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**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 NOVEMBER 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 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. A

workshop has been arranged for end of November for Health and Social Care Moray (HSCM) staff and Aberdeen City Health and Social Care Partnership (HSCP) staff to come together to work on initiatives in line with care at home.

- 3.2 Initiatives in line with Hospital at Home principles continue to be developed and there will be opportunities to bid for further resources. The Unscheduled Care team of Scottish Government put out a call for bids to expand Hospital at Home initiatives, and we made a submission, seeking funding to improve what we can develop locally. An offer of funding has been made, and we will now firm up our plan and recruit to expand our local provision, using a multi-disciplinary team approach and how we can build a flexible model that reacts to varying need and demand. Collaborative funding has been secured to enhance data gathering, and this will help inform and support future programme development.
- 3.3 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.
- 3.4 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.
- 3.5 We are engaging with Scottish Government officers for GIRFE (Getting It Right For Everyone) and have submitted a bid to join the national programme, and have a further discussion arranged with Scottish Government Officials this month.

### **Remobilisation and winter planning**

- 3.6 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.
- 3.7 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.

- 3.8 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.
- 3.9 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.
- 3.10 Planning continues across Grampian for winter 23/24. A separate paper reporting on the partnerships planning is on today's agenda.

#### **Vaccination Programme**

- 3.11 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. NHS Grampian have published an annual report for vaccinations, which is the subject of a separate paper on today's agenda.

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

- 3.12 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 those seeking asylum, and the National Transfer Scheme for Unaccompanied Asylum-Seeking Children.
- 3.13 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. The Refugee Resettlement Team and associated budget were never delegated to the IJB, but were hosted as part of an arrangement linking

to the interim strategy and planning lead. With the Interim Strategy and Planning Lead Officer having moved post to an NHS Grampian team, the Head of Housing in Moray Council is now leading the Refugee Resettlement Team. HSCM continue to work closely with the Head of Housing to ensure that health and care needs are met for those coming to Moray.

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

- 3.14 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. Given the pressure on the NHS Scotland capital budget HSCM are advised that any decision on funding allocation should be expected towards the end of December 2023.

#### **Primary Care Strategy**

- 3.15 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 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.
- 3.16 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 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 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.
- 3.17 The second and third of three workshops occurs in November, with a wider participation including patient representatives and service users.

#### **Lossiemouth Locality update**

- 3.18 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.

- 3.19 HSCM was informed by Moray Coast Medical Practice on 29 October 2023 that it had sold the vacated Hopeman branch surgery premises to a private buyer. As the practice was no longer providing a service from the premises and owned the site, no approval from HSCM or the Moray IJB was required.
- 3.20 Mitigating actions remain in place to address any impact from the closure of the buildings. These actions are incorporated into the Forres and Lossiemouth Locality Plan which is reported to the MIJB on a six monthly basis.
- 3.21 An undertaking has also been given that representatives from the Save our Surgeries Group will be invited to take part in the Primary Care Visioning work being taken forward, and locally to include the Glasgow School of Art in our locality work.

#### **Out of hours Nursing**

- 3.22 As a result of the notice period served by Marie Curie detailing their being unable to continue to delivering the current Rapid Response Out Of Hours Community Nursing contract, NHS Grampian took this service over as of the 1 October 2023. The revised service to date is working well with positive feedback regarding the induction, support, and leadership that has been provided to the staff who transferred from Marie Curie to NHS Grampian. The recruitment of new staff for this service has also been positive for both Health Care Support Worker posts as well as Registered Nurses. These positive developments have improved our ability to deliver care out of hours with the increased workforce. Shifts are covered better and this supports the delivery of nursing care out of hours to patients across both Moray and Aberdeenshire.

#### **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 areas for efficiency. A plan for 24/25 will be presented to the MIJB in January 2024 that begins the process of developing a balanced budget for 24/25. The challenge of reducing an in-year deficit in 23/24 remains and has a focus from the team.

#### **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.

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

- 3.25 **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 now be a regular feature on the Chief Officers reports.

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

- 3.26 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.
- 3.27 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 is on today's agenda that sets out a proposal to mitigate this risk.

### **Updating Governance**

- 3.28 As we continue to evolve our governance, work is now completed in refreshing the original governance processes approved by the MIJB in 2019. A report will be presented to the Clinical Care Governance Committee today. Work continues across the health system in Grampian, considering the governance frameworks as the Portfolio structure continues to develop. Should any amendments be necessary to reflect this work, they will be presented to Committee.

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

- 3.29 HSCM are piloting the use of the Culture Collaborative resource pack created by NHS Grampian. Two roadshows were held, one in Dr Gray's and the other in Seafield Community Hospital. Members of the Senior Management Team were on site to discuss any of the resources with staff. Work continues to encourage teams to utilise the resources provided, promoting the ethos of a values based culture across the partnership. 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. A member of SMT has just completed training as a 'Speak Up Ambassador' to support this. 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 HSCM 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. HSCM 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 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 IJB, 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.**

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