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**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 JUNE 2021**

**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 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 post second wave of covid, supporting measures for the reduction local covid transmission, and budget control.

**2. RECOMMENDATION**

**2.1. It is recommended that the Moray Integration Joint Board (MIJB):**

- i) consider and note the content of the report; and**
- ii) agree that transforming services to meet the aspirations of the MIJBs Strategic Plan remains a priority, with a focus on key objectives as we remobilise from the covid pandemic.**

**3. BACKGROUND**

**Operation Home First**

**3.1** Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development to meet our aspirations set out in the Strategic Plan. The reduction of delayed discharges and the increased use of technology for consultations are two examples, where we had aspirations but the pace was slow.

**3.2** The strong relationships that exist in North East Scotland between key partners has enabled a swift and cohesive set of responses to how services have been delivered, and challenges met. Whole system leadership has built the common approach, with rapid and decisive decision making within the limits of delegated authority.

- 3.3 The evaluation of Home First was commissioned by the three Chief Officers, and this work has progressed and is being presented to Audit, Performance and Risk Committee in the current cycle. Locally we have seen variation on performance for delayed discharges, which warrants further exploration. A local Delayed Discharge Team was formed to take this work forward, and there have been a number of improvements taken forward. Delayed discharge is a whole system issue, in terms of impact and for transforming the pathway, and work is taking place across the system.
- 3.4 The Discharge to Assess programme is not yet fully implemented as recruitment to the team has taken some time. The Lead confirmed at the Clinical and Care Governance Committee of 27 May 2021 that the target is for the full team to have completed induction and training, and to be fully operational from the beginning of August.
- 3.5 Hospital at Home is being explored, and a bid has been made to Scottish Government for development funding. A strong case has been put forward, and having been asked to submit to the next round we await a decision from Scottish Government in regard to the success of the bid and funding allocation. This is expected by the end of June 2021.

### **Remobilisation**

- 3.6 To date the system has coped with some significant surges in demand, with a pan Grampian approach in how surge and flow through the system is managed to ensure 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 pressure in some service areas which will require a particular focus to work through the backlog of referrals.
- 3.7 As part of the development of our performance framework, and to support remobilisation, we are seeking further performance indicators from services to understand system pressures and how one part of the system impacts on other elements. Services have identified where remobilisation is proving more challenging, and this was reported to the May IJB. The restart of some day services for older adults is proving particularly challenging within the constraints of social distancing.
- 3.8 There have been particular concerns about the potential level of demand for mental health services. There is a careful watch on appropriate indicators. The current situation in Moray is that waiting times are well managed.
- 3.9 With regards to Child and Adolescent Mental Health (CAMHS) waiting times, CAMHS performance in Grampian has steadily improved, with 95.5% of CAMHS patients in Grampian seen within 18 weeks in March 2021. The current waiting time for CAMHS patients to be seen for a CHOICE (initial assessment and/or start of treatment) appointment at the CAMHS Rowan Centre in Elgin is 8 weeks.
- 3.10 Within adult mental health services there are currently 28 people waiting for a first psychological therapies assessment appointment. The longest wait of these is just under 13 weeks. In the January - April 2021 period 100% of people waiting for a first psychological therapies appointment were seen within the 18 week target, and it is not anticipated that any of the 28 people

waiting will breach this timeframe. No other parts of adult mental health services have waiting lists at this time.

### **Covid Vaccination Programme**

- 3.11 By the end of December 2020 all care home residents along with staff had been offered the first dose vaccine. Second dose vaccines have been administered in line with the Chief Medical Officer direction. Uptake rates are high, and up to date progress reports are available on the Public Health website at <https://www.publichealthscotland.scot/news/2021/february/covid-19-daily-dashboard-now-includes-vaccination-data/> Further cohorts have been vaccinated more rapidly in Moray as part of the response to the very high positive test results that were measured, and alongside this we have also been delivering the second dose programme. The team have responded dynamically to the ask to offer first vaccination to all residents over the age of 18, and this was completed by 20 May 2021.
- 3.12 With a longer term campaign being predicted for repeated covid vaccinations, along with delivery of this winter's flu campaign and all the other immunisation programmes, there is a need to rethink the size and shape of a workforce required to deliver an expanded vaccination programme into the future. The current workforce delivering the covid vaccination programme consists of a number of staff who have been redeployed, or who are on fixed term contracts. Planning for the future will be taken through the pan Grampian Vaccination Programme Board with a local workforce plan in development.
- 3.13 The "cold spot" areas in Moray with lower rates of covid vaccine uptake have been identified. Vaccine uptake across these areas range from 55% - 78%. There are also marked variances in vaccine uptake across all cohorts within these areas. To increase uptake rates in all cohorts a range of approaches have been deployed:
- Targeted approaches offering vaccines in workplaces, and access to drop-in clinics within the areas identified
  - Re-inviting those who did not attend their first appointment via the national system
  - Contacting those who did not attend by phone, to identify potential barriers and offer solutions, for example with transport. We are commencing with cohorts 4C (clinically extremely vulnerable) and 6C (16-64 year olds with underlying health conditions (Joint Committee on Vaccination and Immunisation (JCVI) Cohort)
  - To encourage and support attendance, particularly those within the younger age groups, a walk-in service was trialled. This proved extremely successful, with large numbers attending for their vaccine. This model also enables those from previous cohorts that were vaccine hesitant and did not take up the first opportunity to get vaccinated.

### **Portfolio arrangements**

- 3.14 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 is an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, where that is with partners and communities rather than individual entities. To

deliver further on this whole system, integrated approach, there is a desire to transition from an organisational leadership and management model to a system leadership and management approach. On an interim basis, as the model is developed, the Chief Officer will provide a leadership role for Dr Gray's Hospital alongside the responsibilities already carried, thus expanding the portfolio to encompass all Moray health and care services.

- 3.15 The senior management team membership for health and social care in Moray has been revised to incorporate community and acute leaders, and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system. The recent need to move patients out of ward 7 in Dr Gray's Hospital because of a water quality issue saw a very well co-ordinated approach across the system, with ownership of the challenge spread across acute and community in order to ensure patient safety.

### **Budget Control**

- 3.16 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 in the Health and Social Care Partnership are meeting regularly to review spend, identify additional savings and to track progress on transformational redesign so that corrective action and appropriate disinvestment can be supported. There is a continued commitment from Scottish Government to support the covid response which will offset the effects of needing to focus on more immediate priorities in response to the pandemic, however the risks associated with less long term planning remain, and will need to be addressed as part of remobilisation.

### **Civil Contingencies - IJB Category 1 Responder**

- 3.17 Work is progressing to establish the planning and response mechanisms following the amendment in status for IJB. Training has been provided by Scottish Government in 2 workshops for IJB Chairs and also Chief Officers. The output of these will be considered and taken forward in partnership with Moray Council, NHS Grampian and other Local Resilience Partnerships.

## **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 We remain in a pandemic response phase, and are stepping up quickly where that is required. In parallel, there is the opportunity to accelerate work to achieve the MIJB ambitions as set out in the Strategic Plan and Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that encompasses Dr Gray's Hospital on an interim basis.
- 4.2 The challenges of finance have not gone away and there remains the need to address any underlying deficit. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only cover additional expenditure in the short-term and so it is important to understand the emerging landscape.
- 4.3 Transformational change, or redesign, that provides quality and safe 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.

- 4.4 Remobilisation has begun, and will build from achievements and learning from the current pandemic phase. The interdependencies between services will need to form part of the assessment on how we remobilise, as no part of the system operates in isolation.

## 5. **SUMMARY OF IMPLICATIONS**

### **(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”**

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 Chief Finance Officer continues to report regularly on actual expenditure to ensure that the Scottish Government are sighted on additional costs arising from COVID-19.

### **(d) Risk Implications and Mitigation**

The risk of not redesigning services will mean that Health and Social Care Moray 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.

### **(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.

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) Consultations**

The HSCP Senior Management Team has been consulted in the drafting of this report.

**6. CONCLUSION**

**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 COVID-19 pandemic, and the drive to create resilience and sustainability through positive change.**

Author of Report: Simon Bokor-Ingram, Chief Officer