



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 MARCH 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.
- 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 Board:

- 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. Additional resource has been allocated with two Band 6 Nurse Practitioners joining the Hospital Without Walls Team and an addition of a Career Start GP working one day a week working with the Geriatric team at DGH and Home First 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 The current Care at Home Contract with external providers ends in October 2024. Senior Managers within the partnership are therefore reviewing the Care at Home Service.
- 3.3 A Care at Home Workshop was held on 4th March 2024; involving both internal and external stakeholders with a view to identifying the aspirations and actions required to progress Care at Home Delivery in Moray. The workshop facilitated discussion between a wide range of partners to develop key themes to support the overall plan.
- 3.4 In order to do this the service will require a change in the operational culture, embedding a need for service improvement and change management to ensure delivery against an outcomes focussed care at home delivery model.
- 3.5 Social care providers will work in partnership to develop a collaborative approach to the delivery of care. With a focus on developing improved communications with the third sector, working in collaboration to seek solutions for the increasing demands.
- 3.6 Communication with communities requires transparency in relation to the availability of care at home services and a move towards different models of care.

Vaccination Programme

- 3.7 The autumn / winter vaccination programme for Covid and Flu commenced in September 2023 and will run until the end of March 2024.
- 3.8 As of 7 March 2024 Covid-19 vaccination uptake for Moray was 60% which is above the Scottish average of 56.6% with the Flu vaccination uptake over the same period across Moray being 58.3%, again above the Scottish average of 53.7% with the final autumn / winter uptake being published in April 2024.
- 3.9 The uptake within Health and Care Staff will also be available in April 2024. A recent staff survey to understand the reasons for Health and Care staff not taking up the offer of vaccinations has been widely distributed and closed at the beginning of March 2024 with the outcome of the survey awaited.
- 3.10 The priorities for Spring 2024 include the commencement of the Covid-19 spring booster programme which will commence on 2 April 2024 for eligible cohorts. The shingles vaccination programme commenced in January 2024 which now requires 2 doses, with the 2nd dose offer commencing in March. The uptake of the shingles vaccine for priority groups as of 7 March detailed 65 year olds (68.3%) 70 year olds (72%) 50 year olds and those who are immunosuppressed (52.85%). Those between 71-79 years who have not been offered shingles vaccine previously have now been offered this but has to date had a lower uptake of 13.19%.
- 3.11 The pneumococcal program was brought forward to February 2024 commencing with those who are immunocompromised and the outcome of the uptake for this is not yet available.

- 3.12 Pre School and childhood immunisation schedule is continuing and now delivered within the vaccination centre.
- 3.13 There has been additional planning within the vaccination service to support requests for the MMR vaccination given the recent concerns related to measles.

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

- 3.14 Following discussion at the January 2024 MIJB meeting, and further to the Scottish Government announcement in December 2023 in relation to their budget, which outlined a very challenging picture for public sector spending, in particular Capital spending, Scottish Government have now confirmed that, based on budget allocation for 2024/25 and the medium term funding outlook, work on the National Treatment Centre - Grampian Project, including an MRI scanner for Dr Gray's Hospital, will not progress further at this time and all project activity will stop. This will be the position until there is certainty on funding.
- 3.15 Plans to concurrently refurbish the mental health ward at Dr Gray's Hospital, will now be reviewed alongside wider NHS Grampian infrastructure risks and investment plans.
- 3.16 The NHS Grampian Asset Management Group are developing a process through which they will prioritise the allocation of funding over the next 5 year period informed by both the Scottish Government budget letter guidance and a weighted risk and benefit assessment of all of its infrastructure liabilities. The mental health ward ligature reduction project will be considered in this process.

GP Vision

- 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. The Vision is on today's agenda and seeks to address the challenges.

Aberlour Medical Centre Update

- 3.18 Health & Social Care Moray (HSCM) has taken over the running of Aberlour Medical Practice to ensure continued access to primary care services for the community.
- 3.19 A letter has been sent to patients by the Health and Social Care Partnership (HSCP) confirming that Dr Annabel Ross has ended the practice's contract to provide General Medical Services (GMS) with immediate effect. Dr Ross, the independent contractor and sole partner, made the difficult decision after her efforts to recruit additional permanent GPs to the practice were unsuccessful.

The Aberlour practice, which has just over 3,000 patients, will be managed and operated by Health and Social Care Moray (HSCM) on an interim basis while plans are developed to secure a robust and sustainable service to the community going forward.

As soon as HSCM are satisfied with the position of the practice then a tendering process will be put in place to return the practice to independent practice arrangements.

Lossiemouth Locality update

- 3.20 Evan Beswick, Head of Primary Care Argyll and Bute HSCP was tasked by the Cabinet Secretary for Health and Social Care to review and seek learning from the process of engagement and consultation carried out by the Moray HSCP in relation to the closure of the Burghead and Hopeman Branch Surgeries. As part of his review on 15 January 2024, Evan met with members of the Save our Surgeries group and then later that day with members of the HSCP. Evan also reviewed a range of documentation provided to him by both the Save our Surgeries Group and the HSCP. A final draft of the commissioned report was duly produced and shared for comment at a joint meeting of all stakeholders on 22 February 2024.
- 3.21 The draft report identifies areas of strength and also areas of learning for the HSCP, and most importantly recommends ongoing dialogue between the Partnership and the local community through the locality planning process; recently two further members of the Save our Surgeries group have been inducted into the Lossiemouth Locality Planning Group which should aid this process.
- 3.22 In terms of the community engagement and consultation process the report notes: 'having considered both the clear process, rigorous documentation and the rationale as described by HSCM representatives, and noting the best-practice approach of consultation with Healthcare Improvement Scotland, I find that a rigorous engagement and decision making process has been adhered to. Indeed, HSCM Moray have gone beyond the minimal requirements of the regulations. This is supported by clear and transparent decision making through MIJB'.
- 3.23 Once finalised the report and associated recommendations will be shared in full with Moray IJB members.

Management capacity

- 3.24 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 has been formulated, and we are now in the implementation stage. The arrangement will deliver an effective strategy, planning and performance function, at less cost and with more resilience.
- 3.25 The Chief Finance Officer role is permanently recruited to and the start in post date is 1 April 2024.

- 3.26 A recruitment process is underway for the Chief Nurse post, which covers the Portfolio (HSCP and Dr Gray's Hospital) as the current post holder retires at the end of May. A 12 month fixed term post funded by NHS Grampian for a Senior Nurse has been recruited to and will support the nursing structure particularly at a time of transition for the Chief Nurse role.

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

- 3.27 **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 Officer 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 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.

(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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