



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 JANUARY 2024

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 Moray Health and Social Care Partnership (HSCP) includes the continuation of a shift in the balance of care through implementing a Home First approach; 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. 2024/25 will be a very challenging year for delivering within the budget, with our two funding partners, Moray Council and NHS Grampian, under considerable financial pressure as well.

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 work of the team. To maximise opportunities to support patient flow, a Moray wide Strategic Multidisciplinary Team meets to prioritise

resource. A strategy group and operational group reviewing the challenges of Care at Home provision have both met with action plans developed.

- 3.2 Our MIJB Strategy 'Partners in Care' delivery plan sets out our 3 priority areas, one of which is Home First.
- 3.3 The current Care at Home Contract with external providers ends in October 2024. We therefore need to take the opportunity to review the Care at Home Service and use any learning gained to inform the modernisation of service delivery.
- 3.4 The aim is to create a more efficient and sustainable service, which is able to meet the needs of an ageing population, at a time when recruitment is challenging. There are opportunities around better use of technology; creating more fulfilling roles for staff; and using a reablement approach.
- 3.5 To do this we will:
1. Consider national priorities and have clarity around local performance indicators.
 2. Set the strategic direction of Care at Home across Moray (Partners in Care) to ensure that Care at Home is delivered as efficiently and effectively as possible, whilst at the same time ensuring that outcomes are met, and this will be achieved by reviewing Care at Home referral pathways and all that it encompasses.
 3. Mapping of where Care at Home is delivered.
 4. Identify areas of unmet need.
 5. Deliver on the outcomes of the Delivery Plan.
 6. Deliver on the Workforce Plan, with particular attention to recruitment and retention of staff.
 7. Explore and focus on technological advances to support our Care at Home strategy and action planning.
 8. Identify roles and responsibilities of external and internal provider services.
 9. Develop a shared understanding of goals and values. Use of the NHS Culture Collaborative resources will support this work.
- 3.6 Key dates for the review are as follows:

Action Stage	Date
Draft Specification (incl. needs assessment, stakeholder involvement, options appraisal.)	10.05.24
Draft Specification signed off by Head of Service	25.05.24
Deadline Final Signed Off Specification	07.06.24

- 3.7 There is currently a draft Action Plan around all elements of the Care at Home Service, which will be reviewed early this year. A programme management approach will be undertaken to manage the necessary work-plan for the modernisation of the Care at Home Service.
- 3.8 It is imperative that we work both collaboratively and in partnership with all stakeholders, and to this end a Care at Home workshop will be held early this year, to include an extensive list of stakeholders.

- 3.9 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.
- 3.10 Health and Social Care Moray (HSCM) 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.

Remobilisation and winter planning

- 3.11 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.
- 3.12 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.
- 3.13 Planning has taken place locally and at a pan Grampian level for winter. A paper reporting on the partnership's planning was considered by MIJB at their meeting on 30 November 2023 (para 11 of minute refers). In the run up to the festive season there was a significant spike in hospital attendances and admissions in the time period of 4 December to 9 December that correlated to particularly cold weather. 151 people attended the Emergency Department during this time because of a fall that they reported being on ice or snow. This has then translated into an increase in demand for community services.
- 3.14 There was specific planning for the festive season over Christmas and New Year, and while there were particular pressures on both the hospital and community services, the system managed with the levels of demand. Lessons learned are being captured to build on the good work as a piece of continuous improvement.

Vaccination Programme

- 3.15 The Autumn Winter programme for Covid and Flu vaccinations commenced on 4 September 2023 and will run until 31 March 2024 with the majority of eligible cohorts offered vaccinations by 11 December 2023, including Health and Care staff. As of 31 October 2023, 606,933 Covid and Flu vaccinations

were delivered by NHS Grampian, which is above the Scottish average for both vaccinations. The Health and Care staff uptake for vaccinations is slightly below the Scottish average, with further focus on this group to continue to support the messaging to encourage uptake. There is ongoing review of the uptake by job family and location to support this messaging with a National Survey planned for early 2024 to understand why some Health and Care Staff have not taken up the offer of the vaccinations and any barriers to this.

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

- 3.16 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. The Standard Business Case (SBC) with Addendum requested by the NHS Grampian Board in August 2022 detailing the enabling works plan, costs and timescales, as well as the Ligature Reduction schedule and cost, has been finalised and approved by the NHS Grampian NTC (National Treatment Centre) Programme Board and Asset Management Group. The SBC has been submitted to Scottish Government for consideration and dialogue continues with officials on the SBC and timing of funding. With the pressure on the NHS Scotland capital budget HSCM were advised that a decision would not be forthcoming until the end of December 2023. We still await a decision.

Primary Care Strategy

- 3.17 The 3 Chief Officers (Aberdeen City, Aberdeenshire 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 faced. In Grampian, the delivery of the 2018 General Medical Services (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.
- 3.18 A structure is in place to take this work forward, with a timescale of completion by the end of the financial year. The vision for general practice will recognise the uniqueness of the three different local authority areas in Grampian, and bring together the commonalties 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 to 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.
- 3.19 The General Practice Vision programme has now concluded the three facilitated stakeholder events. Buchan + Associates were commissioned to plan and deliver workshop 2 & 3. These events were held on 8 and 22 November 2023, and attendance numbers at these events was 206 people and 215 people respectively. Stakeholder engagement targeting the younger

generation was undertaken in December 2023, which included focus groups in high schools across the area, and a stall at Aberdeen University to engage with students. There will also be engagement with Medical Students early 2024. Feedback from these groups will be supplemental to the information and feedback already gathered. A fourth workshop has been arranged for 17 January 2023, and this will be a smaller workshop, with attendance from the Programme Board, as well as other key stakeholders which will include representation from secondary care, patient stakeholder groups, and finance. Themes that have been identified and will be included in the vision include:

- Pathways
- Data
- Models of contract
- Premises
- Keeping the population well
- IT & Technology
- Multi-Disciplinary Team
- Mental health
- Education
- Continuity

- 3.20 The Vision and SMART objectives will be presented to the three IJB's on the following dates:
20 March 2024 – Aberdeenshire IJB
26 March 2024 – Aberdeen City IJB
28 March 2024 – Moray IJB

General Adult Mental Health Secondary Care Pathway Review

- 3.21 The Chief Officers for Aberdeen City, Aberdeenshire and Moray have commissioned a piece of work to map out the Adult General Mental Health (AMH) Pathways across Grampian to be able to consider options for any redesign. The aim of the work is to identify improvements within the pathways of adult general mental health which would lead to better patient and service outcomes, improve efficiency, and streamline governance. A new timeline has been proposed to support this project to allow for more opportunity early this year to consolidate information gathering and ensure accuracy of the information gathered so far. The timeline would lead to IJB meetings in May 2024.
- 3.22 We continue to consolidate process mapping and service information forms. This will inform an engagement piece with the steering group and other key stakeholders, to share more widely, the themes arising from the challenges/issues shared about the AMH secondary care pathway, and as an opportunity to gather ideas and awareness of ongoing projects that may be addressing some of these issues. Data gathering will continue against these themes. Engagement with Lived Experience continues through an online survey which is scheduled to conclude mid-January and will feed into the report.
- #### **Lossiemouth Locality update**
- 3.23 Between October 2021 and January 2023 a period of community engagement and consultation took place on the future of health and social care provision within the Lossiemouth Locality Area. There has been a focus on the Hopeman and Burghead branch surgery premises. An update is provided on today's agenda.

Payment Verification

- 3.24 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 have now recommenced for all groups. Once sufficient data is available a report will be presented to the Audit, Performance and Risk Committee.

Management capacity

- 3.25 There are a number of competing priorities; a system that is constantly under pressure; and an urgent requirement to decrease expenditure. In order to retain a balance between these priorities MIJB will need to be innovative about how to retain a management capacity that can satisfy all these demands. With the loss of a strategy and planning lead; a lead for performance; and an imminent retiral, the three Grampian HSCPs have discussed how to progress a “once for Grampian” approach where it is appropriate to do so. An agreement with Aberdeen City Partnership is rapidly being developed on how a more effective strategy, planning and performance function can be delivered for Moray, at less cost. A recruitment process has also been undertaken for a permanent Chief Finance Officer in partnership with NHS Grampian, and as a result of a competitive process the Interim Chief Finance Officer will become permanent from 1 April 2024, with a remit for MIJB and the Moray Portfolio.

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

- 3.26 **Appendix 1** 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 continue to be a regular feature on the Chief Officers reports.

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 (HSCM) and the Moray Portfolio cannot respond adequately to future demands.

(e) Staffing Implications

Staff remain the organisation’s greatest asset, and engagement with all sectors must continue to ensure full involvement, which will create the best solutions to the challenges faced. HSCM staff are facing continued pressures on a daily basis, and effort into ensuring staff well-being must continue.

The threat of industrial action by Junior Doctors will have an impact on the ability to maintain performance and continuity of care. HSCM 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 HSCM 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) Climate Change and Biodiversity Impacts

Care closer to and at home, delivered by teams working on a locality basis, will reduce HSCM's 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 Caroline O'Connor, Committee Services Officer 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 size of the financial challenge facing the MIJB, and also its two funding partners, means that redesign and transformation is not an option but a necessity. HSCM's approach will be to prioritise quality, safety and good outcomes in all service redesigns.

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