Moray Integration Joint Board

Annual Performance Report 2025/26

Moray Integration Joint Board

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1. Foreword from MIJB Chair and Vice-Chair

On behalf of Moray Integration Joint Board (IJB), we are pleased to present our Annual Performance Report for 2025/26.

This report reflects a year of significant challenge, continued change and meaningful progress for both the Board and Moray Health & Social Care Partnership (HSCP) – formerly Health & Social Care Moray.

Across Scotland, health and social care services continue to face deepening challenges, with rising demand, increasing complexity of need, mounting service delivery costs, workforce pressures and significant financial constraints.

It is welcome that more people are living longer; however, many are living with multiple long-term conditions and increasingly complex needs, requiring greater support to remain independent, connected and well within their own communities. At the same time, public services continue to operate within an extremely challenging financial environment, with difficult decisions required to reduce overspends and balance budgets.

Despite these continued pressures, colleagues across Moray HSCP have continued to show remarkable commitment, compassion and resilience. Every day, staff across services go above and beyond to support people, families and communities across Moray. Their professionalism, adaptability and determination to provide high-quality care and support in challenging circumstances deserves sincere recognition and thanks.

We also extend our heartfelt thanks to unpaid carers and volunteers across Moray. Their vital contributions underpin the resilience of our communities, and we recognise the invaluable role they play in supporting the health, wellbeing and independence of so many people.

We would also like to recognise the valuable contribution of Moray IJB members, whose leadership, scrutiny and commitment have helped guide and support the strategic direction of health and social care services throughout the year.
Against this backdrop, our focus has remained clear: improving health and wellbeing outcomes for people in Moray, supporting independence, positive experiences and quality of life, and working with communities and partners to deliver sustainable, high-quality services for the future.

This report highlights the progress made during 2025/26 as Moray continues to shift the balance of care towards prevention, early intervention and community-based support to help people live well and independently at home for longer.

During the year, we continued to see positive impact from collaborative and community-focused approaches.

While there is much to be proud of, we also recognise there are areas where improvement is still needed. Demand for services continues to grow, recruitment and workforce challenges remain significant, and difficult decisions continue to be required about how services are planned and delivered within available resources.

Being open and transparent about these challenges is important. Delivering sustainable health and social care services for the future will require continued transformation, strong partnership working and meaningful engagement with staff, people with lived experience, unpaid carers, communities and partner organisations. This collective effort will be essential to improving experiences and outcomes for people, while helping to manage increasing demand and the rising cost and complexity of care.

Although challenges remain, this report demonstrates the strength of partnership working across Moray and the dedication of the people who deliver, support and shape our services every day.

Together, we continue to build on progress and work towards better outcomes for the people and communities of Moray.

Dennis Robertson
Chair
Moray Integration
Joint Board

Councillor Bridget Mustard
Vice-chair
Moray Integration
Joint Board

2. Chief Officer's Introduction

As I present this year's Annual Performance Report for Moray's Integration Joint Board, I do so with a strong sense of pride and gratitude.

Throughout the year, our focus remained on improving health and wellbeing outcomes for the people of Moray, supporting independence, reducing inequalities, strengthening communities and redesigning services to ensure they remain sustainable for the future.

As demand for services continues to grow and people's needs become increasingly complex, we are continuing to shift the balance of care towards prevention, early intervention and community-based support. This means helping people stay well for longer, supporting independence wherever possible and ensuring care is provided in the most appropriate setting, close to home and connected to local communities.

This report highlights not only the challenges faced during the year, but also the progress made through partnership working, service redesign and the continued commitment of our workforce, communities and partners.

Importantly, this year's report is structured around the priorities set out within our Strategic Delivery Plan. This allows us to better demonstrate both the activity delivered during the year and also the difference this work is making for people and communities across Moray.

Many of the examples throughout this report show how services are continuing to evolve — building on people's strengths, improving personalised care, strengthening community support and working more collaboratively across organisational and professional boundaries.

A key priority has been the continued shift towards strengths-based approaches, earlier intervention and prevention wherever possible. Across Moray, services have worked together to empower people with greater knowledge, choice and control over decisions about their own health and support, helping to reduce avoidable crisis, improve wellbeing and support people to live safely and independently within their own homes and communities for longer.

At the same time, it's important this report reflects the scale of challenge facing health and social care services both locally and nationally.

The continuing financial climate has created significant pressure across the public sector, with rising demand for services, increasing complexity of care and escalating operating costs continuing to impact service delivery. Throughout this period, our priority has remained protecting frontline services as far as possible, while ensuring resources are used effectively and sustainably.

Good progress has been made during the year to strengthen financial oversight, control spending, secure best value and deliver identified medium and longer-term savings. Alongside this, we have continued to develop new approaches to service delivery, partnership working and community-based support.

While progress has been made, we recognise there is still much more to do. Some people continue to experience delays, barriers and pressures within services, and we remain committed to listening to feedback, learning from experience and continuing to improve the quality and accessibility of support across Moray.

I would like to thank all staff, partners, unpaid carers, volunteers, communities and people with lived experience who continue to contribute to improving health and social care services across Moray. Their dedication, expertise and commitment remain central to the progress outlined throughout this report.

Judith Proctor
Chief Officer
Moray Integration Joint Board

3. Background

It is now 10 years since Moray IJB was established as a statutory public body by the Scottish Government under the Public Bodies (Joint Working) (Scotland) Act 2014.

Under this legislation, all Integration Joint Boards (IJBs) are required to prepare and publish an annual performance report. The purpose of the report is to provide a clear and transparent account of how well the Integration Authority has carried out its responsibilities in planning and delivering integrated health and social care services.

It is designed to support accountability to local communities, people who access services, unpaid carers and partners, and to support ongoing reflection on performance, learning and continuous improvement.

Annual performance reports also play an important role in demonstrating progress towards the National Health and Wellbeing Outcomes, and in showing how effectively resources are being used to deliver care and support. They provide assurance at both local and national level, helping the public, partner organisations and the Scottish Government understand the impact of integration and the extent to which services are meeting people's needs.

Moray IJB is responsible for planning and commissioning a wide range of health and social care services for the people of Moray. These services are delegated to the Board by NHS Grampian and Moray Council.

Day-to-day provision of services is carried out through Moray Health & Social Care Partnership (HSCP), which brings together staff employed by the local authority and NHS to manage and deliver joined-up services across communities for children and adults.

This report sets out how well the Moray IJB has carried out its responsibilities over the past year. It highlights progress made in delivering the vision and commitments set out in the Strategic Plan, Partners in Care 2022–32, approved in November 2022, along with the supporting Delivery Plan approved in October 2023.

It includes a profile of Moray (Appendix A), an assessment of performance against the Moray Strategic Plan and a range of national and local indicators, including the core suite of integration indicators (Appendix C), and Ministerial Strategic Group measures linked to the National Health and Wellbeing Outcomes (Appendix B).

In doing so, the report reflects on what is working well, where challenges remain, and the actions being taken to improve outcomes for people and communities.
Finally, the report includes an overview of the Board's financial performance during the reporting period, providing transparency on how resources have been used to support the delivery of integrated services and whether best value has been achieved.

4. Board and Partnership Overview

Health and social care services in Scotland are delivered through Integration Joint Boards (IJBs), established under the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of integration is simple: to make care and support more joined-up and easier for people to access. It is designed to help people get the right support, at the right time, in the right place – with a strong emphasis on prevention, early support, and care delivered as close to home as possible.

Moray Integration Joint Board

Moray Integration Joint Board (IJB) was established in April 2016. It is responsible for planning and overseeing a wide range of health and social care services for people living in Moray. These responsibilities are formally delegated to the Board by Moray Council and NHS Grampian through a legal agreement known as the Scheme of Integration.

Moray IJB brings together elected members, NHS representatives, professional officers, and representatives from the third sector, along with people with lived experience of services and unpaid carers. In total, there are eight voting members – four appointed by Moray Council and four by NHS Grampian – supported by a wider group of non-voting members who contribute to decision-making and assurance.

The Board's role is to set the strategic direction for community health and social care in Moray and to agree priorities through its Strategic Plan. It does not deliver services directly. Instead, it directs how resources should be used to achieve agreed outcomes and holds the local system to account for delivery.

Moray IJB receives funding contributions from Moray Council and NHS Grampian. These resources are used to plan and commission services that respond to local needs.

The Board employs two direct staff members: the Chief Officer and the Chief Finance Officer. All other staff within the partnership remain legally employed by the partner NHS Board or Local Authority.

Moray Health & Social Care Partnership

Operationally services are delivered through Moray Health & Social Care Partnership (HSCP) – formerly Health & Social Care Moray – a partnership between NHS Grampian and Moray Council that brings together staff from Moray Council and NHS Grampian.
Moray HSCP is operationally led by the Chief Officer, supported by senior and operational management teams. The Chief Officer is accountable to both partner organisations (as well as

strategically to the IJB) and works closely with them to ensure services are delivered in line with the Board's strategic priorities and the partner organisations' financial settlements.

Services are delivered not only by Moray HSCP staff, but also through a network of commissioned partner organisations across the third and independent sectors. In primary care, this includes independent contractors such as GPs, dentists, optometrists, and pharmacists who provide services under national arrangements.
Services

The services planned and overseen through Moray IJB include:

- Social work and social care services for adults, including older people, mental health services, learning disability services, and support for people with physical and sensory disabilities
- Social work and social care services for children and families
- Children and families health services including health visiting, school nursing, and allied health professions.
- Justice services
- Primary care services, including general practice and community nursing
- Allied health professions such as physiotherapy and occupational therapy
- Community hospitals
- Health improvement services
- Community dental, ophthalmic, and pharmaceutical services
- Certain unscheduled care services linked to acute hospitals
- Support for unpaid carers

Moray also hosts some services on behalf of the wider Grampian area, including primary care contractor services and the GMED out-of-hours service.

5. Our Strategic Plan – Vision and Priorities

Moray Integration Joint Board (IJB) is legally required to develop and implement a Strategic Plan. This must align with the Scottish Government's National Health and Wellbeing Outcomes (Appendix B) and detail how integrated health and social care services will be funded and delivered for the Moray partnership area.

The Strategic Plan sets out the shared vision and local priorities that guide how services are planned and delivered to improve the health and wellbeing of people in Moray. It describes how local services contribute to the national outcomes and support the core aims of integration. The IJB must formally review and, if necessary, revise its Strategic Plan at least every three years. The current Strategic Plan is overdue for review, and work is underway to strengthen planning capacity and support the development of a refreshed plan for 2026-2029 to reflect recent developments and future priorities.

Our Moray vision

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

Our three strategic priorities

Building Resilience
Supporting people to take greater control of their health and wellbeing by:

- focusing on prevention and reducing inequalities.
- strengthening and supporting communities that care for one another.

Home First
Supporting people to remain at home or in a homely setting wherever possible by

- ensuring people receive the right care, in the right place, at the right time.
- helping build safe and supportive communities.

Partners in Care
Supporting people to be active partners in their care and support by:

- working in partnership with individuals, families, and communities.
- listening to what people tell us and being open and transparent in how decisions are made.
- aiming to make a positive difference beyond the services we directly deliver

The Strategic Plan is built around three priorities:
The strategic intentions continue to align with the triple aim set out in Scotland's national Health and Social Care Delivery Plan:

- **Better Care:** improving the quality of care by targeting investment where it can have the greatest impact and delivering effective, person-centred services.

- **Better Health:** improving health and wellbeing by supporting healthier lives from the earliest years, reducing health inequalities and placing greater emphasis on prevention, early intervention, and self-management.

- **Better Value:** improving the sustainability and value of services by making the best use of available resources, delivering care as efficiently and consistently as possible, investing in approaches that are proven to work, and focusing on prevention and early support.

The **Strategic Delivery Plan**, updated in May 2025, sets out the key actions and areas of work that will support delivery of Moray's strategic priorities.

The integration of Children & Families and Justice Services into Moray Health & Social Care Partnership under the direction of Moray IJB will be incorporated into the next Strategic Plan.

6. Understanding Need in Moray

Moray faces increasing and changing demand driven by an ageing population, rising long-term conditions and persistent inequalities, requiring a continued shift towards prevention, community-based care and partnership approaches to improve outcomes and ensure sustainable services.

Understanding the needs of local people and communities is essential to planning sustainable health and social care services.

The Moray Joint Strategic Needs Assessment 2024 (JSNA) brings together evidence about the health, wellbeing and wider circumstances of people living in Moray. It helps inform priorities, service planning and future commissioning decisions across health and social care.
The JSNA highlights a number of significant challenges and emerging pressures that continue to shape demand for services across Moray.

Health inequalities and poverty

While Moray is often seen as a relatively affluent area, poverty and inequality exist across many communities. Health outcomes continue to be strongly linked to deprivation, housing, employment, income and access to transport.

People living in more disadvantaged circumstances are more likely to experience poorer health outcomes, lower life expectancy, and higher levels of alcohol and drug-related harm, mental ill health, and preventable illness.

This highlights the importance of targeting support towards those most at risk and continuing to focus on prevention, early intervention and reducing inequalities.

An ageing population and increasing complexity of need

Moray's population is ageing, with significant projected growth in the number of people aged over 80 in the coming years.

As people live longer, more are living with multiple long-term conditions, frailty, dementia and increasing care and support needs. This is increasing demand for community-based services, care at home, reablement, housing adaptations and anticipatory care.

Supporting people to remain independent and well at home for as long as possible continues to be a key strategic priority.

Long-term conditions and mental wellbeing

Demand for health and social care services continues to grow as increasing numbers of people live with long-term conditions and multi-morbidity.

Common causes of ill health and premature death in Moray include cardiovascular disease, cancer, neurological conditions and musculoskeletal conditions. At the same time, demand for mental health support continues to increase, including rising levels of anxiety, depression and dementia.

These trends reinforce the need for more joined-up, person-centred approaches that support prevention, self-management and earlier intervention.

Rurality, housing and wider pressures

Moray's geography and rural communities can create additional challenges in accessing services and support. Transport, fuel poverty, housing suitability and the wider cost of living continue to affect people's health and wellbeing.

Many households include someone living with a long-term illness or disability, increasing the need for accessible housing, adaptations and community support.

Addressing these wider factors requires close partnership working across health, social care, housing, communities and the wider public sector.

Service demand and sustainability

Health and social care services continue to face growing demand alongside workforce and financial pressures.

Increasing levels of need, combined with challenges in recruitment and retention, rising complexity of care, and pressure across urgent and unscheduled care services, mean that current models of care are becoming increasingly difficult to sustain.

The JSNA highlights the importance of continuing to redesign services around prevention, community-based care, early support and partnership working to improve outcomes and ensure long-term sustainability.

Looking ahead

Taken together, these challenges point towards a continued strategic shift in Moray towards:

- prevention and early intervention.
- more care delivered at home or in local communities.
- integrated and person-centred support.
- reducing inequalities and tackling the wider causes of poor health.
- transforming services to ensure they remain sustainable for the future.

The Moray Area Profile can be found at Appendix A.

7. The Year in Context

A changing landscape for health and social care

Health and social care services across Scotland continue to face significant challenge. People are living longer and increasingly require support for multiple long-term conditions, frailty and complex care needs. Demand for services continues to rise, while workforce pressures, inflation and financial constraints continue to impact the delivery of care and support.

Nationally, Integration Joint Boards (IJBs) continue to face growing financial sustainability challenges. Audit Scotland highlighted that increasing demand and cost pressures are continuing to outstrip funding growth across the sector.

At the same time, expectations of services continue to grow, and partnerships are required to redesign services to ensure they remain sustainable, person-centred and focused on prevention.

For Moray, these pressures are further shaped by:

- our rural geography and dispersed population
- increasing demand for care and support
- workforce recruitment and retention challenges
- increasing complexity of care needs
- health inequalities experienced by some communities
- pressures across primary care, community services and hospital flow.

Our response

Throughout 2025/26, Moray HSCP continued to focus on:

- prevention and early intervention
- supporting independence and community-based care
- redesigning services to improve sustainability
- strengthening partnership and locality working
- improving access to support
- reducing delayed discharge and avoidable hospital admission
- tackling inequalities and improving wellbeing.

8. Performance Management and Reporting

This report brings together a wide range of information and evidence to show how health and social care services in Moray performed between 1 April 2025 and 31 March 2026.

It highlights the progress made towards delivering the Moray Integration Joint Board's Strategic Plan and provides an overview of performance against national and local measures during 2025/26.

Local context

Monitoring performance helps us understand what is working well, where improvement is needed, and whether we are delivering on the priorities set out in Moray Integration Joint Board's (IJB) Strategic Plan.

Moray Health & Social Care Partnership has arrangements in place to regularly review performance across services using a range of local and national measures. This helps ensure services remain focused on improving outcomes for children and adults.

Performance information is reviewed throughout the year by operational managers and senior leaders to identify progress, emerging pressures and any need for further action. Quarterly performance reports are considered by the Senior Management Team and formally scrutinised by Moray IJB's Audit, Performance and Risk Committee.

National context

All health and social care partnerships in Scotland are measured against a national framework designed by the Scottish Government to assess progress in improving health and social care services.

The National Health and Wellbeing Outcomes provide the overall framework for planning and delivering integrated health and social care services. These outcomes focus on improving people's experiences of care and support, helping people to live healthier and more independent lives, and ensuring services are safe, effective and sustainable.

Performance is also measured using a set of Core National Indicators (Appendix C), which allow comparisons to be made across Integration Joint Boards and against the Scottish average.

The indicators cover a range of areas including people's experiences of care, health outcomes, hospital activity, community support, and support for unpaid carers. Each indicator helps measure progress towards one or more of the National Health and Wellbeing Outcomes.

Throughout 2025/26, Moray HSCP continued to respond to growing demand, increasing complexity of need and ongoing workforce and financial pressures. While these challenges are being felt across Scotland, our focus remains on supporting people to live well, independently and safely within their own communities for as long as possible.

This report highlights how we are continuing to shift our approach from responding to crisis towards prevention, early intervention and community-based support. By investing in services that help people stay well, strengthening support for unpaid carers, expanding opportunities for self-management and redesigning services around people's needs, we are working to improve outcomes while ensuring services remain sustainable for the future.

Across all of our strategic priorities, a common theme emerges: helping people receive the right support, in the right place, at the right time. Whether through supporting children and families, enabling people to return home sooner from hospital, improving access to community support, or embracing innovation and partnership working, we are building a health and social care system that promotes independence, reduces inequalities and delivers care closer to home.

Strategic Themes

9. Building Resilience

Objectives
1. We focus on prevention and tackling inequality
2. We nurture and are part of communities that care for each other

10. Home First

Objectives
3. We work together to give you the right care in the right place at the right time.
4. We help build communities where people are safe.

11. Partners in Care

Objectives
5. We are an ambitious and effective partnership

12. Strategic Leadership, Planning and Performance

Objectives
6. We make a positive impact beyond the services we deliver
7. We are transparent and we listen to you

9. Strategic Theme 1 Building Resilience

Objective 1:

We focus on prevention and tackling inequality.

The National Health and Wellbeing Outcomes

1		**Health & wellbeing** People are able to look after and improve their own health and wellbeing and live in good health for longer.
2		**Living in the community** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
5		**Health inequalities** Health and social care services contribute to reducing health inequalities.

Why this matters

Improving health is about far more than treating illness. Many of the factors that influence health and wellbeing – such as poverty, housing, education, employment, and social connection – develop long before someone requires health or social care services.

Preventing ill health, identifying problems earlier and reducing inequalities are therefore central to Moray Integration Joint Board's strategic vision. Investing in prevention not only improves people's quality of life but also helps ensure health and social care services remain sustainable for the future.

During 2025/26, work under this strategic objective focused on improving access to preventative healthcare, strengthening community support, tackling the wider causes of poor health, and encouraging healthier lifestyles across all ages.

Early Intervention and Prevention
Learning Disabilities Annual Health Check Programme

People with learning disabilities often experience poorer health outcomes and face barriers to accessing routine healthcare. Annual health checks help identify health issues earlier, enabling timely intervention and reducing inequalities in access to care.

The programme continues to make a measurable difference across Moray. Since implementation began, 292 people have been offered an annual health check, with 226 completed. Flexible delivery arrangements, including home visits, have helped reach individuals who may otherwise struggle to engage with traditional healthcare settings.

The programme has identified a wide range of previously unmet health needs, allowing earlier referral and coordinated support from appropriate services. Importantly, the programme has now moved from implementation into business as usual, embedding preventative care into routine practice.

Impact

- **292 people offered an Annual Health Check**
- **226 health checks completed**
- **Earlier identification of unmet health needs and improved access to preventative care**
- **Flexible delivery helping improve access for harder-to-reach individuals**
- **Programme now established as an ongoing service**

Strengthening community support through social prescribing

Social prescribing helps connect people with community groups, activities and practical support that can improve wellbeing and reduce social isolation while reducing reliance on formal services.

During 2025/26, progress was made in establishing the infrastructure required to support a sustainable social prescribing model across Moray. While direct delivery is still at an early stage, important foundations have been put in place to support future implementation and evaluation.

The Grampian Social Prescribing Toolkit, developed collaboratively with partners, provides a consistent approach to implementation across the region. Work during the year has laid the foundations for a pilot at Maryhill GP Practice in Elgin, which will help refine the model before wider rollout.

Impact

- **Foundations established for a sustainable social prescribing model**
- **Digital systems developed to support future delivery and evaluation**
- **Regional toolkit completed to support consistent implementation**
- **Pilot model developed for testing during 2026/27**

Tackling poverty and reducing inequalities

Poverty remains one of the strongest predictors of poor health outcomes. Addressing health inequalities therefore requires coordinated action across health, social care and wider community partners.

Moray HSCP continued to contribute to the development of a Moray-wide Poverty Strategy and Action Plan during 2025/26. This work will be strengthened further through the establishment of a new Anti-Poverty Strategic Group from 2026/27.

Alongside strategic development, work has also focused on helping frontline staff recognise and respond to the impact of poverty through the Making Every Opportunity Count (MEOC) approach. Refreshed awareness sessions incorporating Realistic Medicine principles have equipped staff with practical skills and confidence to have supportive conversations with people about the wider factors affecting their health and wellbeing.

While the longer-term impact of this work will take time to emerge, it has strengthened awareness of the relationship between poverty and health and increased confidence among staff to have supportive conversations about the wider circumstances affecting people's wellbeing.

Impact

- **Continued development of a Moray-wide Poverty Strategy**
- **New Anti-Poverty Strategic Group established for 2026/27**
- **19 awareness sessions delivered**
- **155 staff from Moray HSCP, Dr Gray's Hospital and the third sector participated**

Supporting healthier lifestyles: Whole Systems Approach to Improving Healthy Weight

Obesity and poor diet are influenced by a complex combination of social, environmental and economic factors. Addressing these challenges requires coordinated action across organisations rather than focusing solely on individual behaviour change.

During the year, Moray HSCP led on the development of a Whole Systems Approach to Healthy Weight, bringing together partners from health, education, local government, the third sector and wider community planning partnership.

The stakeholder network expanded from approximately 35 organisations to more than 75, creating stronger shared ownership of healthy weight outcomes across Moray. Workshops and engagement activity increased understanding of how local policies and environments influence health and encouraged collaborative action across multiple sectors.

Rather than relying on individual projects, this work is helping partners consider healthy weight as part of wider prevention, community planning and population health improvement activity.

Impact

- **Partnership network expanded from approximately 35 to over 75 organisations**
- **Shared understanding of healthy weight strengthened across sectors**
- **Foundations established for long-term system-wide action**

Nutrition and Hydration Week

Good nutrition and hydration are fundamental to maintaining health, independence and quality of life, particularly for older adults and vulnerable groups.

Local activity in support of National Nutrition and Hydration Week in March 2026, brought together 16 organisations across health, care and community settings to promote simple, practical interventions that support healthier everyday choices.

Activities for patients, residents, supported people and practitioners included hydration stations, healthy snack initiatives, interactive challenges and accessible information.

Feedback demonstrated increased awareness, healthier choices and improved confidence among staff and participants. Many organisations introduced changes designed to continue beyond the campaign itself, creating longer-term benefits.

Impact

- **16 organisations participated across Moray**
- **Increased awareness of healthy nutrition and hydration**
- **Practical improvements embedded within participating settings**
- **Campaign messages extended through social media and community engagement**

Supporting healthier choices for children and families

The Snacktember project encouraged healthier snacking among children while helping families overcome barriers to accessing fruit and vegetables.

Working with three early years settings, one primary school and a youth club, the month-long initiative reached 130 families across Moray. Incentivised through fruit and vegetable-specific vouchers redeemable at a local supplier, alongside child-focused rewards, Snack-tember combined positive reinforcement, peer influence and school-based support.

Voucher uptake increased significantly during the programme, rising from 61% in the first week to almost 90% in the second week as awareness and engagement grew.

Evaluation showed that 82% of parents reported the vouchers influenced their purchasing decisions, around 68% observed increased interest in healthier snacks from their children, and 82% intended to continue providing healthier snacks after the campaign.

The project also highlighted that affordability and availability continue to be barriers for some

families, reinforcing the importance of longer-term system-wide approaches alongside targeted interventions.

Impact

- **130 families engaged**
- **Voucher uptake increased to almost 90%**
- **82% of parents reported healthier purchasing choices**
- **Evidence generated to inform future healthy weight initiatives**

Looking ahead

The work undertaken during 2025/26 demonstrates a continued shift towards prevention, early intervention and reducing inequalities. While many of these initiatives are laying the foundations for longer-term change, they are already improving access to support, strengthening partnerships and helping people make healthier choices.

The next phase of delivery will focus on embedding these approaches into routine practice, expanding successful models and ensuring that prevention remains at the heart of health and social care.

Objective 2:
We nurture and are part of communities that care for each other.

The National Health and Wellbeing Outcomes

1		**Health & wellbeing** People are able to look after and improve their own health and wellbeing and live in good health for longer.
4		**Quality of life** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
6		**Carers are supported** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well- being.

Why this matters

Strong communities play a vital role in improving health and wellbeing. Families, unpaid carers, neighbours, volunteers and community organisations provide invaluable support that helps people stay independent, connected and resilient.

Building these community assets not only improves quality of life but also helps prevent crises and reduces demand on statutory services. During 2025/26, Moray HSCP continued to strengthen community partnerships, improve support for unpaid carers and develop more integrated services that help people access the right support at the right time.

Supporting unpaid carers

Unpaid carers make a significant contribution to the health and wellbeing of people across Moray. Recognising, identifying and supporting carers is essential to ensuring they can continue in their caring role, if they choose to do so, while maintaining their own health and wellbeing.

During the year, implementation of the Moray Unpaid Carers Strategy 2023–2028 continued, with a strong emphasis on ensuring that services reflect the experiences of carers themselves. Surveys involving adult carers, young carers and partner organisations provided valuable insight into priorities and challenges. The findings have been used to strengthen the implementation plan and inform the specification for the future commissioned carers support service for adult and young carers.

The feedback also reinforced the continuing pressures experienced by unpaid carers, highlighting the importance of maintaining accessible support and information services. Awareness of carers' needs has also increased across health, education and social care

through regular communications, targeted training and the continued development of the partnership's Carer Aware initiative. Schools have worked with the Young Carers Strategy Officer to identify Young Carer Champions, improving recognition of young carers and helping them access appropriate support.

Impact

- **Lived experience directly informed future service design**
- **New commissioned carers support service strengthened through consultation**
- **10 schools identified Young Carer Champions**
- **Greater awareness of young carers across education and social work**
- **Carer Aware initiative progressed towards implementation**

Strengthening community support and reducing isolation

Communities themselves are often the best source of prevention and wellbeing. Local groups provide opportunities for people to remain active, build friendships and maintain independence.

The Be Active Life Long (BALL) programme, initiated and supported by Moray, continues to demonstrate the value of community-led prevention. It celebrated its 20th anniversary during 2025/26, reflecting two decades of community-led prevention.

Eighteen groups across Moray now support around 1,000 members, delivering opportunities for physical activity, cognitive stimulation and social connection. During the year, participants collectively accessed more than 84,000 hours of activity, helping reduce loneliness and improve wellbeing.

It also contributed more than £37,800 to the local economy through the use of local activity providers and the hire of community settings for sessions.

Partnership working has continued to expand opportunities for residents through initiatives such as chair-based exercise programmes delivered with Dance North and accessible outdoor activities developed alongside Wild Things, supporting both physical and mental wellbeing. The Community and Volunteering Team also responded to 350 enquiries, connecting people to information, support and local activities.

Impact

- **18 BALL groups supporting approximately 1,000 members**
- **Over 84,000 hours of activity delivered annually**
- **168 chair-based exercise Seated Exercise and Tea (SET) classes resulting in more than 3,300 attendances**
- **More than 100 people participated in accessible outdoor wellbeing activities**

Improving access to primary care and mental health support

Sustainable communities require accessible health services that provide early support and reduce the need for more intensive intervention.

Implementation of the Moray Primary Care Improvement Plan continued during 2025/26, expanding multidisciplinary support available through GP practices. Services including Community Treatment and Care, First Contact Physiotherapy, Occupational Therapy and Mental Health and Wellbeing Practitioners are now available across every Moray GP practice, providing patients with faster access to the most appropriate professional.

Mental health services have also expanded through new commissioned services delivered by Scottish Association for Mental Health (SAMH). Demand has continued to grow, with the Intensive Recovery and Community Support Service supporting 128 people during Quarter 3, compared with 85 people during Quarter 1, demonstrating increasing utilisation.

While demand for support continues to increase, these developments are helping ensure more people can access appropriate support earlier and closer to home.

Mental Health and Wellbeing Practitioners embedded within GP practices offered 2,344 appointments during the previous financial year, helping people receive timely support and reducing pressure on general practice.

Work has also continued to improve access to psychological therapies by strengthening pathways between primary and secondary care, ensuring people receive support from the most appropriate service without unnecessary delays or repeat referrals.

Alongside service delivery, the Third Sector partner Moray Wellbeing Hub supports opportunities to ensure that people with lived experience help shape future mental health services and priorities.

Impact

- **Multidisciplinary primary care services available across all Moray GP practices**
- **New SAMH services fully operational and supporting increasing numbers of people**
- **2,344 Mental Health and Wellbeing Practitioner appointments delivered**
- **Improved pathways reducing unnecessary delays between services**
- **Lived experience informing future mental health planning**

Supporting children, young people and families

Building resilient communities begins with giving children and families the best possible start in life.

Community events such as the Summer Pop Up in the Park and Holiday Hub Hangout created welcoming spaces where families could access support, connect with local organisations and influence future services. Around 200 people attended the events, supported by more than 20 partner organisations and delivered through a partnership between the Moray Health Improvement Team, Moray Council Youth Work Team, Community Wardens and Lossiemouth Community Hub.

Young people reported increased confidence and awareness of local opportunities, while feedback identified priorities for future community development.

Work under the Children's Services Plan 2023-2026 continued to improve outcomes across several priority areas. Financial inclusion initiatives supported families experiencing poverty, with audits showing 94% of families were asked about their financial circumstances through health visiting and midwifery services. The Money Advice Team supported 199 families, securing over £201,000 in financial gains while helping reduce debt by more than £95,000.

Support for children with additional support needs also expanded, with Scottish Government investment improving communication support for 150 non-verbal children and increasing opportunities for participation in sport and leadership activities.

Mental wellbeing remained a key priority. The newly commissioned SAMH service for children and young people received 40 referrals shortly after launch, while the Moray Parent Project provided extensive one-to-one and group support, helping parents build confidence to support both their own wellbeing and that of their children.

Despite these positive developments, the impact of poverty and inequalities continues to affect outcomes for some children and families, reinforcing the need for sustained partnership working.

Impact

- **Around 200 people engaged through community family events**
- **Over 20 organisations working together to support local families**
- **199 families received money advice, securing more than £201,000 in financial gains**
- **150 non-verbal children benefited from enhanced communication support**
- **New children and young people's mental wellbeing service successfully launched**
- **Continued expansion of early intervention and family support services**

Supporting children and families with disability and neurodiversity

Children and young people with additional support needs and neurodiverse conditions often require coordinated support across education, health and community services to help them achieve their full potential. During 2025/26, investment and partnership working have increased both the range of support available and opportunities for children and families to participate fully in their communities.

A Scottish Government investment of £485,000 has strengthened communication support services, with 150 non-verbal children benefiting from enhanced provision. Support for parents has also expanded, helping families build confidence in supporting their children, with 83% of participants reporting increased confidence after accessing services.

The focus on inclusion has extended beyond education into community life. Participation in sport among children and young people with additional support needs increased from 39% to 47%, while 66 young people became Young Sports Leaders, creating new opportunities for leadership, confidence and social connection.

Demand for neurodevelopmental assessments continues to rise and currently exceeds available capacity. Work continues at a regional level to develop a Grampian-wide pathway that will provide a more consistent and sustainable approach for children and families.

Impact

- **£485,000 invested to strengthen support and communication provision**
- **150 non-verbal children benefited from enhanced communication support**
- **83% of parents accessing support reported increased confidence**
- **Participation in sport increased from 39% to 47%**
- **66 young people with additional support needs became Young Sports Leaders**

Keeping children safe

Protecting children is a shared responsibility that depends on strong partnership working, continual learning and listening to the voices of children and families.

During the year, two multi-agency learning reviews were completed, providing opportunities to strengthen practice and improve local procedures. Additional staff have been trained to lead future reviews, helping to embed a culture of continuous learning across services.

A new Child Protection Voice Toolkit has been developed to ensure children's experiences and perspectives are better reflected in protection processes, with training now underway. Online safety work also expanded through collaboration with Police Scotland, including education around harmful online ideologies and emerging risks for young people.

Quality assurance activity continues to demonstrate positive practice, with solution-focused approaches increasingly evident within child protection planning meetings. Advocacy services for children and parents involved in child protection processes have also seen increased uptake, helping families understand their rights and participate in decisions affecting them.

Impact

- **Two multi-agency learning reviews completed**
- **Additional staff trained to lead future reviews**
- **New Child Protection Voice Toolkit introduced**
- **Increased access to advocacy for children and parents**
- **Strengthened partnership approaches to safeguarding and online safety**

Improving emotional and mental wellbeing

Good mental health in childhood lays the foundation for lifelong wellbeing. During 2025/26, Moray continued to strengthen early intervention and improve access to support for children, young people and their families.

The Moray Parent Project supported 76 new parents during the latter part of the year, delivering 259 individual sessions and 28 group sessions to help parents build confidence and support their own and their children's emotional wellbeing.

Support for children experiencing emotional school avoidance has also expanded by embedding a successful pilot within an existing service, creating a sustainable early intervention model without additional cost.

Alongside direct support, more than 160 professionals attended the "Children's Mental Health is Everyone's Business" event at Moray UHI in Elgin, increasing awareness of available services and strengthening partnership working across education, health and social care.

Grampian Children and Adolescent Mental Health Service (CAMHS) continued to meet the national 18-week standard for more than 90% of referrals, although waiting times for non-urgent presentations remain around six months, highlighting continuing pressures on specialist services.

Impact

- **76 new parents supported through the Moray Parent Project**
- **259 one-to-one sessions and 28 group sessions delivered**
- **New SAMH service launched with 40 referrals shortly after opening**
- **Early intervention for emotional school avoidance embedded into mainstream delivery**
- **160 professionals strengthened their knowledge of children's mental health support**

Strengthening family support

Helping families early can prevent difficulties from escalating and improve outcomes for children. During 2025/26, Moray HSCP continued to expand universal and targeted family support, recognising that confident and supported parents create stronger outcomes for children.

The PEEP early years programme continued to grow through a partnership approach, with 962 parents registered and more than 1,000 attendances at sessions across Moray. The programme supports positive parent-child relationships and early child development while helping families build local support networks.

The Moray Parent Project has evolved beyond its original focus on mental wellbeing and is now supporting wider family resilience and parenting confidence. Work also continued to strengthen children's rights through the ongoing development of the Getting it Right for Every Child (GIRFEC) website and expanded reach of the Children's Rights Service.

Support for young people affected by alcohol and drugs has been strengthened through the extension of the YP Zone (Aberlour Youth Point) service, secured through a combination of local and national funding. A new Drug and Alcohol Group has also been established to improve coordination across services.

Closer collaboration between children's health services and Early Learning and Childcare settings is improving transitions into nursery, enabling providers to better plan support for children with additional needs before they start.

Impact

- 962 parents registered with the PEEP programme
- More than 1,000 attendances at family support sessions
- Parent support expanded beyond mental wellbeing to wider family resilience
- YP Zone service extended through additional funding
- Improved partnership working supporting smoother transitions into early learning

Looking ahead

Communities are strongest when people are connected, supported and able to help one another. During 2025/26, Moray HSCP continued to strengthen the networks, partnerships and community resources that enable this to happen.

The next phase of work will build on these foundations by expanding support for unpaid carers, embedding integrated models of primary and mental health care, strengthening community-led prevention and ensuring that children and families can access the right support as early as possible.

10. Strategic Theme 2 Home First

Objective 3:

We work together to give you the right care in the right place at the right time.

The National Health and Wellbeing Outcomes

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

Why this matters

Most people want to remain independent and receive care and support at home or within their own community wherever possible. Achieving this requires health and social care services to work seamlessly together, ensuring people receive the right support at the right time while avoiding unnecessary hospital admissions or delays.

During 2025/26, Moray HSCP continued to strengthen community-based services, improve urgent care pathways and empower people to have greater choice and control over how their support is delivered.

Supporting people to remain safely at home: Home Assessment Pathway

Helping people return home safely after time in hospital or avoid unnecessary admission to hospital requires coordinated support from a range of professionals.

Medication can often be a significant barrier to independence, particularly for older people living with multiple long-term conditions.
A dedicated pharmacist joined the Home Assessment Pathway in January 2026 to undertake comprehensive medication reviews for people supported through the enhanced Discharge to Assess (D2A) service. Although the role is relatively new, it is already demonstrating significant benefits by reducing unnecessary medication, lowering the risk of falls and simplifying treatment regimes.

The reviews have also identified medicines that were no longer required but continued to be prescribed, reducing waste while improving patient safety. In several cases, medications

associated with confusion, falls and declining function in older adults were safely discontinued without adverse effects.

Importantly, reducing medication burden has also enabled some people to require fewer daily care at home visits, supporting greater independence at home.

Impact

- **46 people received specialist medication reviews**
- **Daily tablet burden reduced by 56 doses**
- **25 falls-risk increasing medicines removed**
- **Significantly lowered the combined side-effect risks from certain medications**
- **6 regular care visits no longer required**
- **Ongoing prescribing savings of approximately £220 per month**
- **Improved patient safety and reduced unnecessary medicines**

Supporting greater choice and control

Self-Directed Support (SDS) enables people and families to have greater choice and control over how their care and support is arranged. During 2025/26, work continued to strengthen understanding of the available options while improving the flexibility and sustainability of local support arrangements.

A new SDS Operational Group now brings together practitioners, independent advisers, advocacy services and Third Sector partners to promote consistent practice and shared learning across Moray.

Practical improvements have also been introduced for people choosing to employ their own Personal Assistants, including dedicated recruitment support, monthly drop-in sessions and the establishment of an emergency pool of Personal Assistants to provide cover when needed.

Information has been refreshed through updated webpages and guidance materials, making it easier for individuals and families to understand their options and make informed decisions.

Alongside this, the Day Opportunities Team has continued to support people and unpaid carers to access meaningful activities within their communities using a strengths-based approach that builds on individual skills, interests and existing connections.

Positive feedback has been received from individuals and families regarding the impact of this support. One individual described the support as being “a life raft in a raging sea”, highlighting the value of timely and person-centred intervention.

Impact

- **Multi-agency Self-Directed Support Operational Group established**
- **Improved independent advice and advocacy across all four SDS options**
- **Enhanced recruitment support for Personal Assistant employers**
- **Emergency Personal Assistant pool established**
- **Updated information resources improving access and understanding**
- **Positive feedback demonstrating significant benefit for individuals and families**

Providing urgent care closer to home: Out of Hours primary care (GMED)

When GP practices are closed, timely access to urgent care is essential. GMED provides urgent assessment and treatment while helping ensure patients receive care in the most appropriate setting, reducing unnecessary attendance at Emergency Departments.

Throughout 2025/26, GMED continued to provide urgent out-of-hours primary care across Grampian, helping people access the right care at the right time while reducing unnecessary demand on hospital services.

Key developments have included enhancements to weekend skill mix, continued contribution to unscheduled care system improvements, and national recognition for teaching excellence. Together, these demonstrate GMED's ongoing role in delivering high quality urgent care, supporting workforce development, and ensuring patients receive the right care, in the right place, at the right time.

During the year, GMED managed 107,825 patient contacts across Grampian, including advice calls, consultations, home visits and mental health support. Within Moray alone, the service managed 16,043 contacts (14.8% of total activity), demonstrating its important role within the local urgent care system. Elgin, Forres and Buckie remain the busiest locations.

Access to specialist mental health expertise during weekends has been enhanced through the introduction of a Mental Health Nurse within the Out of Hours service.

This has improved multidisciplinary working and ensured people experiencing mental health difficulties are assessed by the clinician best placed to meet their needs. Earlier specialist assessment supports better decision-making and more appropriate onward referral while making better use of clinical resources.

Beyond activity levels, GMED's greatest contribution is its ability to direct patients to the right service first time. Through effective clinical assessment and triage, many patients receive appropriate treatment within primary care, avoiding unnecessary hospital attendance and protecting capacity for those with the greatest need.

Impact

- **107,825 contacts managed across Grampian; 16,043 contacts from Moray residents**
- **Thousands of patients supported through advice, consultations and home visits**
- **Reduced unnecessary pressure on Emergency Departments**
- **Improved patient access to appropriate care closer to home**
- **Specialist mental health nursing introduced to weekend service**
- **Earlier access to appropriate assessment**

Improving the wider urgent care system

GMED has also played an important role in supporting the wider redesign of unscheduled care through its involvement in the Flow Navigation Centre.

Providing dedicated clinical support has strengthened coordination across services, enabling faster decision-making, reducing duplication and helping patients access the most appropriate care pathway. Positive feedback from clinicians and partner organisations has resulted in the arrangement being extended while longer-term service models are developed.

Impact

- **Improved coordination across urgent care services**
- **Better clinical decision-making and patient navigation**
- **Reduced duplication between services**
- **Enhanced resilience across the unscheduled care system**

Investing in the workforce of the future

Providing the right care at the right time depends on developing a skilled and sustainable workforce.

During 2025/26, GMED's partnership with the University of Aberdeen was recognised through a Principal's Teaching Excellence Award Certificate of Commendation, acknowledging the quality of out-of-hours placements provided for Year 4 medical students.

The service has also supported pharmacists undertaking Independent Prescribing training through supervised shadowing opportunities, helping develop advanced clinical assessment and real-time prescribing skills while strengthening the future urgent care workforce.

Impact

- **Recognition for teaching excellence**
- **Strengthened partnership with the University of Aberdeen**
- **Expanded learning opportunities for future independent prescribers**

Supporting young people's health and emotional wellbeing

School nurses continue to play a vital role in supporting the health and wellbeing of children and young people, providing targeted support and ensuring referrals reach the most appropriate services.

Feedback from young people consistently highlights the value of having a trusted professional who listens and provides practical strategies to manage challenges such as anxiety and emotional wellbeing.

Comments included:

"It's really helped me."
"Someone different to talk to and help you."
"Helped me with strategies and ways to manage my anxiety."

Parents also reported positive experiences, with one describing the service as having "helped greatly" by providing practical advice and reassurance.

The service continues to use feedback to drive continuous improvement and ensure support remains responsive to the needs of children, young people and families.

Impact

- **Positive feedback received from primary and secondary pupils**
- **Young people reported improved confidence and coping strategies**
- **Families valued practical advice and support**
- **Continuous feedback informing service improvement**

Looking ahead

The work undertaken during 2025/26 demonstrates continued progress towards delivering care closer to home, improving coordination between services and giving people greater choice and control over their care.

As demand for services continues to grow and people's needs become more complex, these integrated and person-centred approaches will remain essential to ensuring people receive the right care, in the right place, at the right time, while supporting the long-term sustainability of health and social care services in Moray.

Objective 4:

We help build communities where people are safe.

The National Health and Wellbeing Outcomes

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

Why it matters

Creating safe communities is about more than responding when things go wrong. It means working together to prevent harm, identify risks early and ensure people can access the support they need when they need it. Throughout 2025/26, partners across Moray continued to strengthen approaches to suicide prevention, alcohol and drug support, public protection and community justice, helping people stay safe and improving outcomes for some of the most vulnerable members of our communities.

Suicide prevention and early intervention

Suicide prevention remains a key public health priority. During the year, a wide range of awareness, training and capacity-building activities were delivered across schools, workplaces, community organisations and armed forces settings, helping to increase understanding of suicide risk and build confidence in supporting people who may be struggling.

Learning from suicide deaths continues to inform local improvement activity. Moray partners have worked closely with regional colleagues to review emerging trends and strengthen local responses. Work is now underway to establish a multi-agency suicide review process in Moray, helping services better understand the circumstances surrounding deaths and identify opportunities for earlier intervention.

Additional staff have been trained to deliver Applied Suicide Intervention Skills Training (ASIST), increasing local capacity to support people experiencing suicidal thoughts. Work also continued on the development of a local suicide cluster response protocol and the introduction of new systems to improve data collection and learning.

Although suicide rates are influenced by many factors and changes may take time to emerge, these activities are helping build community capacity to recognise risk and support early intervention.

Impact

- **Increased suicide prevention awareness across schools, workplaces and communities**
- **Expanded local capacity to deliver suicide intervention training**
- **New approaches being developed to strengthen learning from suicide deaths**
- **Improved partnership arrangements to identify risks and respond earlier**

Reducing alcohol and drug-related harm

Supporting people affected by alcohol and drug use remains a key priority. Throughout 2025/26, partners continued to focus on reducing harm, improving access to treatment and supporting long-term recovery.

Timely access to treatment remained consistently above national standards, supported by strong partnership working and continued implementation of Medication Assisted Treatment (MAT) Standards. Outreach activity, welfare checks and assertive engagement helped people remain connected to services and reduced the number of unplanned discharges from treatment programmes.

Moray also strengthened its ability to identify and respond to emerging risks through the establishment of a local Early Warning Group, bringing partners together to monitor trends in drug use, overdoses and wider harm indicators.

Access to residential rehabilitation continued to improve, supported by dedicated link worker arrangements that help individuals prepare for treatment and maintain recovery following discharge.

Impact

- **Treatment access consistently exceeded national targets**
- **Fewer people disengaged from treatment and support services**
- **Improved access to residential rehabilitation and recovery support**
- **New partnership arrangements established to monitor emerging risks and trends**

Protecting children and young people

Partnership work across Moray continues to focus on preventing harm, supporting families and ensuring children and young people are safe, heard and supported.

Preventative education programmes on healthy relationships, online safety and harmful online influences reached hundreds of young people, parents and professionals during the year. Training developed locally by Moray partners on harmful online ideologies attracted significant interest beyond Moray and has since been shared regionally, nationally and internationally.

Progress has also been made in strengthening child protection practice through new multi-agency guidance, enhanced training, improved approaches to capturing the voice of the child and continued implementation of evidence-based family support programmes.

Investment through Scotland's Bairns' Hoose programme has enabled further development of trauma-informed support for children who have experienced harm. Improvements to local facilities and specialist staffing are helping create more child-centred environments and experiences.

There are encouraging signs that this work is making a difference. During the year, more children were able to leave the Child Protection Register because risks within their home circumstances had reduced and family situations had improved.

Impact

- **Hundreds of children, families and professionals engaged in prevention and safety programmes**
- **Increased support for children affected by trauma and abuse**
- **More children able to leave child protection processes due to improved family circumstances**
- **Moray recognised nationally for innovative work on online safety and harmful ideologies**

Protecting adults at risk of harm

Adult Support and Protection activity increased during the year, reflecting both growing complexity of need and continued vigilance in identifying and responding to concerns. Partnership working between social work, health services, Police Scotland and advocacy services continues to ensure adults at risk are supported and protected. Advocacy remains an important part of the process, helping individuals have their views represented in decisions affecting their lives.

Adults supported through protection plans reported positive outcomes, including improved safety, better living conditions, increased confidence and reduced anxiety.

Work also continued to strengthen quality assurance arrangements, with new case conference standards introduced across Grampian to improve consistency and support better outcomes.

Impact

- **Increased identification and investigation of adults at risk of harm**
- **Strong advocacy support ensuring people's voices are heard**
- **More adults reporting improved safety and wellbeing**
- **Enhanced quality assurance and partnership working arrangements**

Supporting rehabilitation and reducing reoffending

Community justice partners continue to work together to support rehabilitation, reduce reoffending and help people successfully reintegrate into their communities.

Community Payback Order completion rates remained strong, demonstrating continued engagement with community-based justice interventions. New approaches have focused on improving employability, developing practical skills and strengthening trauma-informed practice across services.

Partnership working with prisons, housing providers, health services and recovery organisations has also been strengthened to improve support before and after release from custody. This includes enhanced liberation planning, better referral pathways and greater involvement of people with lived experience in shaping services.

Impact

- **Strong completion rates for community justice interventions**
- **Improved pathways between prison, health and community services**
- **Increased focus on employability, recovery and rehabilitation**
- **Greater involvement of people with lived experience in service development**

Tackling violence against women and girls

Preventing violence against women and girls remains a key priority for partners across Moray. Throughout the year, activity focused on raising awareness, strengthening professional skills and improving support for women, children and families affected by abuse.

Public awareness campaigns, conferences and training events engaged hundreds of practitioners and community members, helping build understanding of the causes and consequences of violence against women and girls.

The partnership continued to strengthen trauma-informed responses, improve referral pathways and support implementation of evidence-based approaches such as the Safe and Together model, which aims to improve outcomes for children while increasing accountability for perpetrators.

Work also progressed to support implementation of the Caledonian Programme, helping address abusive behaviour and improve safety for women and children, contributing to earlier identification of abuse and more coordinated support for women, children and families affected by violence.

Impact

- **Hundreds of people engaged through awareness raising and training activities**
- **Continued development of trauma-informed support services**
- **Increased local capacity to support children and families affected by domestic abuse**
- **Strengthened partnership approaches to prevention and perpetrator accountability**

11. Strategic Theme 3 Partners in Care

Objective 5:

We are an ambitious and effective partnership.

The National Health and Wellbeing Outcomes

8		**Workforce** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9		**Use of resources** Resources are used effectively and efficiently in the provision of health and social care.

Why this matters

The health and social care system is facing growing demand from an ageing population, increasing numbers of people living with long-term conditions and significant workforce pressures. Meeting these challenges requires more than additional resources—it requires partners to work differently, redesign services and embrace innovation.

During 2025/26, Health and Social Care Moray continued to strengthen partnership working across organisations, communities and the wider public sector to develop more sustainable models of care that improve outcomes for local people.

Redesigning services for the future

Rising demand, workforce pressures and changing population needs mean health, and social care services must continue to adapt to remain sustainable. Across Scotland there is a growing focus on helping people remain independent for longer, reducing unnecessary hospital stays and ensuring care is provided closer to home wherever possible.

During the year, Moray continued work to redesign a number of services to better meet future demand. This includes work linked to national Discharge Without Delay and Home Assessment Pathway programmes, helping shape future models of care for people living with frailty and informing the future role of community hospitals.

A review and redesign of Adult Day Care Services also progressed, bringing Artiquins together with Cedarwood within shared accommodation. This enables better use of high-quality facilities while supporting the continued delivery of services that meet people's needs. A wider review of day services is now underway to explore future options through engagement and consultation.

Impact

- **Service redesign supporting more sustainable models of care**
- **Better use of existing community facilities**
- **Learning from national programmes informing future service development**
- **Wider review of day services progressing to support long-term sustainability**

Expanding choice and independence through Care at Home

Demand for care at home continues to increase as more people wish to remain living independently within their own communities.

During 2025/26, a new commissioning framework was introduced to strengthen delivery of care at home under Self-directed Support (SDS) options 2 and 3 , helping ensure people have greater choice and control over how their care is arranged.

Implementation has taken longer than originally anticipated, reflecting the complexity of changing commissioning arrangements. The focus is now on embedding the new approach and demonstrating improved outcomes, quality and flexibility for people who require support.

Work during 2026/27 will focus on embedding the framework and demonstrating benefits for people receiving support.

Impact

- **New commissioning frameworks introduced**
- **Greater emphasis on personal choice and independence**
- **Foundations established for improved quality and sustainability**

Housing as part of health and wellbeing

Having the right home is fundamental to living independently and maintaining good health. Suitable housing can reduce reliance on hospital care, support recovery and improve quality of life.

The new Moray Local Housing Strategy recognises the growing need for supported accommodation for older people and people living with learning disability or mental health conditions, embedding these priorities into long-term planning across partner organisations.

Although Moray does not currently have dedicated supported living accommodation for people under 65 with mental health needs, health, housing and third sector partners continue to work together to develop individual solutions while exploring future accommodation options.

For people with learning disabilities, investment in local accommodation has enabled more individuals to remain in Moray, closer to their families and communities. The completion of Western Village in Elgin has supported people to return from out-of-area placements, reducing reliance on external provision while providing more person-centred support. This has also contributed to reduced Dynamic Support Register pressures, with earlier reporting noting a 60% reduction in the red category largely through successful transitions from out-of-area placements and hospital settings.

Work is now progressing to develop additional accommodation for people with complex needs through the Woodview programme.

Impact

- **Local Housing Strategy strengthens links between housing and health**
- **More people with learning disabilities supported to live locally**
- **Reduced reliance on out-of-area placements**
- **Further supported accommodation development planned through Woodview**

Embedding a person-centred approach

Improving services means ensuring people don't have to navigate complex systems or repeat their story to multiple professionals.

Throughout the year, Moray HSCP continued to embed the Getting It Right for Everyone (GIRFE) approach across health and social care. GIRFE promotes joined-up, person-centred support by encouraging professionals to work together around what matters most to the individual.

Progress included identifying local champions, strengthening staff resources and incorporating GIRFE principles into newly commissioned services, refreshed policies and the Moray Community Connections digital platform.

Embedding GIRFE helps reduce duplication, improves coordination between services and ensures conversations focus on what matters most to individuals.

Moray's work has also been recognised nationally, being the first Health and Social Care Partnership invited to report its progress to the National GIRFE Collaborative.

Impact

- **GIRFE principles embedded across new service specifications and policies**
- **Local champion network established**
- **Enhanced toolkit developed for staff**
- **National recognition for Moray's leadership in implementing GIRFE**

Supporting people with long-term conditions

As more people live longer with conditions such as diabetes, preventing illness and supporting self-management are becoming increasingly important.

Supporting people to manage long-term conditions earlier can improve quality of life and reduce the need for more intensive intervention later.

Dietetic services continued to work alongside the Moray Leisure Centre Heart of Moray programme to support healthier lifestyles, weight management and early intervention for people at risk of or living with diabetes.

Partnership working across primary care and community services is strengthening access to support, while digital solutions are being explored to reach more people and encourage long-term behaviour change.

Further expansion of these services is planned during 2026/27.

Impact

- **Greater integration between dietetic and community services**
- **Improved focus on prevention and early intervention**
- **Digital approaches being developed to increase access and participation**

Using technology to help people live independently

Technology has an increasingly important role in helping people remain safe and independent at home while supporting more responsive care.

During 2025/26, Moray successfully completed the transition from analogue to digital community alarms, ensuring continued reliability as national telecommunications systems change. This achievement was recognised with a Gold One Digital Telecare Implementation Award from Digital Telecare for Scottish Local Government.

The partnership also continued to explore innovative approaches through the Smart Housing, Smart Communities initiative, testing how digital monitoring and predictive technologies could enhance telecare and support independent living. While recruitment to the pilot has been slower than anticipated, the project has been extended to allow further learning that will inform future service development.

Impact

- **Successful transition to digital community alarms**
- **Gold national award recognising implementation**
- **Continued investment in innovative technology to support independent living**

Building a digital future for health and care

Through the Moray Growth Deal's Rural Centre of Excellence for Digital Health and Care, partners are developing new ways of supporting people to manage their own health and wellbeing.

The programme includes a series of "Living Labs" bringing together practitioners, supported people and unpaid carers to explore areas for research and development such as supported self-management, long-term conditions, care at home and mental wellbeing.

The partnership also continues to develop Moray Community Connections, an online platform that helps people identify local services, community support and referral pathways, making it easier to access help at the right time.

These developing initiatives are helping shape future approaches that could enable more people to manage their own health and wellbeing and access support closer to home.

Impact

- **Digital innovation supporting prevention and self-management**
- **Moray Community Connections improving access to local services**
- **Learning from national digital programmes helping shape future care**

Improving care through safer prescribing

Older people living in care homes often take multiple prescriptions that have accumulated over many years. While many medications remain essential, others may no longer provide benefit and can increase the risk of falls, confusion, or unnecessary side effects.

During the year, a dedicated pharmacist-led programme reviewed medication for residents across care homes, working closely with GP practices, care home staff, and pharmacy teams to ensure treatment remained appropriate and person-centred.

The reviews resulted in 300 medicines being stopped or reduced, including 57 medicines associated with an increased risk of falls. Overall, daily medication administrations were reduced by 187 doses, simplifying treatment for residents and reducing the burden on care staff. The work also highlighted opportunities to improve quality of care. In one instance, medication intended only for short-term use had continued unnecessarily, while another resident was routinely being woken to receive sleeping medication. Addressing issues such as these has improved both patient experience and medication safety.

Care homes also reported practical benefits, with one home reducing medication rounds by up to 2.5 hours each day, allowing staff to spend more time providing direct care.

Impact

- **300 medicines stopped or reduced**
- **57 falls-risk increasing medicines removed**
- **187 fewer daily medication administrations**
- **Reduced medication burden for frail older people**
- **One care home reduced medication rounds by up to 2.5 hours**
- **Annual prescribing savings of £11,298**
- **All participating care homes requested the programme continue**

Using resources wisely through partnership working

Making best use of limited resources allows more investment to be directed towards frontline care and support. During 2025/26, Moray's pharmacy teams worked closely with GP practices and NHS Grampian's Medicines Unit to review prescribing and identify clinically appropriate efficiencies.

Originally established as a temporary spend-to-save initiative, the Specialist Pharmacy Technician role has delivered such significant benefits that it has now been made a permanent part of the service.

Working collaboratively across Moray, the programme achieved £378,931 in efficiencies during 2025/26, substantially exceeding the original target of £200,000. This was achieved through evidence-based prescribing reviews, improved adherence to regional formularies and ensuring patients received equally effective but more sustainable treatments where clinically appropriate.

The work has also reduced unnecessary appointments and administrative workload, allowing clinical time to be focused where it is most needed. Several of the approaches developed in Moray have since been adopted across NHS Grampian, demonstrating the wider value of local innovation.

Impact

- **£378,931 prescribing efficiencies delivered during 2025/26**
- **189% of the original savings target achieved**
- **Specialist Pharmacy Technician role made permanent following successful evaluation**
- **Strong partnership working between pharmacy teams, GP practices, and NHS Grampian**
- **Local innovations informing prescribing improvements across the wider health system**

Looking ahead

Meeting future demand will require continued collaboration, innovation, and a willingness to redesign traditional models of care. During 2025/26, Health and Social Care Moray strengthened the foundations for this transformation by developing more integrated services, investing in digital solutions, and working with partners to ensure people can access the right support, in the right place, at the right time.

An ambitious and effective partnership is one that continuously looks for better ways of delivering care and support. During 2025/26, collaborative working has demonstrated that improving quality and improving value can go hand in hand. By reducing unnecessary medication, supporting safer prescribing, and making better use of resources, the partnership has improved outcomes for patients while helping ensure the long-term sustainability of health and social care services across Moray.

12. Strategic Theme 4 Strategic Leadership, Planning and Performance

Objective 6:

We make a positive impact beyond the services we deliver.

The National Health and Wellbeing Outcomes

8		**Workforce** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9		**Use of resources** Resources are used effectively and efficiently in the provision of health and social care.

Why this matters

Strong leadership, effective partnerships and good governance create the foundations for better care, better health and better value for the people of Moray.

While much of this report focuses on frontline services, delivering sustainable health and social care also depends on effective leadership, a skilled workforce, strong partnerships and responsible stewardship of public resources. As demand continues to grow and financial pressures increase, we must continually improve how services are planned, delivered and supported.

During 2025/26 we continued to invest in our workforce, embrace innovation, strengthen governance, make better use of technology and engage more effectively with our communities. Together, these activities help ensure services remain resilient, accountable and sustainable for the future.

Supporting and developing our workforce

Our staff are our greatest asset. Their knowledge, skills and commitment underpin every service we provide, yet like many health and social care organisations across Scotland, we face significant workforce challenges.

Like health and social care organisations across Scotland, Moray continues to face significant workforce challenges. Analysis shows an increasing number of experienced staff approaching retirement, creating risks around succession planning and the retention of valuable knowledge and skills.

Levels of staff absence for both NHS staff and Council staff were 6.6% and 8.5% at the end of quarter 4, above the national target of 4%. Short term absences relate to colds/flu and gastro/intestinal issues, with long term absence causes for both Council and NHS staff being anxiety, stress and other mental health illnesses or for operations/post operation care. Absences can result in pressures for remaining workforce where it is not possible to suspend or reduce service delivery.

At the same time, high levels of sickness absence and recruitment difficulties in some services, particularly mental health and community hospitals, place additional pressure on existing teams and increase reliance on bank, agency and overtime staffing.

There is a need to use bank and agency staffing to supplement our workforce, particularly in mental health and community hospitals. Levels of overtime in our complex and challenging services and care at home services are high and are required due to the number of vacancies that exist.

Workforce planning is underway as a partnership, with both employing partners and a new national workforce subgroup. Aspects under review are potential retirements and succession planning, absence monitoring, agency and bank use, overtime reliance, difficult to fill vacancies as well as rural displacement and use of Artificial Intelligence. Designing a sustainable workforce that will meet future challenges and opportunities is key for delivery of our strategic aims.

Organisation change has commenced with the aims of addressing gaps in operational management, professional supervision and optimising the integration of adult, children, families and justice services and ensuring the right mix of multi-disciplinary teams at a locality level to better meet the needs of local communities and address persistent health inequalities in communities with higher levels of need. The first phase was completed with the senior management structure being approved by MIJB in November 2025, and further phases are to be completed by end of 2026.

Recognising that a healthy workforce is essential to delivering high-quality care, significant investment has been made in staff wellbeing.

A central Staff Health & Wellbeing resource was developed as a single point of access for support and information, receiving more than 1,500 views during the year. Local wellbeing information areas have also been established across teams, making support more visible and accessible.

A network of 18 Staff Health & Wellbeing Champions has been created to promote wellbeing initiatives, encourage peer support and help colleagues access available services. Early feedback suggests the network has increased confidence in having wellbeing conversations and strengthened local ownership of health and wellbeing initiatives.

National Wellbeing Week at Dr Gray's Hospital brought together NHS services and third sector partners to provide practical advice, health checks and wellbeing activities for staff.

The event strengthened awareness of available support while reinforcing the importance of staff wellbeing across the organisation.

Impact

- **Workforce planning continues to address future retirement risks**
- **Succession planning is being strengthened across services**
- **More than 1,500 wellbeing resource views**
- **18 Wellbeing Champions established**
- **Increased awareness and accessibility of staff support**
- **Continued focus on creating a healthy and resilient workforce**

Learning from safety incidents

Creating a culture where staff feel confident to report incidents is fundamental to improving safety.

During 2025/26, reporting of adverse events increased across Health and Social Care Moray. While some incidents reflected challenging working environments—particularly violence and aggression experienced by frontline staff—the increase in reporting is also considered to reflect improvements in reporting systems and a stronger culture of openness.

Information gathered through incident reporting is used to identify trends, implement improvements and reduce future risks to both staff and people using services.

Encouragingly, reports involving sharps injuries reduced during the year, although the number of incidents meeting Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) criteria increased from two to four, highlighting the importance of continued vigilance and preventative action.

Impact

- **Improved reporting arrangements strengthening organisational learning**
- **Better understanding of risks across services**
- **Reduction in sharps-related incidents**
- **Continued focus on preventing workplace violence and aggression**

Volunteers strengthening community support

Volunteers make a vital contribution to health and social care across Moray, enhancing services, reducing isolation and strengthening community resilience.

A new Re-engage Volunteer role has also been introduced, recognising that many people wish to volunteer around work, family or other commitments. The role provides flexible opportunities while enabling volunteers to gain skills, confidence and social connections.

Looking ahead, volunteers will play an important role in supporting older people returning home from hospital who may have little or no support, helping them settle safely back into their communities.

Within NHS services, new opportunities have also been introduced, including Visitor Volunteers, Pharmacy Support Volunteers and a patient clothes bank at Dr Gray's Hospital, improving patient

Within NHS services, new opportunities have also been introduced, including Visitor Volunteers, Pharmacy Support Volunteers and a patient clothes bank at Dr Gray's Hospital, improving patient experience while allowing clinical staff to focus on delivering care.

Impact

- **More than 250 volunteers supporting services**
- **New flexible volunteering opportunities created**
- **Increased community capacity and social connection**
- **Additional support for patients and frontline staff**

Strengthening governance and accountability

Strong governance helps ensure public resources are used effectively, risks are managed appropriately and learning leads to service improvement.

During 2025/26 governance arrangements for delivery of savings programmes were strengthened through the introduction of a dedicated Budget Savings Oversight Group. The group provides additional scrutiny and support to ensure planned savings are delivered while maintaining service quality and patient/supported person safety.

Learning from inspections, audits, significant adverse events and service reviews continues to be embedded across the organisation. Senior managers maintain oversight of recommendations and improvement actions to ensure lessons are translated into meaningful service improvements.

Creating a culture where staff feel confident to report incidents remains an important part of improving safety. Reporting of adverse events increased during the year, reflecting both the challenges faced by frontline services and improvements in reporting systems and organisational learning.

Information gathered through incident reporting is used to identify trends, reduce risks and improve safety for staff and people using services. Encouragingly, reports involving sharps injuries reduced during the year.

Impact

- **Stronger governance arrangements established**
- **Improved oversight of savings programmes**
- **Learning from audits, inspections and incidents embedded across services**
- **Improved reporting arrangements supporting organisational learning**
- **Continued focus on accountability, quality and safety**

Looking ahead

Building a sustainable health and social care system requires investment in people as well as services. Over the coming year, work will continue to strengthen workforce planning, improve staff wellbeing and develop innovative approaches that enable Health and Social Care Moray to meet future demand while continuing to deliver high-quality care.

Objective 7:
We are transparent and we listen to you.

The National Health and Wellbeing Outcomes

3		**Positive experiences** People who use health and social care services have positive experiences of those services, and have their dignity respected.
9		**Use of resources** Resources are used effectively and efficiently in the provision of health and social care.

Why it matters

Being transparent means more than publishing information. It means communicating openly, involving people in decisions that affect them and learning from feedback to improve services. By listening to our communities and acting on what they tell us, we can build trust and deliver services that better meet local needs.

Making information easier to access

During summer 2025, the Moray HSCP website was rebuilt and moved onto a new digital platform. While much of the content remained the same, the redevelopment significantly improved how people access information.

The new website offers a modern, accessible design that works more effectively across mobile devices, alongside improved navigation and search functionality. Behind the scenes, enhanced security, managed hosting and automatic backups have created a more resilient platform that can support future digital developments.

The project reduced hosting costs by more than 75% and was delivered entirely using in-house expertise.

Impact

- **Modern, accessible website**
- **Improved user experience**
- **More secure and resilient digital infrastructure**
- **Over 75% reduction in hosting costs**

Keeping communities informed

Throughout the year, the partnership continued to use proactive communications to keep local people informed about services, public health campaigns, recruitment opportunities and developments across health and social care.

A total of 41 proactive news releases were issued during 2025/26, compared with 29 the previous year, helping raise awareness of the work of Moray IJB and Moray HSCP, and celebrate the work of staff, volunteers and community partners.

Social media also continued to play an important role in connecting with communities. Facebook remains the partnership's primary channel with almost 8,000 followers, and saw strong levels of engagement during the year:

These channels provide accessible and timely information while helping promote healthier lifestyles, recruitment campaigns and opportunities for community involvement.

The continued development of Moray Community Connections is also helping people find local support, community groups and services more easily, making it simpler to access information and assistance when needed.

Impact

- **Increased proactive communications throughout the year**
- **More than 2.18 million social media views and 18,307 social media**
- **Engagement increased by 12%**
- **Greater awareness of local services and initiatives**

Giving people a stronger voice

Listening to local people is essential to designing services that meet the needs of our communities.

In August 2025, Moray Council launched Moray Engage, a new online platform that provides a single place for residents to participate in consultations, community projects and discussions about local services.

As a Community Planning Partnership member, Moray HSCP has its own dedicated space on the platform to gather views on health and social care priorities.

During the platform's first year the platform received more than 35,500 visits and over 8,000 responses across all projects.

Five Moray HSCP projects were published during 2025/26:

- Carer Aware Campaign design poll
- Improving Healthy Weight in Moray
- Moray Adult Unpaid Carer Survey
- Moray Young Carer Survey
- Moray Short Breaks (Respite) Service Review

Together these projects generated over 1,400 visits and 326 responses, achieving a strong engagement rate of 39%.

Impact

- Greater opportunities for community participation
- Five engagement projects delivered
- Strong engagement across projects

Learning from complaints and feedback

Feedback, whether positive or negative, helps us understand people's experiences of care and support. By listening to concerns and acting on what we learn, we can improve services and strengthen public confidence.

During 2025/26, Moray HSCP received 169 complaints, compared with 138 in the previous year. After excluding withdrawn, duplicate or out-of-remit cases, complaint levels remain broadly consistent with previous years when considered alongside expanded service responsibilities. The most common themes related to communication, particularly within services experiencing high demand such as GMED, adult mental health and access teams.

Of the complaints investigated during the year, 12% (18 complaints) were fully upheld, with the remainder partially upheld or not upheld.

Complaints provide valuable learning that is shared across teams and used to improve how services operate, ensuring complaints contribute to continuous service improvement in line with the expectations of the Scottish Public Services Ombudsman.

Where complaints can be resolved quickly, we aim to respond within five working days. More complex complaints requiring investigation have a target response time of 20 working days.

Average response times were:

Complaint type	Average response
Social work and social care – early resolution	**11 working days**
Social work and social care – investigation	**37 working days**
Health services – early resolution	**5 working days**
Health services – investigation	**60 working days**

Improving response times remains a priority and progress continues to be monitored by the Senior Management Team.

Impact

- Learning from 169 complaints used to improve services
- Communication identified as a key improvement priority
- Ongoing work to improve response times and strengthen accountability

Looking ahead

Strong leadership, effective partnerships and meaningful engagement will remain essential as health and social care continues to evolve. During the coming year, we will continue to invest in our workforce, embrace innovation, strengthen governance and work alongside local communities to design services that are sustainable, person-centred and responsive to the needs of the people of Moray.

Financial review and performance

13. Financial review and performance

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

From the first quarter in the financial year, the Board was presented with financial information that included a forecast position to the end of the year. In November 2025, the Board received a financial report which forecast an expected overspend to the end of the financial year of £8.78m.

This forecast remained fairly consistent throughout the remainder of the year and in January 2026, MIJB were forecasting an overspend to the end of the year of £8.23m, the Moray IJB actually out turned at £7.20m overspent.

Both partners, in line with the Integration Scheme, put in additional funding to cover this overspend. There was the use of ear marked reserves totalling £0.14m during the year, with new ear marked reserves totalling £1.70m leaving a balance of £3.01m in ear marked reserves to be carried forward into 2026/27.

In March 2025, the Moray IJB agreed a savings plan of £9.47m, with a mixture of recurring savings and recurring reductions in spend. At the end of the financial year, this had been achieved in part, with recurring savings of £3.66m, £0.68m non-recurring savings and £1.03m reduction in overspend.

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

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

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend £000's	Note
Community Hospitals & Services	8,033	7,932	101	
Community Nursing	6,244	6,670	(426)	1
Learning Disabilities	20,913	21,230	(317)	2
Mental Health	12,227	12,881	(654)	3
Addictions	1,871	1,817	54	
Adult Protection & Health Improvement	278	279	(1)	
Care Services Provided In-House	25,190	25,495	(305)	
Older People Services & Physical & Sensory Disability	28,090	30,023	(1,933)	4
Intermediate Care & OT	1,845	2,039	(194)	
Care Services Provided by External Contractors	2,084	2,072	12	
Other Community Services	10,117	10,310	(193)	
Administration & Management	2,056	3,086	(1,030)	5
Other Operational Services	1,413	1,351	62	
Primary Care Prescribing	21,441	21,312	129	
Primary Care Services	22,830	22,954	(124)	
Hosted Services	6,131	5,987	144	
Out of Area Placements	1,780	1,834	(54)	
Improvement Grants	1,060	889	171	
Children's & Justice Services	21,256	22,050	(794)	6
Total Core Services	194,859	200,211	(5,352)	
Strategic Funds & Other Resources	14,367	6,005	8,362	7
TOTALS (before set aside)	209,226	206,216	3,010	
Set Aside	20,092	20,092	-	
TOTAL	229,318	226,308	3,010	

Significant variances against the budget were notably:

Note 1: Community Nursing

This budget is overspent by £425,978 at the year end. This is predominantly due to staffing, with overspends in District nurses £431,715 (including Acute nursing at Varis, Forres and Buckie), £102,136 overspend in Health visitors, which is being reduced by an underspend in Maryhill of £107,873. The overspend is largely due to staffing as detailed above. District nurses had a budget realignment in 2025/26 of £313,982 and savings of £121,095, this was not achieved due to recruitment being successful for vacant posts that have been vacant for a significant time during which time bank staff have had to be used as well as the regrading of nurses from a band 6 to a band 7. Health visitors were expected to come in on budget after realignment and savings however the school nurses were regraded in the last quarter of the year resulting in an overspend in the budget.

Note 2: Learning Disabilities (LD)

The Learning Disability (LD) service is overspent by £316,736 at the year-end. The overspend is essentially due to the purchase of care for people with complex needs which resulted in an overspend of £428,087, client and staff transport of £25,640 and property cost overspend of £23,588. This is offset by underspend of £100,173 for clinical, nursing and other services relating to consultant and management psychiatry staffing vacancies, more income received than expected of £34,358 and other small underspends of £1,239. This budget has been under pressure for a number of years due to demographic pressures, transitions from Children's services and people living longer and getting frailer whilst staying at home. The biggest overspends was for services provided to individuals in their own homes to support their daily living needs which enables people to stay living at home or in a homely setting for as long as possible and day care which provides activities during the day in the community. Work continues to progress savings plans across the LD service; however, this is being offset by ongoing demand pressures. In particular, more individuals with complex needs moving through transitions from children to adult services and also people moving into the area who require high-cost packages of care, which is impacting on the overall financial position.

Note 3: Mental Health

This budget is overspent by £654,343 at the year end. This is due to overspends in clinical, nursing and other services as a result of ongoing use of agency locums of £302,457; purchase of care £195,385 relating to purchase of care in care homes and care at home; £144,810 relating to unachieved savings and £11,691 other minor overspends. This budget is currently under pressure due to the recruitment issue for consultants and an increase in demand for services, including out of area packages as there is a lack of resource locally especially around autism and neurodiversity. Work is currently ongoing reviewing out of area packages to repatriate them to Moray.

Note 4: Older People Services and Physical & Sensory Disability

This budget is overspent by £1,933,488 at the end of the year. This primarily relates to overspends for home care in the area teams £575,752, permanent care £1,328,598 due to the increase in the number of clients receiving nursing care rather than residential care, short breaks £242,362 and self-directed support of £260,758. Bad debt provision

for unpaid fees was £117,582 overspent, which is particularly high this year and other minor overspends of £18,000. This is being reduced by income received during the year above budget by £609,564. 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, when people are living longer with more complex care needs. Due to the increase in need and complexity along with increasing levels of growth and demand are having an impact on this budget. There are increases in permanent care which is seeing the move to nursing placements rather than residential placements. The demographics are showing we have an increasing elderly population who are living longer and requiring more complex care.

Note 5: Admin and Management

This budget is overspent by £1,029,617 at the year end. This is due to interim staffing arrangements and the vacancy target for the Council side not being met by £933,334. There was a non-recurring increase in target for 2025/26 of £750,000 that was not achievable.

Note 6: Children, Families and Justice Services

This budget is overspent by £793,663 at the year end. This is due to overspends in residential continuing care placements £418,127, external fostering placements £495,610, out of area residential placements £297,272, home to school taxis £28,201, no recourse to public funds costs £15,600 and self-directed support payments of £68,245. This overspend is being reduced by an underspend on mental health & wellbeing £156,041, trauma informed training £30,517, refund on Intensive Family Support contract £31,492, Criminal Justice £64,759, an overachievement of £246,097 against the vacancy target and minor underspends of £486. These overspends are related to the number of children requiring to be accommodated through the Children's Hearing system, family breakdown, and the need to keep children safe from familial harm while living at home. The costs of care have been rising significantly, availability of the correct care provision is a national challenge, and the market is under scrutiny with consultation for possible legislation on excessive profiteering. A long and immediate term strategy has been approved by the IJB to address: the need to reduce the flow-into care, develop small group family living models in Moray with support from Housing Services, strengthen early support, prevention and diversion, and have a more local provision in the Northeast across the three Grampian local authority areas, which can more effectively contribute to the flow-out of care.

Note 7: Strategic Funds and Other Resources

This budget is underspent by £8.362m as it relates to savings achieved during the year, any unallocated funding and reserves balances.

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page 44. At 31 March 2026 there were ear marked reserves of £3.01m available to the MIJB, compared to £1.45m at 31 March 2025. These remaining reserves of £3.01m are for various purposes as described below:

Earmarked Reserves

Earmarked Reserves	Amount £000's
GP Premises	21
National Drugs MAT	250
OOH Winter Pressure funding	172
Moray Cervical screening	36
Moray hospital at home	4
Moray Psychological	275
MHO Funding	138
Adult protection funding for CA	72
National Trauma Training services	53
Moray School Nurse	32
Moray Winter Fund HCSW & MDT	182
LD Annual Health Checks	69
Community Planning partnership	2
Moray District Nurses	111
Moray Alcohol & Drug Partnership	48
GP Walk-in Service	165
Moray Unscheduled Care Improvement Plan	1,380
Total Earmarked	**3,010**
General Reserves	0
TOTAL Earmarked & General	**3,010**

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

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

Out of Hours Winter Pressure funding:
Balance of funding to sustain GP out of hours and to support resilience to explore operational solutions.

Moray Cervical Screening:
Balance of funding for smear test catch up campaign.

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

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

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

Adult protection funding for care at home:
Balance of funding to build capacity in care at home community-based services.

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

Moray School Nursing:
Funding to support NHS Grampian to retain school nurse posts.

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

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

Learning Disability Annual Health Checks:
To implement the annual health checks.

Community Planning Partnership:
Funding towards community planning partnership.

Moray District Nursing:
Allocation to support recruitment and training of District Nurses

Moray Alcohol & Drug Partnership:
Funding to support local alcohol and drug issues .

GP Walk-in Service:
Scottish Government funding to expand walk-in GP services

Moray Unscheduled Care Improvement Plan:
Funding to enhance the delivery of unscheduled care services.

All reserves are expected to be utilised for their intended purpose during 2026/27.

Set Aside

Excluded from the financial performance table but included within the Comprehensive Income & Expenditure Account is £20.092m for Set Aside services. Set Aside is an amount representing resource consumption for large hospital services that are managed on a day-to-day basis by the NHS Grampian. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector and Mental Health Service.

Set Aside services include:

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

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

The MIJB integration scheme outlines that the method of establishing the set aside budget will take account of hospital activity data and cost information. Hospital activity data will reflect actual occupied bed day and admissions information, together with any planned changes in activity and case mix.

This information was originally provided by Information Services Division, although this information hasn't been updated since 2019/20. In the absence of updated information from Information Services Division, uplifts based on the baseline uplift was applied to the set aside budget calculation on an annual basis throughout the period up to 2024/25.

During 2025/26 it was accepted that this did not provide an accurate reflection of the consumption by Moray residents within the Unplanned Care pathways and work was undertaken to update the set aside calculation.

The updated set aside budget has been calculated using hospital activity data and cost information. The hospital activity data is taken from the SMR01 dataset for general/acute inpatient and day case and reflects inpatient stays and day case and outpatient activity. Costs are taken from the 2023/24 NHS Grampian cost book and uplifted by the baseline uplift amounts for 2024/25 and 2025/26 to reflect pay award and inflationary uplifts since 23/24. The set aside budget is the total of IJB activity multiplied by unit cost

The figures for 2021/22 to 2024/25 have been derived by uplifting 2019/20 figures by baseline funding uplift in 2021/22 (3.36%) ,2022/23 (6.70%), 2023/24 (5.35%) and 2024/25 (6.64%):

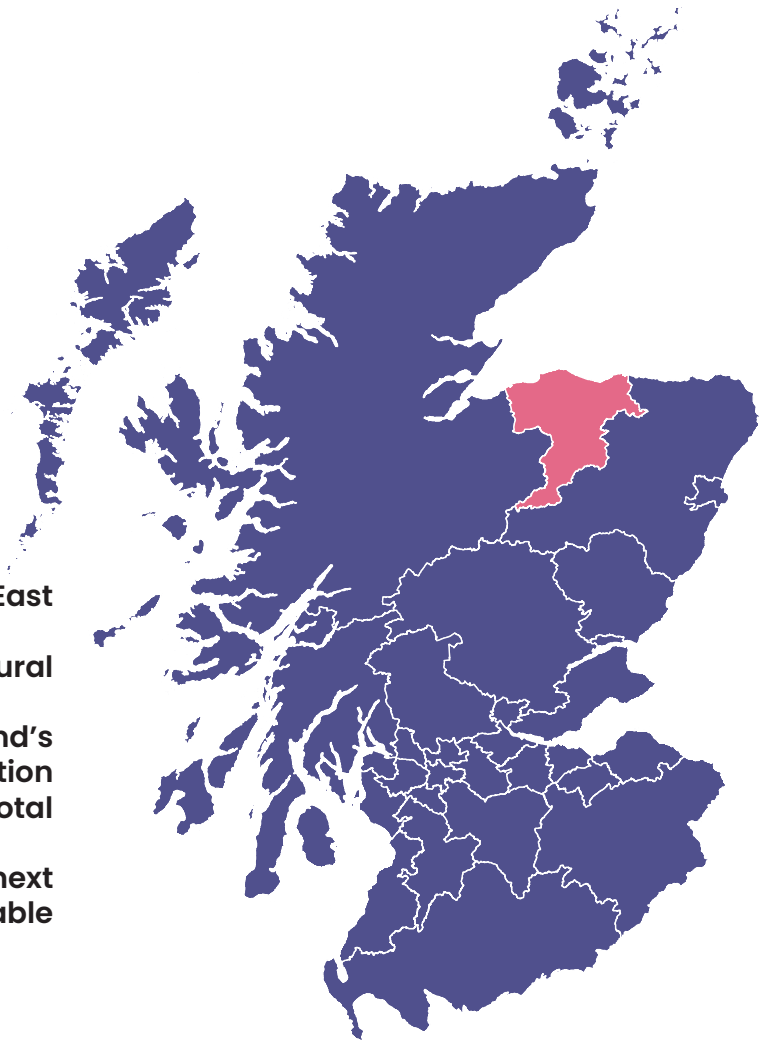
	2025/26	2024/25	2023/24	2022/23	2021/22
Budget	**20.092m**	**15.639m**	**14.665m**	**13.92m**	**13.04m**

Appendices

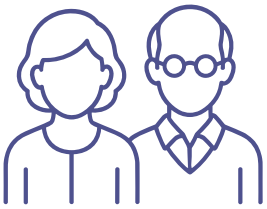
Appendix A	**Moray Area Profile**
Appendix B	**National Health & Wellbeing Outcomes**
Appendix C	**Core suite of National Indicators**
Appendix D	**Ministerial Group Indicators**
Appendix E	**Inspections of services**
Appendix F	**Moray Integration Joint Board Changes to Membership of Moray Integration Joint Board, decisions and directions**

Appendix A

Moray Area Profile



- Moray spans 864 square miles in North East Scotland
- Comprising mainly coastal and rural communities
- Rounded Population 93,400 (Scotland's Census 2022 – Rounded population estimates, 2023), 1.72% of Scotland's total population.
- Population predicted to fall by 2.6% in next 10 years according to publicly available data last updated in 2022.

			
	0-14 year olds	15-64 year olds	People aged 65+
Moray	**14,500**	**57,400**	**21,400**
Scotland	832,500	3,155,800	1,090,600

Community

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

Economic Status

- Moray consistently ranks among the lowest-paid areas in Scotland and the UK, with average earnings roughly 10% to 15% below the Scottish average.
- 12.5% of Moray households are estimated to be workless (Scotland 17.8%)
- 20.1% of children aged under 16 within Moray are living with low income families (UK 20.1%)
- In May 2023, 11.6% of all Moray households were on Universal Credit - 5,103 households (Scotland 18.7%)
- 63.6% of homes were in Council Tax Bands A-C, 7.34% were in Council Tax Bands F-H, compared to 60.0% and 14.2% respectively in Scotland.

Deprivation

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

Appendix B

National Health & Wellbeing Outcomes

National context

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

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services, and they focus on the experiences and quality of services for people receiving these services, carers and their families.

National Health and Wellbeing Outcomes (NH&W)	
1	**Health & wellbeing** People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	**Living in the community** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	**Positive experiences** People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	**Quality of life** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	**Health inequalities** Health and social care services contribute to reducing health inequalities.
6	**Support for carers** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well- being.
7	**Safe from harm** People using health and social care services are safe from harm.
8	**Workforce** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	**Use of resources** Resources are used effectively and efficiently in the provision of health and social care.

Appendix C

Core suite of national indicators

National Indicators

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

There are 23 indicators in total with four (10, 21,22 and 23) still to be defined. Indicators 1-9 are based on the Health and Care Experience (HACE) survey. Results are from the 2026 HACE survey. Any further questions and comments on the HACE survey should be sent to **patientexperience@gov.scot.**

Moray Core Suite of National Integration Indicators

The performance of Moray HSCP was above the Scottish average for 14 of the 19 reported indicators for this reporting period. This was an improvement from the previous reporting period where 8 indicators were above the Scottish average.

Areas of particular strength remain similar to previous years with lower emergency admissions, emergency bed days, readmissions within 28 days and falls. There has been an increase in the proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (NI-17) from 74% last year to 86% this year.

We performed similar to Scotland for 2 of the 19 national indicators, percentage of people with positive experience of the care provided by their GP Practice (NI-6) the same as the Scottish average but continuing to improve year on year and the number of days people spend in hospital when they are ready to be discharged (NI-19) continues to decrease in line with the Scottish average There were 2 indicators performing worse than Scotland, percentage of carers who feel supported in their role (NI-8) has increased to 29% from 28% previously but remains below Scotland (32%). Percentage of adults with intensive care needs receiving care at home (NI-18) has not yet been updated so this remains red until further updates are available.

National Indicators

	Our performance is above the Scottish average.
	Our performance is similar to the Scottish average.
	Our performance is below the Scottish average.

		National Indicator	Scotland	Our result	NH&W Outcomes
Outcome indicators	1	Percentage of adults able to look after their health very well or quite well	91%	93%	1
	2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	74%	75%	2
	3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	64%	65%	2, 9
	4	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	65%	67%	3
	5	Percentage of adults receiving any care or support who rate it as excellent or good	72%	75%	2, 3
	6	Percentage of people with positive experience of the care provided by their GP practice	71%	70%	3, 4
	7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	72%	76%	4
	8	Percentage of carers who feel supported to continue in their caring role	32%	29%	6
	9	Percentage of adults supported at home who agree they felt safe	75%	77%	7

		National Indicator	Scotland	Our result	NH&W Outcomes
Data indicators	11	Premature mortality rate	426	375	1, 5, 7
	12	Emergency admission rate	11,470*	7,434*	1, 2, 4, 5
	13	Emergency bed day rate	108,988*	77,889	1, 2, 4, 5
	14	Readmission to hospital within 28 days	104*	72*	7, 9
	15	Proportion of last 6 months of life spent at home or in a community setting	89%*	93%*	7, 9
	16	Falls rate	22.2*	10.9*	7, 9
	17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	86%	3
	18	Percentage of adults with intensive care needs receiving care at home	65%	60%	6
	19	Number of days people spend in hospital when they are ready to be discharged	873	810	9
	20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency**	Not available	Not available	

* The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with the recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available with complete and robust data is calendar year 2025. Reporting on 2025 calendar year rather than 2025/26 financial year may not fully reflect local activity, however, this is still recommended due to data quality and completeness levels at the time of reporting.

**PHS has not provided information for indicator 20 beyond 2019/20 because detailed Patient Level Information Costing System (PLICS) cost information is not available. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

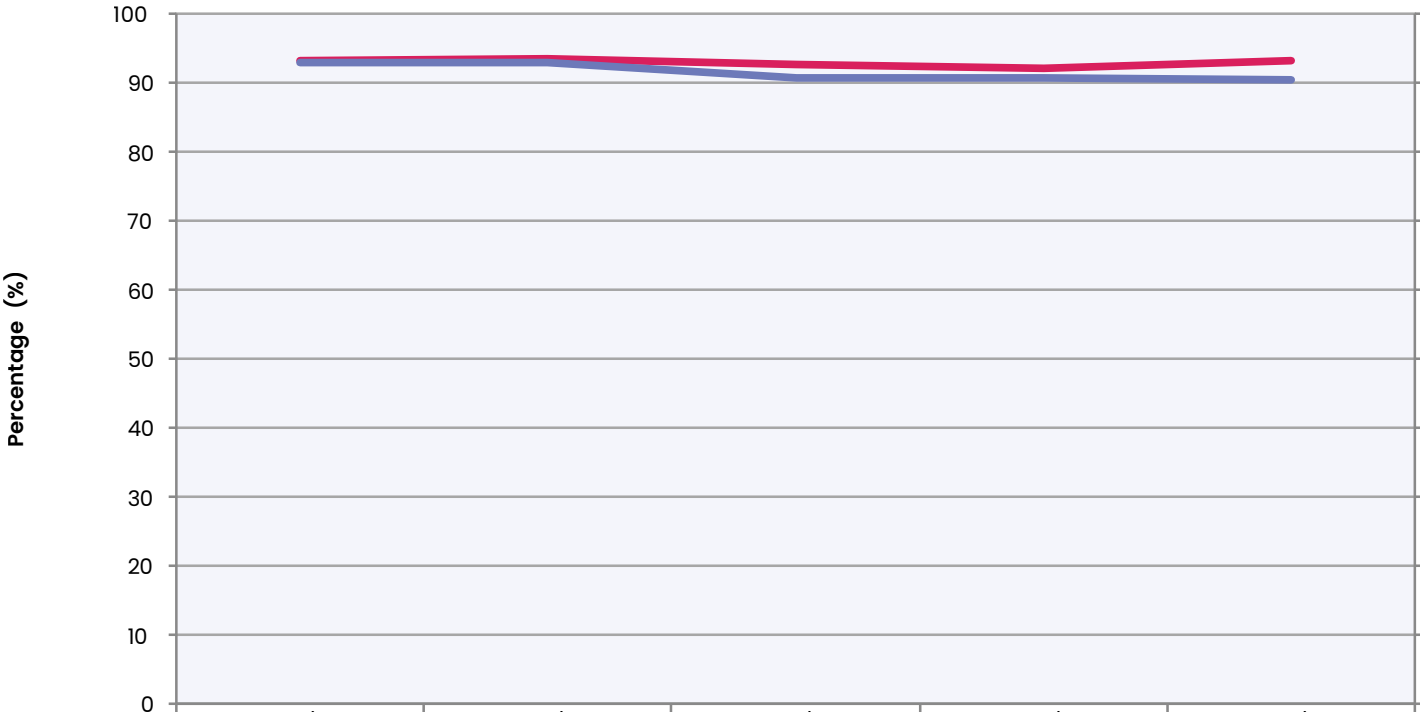
National Indicator 1 (NI - 1)

2025/26

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

93.3%

There has been an increase in this indicator over the period. However, changes to the survey between 2019 and 2024 mean comparisons with previous years should be treated with caution. The 2025/26 rate remains above the Scottish average, which may in part reflect the continued focus on early intervention and prevention within our local communities.



	2017 / 18	2019 / 20	2021 / 22	2023 / 24	2025 / 26
Moray	93.2	93.5	92.7	92.2	93.3
Scotland	92.9	92.9	90.9	90.7	90.6

Note:

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

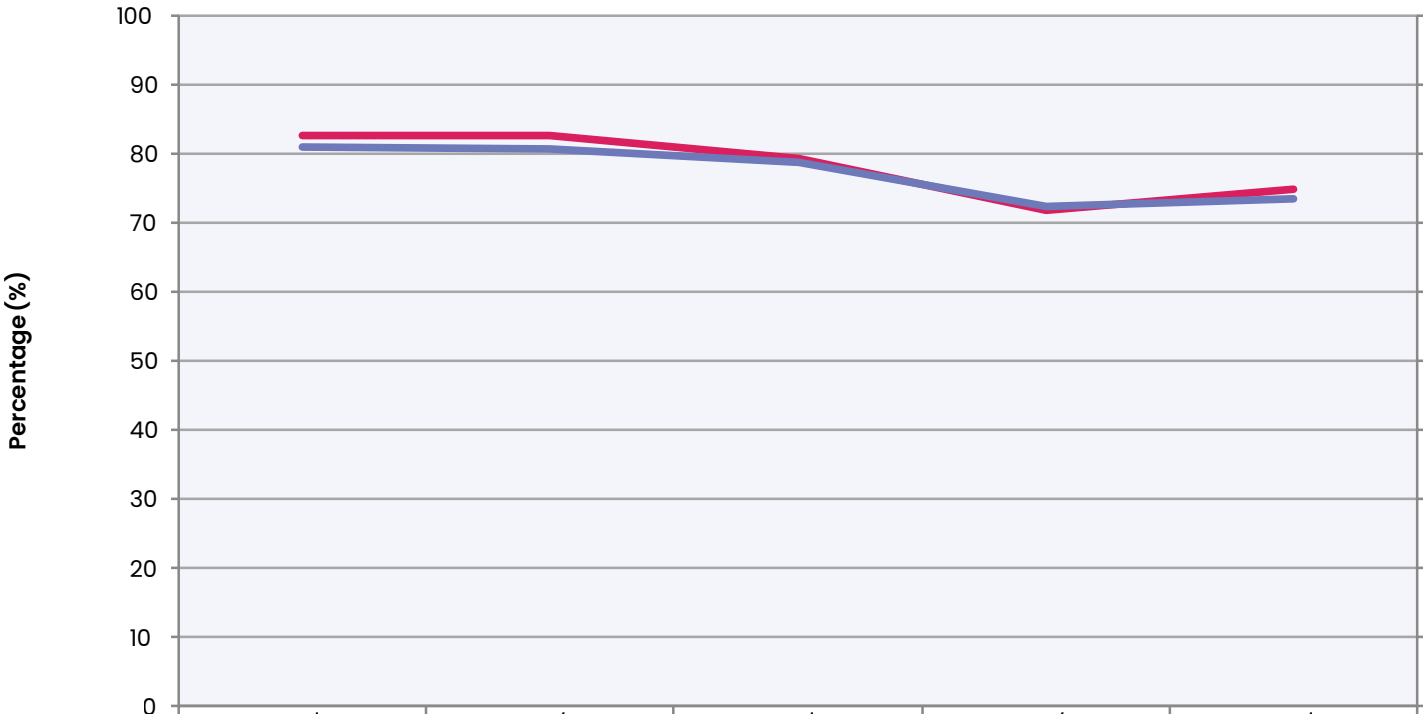
National Indicator 2 (NI - 2)

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

2025/26

75.0%

There has been an increase in this indicator over the period, from 72% to 75%. This suggests that more people feel the support they receive is helping them to maintain independence at home. The result is also slightly above the Scottish average of 73.6%. However, as this is based on survey responses, care should be taken when interpreting changes over time, particularly where survey wording has changed.



	2017/18	2019/20	2021/22	2023/24	2025/26
Moray	82.7	82.7	79.3	71.9	75.0
Scotland	81.1	80.8	78.8	72.4	73.6

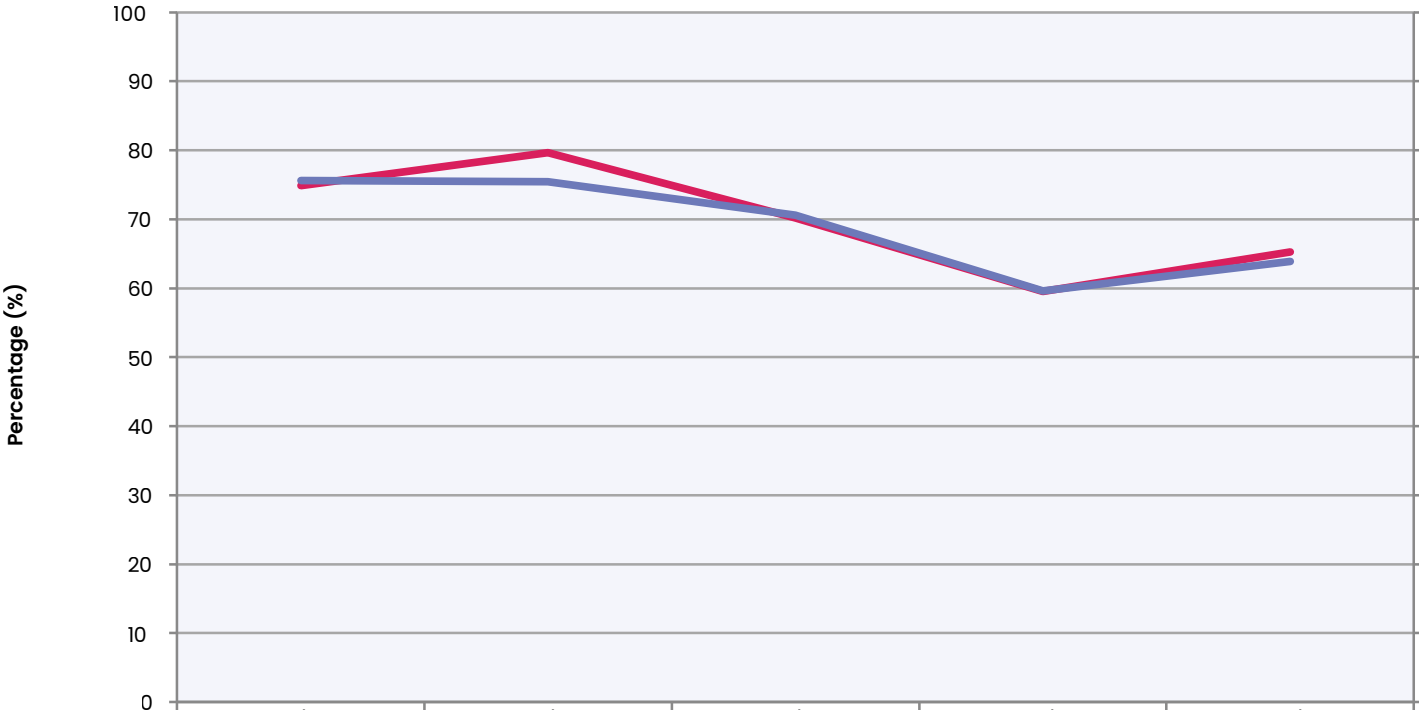
National Indicator 3 (NI - 3)

2025/26

65.3%

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

For this indicator Moray HSCP are in line with national trends. The indicator increased from 59.5% to 65.3%. This is above the Scottish average of 63.9%, indicating that more people in Moray feel involved in decisions about their care and support. This suggests an improvement in the provision of person-centred care and shared decision-making across Moray HSCP with greater choice and control being provided where available.



	2017/18	2019/20	2021/22	2023/24	2025/26
Moray	74.8	79.7	70.2	59.5	65.3
Scotland	75.6	75.4	70.6	59.6	63.9

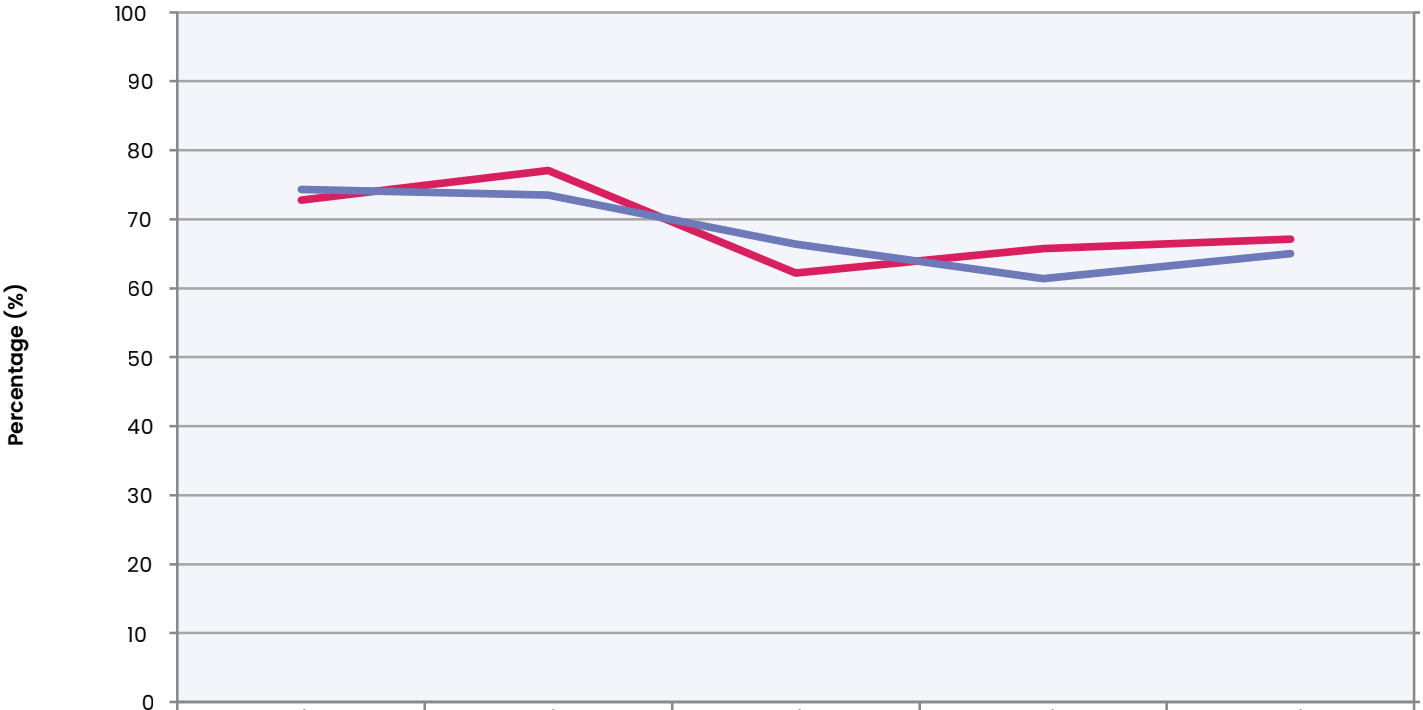
National Indicator 4 (NI - 4)

2025/26

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

67.1%

This indicator has increased from 65.7% to 67.1%. This suggests that people feel the different services involved in their care are working effectively together. Performance being above the Scottish average (65%) implies comparatively strong partnership working and integration of services locally, contributing to a more joined-up experience for individuals receiving support.



	2017/18	2019/20	2021/22	2023/24	2025/26
Moray	72.8	77.1	62.2	65.7	67.1
Scotland	74.3	73.5	66.4	61.4	65.0

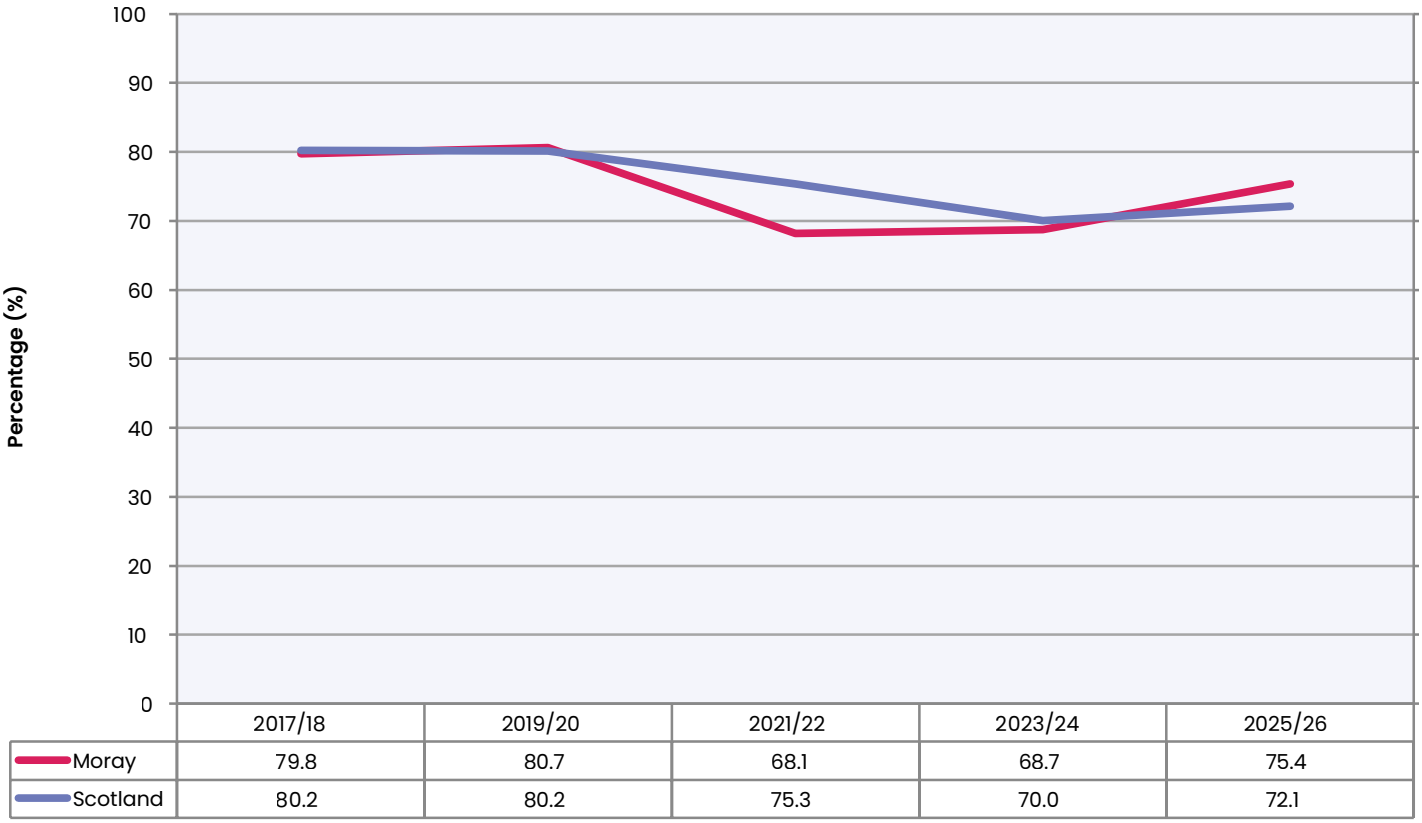
National Indicator 5 (NI - 5)

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

2025/26

75.4%

Performance has improved from 68.7% to 75.4% and is above the Scottish average of 72.1%. This suggests high levels of satisfaction among adults receiving care or support and indicating that services are delivering positive outcomes and experiences for those who use them.



	2017/18	2019/20	2021/22	2023/24	2025/26
Moray	79.8	80.7	68.1	68.7	75.4
Scotland	80.2	80.2	75.3	70.0	72.1

National Indicator 6 (NI - 6)

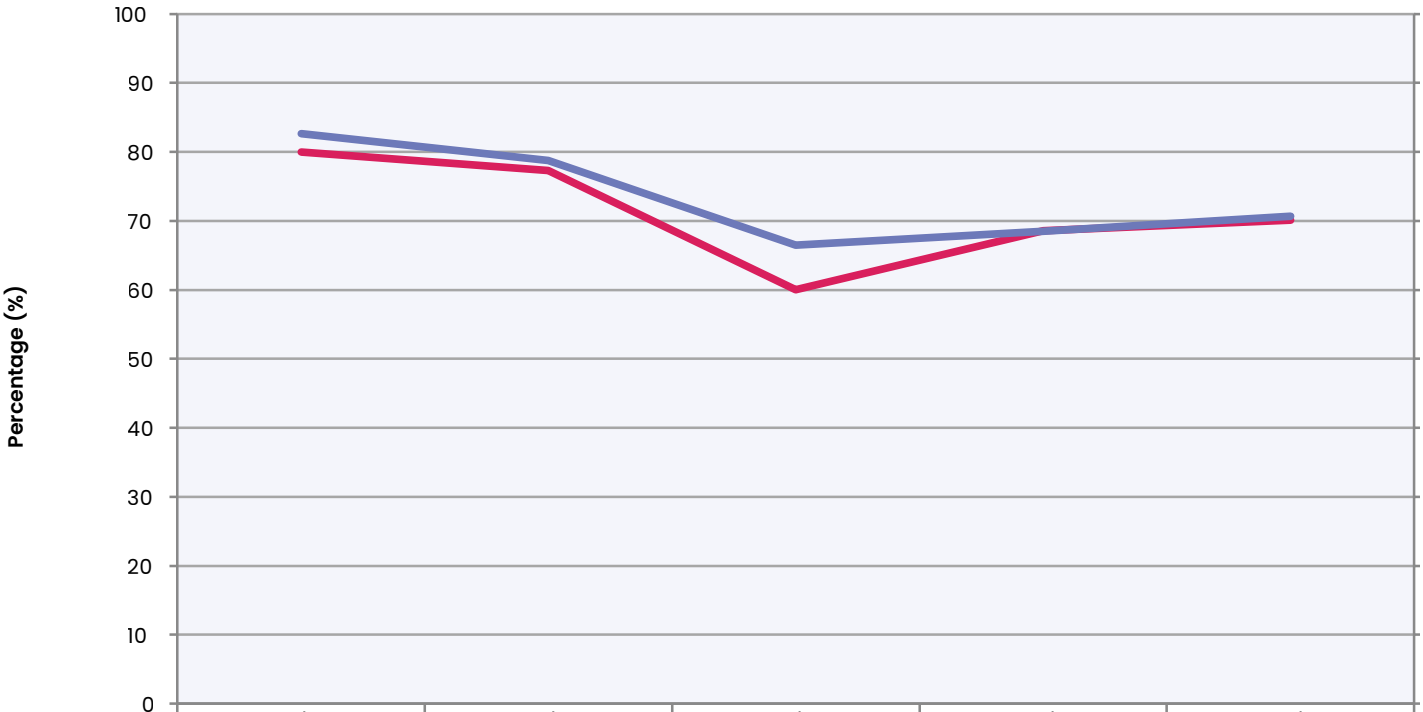
Percentage of people with positive experience of care at their GP practice

2025/26

70.1%

There is a small increase in Moray from 68.6% to 70.1% and it remains in line with the Scottish average (70.7%).

Improving performance could suggest that patients feel they receive more accessible, effective and person-centred care, with positive interactions with healthcare professionals and practice staff, as well as confidence in GP services.



	2017/18	2019/20	2021/22	2023/24	2025/26
Moray	80.0	77.3	60.0	68.6	70.1
Scotland	82.7	78.7	66.5	68.5	70.7

National Indicator 7 (NI - 7)

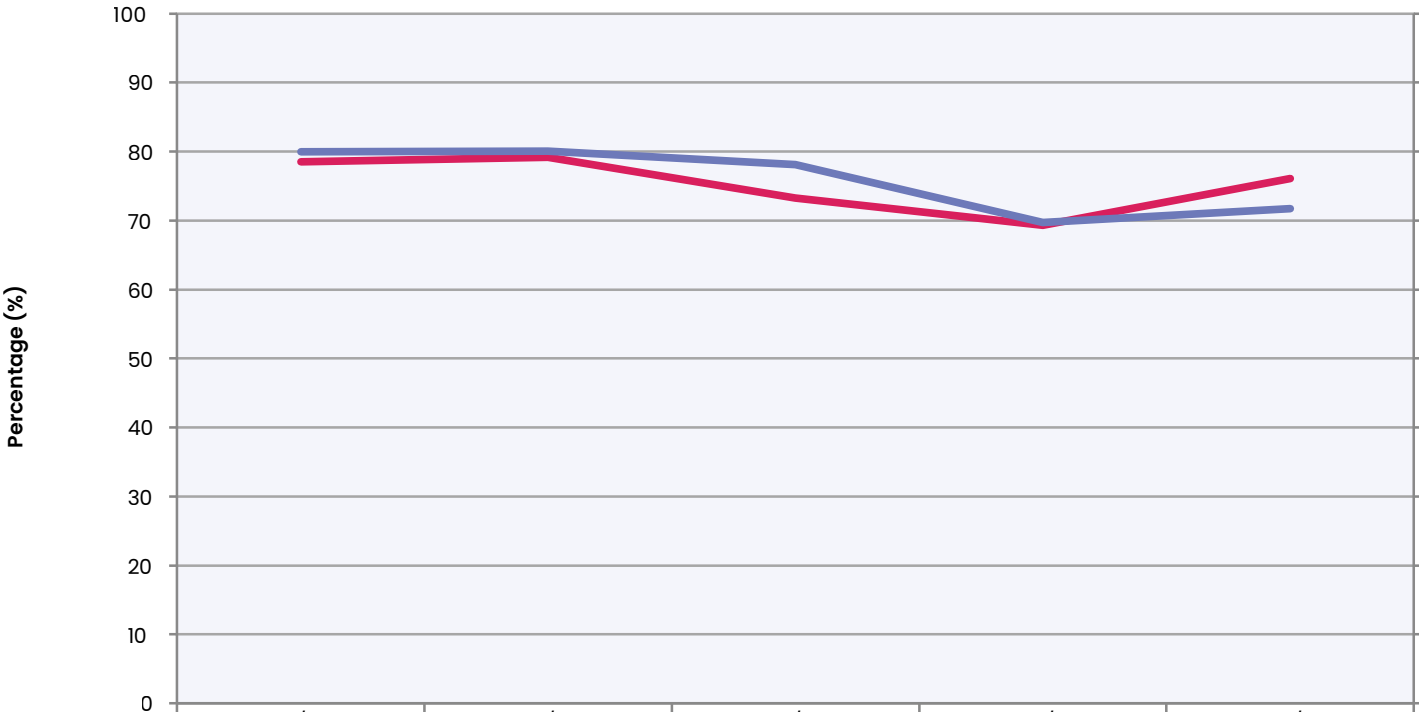
2025/26

76.1%

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

This indicator increased from 69.3% to 76.1%. More people feel the care and support they receive is making a meaningful difference to their day-to-day lives, helping them to maintain wellbeing, independence and overall quality of life. The improvement indicates that services are delivering positive outcomes for those they support and are increasingly meeting individuals' needs and expectations.

Focussing on early intervention and prevention has assisted people to take more ownership of their health and wellbeing.



	2017/18	2019/20	2021/22	2023/24	2025/26
Moray	78.5	79.2	73.3	69.3	76.1
Scotland	80.0	80.0	78.1	69.8	71.7

National Indicator 8 (NI - 8)

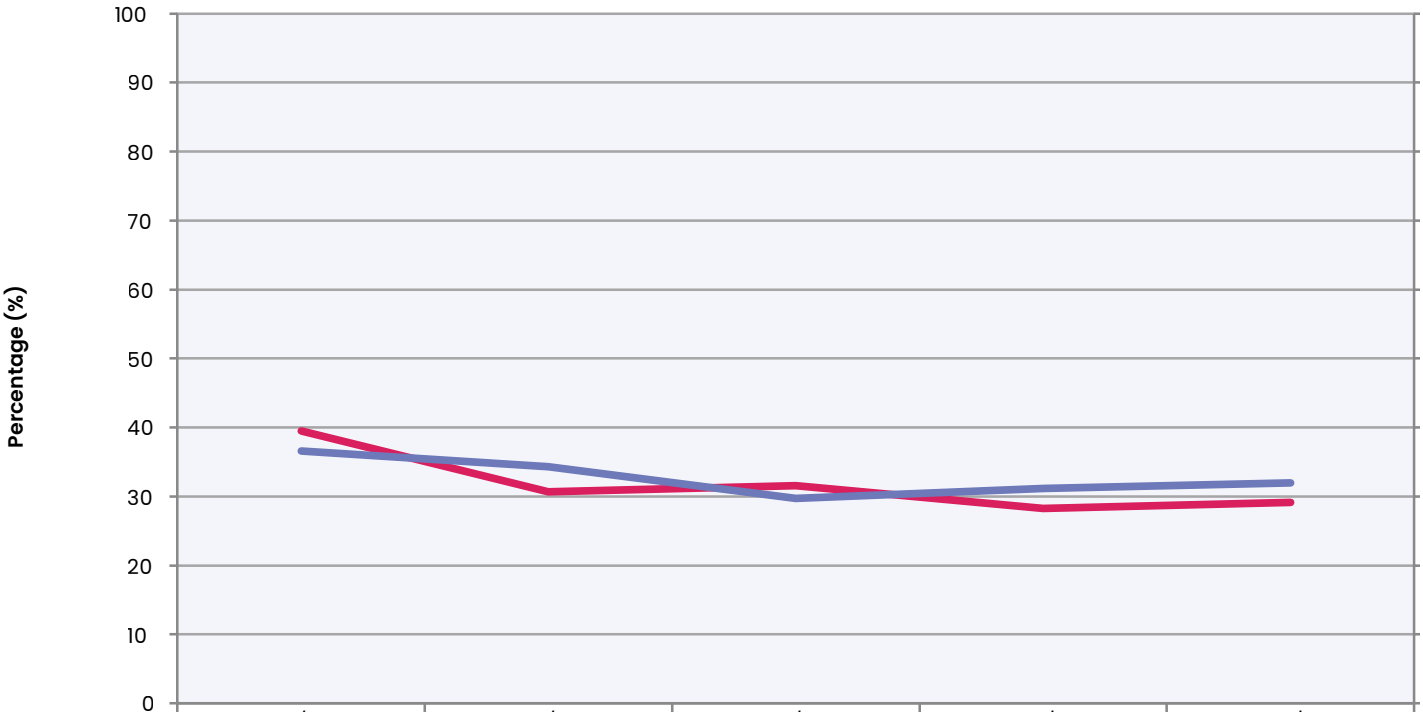
2025/26

29.2%

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

Moray continues to follow the Scottish trend although slightly below, MHSCP has increased this year.

Unpaid carers remain an essential element of the provision of support and care in the community, and it is a strategic priority for MSHCP to support them. Work is progressing well with the implementation of the Carers Strategy and will continue to address the areas identified for action to try to have a positive impact on how carers feel.



	2017/18	2019/20	2021/22	2023/24	2025/26
Moray	39.5	30.7	31.6	28.2	29.2
Scotland	36.6	34.3	29.7	31.2	31.9

National Indicator 9 (NI - 9)

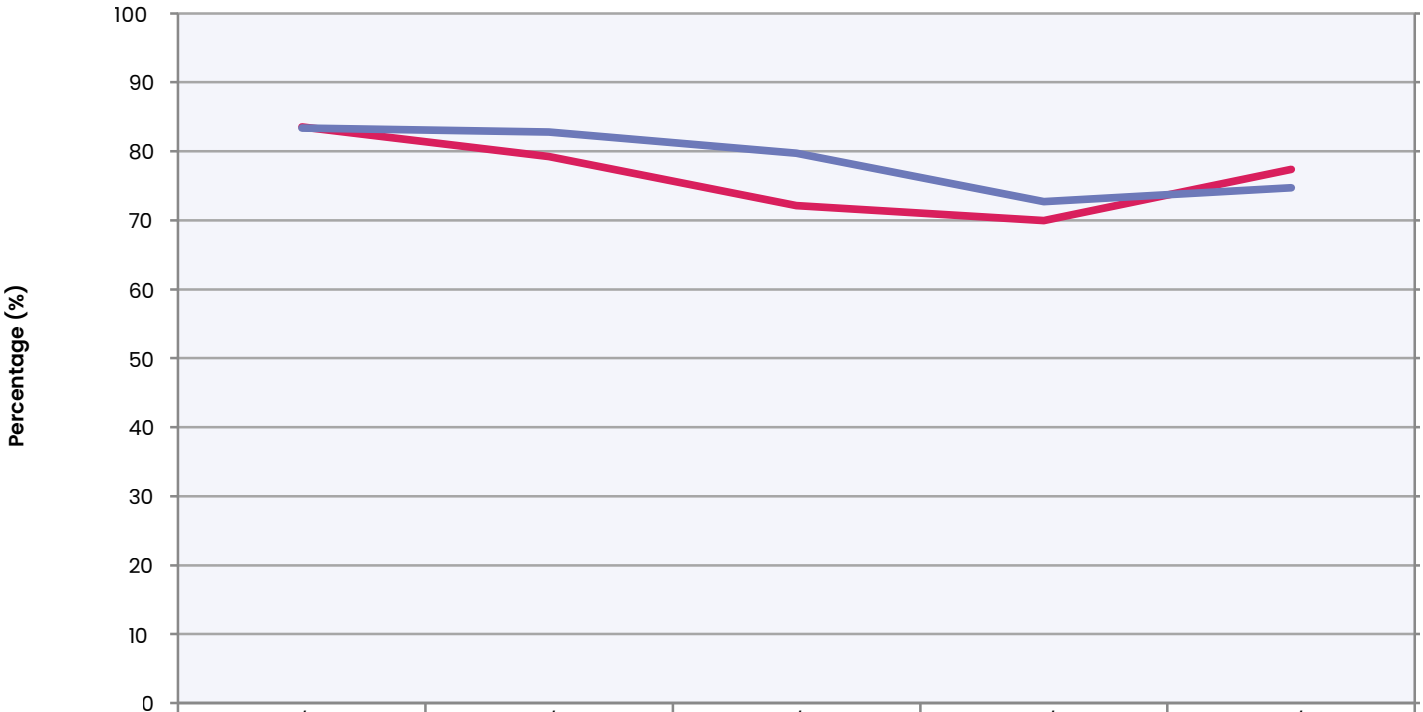
Percentage of adults supported at home who agree they felt safe

2025/26

77.4%

This is an indicator that we can't compare with previous years, however Moray has increased at a greater rate than the Scottish average which is a positive change.

This change indicates that more people feel well supported while living independently at home, reflecting positively on the quality of support provided and the ability of services to manage risks effectively.



	2017/18	2019/20	2021/22	2023/24	2025/26
Moray	83.5	79.2	72.1	70.0	77.4
Scotland	83.3	82.8	79.7	72.7	74.7

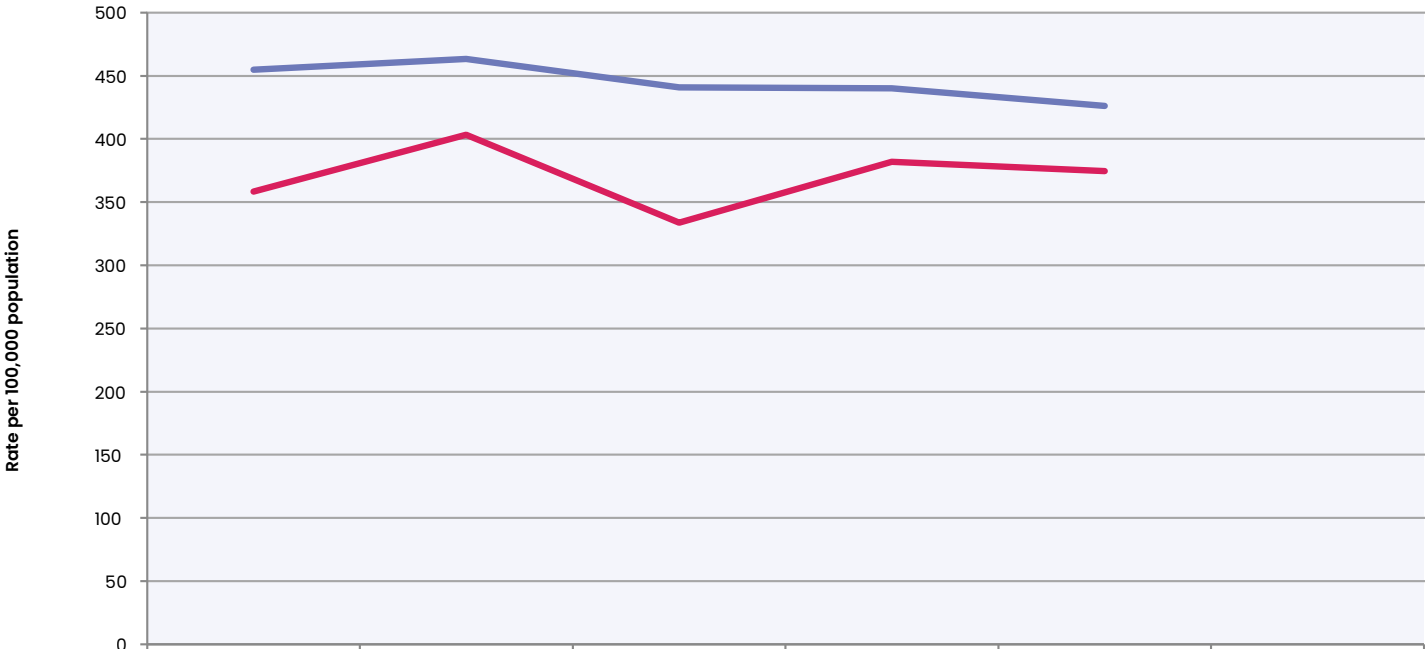
National Indicator 11 (NI - 11)

Premature mortality rate per 100,000 persons

2024

375

This indictor has not been updated for 2025 at this time.



	2020	2021	2022	2023	2024	2025
Moray	358.5	403.3	333.9	381.9	374.7	N/A
Scotland	454.7	463.2	440.9	440.1	426.1	N/A

National Indicator 12 (NI - 12)

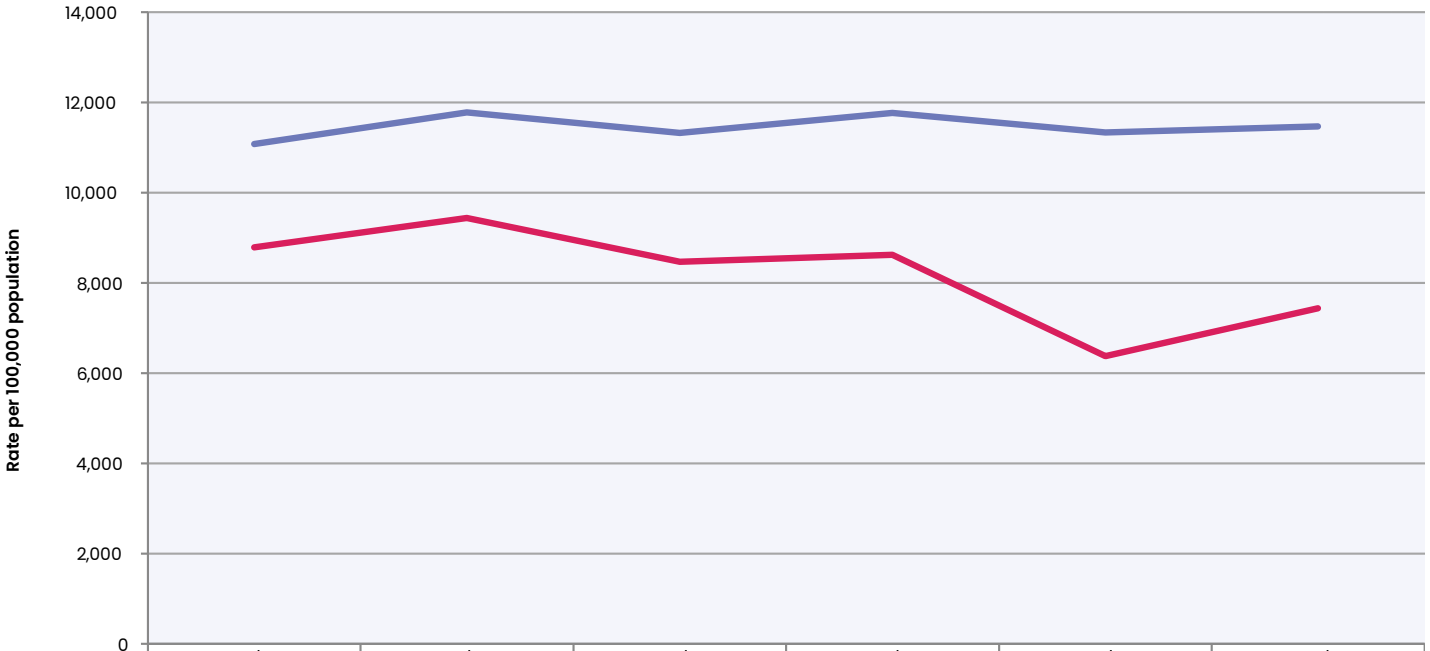
Emergency admission rate (per 100,000 population)

2025/26

7,434

Reporting on 2025 calendar year rather than 2025/26 financial year may not fully reflect local activity, however, this has been recommended due to data quality and completeness levels at the time of reporting.

Moray HSCP remains below the Scottish average for Emergency Admission rate at 7,434 per 100,000 population. This could indicate that people are being supported effectively in the community.



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Moray	8789.2	9433.1	8468.9	8621.7	6379.6	7434.0
Scotland	11078.1	11776.8	11327.3	11763.7	11333.1	11469.6

National Indicator 13 (NI - 13)

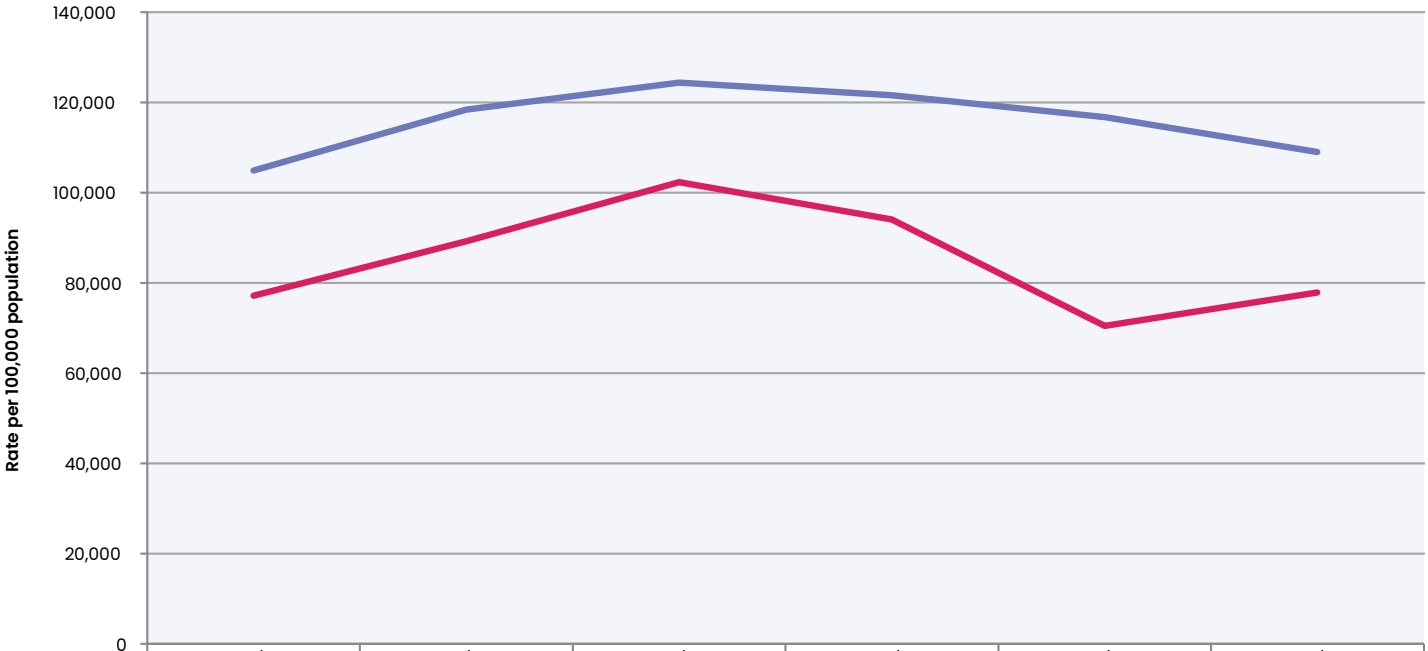
Emergency bed day rate (per 100,000 population)

2025/26

77,889

Reporting on 2025 calendar year rather than 2025/26 financial year may not fully reflect local activity, however, this has been recommended due to data quality and completeness levels at the time of reporting.

Moray HSCP remains below the Scottish average for Emergency bed day rate at 77,889 per 100,000 population. This could indicate that beds are being monitored effectively, alongside robust intermediate care services and support in the community.



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Moray	77129.4	89258.1	102281.9	94066.3	70419.1	77889.3
Scotland	104928.5	118395.3	124329.2	121590.5	116715.3	108988.0

National Indicator 14 (NI - 14)

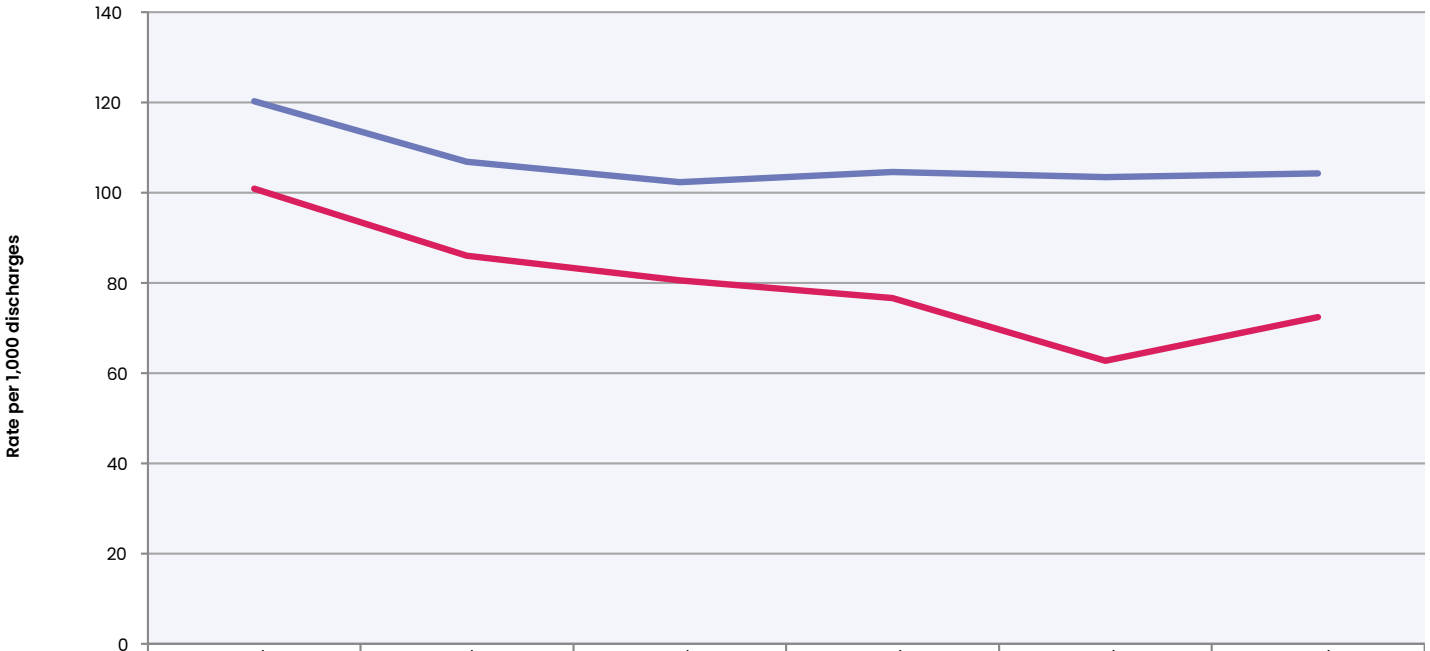
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)

2025/26

72

Reporting on 2025 calendar year rather than 2025/26 financial year may not fully reflect local activity, however, this has been recommended due to data quality and completeness levels at the time of reporting.

Moray HSCP remains below the Scottish average for this indicator at 72.4 per 1,000 discharges. This could indicate that people are receiving the right care and support on discharge from hospital, thus avoiding readmission.



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Moray	100.9	86.0	80.6	76.6	62.8	72.4
Scotland	120.3	106.9	102.4	104.6	103.4	104.2

National Indicator 15 (NI - 15)

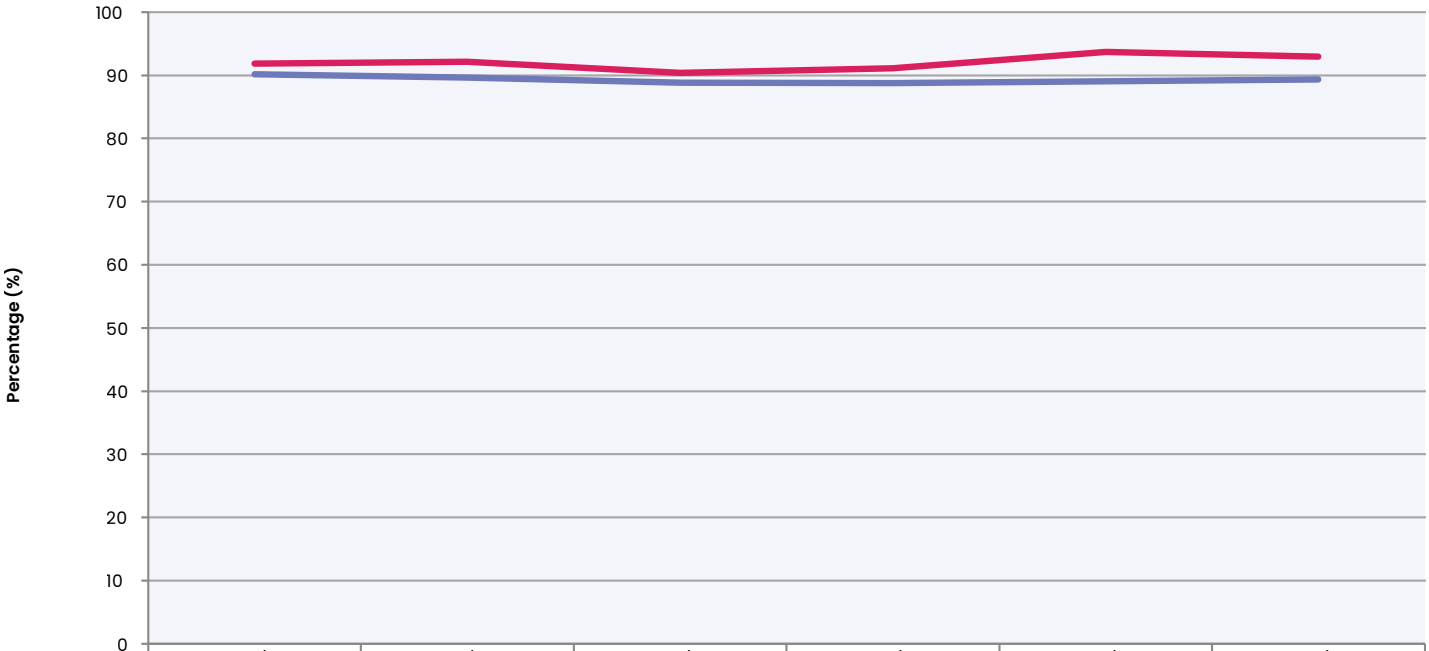
Proportion of last 6 months of life spent at home or in a community setting

2025/26

92.9%

Reporting on 2025 calendar year rather than 2025/26 financial year may not fully reflect local activity, however, this has been recommended due to data quality and completeness levels at the time of reporting.

Moray HSCP remains above the Scottish average for this indicator at 92.9%. This could indicate that services are working together effectively to provide care and support in the community.



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Moray	91.8	92.1	90.4	91.2	93.7	92.9
Scotland	90.2	89.6	88.8	88.8	89.0	89.3

National Indicator 16 (NI - 16)

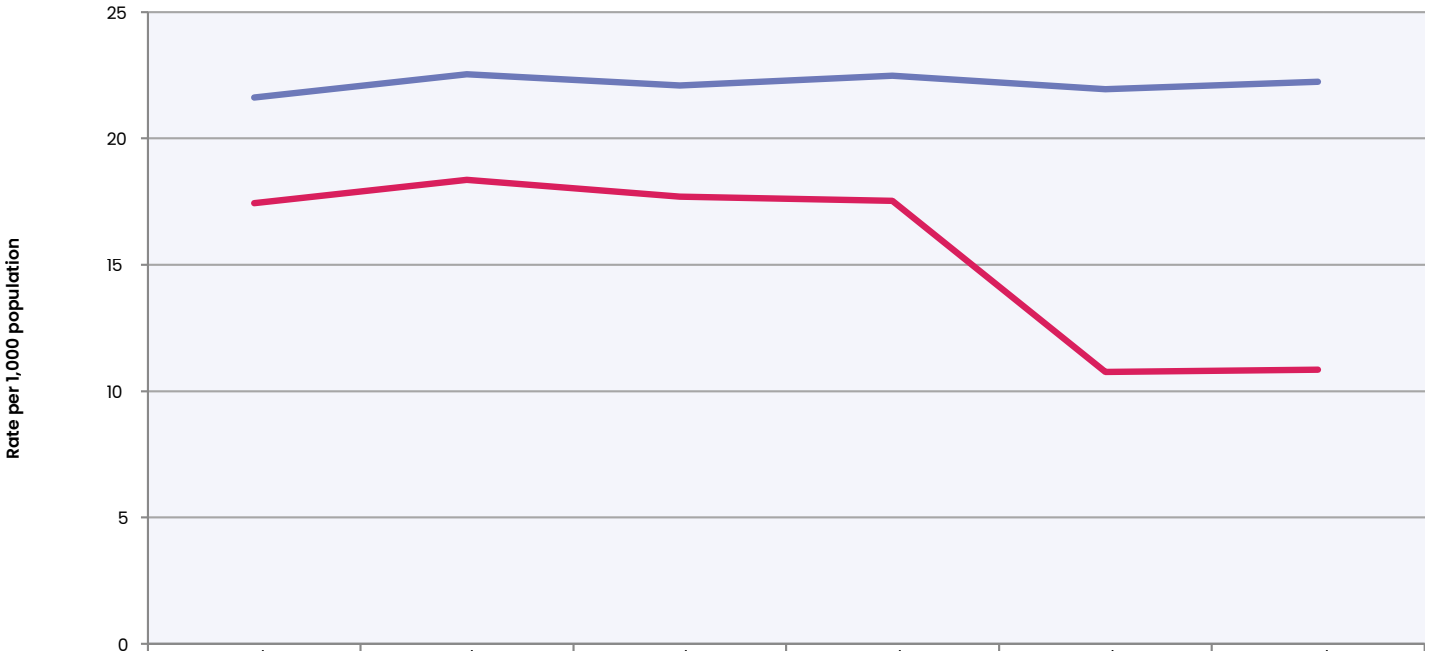
Falls rate per 1,000 population aged 65+

2025/26

10.9

Reporting on 2025 calendar year rather than 2025/26 financial year may not fully reflect local activity, however, this has been recommended due to data quality and completeness levels at the time of reporting.

Moray HSCP remains below the Scottish average for this indicator at 10.9 This could indicate that older adults are being supported to maintain their mobility, independence and safety which reduces the risk of injury and hospital admission.



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Moray	17.4	18.4	17.7	17.5	10.8	10.9
Scotland	21.6	22.5	22.1	22.5	21.9	22.2

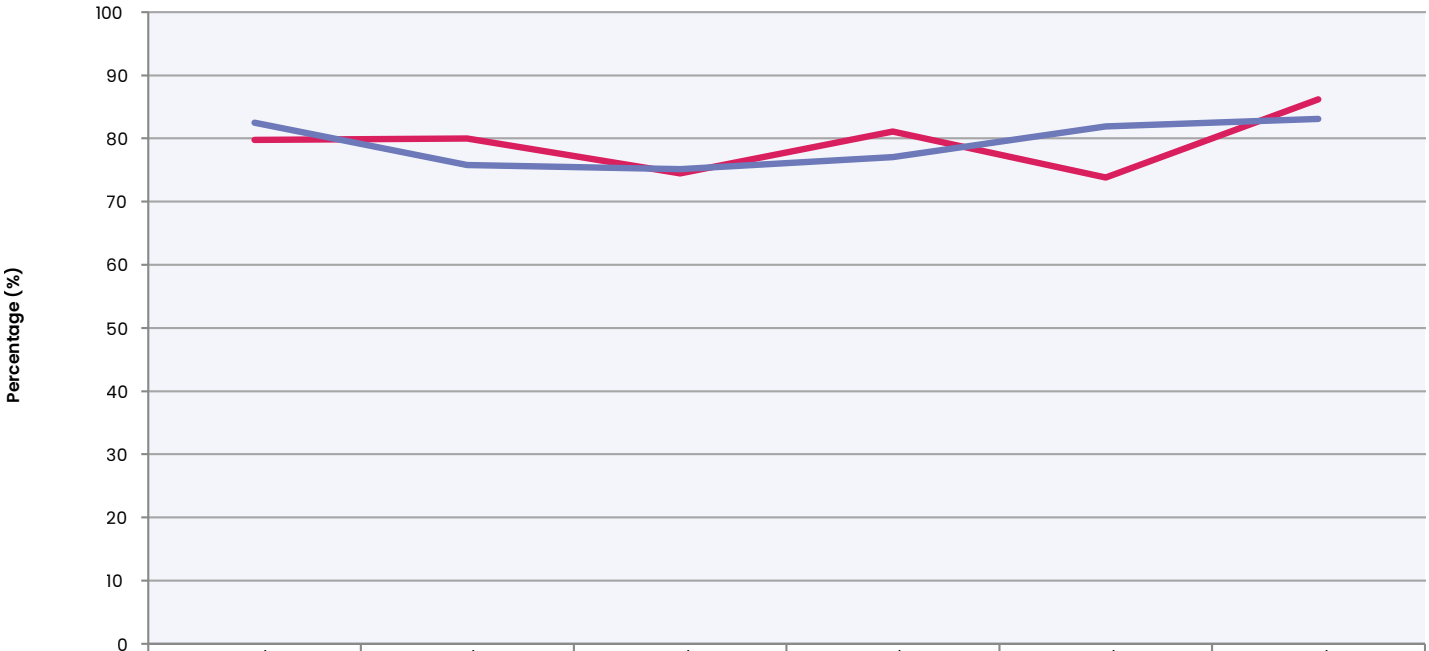
National Indicator 17 (NI - 17)

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

2025/26

86.2%

Moray HSCP has increased from 73.8% in 2024/25 to 86.2% in 2025/26. This shows that most services are delivering high-quality care and support, providing assurance that people are receiving safe and effective services that meet recognised quality standards.



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Moray	79.8	80.0	74.4	81.1	73.8	86.2
Scotland	82.5	75.8	75.2	77.0	81.9	83.1

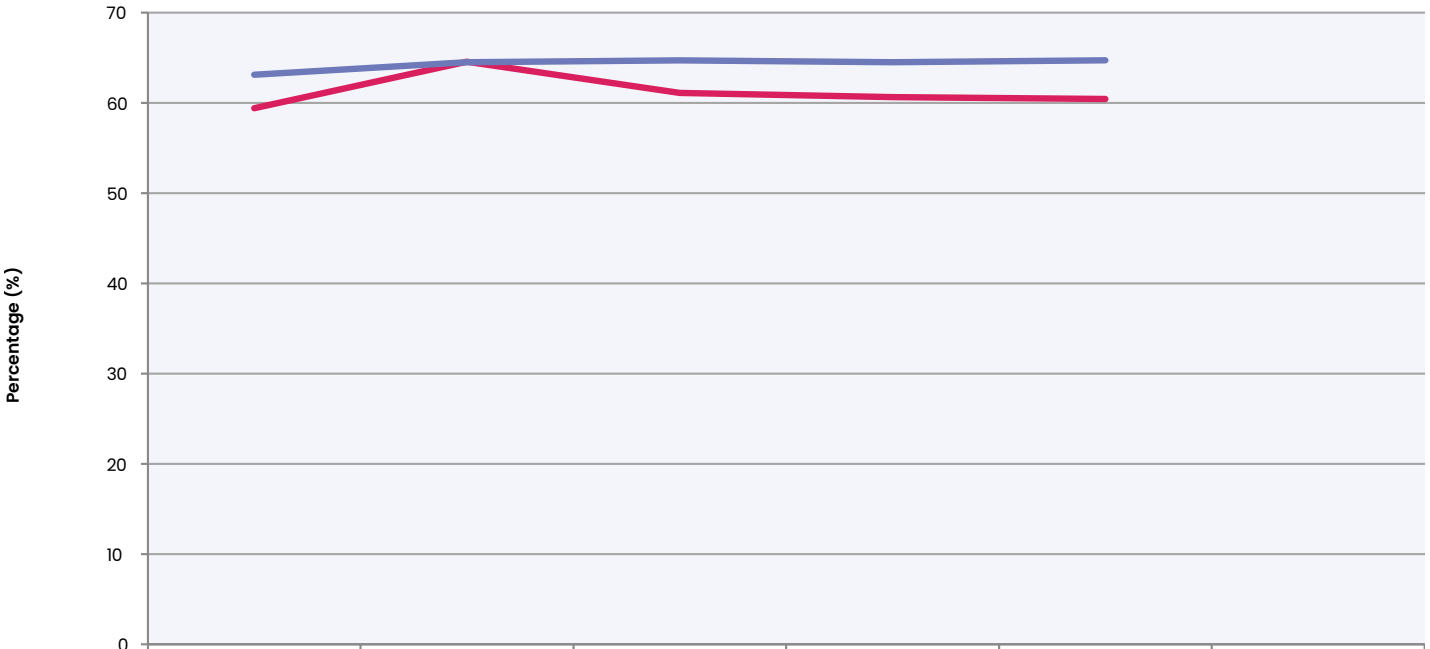
National Indicator 18 (NI - 18)

Percentage of adults with intensive care needs receiving care at home

2025

60.4%

This indictor has not been updated for 2025 at this time.



	2020	2021	2022	2023	2024	2025
Moray	59.4	64.5	61.1	60.6	60.4	
Scotland	63.1	64.5	64.7	64.5	64.7	

National Indicator 19 (NI - 19)

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

2025/26

810

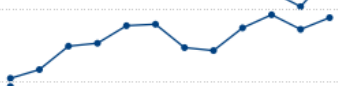
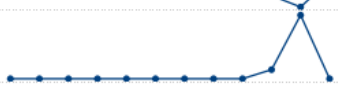
This indicator has decreased for the 3rd year in a row to 809.7 per 1,000 population and remains below the Scottish rate of 873 per 1,000 population. Although the decrease is slow, this is encouraging, as we face greater complexity of conditions, a growing older population, a reduced working age population and further challenges within the Health and Social care sector.

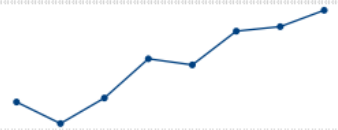
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Moray	505.8	778.1	1056.9	950.0	820.1	809.7
Scotland	485.5	749.7	883.1	841.5	898.9	873.0

Appendix D

Ministerial Group Indicators

Board	Partnership	Locality	12 months to:
NHS Grampian	Moray	All	March 2026

Indicators 1 to 4 (values shown for patients over 18 years of age)	12 months from April 2025 to March 2026	12 months total up to March 2025	12 months total up to March 2026	Percentage change ⓘ
1a - Total Emergency Admissions		4,811	5,938	23.4%
1b - Number of Admissions from A&E		4,348	4,511	3.7%
2a - Total Unscheduled Bed Days; Acute		48,477	52,015	7.3%
2b - Total Unscheduled Bed Days; Geriatric Long Stay		0	0	
2c - Total Unscheduled Bed Days; Mental Health		7,686	6,283	-18.3%
3a - Total A&E Attendances		19,965	20,090	0.6%
4a - Total Delayed Discharges Bed Days; All Reasons		12,737	12,613	-1.0%
4b - Total Delayed Discharges Bed Days; Code 9		1,457	1,176	-19.3%
4c - Delated Discharges Bed Days; Health and Social Care reasons		11,268	11,429	1.4%
4d - Delayed Discharges Bed Days; Parent/Carer/Family-related reasons		12	8	-33.3%

Indicators 5 and 6	Trend of annual totals	Previous financial year	Latest financial year	% point (pp) change ⓘ
5. Last Six Months of Life by Setting (Community, All Ages)		2023/24	2024/25p	
		91.1%	94.2%	3.03%
6. Percentage of Population in Institutional or Community Settings (Home - Unsupported, 65+)		2022/23	2023/24	
		94.2%	94.6%	0.36%

Note - p after a year denotes that the data is provisonal; please see metadata for further details

Appendix E

Inspections of services

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

Inspections, Assurance and Service Quality

Moray Health & Social Care Partnership monitors the quality and performance of both directly delivered services and externally commissioned services. This includes reviewing Care Inspectorate gradings, inspection findings, improvement requirements, complaints, and provider quality assurance information to ensure services remain safe, effective and person-centred.

Overall, inspection findings during 2025/26 provide assurance that the majority of services are delivering good quality care, with most services graded Good (4) or Very Good (5) on the six-point scale.

Indicator	Result
Services inspected	**24**
Services graded Good or above	**92%**
Services with improvement requirements	**3**
Services supported through improvement planning	**5**

Inspection findings across services highlighted a number of common strengths, including committed staff teams, positive relationships with people using services, and a strong focus on person-centred care.

Where improvement areas were identified, these generally reflected recurring themes across services, including medication management, care planning and recording, workforce capacity, and the need for robust and consistent quality assurance processes.

Internal services

In 2025/26, the Care Inspectorate inspected six internal services:

- Community Support Service
- Moray Supported Lodgings
- Barlink
- CALA
- Woodview
- START

Inspection feedback across internal services was consistently positive, highlighting strong staff commitment, person-centred approaches, and positive outcomes for people using services. Performance across services was generally stable, with limited variation in grading.

Where areas for improvement were identified, these related mainly to consistency of practice, including aspects of care planning, documentation and quality assurance processes. Action plans were developed and monitored through established quality assurance and improvement arrangements.

Commissioned services

In 2025/26, the Care Inspectorate inspected 18 externally commissioned services.

Inspection findings identified a range of strengths across commissioned services, including caring staff, positive relationships with people using services, and a continued commitment to supporting people safely within their communities.

While most commissioned services performed well, inspection findings indicated a greater degree of variation in performance compared to internal services. Where improvement requirements were identified, these reflected similar system-wide themes, particularly in relation to medication management, quality assurance and workforce capacity.

Providers were supported through improvement planning and ongoing contract monitoring arrangements to address identified areas.

Targeted assurance and improvement activity

During 2025/26, the partnership undertook a significant assurance and improvement process in response to concerns identified within one service. This involved multi-agency review and oversight arrangements, engagement with families, the provider and regulatory partners, and ongoing monitoring to support improvement and ensure the safety and wellbeing of residents.

Appendix F

Moray Integration Joint Board - Changes to Membership of Moray Integration Joint Board, decisions and directions

Changes to Integration Joint Board Membership and Governance

During 2025/26, the Moray Integration Joint Board (IJB) experienced a number of changes to its membership and leadership arrangements.

A planned transition in Board leadership took place during the year. Dennis Robertson served as Vice Chair from 1 April to 30 September 2025 before assuming the role of Chair from 1 October 2025. Councillor Bridget Mustard joined the Board on 1 August 2025 and served as Chair from 1 August to 30 September 2025, before taking up the position of Vice Chair from 1 October 2025.

There was one change to the voting membership representing Moray Council, with Councillor John Divers joining the Board on 27 March 2026 following the departure of Councillor Ben Williams.

Within the non-voting membership, changes reflected both organisational appointments and representative succession. Following the appointment of Judith Proctor as Interim Chief Officer in July 2024, the Board continued to benefit from her leadership throughout 2025/26. Jim Lyon remained in post as Interim Chief Social Work Officer.

The Board welcomed Aimee McIntosh as Third Sector Representative from 1 October 2025. Changes also took place within the Unpaid Carer Representative membership, with Ivan Augustus standing down in November 2025 after almost ten years of service. Miriam Connor and Christine Stevens were subsequently appointed as Unpaid Carer Representatives.

There were also changes to staff partnership representation during the year. Kevin Todd, Moray Council Staff Representative, stood down in May 2025. Deirdre McIntyre concluded her role as Grampian Health Board Staff Partnership Representative in June 2025 and was succeeded by Michael Ritchie in July 2025.

The Board's co-opted membership was strengthened through the appointment of Karen Greaves as Moray Council representative in March 2025 and Laura Skaife-Knight as NHS Grampian representative from October 2025. Existing co-opted members continued to provide professional and operational expertise to support the Board's governance and decision-making.

The Board also maintained a pool of substitute members to support continuity of governance, with Councillor Sonya Warren joining as a substitute member in February 2025.

Decision and directions

Agendas and reports for all MIJB meetings during 2025/26 are set out in the papers which are published on the Moray Council website.

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

Decisions taken by the Board in 2025/26 included:

May 2025	• Approved the final draft of the Strategic Delivery Plan (2025-2028). • Approved the new format of the Moray Integration Joint Board Risk Register. • Endorsed the updated Moray Mental Health and Wellbeing Strategy Delivery Plan 2024-2026. • Endorsed the Moray Mental Health and Wellbeing Strategic Performance Framework. • Approved the final MIJB Equality Mainstreaming Progress Report 2021-2024. • Approved the MIJB Equality Outcomes for the period 2025-2029. • Approved mainstreaming of the Equality Duty. • Approved changes to the Moray Integration Joint Board Financial Regulations.
June 2025	• Approved the unaudited Annual Accounts to be submitted to the external auditor, noting all figures remain subject to audit. Noted the Annual Governance Statement and accounting policies applied in the production of the unaudited Annual Accounts. • Approved the updated Local Code of Corporate Governance which supports the Annual Governance Statement. • Approved the proposed reduction in the number of formal meetings from 18-15 per year. • Approved the publication of the Annual Performance Report 2024/25 by 31 July 2025. • Approved a two-year extension to the current Moray Carers Strategy 2023-26, extending its term to March 2028.
September 2025	• Approved the updated Moray Integration Joint Board Strategic Risk Register, including the adequacy of the identified mitigating controls. • Approved the Children Services Plan 2024-25 Annual Report. • Approved the publication of the Health and Social Care Moray Annual Complaints report 2024/25.
October 2025	• Approved the Audited Annual Accounts for the financial year2024/25 and the letter of Representation.
November 2025	• Agreed to increase the non-voting stakeholder members from five to six, to enable the inclusion of the two Unpaid Carer Stakeholder representatives on the MIJB membership from 28 November 2025. • Approved the draft Public Sector Climate Change submission to Sustainable Scotland Network for the reporting year 2024/25. • Endorsed the proposed revised management structure for the Senior Management Team of Health and Social Care Moray.
January 2026	• Agreed the reappointment of the Board's Chief Internal Auditor for a further two year period. • Formally nominate for approval by the Standards Commission, the reappointment of the Board's Standards Officer and Depute Standards Officer, for a further period of two years until 1 April 2028.
March 2026	• Approved the Board's Strategic Risk Register, noting the current risk ratings, controls, assurances and areas of ongoing exposure. • Approved the 2026/27 proposed savings plan. • Approved the Revenue Budget for 2026/27, following consideration on risks. • Approved the updated Medium Term Financial Framework.

Moray IJB

Moray Integration Joint Board

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

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