

Moray Integration Joint Board Transformation Plan 2019-2024

Lead author(s):

Reviewer:

Approver:

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Executive Summary

This document seeks to set out the high level plans that will drive change and reshape the way in which services are delivered across Moray. The intentions set out in this plan fall from the Moray Integration Joint Board Strategic Plan 2019-2029.

This transformation plan is underpinned by the 3 Strategic Outcomes:

- 1. BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing**
- 2. HOMEFIRST - Being supported at home or in a homely setting as far as possible.**
- 3. PARTNERS IN CARE - Making choices and taking control over decisions**

These strategic themes will be considered in all programmes of work, each of which will have a programme board reporting to the Strategic Planning and Commissioning Group (SPCG) of the Moray Integration Joint Board (MIJB).

Health and Wellbeing
Mental Health (include Drugs & Alcohol)
Care of the Elderly
Learning Disability
Primary Care
Dr Grays' Hospital

***Children & Families Health Services
(Primary & Secondary Care)***

Health and Wellbeing Transformation Board
Mental Health Transformation Board
Care of the Elderly Transformation Board
Learning Disabilities Transformation Board
Primary Care Transformation Board
Dr Grays' Hospital Transformation Board (directly reporting into NHS Grampian)

Children & Families Transformation Board directly reporting to NHSG structures but linked to SPCG structure to ensure appropriate connections.

Enabling work will also be structured as follows and cut across all programme boards:

Communication, Engagement and Participation Programme
Workforce Planning and Organisational Development Programme
Digital and infrastructure Programme

A consistent approach to organising and reporting of these boards will be put in place with clear leadership and support in place. Our approach to strategic commissioning and improvement set out our associated framework

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Theme 1: BUILDING RESILIENCE - People are enabled to take responsibility for their own health and wellbeing (public /workforce)

Rationale

The Scottish Government document “Public Health Priorities for Scotland” [Include link to document](#) sets out the ambition nationally in the shape of 6 priorities:

This document considers the state of the nation in terms of population health. In Moray our Strategic Needs Assessment (SNA) [Include link to document](#) highlights the Moray landscape, the Moray Integration Joint Board Strategic Plan setting the ambition to address some of the prevention work that is required in response to the emerging issues. We aim to build resilience with individuals and communities to be able to maximise their health and wellbeing potential, recognising the positive outcomes will be possible with this approach. The MIJB is committed to increasing investment in this area.

We are working in an environment where resources are challenged both in terms of finance but more critically workforce supply. The demographic set out in the SNA for Moray highlighted the population profile as increasing in older people over the next 10 years against a reduction in working age population (under 65yrs). Whilst the main driver for prevention investment is to improve the health and wellbeing of the population of Moray, the other is to ensure that the services we have are fit for purpose and available when needed. So people being equipped to live well and stay well alongside positive management of a variety of health conditions will ease the impact on the finite resources available to us, this is an equally valid outcome.

The MIJB will achieve this through proactive partnership working focussed on the outcomes of the Community Planning Partnership Local Outcome Improvement Plan (LOIP), the Integrated Children`s Services Plan and specifically through it prioritised contribution to prevention set out in this transformation plan.

Public and workforce participation in this area is essential if we are to make the changes that will both benefit us on a personal basis but equally support the sustainability of our health and care system in Moray.

Stretch Aim	Outcomes	
<p>Over the next 5 years we will work alongside Community Planning Partners to support our communities, service users, carers, the public and the workforce build resilience as a deliberate effort to improve the population health across Moray.</p> <p>By April 2024 Moray will have no communities which rank amongst the most deprived 40% datazones In Scotland.</p> <p>By April 2024:: Less than 10% of children will live in relative poverty Less than 5% will live in absolute poverty Less than 5% will live with a combined income and material deprivation Less than 5% will live in persistent</p>	<p>National Outcome 1: The people of Moray are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>Public Health Priority 1: A Moray where we live in vibrant, healthy and safe places and communities</p> <p>National Outcome 3: Health and social care services are centred on helping to maintain or improve the quality of life of those who use those services.</p> <p>Public Health Priority 2: A Moray where we flourish in our early years.</p>	<p>National Performance Framework</p> <p>Public Health Priorities Scotland</p> <p>Moray Local Outcome Improvement Plan</p> <p>National Strategy – Good Mental Health for All 2016</p> <p>Good Mental Health for All in Moray 2016-2026</p> <p>Scotland’s House of Care</p> <p>Moray Poverty Strategy 2018-2021</p> <p>Fairer Scotland Duty</p> <p>Moray Leisure Strategy</p> <p>Moray Carers Strategy</p> <p>Integrated Children’s Services Plan</p> <p>NHSG Clinical Strategy</p> <p>Moray Council Corporate Plan</p>

<p>poverty.</p> <p>By April 2024 Moray will have reduced the prevalence of anxiety and depression in children young people and adults</p> <p>Increase the available support to communities, families and individuals in preventing suicide, considering the overlap of drugs, alcohol and mental health by 2024.</p> <p>Halving the number of 15 year olds who report regular smoking by 5%</p> <p>Halving the number of pregnant women reporting smoking at booking to 9%</p> <p>Halving the smoking prevalence amongst the adult population to less than 13%</p> <p>Reducing the number of drug related deaths in Moray.</p> <p>By 2024 have strong locality leadership connecting health and social care services within the context of local resources</p>	<p>Public Health Priority 3: A Moray where we have good mental wellbeing</p> <p>Public Health Priority 4: A Moray where we reduce the use of harm from alcohol, tobacco and other drugs.</p> <p>Public Health Priority 5: A Moray where we have a sustainable inclusive economy with equality of outcomes for all.</p>	<p>Realistic Medicine</p> <p>National Drug and alcohol strategy</p> <p>Healthier futures</p> <p>Child Health 2020 (review)</p> <p>Children and Young People`s (Scotland) Act (2014)</p> <p>Every Child Every Chance (National Child Poverty Plan)</p> <p>House of Care</p>
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<p>supporting a shift in population health.</p> <p>By 2024 support an increase in community activities such as our active groups offering a range of activities including tackling isolation.</p> <p>Considering income maximisation as a relevant intervention when working with individuals and their families.</p> <p>Working as partners to support employability pipelines in Moray maximising individuals potential to thrive.</p> <p>By April 2024 Moray will:</p> <ul style="list-style-type: none"> • Reduce population prevalence of obesity by one quarter to 25% • Reduce the number of people developing obesity related diseases including cancers, heart disease and diabetes by 10% 	<p>National Outcome 5: Health and social care services contribute to tackling health inequalities.</p> <p>Public Health Priority 6: A Moray where we eat well, have a healthy weight and are physically active.</p>	
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By 2024 increase the support available for Carers in communities.

National Outcome 6: People who provide unpaid care are supported to look after their own health and well-being, including reducing any negative impact of their caring role on their own lives.

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Theme 2: HOMEFIRST - Keeping people at home or in a homely environment.

Rationale

The Health and Social Care Delivery Plan for Scotland 2016 sets the ambition for the future delivery of services.

The aim is a Scotland that delivers high quality services that have a focus on prevention, early intervention and supported self-management. **(Theme 1)**. Where people need hospital care, the aim is for day surgery to be the norm, and when stays must be longer, the aim is for people to be discharged as swiftly as possible.

The delivery plan sets out our programme of work to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- Is integrated;
- Focusses on prevention ;
- Will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- Focuses on care being provided to the highest standard of quality and safety, whatever the setting, with the person at the centre of all decisions **(Theme 3)**; and
- Ensures people get back into their home or community environment as soon as appropriate with minimal risk of re-admission.

Across Moray the HOMEFIRST approach is being put in place to ensure that we fulfil this ambition. The aim of HOMEFIRST in Moray is to ensure that we consider this as our default position. We currently operate a system where hospital can be the default in the absence of alternative plans and the risks associated with this decision not fully appreciated across our communities, particularly for older people. There are times when the **right place and the right time** is hospital however we do know that older people can dip very quickly in confidence and have a general reduction in their ability to function through hospital admissions, thus the emphasis on no delays in hospital. Traditionally we have assessed people for discharge in hospital, again over time we have

come to recognise that familiar surroundings with support give a far more accurate assessment of someone’s ability to maintain their independence and to continue to live at home. We do however also recognise that this requires clear support networks to be available and the appropriate services to be responsive. This in itself can be challenging however through health and social care integration and locality planning there is an opportunity to challenge ourselves further on the art of the possible, looking to different ways of working and the wider resources of communities in pursuit of success.

Stretch Aim	Outcomes	Strategic Context
<p>By 2024 Health and Social Care Moray will aim to:</p> <p>ADMISSION/DISCHARGE Achieve a stable position in relation to the management of discharge from hospital with the aim of being below the national average measured in bed days lost to delay.</p> <p>Implement in 100% of inpatient areas across Moray, Daily Dynamic Discharge processes and Discharge to assess protocols.</p> <p>Work with partners to consider the options available for “care in between” (no requiring an acute hospital admission/ not</p>	<p>National Outcome 2: People including those with disability or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independent and at home or in a homely setting in their community.</p> <p>National Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>National Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>National Outcome 7: People using health and social care services are safe from harm</p> <p>Adults and older people can achieve their potential and maintain independent living for as long as possible, regardless of conditions</p>	<p>National Performance Framework</p> <p>Public Health Priorities Scotland</p> <p>Health and Social Care Delivery Plan for Scotland</p> <p>Realistic Medicine</p> <p>Scotland’s Mental Health for All Strategy</p> <p>The Keys to Life: Scotland’s Learning Disabilities Strategy 2013</p> <p>Coming home: complex care needs and out of area placements 2018</p> <p>Morays Mental Health for All Strategy 2016-2026</p> <p>Morays Carers Strategy</p>

<p>able to stay at home), creating an options appraisal for consideration by localities and the Integration Joint Board by March 2020.</p> <p>LOCALITY PLANNING/CARE CO-ORDINATION</p> <p>Implement locality leadership across our localities.</p> <ul style="list-style-type: none"> • Forres • Lossiemouth • Elgin • Keith and Speyside • Buckie and Cullen <p>Maximising the use of the resources available and co-ordinating care and treatment across the pathways of care challenging disciplinary/organisational boundaries.</p> <p>Proactively work with communities to mobilise local resources supporting positive outcomes.</p> <p>Further establish our locality</p>	<p>experienced.</p> <p>Adults and older people with complex care needs can be maintained locally where possible with the specialist support available locally if possible.</p> <p>Adults and older people experiencing a range of conditions experience inclusive, safe services that are able to work mutually with them and their families, carers to maximise positive outcomes.</p> <p>Adults and older people are socially integrated to communities.</p> <p>Adults and older people with complex needs in the context of experiencing a range of conditions experience meaningful and fulfilled lives.</p> <p>National Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</p> <p>The workforce feel empowered to create the multi-disciplinary teams and set out their way of working that improves the overall experience for all.</p>	<p>Moray – Our Lives, Our Way 2013-2023</p> <p>Moray General Practice Strategy</p> <p>National Digital Health and Social Care Strategy 2018</p> <p>NHS Grampian Clinical Strategy</p> <p>Moray Council Corporate Plan</p> <p>National Strategy for Self –directed Support 2010</p> <p>GMS contract</p> <p>Strategic housing</p> <p>SHIP</p> <p>Unscheduled care 6 Essential Actions Programme</p> <p>Children and Young People`s (Scotland) Act (2014) Part 1 UNCRC</p>
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<p>multi-disciplinary teams who work as a team of multi-professionals with the third, independent sectors and communities to maximise the opportunities to maintain people in a positive ways in their communities, developing collaboration at every level.</p> <p>MENTAL HEALTH/LEARNING DISABILITIES</p> <p>Continuing to ensure that the out of areas placements are at a minimum with the aim of optimising local resources and expertise to maintain people locally close to their familiar surroundings, families/carers.</p> <p>Continue to develop the implementation of the progression model alongside all service users and families living with a learning disability.</p> <p>Continue to progress full implementation of the local</p>	<p>People with a learning disability, their families and carers should be able to have the same opportunities in life as other people.</p> <p>People receive the care they need close to home where practicably possible</p> <p>Health and social care is an attractive workplace.</p> <p>Digital health care and technology enabled care is core business.</p> <p>National Outcome 7: 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 wellbeing.</p> <p>A Moray where the quality of life is improved for those experiencing mental ill health.</p> <p>Reduced inequalities in mental health.</p> <p>Reduce the health inequalities of those experiencing mental health problems.</p> <p>Appropriate, responsive service delivery as</p>	
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<p>mental health strategy optimising non-medical approaches where appropriate and building people's resilience</p> <p>UNSCHEDULED CARE Work across the system of health and social care to shift where possible activity traditionally carried out in acute hospital settings to the community in a planned way</p> <p>PRIMARY CARE Continue the implementation of Phase 1 of the GP contract and work with guidance nationally on the phase 2 part of the contract in 2021.</p> <p>Work with the wider primary care group of services, Dental, Optometry and Pharmacy to maximise their contribution at a community level as part of the multi- disciplinary team 2021.</p>	<p>locally as possible as specialist as necessary.</p> <p>Shifting unnecessary unplanned hospital activity to preventative planned care.</p> <p>National Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Positive team co-ordination.</p> <p>Seamless, co-ordinated transitions between life stages and services</p> <p>Appropriate available housing</p>	
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<p>TRANSITIONS Work closely with children’s services around transitions, smoothing out the pathway and bringing coherence in approaches by 2021.</p> <p>HOUSING/ADAPTATIONS AND EQUIPMENT Build on the work to date in relation to housing and adaptations requirements for the future and establish what is possible within the resources available that maximised this key part of achieving successful outcomes for people</p> <p>Develop a clear model for the provision of equipment and a process than ensure timeous delivery and retrieval by 2021.</p> <p>DIGITAL Expand the use of technology as the norm by 2024.</p>	<p>People are able to stay at home and independent with the ability to easily access appropriate equipment.</p> <p>Digital technology a routine option for intervention.</p>	
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Theme 3: PARTNERS IN CARE - People are empowered to make choices and take control

Rationale

Approaches such as the conversations necessary to delivery Self Directed Support and Realistic Medicine are the basis of our Partners in Care approach and set ambition for the way we work with people across health and social care. These approaches are coherent and set the scene for promoting conversations that seek to understand first what the person and their family are considering, assisting in exploring options, weighing up the choices to be made and the implications for people. The significance of this is a move away from being prescribed, or told what you need to an approach that is much more focussed on agreeing with you the best option for you. This is the basis of a conversation that supports choice and control around these very significant decisions that affect you. This places people and their families/carers at the centre of decision making – Partners in Care.

This is not traditionally how many parts of our system has worked and as such there is shift required in the way professionals work as business as usual. Many professionals have already adopted this approach and made the shift in practice but it is not universal. The public, individuals, families and carers can expect to experience this difference in the quality of conversation that precedes any decisions about health and care. There will always be limitations to choices around resourcing however the discussion on options should assist in ensuring the best options are identified within parameters that exist and that the individual has had a strong voice in the decisions.

Personalising Realistic Medicine 2019 further develops this concept for professionals to consider and is recognised this approach as a new way of thinking for people in Scotland. The desired shift supports building personalised approaches to care.

The health and care standards, my support, my life in Scotland came into effect in April 2018, these standards already dominant in social care settings were extended for application across health and social care. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to be upheld.

Self-directed support is underpinned by legislation and an implementation programme that aims to empower people who need support to exercise choice and control to meet their personal outcomes in participating fully in economic and social life.

Embedding this way of working is key for success in achieving positive outcomes for people.

The shift in public awareness that's required – “patient activation” etc – we each have an active part to play in protecting and maintaining our own health, and also in healthcare that the biggest role in recovery lies with ourselves, guided and supported by our health professionals.

Stretch Aim	Outcomes	Strategic Context
<p>By 2024 Health and Social Care Moray will work with the public, people using services have the information, conversation and are empowered to be able to make their own decisions about how they live their life and what they want to achieve (realistic medicine)</p> <p>The health and social care workforce will be trained and developed to adopt the Partners in Care Approach ensuring confidence and ability to work in this way.</p> <p>HSC National care standards – embedded in all services by</p>	<p>National Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>Families and carers are included in the conversations and planning as routine when this is the preference of the individual.</p> <p>People have access to advocacy services as required</p> <p>National Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p> <p>People experienced a rights based approach where they are mutual partners in care.</p>	<p>Personalising Realistic Medicine 2009</p> <p>Keys To Life: A learn National Self Directed Support Strategy 2010 (under review)</p> <p>House of Care</p> <p>Scotland’s Mental Health for All Strategy</p> <p>The Keys to Life: Scotland’s Learning Disabilities Strategy 2013</p> <p>Coming home: complex care needs and out of area placements 2018</p> <p>Morays Mental Health for All Strategy 2016-2026</p>

<p>2024</p> <p>Personalisation of care will be evident in all services, outcomes based assessments and individualised care planning.</p>	<p>Public knowledge and awareness / involvement of approach developing mutual understanding of the way we work.</p> <p>Palliative / end of life care/Anticipatory Care/Advanced Care established with people</p> <p>National Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</p>	<p>Morays Carers Strategy</p> <p>Moray – Our Lives, Our Way 2013-2023</p> <p>Part one of Human Rights</p> <p>Personalising Realistic Medicine 2019</p> <p>National Care Home Executive</p>
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Enablers - supporting activities in delivery of ambitions

Stretch Aim	Outcomes	Strategic Context
<p>DIGITAL & INFRASTRUCTURE</p> <p>Where appropriate and safe, infrastructure and digital health solutions will be provided “as locally as possible, as specialist as necessary”</p>	<p>People in Moray will have local access to routine appointments, reducing the need to travel long distances</p> <p>Attend Anywhere will be a routine option for the public when interacting with services where hands on care is not necessary.</p>	<p>National Digital Health and Social Care Strategy 2018</p> <p>Capital and Asset Plans Moray Council and NHS Grampian</p> <p>Local Development Plan</p>

<p>Capital Financial Investment will be prioritised within Moray to ensure equity of access for a wide range of diagnostic and treatment services.</p> <p>Moray will be the choice area/ location where innovation, infrastructure and workforce are developed to offer a great place to live, work and play. People are developed, infrastructure is up to date and services are accessible.</p> <p>WORKFORCE</p> <p>BY 2024 the Moray workforce will be fully aware and confident in the practice of Partners in Care as an approach, understanding the significance of working in this way,</p> <p>By 2024, all areas of the partnerships will be working within the principles of healthy working lives.</p> <p>2024 a standard process will exist across Health and Social Care Moray for appraisal and</p>	<p>Patients and carers will not be subjected to health inequalities as a direct result of centralised services</p> <p>Co-location of appropriate services within a campus arrangement will be the norm.</p> <p>National Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer</p> <p>Ensuring positive health, safety and wellbeing for staff.</p> <p>Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide Part 1, 2 &3.</p> <p>The experience of staff working within the</p>	<p>National Health and Social Care Workforce Plan 2017/18</p> <p>iMatter Programme</p> <p>Healthy Working Lives Programme</p>
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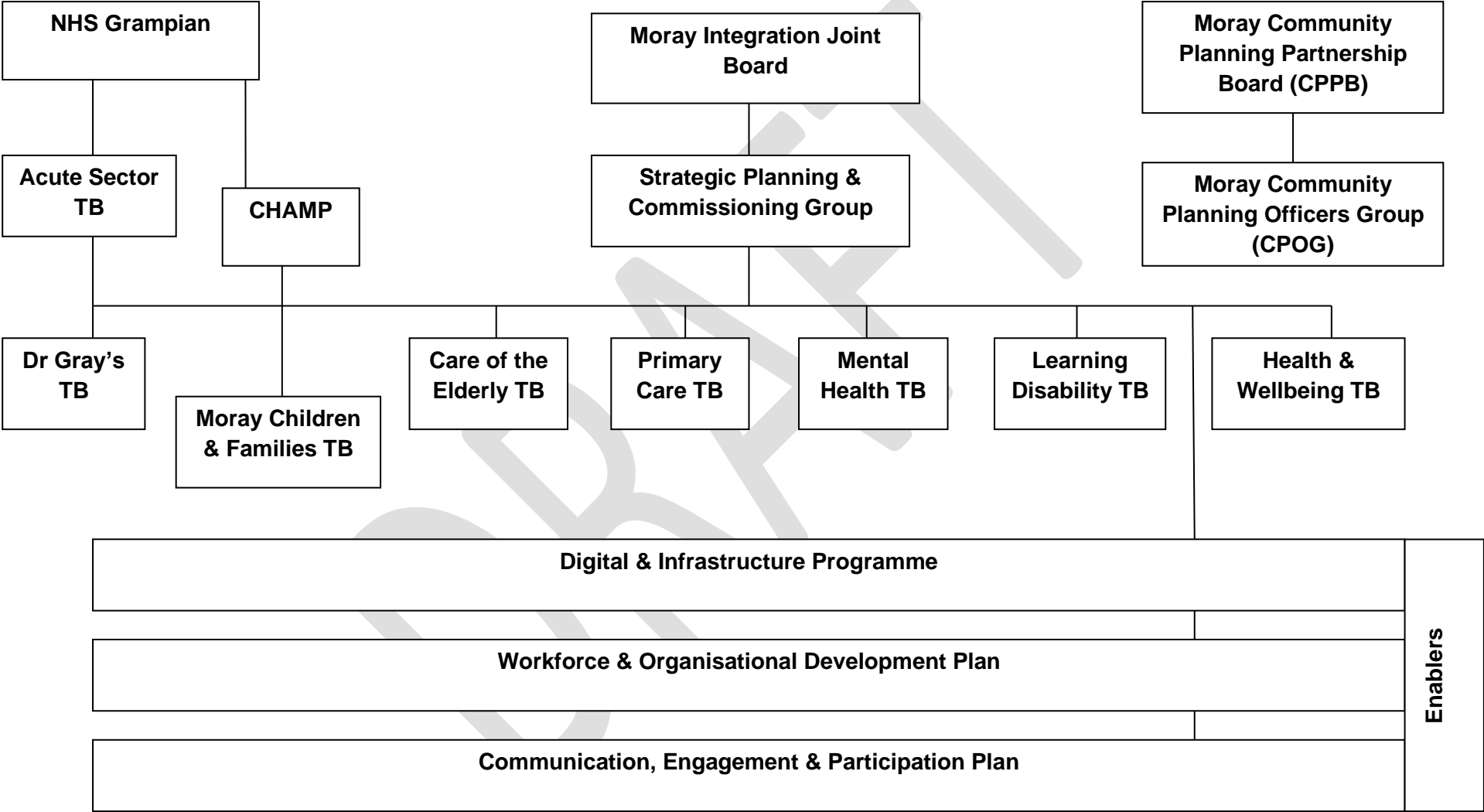
<p>objective setting.</p> <p>By 2024 our iMatter compliance score will be 80%</p> <p>COMMS/ENGAGEMENT AND PARTICIPATION</p> <p>By 2024 a refreshed approach will be in place at both a local and a Moray level with the aim of strengthening public engagement and participation.</p> <p>By 2024 through digital medium regular podcasts will exist to assist in engaging the public in supporting and contributing to the success of the Strategic intent.</p>	<p>organisation is well understood and mechanisms exist to support positive and effective team working</p> <p>People who use our services have an ability to express their interests and engage in the planning and delivery of future services.</p> <p>The public and our workforce are well sighted on the work of the partnership and feel engaged and able to influence decisions.</p> <p>The work of the MIJB and the partnership is visible.</p>	
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Children and Families Social Work Services and Criminal Justice Services

Moray Council have approved a proposal to delegate Children and Families/Criminal Social Work Services to the MIJB. The process of delegation will take some months and this is being progressed currently with NHS Grampian and MIJB. This will place all of Social Work services in the health and social care partnership further strengthening the opportunities to improve outcomes for children both in health and social care services and with the wider partners of the Community Planning Partnership.

Stretch Aim	Outcomes	Strategic Context
<p>To complete the delegation process and revised Scheme of Delegation for the MIJB for the transfer of children's services and criminal justice services by Oct 2020.</p>	<p>Integrated health and social care services</p> <p>Improved outcomes for the children of Moray</p> <p>Integrated services</p> <p>Improved outcomes for those individuals and their families subject to the criminal justice system.</p>	<p>Getting It Right For Every Child</p> <p>Children and Young Peoples Act 2014</p> <p>National Strategy for Community Justice 2016</p>

Governance overview for Strategic Planning and Transformation



*TB – Transformation Board