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**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 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. The MIJB has agreed a refreshed Strategic Plan, and the delivery plan is being developed and will be brought to the next MIJB meeting for approval.

**2. RECOMMENDATION**

**2.1. It is recommended that the MIJB:**

- i) **consider and note the content of the report;**
- ii) **agree that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority; and**
- iii) **agree to delegate authority to the Chief Officer and the Standards Officer to enter into the joint agreement arrangements with the North East Alliance, to work with Public Health Scotland for the benefit of Moray residents on behalf of the Moray Health and Social Care Partnership.**

**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 the MIJB. Work is being undertaken in a Portfolio approach, pulling on the

strengths and assets at a whole system level. Efforts include a focus on reducing delayed discharges, with a plan in place to reduce delayed discharges to 10 or below. Delayed discharge figures over the last month have been within a range between 12 and 19. While this is a significant improvement from when the action plan commenced, each individual delay has an impact on the individual and their family. Work on the actions in the plan continue with a vigorous approach to reducing those delayed.

- 3.2 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.
- 3.3 Moray HSCP is part of a national initiative to improve the frailty pathway, having bid successfully to be part of the Focus on Frailty programme being run by Healthcare Improvement Scotland ihub. The overall aim of the programme is to ensure people living with or at risk of frailty have improved experience of and access to person centred, co-ordinated health and social care. This will be realised by early identification and assessment of frailty; people living with frailty, carers and family members access person-centred health and social care services: and health and social care teams report improved integrated working.
- 3.4 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. This work will now be extended to take a more in-depth analysis for Adult Social Work, led by the Chief Social Work Officer.

#### **Remobilisation and winter planning**

- 3.5 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.
- 3.6 Whilst the service is seeing pressure easing in some areas as staff absence rates decrease, for some services, other pressures remain. Demand for unscheduled hospital care has not discernibly diminished, and Dr Gray's 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 Gray's as soon as beds are available.
- 3.7 The pressure on the bed base from predominantly unscheduled presentations creates a challenge, within a fixed bed base, to carry out a level of planned operations, and a plan is being developed to return to pre-covid levels of elective activity at Dr Gray's Hospital. Recognising that every part of the system is connected, and the potential for patients on waiting lists to develop worsening or more complex medical problems, patients are likely to need

additional and more frequent support from general practice, adding further to the pressure they are experiencing.

- 3.8 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 elective 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. The National Treatment Centre in Inverness has already started hip and knee replacement surgery for Grampian residents.
- 3.9 Planning is now taking place at a Grampian level for winter 23/24, and as part of that planning the bed base across all Moray hospitals will be looked at, including Dr Gray's and community hospitals, and the balance between allocations for specialities, and scheduled and unscheduled care. This will compliment work being undertaken at Aberdeen Royal Infirmary to look at the most effective use of the bed base in preparation for next winter. Along with our other 2 HSCPs in Grampian we will look at how we can create more real time information for the Moray IJB, partner organisations and our communities so that we can all understand what the capacity and pressures are across the health and care system.

#### **Covid Vaccination Programme**

- 3.10 There is no change to the forward programme for Covid Vaccinations from the last Chief Officers report to the MIJB. (Joint Committee on Vaccination and Immunisation) (JCVI) have confirmed that Secondary School Pupils will again be included in the seasonal Flu Immunisation Childhood and School Programme for 2023/2024.

#### **Asylum and Humanitarian Protection Schemes**

- 3.11 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.
- 3.12 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. Moray will host up to 50 people seeking asylum at a hotel in Elgin, and people started to move in May 2023. The hotel facility is managed through a contract from the Home Office with the private sector. The Refugee Resettlement Team is very active in supporting any health and care needs, and working with partner organisations to maximise the overall well-being of individuals.

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

- 3.13 A dedicated work stream 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, the Mental Health inpatient ward, alongside the planned installation of an MRI scanner on the hospital site. Both the anti-ligature work and the MRI installation will directly affect the ability of inpatient and outpatient services to maintain a safe environment for patients and staff while the works are being carried out, and alternative accommodation on a temporary basis is being identified and assessed for its suitability.

### **Dr Gray's Strategy**

- 3.14 Dr Gray's Plan for the Future was approved by the NHS Grampian Board in February 2023. An implementation plan was presented to the NHS Grampian Board and approved 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-2023-2033). Implementation will be monitored at both a Dr Gray's and Portfolio level via a programme management office approach and there are a number of strands of work that span across the Portfolio relating to care pathway redesign, workforce planning, physical infrastructure, and digital health innovation.

### **Budget Control**

- 3.15 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 have provisionally out-turned for 2022/23 with a small surplus, less than anticipated, savings will continue to be required and reviewed to ensure sustainability in 2023/24 and the years beyond.
- 3.16 Ongoing work will be required, led by the Chief Officer, with the Senior Management Team and wider System Leadership Group, to implement proposals that were presented to the last MIJB meeting that will align the budget to available resources during 2023/24.

### **Payment Verification**

- 3.17 National Services Scotland (NSS) process contractor payments and during the pandemic their focus had been to maintain protective payments each month. The payment verification meetings are now recommencing for all groups, with dates close to being finalised for general medical services. Once sufficient data is available a subsequent update report will be made to the Audit Performance and Risk Committee.

### **NHS Grampian Delivery Plan**

- 3.18 NHS Grampian has a contract with the Scottish Government to have a Chief Executive Team/Board 'owned' Delivery Plan. This sets out how NHS Grampian Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), colleagues, citizens, communities, and partners (including the third sector) will make progress against the vision and strategic priorities as set out in the Plan for the Future 2022-28, along with responding to key priorities set out by the Scottish Government.
- 3.19 There is already a high degree of congruence between the Moray Strategic Plan and the Plan for the Future and colleagues from all three HSCPs have been closely linked to the development work for the NHSG Delivery Plan ensuring that this reflects existing work without committing the HSCPs to

additional or incongruent activity. Shared outcomes for the Delivery Plan have been agreed by the North East Transformation Group and a high-level presentation on the plan was given to the Moray Strategic Planning and Commissioning Group and feedback captured.

- 3.20 An initial draft of the Delivery Plan was considered by a closed session of NHS Grampian's Board on 1 June 2023 and is due to be submitted to the Scottish Government on 19 June 2023. Feedback is expected by mid-July and following any amendments the final plan will be submitted to the NHS Grampian Board meeting on 3 August 2023.
- 3.21 Progress on the plan will be reported quarterly to the NHS Grampian Board and to Scottish Government, and regular updates will also be shared via a range of mechanisms including the Plan for the Future Website. HSCM will contribute to these progress reports as required in relation to actions specific to them. HSCM contribution to the reporting will be in line with the quarterly reports already submitted to the Senior Leadership Team and to the Audit, Performance and Risk Committee.
- 3.22 It is proposed to invite colleagues from NHS Grampian to present the approved plan to the MIJB on 28 September 2023.

#### **Dental Registration Update**

- 3.23 At the last MIJB meeting, the question of dental patient de-registrations was raised, citing that more than 5,000 patients had been de-registered by Moray dentists in the last 12 to 24 months.
- 3.24 The majority of patients were de-registered by Bishopmill Dental in summer 2022, when they realigned patient demand to the number of dentists employed by the practice.
- 3.25 South Street Dental Practice de-registered just under 2000 patients. This was conducted during a 3-month period during July to November 2022. This was as a result of the practice moving to doing more private work. Patients were provided with three months' notice and the offer to sign up as a private patient if they wished. The practice is not fully private and is still carrying out NHS dental work.
- 3.26 A supplementary question was also asked about the impact on the Dental Information and Advice Line (DIAL) regarding these de-registrations. This is presently being monitored by DIAL, who are collecting in-depth data on phone calls and Moray DIAL appointments to allow us to understand the impact of dental access problems. Analysis will be made available in due course once DIAL have collated a picture to describe the current situation.

#### **Draft Strategic Partnership Agreement with Public Health Scotland**

- 3.27 The strategic partnership agreement is a commitment between the North East Population Health Alliance (NEPHA) and Public Health Scotland (PHS) to work together with the objective of developing a learning system to improve population health and reduce health inequalities across the North East of Scotland. **Appendix 1** sets out the terms of the agreement, including the background to the North East Alliance. This agreement presents an exciting opportunity, not only to continue working at scale and with a common purpose across the North East, but to work alongside PHS in a much more integrated

way. The draft agreement may be subject to minor changes, and the Chief Officer will advise the MIJB Chair and Vice-Chair of any changes prior to signing. If the changes are substantial, then a further draft will be brought back to a formal MIJB meeting prior to any decision agreeing it.

#### **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 challenge of finance persists and there remains the need to address the underlying deficit in core services. Funding partners are also under severe financial pressures and are unlikely to have the ability to cover overspends going forwards.
- 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.

The threat of industrial action by Junior Doctors will have an impact on our ability to maintain performance and continuity of care. We will use a Portfolio approach and full use of the Portfolio teams to mitigate risks.

**(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, the Legal Services Manager and the Democratic Services Manager have 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.**
- 6.2 The strategic partnership agreement presents an exciting opportunity, not only to continue working at scale and with a common purpose across the North East but to work alongside PHS in a much more integrated way.**

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