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**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 SEPTEMBER 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 presented in a separate paper at today's MIJB meeting for approval.

**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.

**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, which has been very challenging to achieve despite the significant efforts of the team.
- 3.2 Hospital at Home continues to be developed and there will be opportunities to bid for further resources. The Unscheduled Care team of Scottish

Government have put out a call for bids to expand Hospital at Home, and we have made a submission, seeking funding to improve what we can offer for Hospital at Home. For Hospital at Home collaborative funding has been secured to enhance data gathering. This will help inform and support future programme development. Value improvement funds have supported the establishment of Realistic Medicine Community Healthpoint Advisor roles, which aim to improve awareness and promote support available for older people, their families and carers living with frailty and pre-frailty conditions. These programmes will contribute to key priorities within Home First, The Frailty Collaborative and performance monitoring.

- 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 We are engaging with Scottish Government officers for GIRFE (Getting It Right For Everyone) and a local team will join a national discussion to look at how Moray can benefit from this work.

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

- 3.5 To date the health and social care 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 is receiving 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 Hospital 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 and Aberdeen Royal Infirmary as soon as beds are available. Demand for social care, and in particular care at home, has continued with hours of care that cannot be met. Primary care continues to operate with a high level of demand and acuity.
- 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 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 the Moray Portfolio will develop a response and hold a local event as a Portfolio which is then fed into Grampian wide planning, with participation at a north-east event to look at planning across the region. Representatives from our Moray SMT have engaged with the national winter summit event and will incorporate learning into our local plan,

#### **Covid Vaccination Programme**

- 3.10 The autumn programme for covid and flu vaccinations has commenced, which includes offering vaccinations to health and care staff. Take up rates by staff will be monitored, and encouragement given to get vaccinated. We will accelerate the vaccination programme within the capacity we have to target the most vulnerable.

#### **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 the 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 is hosting in the region of 50 people seeking asylum at a hotel in Elgin, as of 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. A separate paper is on the MIJB agenda to update on the work.

### **Primary Care Strategy**

- 3.14 The 3 Chief Officers (City, Shire and Moray) have commissioned work to develop a vision for general practice across Grampian. The fragility of primary care and GP Practices in particular is well understood, and MIJB have led local discussions on the challenges we face. In Grampian, the delivery of the 2018 GMS contract and the Memorandum of Understanding (MoU) has been challenging, due to a number of factors, including recruitment and retention, the application of multi-disciplinary teams across a rural geography resulting in teams being spread too thinly, and a region with diverse populations, communities and needs. Whilst the number of practices and General Practitioners (GPs) has reduced in number during the last ten years, the list size per GP has increased.
- 3.15 A structure is in place to take this work forward, with a timescale of completion by the end of the calendar year. The vision for general practice will recognise the uniqueness of the three different local authority areas in Grampian, and bring together the commonalities of the challenges we collectively face, and how we deal with those challenges. The national primary care team are supportive of this work, and this creates an opportunity for the north-east region to influence the national GP contract and create a path specific to the north-east on how we meet the challenges. The aim is to develop a local vision with strategic objectives and an associated implementation plan to address the challenges, with a desired outcome of creating a more resilient and sustainable service.
- 3.16 Members of the Moray senior management team recently met with our MSP, National Education Scotland and Aberdeen University to discuss the particular challenges for GP recruitment in Moray, and this will be fed into the vision work and subsequent local action plan.
- 3.17 At the MIJB meeting on 25 May 2023, the Board requested that the Chair write to the Cabinet Secretary for NHS Recovery, Health and Social Care, on the subject of GP sustainability in Moray. A response to that letter has been received, and is attached at **Appendix 1** to this report.

### **Budget Control**

- 3.18 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.
- 3.19 Ongoing work will be required, led by the Chief Officer, with the Senior Management Team and wider System Leadership Group, to align the budget to available resources during 2023/24.

### **Payment Verification**

- 3.20 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**

- 3.21 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. The Chief Officers report at the last MIJB meeting set out the intention for the Plan to be presented at the next MIJB meeting, and the Plan is the subject of a separate report on today's agenda.

### **Moray Growth Deal and the Rural Centre of Excellence (RCE) for digital health and care innovation**

- 3.22 **Appendix 2** sets out the latest position on progress. The Moray Portfolio continues to work closely with RCE as part of the transformation programme for the Portfolio. These updates will now be a regular feature on the Chief Officers reports.

### **Woodview 2 update on progress**

- 3.23 Grampian Housing received bids that were over 100% above cost for the original contract, and it was not financially viable to proceed. Grampian housing have since relooked at the original contract and specification for the building work. This will now go out as a 'design and build' contract. Grampian Housing will issue the tender in early September via Scotland Excel. We should have more detail by the closing date for this.
- 3.24 Further updates for Woodview 2 will be reported into the Moray Infrastructure Board from here on. It will be escalated via that group should the contract not be secured following the closing and evaluation date.

### **Mental Health Service update on Older Age Psychiatry staffing**

- 3.25 For a number of years there has been difficulty in recruiting to one of the two Consultant posts within the Older Adult Mental Health team. This is due to a national shortage of suitably qualified staff, numerous rounds of advertising have proven to be unsuccessful. Due to the inability to recruit to the substantive consultant vacancy the service have had to continue to use high cost agency locums to support the existing service model.
- 3.26 The integrated mental health management team based at Pluscarden Clinic have been working with the existing staffing resource to explore options to mitigate the challenges in light of the financial risk of continued locum consultant costs. The Interim Integrated Service Manager commenced in post on 1 August 2023 and has held discussions with the team around service redesign in order to progress to a more sustainable service model. Alternative

options are being worked up to deliver essential care and support to the Older Adult population. A separate paper will be presented to the next MIJB meeting to report progress on this matter.

### **Updating Governance**

- 3.27 As we continue to evolve our governance, work is underway to refresh the original governance processes approved by the MIJB in 2019. The updated Terms of Reference for the HSCM Clinical and Care Governance Group are currently out for comment to the wider leadership in HSCM. This comes at a time when the health system in Grampian is considering the governance frameworks around many of its workstreams as the Portfolios develop. An update will be presented to the Clinical and Care Governance Committee in November, detailing the refreshed framework across the Moray Portfolio and also those alignments that are required with NHS Grampian and Moray Council.

### **Staff Wellbeing - Culture Collaborative and Whistleblowing**

- 3.28 HSCM are piloting the use of the Culture Collaborative resource pack created by NHS Grampian. Some of the resources within the pack were utilised at a recent SMT Development Session. NHS Grampian and members of SMT will be available to discuss these resources at two roadshows taking place in Moray in September and October. The intent of the culture collaborative resource pack is to 'increase involvement of colleagues across NHS Grampian and Health and Social Care Partnerships in developing a values-based culture that supports our strategic intent. A further piece of work will be to link in the Whistleblowing policies of NHS Grampian and Moray Council, to ensure we have a culture that supports staff to feel safe in speaking up if they have concerns. In 2022/23 there were no concerns raised under Whistleblowing for HSCM, either through Council or NHS routes.

## **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.**

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