

MORAY INTEGRATION JOINT BOARD

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

NOTICE IS HEREBY GIVEN that a Meeting of the MORAY INTEGRATION JOINT BOARD is to be held at Inkwell Main, Elgin Youth Café on 14 December at 9:30am to consider the business noted below.

Christine Lester Chair, Moray Integration Joint Board 6 December 2017

AGENDA

- 1. Welcome and Apologies
- 2. Declaration of Member's Interests
- 3. <u>Minute of the Meeting of the Integration Joint Board (IJB) dated 26 October 2017</u>
- 4. Action Log of the IJB dated 26 October 2017
- 5. <u>Chief Officers Update Report by the Chief Officer</u>

ITEMS FOR APPROVAL

- 6. Charging for Services Report by the Chief Financial Officer
- 7. Public Sector Climate Change Duties Reporting Submission 2016/17 Report by the Chief Officer





- 8. <u>Taigh Farrais Respite Unit Report by Jane Mackie, Head of Adult Services</u>
- 9. <u>Doocot View Learning Disability Respite Facility Report by Jane Mackie,</u> Head of Adult Services

ITEMS FOR NOTING

- 10. Minute of the Meeting of the IJB Audit and Risk Committee dated 25 May 2017
- 11. <u>Minute of the Meeting of the IJB Clinical and Care Governance Committee</u> dated 4 August 2017
- 12. Quarter 2 (July September 2017) Performance Reporting Report by the Chief Officer
- 13. <u>Implementation of the Carers (Scotland) Act 2016 Report by Jane Mackie,</u> Head of Adult Services
- 14. Budget Update Report by the Chief Financial Officer

STANDING ITEMS

- 15. Revenue Budget Monitoring Quarter 2 for 2017/2018 Report by the Chief Financial Officer
- 16. Items for the Attention of the Public Discussion

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Ms Christine Lester (Chair)

Non-Executive Board Member, NHS

Grampian

Councillor Frank Brown (Vice-Chair) Moray Council

Dame Anne Begg Non-Executive Board Member, NHS

Grampian

Professor Amanda Croft Executive Board Member, NHS Grampian

Councillor Claire Feaver Moray Council

Councillor Shona Morrison Moray Council

NON-VOTING MEMBERS

Tracey Abdy Chief Financial Officer, Moray Integration Joint Board

Mr Ivan Augustus Carer Representative

Mr Sean Coady Head of Primary Care, Specialist Health Improvement and

NHS Community Children's Services, Health and Social

Care Moray

Mr Tony Donaghey UNISON, Moray Council

Ms Pamela Gowans Chief Officer, Moray Integration Joint Board Lead Nurse, Moray Integration Joint Board

Dr Ann Hodges Registered Medical Practitioner, Non Primary Medical

Services, Moray Integration Joint Board

Mr Steven Lindsay NHS Grampian Staff Partnership Representative

Ms Jane Mackie Head of Adult Health and Social Care, Health and Social

Care Moray

Mrs Susan Maclaren Chief Social Work Officer, Moray Council

Dr Graham Taylor Registered Medical Practitioner, Primary Medical Services,

Moray Integration Joint Board

Mrs Val Thatcher Public Partnership Forum Representative

Mr Fabio Villani tsiMORAY

Dr Lewis Walker Registered Medical Practitioner, Primary Medical Services,

Moray Integration Joint Board

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MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

THURSDAY 26 OCTOBER 2017

INKWELL MAIN, ELGIN YOUTH CAFÉ

PRESENT

VOTING MEMBERS

Ms Christine Lester (Chair) Councillor Frank Brown

(Vice-Chair)

Dame Anné Begg

Professor Amanda Croft Councillor Ryan Edwards substituting for Councillor

Claire Feaver

Councillor Shona Morrison

Non-Exec Board Member, NHS Grampian

Moray Council

Non-Exec Board Member, NHS Grampian Executive Board Member, NHS Grampian

Moray Council

Moray Council

NON-VOTING MEMBERS

Ms Tracey Abdy

Chief Financial Officer, Moray Integration Joint Board

Mr Sean Coady

Head of Primary Care, Specialist Health Improvement

Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and

Social Care Moray

Ms Pamela Gowans Chief Officer, Moray Integration Joint Board

Dr Ann Hodges Registered Medical Practitioner, Non Primary Medical

Services

Dr Graham Taylor Registered Medical Practitioner, Primary Medical

Services

Mrs Val Thatcher PPF Representative

Dr Lewis Walker Registered Medical Practitioner, Primary Medical

Services

ALSO PRESENT

Councillor Claire Feaver Moray Council

IN ATTENDANCE

Mrs Caroline Howie Committee Services Officer, Moray Council, as

Clerk to the Board





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APOLOGIES

Carer Representative

Mr Ivan Augustus Mr Steven Lindsay Ms Jane Mackie NHS Grampian Staff Partnership Representative Head of Adult Services and Social Care, Health and

Social Care Moray

Chief Social Work Officer, Moray Council Mrs Susan Maclaren

1.	WELCOME
	The Chair welcomed Councillor Edwards as substitute for Councillor Feaver
	and advised a question had been raised about whether substitutes could stand
	in for different Members at different meetings. She advised substitutes were
	identified for particular members and were not interchangeable.
2.	DECLARATION OF MEMBER'S INTERESTS
	There were no declarations of Member's interests in respect of any item on the
_	agenda.
3.	MINUTE OF MEETING OF THE I MORAY INTEGRATION JOINT BOARD DATED 31 AUGUST 2017
	The minute of the meeting of the Board dated 31 August 2017 was submitted
	and approved.
4.	ACTION LOG OF MEETING OF THE MORAY INTEGRATION JOINT BOARD
	DATED 31 AUGUST 2017
	The Action Log of the Board dated 31 August 2017 was discussed and it was
	noted all actions other than the following had been completed:
	Item 1 (Action Log dated 29 June 2017; Report on Adaptations Governance
	Group): work is ongoing and this has been deferred until December.
	Item 3 (Performance Management Framework): consultations with appropriate
	personnel require to be carried out prior to this being presented; report
	deferred until December.
5.	MINUTE OF SPECIAL MEETING OF THE MORAY INTEGRATION JOINT
	BOARD DATED 28 SEPTEMBER 2017
	The minute of the special meeting of the Board dated 28 September 2017 was
	submitted and approved.
6.	ACTION LOG OF SPECIAL MEETING OF THE MORAY INTEGRATION JOINT BOARD DATED 28 SEPTEMBER 2017
	The Action Log of special meeting of the Board dated 28 September 2017 was
	discussed and it was noted:
	i) a Financial planning report is due in December; and
	ii) officers were unclear on what was required in respect of a report on
	commissioning works being undertaken. It was advised this was required
	in respect of the set aside budget and the report was deferred until early in 2018.
7.	MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD
	CLINICAL CARE AND GOVERNANCE COMMITTEE DATED 5 MAY 2017
	Following consideration the Board agreed to note the Minute of the meeting of
	the Moray Integration Joint Board Clinical Care and Governance Committee
	dated 5 May 2017.
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	The Chair was of the enjoine that as Committee Minutes were presented for
	The Chair was of the opinion that as Committee Minutes were presented for information and noting and not for ratification that these should be moved to

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the 'items for noting' section of future agendas.

As no one was otherwise minded the Board agreed to future, previously ratified, Committee Minutes being listed within the 'items for noting' section of the agenda.

8. CHIEF OFFICER'S UPDATE

A report by the Chief Officer (CO) provided the Board with an update on key priorities and projects.

In response to a query from Councillor Brown the CO advised that 1% of funds was used to cover the cost of management arrangements and that most other Boards spend 5% of their funds. She advised the team were extremely lean and as such would not recommend this as an area for savings.

Discussion took place on awareness of Power of Attorney (POA) issues. The CO advised the Board that Health and Social Care Moray, alongside other partnerships, had joined in on an awareness campaign and that this was made up of TV adverts going live soon across the area along with a very useful and informative website for practitioners and the public to use for information. It was noted that forms can be obtained from the Office of the Public Guardian to allow people to set POA in place without the need to go through a lawyer. It was further noted that this was an area of particular importance and all efforts should continue to raise awareness.

9. STANDARDS OFFICER REAPPOINTMENT

A report by the Legal Services Manager (Litigation and Licensing) asked the Board to consider the reappointment of its Standards Officer, and Deputes, whose current terms of appointment are due to expire.

Discussion took place on options available to appoint officers other than the current Standards Officer and Deputes and whether it would be feasible to have the Standards Officer as a Member of the Board.

The Board agreed that having the Standards Officer as a Member could lead to possible conflicts of interest.

The Chief Officer advised that the NHS and Moray Council have a legal duty to provide a Standards Officer and Deputes.

Thereafter the Board agreed to:

- i) approve the formal nomination of Alasdair McEachan, Head of Legal and Democratic Services, Moray Council, as the Standards Officer of the Integration Joint Board, for a further period of 18 months until April 2019, for approval by the Standards Commission;
- ii) approve the formal nomination of Margaret Forrest, Legal Services
 Manager (Litigation and Licensing), and Aileen Scott, Legal Services
 Manager (Property & Contracts), both Moray Council, as Depute
 Standards Officers of the Integration Joint Board, for a further period of 18
 months until April 2019, for approval by the Standards Commission; and
- iii) task the Chief Officer with writing to the Standards Commission with the relevant information.

10. COMMUNICATIONS AND ENGAGEMENT

A report by the Chief Officer presented the Board with an update on the

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implementation of the Communication and Engagement Strategy 2017-2019 and the resource implications for delivery of key actions.

Discussion took place on how best to communicate and engage with the public to raise the profile of the Board.

The Chair was of the opinion that a standing item should be added to the agenda to consider if any items on the agenda would benefit from being brought to the attention of the public. As no one was otherwise minded the Board agreed to an addition to future agendas.

Thereafter the Board agreed to:

- i) note the progress on the implementation of the strategy;
- ii) note current resources available to deliver the key actions of the implementation plan;
- iii) note the requirement for additional resource as noted in paragraphs 4.5 4.8:
- iv) grant delegated authority to the Chief Officer and Chief Financial Officer to secure additional resources in collaboration with NHS Grampian and Moray Council, reporting back to the Board on any additional investment required from the Board budget; and
- v) an additional item being added to future agendas to allow discussion of items to be brought to the attention of the public.

10. MERIT (Moray Employee Recognition of Integration and Transformation) Awards

A report by the Chief Officer (CO) proposed a programme of achievement and recognition in the format of an annual awards ceremony, celebrating the dedication and efforts of staff in Health & Social Care Moray.

During discussion the Board agreed to the establishment of the MERIT awards as it was felt they would be a good way of recognising achievement.

It was further agreed that the awards would be open to wider teams e.g. Dr Gray's, third sector etc. and not just those within Health & Social Care Moray.

Following a request for volunteers who would be willing to meet with the CO to discuss and take this forward Professor Croft, Mrs Thatcher and Councillor Morrison advised they would be willing to participate.

During further discussion it was agreed an update on progress should be presented to a future meeting.

Thereafter the Board agreed to:

- the establishment of an annual awards ceremony as a formal recognition of efforts and achievements of staff working within Health and Social Care Moray and other partner agencies; and
- ii) a further report on progress being presented to a future meeting of the Board.

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Councillor Bremner entered the meeting during discussion of this item.

Councillor Feaver entered the meeting at this juncture.

11. MORAY MENTAL HEALTH AND WELLNESS CENTRE

A report by the Head of Adult Services updated the Board on the Moray Mental Health and Wellness Centre that is commissioned by the Moray Integration Joint Board through the Moray Council and run by Penumbra.

Discussion of the services and availability of link workers took place. It was noted the Scottish Government is introducing key performance indicators that performance will be measured against.

Thereafter the Board agreed to:

- acknowledge the positive work to date in the establishment of the Moray Mental Health and Wellness Centre;
- ii) note the popularity of the GP Link Worker service as evidenced by referral numbers to date;
- iii) note the funding requirements/implications beyond year 2; and
- iv) continue to support the collaborative approach between Health & Social Care Moray, the third sector and other relevant partners (including local communities and people with lived experience) in making "good mental health for all" a reality.

12. WINTER PLAN 2017/18

A report by the Chief Officer informed the Board of the Moray and GMed Winter Plans for 2017/18. These plans detailed how Moray Acute Services and Health & Social Care Moray will manage the fluctuating pressures over the winter period, including the festive period, by guaranteeing that Health & Social Care Moray have pre-empted the seasons specific challenges.

The Board noted the depth of information provided and was of the opinion that although useful it was more suited to operational arrangements than for the Board to take a strategic view.

Thereafter, following consideration, the Board agreed to note that the Health & Social Care Moray and GMeds both have robust and deliverable plans to manage the pressures of winter as shown in Appendices A and B of the report.

Dame Anne left the meeting during discussion of this item.

13. PERFORMANCE REPORT AS AT SEPTEMBER 2017

A report by the Chief Officer updated the Board on delayed discharges and length of stay within Moray Community Hospitals.

Following consideration the Board agreed to note:

- i) the progress towards achieving the delayed discharge target;
- ii) the ongoing work to maintain performance; and
- iii) the progress being made in developing a Performance Management Framework.



MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 26 OCTOBER 2017

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log dated 31 August 2017	Adaptations Governance Group deferred until next meeting.	Dec 2017	J Mackie
	C	Performance Management Framework report deferred until next meeting.	Dec 2017	C Quinn
2.	Action Log dated 28 September 2017	Provide Financial Planning Report.	Dec 2017	P Gowans
	·	Report on commissioning works in respect of 2016/17 Audited Accounts deferred until early 2018.	March 2018	P Gowans
3.	Minute of the Meeting of the IJB Clinical and Care Governance Committee dated 5 May 2017	All ratified Committee Minutes are to be listed under Items for Noting on the agenda.	Immediate	Clerk
4.	Standards Officer Reappointment	Write to the Standards Commission to advise of reappointments.	Nov 2017	P Gowans
5.	Communication and Engagement	Add item at the end of future agendas to consider if anything in the meeting should be brought to the attention of the public.	Dec 2017	Clerk
6.	MERIT (Moray Employee Recognition of Integration and Transformation) Awards	Update report to be presented to a future meeting.	March 2018	P Gowans





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CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD 14 DECEMBER 2017

Children's Services Inspection Update

Inspectors from the Care Inspectorate and other partner inspection agencies revisited Moray in September 2017 to undertake an initial progress review following last year's joint inspection of services for children and young people in Moray. This review took place over a week. A draft report has been received which chief officers have checked for accuracy. The final report will be realised by Care Inspectorate at 10 am on Tuesday 5 December 2017.

Dental Decay Performance

The National Dental Inspection Programme (NDIP) is carried out annually, it aims to inform parents/ carers of the dental health status of their children and, through appropriately anonymised, aggregated data, advise the Scottish Government, NHS Boards and other organisations concerned with children's health of dental disease prevalence at national and local levels.

Highlights from the 2017 report are:

- In total, 2608 P7 children from Local Authority schools across Grampian were inspected in detail which represents 45.8% of the P7 population.
- 78.8% of P7 children had no obvious decay in Grampian compared to 77.1% across Scotland. Results were much better in Moray with 85.4% having no obvious decay compared to 77.9% in Aberdeen City and 76.6% in Aberdeenshire.
- The mean number of teeth with obvious decay experience, in Grampian, was 0.45 (0.14 decayed, 0.05 missing and 0.25 filled) compared to 0.49 across Scotland (0.17 decayed, 0.07 missing and 0.25 filled).





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• For those with obvious decay, in Grampian, there was an average of 2.19 decayed missing or filled teeth compared to 2.16 across Scotland.

The dental health of Primary 7 children in Grampian is much better than observed in the last inspection in 2015. There has been an improvement in terms of children with no obvious decay experience from 73% to 79% and the number of teeth affected by decay experience has also dropped from 0.57 to 0.45.

This is a fantastic achievement and congratulations to all those involved in making this possible, particularly the children, parents, dental & Childsmile teams, education authorities and staff, LA partners and other stakeholders.

Varis Court (Augmented Care Unit / Forres Neighbourhood Care Team FNCT)

The FNCT continues to operate with 8 WTE and 3 WTE vacancies and is currently using additional agency staff to support the service. Since the test site became operational, it has not been possible to recruit a full 11 WTE Nursing Team. Agency staffing have therefore been used to bring the team up to full strength.

During the month of November, the ACU/ FNCT development has seen an increase in bed occupancy with a total of 102 bed days for 8 patients. In addition to this, the FNCT has provided care to people in their own homes totalling 226 contacts/ visits for November. We continue to build on our working relationships with the Hanover team at Varis Court and, as a result of this, there has been a reduction in direct G.P contacts (this is subject to verification).

For this reporting period, another key focus has been the progression of the evaluation approach for this test site. This includes the engagement of Dundee University to consider the benefits of adopting the buurtzorg principles by the ACU/FNCT, financial analysis, optimum staffing levels and an exploration of the high level trend data for the Forres locality area. The findings of this evaluation will be presented to the Board after April at the end of the site period.

Woodview (Urguhart Place)

A full evaluation report relating to the transition of the 4 Maybank (Forres) service users to the above development is presently being prepared and will be available by the end of January 2018. The interim appraisal however demonstrates the significant impact that this project has made to date. Specifically:-

A 75% reduction in medication based on a survey of the same period in 2016;

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 A 91% reduction in number of incidents per month from 12.6 to 3 since the same period in 2016;

- The overall recorded incident severity is 90% less than the historic monthly average;
- A 100% reduction in staff injuries from an average of 6.6 in the same period 2016 to nil; and
- A 97.4% reduction in use of BSS (restraint techniques) and 100% reduction in use of supine since the same period in 2016.

In addition, for the 4 service users there is a full complement of support workers in place. Historically, staffing retention levels at Maybank was poor and the recruitment of a full staffing team was also one of the business objectives for this project.

Other key activities for this reporting period include the initiation of the recruitment process for the next out of area tenant to move to Woodview in the Spring.

Moray Carer Aware Card

The carer aware card was launched on 24 November 2017.

It is a free information sharing card aiming to give unpaid carers peace of mind.

The carer completes the free card recording the name and contact details of up to two people they trust, who know the cared for person and who can be contacted on an emergency.

Should the unexpected happen and the carer be unable to get to the cared for person, for example in an accident or taken ill, emergency services or accident and emergency staff can use the card to alert the friends, family members or neighbours to make sure the cared for person isn't left unsupported.

All carers in Moray currently registered with Quarriers Carer Support Service have been issued with a free card and any carer not registered with Quarriers can ask for a carer aware card from:

Quarriers

Alzheimer Scotland (Moray)

Moray Cuppa Club (Enable Scotland)

Crossroads

Cornerstone

Dr Gray's Hospital Health point

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Keith Speyside Strategic Needs Assessment

The Keith and Speyside Pathfinder report was completed in respect of the future health and

social care requirements for the locality in May 2016. In order to draw conclusion to the

strategic needs assessment NHS Grampians Asset Management Group's approval was

requested to move into the appropriate process.

Keith remains the top priority for the Health and Social Care Moray for re-provision: it is

within the top 10 primary care premises in NHS Grampian, currently sitting at number 6. The

current buildings at Keith do not reflect a modern health and care centre or have sufficient

space to be a training practice.

The engagement of the community through this process is significant, supported by local

politicians and with a recent visit by the Cabinet Secretary on 28 November 2017.

Approval from the Asset Management Group was given on 30 November 2017 to move to

the next stage of the process allowing the completion of the Strategic Needs Assessment. It

was requested that consideration should be given to identifying other creative ways of

delivering services and look to opportunities where education and innovation can be

incorporated from a North of Scotland perspective in relation to remote and rural services.

A meeting with the Keith Health Centre staff has been arranged for 13 December 2017 to

provide an update on the position.

Chief Social Work Officer visit to Moray

Iona Colvin, Chief Social Work Adviser, Scottish Government, spent a morning in Moray last

month to visit our housing with care development. Iona spent time at Jubilee Cottages, Varis

Court and Urquhart Place Housing Development, all of which she was very impressed with

and gave really positive feedback.

Signature:

Date: 4 December 2017

Designation: Chief Officer

Name: Pam Gowans



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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 14 DECEMBER 2017

SUBJECT: CHARGING FOR SERVICES

BY: CHIEF FINANICIAL OFFICER

1. REASON FOR REPORT

1.1 To ask the Moray Integration Joint Board (MIJB) to consider the charges for services for the 2018/19 financial year.

2. **RECOMMENDATION**

- 2.1 It is recommended that the MIJB:
 - i) agree to take responsibility for recommending charges for services to Moray Council in-line with their budget setting processes;
 - ii) considers and approves the charges set out at Appendix 1 to be recommended to Moray Council for approval as part of their policy commitment to review charges annually;
 - iii) notes the objective to carry out a review of charging during 2018/19;and
 - iv) notes the content and parameters set out in the Moray Council Charging for Services Policy at Appendix 2.

3. BACKGROUND

- 3.1 Integration Joint Boards do not currently have statutory powers to set charges for the services aligned to delegated functions. Moray Council, therefore has the legal responsibility to set social care charges on behalf of the MIJB.
- 3.2 Moray Council has in place a Charging for Services policy that was recently updated and approved by the Policy and Resources Committee on 24 October 2017 (para 8 of the minute refers). The policy states that a review of charges should be undertaken annually as an integral part of the budget process. The approved Moray Council Charging for Services policy has been included at **Appendix 2**.





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3.3 Through discussions between the MIJB Chief Officer and Chief Financial Officer with the Head of Financial Services, Moray Council, it was considered appropriate for the MIJB to be involved in the setting of charges for the services it has strategic planning responsibility for. Whilst Moray Council retains the statutory responsibility for this duty, the recommendation made to the Moray Council Policy and Resources Committee at its meeting of 24 October 2017 was that the MIJB should be requested to recommend the charges for services delivered.

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

- 4.1 The net funding provided to the MIJB from Moray Council considers the impact of social care income generation from charging for services. On this basis, the MIJB Chief Officer, Chief Financial Officer and the Head of Financial Services, Moray Council have met to consider an equitable approach reflecting this position.
- 4.2 Not all charges are within the control of the Moray Council. Some charges levied by the Council are set by statute, some are limited by statute and some have the method of calculation prescribed by statute.
- 4.3 Moray Council has set out their methodology for proposing charges in-line with the government's preferred measure of inflation, that being the Consumer Price Index (CPI). The Bank of England target for inflation is 2%. CPI is currently (August 2017) 2.9%. CPIH extends the CPI to include a measure of the costs associated with owning and maintaining a home, along with council tax and is considered the most comprehensive measure of inflation. Currently (September 2017) CPIH is 2.8%. The main measures of inflation are tending towards 3% and Moray Council has recommended that this is used as the default inflation rate when reviewing charges for 2018/19. In proposing the charges to be levied, recognition has been given to this information.
- 4.4 Regard should be given when increasing charges for services in relation to potential demand on services and the related risks associated with increasing prices and uptake of services where alternatives are available.
- 4.5 Officers have followed guiding principles as set out by Moray Council and attention to the service planning responsibilities of the MIJB have been considered in proposing the charges to be recommended to Moray Council as part of their budget setting processes for 2018/19. These recommendations are set out at **Appendix 1**
- 4.6 Following acceptance of the Moray Council recommendation for the MIJB to recommend the charges for services from 2018/19 onwards it is timely for the MIJB to conduct a review to address issues surrounding full cost recovery, outcomes for service users and recognition of the effects of inflationary increases in the spirit of providing sustainable services. It is proposed that this review is carried out during 2018/19.

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5. **SUMMARY OF IMPLICATIONS**

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

The levying of charges for social care services is an essential component of delivering priorities on a sustainable basis.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 dictates that the setting of social care charges will not be able to be delegated by a local authority to an integration authority as part of the joint working arrangements prepared under the Act.

(c) Financial implications

Levying charges for services forms an important part of the Council's strategy for balancing its annual budget, by generating an amount of income from service users

(d) Risk Implications and Mitigation

There are no risk implications arising directly from this report. There is always a risk that service usage drops if charges are increased.

(e) Staffing Implications

None arising directly from this report

(f) Property

None arising directly from this report

(g) Equalities

None arising directly from this report

(h) Consultations

The Head of Financial Services; Legal Services Manager (Litigation & Licencing), and the Equal Opportunities Officer (all Moray Council) and the Head of Adult Services, Health & Social Care Moray have been consulted and their comments have been incorporated within this report.

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6.	CON	ICI I	<u>ISION</u>
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6.1 Moray Council by way of their statutory duty for setting charges for services has requested the MIJB recommends the charges for services to be delivered for the 2018/19 financial year.

Author of Report: Tracey Abdy, Chief Financial Officer, Moray Integration Joint Board

Background Papers: Ref:

Signature: ____ Date : _29/11/17___

Designation: Chief Financial Officer Name: Tracey Abdy

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SOCIAL CARE SERVICES

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2017/18	PROPOSED CHARGE 2018/19	DATE OF LAST CHANGE		
1.	Moray Lifeline / Telecare	3% increase No VAT if registered disabled.	£18.17 per quarter inc VAT	£18.72 per quarter inc VAT	April 2017		
2.	Day Care Services			Subject to contributions policy	N/A		
3.	Blue Badge	Maximum permitted by statute	£20 per badge – badge valid for 3 years	£20 per badge – badge valid for 3 years	April 2012		
4.	Day Care Meals - Olde	er People and Shared Lives:					
4a.	Meal	3% increase	£4.67	£4.81	April 2017		
4b.	Tea & Biscuits	3% increase	£0.68 per cup	£0.70	April 2017		
4c.	Light meal (Shared Lives Service only)	3% increase	£2.52	£2.60	April 2017		
4d.	Packed lunches (Murray Street)	3% increase	£4.67	£4.81	April 2017		
5.	Domiciliary Care – (all client groups & care type) - means tested contributions to costs:						
5a.	Hourly rate	3% increase	£13.07 per hour	£13.46	April 2017		
5b.	Overnight (10pm – 7am)	3% increase	£91.40	£94.14	April 2017		
5c.	Tea visits	3% increase	£13.07 per hour	£13.46	April 2017		

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2017/18	PROPOSED CHARGE 2018/19	DATE OF LAST CHANGE
6.	Overnight respite care provided in a designated Care Home (all client groups)		Per Financial Assessment and DWP Rates & Allowance and CRAG Guidance	No longer charge for this following CRAG; dealt with under contributions policy.	April 2010
7.	Taigh Farrais:				
7a.	Partner/spouse staying with client receiving respite service	3% increase	£210 per week	£216.30 per week	April 2017
7b.	Self – Funding Residents	3% increase	£1,030 per week	£1,061 per week	April 2017
7c.	Other L.A.s	3% increase	£1,036 per week	£1,067 per week	April 2017
8.	Stair lift maintenance	Contribution to annual maintenance 3% increase No VAT if registered disabled	£14.86 per quarter inc VAT	£15.31 per quarter inc VAT	April 2017
9.	Wash/Dry toilet maintenance	Contribution to annual maintenance		£25.00 per quarter	N/A
10.	Occupational Therapy Aids and Equipment	No charge made per COSLA recommendation	None	None	October 2005
11.	Hire of Day Centre rooms	3% increase	£4.88 per hour	£5.03	April 2017
12.	Housing Support – weekly charge	Full cost recovery – means tested			April 2013
13.	Hanover Housing As	sociation Sheltered Housing: \	Warden Service and Call	Service	
13a.	Netherport, Lossie Wyn	nd, Elgin	£16.70	£17.20	April 2017
13b.	Westpark Court, High	Street, Elgin	£10.34	£10.65	April 2017

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REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2017/18	PROPOSED CHARGE 2018/19	DATE OF LAST CHANGE
13c.	Hanover Court, Newland	ds Lane, Buckie	£14.39	£14.82	April 2017
13d.	Burnside Court, Netherh	na Road, Buckie	£12.23	£12.60	April 2017
13e.	Hersbruck Court, Rams	ay Lane, Lossiemouth	£16.17	£16.66	April 2017
13f.	Taylor Court, Broomhill	Road, Keith	£12.08	£12.44	April 2017
13g.	Aigen Court, York Stree	t, Dufftown	£15.86	£16.34	April 2017
13h.	Milnescroft Court, Focha	abers	£11.13	£11.46	April 2017
	Hanover Housing Ass supper				
13i.	Linn Court, Linn Avenue	e, Buckie	£37.80 - £99.23	£38.93 - £102.20	April 2017
13j.	Cameron Court, Plasmo	on Hill, Forres	£19.37 - £69.56	£19.95 - £71.65	April 2017
13k.	Chandlers Court, Elgin		£58.01	£59.75	April 2017

Castlehill Housing Association Sheltered Housing: Warden Service and Call Service

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2017/18	PROPOSED CHARGE 2018/19	DATE OF LAST CHANGE
13v.	Seaview Place, Buckie		£4.67	£4.81	April 2017
13w	Kirk Place, Rothes		£5.88	£6.06	April 2017
13x.	High Street, Rothes		£5.88	£6.06	April 2017
14.	Speyside Lunch Club	Full cost recovery	£5.75 Inc. VAT	£5.92 Inc. VAT	April 2017
15.	Case review carried out on behalf of another local authority	3% increase	£89.25	£91.93	April 2017

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MORAY COUNCIL CHARGING FOR SERVICES POLICY

1. INTRODUCTION

- 1.1 This policy applies to services where the council has discretion whether to charge and how much to charge for the service.
- 1.2 In general charges should be considered where only some members of the public benefit from the service provided. This policy is based on the assumption that the service user pays and that non-users do not subsidise users through council tax.
- 1.3 The guiding principles for charging in Moray should be **fairness**, **consistency and reasonableness**. This policy explains what these principles mean in terms of deciding when to charge and how much, and the process for reviewing charges.

2. WHEN TO CHARGE?

- 2.1 The Council will aim to charge for any service where it is appropriate and cost-effective to do so, unless there are contrary policies, legal or contractual reasons.
- 2.2 In particular, charges should not be levied where:
 - it is difficult to establish the beneficiary;
 - charging would be inefficient that is, where the cost of collection would outweigh the income;
 - charging would be counterproductive, for example, where users would switch to other services or stop using a service (unless that is the objective of the charge).
- 2.3 The impact of charging on individual service users and types of service user and on the achievement of the Council's priorities are key considerations and the Council will need to collect sufficient information in order to make an adequate assessment of these factors.

3. HOW MUCH TO CHARGE?

Fairness

3.1 The recipient of the service must have agreed to its provision and to pay for it.

A service is subsidised where the income from that service does not meet all the costs of that service and so there is a net cost which has to be funded from council tax. The net cost represents the amount of that subsidy.

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- 3.2 Fees and charges should be set at a level that is fair to users and to council tax payers. Concessions should be available to groups determined by the Council as being unable to pay the full charge or otherwise disadvantaged, or where council policy supports a concessionary rate.
- 3.3 Commercial operators should pay the full cost of any service they receive from the Council (subject to any statutory restrictions). Services received by commercial organisations should not be subsidised by other users or council taxpayers.
- 3.4 The impact of changing pricing policies should be managed through phasing over time when the impact is high. Any significant increases in charges should be introduced over a period of time to reduce the impact on service users.
- 3.5 A tough stance should be taken on non-payers. Other service users and council tax payers should not be expected to subsidise users who are evading charges for a service they receive, so service managers should ensure that the Council's debt recovery procedures are properly followed and enforced.
- 3.6 Current means-testing for ability to pay for a specific charge is guided by legislation but this process should be considered for other charges to ensure the Council's obligations for social inclusion and inequalities for services and any charges thereon are met.

Consistency

3.7 Charges for similar services or activities should be consistent across the authority.

Reasonableness

- 3.9 Charging levels should take account of market demand, competition from other service providers and comparisons with charges made by other comparable local authorities to ensure that they are reasonable and where appropriate competitive.
- 3.10 The Council will aim to ensure an appropriate level of income from fees and charges by ensuring that charges to users reflect the full cost² of the service provision, unless covered by concessions³ or where there are contrary policies, legal or contractual reasons.
- 3.11 If the income from a service does not meet its costs, the service is effectively being subsidised by council tax payers. Where this occurs, it should be a conscious choice, and approved by Policy and Resources Committee to ensure that this action is consistent with council priorities.

The full cost of providing a service is defined as including staffing and materials costs and also an element of overheads relating to central council functions which support that service.

A concession is a discount given to a specific group of people, for example children, older people or claimants of income-related benefits

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3.12 Where charges are not made for a service or are reduced from full cost recovery level, the reasons should be reconsidered as part of the annual budget process to ensure that they remain valid and that significant income is not being foregone by the Council.

4. ANNUAL REVIEW PROCESS

- 4.1 Reviews of charges, including consideration of current charges and the potential for new charges, should be undertaken as an integral part of the budget process each year.
- 4.2 Appropriate consultation with service users and stakeholders will be undertaken in respect of any proposed significant changes to current charges or in relation to the introduction of significant new charges
- 4.4 The introduction of new charges or any variations to existing charges require approval. Variations to charges will apply from the beginning of the financial year following approval by Policy and Resources Committee, unless otherwise agreed.
- 4.5 Reports prepared for members requesting decisions on significant variations to charges must include the following information:
 - the aim or objective of the charge and how it links to the Council's target outcomes.
 - current year charge, proposed charge and percentage increase.
 - comparative information on charges levied by other authorities in the region or local competitors.
 - how the income will be collected, including costs of collection.
 - estimated income from the charge, estimated increase on existing income and estimated costs of service provision, in comparison to budget.
 - subsidy/surplus and reason for subsidy (if there is one).
 - analysis of the impact of the proposed charge (e.g. on target groups, usage of the service and achievement of the Council's target outcomes).

October 2017

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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 14 DECEMBER 2017

SUBJECT: PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORTING

SUBMISSION 2016/17

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To present the draft Moray Integration Joint Board (MIJB) Climate Change Duties Report submission for 2016/17.

2. **RECOMMENDATION**

2.1 It is recommended that the MIJB consider, discuss and approve the draft submission for 2016/17 reporting year to the Sustainable Scotland Network on behalf of the Scottish Government.

3. BACKGROUND

- 3.1 The Climate Change (Scotland) Act 2009 introduced targets and legislation to reduce Scotland's emissions by at least 80% by 2050. The Act additionally placed duties on public bodies relating to climate change.
- 3.2 The Act requires that a public body must, in exercising its functions, act:
 - In the way best calculated to contribute to delivery of the Act's emissions reduction targets
 - In the way best calculated to deliver any statutory adaptation programme and
 - In a way that it considers most sustainable
- 3.3 Further to the Act, the Scottish Government introduced in 2015 an Order requiring all 151 Public Bodies who appear on the Major Player list to submit an annual report to Sustainable Scotland Network (SSN) detailing their compliance with the climate change duties. Both Moray Council and NHS Grampian provided such a report for 2015/16.
- 3.4 The Scottish Government now requires all IJB's to also provide annual reports. The first report for 2016/17 was due at the end of November 2017. The attached report, **APPENDIX 1**, informs the Scottish Government on how the IJB is performing on its duties.





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3.5 The Scottish Government has recognised that for the first year reporting there will be limited information available. That should improve in the current year and more detailed reporting will be possible for next year's report.

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

4.1 The report is required to be submitted to the Scottish Government by 30 November 2017. The report attached at **APPENDIX 1** was therefore submitted as draft pending MIJB approval.

5. **SUMMARY OF IMPLICATIONS**

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

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan 2016-2019.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report. .

(d) Risk Implications and Mitigation

None directly associated with this report.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities

As this is a performance monitoring report, an Equality Impact Assessment is not required as the report does not deal with actions which may impact adversely on groups with protected characteristics.

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(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

6. <u>CONCLUSION</u>

Designation: Chief Officer

6.1 This report recommends the MIJB consider, discuss and approve the MIJB's draft submission to the Sustainable Scotland Network.

Author of Report: Background Papers: Ref:	Catherine Quinn, Executive Ass With author ijb\board meetings\Dec17	istant
Signature:		Date: 30 November 2017

Name: Pam Gowans

MORAY IJB 2016/17 CLIMATE CHANGE DUTIES REPORT

1 Profile of reporting body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Moray Integration Joint Board

1b Type of body

IJB

1c Highest number of full-time equivalent staff in the body during the report year.

2

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Population size served	Population	96,000	Represents 1.8% of Scotland's population.

1(e) Overall budget of the body (£).

Specify approximate £/annum for the report year.

£110M

Comments

Funded by Moray Council and NHS Grampian.

1(f) Report year.

Specify the report year.

2016/17 (Financial year)

1(g) Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

Moray is rural in nature, covering an area of 1,233km2, with a population of 96,000 (2016) and 41,961 households (2016 Est NRS). Moray's population has been steadily increasing since 2001. Migration figures (based on a 3-year average) demonstrate more people are entering Moray than leaving (between 2012-2014, 3469 moved into Moray v 3015 moved out of Moray) - net 454. Life expectancy measured between 2012-2014 shows male and female life expectancy is greater than the Scottish average (based on age 65 years).

The Moray IJB is responsible for the Strategic Planning of a range of health and social care functions delegated by Moray Council and NHS Grampian, including adult social care services, mental health, learning disabilities, older people and primary care, whilst hosting a number of other services for other Integration Joint Boards. Services are listed within the Integration Scheme.

The Moray IJB also has operational oversight of some of the functions delegated to it and all services are delivered by staff employed by both Moray

Council and NHS Grampian as a joint Health and Social Care Moray workforce that totals 996. The Health and Social Care Moray workforce numbers should be included within the reports of Moray Council and NHS Grampian.

The management structure of Health and Social Care Moray is as follows:-

Chief Officer Heads of Service x2 Service Managers x 11

The Chief Officer is accountable to both Moray Council and NHS Grampian.

During 2016/17, efforts were made by the MIJB to reduce cost, waste etc through the following actions:-

One of the strategic intent of the MIJB is to promote local accessible services which will significantly contribute towards a reduction in our carbon footprint, for example:

Co-location of teams in health and council sites

Facilities sharing

Mobile and flexible working - eg. Hot-desking. Staff based in locations as near as possible to locality of clinical cover.

Home working or in buildings near home.

Use of pool cars - protocol in place and partner organisation policies adhered to reduce travel.

Use of Video Conferencing to reduce travel where possible.

Investment in IT infrastructure to support above, managed by Integrated Infrastructure Programme Board.

Recycling and waste reduction, in line with Waste Management Policies.

2 Governance, Management and Strategy

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance

arrangements.

The climate change activities will sit within Moray Council and NHS Grampian's governance arrangements and are reported to NSS/Scottish Government in their reports.

The MIJB does not have a separate environmental policy but will adopt the Moray Council and NHS Grampian's Environmental and Climate Change policy and any commitments relevant to the MIJB.

Annual updates will be provided to the MIJB in future years.

Commissioning services will be reviewed to ensure they comply with the above policies.

All staff to take responsibility for carbon reduction in their respective areas of work. An audit will be undertaken early 2018.

2b How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body.

This is managed via the Senior Management Team (SMT) and MIJB.

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

These were not included in the MIJB's Strategic Plan for 2016/19. Indicators will be considered as part of the new Performance management Framework for the MIJB being implemented in 2018.

2d Does the body have a climate change plan or strategy? 0

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Not for 2016/17.

2e Does the body have any plans or strategies covering the following areas that include climate change? 1 Provide the name of any such document and the timeframe covered.

Topic Area	Name of document	Link	Time period	Comments
			covered	
Adaptation	Winter Plan	http://www.moray.gov.uk/minutes/data/IJB20161110/Ite	2016/17	Appendix
		m%2015%20-%20Winter%20Plan%20App%201.pdf		1.
Business Travel	NHS Grampian	http://nhsgintranet.grampian.scot.nhs.uk/depts/travel/Tra	NHS Grampian	
		vel%20Document%20Library/NHSG_Operational_Travel_Pl	policy	
		an_Vol_3_Feb_10.pdf		
Staff Travel	Travel & Subsistence	http://intranet.moray.gov.uk/DBS/Annexe/EC_Moray_Cou	Moray Council	
	Procedure (Moray Council)	ncil_HQ_Travel_Plan.pdf	policy.	
Energy Efficiency	Climate Change Action Plan.	http://www.moray.gov.uk/downloads/file69911.pdf	Under review.	
Other	Moray Council Local	http://www.moray.gov.uk/moray_standard/page_100443.	2015-2025	Adhere to
	Development Plan	html		plan as
				required.

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?
Provide a brief summary of the body's areas and activities of focus for the year ahead.

Ensure all staff are aware of climate change and carbon reduction requirements.

Behaviour change to reduce carbon footprint:-

- Reduction in travel through use of Skype for Business/video conferencing/home working
- Appoint local champions for co-located areas.
- Reduction of waste engagement around recycling and food waste.

Work alongside Moray Council and NHS Grampian colleagues on 2017/18 carbon budget.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

N/A

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The MIJB will support parent organisations to achieve the targets set.

3 Emissions, Targets and Projects

0

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year.

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

- (a) No information is required on the effect of the body on emissions which are not from its estate and operations.
- (b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

N/A

3b Breakdown of emission sources 1

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

If providing consumption data for Water – Supply, please also include the Emission Source and consumption data for Water – Treatment.

If providing consumption data for Grid Electricity (generation), please also include the Emission Source and consumption data for Grid Electricity (transmission & distribution losses).

(a) Emission factors are published annually by the UK Government Department for Environment, Food and Rural Affairs (Defra).

N/A

3c Generation, consumption and export of renewable energy 0

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

N/A

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

N/A

3e Estimated total annual carbon savings from all projects implemented by the body in the report year $oldsymbol{0}$

If no projects were implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown" into the comments box. If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

N/A

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

N/A

Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year 10

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

N/A

0

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead

If no projects are expected to be implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown" into the comments box.

If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

N/A

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead 1

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.

N/A

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprintIf the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

N/A

3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

The MIJB will support the continuation of the Asset Management Group (NHSG and Moray Council).

4 Adaptation

4a Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

Moray Council has identified Climate Change in its Corporate Risk Register - developed by a group including consultation with SEPA, Scottish Flood Forum, Adaptation Scotland and Moray Council.

Other examples of plans which the MIJB will adhere to are for example NHS Grampian's Resilience Plan and Civil Contingencies Plan.

4b What arrangements does the body have in place to manage climate-related risks? 1

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

The MIJB will adopt all relevant policies regarding climate change from NHS Grampian and Moray Council.

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

A combined Impact Assessment will be considered to examine the impact of proposals on climate change and health inequalities.

Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

N/A

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

The MIJB will adopt relevant partner organisations' policies.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

The MIJB will adopt relevant partner organisations' policies.

4g What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

The MIJB will adopt relevant partner organisations' policies.

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

N/A

5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement <u>activity</u> by the body has contributed to its compliance with climate changes duties.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

5c Supporting information and best practice 0

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.
6 Validation and Declaration
6a Internal validation process 1
Briefly describe the body's internal validation process, if any, of the data or information contained within this report.
Senior Management Team MIJB.
MIDD.
Ch Dooy well-debies weekee
6b Peer validation process Briefly describe the body's peer validation process, if any, of the data or information contained within this report.
2.1.2.1, 4.2.3.1.2.1.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1
Peer reviewed by the Climate Change and Sustainability Co-ordinator.

6c External validation process

8

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

N/A

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

N/A

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Pam Gowans
Role in the body:	Chief Officer
Date:	30/11/2017

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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 14 DECEMBER 2017

SUBJECT: TAIGH FARRAIS RESPITE UNIT

BY: JANE MACKIE, HEAD OF ADULT SERVICES

1. REASON FOR REPORT

1.1 To inform the Moray Integration Joint Board (MIJB) of the outcomes from the formal consultation process.

2. **RECOMMENDATION**

- 2.1 It is recommended that the MIJB agree:
 - i) to re-provision respite services currently delivered at Taigh Farrais; and
 - ii) that the outcomes of the consultation process, delivered through the Change Management Plan are implemented.

3. BACKGROUND

- 3.1 A full and detailed report was presented at the MIJB meeting of 31 August 2017 (paragraph 12 of the Minute refers), which agreed to the following:
 - to the proposal to re-provision respite services currently delivered at Taigh Farrais;
 - that subject to consultation, to de-commission the service ahead of the overall respite provision review;
 - that the proposal and the consequential staffing implications are the subject of formal consultation with affected staff and Trade Union representatives in accordance with Moray Council's Change Management Policy and Procedures; and
 - that a report be presented to a future meeting of the MIJB with the outcomes from the formal consultation process and the implications for a decision on the proposal going forward.





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4. <u>CONSULTATION WITH SERVICE USERS</u>

- 4.1 All service users who currently use the service have been afforded the opportunity to discuss the current situation and the impact that this would have on their care and support moving forward.
- 4.2 Those that access Taigh Farrais from out of area will require to hold further discussions around their ongoing care and support with officers from their own local authority area. Discussions have taken place with relevant areas and they acknowledge that any decision by MIJB to re-provision this service will have an impact on the service users who have used the service; they recognise that they will have to consider their own provision moving forward.
- 4.3 There now only remains 6 people from Moray who access Taigh Farrais and all have been consulted about the challenges and difficulties of providing a service at Taigh Farrais and that their respite moving forward may be delivered in a different format.
- 4.4 All those who currently use Taigh Farrais are understandably disappointed, however understand the challenges that Health and Social Care Moray are facing in delivering respite services from Taigh Farrais. It was acknowledged that receiving appropriate care and support was more important than where it was delivered.
- 4.5 Further interaction, assessment and planning will be undertaken with those affected by the re-provision of services from Taigh Farrais and this will be undertaken by Social Work colleagues to ensure that all respite needs are met.
- 4.6 A draft Equality Impact Assessment was completed (attached at APPENDIX 1) and an action plan will be developed once a decision on the future of Taigh Farrais has been taken by the MIJB. The document will be completed and signed off by the Head of Service once a decision has been made on the future of Taigh Farrais and the relevant outcomes have been agreed and completed as part of the action plan.

5. <u>CONSULTATION – CHANGE MANAGEMENT PROCESS</u>

- 5.1 The Service Manager held informal discussions with all staff on both the 26 September and 5 October 2017.
- 5.2 A Change Management Plan (CMP) was implemented, in accordance with Moray Council policy and procedures. This was provided to Trade Unions on the 6 October 2017 and implemented and delivered to all staff in scope on the 9 October 2017.
- 5.3 Throughout the period of consultation, one formal group session was held with staff and union representatives and all staff were given the opportunity to engage in a 1:1 meeting along with their trade union representative. Most staff took up this opportunity.

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5.4 The consultation period was extended by 7 days to allow 1:1 meetings to take place with appropriate trade union representation.

5.5 Once a decision has been made by the MIJB on the 14 December 2017 regarding the future of Taigh Farrais, the Service Manager will write to all staff and confirm the outcome of the Change Management Plan and confirm the expiry of notice period (the date the proposed changes will take place). This was identified as 31 March 2018.

6. <u>CONSULTATION – CHANGE MANAGEMENT OUTCOMES</u>

6.1 The rationale outlined in the CMP centred on the fact that there was now more effective and efficient ways of delivering respite care/support as part of Health and Social Care Moray's strategy around Physical and Sensory Disabilities. It also acknowledged that the building which houses Taigh Farrais is no longer suitable in relation to legislation and registration and that the increase required to staffing made the service unsustainable.

There was also factual information given around alternative arrangements which are available in Moray, namely age appropriate respite and self directed support.

The rationale pointed to the outcome that there was no longer a requirement or need to provide respite services from the building at Taigh Farrais in order to meet the needs of Moray.

- 6.2 The objective of the proposals outlined in the CMP was to operate an effective and efficient model of care/support to Moray residents who require respite services.
- 6.3 The proposals for change were:
 - Re-provision the respite service that is currently delivered at Taigh Farrais:
 - Decommission the service based at Taigh Farrais; and
 - Look at the proposal that there is no longer a requirement for the posts established at Taigh Farrais as a result the employees affected will be displaced from their posts.
- 6.4 The CMP looked at the current staffing structure, the proposed staffing structure (i.e. there is no requirement) and the staffing implications moving forward. The CMP offered all staff in scope (those impacted by the change) suitable alternative employment with Moray Council on what was considered to be a like for like basis.
- 6.5 Whilst the proposals outlined in the CMP considered the staff to be displaced (as a suitable alternative offer of employment had been made), through the consultation process it was acknowledged that staff, in accordance with the Employment Rights Act 1996, were at risk of redundancy and should be offered the right to enter the TRANSFORM process (Transform is a key part

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of the Council's approach to looking at suitable alternative employment for employees which can be for a number of reasons) if they wished to reject the offer of suitable alternative employment.

- As a result of the consultation process, all staff have been briefed on TRANSFORM and received correspondence further explaining the process and the implications for them personally in entering into this process.
- 6.7 All staff have been asked to identify whether they want to accept the offer of suitable alternative employment or enter into TRANSFORM. This will be implemented once the MIJB decide on the future of the service provided at Taigh Farrais.
- 6.8 Although staff recognised that it was disappointing the service could not be continued, they understood fully the reasoning for the proposed reprovisioning.
- 6.9 As a result of the formal consultation, there were no reasons to consider continuing with the delivery of the service based at Taigh Farrais.

7. SUMMARY OF IMPLICATIONS

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

Taigh Farrais offers a choice in delivering as part of the strategy for Physical and Sensory Disabilities. This can now be accommodated in other formats, predominantly through the provision of Self Directed Support and age appropriate respite provision.

(b) Policy and Legal

Respite care can be delivered through alternative measures and this should be looked at through commissioning and a wider respite provision review. Any decision to alter respite service delivery would need to be embodied within a future strategy.

(c) Financial implications

Throughout 2016/17, Taigh Farrais had a vacancy rate of 52%, provided 31% occupancy to those out of area or self-funding and only provided 17% occupancy to people referred from Moray. These figures have since reduced further and is currently 8% in relation to people from Moray accessing the service.

If the service were to close, there would be a potential gross saving of £300k, however it should be noted that there will be a projected loss of income from those coming from other local authority areas and self-funders in the region of £93k. In addition it would be necessary to continue to provide services to the remaining 6 people who would have accessed Taigh Farrais which is estimated to cost £50k. It should also be noted that anticipated savings from the re-provision of Taigh Farrais were approved as part of the 2017/18 budget.

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Costs will be incurred in relation to staff travel as the employees affected will be entitled to disturbance allowance in accordance with Council terms and conditions for a period of up to 4 years given the requirement to travel from Forres to Lhanbryde in the case of those accepting the offer of suitable alternative employment. Depending on the outcomes of TRANSFORM there may be disturbance allowance payable to those employees offered suitable alternative employment through this route.

There may be redundancy costs payable depending on the outcomes from the TRANSFORM process, where suitable alternative employment has not been secured.

(d) Risk Implications and Mitigation

The current risk to the service is that Moray Council cannot staff the service appropriately as they cannot recruit new permanent staff as there is not sufficient budget in place.

Not to reduce occupancy and increase staffing would mean that Moray Council are not compliant with legislation and will lead to its registration being withdrawn.

Not to reduce occupancy and increase staffing may render the registered manager liable in the event that there was a fire and staff were unable to evacuate the building.

(e) Staffing Implications

As detailed above, a CMP has been implemented and delivered and consultation held over the period 9 October to the 21 November 2017.

All staff have been offered a suitable alternative position with the Council. Those who choose not to accept the suitable alternative employment and have a valid reason for rejecting the offer, will have the opportunity to enter the TRANSFORM process.

(f) Property

The building is the property of Moray Council. In the event that the MIJB make the decision to re-provision the service and decommission the respite service delivered at Taigh Farrais, the building will transfer back to estates.

(g) Equalities

An Equality Impact Assessment has been developed.

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(h) Consultations

The following were consulted as part of the process and were able to make comments which have been considered when writing the report:

Chief Officer
Chief Financial Officer
Commissioning and Performance Manager, H&SCM
Katrina McGillivray, Human Resources, Moray Council

8. **CONCLUSION**

- 8.1 It is clear that the registration requirements for Taigh Farrais to remain operating as a registered Care Home are challenging and place additional significant risk on the Registered Manager. The reprovisioning of the service would accrue substantial savings on an already overstretched budget.
- 8.2 In re-provisioning the service at Taigh Farrais, all staff will be afforded the opportunity to either accept alternative employment or enter the TRANSFORM process.
- 8.3 Only six people continue to use the service at Taigh Farrais who stay in Moray.
- 8.4 A decision on the proposals outlined in the CMP which have now been the subject of formal consultation needs to be made and timescales identified, they are:
 - To re-provision the respite service that is currently delivered at Taigh Farrais;
 - Decommission the service based at Taigh Farrais; and
 - Staff are displaced and offered alternative employment or are entered into the TRANSFORM process.

Author of Report: Background Papers: Ref:	John Campbell, Service Manager	
Signature:	Date: 4 December 2017	
Designation: Chief Officer	Name: Pam Gowans	

Moray Council Equality Impact Assessment

Important

Under the Equality Act 2010 we must assure that all decisions are taken only after an active assessment of the impact of the decision on people affected by the decision. Where necessary, those who may be affected should be consulted beforehand.

If this is not done, the decision could be unlawful and the council can be prevented from acting upon the decision until the impact has been assessed. This will result in major delays in the implementation as well as financial, reputational and other potential damage and loss to the council.

Service: Taigh Farrais Respite Service

Department: Health & Social Care Moray

Title of policy/activity: **Decommission of Taigh Farrais**;

Re-provision of respite service

1. What are the aims and objectives of the policy/activity?

Key Aim

Is for Health & Social Care Moray to be able to provide a fit for purpose respite service for service-users and their carers' resident in Moray who have complex physical & sensory disability, meeting sustainability and regulatory criteria for capital infrastructure and financial sustainability criteria.

Objectives

- To decommission Taigh Farrais as a respite facility for service-users with complex physical & sensory disability as the building is not of a standard to meet with fire and safety regulations for this care group and still be able to operate as a sustainable service.
- To re-provision the respite service to enable the service-users to have greater choice and higher quality respite provision which meets their assessed needs.
- To provide for service-users 65 and over who have complex physical & sensory disability the greater choice and option of the respite provision provided by the four registered care homes in Moray that deliver specialised respite support.
- To support service-users under 65 years who have complex physical & sensory needs to access a bespoke package of respite through self-directed support services.
- To engage in negotiation and consultation with Moray Council Estates as to the re-commissioning of Taigh Farrais building to provide a service that will meet the needs of a care group identified through a consultation process with service-users and staff.

2. List the evidence that has been used in this assessment

Internal data (customer satisfaction surveys; equality monitoring data; customer complaints)	Analysis of quality monitoring/customer satisfaction surveys provided to all service-users and their families to complete who have used the respite service at Taigh Farrais
	Consultation exercise with the eight service-users based in Moray and their carers, who have accessed Taigh Farrais on a regular basis.
	Consultation with the staff employed at Taigh Farrais, social care and health management, the Moray Integrated Joint Board (MIJB), Human Resource and Trade Union Services, financial and corporate services, and Moray Council Estates.
	Comprehensive quality assurance reportage from 2015 to 2017 completed with input from service-users and staff at Taigh Farrais.
Consultation with officers or partner organisations	Consultation with External Local Authorities on the impact of the decommissioning of the service on service-users located in their authorities, and their families who have used the service.
	Scottish Fire & Rescue Service (fire safety inspection conducted on the 26/10/2016 and follow-up inspection 08/09/2017)
	Care Inspectorate (Re: service ability to operate in line with the National Care Standards for Care Homes under the terms of Taigh Farrais registration).
Consultation with community	Consultation has been limited to those who use
groups External data (statistics, census, research)	the service and other care providers. The proposal to decommission Taigh Farrais has been informed by current research into the best care and support of service-users with complex physical & sensory disabilities and with the requirements to meet fire safety regulations and the care standards required for registration.
Other	Feasibility analysis of usage, financial implications of maintaining the service, and capital resource:
	The service is over 52% under used. Of usage only 17% of service-users are based in Moray Authority.
	The current building that houses the service can

only safely accommodate two service-users who require the use of a hoist for transfers over-night and one service-user who is ambient, and requires a minimum of two staff to be on duty at all times. Thereby reducing capacity of service by 25%, and 50% for most affected care group, with an increase of 100% in overnight staffing of the service.

The building housing Taigh Farrais even with changes to how the building is maintained would remain difficult to manage to meet the Fire Regulations required of a service of this nature.

3. Detail any gaps in the information that is currently available?

Findings from in-depth consultation with regular service-users of Taigh Farrais who are based in Moray (8 service-users and their families).

Outcome of consultation with Moray Council Estates on the re: commissioning of Taigh Farrais for use by another care group and the feasibility of the proposal.

4. What measures will be taken to fill the information gaps before the policy/ activity is implemented? These should be included in the action plan

Measure	Timescale
Consultation with 8 regular service-users will take place and the finders report be completed before EIA presentation to the MIJB, if any of the findings impact on the EIA then a revised EIA will be completed if required.	November 2017.
Consultation on re-commissioning of Taigh Farrais for different care group use will be completed before the end of the financial year and action plan presented to the MIJB for discussion.	March 2018.
If it is found that the decommissioning of Taigh Farrais and reprovisioning of the respite service progresses that there are risks that had not been anticipated then the proposal will be reviewed and relevant actions taken to counteract any negative risks identified, those risks will be detailed in a Risk Log, with the actions to be taken to meet those risks, relevant timescales and officer(s) responsible for the individual actions identified.	Will be detailed in revised action plan for the EIA if need for detailed risk log required.

5. Are there potential impacts on protected groups? Tick as appropriate

	Positive	Negative	None	Unknown
Age – young			V	
Age – elderly				

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Disability	V		
Race		V	
Religion or belief		V	
Sex		V	
Pregnancy and maternity		V	
Sexual orientation		V	
Gender reassignment		V	
Marriage and civil partnership		V	

6. What are the potential impacts?

The potential positive impacts identified are:

- That the service-users who formerly used Taigh Farrais for respite will have
 the opportunity of a respite service being provided to them that is better able
 to meet their needs in the case of service-users under the age of 65 they
 will have the opportunity to identify with the assistance of their health & social
 care support team a bespoke package to meet their respite needs through the
 use of Self Directed Support.
- To assist in the development of alternative models of respite which can better meet the needs of service-users with complex physical and sensory disabilities.
- To provide an opportunity for Health & Social Care Commissioning to optimise the use of their capital resource (in this instance Taigh Farrais) i.e. enabling resource to be used at a 100% capacity.
- To work in partnership with external providers to develop skills and capacity in providing respite services to service-users who have complex physical and sensory needs.
- To replace the former respite service (Taigh Farrais) with a sustainable model of care and support which provides for quality of life opportunities e.g. supporting service-users to have greater self-volition in their lives.
- 7. Have any of the affected groups been consulted. If yes, please give details of how this was done and what the results were. If no, how have you ensured that you can make an informed decision about mitigating steps.

A consultation exercise has taken place by survey with service-users who have used the service; and by the end of November an in-depth consultation exercise will take place with the 8 Moray based service-users who have used the service regularly over the last five years.

Service-user's informal carers have been an active part of the consultation process.

External Authorities have been consulted with as they are the catchment area for out of area service-users using the service – the outcome has been that these

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authorities will review service provision in their own area and work to fill any service gaps identified.

Management and staff at Taigh Farrais have been consulted with and kept informed of progress made throughout the assessment process and the implications as a consequence of closing Taigh Farrais on staff will be dealt with in accordance with the Moray Council's Change Management Policy and Procedure.

The risk and sustainability of the service delivered from Taigh Farrais has been monitored and reviewed through the Operational Management Group, The MIJB Clinical Governance, and Strategic & Commissioning Groups.

8. What mitigating steps will be taken to remove those impacts? These should be included in the action plan.

Mitigating step	Timescale
Identification of alternative respite services for service-users who formerly used Taigh Farrais.	This will be built into the care planning process and included in an individual support plan.
Consultation process for Re-commissioning of Taigh Farrais (capital resource) for use by another care group	This will begin as soon as a decision is made to reprovision the service delivered at Taigh Farrais.

9. What steps can be taken to promote good relations between various groups? These should be included in the action plan.

That when promoting respite services to service-users and their informal carers that there is available the same range of choice and accessibility to quality respite services for all service-users regardless of their main disability.

10. How does the policy/activity create opportunities for advancing equality of opportunity?

Service-users with complex physical & sensory disability will have the same opportunities to develop bespoke packages of respite care as other service-users.

11. Are any of the rights under the Human Rights Act 1998 potentially engaged? (Use the following checklist)

No			

Type of right	List of convention rights	Describe, where applicable, if and how specific rights are protected or interfered with	Relevance to the Moray Council
Absolute rights	Article 2: Right to life Article 3: Prohibition of torture and degrading or inhuman treatment Article 4: Protection from slavery and forced labour Article 7: No punishment		These should apply only if there is a duty on the Moray Council to prevent a breach of these rights. If they apply in any other way the proposed actions will be unlawful. Unlikely to apply to the
Limited rights	Article 5: Right to liberty and security Article 6: Right to a fair trial		Moray Council Can be interfered with only in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003 • Processing benefits, awards, permits, licenses • Appeals • Decision-making processes such as planning, child care, confiscation of property
Qualified rights	Article 8: Right to respect for private and family life, correspondence and the home		 Accessing, handling or disclosing personal information Entry to property Housing Surveillance or investigation Children and families Environmental issues such as waste management, pollution or noise Health and social care
	Article 9: Freedom of thought, conscience and religion		Public functionsRecruitment and employmentTeaching, training or

Type of right	List of convention rights	Describe, where applicable, if and how specific rights are protected or interfered with	Relevance to the Moray Council
	Article 10: Freedom of expression		education Religious duties, services and ceremonies Dress codes Demonstrations, marches, processions Industrial action Whistleblowing Press
	Article 11: Freedom of assembly and association		 Press Public protests, demonstrations and marches Industrial relations Policy making
	Article 12: Right to marry		Registering marriages or civil partnerships
	Article 14: Prohibition of discrimination (in relation to the convention rights)		Whenever any of the other rights are engaged. Protection on more grounds than just the protected characteristics under the Equality Act 2010
	Article 1 of Protocol 1: Protection of property		 Any work that can deprive people of their possessions or property Planning, licensing or allowing people to exercise a trade or profession Decisions about social security benefits Compulsory purchase
	Article 2 of Protocol 1: Right to education		 Teaching or school administration Education policy Non-school –based education

Type of right	List of convention rights	Describe, where applicable, if and how specific rights are protected or interfered with	Relevance to the Moray Council
	Article 3 of Protocol 1: Right to free elections by secret ballot		Arranging elections

12. What monitoring arrangements will be put in place? These should be included in the action plan.

Arrangements will be developed for monitoring actions once a decision has been made to close the service delivered at Taigh Farrais. These will be clearly itemised in the action plan. These will be managed by the Service Manager for Provider Services and held accountable through the Operational Management Team at Health and Social Care Moray.

13. What is the outcome of the assessment in relation to the Equality Act 2010? Tick as appropriate.

1	No impacts have been identified	
2	Impacts have been identified, these can be mitigated as outlined in question 8	
3	Positive impacts have been identified in relation to the need to:	
	a) Eliminate discrimination, harassment, victimisation and other behaviour	
	prohibited by the Equality Act 2010	
	b) Promote equality of opportunity	√
	c) Foster good relations between groups who share a protected characteristic	
	and those who don't.	
4	The activity will have negative impacts which cannot be mitigated fully	

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14. What is the outcome of the assessment in relation to the Human Rights Act 1998?

Outcome	Tick
The proposals have no relevance to the Human Rights Act 1998	V
Actions outlined in the proposals are required to prevent breach of	
absolute rights.	
Article 5 rights are engaged in accordance with the Mental Health	
(Care and Treatment) (Scotland) Act 2003.	
The proposals require a reasoned decision to enable those affected to	
raise a legal challenge (article 6).	
The proposals engage one or more of the qualified rights and need a	
justification.	
The proposals are necessary to protect one or more of the qualified	
rights	

15. Set out the justification that the activity can and should go ahead despite the negative impact or human rights interference. It is recommended that you take legal advice in this.

N/A		

Sign off and authorisation

Department	Moray Health & Social Care
Title of Policy/activity	Taigh Farrais: re-provision of service
We have completed the equality impact assessment for this policy/activity.	Name: Jacq Goldthorp Position: Commissioning & Quality Officer Date: 14 September 2017
Authorisation by Director or Head of Service	Name: Position: Date:

The impact assessment should now be authorised by either the Director or Head of Service.

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Please return this form, along with the completed screening process and full assessment forms, to the Equal Opportunities Officer, Chief Executive's Office.

Completed by John Campbell: Service Manager



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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 14 DECEMBER 2017

SUBJECT: DOOCOT VIEW LEARNING DISABILITY RESPITE FACILITY

BY: JANE MACKIE, HEAD OF ADULT SERVICES

1. REASON FOR REPORT

1.1 To inform the Board of the outcome of a further commissioning review for Doocot View Learning Disability Accommodated Respite Service.

2. **RECOMMENDATION**

2.1 It is recommended that the Moray Integration Joint Board consider and support the option of de-commissioning the Doocot View Accommodated Respite Service from 1 April 2018.

3. BACKGROUND

- 3.1 A previous report submitted to Moray Council Health & Social Care Services Committee on 5 November 2014 (paragraph 14 of the minute refers) presented the outcome of a commissioning review of Respite Services. The report put forward the proposal to de-commission the Doocot View respite service, however at that time this was not supported by the Committee.
- 3.2 The respite service at Doocot View is a contracted service provided by Cornerstone with the building being owned by Moray Council.
- 3.3 The report demonstrated how the usage at that time for Learning Disability accommodated respite was consistently running at below 50% of capacity and therefore more than 50% of what was being purchased via a block contract was being paid for but not used.
- 3.4 In the financial year 2013/14 there were a total of 3,835 bed nights used for all accommodated respite, however approximately 5,800 nights in total capacity was purchased. The majority of this under utilisation related to the Learning Disability element as opposed to the Older People's accommodated respite.
- 3.5 In the last financial year there were a total possible 1,825 bed nights at Doocot View, 962 nights were used in total and of this only 518 nights were used for respite. The rest of the nights used were for interim placements for individuals awaiting more appropriate permanent accommodation and





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support. This respite usage equates to an occupancy average of 28% capacity.

- 3.6 In the last financial year the facility was accessed by a total of 19 families for respite support. These families could be supported to access alternative respite solutions, either at the Birchview facility, which is also currently running at significantly below capacity, but which has full accessibility to those with mobility issues and therefore greater potential for future use. Or individuals can, via self-directed support, make other choices to meet their assessed outcomes.
- 3.7 In 2016/17 the contract value for Doocot View (which included the required uplift for the Scottish Living Wage) was £313,000 per annum. This translates to a unit cost of £325 per night and £2,277 per week when taking account of all usage. If there was not any usage for the interim long term placements then the unit cost for respite alone would be £604 per night and £4,229 per week.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 There has been a consistent over funding of accommodated respite within Learning Disability services for several years and there are not sufficient eligible individuals with a Learning Disability in Moray to utilise the amount available.
- 4.2 The majority, if not all of those respite nights used at Doocot View could be delivered in Birchview within the terms of the existing Moray Council contract for that service, releasing the £313,000 towards potential savings.

5. **SUMMARY OF IMPLICATIONS**

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

This proposal will not impact on the Board's Strategic Plan as services can still be delivered to meet strategic objectives. The level of demand for respite services will also continue to be met.

(b) Policy and Legal

Contract implications for Birchview have been set out above.

Should the Board decide to decommission this service as from 1 April 2018 then this would need to be reflected within a direction to be issued to Moray Council.

(c) Financial implications

The cost of providing services from Doocot View is currently £313K. If this facility is de-commissioned then this would be the maximum potential saving available, although the service would need to consider

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any residual costs relating to Birchview and also the potential for service users to purchase from external sources.

(d) Risk Implications and Mitigation

The small number of families that are using this service will need to be supported to access alternative options. There may be some negative views and opinions in relation to this. However, in line with the Social Care (Self-directed support) (Scotland) Act 2013 and the Carers (Scotland) Act 2016, the national direction of travel is to move away from building based support services, but should that still be the desired option there remains accessible building based respite available in Moray.

(e) Staffing Implications

Any staffing implications arising from the MIJB's decision will be for the Moray Council to deal with in terms of their applicable policies and procedures.

(f) Property

Doocot View is a Moray Council owned premises. It would be available for re-utilisation as required. This will be for the Moray Council to deal with in terms of its applicable policies and procedures.

(g) Equalities

An Equalities Impact Assessment has been completed and attached as **Appendix I** to this report.

(h) Consultations

Consultations have taken place with the following who are in agreement with the report where it relates to their area of responsibility:

Commissioning & Performance Manager

Chief Finance Officer

Head of Adult Services

Chief Officer (Health & Social Care Integration)

6. **CONCLUSION**

- 6.1 The budget for Doocot View in 2016/17 was £313,000.
- 6.2 The Service was used for respite at 28% of its capacity in the same financial year.
- 6.3 There are alternative options available to meet the assessed outcomes of the 19 families using this service.

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6.4 Savings of up to £313,000 could be made by de-commissioning the service.

Author of Report: Pauline Knox, Senior Co Background Papers: Ref:		oning Officer
Signature:		Date: 1 December 2017
Designation: Chief C	Officer	Name: Pam Gowans

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Moray Council Equality Impact Assessment

Important

Under the Equality Act 2010 we must assure that all decisions are taken only after an active assessment of the impact of the decision on people affected by the decision. Where necessary, those who may be affected should be consulted beforehand.

If this is not done, the decision could be unlawful and the council can be prevented from acting upon the decision until the impact has been assessed. This will result in major delays in the implementation as well as financial, reputational and other potential damage and loss to the council.

London Councils had decided to cut £10 million from their grants budget of £26 million. No act of consideration or assessment was given of the impact of the decision on the users of services supported by the grants. Court action was taken by the users against the councils. The Court decided in January 2011 that the decision was unlawful and instructed the councils to assess the impact of the decision. The Court also decided that no grant was to be terminated until 3 months after the conclusion of the assessment exercise.

Service: Health and Social Care Moray

Department: Commissioning and Performance Team

Title of policy/activity: De-commissioning of Doocot View Respite Facility

1. What are the aims and objectives of the policy/activity?

The Commissioning Team were asked to offer up to the Integrated Joint Board possible savings from the contract/grant budget. Doocot View Respite Service was offered for consideration after a comprehensive review of the current contracts held by Moray Health & Social Care. The service is significantly under-utilised and has been so for several years..

2. List the evidence that has been used in this assessment

Internal data (customer	Monitoring information
satisfaction surveys; equality	Review of service delivery information available
monitoring data; customer	from Commissioning Team
complaints)	Review of service cost
Consultation with officers or	Provider reviewed previously
partner organisations	Alternative uses considered
Consultation with community	A full accommodated respite consultation took
groups	place in 2013/14 prior to the initial
	recommendation to de-commission

External data (statistics, census, research)	
Other	Benchmarking similar services in other areas

3. Detail any gaps in the information that is currently available?

The full review was completed a number of years ago but there has been no change in service since then.

4. What measures will be taken to fill the information gaps before the policy/ activity is implemented? These should be included in the action plan

Measure	Timescale
Discussion with service users	January 2018
Discussion with provider	January 2018

5. Are there potential impacts on protected groups? Tick as appropriate

	Positive	Negative	None	Unknown
Age – young			Х	
Age – elderly			Х	
Disability		Х		
Race			Х	
Religion or belief			Х	
Sex			Х	
Pregnancy and maternity			Х	
Sexual orientation			Х	
Gender reassignment			Х	
Marriage and civil partnership			Х	

6. What are the potential impacts?

People who access the service will no longer have access as the service will be decommissioned. There are alternative options available that are more universally accessible to include those who also have mobility difficulties. Under current financial conditions it is imperative that we ensure that there is no over-purchasing of care and support for which there is not sufficient demand.

7. Have any of the affected groups been consulted. If yes, please give details of how this was done and what the results were. If no, how have you ensured that you can make an informed decision about mitigating steps.

No. This will be done after the IJB have made a decision on the next steps.

8. What mitigating steps will be taken to remove those impacts? These should be included in the action plan.

Mitigating step	Timescale
Social Workers will work with the affected families to	December 2017/January
support them in identifying alternative provision, either	2018
within another building based respite service or via	
self-directed support to utilise other community based	
solutions.	

9. What steps can be taken to promote good relations between various groups? These should be included in the action plan.

Engagement with service and customers to inform them of the decision to de	e-
commission the service.	

10. How does the policy/activity create opportunities for advancing equa	lity of
opportunity?	

11. Are any of the rights under the Human Rights Act 1998 potentially engaged? Use the following checklist.

Type of right	List of convention rights	Describe, where applicable, if and how specific rights are protected or interfered with	Relevance to the Moray Council
Absolute	Article 2: Right to life		These should apply
rights	Article 3: Prohibition of torture and degrading or inhuman treatment Article 4: Protection from slavery and forced labour		only if there is a duty on the Moray Council to prevent a breach of these rights. If they apply in any other way the proposed actions
	Article 7: No punishment without law		will be unlawful. Unlikely to apply to the Moray Council
Limited rights	Article 5: Right to liberty and security		Can be interfered with only in relation to the Mental Health (Care and Treatment)

Type of right	List of convention rights	Describe, where applicable, if and how specific rights are protected or interfered with	Relevance to the Moray Council
			(Scotland) Act 2003
	Article 6: Right to a fair trial		 Processing benefits, awards, permits, licenses Appeals Decision-making processes such as planning, child care, confiscation of property
Qualified rights	Article 8: Right to respect for private and family life, correspondence and the home		 Accessing, handling or disclosing personal information Entry to property Housing Surveillance or investigation Children and families Environmental issues such as waste management, pollution or noise Health and social care
	Article 9: Freedom of thought, conscience and religion		 Public functions Recruitment and employment Teaching, training or education Religious duties, services and ceremonies Dress codes
	Article 10: Freedom of expression		 Demonstrations, marches, processions Industrial action Whistleblowing Press
	Article 11: Freedom of assembly and association		Public protests, demonstrations and marches

Type of right	List of convention rights	Describe, where applicable, if and how specific rights are protected or interfered with	Relevance to the Moray Council
			Industrial relationsPolicy making
	Article 12: Right to marry		Registering marriages or civil partnerships
	Article 14: Prohibition of discrimination (in relation to the convention rights)		Whenever any of the other rights are engaged. Protection on more grounds than just the protected characteristics under the Equality Act 2010
	Article 1 of Protocol 1: Protection of property		 Any work that can deprive people of their possessions or property Planning, licensing or allowing people to exercise a trade or profession Decisions about social security benefits Compulsory purchase
	Article 2 of Protocol 1: Right to education		 Teaching or school administration Education policy Non-school –based education
	Article 3 of Protocol 1: Right to free elections by secret ballot		Arranging elections

12. What monitoring arrangements will be put in place?	rnese snould be included in
the action plan.	

13. What is the outcome of the assessment in relation to the Equality Act 2010? Tick as appropriate.

1	No impacts have been identified	
2	Impacts have been identified, these can be mitigated as outlined in question 8	

3	Positive impacts have been identified in relation to the need to:	
	a) Eliminate discrimination, harassment, victimisation and other behaviour	
	prohibited by the Equality Act 2010	
	b) Promote equality of opportunity	
	c) Foster good relations between groups who share a protected characteristic	
	and those who don't.	
4	The activity will have negative impacts which cannot be mitigated fully	Х

14. What is the outcome of the assessment in relation to the Human Rights Act 1998?

Outcome	Tick
The proposals have no relevance to the Human Rights Act 1998	х
Actions outlined in the proposals are required to prevent breach of	
absolute rights.	
Article 5 rights are engaged in accordance with the Mental Health	
(Care and Treatment) (Scotland) Act 2003.	
The proposals require a reasoned decision to enable those affected to	
raise a legal challenge (article 6).	
The proposals engage one or more of the qualified rights and need a	
justification.	
The proposals are necessary to protect one or more of the qualified	
rights	

15. Set out the justification that the activity can and should go ahead despite the negative impact or human rights interference. It is recommended that you take legal advice in this.

The usage of this facility has remained at less than 50% capacity for several years, currently being used for respite for only 28% of the capacity that is being funded. In the current economic climate such significant over-purchasing should not be supported.

Sign off and authorisation

Department	Health and Social Care Moray
Title of Policy/activity	De-commissioning of Doocot View Respite Service
We have completed the equality impact assessment for this policy/activity.	Name: Pauline Knox Position: Senior Commissioning Officer Date: 10/02/17

APPENDIX I ITEM: 9

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Authorisation by Director or Head of	Name: Jane Mackie
Service	Position: Head of Adult Services
	Date:

The impact assessment should now be authorised by either the Director or Head of Service.

Please return this form, along with the completed screening process and full assessment forms, to the Equal Opportunities Officer, Chief Executive's Office.

APPENDIX 1

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Action p	lan
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Action	Start	Complete	Lead Officer	Expected Outcome	Resource Implications
Assessment of need	Already in place	Already in place	Social Work Service	Individual outcomes established	None
Engagement with service and customers	Jan 18	Feb 10	Tracie Wills	Inform them of the decision to remove the grant funding	Public Involvement Officer time
Inform Moray Handyperson Service of funding sources	Jan 18	Feb 18	Tracie Wills	Ability to seek additional funding streams	Senior Commissioning Officer time

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MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD AUDIT AND RISK SUB-COMMITTEE

THURSDAY 25 MAY 2017

THE LOUNGE, TOWN HALL, ELGIN

PRESENT

VOTING MEMBERS

Dame Anne Begg (Chair) Non-Executive Board Member, NHS Grampian Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Mr Steven Lindsay NHS Grampian Staff Partnership Representative

Mr Fabio Villani tsiMoray

IN ATTENDANCE

Ms Pam Gowans Chief Officer, Moray Integration Joint Board Mr Atholl Scott Chief Internal Auditor, Moray Integration Joint

Board

Mrs Caroline Howie Committee Services Officer, Moray Council as

Clerk to the Board

Councillor Frank Brown
Councillor Claire Feaver
Councillor Shona Morrison
Moray Council
Moray Council

1.	CHAIR
	Due to the Local Government Elections the position of Chair, appointed to from Moray Council, was vacant. Dame Anne undertook the role of Chair.
2.	DECLARATION OF MEMBERS' INTERESTS
	There were no declarations of Members' interests in respect of any item on the agenda.
3.	MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD AUDIT AND RISK SUB-COMMITTEE DATED 23 FEBRUARY 2017.
	The minute of the meeting of the Moray Integration Joint Board Audit and Risk Sub-Committee dated 23 February 2017 was submitted and approved.

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4. ACTION LOG DATED 23 FEBRUARY 2017

The Action Log of the Moray Integration Joint Board Audit and Risk Sub-Committee dated 23 February 2017 was discussed and it was noted that all actions had been completed.

5. INTERNAL AUDIT ANNUAL PLAN

A report by the Chief Internal Auditor provided information on the proposed internal audit coverage and sought approval of the 2017/18 Internal Audit plan.

In response to a query from Dame Anne, Mr Scott advised that NHS and the Council would continue with separate audits and that it would only be combined should the Government declare that was to be the case.

The Chief Officer advised that the plan as produced at this point only contained the council service elements of audit due to a delay in the NHS appointment of internal auditors. It was her understanding that this was now in hand and that a negotiation on the content of NHS audits would be agreed in the coming weeks. This would be completed in collaboration with the other partnerships in Grampian. The Chief Officer also emphasised the focus of the audit plans being around high risk areas of business.

Mr Villani sought clarification on arrangements for engaging with providers of contracted services.

In response Mr Scott advised this was already covered in the scope of the Plan.

Following discussion the Sub-Committee agreed to:

- i) note the report; and
- ii) the proposed audit coverage for the 2017/18 year.

6. STRATEGIC RISK REGISTER AS AT MAY 2017

A report by the Chief Officer presented the revised version of the Strategic Risk Register, updated as at May 2017.

It was noted that the revised format was much easier to read than the previous format and the Sub-Committee agreed to commend the author for the clarity provided.

During discussion of the Register it was agreed it would be appropriate to present it to every meeting of the Sub-Committee as it was a live document that would require to be changed to reflect risk.

It was further agreed that a report should be provided to the Board in order to give them insight into the current risks.

Thereafter the Sub-Committee agreed to:

i) note the revised Strategic Risk Register;

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- ii) note that the Strategic Risk Register will be reviewed annually as agreed at the Sub-Committee on 23 February 2017 (para 9 of the minute refers);
- iii) a report on the Strategic Risk Register being presented to a future meeting of the Board; and
- iv) commend the author for the clarity of the revised format.

7. INTERNAL AUDIT FAMILY HEALTH SERVICES CONTRACT MANAGEMENT 2016/2017

A report by the Chief Officer presented a summary of the Family Health Services Contract Management Internal Audit 2016/2017.

The Chief Officer advised the Moray Integration Joint Board (IJB) hosts the Family Health Services Contract on behalf of Aberdeen City IJB and Aberdeenshire IJB

Following discussion and comment the Sub-Committee agreed to note:

- the issues raised within the Family Health Services Contract Management Internal Audit 2016/2017, as summarised at Appendix 1 of the report; and
- ii) a progress report will be presented to the next meeting on 28 September 2017.

8. COMMITTEE DATES

In response to a query from Mr Lindsay the Chief Officer advised a change to the frequency of meetings had been agreed at the Board meeting held on 23 February 2017 (paragraph 12 of the Minute refers).

Thereafter it was agreed the clerk would circulate a list of meeting dates to the Committee.

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MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

FRIDAY 4 AUGUST 2017

ROOM 1, SPYNIE DENTAL CENTRE, ELGIN

PRESENT

VOTING MEMBERS

Professor Amanda Croft (Chair) Councillor Shona Morrison (Vice

Executive Board Member, NHS Grampian

Moray Council

Chair)

NON-VOTING MEMBERS

Carer Representative Mr Ivan Augustus

Dr Ann Hodges Registered Medical Practitioner, Non Primary Medical

Services

Mrs Liz Tait Professional Lead for Clinical Governance and Interim

Head of Quality Governance and Risk Unit

IN ATTENDANCE

Mr Sean Coady Head of Primary Care, Specialist Health Improvement and

NHS Community Children's Services, Health and Social

Care Moray

Anne McKenzie (Item 6

only)

Service Manager, Moray Council

George McLean (Item 7

only)

Service Manager, Moray Council

Mrs Tracey Sutherland Committee Services Officer, Moray Council

Mrs Caroline Howie Committee Services Officer, Moray Council as Clerk to the

Committee

APOLOGIES

Ms Debbie Barron Clinical Quality Facilitator UNISON, Moray Council Mr Tony Donaghey

Ms Pam Gowans Chief Officer, Moray Integration Joint Board Mrs Linda Harper Lead Nurse, Moray Integration Joint Board

Head of Adult Health and Social Care, Health and Social Ms Jane Mackie

Care Morav

Chief Social Work Officer, Moray Council Mrs Susan Maclaren

Dr Graham Taylor Registered Medical Practitioner, Primary Medical Services

Mrs Val Thatcher PPF Representative

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 5 MAY 2017

The minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 5 May 2017 was submitted and approved.

3. ACTION LOG DATED 5 MAY 2017

The Action Log of the Moray Integration Joint Board Clinical and Care Governance Committee dated 5 May 2017 was discussed and the following points were noted:

Under reference to item 3 of the log "Action Log Dated 10 February 2017" it was noted that the requested report on National Care Standards was not on the agenda due to work pressures. It was agreed to request the report for the next Committee.

Under reference to item 8 of the log "Moray Mental Health Services" there was discussion on whether this had been covered sufficiently during the development session in July. It was agreed that if this had not been covered sufficiently it would form part of the agenda for the next development session.

Under reference to item 10 of the log "Adverse Events and Complaints Overview January to March 2017" it was queried when the report on local staffing issues would be presented as it was listed as due in September but the next meeting is scheduled to be held in November.

Thereafter Committee agreed to:

- seek a report on the National Care Standards to the next meeting on 3 November;
- ii) seek confirmation on whether the mental health service needed to feature in the next development session; and
- iii) request information on when the report on local staffing issues would be presented.

4. CLINICAL AND CARE GOVERNANCE OPERATIONAL ARRANGEMENTS

A report by the Head of Adult Services and Social Care and the Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services informed Committee on actions that have taken place regarding local and operational clinical governance arrangements for the purposes of assurance.

Discussion took place on how outcomes from the Adverse Events Review Group would be notified and following further discussion it was agreed that this would be added into the rota of self-assessments for Committee.

Reporting and assurance arrangements were discussed. Committee were of the opinion the Practice Governance Group was isolated in the diagram shown in the report. The Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services undertook to review this and report back to the next Committee.

Thereafter the Committee agreed to:

- note the basic structure of local clinical governance arrangements will be retained;
- note an Adverse Events Review Group will be established, as a subgroup of the Senior Management Team meetings and convened by Heads of Service as required;
- iii) note the reporting arrangements will be improved to reflect more evidenced based actions, using the NHS Grampian Clinical Governance Sector Reporting Framework template;
- iv) note the role of the Clinical Governance Support Unit will continue to be essential as a central function in supporting clinical quality improvement and governance;
- v) note clinical quality indicators will be developed as part of the overall performance framework to enhance assurance;
- vi) the Adverse Events Review Group being included in the rota of selfassessment reports for Committee; and
- vii) a review of the diagram for reporting and assurance arrangements being presented to the next meeting.

Anne McKenzie entered the meeting during discussion of this item.

5. ORDER OF BUSINESS

Due to the arrival of Ms McKenzie the Committee agreed to postpone discussion of item 6 of the agenda "Adverse Events and Complaints Reporting" until the end of the meeting.

6. ALLIED HEALTH PROFESSIONALS

A report by Anne McKenzie, Service Manager, provided information on the development of an integrated clinical and care governance framework across Allied Health Professionals.

Following consideration Committee thanked Ms McKenzie and agreed to note the report.

George McLean entered the meeting during discussion of this item.

7. PRIMARY CARE

A report by George McLean, Service Manager, provided information on the development of an integrated clinical and care governance framework in Primary Care.

Discussion took place around General Practice. It was advised an event would be held on 10 August where representatives from GP practices will have the opportunity to meet for discussion.

The Chair thanked Mr McLean for his informative report and with the agreement of the Committee asked that he return in six months with a further report.

Thereafter the Committee agreed to:

- i) note the report; and
- ii) request a further report to the meeting in six months.

8. ADVERSE EVENTS AND COMPLAINTS REPORTING

Under reference to paragraph 10 of the Minute of the meeting of 5 May 2017 a report by the Head of Adult Services and Social Care and the Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services provided information on Social Care complaint themes during the period of Quarter 4, January – March 2017; and the complaints report for the period Quarter 1, April – June 2017.

The Head of Adult Services and Social Care and the Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services advised the report was focussed around mental health.

During discussion Committee agreed the report was helpful but that further information was required in some areas. Committee therefore agreed to seek a report to the next meeting to provide information on the Moray Council complaints process and how investigations into incidents are carried out.

Following consideration the Committee agreed to:

- note the Quarter 4 January March 2017 Social Care complaints summary;
- ii) note the Quarter 1 (April-June 2017) integrated report on complaints; and
- iii) note the intention to regularly review complaints and adverse events at Head of Service Senior Management Team meetings; and
- iv) seek a further report on complaints to the next meeting.



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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 14 DECEMBER 2017

SUBJECT: QUARTER 2 (JULY – SEPTEMBER 2017) PERFORMANCE

REPORTING

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To present the Moray Integration Joint Board (MIJB) with a performance update at Quarter 2, 2017/18, including:-
 - National core suite indicators and comparison to 32 national IJB's performance (APPENDIX 1);
 - Local indicators linked to strategic priorities for Quarter 2 (Jul-Sept 17)
 (APPENDIX 2); and
 - Exception report on delayed discharges and length of stays within Moray Community Hospitals (APPENDIX 3).
- 1.2 To update the MIJB on the request from the Ministerial Steering Group for IJB's to develop objectives to measure progress against 6 key indicators in 2018.

2. **RECOMMENDATION**

- 2.1 It is recommended that the Integration Joint Board consider and:-
 - i) comment on performance and draft report template of national core suite indicators and comparisons to 32 national IJB's performance (APPENDIX 1);
 - ii) comment on performance and draft report template of local indicators linked to strategic priorities for Q2 (July – September 2017) (APPENDIX 2);
 - iii) comment on performance and draft report template on exception reporting delayed discharges and length of stay within Moray Community Hospitals (APPENDIX 3); and
 - iv) note the ongoing work to develop objectives to measure progress for the Ministerial Steering Group against 6 key indicators in 2018.





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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 annual. This has just recently been updated to September 2017. Also included within this appendix is the current Moray performance in comparison across the 32 IJBs 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 exceptions for further focus on currently reported items to the MIJB delayed discharges, emergency admissions and length of stay.

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

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 quarter has improved or stayed the same from previous, then GREEN					
AMBER	If Moray quarter has worsened by 5% or less on previous quarter, then AMBER					
RED	If Moray quarter has worsened by more than 5% of previous Moray quarter then RED					

National core suite of indicators (APPENDIX 1)

- 4.2 The RAG status for National Indicators 1-10 are based on the variance in position when reported, rather than quarterly. These are outcome indicators based on survey feedback and are updated bi-annually.
- 4.3 Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly.
- 4.4 Data for 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

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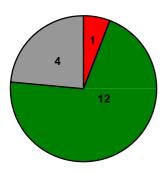
the development of targets and indicators at a national and local level. These recommendations will be considered as we review the indicators.

4.5 For the current reporting period, Moray performed better than the Scotland average for 13 of the 19 national indicators and of those, 12 indicators are in the top 50% performance of all IJB's, where Moray is ranked in position 1-16. (Each indicator takes into account where a higher or lower number indicator indicates better performance and ranks Moray against all IJB's).

Work will continue to further scope comparison data with 'peer' IJB areas. Local indicators (APPENDIX 2)

- 4.7 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 and this will be presented to a future MIJB meeting in 2018 for consideration and approval.
- 4.8 As part of the Performance Management Group, work is being undertaken to identify key individuals to take 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.
- 4.9 Moray currently has 17 local indicators with 1 indicator in Red Status. There are 12 indicators which are Green and 4 indicators have no available data at this time. Refer to **Appendix 2** for more information.

Summary of indicators



■RED □AMBER ■GREEN □NO DATA

Exception Report (APPENDIX 3)

- 4.10 This report highlights areas of health and social care delivery that are highlighted as an exception and are identified for improvement.
- 4.11 Future reports will include those indicators which are currently a RED status (not meeting local targets and outwith tolerances) which can be seen on the appendices.

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Ministerial Steering Group

4.12 A report was presented to the MIJB at its meeting on 23 February 2017, (Para 17 of the Minute refers), highlighting the request from the Ministerial Steering Group for IJB's to measure objectives demonstrating progress against 6 key indicators (unplanned admissions, occupied bed days for unscheduled care, A&E performance, delayed discharges, end of life care and the balance of spend across institutional and community services).

4.13 A workbook containing national data for the 6 core MSG indicators has been produced by the Health and Social Care Team at NHS Scotland Information Services Division (ISD) and a national data working group has been established (with Moray representation) to consider the format for reporting and agree the measures which will demonstrate progress against the 6 indicators. The aim is to complete this work in early 2018 and this will be further reported to the MIJB in 2018 as part of this performance report.

5 **SUMMARY OF IMPLICATIONS**

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

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.

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(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities

An Equality Impact Assessment is not required 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
- Commissioning & Performance Manager

6 CONCLUSION

6.1 This report asks the MIJB to:-

- (i) comment on performance and draft report template of national core suite indicators, local indicators and performance summarised in the exception reporting regarding delayed discharges, emergency admissions and length of stay; and
- (ii) note the ongoing work to develop objectives to measure progress for the Ministerial Steering Group against 6 key indicators in 2018.

Author of Report: Catherine Quinn, Executive Assistant

Background Papers: With author

Ref: ijb\board meetings\Dec17

Signature: _ Date: 30 November 2017

Designation: Chief Officer Name: Pam Gowans

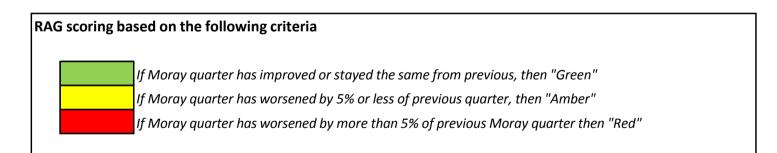
Appendix 1. Moray Core Suite of National Integration Indicators - Annual PerformanceISD Updated September 2017

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

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

Indicator	Title	Previou	s score	Current score		Scotland	RAG	
	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)	8,672	2015/16	8,681	2016/17	12,265	Α	
NI - 13	Emergency bed day rate (per 100,000 population)	94,269	2015/16	91,011	2016/17	124,663	G	
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	76	2015/16	74	2016/17	99	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	15	2016/17	22	G	
	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	75%	2014/15	67%	2015/16	62%	R	
	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	
	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA		NA		NA		
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA		NA		NA		
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA		NA		NA		

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

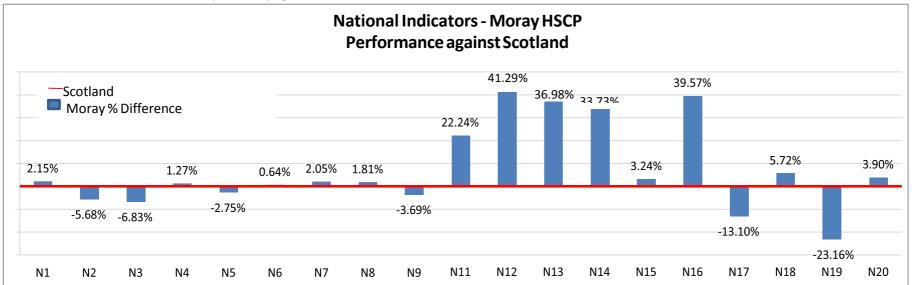


Moray Core Suite of National Integration Indicators - Headline Performance

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Jul -Sep 17 Quarter 2 Reporting (updated Nov 2017)

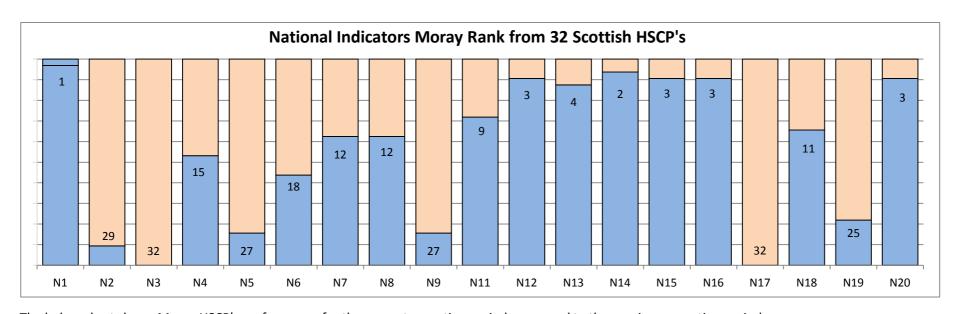
The three charts below show Moray's performance for the National HSCP Integration Indicators against the rest of Scotland and comparing Moray performance to the previous reporting period. Note that data for the national indicators is updated nationally and the latest reporting period differs per indicator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



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.

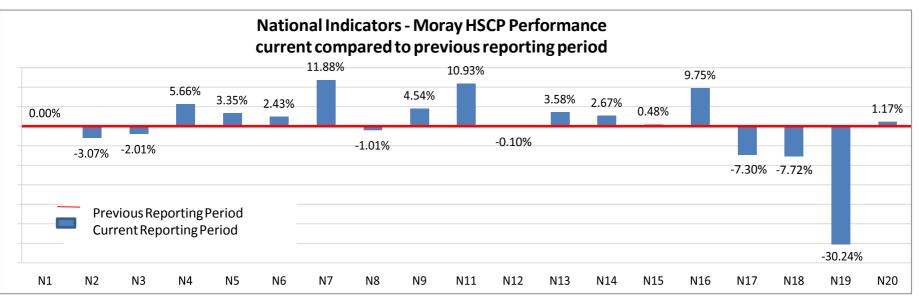
For the current reporting period Moray HSCP performed better than Scotland for 13 of the 19 national indicators, with 6 performing worse than Scotland. Note that of the 23 national indicators only 19 have data available for reporting.

Moray HSCP's performance for each indicator ranked against all 32 HSCP's in Scotland is shown below. Ranking is specific to indicator, ie. where a low value is good, this is reflected in the indicator ranking. Moray was in the top 50% for 12 of the 19 reported indicators for this reporting period.



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 than the previous period all indicators were within 10% of the previous periods performance, except N19 "Number of days people aged 75+ spend in hospital when they are ready to be discharged" which saw a 30.24% decrease in performance. It should be noted in relation to N19 that definitional changes were made to the recording of delayed discharge information from 1 July 2016 onward and no adjustment has been made to account for the definitional changes during the year 2016/17 hence large changes in performance.



APPENDIX 2

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

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

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

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

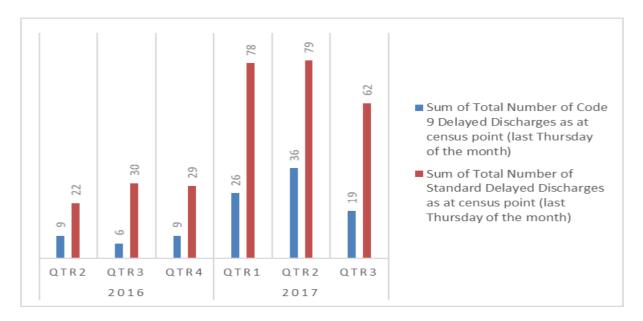
ID.	Indicator Description	Performance Current Quarter	Target	Previous Quarter	Against Previous Quarter	Trend line	Trend Period	Current Quarter
L12	Number of Alcohol Brief Interventions being delivered	59	257 66		5 Quarters	Jul-Sep 17		
L13	Number of complaints received and % responded to within 20 working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

EXCEPTION REPORT

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Delayed Discharge

1.1 The number of people waiting to be discharged from hospital when they are ready (**Delayed Discharges**) peaked within Q2 2017/18. This is due to recording compliance which has been drastically reduced and addressed through operating improvement.



- 1.2 Whilst addressing the increase in standard delays, it is worth noting that the increased complexity of conditions and guardianship cases, have resulted in individuals staying as a delayed discharges for longer. Moray is seeing an increase in standard delays rolling over to consecutive reporting periods and this is directly affecting the true number of monthly discharges.
- 1.3 The increase in 2017/18 of code 9 individuals has resulted in discussion and planning between the senior management team and has resulted in process planning for discharges.
- 1.4 It is worth noting that code 9 individuals have reduced throughout the year of 2017/18 and this is due to operational improvement.

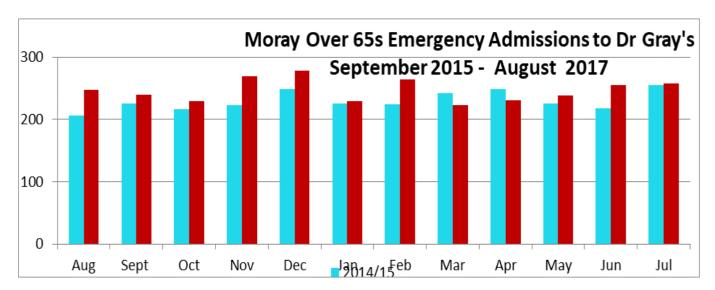
Date	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Total Num	4	4	1	1	l 1	. 4	3	4	2	((11	. 12	15	Ĵ	11	5	3
Total Num	1	11	. 4	1 6	5 12	12	15	9	5	27	24	27	31	30	18	17	23	22

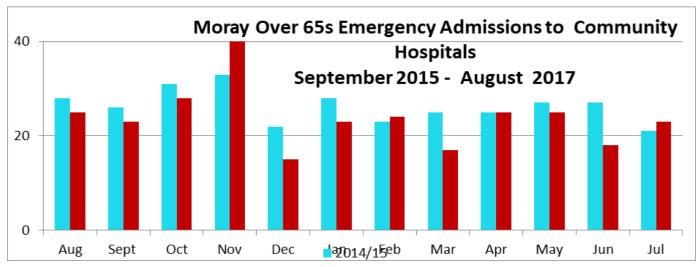
- 1.5 Comparing the rate of Code 9's, if Apr 16 and Sep 17 are compared, there were 4 individuals, which have reduced to 3. Overall the code 9's recorded are comparative with previous years records.
- 1.6 There has been an increase in the number of standard delays and this suggests investigative measures into why the most recently recorded number at Sep 17 is at a rate of 314% increase compared to Apr 16.

Emergency Admissions and Length Of Stay

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- 1.7 The rate of Emergency admission to Dr Grays has increased over the 12 month period from 14/15 16/17. The rate of Emergency admissions was highest in the winter period of 16/17 and whilst a drop in presentation was noted during Jan 17, it has continued to climb throughout the year.
- 1.8 The rate of admission to community hospitals has seen a reduction of most rates by almost 50% since Nov 16.





- 1.9 The rehabilitation projects that are currently underway within Moray, combined with strategic action to focus on elderly care in the community have aided the number of individuals requiring emergency treatment.
- 1.10 It is worth noting that there has been a slight increase in the summer period, however due to over 65's being more active there is a higher opportunity for injury.

Gareth Williams Performance Officer, Health & Social Care Moray



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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 14 DECEMBER 2017

SUBJECT: IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016

BY: JANE MACKIE, HEAD OF ADULT SERVICES

1. REASON FOR REPORT

1.1. To advise the Board of the implications of the Carers Act (Scotland) 2016.

2. **RECOMMENDATION**

- 2.1. It is recommended that the Moray Integration Joint Board:
 - i) consider and note the implications of the Carers (Scotland) Act 2016;
 and
 - ii) note the current consultation on the draft eligibility criteria for unpaid adult carers, Appendix 1

3. BACKGROUND

- 6.1 The responsibility for delivering adult carers support in terms of the 2016 Act lies with the Moray Council, although, from April 2018, some of the responsibilities must, and some others can, be delegated to the Moray Integration Joint Board.
- 3.2 According to the 2011 Census there are approximately 7,800 people in Moray providing unpaid care. Around 1,400 are registered with Quarriers Carer Support Service, the Council's current commissioned carer support service.
- 3.3 This report provides information on the key regulations, the required actions for implementation (including publishing local eligibility criteria for carer support) and the potential financial implications.
- 3.4 The Act will be implemented from 1 April 2018. The intention of the Act is to ensure carers of any age are supported to continue with their caring role, and are able to have a life and access support alongside their caring responsibilities. It widens the definition of a carer to "any individual who provides or intends to provide care for another individual". The Act introduces





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new rights for unpaid carers and new duties for the local authority to provide support to carers.

- 3.5 Key changes arising from the Act:
 - The Act introduces a universal entitlement for a carer assessment and removes the 'regular and substantial' test previously contained in the Community Care and Health (Scotland) Act 2002. It also specifies that all support to carers must be free of charge, including support deemed as replacement care.
 - Replacing the current carer assessment with an Adult Carer Support Plan, including stipulation of the content required.
 - There is a duty to support carers who meet local eligibility criteria to help them meet their identified needs. The local authority is required to set criteria and consult with carers.
 - Where a carer is deemed eligible for support, support must be offered under the 4 options within the Social Care (Self-directed Support) (Scotland) Act 2013 and includes taking the form of a personal budget.
 - Where there is a duty to support, arrangements must consider whether support should include a break from caring.
 - There is a duty to arrange or provide replacement care for eligible carers, if needed.
 - Prepare and publish a short breaks services statement
 - Prepare and publish a local Carers Strategy to be reviewed 3 yearly.
- 3.6 As with the Carers Assessment, it will still be possible to devolve the undertaking of the Adult Carer Support Plan to an appropriate Third Sector organisation.
- 3.7 Several changes identified in the Act are already in place, or in progress, in Moray:
 - The existing Carers Assessment in Moray was amended to include the required elements for the Adult Carer Support Plan, ensuring an easy transition.
 - The 'regular and substantial' test for eligibility to receive a Carer Assessment has never been used in Moray.
 - There is a published Carers Strategy for Moray that will be reviewed in line with the 3 year requirement in the Act.
 - Carers have been able to have a short break via an element of the commissioned activity. This is not sufficient to meet the duty under the act, but provides a foundation to build from to meet this requirement.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Each local authority must set and publish local Eligibility Criteria for unpaid carers who require support, over and above information and advice. The local authority must consult unpaid carers, professionals and other relevant stakeholders on the draft eligibility criteria and the local eligibility criteria must be agreed and published by 31 March 2018. The draft eligibility criteria and

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public consultation proposal was approved by the Moray Council on 22 November 2017 (paragraph 12 of the draft minute refers). Details of the public consultation are on the Moray Council website. Public consultation will run until 12 January 2018. The Moray Integration Joint Board is invited to participate as a consultee.

- 4.2 The application of eligibility criteria will be a new arrangement for adult carer support in Moray, criteria for direct carer support services is not presently applied. However, the general support currently delivered as part of the carer support contract through Quarriers Carer Support Service will continue to be universally delivered, and is above the minimum required within the Act.
- 4.3 From April 2018 the carer assessment will be called an Adult Carer Support Plan and is being redesigned to collect the information to determine eligibility, using weighted scoring.
- 4.4 There are three features to the eligibility criteria:
 - Considering the impact the caring role has on specific areas of the carer's life and considering the risk of the carer being unable to continue to care (the indicators).
 - The threshold at which a carer is deemed eligible for support. This must be agreed locally.
 - The local support or services that follow.
- 4.5 The indicators within the eligibility criteria have been set nationally, along with guidance that if a carer has a need in any one indicator above the threshold, those needs meet eligibility.
- 4.6 **Appendix 1** sets out the draft local eligibility criteria for support to unpaid adult carers currently out to public consultation. The proposed threshold for eligibility is placed between moderate and substantial. This means a carer assessed as having a critical or substantial impact from their caring role will be designated as eligible for enhanced support.
- 4.7 The proposed threshold ensures resources are targeted to unpaid carers with highest need and is in line with other criteria within adult community care. The focus is on addressing or minimising factors which have a significant impact on the carer.
- 4.8 Carers who meet the eligibility criteria for enhanced support will be offered a personal budget of £300 per annum. (This amount has been locally set and will be subject to review). The eligible carer must access the personal budget through Self-directed Support (SDS) options, meaning eligible carers can arrange their own support or be assisted by the local authority to have arrangements put in place. This ensures personalised support and places choice and control in the carer's hands. The carer must use the individual budget to purchase services, supplies or goods to meet the agreed personal outcomes in their Adult Carer Support Plan. There will be no automatic, recurring entitlement and monitoring and review processes will be arranged.

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4.9 The outcome of the consultation will be reported to Moray Council in February 2018 and reported for noting to the Moray Integration Joint Board in March 2018.

- 4.10 The approved eligibility criteria will be operational from 1 April 2018 for anyone receiving a new assessment/Adult Carer Support Plan. The changeover arrangements for reviews are currently being considered pending national guidance.
- 4.11 Relevant operational procedures will also be redesigned and an implementation plan has been developed to address the required changes to health and social care processes. Staff awareness raising and training will also be arranged.
- 4.12 The Act introduces a universal entitlement to carers assessment and specifies all support provided to carers must be free of charge.
- 4.13 There are financial implications as a result of the Act in three areas.
- 4.13.1 Provision of Carer SDS: Preliminary estimates suggest in the region of 120 unpaid carers per annum may be eligible for Carer SDS, based on a substantial/critical threshold. A recurring budget will be required for Carer SDS, estimated in 2018/19 to be in the region of £36,000 (based on the local proposal for a £300 SDS budget per carer).
- 4.13.2 Waiving of Charges to Carers: The regulations reiterate carers cannot be charged for any support they receive, which arose as a result of the Carers (Waiving of Charges for Support) (Scotland) Regulations 2014. This is likely to result in a loss of income to the Moray Council from current charges for accommodated and non-accommodated respite (replacement care). This is estimated to be in the region of £240,000 per annum. Further guidance is awaited from Scottish Government clarifying charging regimes and is expected by the end of 2017.
- 4.13.3 Demand for Replacement Care: The Act states decisions about what support to provide an eligible carer must consider whether the support should take the form of or include a break from caring. The Act places a new duty on the local authority to provide or arrange replacement care, where an eligible carer is assessed as needing a break from caring and is unable to have a break without replacement care for the cared-for person. As a consequence there may be an increased requirement for replacement care as opposed to the current demand for respite. This will be closely monitored as it is currently not possible to quantify the impact with any degree of certainty.
- 4.13.4 The expectation is Scottish Government funding will be received to support implementation of the Act and it is anticipated funding will be clearer following the financial settlement announcement in December 2017.
- 4.13.5 COSLA has expressed concern that a number of areas of the Act may have insufficient funding to enable full implementation. Robust in-house activity and budget monitoring processes are currently being considered.

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5. **SUMMARY OF IMPLICATIONS**

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

The importance of carers is acknowledged within Moray 2026: A Plan for the Future and Moray Corporate Plan 2015 – 2017: 'We will support communities and individual carers with the capacity to provide unpaid care.'

(b) Policy and Legal

The Carers (Scotland) Act 2016 legislates that all local authorities must consult on and publish eligibility criteria by the deadline outlined within this report. The Scottish Government has made it mandatory that local authorities delegate the function and responsibility for eligibility criteria to Integration Joint Boards. Following a review of the Health and Social Care Integration Scheme for Moray to reflect this, which must be submitted to the Scottish Government by 2 March 2018 for approval, then eligibility criteria will be the future responsibility of the Moray Integration Joint Board. Various other functions under the 2016 Act may additionally be delegated to the Moray Integration Joint Board and the Scottish Government has indicated its intention of making the delegation of further functions to the Integration Joint Boards mandatory. This can be considered as part of any review of the Integration Scheme.

This work links directly with national health and wellbeing outcome 6 - "People who provide unpaid care are supported to look after their own health and wellbeing including reducing any negative impact of their caring role". It also contributes to the commitment in the Moray Integration Joint Board Strategic Plan to "provide support to carers so they can continue to care".

(c) Financial implications

The financial implications are detailed in paragraph 4.13 to 4.13.5. The Moray Council and Integration Joint Board budget setting discussions for 2018/19 must take account of the implications of the Act, in terms of:-

- I. Carer SDS budget, estimated in 2018-19 to be in the region of £36,000.
- II. Loss of income in respect of accommodated and non-accommodated replacement care charges, are estimated to be in the region of £240,000 per annum. Under current legislation, this loss of income falls within the Moray Council remit.

It is not anticipated there will be a significant increase locally in assessment numbers, but this is difficult to predict and there will be a need for careful monitoring of service demand.

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This does not take account of any increase in the number of assessments as a result of currently unidentified carers coming forward due to increased awareness of carer rights. It also does not factor in any impact from demographic changes to the older age population.

Further guidance is awaited from the Scottish Government in respect of the duty to provide replacement care and the waiving of charges which will clarify charging/non charging arrangements for replacement care.

The expectation is Scottish Government funding will be received to support implementation of the Act with confirmation following the financial settlement announcement in December 2017.

(d) Risk Implications and Mitigation

Eligibility criteria and associated operational requirements are not in place for commencement of the Act on 1 April 2018. This is mitigated if the local implementation plan is progressed and deadlines met.

It may be that more people will identify themselves as unpaid carers and there is some increased demand for Adult Carer Support Plans and a subsequent duty to provide support in line with the eligibility criteria and the Act. The full impact of these changes is currently unknown.

The provision of short breaks from the caring role will need further clarification following national guidance and may have an impact on increased replacement care costs.

The full financial implications of the implementation of the Act cannot be determined at present. Monitoring arrangements are being developed.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities

An Equality Impact Assessment (EIA) is not needed because the report concerns implementation of legislation. The Scottish Government carried out a full EIA in relation to the Act. It confirmed the provisions of the Act will not directly or indirectly discriminate on the basis of age, disability, gender, gender reassignment, sexual orientation, race or belief.

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Name: Pam Gowans

(h) Consultations

The Head of Adult Services; the Chief Officer Health and Social Care Moray; the Head of Financial Services; the Chief Financial Officer, Moray IJB; the Commissioning and Performance Manager; the Public Involvement Officer and the Legal Services Manager (Litigation & Licensing) were consulted regarding the content of this report and any comments received considered.

6. **CONCLUSION**

Designation: Chief Officer

6.1 The Carers (Scotland) Act 2016 is a significant legislative change effective from 1 April 2018. The Moray Integration Joint Board should note the changes required for implementation and the progress made to date, in addition to noting the current public consultation on the draft eligibility criteria.

Author of Report:	Jane Mackie, Head of Adult Services
Background Papers:	Appendix 1 - Draft Eligibility Criteria for Unpaid Adult Carers
Signature:	Date: 30 November 2017



Appendix 1

Draft Eligibility Criteria for Support to Unpaid Adult Carers

		ough universal services and th cal authority has no duty to s		Duty to provide support v	ia Self Directed Support *1	
	CARING HAS NO IMPACT	CARING HAS LOW IMPACT	CARING HAS MODERATE IMPACT		CARING HAS SUBSTANTIAL IMPACT	CARING HAS CRITICAL IMPACT
Health &	Carer in good health	Carer's health beginning to be affected	Carer's health at risk without intervention		Carer has health need that requires attention	Carer's health is breaking/has broken down
Wellbeing	Carer has good emotional wellbeing.	Caring role beginning to have an impact on emotional wellbeing	Some impact on carer's emotional wellbeing	т	Significant impact on carer's emotional wellbeing	Carer's emotional wellbeing is breaking/has broken down
Relationships	Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.	The carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life	H R E S H O L	The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life





Living Environment	Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term	Carer's living environment is unsuitable but poses no immediate risk.		Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person.
Employment & Training	Carer has no difficulty in managing caring and employment and/or education	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term Carer is not in paid work or	T H R	Carer has significant difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education.
	Carer does not want to be in paid work or education	Carer is not in paid work or education but would like to be in the long term	education but would like to be in the medium term	E S H O	Carer is not in paid work or education but would like to be soon.	Carer is not in paid work or education but would like to be now.
Finance	Caring is not causing financial hardship e.g. carer can afford housing cost and utilities	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities	L D	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities	Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments

Life	Carer has regular	Carer has some	Due to their caring role, the	Due to their caring role,	Due to their caring role,
Balance	opportunities to achieve	opportunities to achieve	carer has limited	the carer has few and	the carer has no
	the balance they want in	the balance they want in	opportunities to achieve the	irregular opportunities to	opportunities to achieve
	their life.	their life.	balance they want in their	achieve the balance they	the balance they want in
			life.	want in their life.	their life.
	They have a broad choice	They have access to a			
	of breaks and activities	choice of breaks and	They have access to a few	They have little access to	They have no access to
	which promote physical,	activities which promote	breaks and activities which	breaks and activities	breaks and activities
	mental, emotional	physical, mental,	promote physical, mental,	which promote physical,	which promote physical,
	wellbeing	emotional wellbeing	emotional wellbeing	mental, emotional	mental, emotional
				wellbeing	wellbeing

Note *1 – in addition to support via local carer service and universal services

09/11/17



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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 14 DECEMBER 2017

SUBJECT: BUDGET UPDATE

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

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

2. **RECOMMENDATION**

- 2.1 It is recommended that the MIJB considers and notes the:
 - i) budget protocol that has been developed for assisting engagement and ensuring consistency of approach to budget setting;
 - ii) budget update in support of negotiations with Moray Council and NHS Grampian for the 2018/19 revenue budget; and
 - iii) MIJB Annual Financial Statement.

3. BACKGROUND

- 3.1 The Integration Scheme sets out the arrangements for 'Payments' to the MIJB. 'Payment' is the term that refers to the financial contribution being allocated to the functions that have been delegated to the MIJB from the partners and not an actual cash transaction.
- 3.2 The Chief Officer and Chief Financial Officer of the MIJB have a duty to develop a case for the integrated budget and present this to Moray Council and NHS Grampian for consideration as part of the annual budget setting processes. The case being presented should be evidence based, displaying transparency on its assumptions and analysis of changes, covering factors such as activity changes, cost inflation, efficiencies and legal requirements. The MIJB will be notified of the final 'Payment' being made by the partners by the 28 February each year.
- 3.3 The Integration Scheme sets out the obligation on the MIJB to approve its budget and provide direction to Moray Council and NHS Grampian by 31 March each year regarding the functions that are being directed and the resource to be used in delivery.





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4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 BUDGET PROTOCOL

- 4.1.1 With regard to the legislation and the mechanisms in place surrounding budget setting, the MIJB Chief Financial Officer has considered it necessary to establish an agreed protocol with Moray Council and NHS Grampian that details the budget setting process whilst appreciating the distinct legal responsibilities of all parties.
- 4.1.2 Following the difficult process of setting the 2017/18 budget, the current financial climate and the responsibility for all parties to set a balanced budget by 31 March each year, a major consideration has been to ensure timely and continuous engagement.
- 4.1.3 The Chief Financial Officer has worked closely with the Head of Financial Services, Moray Council and the Deputy Director of Finance, NHS Grampian to develop a budget setting protocol, designed to provide direction and set out core principles within a complex environment. The Budget Protocol has been included for consideration at **Appendix 1**.

4.2 BUDGET CASE

- 4.2.1 At the special meeting of the MIJB on 30 March 2017, the Board accepted a working budget for 2017/18 to allow services to continue to be delivered whilst a recovery plan was developed (para 2 of the minute refers). At this point in time, the budget was displaying a gap in funding of £3.981m.
- 4.2.2 Following the closure of the 2016/17 annual accounts, an overspend position was realised on core services of £0.8m and an underspend on strategic funds of £3.5m due to slippage, resulting in a net favourable position 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 this Board on 29 June 2017 (para 24 of the minute refers). The report at this time also highlighted the significance of using the £2.7m to balance the budget at the expense of creating a general reserve and that the financial outlook in future years would be concerning should additional funding not be received and further savings identified.
- 4.2.3 A separate report to this meeting provides an update on the 2017/18 financial position and forecast outturn to the end of the financial year. The expected forecast highlights an anticipated overspend on core services (£1.691m) at the end of the year, offset by a projected underspend on strategic funds (£2.458m). The impact of this would create a non-recurring underspend of £0.767m and the potential to establish an IJB reserve.

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	2017/18 Annual Budget	Provisional Outturn to 31.3.18	Variance as at 31.3.18	
	£ 000's	£ 000's	£ 000's	
Core Services	111,642	113,333	(1,691)	
Strategic Funds	4,892	2,161	2,458	
Total MIJB	116,534	115,494	767	

- 4.2.4 Should the forecast 2017/18 position remain static, then the MIJB will be in a balanced position by the end of the financial year and has the potential to create a general reserve. It is important to stress the need to hold reserves in order to create a balance to help cushion uneven cash flows and generate a contingency for unexpected events. It is also critical to understand the impact of using reserves to achieve a balanced financial position.
- 4.2.5 The 2016/17 first year budget for the MIJB included historical cost efficiencies that had in the past, failed to be met and no additional funding for service developments or transformational change. Along with this the MIJB faced a difficult financial settlement in 2017/18, due to a flat cash allocation from NHS Grampian and a budget reduction of £1.3m in the Moray Council allocation. To further burden this position, no additional funding was received for pay awards, inflationary increases, growth or budget pressures.
- 4.2.6 In setting out the budget case for 2018/19, the starting point has been to look at the first provisional 2017/18 estimated outturn position as at quarter 2 and establish this as a baseline.
- 4.2.7 The 2018/19 budget case has been developed using the most recent forecasting information and estimating the likely budget pressures emerging based on judgement at the time of writing this report. The outcome of which is shown below:

	2017/18 Opening	2018/19
	Position	Estimated
		Requirement
	£'000	£'000
Baseline Budget Core Services	107,378	109,339
Inflation & Budget Pressures	1,811	3,574
Earmarked Commitments	1,662	671
ICF / DD Commitments	2,062	2,062
Recurring Deficit to be funded	1,327	1,691
Approved Savings	(624)	tbc
Total Expenditure	113,616	117,337
Total Funding (inc reserves)	113,881	
Estimated Funding – Best Case		£114m
Estimated Funding – Worse Case		£109m
Potential Funding Gap		3m – 8m

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4.2.8 The table above gives cause for concern and whilst the 2018/19 position is an estimate at this point in time and based on assumptions, it highlights the possibility of a potential funding gap in the region of £3m to £8m in respect of best and worst case scenarios and prior to the application of further savings. It also assumes full use of reserves, which are currently estimated to be £0.767m in the 2017/18 outturn forecast. The table above outlines the 2018/19 anticipated requirement in relation to providing services at the current level and in striving to deliver on our Strategic Plan.

- 4.2.9 The Scottish Government are expected to announce the draft 2018/19 budget on 14 December. Following this announcement, and as Moray Council and NHS Grampian continue to prepare their budgets in accordance with the announcement, discussions will progress on the impact to the MIJB. It is uncertain at this point, whether Scottish Government will provide for any protections around integrated budgets and whether any limitations will be applied on partner funding as has been the case previously. The Chief Officer and Chief Financial Officer will continue to work closely with colleagues in partner organisations to ensure engagement is maintained and progress towards setting the 2018/19 budget can be made.
- 4.2.10 It is with a full appreciation of the financial challenges being faced by the funding partners of the MIJB that work has begun on the identification of further savings. Given the financial outlook a strategic approach has been adopted. An initial exercise has been completed to determine potential areas for consideration and the MIJB Senior Management Team are in the process of developing options that will be presented to the Board at a future meeting as part of the budget setting process.
- 4.2.11 The board will continue to receive updates as more information becomes available in relation to the financial settlement and the ongoing negotiation with our partners.

4.3 ANNUAL FINANCIAL STATEMENT

- 4.3.1 All IJB's are required on an annual basis to publish an Annual Financial Statement. Scottish Government guidance has been issued regarding this and notes "All Integration Authorities (Partnerships) completed their Strategic Commissioning Plans by 1st April 2016 with varying levels of financial information included. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that each Integration Authority (Partnership) must publish an Annual Financial Statement on the resources that it plans to spend in implementing the Strategic Commissioning Plan."
- 4.3.2 Through discussion at the Chartered Institute of Public Finance and Accountancy IJB Chief Finance Officer section it has been accepted that early versions of the Annual Financial Statement will be limited in their content but should develop in time to be multi-year representations of the financial planning assumptions. A format has been agreed nationally and the Moray version is shown below:

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	2017/18		2018	B/19 Indica	tive	2019/20 Indicative			
	Payment	Set Aside	Total	Payment	Set Aside	Total	Payment	Set Aside	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Resource									
LA	41.4		41.4	41.4		41.4	41.4		41.4
Health									
Board	72.4	10.2	82.6	72.4	10.2	82.6	72.4	10.2	82.6
Total									
Income	113.8	10.2	124.0	113.8	10.2	124.0	113.8	10.2	124.0
Expenditure									
Hospital	6.7	10.2	16.9	6.7	10.2	16.9	6.7	10.3	17.0
Community									
Healthcare	23.1		23.1	23.1		23.1	23.1		23.1
FHS &									
Prescribing	31.2		31.2	31.2		31.2	31.2		31.2
Social Care	52.8		52.8	52.8		52.8	52.8		52.8
Total									
Expenditure	113.8	10.2	124.0	113.8	10.2	124.0	113.8	10.3	124.1
Savings									
Target	0.6			tbc			tbc		
Agreed									
Savings	0.6			tbc			tbc		

0

4.3.3 Whilst 3 year information is required, beyond 2017/18 have been shown with no change to reflect the current status of funding agreements locally and nationally.

4 **SUMMARY OF IMPLICATIONS**

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Reserves

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

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

(b) Policy and Legal

The MIJB has a duty to set a balanced budget each year and in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014,

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MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS).

(c) Financial implications

Considered throughout the body of this report.

(d) Risk Implications and Mitigation

There is a great degree of uncertainty resulting from the current financial climate. Section 4.2 of this report outlines the outlook for the 2018/19 financial year. It outlines the planning assumptions made to date and the approach to addressing these challenges in the period ahead of setting the budget for the forthcoming year.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities

None arising directly from this report

(h) Consultations

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

5 CONCLUSION

5.1 The Chief Financial Officer in conjunction with the Head of Financial Services, Moray Council and the Deputy Director of Finance, NHS Grampian has developed a budget setting protocol, designed to provide direction in the budget setting process by setting out core principles by which to operate.

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5.2 A provisional budget case has been provided as part of the 2018/19 budget setting process. Regular updates will be provided to this Board.

Author of Report: Background Papers: Ref:	Tracey Abdy, Chief Financial O	fficer, MIJB
Signature:		Date : <u>29/11/2017</u>
Designation: Chief F	inancial Officer	Name: Tracey Abdy







BUDGET PROTOCOL

The Grampian Health Board, Moray Council and Moray Integration Joint Board

BACKGROUND

Following the inception of the Moray Integration Joint Board (MIJB) in February 2016, there is a requirement to ensure that the budget setting approaches of Moray Council and The Grampian Health Board consider and are adapted where necessary to ensure that the MIJB can be formally advised of budgets for delegated functions by 28th February each year in line with the requirements of the Integration Scheme. This will allow the MIJB to set its budget by 31st March each year in line with statutory duty. It is important that the MIJB is allowed to undertake the duties that have been delegated to it by the council and the health board under the Public Bodies (Joint Working) (Scotland) Act 2014. In accordance with the legislation the council and the health board will no longer decide upon the strategic priorities for the delivery of delegated health and social care services, rather this will be the responsibility of the MIJB.

However, the council and the health board will contribute a substantial sum of money to the MIJB and on this basis it is clearly important to give confidence to all elected members of council and board members of The Grampian Health Board about the types of services and strategic planning that the MIJB will be considering. Through an agreed approach, it is hoped that the council and the health board will feel able to agree and support the strategic priorities of the MIJB and budget appropriately for the funding required for the MIJB.

In the spirit of fostering closer pan public working it should however be borne in mind that both Moray Council and The Grampian Health Board (the partner organisations) and the MIJB do have significant legal responsibilities. In relation to the Council it has a statutory requirement to set a balanced budget each year and therefore this statutory obligation will take precedent as defined in the Local Government (Scotland) Act 1973 and other subsequent legislation. The Grampian Health Board is required by the Scottish Government Health Department to set a balanced budget each year. The requirement to set a balanced budget also applies to the MIJB.

There is a complexity to the MIJB role that is important to understand. It identifies its strategic priorities and the resource required to deliver these priorities and then sends a direction to both of its partners (Moray Council and The Grampian Health







Board) to deliver these priorities within the funds allocated from the MIJB budget. In reality, both partner organisations have many calls on their resource and will be unable to simply provide a budget to fund a set of priorities. The reality of this new complexity demands that the senior management team of the MIJB are fully aware of the financial pressures being faced by both partner organisations and that the articulation of priorities for funding purposes is done in partnership/negotiation with the executives of both partner organisations. Without such an approach, the risk to all parties is that a settled budget cannot be agreed.

This is a complex model and requires appropriate communication and an appreciation of the demands of all partners. Enhancing our partnership working involves building cooperative, collaborative, mutual working relationships by linking our ideas together to create something better than any of us could have done individually. It is important to create this sense of collaboration through our approach to budgeting.

A key part of this will be timely and continuous engagement with all partners in the relationship, so that the budget pressures and likely approach to meeting these are shared and used to inform the budget setting process.

STAGE 1

ENGAGEMENT

Principle of Openness, Transparency and Engagement

It is important that an open book approach is taken across all 3 senior management teams and that business is conducted on a "no surprises" basis. The ability of the MIJB senior management team to be sighted and involved in the respective budget processes and work in both organisations is essential.

Approach to savings

There are 2 elements of engagement required. Firstly, the senior management team of the MIJB needs to manage the integration of thinking about cost savings between delegated NHS and council services. Part of the rationale for integration of the systems is that it will drive out financial savings as a result of the elimination of duplication and waste between the 2 systems. Historically, the 2 systems are only familiar with realising single system savings and so the management team will need to be very systematic in the identification of duplication and waste over the 2 systems. Secondly, of course, the MIJB does not sit in isolation – it is part of the







wider systems of Moray Council and The Grampian Health Board. It is therefore critical that the MIJB management teams, engage with the wider systems of the Moray Council and The Grampian Health Board to identify scope for synergies and thus savings across these wider systems and also to ensure there are no unintended consequences on these wider systems from the saving decisions of the MIJB, or on the MIJB from cost reduction decisions taken by the Partners. Unless this wider engagement takes place, we are at risk of having created just another silo through the MIJB.

Timing of Engagement

Engagement is critical throughout but critically important before the budget papers are formally presented to the council, any NHS forum and the MIJB. It's important that the timings of these meetings and the associated disclosure is synchronised. Once the Scottish Government settlements for both partner organisations are known, including the details of any "conditions", it is critical that the 2 CEO's, Chief Officer, Chief Financial Officer and the two respective Heads/ Directors of Finance come together in order to navigate the MIJB's priorities into a funding award based on the available resource to the parent bodies.

STAGE 2

MANAGING THE MIJB BUDGET REQUEST THROUGH THE GOVERNANCE SYSTEMS OF MORAY COUNCIL, THE GRAMPIAN HEALTH BOARD AND THE MIJB

In attempting to navigate a way through the complexity of roles and responsibilities in terms of decision making within the landscape of the MIJB, it is important to pursue openness and transparency whilst respecting the distinct decision making rights of the MIJB, The Grampian Health Board and Moray Council.

The approach suggested is that the senior management team of the MIJB participate in the council's political engagement with all political groups and this will involve being open and transparent in all the budget options the senior management team are considering presenting to the MIJB. Members will need to respect that these options are being shared with them for information as opposed to for decision making. This represents the pre-budget setting engagement. At the formal budget setting council meeting, again there will be full disclosure of the proposed MIJB budget options along with a reminder that these are being included for information







and not debate or decision-making. Moray Council will be required, as part of its overall budget, to determine the funding it can provide to the MIJB and to formally agree that. It should be noted that this must be done in the context of the council

setting a balanced budget by law and is still accountable for the disbursement of funds.

The Chief Officer and Chief Financial Officer of the MIJB will engage in the Budget Steering Group meetings led by The Grampian Health Board and chaired by the Director of Finance to ensure there is input into the budget setting process from a MIJB perspective.

In light of the funding award from Moray Council and The Grampian Health Board, the senior management team will then finalise the budget with the MIJB who will have already made a decision in principle on which budget options to accept, pending final settlement and funding allocation from the 2 partner organisations.

This recommended approach serves the objective of openness and transparency whilst respecting the decision making responsibilities of the MIJB board.

SPECIFIC TIMESCALES FOR 18/19

Moray Council is statutorily required to set its budget by 11 March each year, subject to having received its grant allocation from Scottish Government.

Health Board allocations are expected mid-December. Following the allocations to health boards, The Grampian Health Board Budget Steering Group then has the period between 1 January and mid-February 2019 to agree allocations across Grampian.

For the 2018/19 budget cycle, the following governance meetings are scheduled, with the described business:

Corporate Management Team – Late October / Early November.	Initial
outline budget proposals.	

☐ The MIJB will consider an outline budget proposal at its meeting of the 14 December 2017.







Following approval of the proposed budget by the MIJB at its meeting of 14 December, the Chief Officer and Chief Financial Officer of the MIJB will present the case to the partners at the earliest opportunity.
-Moray Council – plan to set its budget at the meeting of Full Council on 14 February 2018. Within this budget will be an allocation to the MIJB in respect of the functions that have been delegated.
The Grampian Health Board – Budget Steering Group 22 February 2018. The MIJB will receive an allocation from The Grampian Health Board which will be confirmed following confirmation of the NHS Board health allocations from Scottish Government and consideration by Budget Steering Group.
Both Partner organisations will formally advise the MIJB of the baseline funding to the MIJB by 28 February 2018.
Following formal notification by the Partner organisations on funding allocation, the MIJB will, at its meeting of 29 March 2018 set its revenue budget for 2018/19. Following approval of the budget, the MIJB will advise Moray Council and The Grampian Health Board through Directions on the funding allocated for the delivery of services.

ADDITIONAL INFORMATION

The Head of Finance, Moray Council; Deputy Director of Finance, NHSG Grampian and the Chief Officer and Chief Financial Officer, MIJB through regular meetings are establishing operational principles that are equitable and can be clearly articulated in budget setting processes, allowing for appropriate scrutiny.



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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 14 DECEMBER 2017

SUBJECT: REVENUE BUDGET MONITORING QUARTER 2 FOR 2017/2018

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) on the Revenue Budget reporting position as at 30 September 2017 and a provisional forecast position for the year end.

2. **RECOMMENDATIONS**

- 2.1 It is recommended that the MIJB consider and:
 - i) note the financial position of the Board at 30 September 2017 is showing an overspend of £1.542 million;
 - ii) note the provisional forecast position for 2017/18 of an overspend of £1.691 million on core services;
 - iii) note the revisions to staffing arrangements made under appropriate Council/NHS procedures and regulations that impact upon the MIJB budget shown in Appendix 3;
 - iv) note the updated budget position to reflect additional funding received through NHS Grampian, as detailed at paragraph 8.1; and
 - v) approve for issue, the revised Direction to Grampian Health Board arising from the updated budget position shown in Appendix 5.

3. BACKGROUND

3.1 The financial position for the MIJB services at 30 September 2017 is shown at **APPENDIX 1**. The figures reflect the position in that the MIJB core services are currently over spent by £1.541m. This is summarised in the table below.





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	Annual	Budget to	Expenditure	Variance
	Budget	date	to date	to date
	£m	£m	£m	£m
MIJB Core Service	111.642	55.281	56.822	(1.541)
MIJB Strategic Funds	4.892	0.888	0.889	(0.001)
Total MIJB Expenditure	116.534	56.169	57.711	(1.542)

- 3.2 It should be noted that the NHS Grampian budget for 2017/18 pay award and apprentice levy amounting to £0.214m had not been adjusted as at 30 September, although expenditure was being incurred. Consequently, this impacts on the overspends across all services, this has since been amended and will be reflected in quarter 3. A list of services that are included in each budget heading are shown in **APPENDIX 2** for information.
- 3.3 The first provisional forecast outturn to 31 March 2018 for the MIJB services is included in **APPENDIX 1**. The figures reflect the overall position, in that the MIJB core services are forecast to be over spent by £1.691m by the end of the financial year. This is summarised in the table below.

	Annual	Provisional	Anticipated	Variance
	Budget	Outturn to 31	Variance to 31	against base
		Mar 2018	Mar 2018	budget
	£m	£m	£m	%
MIJB Core Service	111.642	113.333	(1.691)	(2)
MIJB Strategic Funds	4.892	2.434	2.458	50
Total MIJB Expenditure	116.534	115.767	0.767	1

The NHS Grampian budget for pay award and apprentice levy as mentioned above in paragraph 3.2 has been adjusted to produce the forecast.

4. <u>KEY MATTERS/SIGNIFICANT VARIANCES AS AT QUARTER 2</u>

4.1 Community Hospitals

- 4.1.1 The overspends within community hospitals, remain in each of the four localities Elgin, Buckie, Forres, Keith/Speyside totalling £0.040m to 30 September.
- 4.1.2 Over spends continue to be realised for these services. The main overspend relates to community hospitals in Buckie £0.087m, Forres £0.016m and admin £0.015m which is being reduced by under spends in medical staff £0.024m and Speyside £0.054m. An integrated staff team has been introduced in Speyside covering Stephen and Fleming hospitals under one Senior Nurse. Work is ongoing in relation to skill mix and bank nursing untilisation in order to further address the impact of cumulative prior year efficiency targets which continues to present a challenge. Alongside this non-financial objectives, including meeting waiting times, patient safety and delayed discharge targets still require to be maintained.

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4.1.3 This budget is forecasted to be £0.084m underspent by the end of the financial year, this is an improved position primarily due to pay award allocation, underspends in Speyside hospitals and implementation of protocols and addressing staff utilisation with the aim of reducing bank costs.

4.2 Community Nursing

4.2.1 Community Nursing is showing no material variance as at 30 September but is forecast to be £0.069m overspent by the end of the financial year, primarily due to the budget amendment for the agreed savings of £0.100m, which are not expected to be achieved during the year. A workforce/workload audit will begin in December aross all community nursing teams to provide analysis of current establishment.

4.3 <u>Learning Disabilities</u>

- 4.3.1 The Learning Disability (LD) service is overspent by £0.198m. The overspend is primarily due to the purchase of care for people with complex needs £0.240m, including young people transferring from Integrated Children's services and people supported to leave hospital. This is being reduced by an underspend of £0.057m mainly relating to staffing vacancies.
- 4.3.2 This budget is forecasted to be £0.204m overspent by the end of the financial year, primarily due to the purchase of care for people with complex needs. The release of the cost pressure £0.200m, that was identified as part of the budget setting in MIJB on 29 June 2017 is included in the forecast. The forecast is based on the current level of clients and their activity and that the costs will remain at the current level. Work continues through the Learning Disabilties transformational change programme which is driven by previous service delivery models not being financially sustainable. Phase one of this programme was completed in October 2017. Phase two focuses on implementation, and quality assurance/benefits realisation from the new ways of working. This 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. This also includes commissioning new and different services to work in different ways. Work on demographics suggests that the number of people with a learning disability will continue to increase, and these people will live longer with more complex needs, including health needs. The Scottish Government and Scottish Commission for Learning Disabilities have indicated they are keen to work with us to evaluate this system wide model as they see it as having significance nationally as a way of supporting people with learning.

4.4 Mental Health

4.4.1 Mental Health services are overspent by £0.192m. This includes medical staff including locum staff costs £0.101m, Allied Health Professional £0.032m other staff £0.024m and non pays £0.042. The overspends on these budgets are offset by a small £0.007m underspend on assessment and care.

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4.4.2 This budget is forecasted to be £0.190m overspent by the end of the financial year, this is an improved position due to a reduction in usage of medical locum cover to the end of the financial year, as medical appointments have now been made and there has been a discontinuation in the use of agency nursing staff. The Allied Health Professional establishment is under review. The overspending areas continue to be monitored by Senior managers and a plan is being drawn up to address the efficiency allocation.

4.5 Care Services Provided in-house by Moray Council

- 4.5.1 Care services provided in-house are overspent by £0.073m. There are numerous variances within this budget heading, the most significant is primarily due to the budget reduction approved as part of the savings element of the budget for 2017/18 of £0.125m. This has not yet been achieved. The Maybank service has now transferred to its new location at Woodview, Urquhart Place in Lhanbryde and additional revenue costs for this new unit has created a non-recurring overspend of £0.050m. There are also overspends relating to income under recovering against the budget by £0.040m, Taigh Farrais £0.018m, the Occupational Therapy (OT) joint store £0.011m and other minor overspends totalling £0.009m. This is being reduced by underspends in staffing including older people, learning disabilities and independent living services care at home of £0.142m which is due to the ongoing service redesign. There is an underspend of £0.024m for care at home staff transport and £0.014m for day services client transport.
- 4.5.2 There is no material variance forecast at the end of the financial year, due to one-off costs that have been incurred in the first half of the year.
- 4.6 Older People and Physical Sensory Disability (Assessment & Care)
- 4.6.1 This budget is overspent by £0.077m. This relates to an over spend for domiciliary care in the area teams £0.192m, but an underspend in permanent care £0.219m and transport costs in the area teams £0.021m. Income is under recovering against the budget of the area teams £0.034m and permanent care £0.043m.
 - 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.
- 4.6.2 This budget is forecasted to be £0.352m overspent by the end of the financial year, this is primarily due to the external purchasing of care continuing to increase due to growth and demand, the permanent care client income will continue to be below the level expected. This will be reduced by the underspends in permanent care which is assumed to remain at the current level due to the expectation that the number of clients and care package costs will not increase. A change management process is underway which is intended to identify efficiencies in working practices. This will conclude during 2018. In general terms variances within this overall budget heading reflect the shift in the balance of care.

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4.7 Intermediate Care and Occupational Therapy (OT)

4.7.1 The budget is overspent by £0.102m. This relates to the running costs of Jubilee Cottages £0.014m, Aids & Adaptations £0.020m, other minor overspends totalling £0.018m and an under recovery of income £0.020m, although the income for this quarter can be attributed to the timing of invoices and is not considered to be a concern year end. The budget has been reduced for the £0.030m approved savings however, these savings have not been achieved to date and are producing an overspend.

4.7.2 This budget is forecasted to be £0.105m overspent by the end of the financial year, this is an improved position due to the timing of income shown in the variance at quarter 2 which will be realised and is expected to be received in line with the budget for the second half of the year. The savings target of £0.030 is unlikely to be achieved due to an increase of referrals to the service resulting in a higher demand on the provision of equipment and adaptations to allow service users to remain at home and independent.

4.8 Care Services provided by External Contractors

- 4.8.1 This budget is overspent by £0.186m. This is primarily due to the budget being amended for the approved savings identified of £0.140m and these savings have not yet been achieved and therefore it is showing as an overspend. Other variances include the historical budget of Moray Training overspend £0.056m; the Carefirst budget has incurred non recurring expenditure for consultancy costs £0.008m and licensing costs £0.009m; the purchasing of the replacement OT joint store stock system £0.030m. Which is being reduced by an underspend in LD contracts due to voids not being charged £0.030m and other minor underspends totalling £0.027m.
- 4.8.2 This budget is forecasted to be £0.054m overspent by the end of the financial year, this is an improved position due to the Mental Health contract being redesigned and will result in a contract reduction which will be realised in the second half of the year by £0.107m.

4.9 Other Community Services

- 4.9.1 This budget is overspent by £0.096m. This is due to overspends in dental services £0.042m, mainly related to one off costs associated with the purchase of equipment and back dated utility costs, allied health professionals £0.046m, pharmacy service £0.013m and specialist nurses £0.015m which is being reduced by an underspend in public health £0.020m.
- 4.9.2 This budget is forecasted to be £0.059m overspent by the end of the financial year, this is due to mainly one off overspends in dental services £0.041m, allied health professionals £0.041m where skill mix is under review, pharmacy service £0.023m and specialist nurses £0.021m which are to be reviewed. This is partially offset by an underspend in public health £0.067m, which may reduce as objectives are addressed within Public Health.

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4.10 Administration & Management

4.10.1 This budget is showing no material variance as at 30 September. By the end of the year it is forecasted to be £0.203m underspent. This is due to the vacancy factor target expected to exceed by £0.087 and underspends in business support £0.083m and management costs £0.030m due to impact of of pay award allocation and anticipated saving on staff vacancies to the year end.

4.11 Primary Care Prescribing

- 4.11.1 The primary care prescribing budget is reporting an over spend of £0.522m to 30 September. The volume increase in items to September has been close to expectations and the overspend relates mainly to national factors including the impact of medicines on short supply where costs have increased, medicines coming off patent where agreed prices reductions have been lower than anticipated and tarriff reductions for 17/18 being delayed in implementation. As actual information in relation to prescribing is received two months in arrears estimates have been prepared for August and September.
- 4.11.2 This budget is forecasted to be £1.005m overspent by the end of the financial year, this is due to the impact of national factors outlined in 4.9.1 above. The Pharmacy Medicines Directorate in NHS Grampian is working with local pharmacy teams to analyse the situation and to identify any further mitigating action that could be taken. The outcome of this is awaited but the impact of any possible action may be limited.

4.12 Hosted Services

- 4.12.1 This budget is overspent by £0.061m, which primarily relates to the GMED out of hours service, £0.065m, which is hosted by MIJB. A review of the service provision is on going. There are also other minor overspends relating to Sexual Health services and the Police forensic examiner, which is being reduced by underspends in HMP Grampian and intermediate care.
- 4.12.2 This budget is forecasted to be £0.079m overspent by the end of the financial year, this is an improved position due to pay award allocation and a number of minor improvements in services.

4.13 Out of Area Placements

4.13.1 Whilst this budget is displaying an overspend as at 30 September, it has been established that this is due to budget phasing and is expected to break even at the end of the financial year.

4.14 Improvement Grants

4.14.1 This budget is underspent by £0.117m, this is due to the Improvement grants and the timing of works as the budget is fully committed for 2017/18.

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5. STRATEGIC FUNDS

5.1	Strat	egic Funds (as agreed by this Board on 29 June 2017, paragraph 24 of
	the N	finute refers) include:
		Identified budget pressures expected to affect 2017/18,
		Scottish Government funding allocated via the NHS arm of the budget
		for the MIJB, in relation to the Integrated Care Fund (ICF) and Delayed
		Discharge (DD) Funds,
		Commitments from Earmarked reserves,
		Provision for the recurring deficit, based on 2016/17 outturn and
		Savings identified by service managers.

- 5.2 By the end of the financial year, the Strategic Funds will reduce as the commitments and provisions materialise and the core budgets will increase correspondingly. The budget for 2017/18 is balanced by utilising the one off reserves from 2016/17 of £2.704m.
- 5.3 Other recurring strategic funds, relate to the additional monies for the ICF, DD and Scottish Government additional funding, which is expecting an under spend of £0.172m by the end of the financial year, due to slippage in projects during the year.
- Other non recurring strategic funds, relate to additional funding received via NHS Grampian for the MIJB. Total non recurring funding received to date is £0.581m of which £0.287m is committed to the end of the financial year and an underspend of £0.294m is expected at the end of the financial year. Although this is an underspend in this financial year, it will mean that some of the funding will be required during 2018/19.
- 5.5 Earmarked reserves of £1.662m was expected at the start of the year, to date £0.107m has been allocated through other funding made available, leaving a budget of £1.555m at 30 September 2017. Only £0.022m is now anticipated to be required to the end of the financial year.
- 5.6 Budget pressures of £1.811m was expected to be required at the start of the year. To date £0.586m has been allocated, leaving a budget of £1.225m at 30 September 2017. It is anticipated that £0.767m is required to the end of the financial year.
- 5.7 Savings of £0.624m was identified at the start of the year and to date £0.424m has been allocated with the remaining £0.200m to be allocated by quarter 3.
- 5.8 The strategic funds are forecast to be underspent by £2.458m by the end of the financial year, this will offset the core services forecasted overspend of £1.691m, leaving a non recurring forecast underspend of £0.767m. It is important to stress the need to hold reserves in order to create a balance to help cushion the uneven cash flows and create a contingency for unexpected events.

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6. CHANGES TO STAFFING ARRANGEMENTS

- 6.1 At the meeting of the Board on 31 March 2016, the Financial Regulations were approved (para 11 of the minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.
- 6.2 Changes to staffing arrangements dealt with under delegated powers for the period 1 July to 30 September 2017 are detailed in **APPENDIX 3.**

7. PROGRESS IN IMPLEMENTING APPROVED SAVINGS

7.1 The revenue budget for 2017/18 was approved at the meeting of this Board on 29 June 2017(paragraph 24 of the Minute refers). As part of the budget setting process, savings were identified of £0.624m. £0.424m savings have been allocated during quarter 2, with the balance of £0.200m being allocated in quarter 3. All savings have been incorporated into the forecast figures. Details of the progress of achieving the approved savings are included in **APPENDIX 4**.

8. UPDATED BUDGET POSITION

8.1 During the financial year, budget adjustments will arise relating in the main to the allocation of non-recurring funding that is received via NHS Grampian. In order to establish clarity of these budget allocations a summary reconciliation has been provided below.

	£000's
Approved Funding to Quarter 1	115,428
Forres Hospital running costs	76
Child commissioner	27
Carers information strategy	80
Primary Care	290
Public Health	51
Primary care	342
Hosted Services Adjustments	48
Capacity building & innovation funding	91
Plasma	21
Other Minor Adjustments	8
Revised Funding to Quarter 3	116,462

8.2 In accordance with the updated budget position, a revised Direction has been included at **Appendix 5** for approval by the Board to be issued to NHS Grampian.

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9. SUMMARY OF IMPLICATIONS

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

This report is consistent with the objectives of the Moray 2026 and includes 2017/18 budget information for services included within the MIJB, which is key to the delivery of health and social care services in Moray in accordance with the Strategic Plan.

(b) Policy and Legal

There are no policy or legal implications in this report.

(c) Financial implications

The financial details are set out in sections 3-8 of this report and in **APPENDIX 1**. For the period to 30 September 2017, an overspend is reported to the Board of £1.541m on core services. With the first provisional forecast to the year end of £1.691m overspend.

The staffing changes detailed in **APPENDIX 3** have already been incorporated in the figures reported.

The movement in the 2017/18 budget as detailed in paragraph 8.1 have already been incorporated in the figures reported.

(d) Risk Implications and Mitigations

The most significant risk arising from this report is the control and management of expenditure to provide the Health and Social Care services required for the Moray Area, within budget.

There 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 current forecast overspend of £1.691m gives cause for concern going forward. The reserves of £2.704m have been required to help balance the budget for 2017/18, but this is a one off windfall. Further savings will be required to be identified in order for the MIJB to be able to sustain a stand still budget and cover the budget pressures from 2018/19 onwards.

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(e) Staffing Implications

There are no direct implications in this report. **APPENDIX 3** summarises staffing decisions that have been implemented in the HSCM workforce.

(f) Property

There are no direct implications in this report.

(g) Equalities

There are no equality implications in this report

(h) Consultations

The Chief Officer, Chief Financial Officer, Legal Services Manager (Litigation & Licensing), the Senior Management Team and the Operational Management Team have been consulted and their comments have been incorporated in this report.

10. CONCLUSION

- 10.1 The MIJB Budget to 30 September 2017 has an over spend of £1.542m. Senior managers will continue to monitor the financial position closely and to develop agreed actions to rectify any shortfalls.
- 10.2 The provisional outturn position for 2017/18 for core services is £1.691m overspent, which is being offset by an underspend in recurring and non recurring strategic funds of £2.458m.
- 10.3 The finance position to 30 September 2017 includes the changes to staffing under delegated authority, as detailed in APPENDIX 3.
- 10.4 The financial position to 30 September 2017 reflects the updated budget position and a revised Direction has been prepared accordingly, as detailed in APPENDIX 5.

Author of Report: D O'Shea Principal Accountant (MC) & B Sivewright Finance

Manager (NHSG)

Background Papers: Papers held by respective Accountancy teams

Ref: DOS/LJC/

Signature: Date: 23 November 2017

Designation: Chief Financial Officer Name: Tracey Abdy

MORAY INTEGRATION JOINT BOARD

JOINT FINANCE REPORT APRIL 2017 - SEPTEMBER 2017

	Para Ref:	Annual Net Budget £000's 2017-18	Budget (Net) To Date £000's	Actual &Comm To Date £000's	Variance £000's	Forecast £000's	Variance To Budget £000's	Forecast Variance %
Community Hospitals	4.1	5,194	2,613	2,653	(40)	5,110	84	2
Community Nursing	4.2	3,568	1,789	1,795	(6)	3,637	(69)	(2)
Learning Disabilities	4.3	5,732	2,613	2,811	(198)	5,936	(204)	(4)
Mental Health	4.4	7,072	3,510	3,702	(192)	7,262	(190)	(3)
Addictions		955	341	364	(23)	994	(39)	(4)
Adult Protection & Health Improvement		176	67	66	1	164	12	7
Care Services provided in-house	4.5	13,771	6,684	6,757	(73)	13,774	(3)	(0)
Older People & PSD Services	4.6	16,071	7,635	7,712	(77)	16,423	(352)	(2)
Intermediate Care & OT	4.7	1,472	712	814	(102)	1,577	(105)	(7)
Care Services provided by External Contractors	4.8	10,953	5,921	6,107	(186)	11,007	(54)	(0)
Other Community Services	4.9	7,031	3,503	3,599	(96)	7,090	(59)	(1)
Admin & Management	4.10	2,100	1,272	1,297	(25)	1,897	203	10
Primary Care Prescribing	4.11	16,949	8,418	8,940	(522)	17,954	(1,005)	(6)
Primary Care Services		15,192	7,562	7,568	(6)	15,173	19	0
Hosted Services	4.12	3,757	1,903	1,964	(61)	3,836	(79)	(2)
Out of Area	4.13	669	263	315	(52)	669	0	0
Improvement Grants	4.14	980	475	358	117	830	150	15
Total Moray IJB Core		111,642	55,281	56,822	(1,541)	113,333	(1,691)	(2)
Other Recurring Strategic Funds	5.3	1,703	831	832	(1)	1,531	172	10
Other non-recurring Strategic Funds	5.4	581	57	57	0	287	294	275
Total Moray IJB Including Other Strategic funds		113,926	56,169	57,711	(1,542)	115,151	(1,225)	283
Other costs Commitments from Earmarked reserves	5.5	1,555				22	1,533	
Identified budget pressure Recurring deficit	5.6	1,335 1,225 1,327				767 1,327	458 0	
Moray Council reduction		(1,299)				(1,300)	1	
Savings identified	5.7	(200) 2,608	0	0	0	(200) 616	0 1,992	
Total Moray IJB (incl. other strategic funds)		116,534	56,169	57,711	(1,542)	115,767	767	283

Description of MIJB Core Services

□ Blue Badge scheme

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 care 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 care 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 care infrastructure, □ 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 care 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 care infrastructure Occupational therapy equipment Telecare/ Community Alarm equipment, 									

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Other definitions:

- **Tier 1-** Help to help you (information and advice), universal services to the whole community and an emphasis on prevention.
- **Tier 2** Help when you need it (immediate help in a crisis, re-ablement) and regaining independence.
- **Tier 3-** Ongoing support for those in need through the delivery of 1 or more self-directed support options.

HEALTH & SOCIAL CARE MORAY

DELEGATED AUTHORITY REPORTS - PERIOD JULY 2017 - SEPTEMBER 2017

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	<u>Duration (if</u> <u>Temporary)</u>	Effective Dates	<u>Funding</u>
Shared Lives Additional Staffing	Recruit additional 2.7fte	Grade 5 Assistant CCO	Permanent	N/A	Immediate	Permanent funding from the ICF £72k
Transfer budget from Buckie Coffee shop to Greenfingers	Transfer vacant post from Buckie Coffee Shop which has been de-commissioned	Grade 4 Care Assistant 32.25hrs	Permanent	N/A	Immediate	No impact on funding budget transferring from one service to another
Shared Lives	Staff member reduced hours and to amalgamate the hours to add to the new additional staffing to make 1 x fte	Grade 5 Assistant CCO	Permanent	N/A	Immediate	No impact on funding as adding reduction in hours from one post to another
Staffing – Moray West Team	Extend secondment by 8 weeks	Grade 9 Social Worker	Temporary	8 weeks	Immediate	£7k from temporary vacancy target adjustment
Contract Review	Increase hours from 25/wk – 29/wk. Working these hours on a temporary basis since employed now make permanent	Grade 5 Assistant CCO	Permanent	N/A	Immediate	£3k budget from within service from allowances budget
Joint Commissioning Officer	Establish 1 x fte Joint Commissioning Officer	Grade 9 Jt Commissioning Officer 1 x fte	Permanent	N/A	Immediate	£48k funding permanent transferred from ICF
Care at Home extension of existing temporary positions	Continue the temporary positions while Change Management Plan is being completed	1 x fte Care Organiser, 1x fte Clerical Asst, 2 x fte Team Leaders, 2 x fte Care Co-ordinators,	Temporary	4 mths	June 17 – Sept 17	Funding available as vacant posts within service held due to CMP
Mental Health Team, reduction in hours	Reduce 1.fte to 0.5 fte at request of staff member	1 x fte Grade 9 reducing to 0.5fte	Permanent	N/A	Immediate	Post realises an underspend of £25k to remain due to service review

APPENDIX 3

CLDT Staffing	Continuation and creation of temporary contracts. Delete Assistant CCO post	Grade 9 1 x fte increase contract from 34.00 to 36.25, Grade 4 Housing Support Worker 22.00 hrs temporary, Grade 3 Clerical Asst 18.00hrs extend post, Delete Grade 7 31.00 hrs ACCO post	Temporary	September 2018	Immediate	Funding deletion of grade 7 post and from specific client income,.
Deletion of post in Addiction Services	Delete vacant post of Advanced Practioner, identified as a saving for IJB 29 th June 2017	Grade 10 x 1.00fte Advanced Practioner	Permanent	N/A	Immediate	Part of savings identified £54k
Senior Performance & Quality Officer Backfill	Extend post	Grade 9 x 1.00 fte	Temporary	9 months	Immediate	£36k funded from ICF
Information Officer	Information Officer regraded from 5 – 4	Grade 5 0.5 fte to grade 4 0.5fte	Permanent	N/A	Immediate	Saving £1k
Joiner – OT Service	Recruit permanent Joiner post, currently secondment from DLO on FT basis. Budget available for 0.5 fte	Grade 5 1.00 fte	Permanent	N/A	Immediate	Budget £14k to make 1.0fte vired from within the service of minor adaptations
Extend SW post in Accommodation Review project	Extend post of SW in Accommodation Review Team until September 18	Grade 9 SW 1.00 fte	Temporary	To September 2018	Immediate	Funding to Sept 18 from ICF £48k
Moray Resource Centre update staff contracts	Make Permanent Day Svs Co-Ordinator in post where post holder had two posts and acting up, by deleting Resource Worker post Increase Care Assistant hours 16.25. Delete vacant Care Asst hour post and amalgamate to increase above Care Asst post	Delete Grade 7 Resource Worker post, 21.75 hrs, Increase current Grade 8 DS Co-ordinator from 14.50 hrs to 36.25hrs. Delete Grade 4 Care Assistant 18.00hrs and add to create 1.00fte Care Assistant grade 4	Permanent	N/A	Immediate	Funding contained within service and realigning of existing posts
Support Workers Out of Hours	Test site for new OOH services	Grade 4 Support Workers 1.00fte	Temporary	1 year	From appointme nt	SG/NHS Grampian specific funding set aside £113k

SERVICE AREA	SAVING PER IJB PAPER 29.6.17	DESCRIPTION PER BUDGET PAPER	RAG STATUS	SERVICE MANAGER UPDATE
SECTION A – Savings to	be achieved			
Community Nursing	£100,000	Staffing		A work force/load audit commences 4 th December which, through analysis will provide a further update on this saving in relation to potential future achievement. It is unlikely that any level of savings will be received during 2017/18.
Addictions	£54,000	Staffing		Saving achieved in full.
Care Provided In- House	£125,000	Efficiencies from Site Locations		Savings were initially offered up by better utilising sites and was caveated with the fact that implementation will take time. It is therefore, unlikely these savings will be achieved until 2018/19.
Older People (Intermediate Care & Occupational Therapy)	£30,000	Efficiency target set by service manager		Increased number of referrals to the service has placed a higher demand on the provision of equipment.
External Commissioned Services	£140,000	Ongoing Efficiency review		Savings were initially offered relating to the review of contracts and implementation of the changes to contracts. Process delays will result in these saving not being achievable until 2018/19.
Primary Care Prescribing	£100,000	Local Enhanced Services(LES)		The saving was reliant on the LES being introduced and agreed by all GP practices. The practices have now signed up for the LES but roll out is still to be confirmed and it is therefore unlikely any saving will be achieved during 2017/18.
Older People (Assessment & Care)	£75,000	Staffing and care requirements		The saving will not be achievable during 2017/18. Review through change management processes will support the achievement of this saving during 2018/19.
Total Savings Per Budget Paper	£624,000			

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 (to end of 2017/18 financial year):-

The direction issued on 31 August 2017 identified the following overall budget for the 2017/18 financial year:

£62.5 million, of which £4million relates to Moray's share for services to be hosted, £17 million relates to primary care prescribing and £0.5million relates to medicines in community hospitals and community services.

An additional £10 million is set aside for large hospital services.

An additional £1 million is now added to this for the remainder of the 2017/18 financial year.

This direction is effective from 14 December 2017.

ITEMS FOR THE ATTENTION

OF THE PUBLIC -

DISCUSSION