilities to enable this. A key enabler for this is investment in a wider multi-disciplinary team in support of general practice.   The vision is to increase focus on patients having access to a multi-disciplinary team rather than the GP functioning as a conduit to all other services. The GP will focus on undifferentiated presentations, complex care in the community, and whole system quality improvement and clinical leadership – which is where the skills of the GP matter most. This means:-

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- GPs will be part of, and provide clinical leadership to, an extended team of primary care professionals
- GPs will be more involved in influencing the wider system to improve local population health in their communities, having a clear role in quality planning, quality improvement and quality assurance
- GPs will have contractual provision for regular protected time for learning and development.

Memorandum of Understanding (MoU)

A Memorandum of Understanding supporting the new contract was established and can be viewed at http://www.gov.scot/Resource/0052/00527517.pdf. It sets out agreed principles of service redesign, ring-fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities.

The MOU states the Primary Care Improvement Plan (PCIP) is to:-

- *be developed collaboratively with HSCPs, GPs, NHS Boards and the stakeholders detailed above*
- *detail and plan the implementation of services and functions listed as key priorities below with reference to agreed milestones over a 3 year time period;*
- *give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas and in particular to include intended timescales for the transfer of existing contractual responsibility for service delivery from GPs.*
- *provide detail on available resources and spending plans (including workforce and infrastructure);*
- *outline how the MDT will be developed at practice and cluster level to deliver primary care services in the context of the GMS contract.*

Moray's approach to developing the PCIP

The PCIP outlines how our primary care services will change over the next three years, and will include clear milestones for the redistribution of GP workload and the development of effective primary care multi-disciplinary working.

The PCIP will be developed in the context of wider transformation and redesign of services across Moray. Most of the existing programmes and tests of change in primary care are described in the Moray General Practice Strategic Plan 2016-2019 and these will be subsumed into the PCIP.

The Strategy was developed in consultation with GP practices and incorporated established work between general practice and partners and described planned actions. It was developed to address many of the key pressures affecting general practice which are the same pressures

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the new contract seeks to resolve. Consequently, the strategic programme forms the foundation for the Moray PCIP. The key actions from the strategy reflect both practical support as well as implementing new ways of working.

The GP contract and associated MoU describes the areas where support must be provided to practices and on occasion in which year this should happen. There is flexibility available locally to agree the level and timing of support within the three-year timeframe of the PCIP. Largely, this will be down to availability of funding and workforce for the new roles and the time required testing models and establishing new teams and services.

HSCM intend to support practices to improve prescribing indicator performance, active participation in quality improvement and demonstrable progress in the changes in practice teams expected from the contract (maintaining and improving access, provision of key information on practice websites, enhanced role of the practice manager and practice teams).

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C   Engagement process

The requirement for engagement in the development of the plans is clearly set out in the MoU:

HSCPs should establish local arrangements to provide them with advice and professional views on the development and delivery of the Primary Care Improvement Plan. Arrangements will be determined locally and will take account of the requirement to engage stakeholders. The HSCP Primary Care Improvement Plan should be agreed with the local GP subcommittee of the Area Medical Committee

HSCM is leading a timetable of meetings and events during the development of the PCIP to inform the final plan.

There have been 3 events held in Moray to date: a GP event, a Primary Care Services staffing event and a public event. Key feedback included:

- the need for a whole-system approach
- digital enhancement in Moray
- continuous engagement with all stakeholders

Staff Partnership involvement has taken place and will continue to do so throughout the development of the plan.

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Engagement Events

"Very useful event allowed sharing of ideas and collaborative working – exactly the principles we want to bring forward."

"Digital technologies/IT is going to be extremely important in facilitating the data sharing and collaborative working that is required going forward."

"There is a real requirement for multidisciplinary teams collaborating on a bigger scale. Professionals out with the practice should be able to have access to patients' data."

"The improvements within the PCIP need to be promoted more to increase patient participation."

"Children and young people with additional/complex needs/LAC need to be improved within the community."

"Lots of potential in the system to get it right for patients. Development of a "one system" approach in Moray."

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D   HSCM delivery of MOU commitments

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

The Moray Integration Joint Board (MIJB) is responsible for the strategic planning of health and social care services for the Moray population including primary care services.

Changes to services will only take place when it is safe to do so and when resources have been identified. These services are; as outlined in the MoU as 6 priority areas are:

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

Vaccination Transformation Programme (VTP)

The VTP was announced in March 2017 to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing role of those, principally GPs, historically tasked with delivering vaccinations.

There is an existing Grampian-wide co-ordinated approach for the VTP.   In **Year 1** the current workload on practices will be identified and options developed, in line with recommendations from NHS Grampian's Immunisation Transformation Group.

Development of initial vaccination programmes under a new model will include:

- Travel vaccinations
- Pregnant women
- High risk neonatal BCG

Flu immunisations will transfer from practices in **Year 3**. The process, cost and provision of adequate resource must be developed by HSCM to ensure safe transfer of workload. Vaccination under direction of oversight group.

Pharmacotherapy Services

The new contract includes an agreement that every GP practice will receive pharmacy and prescribing support.   There is an established programme of investment in Practice Support Pharmacists across Grampian.   In Moray, all practices receive some support from either a

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pharmacist or a pharmacy technician. HSCM will continue the programme to increase the pharmacotherapy service to practice teams using the experience gained from the current service.

By April 2021, all practices will benefit from HSCM pharmacotherapy service delivering the core elements in level one and some will also continue to benefit from a service which already provides additional elements in level 2 and level 3 (as outlined in the MoU).

HSCM see two distinct roles in practice teams that the pharmacotherapy service provides: prescribing support and pharmacy support.

Prescribing support is a well-established service that practices will be familiar with. It provides practices with advice on safer prescribing or formulary adherence. It is about safe, high quality, cost efficient prescribing in Moray. This service will continue to support practices during implementation of the Plan with pharmacy queries, medicines shortages, review the use of 'specials' and 'off-licence' requests, safety reviews and recalls.

The pharmacy support is the dedicated support that practices receive from HSCM and has been used for activities such as medicine reconciliation, polypharmacy reviews and pharmacist-led chronic disease clinics. It is difficult at this time to determine what level of support HSCM will be able to provide practices but the ambition of HSCM in this plan is that practices will receive up to an average of 5 pharmacist sessions per 10,000 patients, and two pharmacy technician session per 10,000 patients by the end of year 2. Where practices already receive support then this would be included in this total.

The rate of introduction of pharmacotherapy team services will be dependant upon successful recruitment to new posts, and subsequent training to upskill successful applicants.

A number of Moray practices have self-invested in pharmacy time and this resource will not be included in the pharmacotherapy teams without discussion between HSCM and the practices.

The development of the pharmacotherapy service in Moray will not be detrimental to existing pharmacy services provided to practices in Moray. A number of practices already receive services from HSCM pharmacists listed above in level 2 and 3 services and this level of support will not be reduced during or after the introduction of level 1 pharmacotherapy service.

The established pharmacotherapy service in Moray has allowed testing how this service can support and augment the General Practice workload and improve patient experience and outcomes. This has identified the following roles and ways of working which will make up the priorities for this service:-

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- The pharmacist and pharmacy technician will be visible in the practice team to enable development of professional confidence and trust, but remote working practice will be explored and developed for appropriate services.

- All medicines reconciliations from hospital discharge will be completed by the pharmacist or pharmacist technician and by the end of year two, more medicine reconciliations for all practices will be completed by the pharmacotherapy team

- Pharmacy Technicians will increasingly take on prescribing support, formulary adherence and prescribing improvement projects

- Practice Admin teams will be trained to complete 'non clinical medication reviews' following development of a training programme. Training will begin in **year 2** with full implementation by the end of **year 3**.

Community Treatment and Care Services

Community Treatment and Care services include many non-GP services that patients may need, including (but not limited to):

- management of minor injuries and dressings
- phlebotomy
- ear syringing
- suture removal
- chronic disease monitoring and related data collection

By April 2021, these services will be commissioned by HSCM and will employ and manage appropriate nursing and healthcare assistant staff. Phlebotomy will be delivered as a priority in the first stage of the PCIP. It is expected that many of these services will be provided in GP practices for patient convenience and the benefits of having these services carried out with close support of the practice team.

Work is required in 2018 between the practices and HSCM to develop options for these services. This will require information from practices on current workloads to understand demand for these services. The scoping out of phlebotomy will be priorities in **year 1**.

The Health and Social Care Delivery Plan (2016) states that District nurses, along with General Practice nurses and mental health nurses, play a pivotal role within our integrated community teams. The contract states that community treatment and care services should be prioritised for use by primary care. They should also be available for secondary care referrals if they would otherwise have been workload for GPs (i.e. if such use means they are directly lifting workload from GPs). It is essential that the new funding in direct support of General Practice is only used to relieve workload from General Practice. Work from secondary care sources should be funded from other streams.

NHS Grampian are currently undertaking a review of their Elective Care work. One of the outcomes of this project has been to scope out Community Diagnostic and Treatment Centres,

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dovetailing with the theme of Community Treatment and Care Services. A workshop will be held at the end of August 2018 to consider the impact of priorities established for Moray communities.

Urgent Care (advanced practitioners)

There will be work to redesign services focussed on urgent and unscheduled care to allow GPs to focus on their expert medical generalist role. The Scottish Government and SGPC have agreed that the provision of advanced practitioner resource should be developed as first response for home visits.

We will continue to develop our nursing workforce in line with the Advanced Clinical Academy. Scoping work with the nursing services across our communities to understand current service models and staffing numbers/skill mix is required.

Our redesign work will be in line with national policy for urgent care services as set out in the report, 'Pulling Together: transforming urgent care for the people of Scotland, 2016', which recognised the difficulty in sustaining GP involvement in out of hours services. The service will continue to test new ways of working to ensure a safe, high quality, effective and efficient out of hours service is delivered to our communities.

We recognise that changes to in hours and out of hours urgent primary care will require extensive engagement and communication with our communities to support them to access the right care, first time.

Additional Professional Services

The introduction of multi-disciplinary working is complex and the scale of change required across professions is a unique opportunity to progress a longer-term strategy of transformational change to deliver the vision for Primary Care. The teams within General Practice will also link closely with the wider locality teams.

The ambition of the MDT is to deliver care to the patient in a seamless way, reducing the number of visits and number of professionals working with a person and their family, as well as reducing the amount of times a person needs to repeat the same story to a range of professionals.

There is agreement that during the initial investment and recruitment, additional resource should be directed to the areas in most need, resource will be allocated using the local population data and intelligence from GP Practices, along with clusters, to ensure resource is fairly spread to the areas of need.

As the GP Clinical Pharmacist and MSK Physio roles have been tested, and the services models defined on evidenced based outcomes for patients and GP workload, there is agreement that these two services should be invested in within **Year 1** of the programme.

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Additional professional roles will provide services for groups of patients with specific needs that can be delivered by clinicians other than GPs, serving as first point of contact in the practice setting as part of the wider multi-disciplinary team. These include (but are not limited to) physiotherapy services and community mental health services.

We are committed to working with teams to develop their skills and support development opportunities to grow and invest in our workforce during this transition towards more community based care models. In order to deliver the extended teams in the community, an increased level of training and development is required to attract, retain and support staff.

Musculoskeletal Advanced Physiotherapist Practitioner

The majority of a GP's MSK caseload can be seen safely and effectively by a physiotherapist without a GP referral. Highly Specialised Physiotherapists are already well suited to work collaboratively with primary care multi-disciplinary teams and support the GP role as senior clinical leader. Under the new contract, HSCM will develop a model to embed a MSK service in practice teams.

General Practice Mental Health Services

Community Mental Health professionals, based in General Practice will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.

The aim for HSCM is to develop a mental health service in practices and will do so at a slower pace than other support (pharmacotherapy, MSK, Wellbeing). By **year 3** all practices will have mental health practitioners within the multi-disciplinary team.

Link Workers

A Link Worker is a non-clinical practitioner based in or aligned to a GP practice who works directly with patients to help them navigate and engage with services.

It has now been a year, since 6 Mental Health GP Link Workers were recruited across Moray to signpost to a range of alternative community and non-medical resources, services and opportunities that can contribute to people's mental health and wellbeing. Contract monitoring of these commissioned services show that people are being supported with issues such as self-help, signposting to mental health information and services and issues relating to employment, benefits, housing, debt, advocacy support, legal advice or parenting. The GP Link Workers are based in GP surgeries and provide direct support to the primary care team by taking referrals for people with mental health distress and providing a holistic assessment, early intervention and signposting and ongoing support and recovery focus to address any ongoing health and socio economic aspects that impact on good mental health.

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E   Existing Transformational Activity

Digital Transformation - HSCM is working in partnership with the Glasgow School of Art regarding future design of services. A Digital Transformation Group has been established and we are currently piloting the Attend Anywhere software in one of our GP practices. We will continue to see further roll out of this and other developments in **year 1**. We know digital transformation is not about technology but about change. As the meaning of digital transformation suggests, we will transform our legacy system to more of a digital business for primary care service delivery. This is not about 'replacing the GP or primary care professional' but to improve care for the individual.

Out of Hours - In Moray, we have tested enhanced out of hours provision, running from 4pm – 12 midnight (Sunday – Thursday) and 4pm – 2am (Friday and Saturday) offering a more responsive service, reducing the volume of referrals to GP practices during 'normal' working hours. The project will continue to be evaluated and reported back through the Operational Management Team.

Redirection – the redirection pilot was introduced to reduce the workload of the Emergency Department and Primary Care Out of Hours (GMED) GPs and ANPs at the Emergency Care Centre in Aberdeen Royal Infirmary. An experienced clinician (GP or ANP) conducts the initial reception of patients presenting to Emergency Department (ED) and redirects patients to the most appropriate service for the time of day.

Community based elderly medicine model – in the past 18 months, there have been major shifts in the provision of elderly medicine in Moray. We have commissioned a community based model with hospital in-reach which has led to the appointment of an additional Consultant in 2017. We will further enhance this model with the appointment of 2 ANPs in elderly medicine who will have roles both in Dr Gray's Hospital and in the community assisting the development of practice/locality attached MDTs. Dr Gray's itself has seen the creation of a 10 bedded Acute Care for the Elderly Unit (ACE).   This identifies frail elderly admitted via ED/Acute Medical Assessment Unit (AMAU) who would benefit from augmented bespoke care to keep hospital stays minimum.

We will continue to work alongside our Acute colleagues to implement a whole system approach and collaborate where any change could be perceived as having an impact on acute services.

Mental Health Wellness Centre - Penumbra have successfully opened the Mental Health and Wellness Centre in Elgin. The service acts as a single access point for a range of adult services designed to promote positive mental health and support people to recover from mental ill health, concentrating on prevention, early intervention and education whilst also supporting people to access a range of advice and information in other areas, such as finances, benefits, housing, healthcare, and employment and educational services. Penumbra have developed programmes and held events in communities across Moray and have plans for 2018/19 roll out the Mental Health and Wellness Centre model and activities to Keith, Forres and Buckie.

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Mental Health and Wellbeing Practitioners – Children and Young People - we have created 2 Primary Care Psychologist posts to support children and young people and develop the universal workforce in Tier 1 presentations such as:

- Adjustment difficulties following bereavement and loss
- Low mood
- Anxiety
- Self-harming behaviours
- Behaviour problems that have not responded to interventions in primary care
- Relationship difficulties with family or peers where these difficulties are having a significant impact on an individual's functioning.

In **year 2,** we will develop the service further to support the needs of children and young people at Tier 2 presentation across the whole of Moray.

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F   Additional Content

We have long established links with all our primary care contractors.

Optometry - the Community Eyecare Services Review required Integration Authorities to consider the full eyecare needs of their communities when planning and commissioning services. Work is now underway in taking forward the recommendations, particularly around revising the General Ophthalmic Services Regulations. We will continue to work with optometrists and NHS Grampian's Optometric Advisor in considering how eyecare services can be delivered more effectively in Moray, as work to implement further recommendations around clinical and quality improvement will continue in 2018/19.

The Moray PCIP will allow for linked developments and priorities and reflect on our collaborative working with Optometry over the next 3 years. Optometry already operates an unscheduled care ethic where a patient is found a 'home'. However there is no contract, local or national for this and finding a home for out of hours can often be challenging. The Moray PCIP will consider how we collaborate more fully for these patients and organise a local OOH Optometrist/s.

As Ophthalmology demand continues to grow and referral times get longer, more shared care in the community could evolve. Access to patient notes continues to act as a barrier for this initiative and so collaborating with General Practice may be a solution by using cluster Optometrists in Health Board practices. A National Ophthalmology Electronic Patient Record (EPR) business case is being created by the Scottish Government as a 'once for Scotland Ophthalmology EPR' which could open up access to community based optometrists to input and access notes. The new web front-end system replacing VPN tokens by end 2018 in Optometry practices could mean access through an EPR icon on the internet to Ophthalmology notes, so that shared care would become more possible. The three year Moray PCIP aims to take advantage of these changes to coordinate more collaboration with Optometry and Pharmacy.

Dentistry - On 24 January 2018, the Scottish Government published the Oral Health Improvement Plan (OHIP). The OHIP sets the direction of travel for oral health improvement and NHS dentistry for the next generation, and has a strong focus on preventing oral health disease, meeting the needs of the ageing population and reducing oral health inequalities. Developing models within our PCIP will reflect the delivery of commitments within the OHIP.

Care homes in Moray are linked to a Public Dental Service (PDS) clinician to support routine or urgent care services for residents.

Mental Health – Good Mental Health for all in Moray 2017-2027 has an impact across all service areas and is recognised as a key commissioning strategy within HSCM. The concept of recovery includes connectedness, hope & optimism, identity, empowerment & meaning, none of which can be achieved through the support of statutory services alone. Community Link Workers will have a large part to play in enabling the commissioning of services which deliver outcomes for individuals requiring this support.

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Other linked local priorities – the implementation of the PCIP will make the role of the GP as an Expert Medical Generalist more attractive, helping to reduce recruitment and retention challenges which currently impact on practice sustainability.

Assumptions

- GPs and our wider primary care teams will collaborate fully in the development of the new services.

- The key stakeholders will participate in relevant meetings and workshops and will input to consultation and provide information when required.

- Adequate funding will be available to implement the identified actions required to deliver fully functioning and sustainable primary care services in Moray.

Dependencies

- There is a significant interdependency with the work to be undertaken by all implementation groups - clinical and management colleagues must ensure close working and clarity around the roles and responsibilities of all stakeholders.

- There is a dependency on the availability of suitable premises by which to deliver a new model of care. We must ensure close collaboration with the Premises Group to ensure the infrastructure going forward can support additional staff and their requirements to deliver the future models of care.

- There is a dependency on appropriate IT in order to deliver transformation in Moray. The work streams outlined in our PCIP will provide detailed requirements in order to address this dependency.

- There is a dependency with the wider healthcare system - the proposed changes will fit with the priorities of providing more care closer to home and in the community and modernising care.

- The funding being available to undertake the various redesign plans. There is a dependency with the wider social care system. One example of this is the development of the link worker role.

Constraints

- Recruitment of workforce to carry out work and associated actions for PCIP within Moray.

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- Planning and implementation is likely to be constrained by the ability to recruit staff at appropriate levels and within adequate timescales to carry out the roles as described within GMS 2018 contract.

- A constraint will be the availability of suitable premises from which to deliver the newly redesigned services. This represents an increased dependency with the Premises Group.

- Key actions to be put in place to proactively respond to GP Sustainability

- Availability of required stakeholders and service staff to engage and participate in the programme may be restricted by operational requirements and competing priorities.

Risks

Our PCIP will enable our Implementation Groups to identify and manage risks associated with delivery and address actions required to mitigate the risks identified using a risk assessment methodology. A Risk Register will be developed encompassing identified risks across the implementation groups with oversight and management by the Operational Management Team.

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G   Inequalities

Whilst we recognise that the key determinants of health inequality lie outside general practice services and health care generally, there remain opportunities to strengthen the role of general practice and primary care in mitigating inequality.

Current lifestyles contribute a serious threat to health, affecting use of health care, particularly amongst disadvantaged group; there is therefore a need to focus on:

• Early Intervention/ Primary prevention activities which can stop people becoming ill and reduces the need to use clinical service, maximising the opportunity to make lifestyle changes as easy as possible.

• The shift to more self-care/self-management of long term conditions and to maintain health and wellbeing and maximise multi-agency cross-system working. Implementation of existing programme such as,   Making every Opportunity Count (MEOC) which is an inequalities sensitive 'light touch' brief intervention which is designed to enable all practitioners to be confident and competent to engage with individuals routinely and consistently, as appropriate on issues affecting their health and wellbeing. The intervention facilitates connection with non-clinical issues of life circumstance or lifestyle which can best addressed by the person, with relevant support, in the community. It is designed to 'reach' people and is a key approach to tackling health inequalities; acting as a trigger to assist and nudge people to think about how to look after themselves 'self-care'

• Delivery of secondary prevention priorities (systematically and at scale) that address inequalities in health (screening programmes; Alcohol Brief Interventions, Smoking Cessation Support and weight management programmes.)

• Maximising the health improvement resource (staff teams) to reach those more vulnerable within communities and delivering services differently utilising the outreach mobile information bus.

The MIJB, like other Integration Authorities is also subject to the new Fairer Scotland Duty which came into force from April 2018. The duty aims to ensure that public bodies take every opportunity to reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. We will therefore consider how we can meet our obligations under the duty as we further develop our PCIP.

There is no doubt that our services are facing unprecedented financial and operational challenges. A key factor of success for Moray's PCIP will be to reduce variation in service, including access, quality and outcomes of care, relative to particular social determinants of health. The PCIP aims to modernise our primary care services to address these challenges head on.

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H   Enablers

The PCIP will consider the impact of the new GMS contract on the infrastructure, including premises, enabling factors and workforce.

House of Care

The House of Care programme is a collaboration between the ALLIANCE, six partnership areas across Scotland (Lothian/Thistle Foundation, Greater Glasgow & Clyde, Tayside, Lanarkshire, Ayrshire & Arran, and Grampian), the Scottish Government, and Year of Care Partnerships.

It helps people be more involved in decisions about their care and identify what matters most to them. It also identifies and aligns self-management resources within communities in support of their goals.

In Moray, we are developing this model and local evaluation suggests it improves public and practitioner satisfaction, develops meaningful person-centred quality improvements, and enhances system transformation.

Important information is gathered about individual support needs. This information can be aggregated at locality level to inform the provision of self-management support (more than medicine) in local communities and help realise enhanced public health.

We would expect to see a Whole System Leadership programme in time, with the aim of improving their leadership skills and learning how to build relationships, influence and negotiate with key colleagues across Health and Social Care.

Workforce

The National Health and Social Care Workforce Plan Part 3 – Improving Workforce Planning for Primary Care in Scotland was published in April 2018. This Plan sets out recommendations and the next steps that will improve primary care workforce planning in Scotland. These complement the recommendations in parts one and two and, taken together, will form the basis of the integrated workforce plan in 2018.

The challenges for the GP workforce nationally are reflected in Moray. Moray, like other parts of rural Scotland, faces ongoing challenges around the sustainability of GP practices. We have seen some practices come together over time to create greater resilience – small and single-handed practices are very much dependent on the life plans of the resident GPs and many of our GPs are only a few years away from retirement age. So we recognise that further work will need to be done. An assessment of the current Primary Care workforce in Moray will take place and will inform the workforce plan which will form part of the PCIP. Areas of development

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already underway include a review of recruitment with the aim of making Moray an attractive place to work in and early recruitment to key posts.

Our workforce framework being developed around our aims and priorities will need to support the release of workload from general practice and building capacity across all professional roles. We will plan our approach to maximise the competencies of our professionals, ensuring the sustainability of the workforce whilst ensuring they can respond to local need.

The availability of additional suitably skilled and trained staff to recruit is a significant risk factor in implementing the PCIP in Moray. We recognise that all areas in Scotland will also be seeking to expand their multi-disciplinary workforce to support Primary Care services at the same time, and therefore the ability to recruit staff will be a major concern.

Premises

The National Code of Practice for GP Premises sets out how the Scottish government will support a shift, over 25 years, to a new model for GP premises in which GPs will no longer be expected to provide their own premises. The measures outlined in the Code represent a significant transfer in risk of owning premises away from individual GPs to the Scottish Government. Therefore, premises and location of the workforce are an important component on the 3 year PCIP for Moray.

In Moray, there are existing pressures identified with some of our estate with feedback received from GPs regarding the future sustainability of their premises.   We will continue to work with all our stakeholders in the planning of the NHS Grampian Primary Care Premises Plan to ensure primary care needs are met.

A detailed review of current Primary Care premises will be undertaken, once further direction is received from Scottish Government, in order to identify the current condition and use, future suitability for use and any changes required to create positive environments for patients and staff (investment, vacation etc.).

An understanding of other suitable community based premises is also required in order make best use of facilities, for example to establish locality/ cluster treatment hubs and resource centres. Opportunities to use the premises of partner organisations should be considered.

As outlined previously in this plan, we will continue to plan and build services locally, close to people's homes, utilising digital technologies to enhance our model of service delivery.

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I   Implementation

The Moray Primary Care Group (MPG) continues the collaborative approach that has been reflected in the Moray General Practice Strategic Plan 2016-2019.

The MPCG will establish Workstream Implementation Groups to design and implement the required changes to meet the priorities set out in the MoU.

These include:

- Pharmacotherapy Service
- Primary Care Nursing Services (will include two sub groups for the delivery of vaccinations and Community Treatment and Care services)
- Urgent Care
- Practice Based Multi-disciplinary Team (includes Community Link Workers)

It is evident that a significant amount work is required in 2018/19 to scope the priority areas outlined in the MoU, to review current roles, processes and workload to determine future actions and timescales. Timescales of this scoping work will vary across areas, but will allow the Workstream Implementation Groups to be in a better position to develop clear project plans with implementation milestones.

Regular review processes will be implemented to ensure resources, risks and deliverables are identified and tracked. Our reporting framework is below:
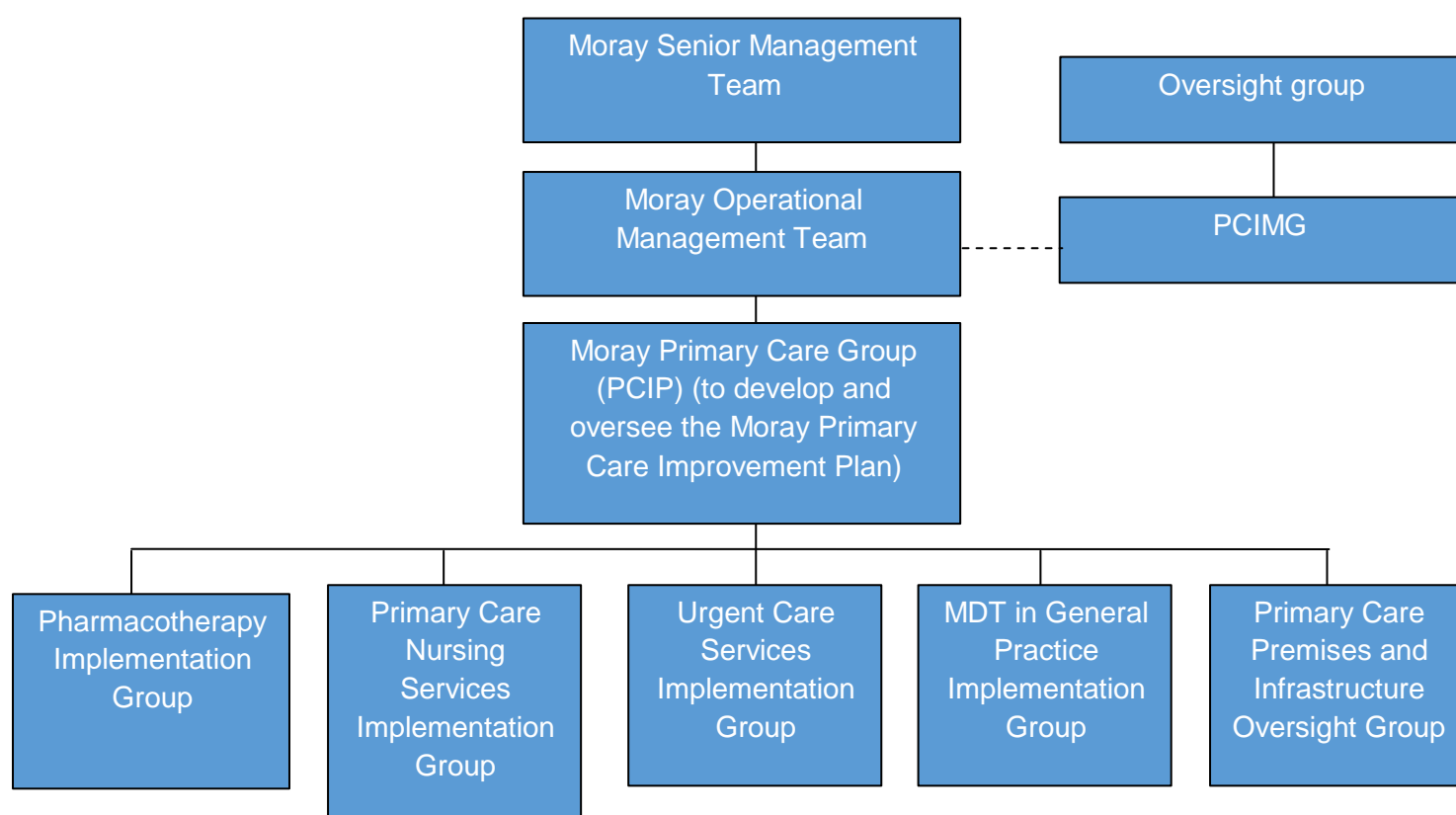
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IMPLEMENTATION PLAN

PRIORITY: Pharmacotherapy *Pharmacotherapy service to the patients of every practice by 2021*			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Establish a sustainable pharmacotherapy service by 2021	Establish a project structure and governance arrangements.	✓	
	Pharmacotherapy Implementation Group to focus on meeting this objective in order that existing service provision and improvements continue and transition can be managed safely and effectively.	✓	
	Further delivery of level one core elements of service outlined in the contract across all practices.	✓	
	All medicines reconciliations from hospital discharge will be completed by the pharmacist or pharmacist technician and by the end of year two, more medicine reconciliations for all practices will be completed by the pharmacotherapy team		✓
	Pharmacy Technicians will increasingly take on prescribing support, formulary adherence and prescribing improvement projects.		✓
	Practice Admin teams will be trained to complete 'non clinical medication reviews' following development of a training programme. Training will begin in year 2 with full implementation by the end of year 3.		✓
	Test the staffing level assumptions and produce standard service processes and procedures.	✓	

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| | Fill existing vacancy with Community Pharmacy Team. | ✓ | |
| | Create a refreshed structure to reflect eventual model of pharmacotherapy services. | | ✓ |

PRIORITY: Primary Care Nursing Services
Vaccination Transformation Programme: *all services to be HSCM run by 2021*
Community Treatment and Care Services: *a service in every area by 2021, starting with phlebotomy*

Objective	What we will do	Year 1	Year 2/3
Vaccination Programme	Establish a project structure and governance arrangements.	✓	
	Primary Care Nursing Services Implementation Group to focus on meeting this objective in order that existing service provision and improvements continue and transition can be managed safely and effectively.	✓	
	Assessment of Community Care and Treatment Centres to deliver vaccination programmes through MDTs.	✓	
	Development of initial vaccination programmes under a new model will include travel vaccinations, pregnant women and high risk neonatal BCG.		✓
	Phased delivery of vaccination programmes by MDTs in line with NHS Grampian's Immunisation Transformation Group including:	✓	
		✓	
Pre-school programme	Pre-school vaccinations – scope and cost Moray model.		
School based programme	School vaccinations.	✓	

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Travel vaccinations	Travel vaccinations – scope current services and develop criteria for assessment of minimum requirements for safe and effective delivery of potential options.		✓
Influenza programme	Influenza programmes – scope planned programme approach to delivery nurse development roles.		✓
At risk groups (eg shingles, pneumococcal)	Design proposed workforce models to share with services.		
Community Treatment & Care Services			
Phlebotomy	The development of a new model for phlebotomy services will be scoped as a priority in year 1.	✓	
	Scoping exercise to understand the current workforce and requirements.	✓	
Management of minor injuries and dressings *Ear syringing* *Suture removal* *Chronic disease monitoring*	Scope options for the roll out of other community care and treatment services. This will require information from practices on current workloads to understand demand for these services.	✓	
	Outputs from scoping exercise to develop an implementation plan.		✓
Elective care	Link with NHS Grampian's Elective Care Project and develop a business case for implementation.	✓	
Self-management	Further development and evaluation of House of Care model.	✓	

PRIORITY: Urgent care service
A sustainable advanced practitioner service for urgent unscheduled care as part of the practice, based on local needs and local service design.

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Objective	What we will do	Year 1	Year 2/3
Advanced practitioner resource to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model.	Link to MDT Implementation group to establish standardised pathways for AP resource to assess and treat urgent or unscheduled care presentations.	✓	
	Develop policy on joint data controller.	✓	
	Review IT infrastructure to maximise redirection pathways.	✓	
Reduce GP delivered home visits (including care homes)	Scope model with paramedics and ANPs		✓
	Scope home visit activity, demography, ANP involvement and practice protocols, learning from good practice.	✓	
	Link to MDT Implementation group to enable continuing development of community nursing and engagement of ANP for care home visits.	✓	
	Develop signposting pathways linked to clinical decision making in line with MDT development.		✓
Advanced Care Academy	Take forward the learning from the Advanced Nurse Academy which was taken forward as part of the Future Proofing of the Multi-Professional Workforce for Primary Care through the Primary Care Transformation Fund.	✓	
Out of Hours	Continue further development of the out of hours pilot in Moray which provides cover during 'normal' working hours of the GP practice.	✓	
Redirection	Evaluation of the Redirection pilot in ARI with outcomes studied for future provision.	✓	
Mental Health	Develop mental health pathways for PC MDT and CMHT		✓

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	Implement new ways of integrated working and test of change models.		
Build capacity and resilience in local community to avoid individuals seeking urgent care services.	Maximise digitally enabled support to reduce GP attendance (continued rollout of Attend Anywhere).	✓	

PRIORITY: Additional professional roles			
In most areas, the addition of new members of the MDT such as physiotherapists or mental health staff (i.e. CPNs, OTs) acting as first point of contact			
Objective	**What we will do**	**Year 1**	**Year 2/3**
MSK Physio	Physiotherapists: work collaboratively with primary care multi-disciplinary teams and develop a model to embed a MSK service in practice teams.	✓	
Mental Health	Mental Health: pilot test of change models with Mental Health professionals (i.e. CPN) aligned/attached to GP practices.		✓
Primary care mental health workers	Primary Care Mental Health Workers for children and young people: develop the universal workforce for children and young people with Tier 1 presentations.	✓	
	In year 2, develop the Primary Care Mental Health Workers to work with children and young people with Tier 2 presentations.		✓

PRIORITY: Link workers			
Non-clinical staff, supporting patients who need it, starting with those in deprived areas.			
Objective	**What we will do**	**Year 1**	**Year 2/3**
Link Workers	Implementation Group to evaluation current model.	✓	

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J   Funding profile

Change Funds & Primary Care Transformational Fund

Since 2016/17, the Scottish Government has made available a sum of money within the Primary Care Fund to test out new approaches in the delivery of primary care. We have developed the usage of this resource and in 2017/18 MIJB were allocated **£416k** for this purpose including Link Workers, Wellbeing Practitioners, Out of Hours service and pharmacy input.

The Scottish Government has set aside £45.8m nationally to support this work in 2018/19 which incorporates the Primary care Fund and increases this funding to **£788k** in Moray. The MIJB will utilise this funding to meet development across the six priority areas and to include Pharmacy First and Vaccination Transformation Programme. The Scottish Government have indicated that for planning purposes only a further increase can be assumed as expectation overall fund will increase to £55m in 2019/20 and £110m in 2020/21.

Primary Care Investment			
	2018/19	2019/20	2020/21
Moray IJB allocation	788	TBC	TBC

Shifting Our Resources

One of the strategic priorities of the MIJB is to shift resources from building-based services like hospitals to community based settings, where people are supported in their own homes. While the detailed work will be taken forward within the context of the aims set out in this plan, we would expect to see the amount we invest in primary and community care grow over time.

The consequence of this shift will not just be our budgetary provision changing over time but also how we deploy our staff.

We will continue to work with our staff teams to support the transition towards community based care, including consideration of any training and support arrangements that have to be put in place.

Priority for investment in **year 1** will be in areas where there is a clear model or tested approach where early impact can be expected.

In order to deliver against this wider objective, we will also take forward key workforce policies designed to attract, retain and support people to deliver high quality health and social care.

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K   Evaluation and outcomes

The change process will need to be driven through leadership across our primary care system, supported by healthcare management.

Reporting and Performance Management Arrangements

All implementation groups will report to the Moray PCIP Group.

Reporting templates will be developed to enable the work streams to report on progress (highlight report) and for groups to provide feedback. The MPCG will report to the Operational Management Team using a Performance RAG report. We will review the PCIP at monthly intervals at MPCG meetings, with reporting on progress through our framework described on page 27.

One of the key elements of the primary care agenda nationally is to gather better data about primary care performance and to ensure that is used to improve services. We are therefore committed to building on national developments to ensure that our system and our changes are appropriately captured and measured over time, working alongside our HIS and LIST colleagues.

Key success indicators over the life of the plan will be agreed and we are currently developing our performance management framework and systems to collect data around local tests of change. A key challenge will be to ensure that the all data can be collected electronically which is not currently possible and limits what can be collected and can affect quality. Key indicators to be developed will include:

- *Workload shift for GPs*
- *Recruitment and retention of GPs*
- *Effective integration of additional healthcare professionals within the practice team*
- *Patients have access to the right professional at the right time*
- *Link workers*
- *MSK Physiotherapy*
- *Urgent care*
- *Improving Health and Inequalities*

Delivering the Change

Our success will also be dependent on creating the conditions for professionals to use their experience and judgement to maximum effect in improving outcomes for service users. This will be focused on improving the coordination of care across different professional roles; the

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effectiveness of communication within and across disciplines; and the empowerment of professionals to make effective evidence-based decisions.

We will ensure we have assurance at every stage that each priority activity is sustainable, we have listened to our communities in the development stages and we have a clear measurement framework in place to measure our success. At every stage, we want to be adaptable to change and able to articulate easily how well we are doing in delivery of primary care services.

The actions we are proposing are intended to move us towards that operational environment, where multi-disciplinary teams are the norm and where interventions are built around the needs of the individual.

It is extremely important that we understand the impact of our transformation process and our services on the outcomes that people experience. We will therefore put arrangements in place to measure this impact over time.

National Health and Social Care Standards

The National Health and Social Care Standards describe what people using a range of services in Scotland should expect. The principles of these will be reflected throughout our PCIP.

Communicating Change

It is hugely important that as we change our services and support arrangements over the next few years, we communicate effectively with members of staff, stakeholders and communities. To that extent, we are committed to:-

• Providing regular updates, newsletters and media articles that can be disseminated to inform people about our work.
• Hosting regular meetings with stakeholders to allow for feedback about the changes we're introducing, including engagement with trades unions and other staff representatives.
• Active collaboration with local communities in the development of our services.
• Update reports to the MIJB to ensure it is kept up-to-date with our work.
• Contributing to Locality Planning Groups and to public engagement sessions about programmes of change.

Outcomes

Our vision is that by 2021 and beyond, the people of Moray will be living longer, healthier lives in a supportive and self-managing community. We will have a well-resourced and sustainable primary care system delivered by a network of GP practices, which sit at the heart of our local health and social care system.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JUNE 2018

SUBJECT: REVENUE BUDGET OUTTURN FOR 2017/18

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To inform the Moray Integration Joint Board (MIJB) of the financial outturn for 2017/18 for the IJB Core budgets and the impact this outturn will have on the 2018/19 budget.

2. RECOMMENDATIONS

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

   i) **unaudited revenue outturn position for the financial year 2017/18; and**

   ii) **impact of 2017/18 outturn on the 2018/19 revenue budget.**

3. BACKGROUND

3.1 The overall position for the MIJB core services were overspent by £2.244m. The MIJB's unaudited financial position for financial year ending 31 March 2018 is shown at **APPENDIX 1.** This is summarised in the table below.

	Annual Budget £m	Actual Expenditure £m	Variance to date £m
MIJB Core Service	112.456	114.700	(2.244)
MIJB Strategic Funds	4.618	1.527	3.091
Total MIJB Expenditure	**117.074**	**116.227**	**0.847**

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

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2017/18

4.1 Learning Disabilities

4.1.1 The Learning Disability service is overspent by £0.155m to the year-end. The overspend is primarily due to overspends on the purchase of care for people with complex needs (£0.284m), including young people transferring from Integrated Children's services and people supported to leave hospital. This is offset by underspends on staffing (£0.129m) that has existed throughout this financial year, mainly relating to physiotherapy, speech and language and psychology services.

4.2 Mental Health

4.2.1 Mental Health services is overspent by £0.308m at the year end. This includes senior medical staff costs including locums (£0.181m), nursing and other staff (£0.073m), supplies and equipment (£0.004m) and an efficiency target yet to be achieved (£0.075m). This is being reduced by underspends in the purchasing of care (£0.025m). Services have continued to be delivered where funding has been reduced or withdrawn and further costs are being incurred as a consequence of the regrading of two staff members.

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

4.3.1 This budget is overspent by £0.879m at the end of the year. The year end position includes an over spend for domiciliary care in the area teams due to growth (£1.028m), less income received than anticipated (£0.085m) and the year-end bad debts provision (£0.057m). This is reduced by an underspend in permanent care (£0.291m). The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer.

4.4 Intermediate Care & Occupational Therapy

4.4.1 This budget is overspent by £0.126m at the end of the year, this primarily relates to overspends on aids and adaptations (£0.072m), year-end stock adjustment (£0.011m), Jubilee Cottages (£0.026m) and telecare equipment (£0.018m) to facilitate people remaining in their own home.

4.5 Care Services Provided by External Contractors

4.5.1 This budget is showing an overspend of £0.063m at the end of the financial year. This primarily relates to underspends on mental health contracts (£0.150m) and learning disability contracts (£0.052m), which is being reduced by the over spend on Moray training (£0.138m), Carefirst team (£0.010m) and Older People contracts (£0.116m), primarily due to the savings target not being achieved in 2017/18.

4.6   Administration & Management

4.6.1   There is an overall underspend of £0.118m at the end of the year. This primarily relates to the vacancy target being overachieved by £0.133m and the business support unit administration service (£0.034m). An overspend exists in the Admin and Management service (£0.049m) mainly relating to impact of Sure Start services.

4.7   Primary Care Prescribing

4.7.1   The primary care prescribing budget is reporting an actual over spend of £1.046m for the twelve months to March 2018. This includes a low volume increase of less than 1% on items. This out turn reflects the more material impact of volatile external factors affecting prices. These national factors include, variance in prices arising from shortage in supply and the timing and impact of generic medicines introduction following national negotiations. Locally medicines management practices are applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspective.

4.8   Primary Care Services

4.8.1   Primary Care services are underspent by £0.167m mainly due to lower than expected expenditure on enhanced services, premises expenditure where actual cost was lower than estimated and in relation to administered services including provision of locum cover and seniority payments for GP practices where actual expenditure was lower than expected.

4.9   Hosted Services

4.9.1   For Moray recharges hosted services, the position overall is an over spend of £0.176m. There are a range of services within the overall recharge which includes overspends on Sexual health, Marie Curie, Police forensic and GMED, which is reduced by underspends in Intermediate care, Diabetes and Retinal screening and HMP Grampian.

4.10   Improvement Grants

4.10.1 This budget was underspent by £0.193m at the year end, this is due to the Improvement grants and the timing of works as the budget was fully committed for 2017/18.

5.   STRATEGIC FUNDS

5.1   Strategic Funds are additional monies given by the Scottish Government via the NHS for the MIJB, they include:
*   The total Integrated Care Fund (ICF);
*   Delayed Discharge (DD) Funds;
*   Additional funding received from NHS Grampian during the year which has not been fully utilised during 2017/18, some of which will be needed to be funded from reserves in future years;
*   Provisions for earmarked reserves and identified budget pressures that were expected at the start of the year; and
*   Also included within the Strategic Funds line is the general reserve that was utilised to create a balanced budget position when the budget paper was presented to the MIJB on 29 June 2017 (para 24 of the minute refers).

5.2   At the year end, the Strategic Funds have slippage of £3.091m and these funding streams have been utilised in part to fund the deficit in the short term. The reserves of £2.704m at the 1 April 2018 were used to balance the budget for 2017/18. During the year £0.358m was used to fund budgets in the core services and £1.499m was used to offset the net overspend; therefore total use of reserves in 2017/18 was £1.857m. This has reduced the general reserve available for 2018/19 and for dealing with any additional budget pressures to £0.847m.

6.   CHANGES TO STAFFING ARRANGEMENTS

6.1   At the meeting of the Board on 25 January 2018, the Financial Regulations were approved (para 6 of the minute refers). All changes to staffing arrangements with financial implications for the Board's budget and effects on establishment of the Health and Social Care Moray workforce are to be advised to the Board.

6.2   There were no changes to staffing arrangements dealt with under delegated powers in accordance with the appropriate Council/NHS Grampian procedures for the period 1 Jan to 31 March 2018.

7.   IMPACT ON 2018/19 BUDGET

7.1   The actual out-turn for the 2017/18 Core Services budget year is an overspend of £2.244m. The variances against the budget have been reviewed and classified as one-off or likely to be recurring. The overall position is summarised below:

Area	Para Ref	Recurring	Non Recurring
		£m	£m
OVERSPEND			
Staff	7.2	(0.311)	(0.286)
Purchasing of Care	7.3	(1.183)	(0.016)
Income	7.4	(0.406)	(0.035)
Supplies & Services	7.5	(0.088)	(0.035)
Property costs		(0.059)	(0.011)
Client transport	7.6	0	(0.088)
Aids & Adaptations		(0.035)	0
Other		(1.437)	0
Sub-total		**(3.519)**	**(0.471)**
UNDERSPEND			
Staff	7.2	0.087	0.547
Purchasing of Care	7.3	0.010	0
Income	7.4	0.446	0.072
Supplies & Services	7.5	0.068	0.106
Property costs		0.040	0.032
Client transport	7.6	0	0.058
Improvement grants	7.7	0	0.193
Other		0.058	0.029
Sub-total		**0.709**	**1.037**
TOTAL		**(2.810)**	**0.566**
Net Overspend			**(2.244)**

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

7.3   The purchasing of care overspend relates to the purchase of domiciliary care by the area teams and the underspend relates to care in a residential setting. The demographics show that Moray has an ageing population and the spend on external domiciliary care has seen growth of 30% in the number of care packages in 2017/18, this also reflects the shift in the balance of care to enable people to remain in their own homes for longer.

7.4   The under recovery of income budgets is apparent across a number of service headings. It is very difficult to predict the level of income accurately as client income is subject to the Contribution policy which is based on a client's financial assessment. The recurring overspend includes the historic income budget for Moray Training. Income recovery on all Care at home services continues to reduce as well as income from permanent care placements from deferred income.

7.5   Supplies and services overspend relates mainly to purchases of medical supplies, medical equipment and maintenance cost of equipment. The underspends relate to hospital prescribing of drugs and accommodation costs, which are not anticipated to recur following realignment of budgets.

7.6   Client transport costs are overspent in numerous service headings, which is due to increased hire, and costs for individual client. There is growth in client transport due to the increase in the Shared Lives service.

7.7   Improvement grants were underspent in 2017/18, which is primarily due to the timings of works as the budget was fully committed for 2017/18.

7.8   The financial results for 2017/18 show that underlying financial pressures on both the NHS and Council budgets remain, with the MIJB assuming responsibility for the budgets of the delegated functions and are expected to prioritise services within the budgets directed to it by Moray Council and NHS Grampian. The 2018/19 budget is subject to a more detailed report on this Board's agenda.

7.9   Budget managers, together with finance staff continue to pursue further efficiencies and longer term redesign in order to balance the budget. From these discussions a structured approach will be taken to developing the issues and ideas that have been raised in order to address the budget challenges that are emerging as part of the MIJB development sessions**.**

8.   **SUMMARY OF IMPLICATIONS**

   (a)   **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**
   This report is consistent with the objectives of the Strategic Plan and includes 2017/18 budget information for services included in IJB in 2017/18.

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

(c) **Financial implications**

The unaudited financial outturn for 2017/18 for the IJB core budgets is £2.244m overspend. The financial details are set out in sections 3-7 of this report and in **APPENDIX 1**.

The estimated recurring overspend of £2.810m, as detailed in para 7 will impact on the 2018/19 budget.

(d) **Risk Implications and Mitigations**

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

There is also a risk that the disaggregated NHS Grampian budget figures will not have adequate remedial actions in time to prevent overspends. This in turn will increase the reliance on additional monies provided by Scottish Government for specific purposes being utilised to balance these budgets.

The year-end overspend is not unexpected but gives cause for concern going forward. The reserves of £0.847m will be required to support the budget for 2018/19, but this is a one off windfall. Additional savings continue to be sought and a recovery plan is being developed in order to support the 2018/19 budget. Progress reports will be presented to this Board throughout the year in order to address the serious financial implications the MIJB is facing.

(e) **Staffing Implications**

There are no direct implications in this report.

(f) **Property**

There are no direct implications in this report.

(g) **Equalities/Socio Economic Impact**

There are no equality implications in this report

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

9.   CONCLUSION

9.1   This report identifies Moray IJB's unaudited final out-turn position on the Core Budget of an overspend of £2.244m at 31 March 2018 and identifies major areas of variance between budget and actual for 2017/18.

9.2   The impact of the provisional outturn on the 2018/19 budget, of a recurring overspend of £2.810m is detailed in paragraph 7.

Author of Report: D O'Shea Principal Accountant (TMC) & B Sivewright Finance Manager (NHSG)
Background Papers: Papers held by respective Accountancy teams
Ref: DOS/LJC/239-2408

Signature: Date: 12 June 2018

Designation: Chief Financial Officer   Name: Tracey Abdy

MORAY INTEGRATION JOINT BOARD

JOINT FINANCE REPORT APRIL 2017 - MARCH 2018

	Para Ref	Annual Net Budget £000's 2017-18	Budget (Net) To Date £000's	Actual To Date £000's	Variance £000's	Most recent Forecast £000's	Variance To Budget £000's	Forecast Variance %
Community Hospitals		5,428	5,428	5,475	(47)	5,315	113	2
Community Nursing		3,612	3,612	3,555	57	3,596	16	0
Learning Disabilities	4.1	5,870	5,870	6,025	(155	6,064	(194)	(3)
Mental Health	4.2	7,139	7,139	7,447	(308	7,415	(276)	(4)
Addictions		965	965	1,003	(38	997	(32)	(3)
Adult Protection & Health Improvement		153	153	144	9	145	8	5
Care Services provided in-house		13,460	13,460	13,427	33	13,508	(48)	(0)
Older People & PSD Services	4.3	16,066	16,066	16,945	(879	16,571	(505)	(3)
Intermediate Care & OT	4.4	1,382	1,382	1,508	(126	1,500	(118)	(9)
Care Services provided by External Contractors	4.5	10,961	10,961	11,024	(63	10,975	(14)	(0)
Other Community Services		7,149	7,149	7,143	6	7,122	27	0
Admin & Management	4.6	2,687	2,687	2,569	118	2,527	160	6
Primary Care Prescribing	4.7	16,798	16,798	17,844	(1,046)	17,933	(1,135)	(7)
Primary Care Services	4.8	15,252	15,252	15,085	167	15,276	(24)	(0)
Hosted Services	4.9	3,885	3,885	4,061	(176)	4,088	(203)	(5)
Out of Area		669	669	658	11	682	(13)	(2)
Improvement Grants	4.10	980	980	787	193	830	150	30
Total Moray IJB Core		**112,456**	**112,456**	**114,700**	**(2,244)**	**114,544**	**(2,088)**	**(2)**
Strategic Funds included in the ledger	5.1	2,272	2,272	1,527	745	1,712	560	25
Total Moray IJB Core & Strategic Funds included in the ledger		114,728	114,728	116,227	(1,499)	116,256	(1,528)	-1
Strategic Funds - other	5.1	2,346	2,346	0	2,346	328	2,017	86
Total Moray IJB core and Strategic Funds		117,074	117,074	116,227	847	116,584	489	0

Description of MIJB Core Services

1. Community Hospitals related to the five community hospitals In Moray

2. Community Nursing related to Community Nursing services throughout Moray.

3. Learning Disabilities budget comprises of:-
   - Transitions,
   - Staff – social work and admin infrastructure,
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - Medical, Nursing, Allied Health Professionals and other staff.

4. Mental Health budget comprises of:-
   - Staff social work and admin infrastructure,
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - In patient accommodation in Buckie & Elgin.
   - Medical, Nursing, Allied Health Professionals and other staff.

5. Addictions budget comprises of:-
   - Staff – social work and admin infrastructure,
   - Medical and nursing staff
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - Moray Alcohol & Drugs Partnership.

6. Adult Protection and Health Improvement

7. Care Services provided in-house Services budget comprises of:-
   - Employment Support services,
   - Care at Home service/ re-ablement,
   - Integrated Day services (including Moray Resource Centre),
   - Supported Housing/Respite and
   - Occupational Therapy Equipment Store.

8. Older People & Physical Sensory Disability (PSD) budget comprises of:-
   - Staff – social work infrastructure (including access team and area teams),
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care and
   - Residential & Nursing Care home (permanent care),

9. Intermediate Care & Occupational Therapy budget includes:-
   - Staff – OT infrastructure
   - Occupational therapy equipment
   - Telecare/ Community Alarm equipment,
   - Blue Badge scheme

10. The Care Services provided by External Contractors Services budget includes:-
    - Commissioning and Performance team,
    - Carefirst team,
    - Social Work contracts (for all services)
    - Older People development,
    - Community Care finance,
    - Self Directed support,
    - Employability services and
    - Moray Training

11. Other Community Services budget comprises of:-
    - Community services for each locality (Allied Health Professionals (AHP's), Dental services, Public Health, Pharmacy and other specialist nursing roles).

12. Admin & Management budget comprises of :-
    - Admin & Management staff infrastructure
    - Business Support Contribution to the Chief Officer costs
    - Target for staffing efficiencies from vacancies

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

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

15. IJB Hosted, comprises of a range of services hosted by IJB's but provided on a Grampian wide basis. These include:-

    - GMED out of hours service.
    - Intermediate care of elderly & rehab.
    - Marie Curie Nursing Service – out of hours nursing service for end of life patients
    - Continence Service – provides advice on continence issues and runs continence clinics
    - Sexual Health service
    - Diabetes Development Funding – overseen by the diabetes Network. Also covers the retinal screening service
    - Chronic Oedema Service – provides specialist support to oedema patients
    - Heart Failure Service – provided specialist nursing support to patients suffering from heart failure.
    - HMP Grampian – provision of healthcare to HMP Grampian.

16. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian

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

Other definitions:

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

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

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

MORAY INTEGRATION JOINT BOARD

THURSDAY 28 JUNE 2018

ITEMS FOR THE ATTENTION

OF THE PUBLIC – DISCUSSION