



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 MARCH 2023

SUBJECT: CHIEF OFFICER REPORT

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Board of the Chief Officer activities that support the delivery against the Moray Integration Joint Board's (MIJB's) strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Key work for the Partnership includes the implementation of Home First; remobilisation from the covid pandemic; supporting measures for the reduction of local covid transmission; and budget control.
- 1.2 Strategic planning needs to maintain a focus on transformational change to deliver services to our community within the resources we have available.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

- i) **consider and note the content of the report; and**
- ii) **agree that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, with a focus on key objectives as we remobilise from the Covid-19 pandemic, along with a look ahead as we continue to develop our strategic planning.**

3. BACKGROUND

Home First and Hospital without Walls

- 3.1 Work continues to develop the Home First portfolio of projects with a focus on ensuring projects are sustainable, scalable and meet the strategic objectives of HSCM. A minor revision will see the portfolio broadened ensuring it emphasises a whole system approach with work stream specific key performance indicators (KPIs) a requirement going forward. Recent efforts have also concentrated on tackling delayed discharges, with a two-phase plan currently in operation, phase 1 completed in October (to reduce Delayed Discharges to March 2022 levels). Phase 2 is underway (to reduce delayed

discharges to 10 or below). Hospital without Walls continues to be developed and there will be opportunities for testing new concepts within the framework of the Moray Growth deal and specifically with the Digital Health and Care Innovation Centre. There are also opportunities for concept testing through non-recurrent funding agreed through the NHS Grampian Unscheduled Care Programme Board, with GMED supporting a trial of in hours support to primary care in Moray between January and March 2023, which will be fully evaluated.

- 3.2 As part of the response to the nationally predicted pressures in January, a day of care audit was carried out across all inpatient beds at Dr Gray's Hospital and all community hospitals in Moray. The audit was led by the professional leads for health and social work, and has provided a valuable insight for further improvement work. The survey reports the percentage of patients in Dr Grays and in Community Hospitals that do not need hospital care and highlights why they have not been transferred/discharged. In addition to completing the Day of Care Survey the team conducted qualitative informal interviews with staff to further understand the impact of current system pressures on staff and patients and to identify potential solutions to improve patient flow through our systems. The team undertaking the audit recognised the significant commitment of staff during this period.

Remobilisation and winter planning

- 3.3 To date the healthcare system has responded to significant surges in demand. A pan Grampian approach to manage surge and flow through the system ensures patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is significant pressure in some service areas which will require a particular focus to work through the backlog of referrals.
- 3.4 Whilst we are seeing pressure easing in some areas as staff absence rates decrease, for some services, other pressures remain. Demand for unscheduled hospital care has not diminished, and Dr Grays is having to manage a very tight capacity position on a daily basis. Community hospital beds, and intermediate options are being fully utilised, with expedient discharge from Dr Grays as soon as beds are available. A risk of high staff absence continues as flu and Covid continue to circulate within communities. Our daily G-OPES (Grampian Operational Pressures Escalation System) level has not changed for community services for a considerable period of time, and remains at level 3. This number relates to overall system pressure in the Moray community services, and takes account of parameters including service capacity and staffing levels. Dr Gray's Hospital has moved between G-OPES level 3 and 4, with the move up to level 4 being largely when demand at the Emergency Department has been significantly high and a commensurate pressure on the inpatient bed base.
- 3.5 Waiting times for inpatient elective surgical procedures at Dr Gray's Hospital continue to increase during the post pandemic period. As well as the physical infrastructure challenges we have experienced in Dr Gray's theatres, we have also experienced some staffing challenges that has limited our theatre capability and therefore the volume of surgical activity provided locally. As this is set to improve over the coming weeks and months, we now look to increase the levels of elective activity, however, that will need to be managed alongside

continued bed occupancy demands for acute and general medical patients. A range of initiatives are being introduced and tested as part of the wider portfolio Urgent and Unscheduled Care Improvement Plan that focuses on avoiding unnecessary hospital admissions and improving patient flow through the system. In parallel, in specialties where waiting times for surgery are long, e.g., Orthopaedics, General Surgery and Ophthalmology, alongside the small volume of cases we are providing locally we are also offering Moray residents the opportunity to have their surgery provided in other regional and national centres where staffed theatre and bed capacity is available.

- 3.6 The significant pressure on Social work/Social care continues with limited signs of any sustained improvement. Homecare staff consistently have absence rates of over 8% and some weeks more than 10%. The internal home care service is successfully recruiting staff, but these gains are offset by numbers of staff leaving. The backlog of social care (the weekly number of people awaiting assessments is consistently between 150 and 165) and inability to meet demand, with over 1,100 unmet care hours, is resulting in family carers having to shoulder an increased burden, and in its turn this leads to high demand for carer support, combined with concern from community members at levels of unmet need. The inability to meet care needs also impacts upon our ability to reduce delays from hospital. The sustained pressure on care staff is impacting on the quality of care that some providers can deliver. Interim care beds, designed to increase movement within the system, are monitored daily.
- 3.7 There has been extensive planning for winter, and for over the festive season, with the IJB approving surge plans at its November 2022 meeting. These have been put into use, and we are starting to evaluate the effectiveness of the plans, in order to refine current plans and learn any lessons. The period over Christmas and New Year saw significant pressure at the front door of Dr Gray's Hospital, with demand in excess of predictions. High patient acuity led to increased lengths of stay. Surge beds remain open in Dr Gray's Hospital and the community hospitals. Our planning and the response to pressures is scrutinised by the senior management team within the Portfolio. The NHS Grampian daily system connect (meeting at least twice daily) evaluates the daily updates from each Portfolio on how they are responding to the escalation plan, with specific actions described for Moray. The weekly NHS Grampian Chief Executive Team meeting has an overview of the whole system and directs any further response that is required.

Covid Vaccination Programme

SCHOOLS

- 3.8 Pupils have never been vaccinated with Covid vaccines within school premises, as per Education Board request. 76% of pupils received the flu vaccine within the school premises, with a further 2% vaccinated in FEVC (Fiona Elcock Vaccination Centre). 67.8% of school staff, who were in an eligible cohort, received both the flu *and* Covid vaccines within the school premises.

The offer of the nasal flu has now discontinued for children, but eligible school staff can still receive their Autumn/Winter boosters until the end of March.

No Spring boosters to be offered to schools or staff.

CARE HOMES (583 individuals)

- 3.9 This cohort was completed within the first few weeks of the Programme beginning. The care home uptake was 92.8%, once we returned to complete those who were ineligible due to time frames or illness during our initial visits.

Care home staff were also been offered their vaccines during our visits.

Care home residents are to be offered a Spring booster, commencing on 27 March 2023.

As this cohort is to be completed within the first 2 weeks of the Spring Programme, we are aiming to close the Vaccination Centre to the public during that time.

HOUSEBOUND RESIDENTS (1221 individuals)

- 3.10 This is a large cohort in respect of time and distance to be travelled. 98.2% of those on our list have received their Autumn/Winter vaccines, and this programme is now completed. We have also come across people who are needing more support, so have been liaising with GPs and Quarriers.

The housebound are also to receive a Spring booster, commencing 27 March 2023. This list has been cleansed again since the Autumn/Winter Programme and this number now stands at 804 individuals to visit.

HEALTH AND CARE WORKFORCE (5722 individuals)

- 3.11 Despite extensive communications to encourage people to come forward for vaccination, uptake of the Autumn/Winter booster remained poor, with 41.2% NHS staff and 20% Social Care staff taking up the vaccination offer. We had two Community Treatment and Care (CTAC) nurses delivering peer-to-peer vaccines within the GP Practices across Moray; the Mobile Information Bus providing clinics at Dr Grays; and visits to the Community Hospitals. The health and care workforce cohort can still attend the FEVC Mon-Sat 10.15 to 5.30 for vaccination until the end of March. No appointment is necessary.

No Spring booster to be offered.

Over 80s (5719 individuals)

- 3.12 88.5% of these individuals have now been vaccinated with their Autumn/Winter booster.

They are to be offered a Spring booster, commencing 10 April 2023. This will be delivered in a mix of appointments within the Vaccination Centre and outreach clinics, dependent on geographical address.

Other Groups

- 3.13 Over 65s (16673 individuals) had an 85.7% uptake.
Over 50s (14720 individuals) had an uptake of 62.7%.
At risk (12902 individuals) uptake was 62.3%. Their household contacts were also eligible to receive the vaccines. No percent data on this group.

The at risk group are also to receive a Spring booster, commencing 10th April 2023. However, the criteria is changing for this group, thus bringing down the

eligibility to a projected 2020 individuals to be vaccinated this coming Spring Programme.

The over 75s are also eligible to receive the Spring booster, commencing 10 April 2023. This will be offered to the 4697 individuals within this cohort. This will be delivered in a mix of appointments within the Centre and outreach clinics, dependent on geographical address.

Opportunity for vaccination will continue to be provided for all eligible cohorts, not receiving the Spring booster, up until the end of March.

- 3.14 Recognition and huge thanks to the Vaccination Team for their continued work in relation to all eligible groups within the community to ensure an effective and accessible vaccination service supporting vaccination preventable disease and completion of the Autumn / Winter programme. Whilst the Health and Care Workforce uptake remained poor, the team worked hard to encourage vaccination and offered many opportunities to allow access to vaccination in order to support uptake.

Asylum and Humanitarian Protection Schemes

- 3.15 The pressures associated with the various schemes have become particularly acute in recent months across Scotland, especially in relation to the Super Sponsorship Scheme for Ukrainians, the roll out of full dispersal model for Asylums, and the National Transfer Scheme for Unaccompanied Asylum-Seeking Children.
- 3.16 Moray will continue to support many resettlement and refugee schemes including the Asylum Dispersal Model and the Afghan Relocation and Assistance Policy (ARAP) Scheme when required. The Refugee Resettlement Team will continue to coordinate and facilitate all partners to be active contributors.

Ward 4 anti-ligature work and installation of MRI scanner at Dr Gray's Hospital

- 3.17 A dedicated workstream is in place to manage the programme of works on the Dr Gray's hospital site that involves completing the anti-ligature work on Ward 4 alongside the planned installation of a MRI scanner on the hospital site. Both the anti-ligature work and the MRI installation will directly affect the ability of Ward 4 to maintain a safe environment for patients while the works are being carried out, and alternative accommodation on a temporary basis will need to be sourced. This is proving to be challenging and a key risk to the two pieces of work being able to commence.

Dr Gray's Strategy

- 3.18 Dr Gray's Plan for the Future was approved by the NHS Grampian Board in February 2023. An implementation plan will be presented to the NHS Grampian Board in April 2023. Further information can be found here: [Plan For The Future - Dr Gray's Hospital 2023-2033 \(nhsgrampian.org\)](https://www.nhs.uk/grampian/plan-for-the-future).
- 3.19 **New build housing in Elgin and impact on primary care**
At the January 2023 IJB meeting a number of concerns were raised about the capacity of primary care to absorb additional patients as the population of Elgin increases as a result of new house building. Maryhill and Linkwood practices in particular, with already large list sizes, will come under increasing

pressure. A planning team has been created utilising a project management approach to address the future needs of citizens accessing primary care services and to explore future models of service delivery. The team outputs will be governed through Morays Infrastructure Programme Board.

Portfolio arrangements

- 3.20 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system, there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 as an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, with partners and communities rather than as individual entities. To deliver further on this whole system, integrated approach, there was a desire to transition from an organisational leadership and management model to a system leadership and management approach. The portfolio leadership arrangements continue to embed and mature. Further opportunities for the alignment of services around pathways will be led by the Chief Officer.
- 3.21 The role of designated Deputy Chief Officer has been uncovered following the departure of the previous incumbent to hold this role. The Chief Officer has completed a process to identify a successor, supported by Human Resources in Moray Council and NHS Grampian, and is pleased to report that Sean Coady, Head of Service, has agreed to take on the Deputy Chief Officer role alongside the Head of Service position.
- 3.22 The Chief Finance Officer post continues to be covered on an interim basis. The Chief Officer is working with the Council Head of Finance to review the arrangement and what longer term options are available.

Budget Control

- 3.23 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The Senior Management Team (SMT) for the Portfolio are meeting regularly to review spend and consider investment prior to seeking MIJB approval. There is a continuous need to track progress on transformational redesign to ensure it is meeting the aims of the Strategic Plan. Whilst we have presented a balanced budget and report an ongoing balanced position for 2022/23 to the MIJB, savings will continue to be required to ensure sustainability in the years beyond.
- 3.24 Ongoing work will be required, led by the Chief Officer, with the Senior Management Team and wider System Leadership Group, to develop options that will align the budget to available resources particularly in preparation for entry to 2023/24.

Payment Verification

- 3.25 National Services Scotland (NSS) process the payments and have not been in the position to undertake the payment verification meetings since the start of Covid-19 pandemic. Their focus has been to maintain protective payments each month and because these are based on same amounts each month, there are no new claims coming through. The payment verification meetings are now recommencing and will start in ophthalmology during quarter 2,

dentistry projected for quarter 3 with medicine to be confirmed. Therefore it will be June 2023 before first audit reports are received and a subsequent update report to the Audit Performance and Risk Committee.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The opportunity remains to accelerate work of the MIJB ambitions as set out in the Strategic Plan. Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that also encompasses Dr Gray's Hospital and Children's Social Work and Justice Services.
- 4.2 The challenges of finance persists and there remains the need to address the underlying deficit in core services. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/Covid-19 funding will only cover additional expenditure in the short-term and it is important to understand the emerging landscape.
- 4.3 Transformational change, or redesign, that provides safe, high quality services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"

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. The interim Chief Finance Officer continues to report regularly. There is an ongoing requirement to find efficiencies and to demonstrate best value for money.

(d) Risk Implications and Mitigation

The risk of not redesigning services will mean that Health and Social Care Moray and the Moray Portfolio cannot respond adequately to future demands.

(e) Staffing Implications

Staff remain 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. Our staff are facing continued pressures

on a daily basis, and we must continue to put effort into ensuring staff well-being.

(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.

We 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) Climate Change and Biodiversity Impacts

Care closer to and at home, delivered by teams working on a locality basis, will reduce our reliance on centralised fixed assets and their associated use of utilities.

(i) Directions

There are no directions arising from this report.

(j) Consultations

The Moray Portfolio Senior Management Team has been consulted in the drafting of this report.

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 recovery, and the drive to create resilience and sustainability through positive change.**

Author of Report: Simon Bokor-Ingram, Chief Officer, Moray Portfolio