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**REPORT TO: SPECIAL MEETING OF THE MORAY INTEGRATION JOINT BOARD ON 30 JULY 2020**

**SUBJECT: CHIEF OFFICER REPORT**

**BY: INTERIM CHIEF OFFICER**

**1. REASON FOR REPORT**

- 1.1** To inform the Board of the Interim Chief Officer activities that support the delivery against the Moray Integration Joint Board's strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Two key areas of work are being undertaken: Contributing to the Re-mobilisation planning led through NHS Grampian; and the localisation of Operation Home First.

**2. RECOMMENDATION**

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB) agree to:**
- i) consider and note the content of the report; and**
  - ii) support the continued efforts to create capacity and meet the aims of the Strategic Plan through the Operation Home First programme.**

**3. BACKGROUND**

**Re-mobilisation Plan**

- 3.1** In response to the requirement from the Interim Scottish Government (SG) Health and Social Care Directorate Chief Executive for re-mobilisation plans for the next phase (covering the period to the end of July 2020) NHS Grampian developed and submitted their plan. The Health and Social Care Partnership is in the process of contributing to the next plan that will extend to the year end (March 2021) and will forward look to 2021/22.
- 3.2** The SG anticipate the need to continue to maintain a COVID-19 response in line with national planning assumptions and informed by the clinical prioritisation of services and national guidance/policy frameworks, including those relating to testing and PPE.

- 3.3 In the guidance issued to Boards the following points were highlighted:
- In terms of acute provision there will be a need to maintain sufficient capacity within ICU and general acute beds to meet any change in the transmission of COVID-19 in the planning period to the end of July.
  - To ensure that there is sufficient capacity within our health and social care systems to accommodate the expected increase in activity in those urgent areas that were protected as part of the initial COVID-19 response (e.g. emergency care and cardiac/stroke/cancer services).
  - The need to continue to carefully consider the configuration of emergency care services: ensuring effective provision of both a regular and COVID-19 response. This may mean that we pursue a strategy of making more emergency care scheduled.
  - Significant support will continue to be required for the care home sector; not least on infection prevention and control, testing, and to support staff who are self-isolating.
- 3.4 The Plan is a live document and will continue to be further developed in response to further intelligence/modelling, local and international learning, lived experience from our population, changes in national guidance, evidence based practice and the ongoing engagement and collaborative approach with clinical and non-clinical staff, advisory and partnership colleagues, and partners in the North East and North of Scotland.
- 3.5 The focus of the Plan is predominantly phase 2 and 3.
- Pre-Phase: Establishing Structures and COVID-19 Pandemic Response
  - Phase 1: Operation Rainbow (Response to COVID-19 Pandemic)
  - **Phase 2: Living with COVID-19 – Stabilisation & Resilience**
  - **Phase 3: Post COVID-19 – Scaling Up Transformation to New Normal**
  - Delivery of New Normal/Normalisation
- 3.6 The overall aim and objectives for the Plan, which will continue into future phases, was informed through engagement with a significant number of staff across NHS Grampian and the three Health and Social Partnerships. Health and Social Care Moray (HSCM) contributed to the re-mobilisation plan, including for primary care services which are hosted.
- 3.7 The work to embed positive changes as a result of covid-19 planning, the “Home First” approach, will help to create the capacity and pathways that sustain care delivery through winter, including any further waves of COVID-19.

### **Operation Home First**

- 3.8 Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development in line with our Strategic Plan. The reduction of delayed discharges and the increased use of technology for

consultations are two examples, where we had aspirations but the pace was slow.

- 3.9 The strong relationships that exist in North East Scotland between key partners has enabled a swift and cohesive set of responses to how services have been delivered, and challenges met. Whole system leadership has built the common approach, with rapid and decisive decision making within the limits of delegated authority.
- 3.10 As we approach the recovery and renewal phase, it was really important that the gains from the previous response phase were not lost, and Operation Home First encapsulates the joint working between the 3 health and social care partnerships and acute services.
- 3.11 The Home First principles include:
- Building on the initial response
  - Maintaining agile thinking and decision making
  - Retaining our ability to respond to Covid related demand, and winter surges in demand
  - Using a home first approach for all care where that is safe to do so
  - Utilising available technology to widen and ease access to services
  - Avoidance of admission
  - Removing delays for discharge from hospital
  - Maintaining safe services for those shielding
  - Removing barriers between primary and secondary care, with as much care as possible in communities
- 3.12 Work is being co-ordinated and driven by the 3 health and social care partnerships and acute services, with a local programme of work in Moray sitting within that framework, supported by local clinicians, practitioners and managers. We were keen that locally Children's Social Work Services were included in the Home First approach, with the framework supporting the efforts to improve outcomes particularly for looked after children.
- 3.13 Key performance indicators and data rich story boards will be developed and used to demonstrate progress in all the areas of work. The programme needs to be enduring, and Operation Home First is a 3 month kick-start to embed change and set a direction for further work. The indicators that will be trackable include:
- Reduced A&E attendances
  - Reduced emergency bed days
  - Reduction in delayed discharge bed days
  - Improvement in the balance of care
  - Increase in %age of adults supported at home who agree that their health and social care services are well co-ordinated
  - Increase in looked after children remaining within Moray
  - Improving outcomes for care leavers

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 We continue to be in a pandemic response phase, with the timeframe for the emergency being extended. There are a number of additional pieces of work that have arisen during this time, and staff have responded to the challenge. The Recovery and Renewal phase is work that will happen in parallel to the response, and is important as that will create the conditions conducive to operating in a “new normal”, where the response to the pandemic will be over a long timeframe. Operation Home First encompasses the work to embed positive change.

#### **5. SUMMARY OF IMPLICATIONS**

**(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan 2019 – 2029, ‘Moray Partners in Care’**

Working with our partners to support people so they can cope with, and where possible, overcome the health and wellbeing challenges they may face.

Ensuring that the right care is provided at the right place at the right time when people are in need. Ensuring that our systems are as simple and efficient as possible.

**(b) Policy and Legal**

The Chief Officer continues to operate within the appropriate level of delegated authority, ensuring that the MIJB is sighted on key issues at the earliest opportunity, and continues to influence and agree the strategic direction.

**(c) Financial implications**

There are no financial implications arising directly from this report. Our Mobilisation Plan was approved, and the Chief Financial Officer reports regularly on variations to plan to ensure that the Scottish Government are sighted on additional costs arising from COVID-19.

The key driver of Operation Home First is to secure quality and capacity. More efficient ways of working will cost less, allowing re-investment in services. There is a link between the aspirations of Home First and the set-aside, and also the potential to shift planned hospital outpatient activity to community settings. Staff and or finance will need to follow the patient in order to adequately resource the community setting.

**(d) Risk Implications and Mitigation**

The risk of not redesigning services will mean that HSCM cannot respond adequately to future demands.

**(e) Staffing Implications**

Staff remains the organisation’s greatest asset, and we must continue to engage with all sectors to ensure full involvement, which will create the best solutions to the challenges we face.

**(f) Property**

There are no issues arising directly from this report.

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

Any proposed permanent change to service delivery will need to be impact assessed to ensure that we are not disadvantaging any section of our community.

HSCM will continue to work closely with all our partners to ensure that we contribute to the health and well-being of the community and support the recovery phase of the COVID-19 pandemic.

**(h) Consultations**

Consultation on this report has taken place with the Senior Management Team (SMT).

**6. CONCLUSION**

- 6.1 The MIJB are asked to acknowledge the significant efforts of staff, across in-house providers, externally commissioned services, the Independent and Third Sector, who are supporting the response to the COVID-19 pandemic, and the drive to create resilience and sustainability through positive change.**

Author of Report: Simon Bokor-Ingram, Interim Chief Officer

Background Papers: with author

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