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**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 JANUARY 2021**

**SUBJECT: CHIEF OFFICER REPORT**

**BY: INTERIM CHIEF OFFICER**

**1. REASON FOR REPORT**

- 1.1** To inform the Board of the Interim 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, alongside preparations for winter, responding to the ongoing covid pandemic, and budget control.

**2. RECOMMENDATION**

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

- i) Note and comment on 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 temporary focus on a narrow set of objectives being a necessity in response to 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 Home First principles include:

- Building on the initial response
- Maintaining agile thinking and decision making
- Retaining our ability to respond to Covid related demand, and winter surges in demand
- Using a home first approach for all care where that is safe to do so
- Utilising available technology to widen and ease access to services
- Avoidance of admission
- Removing delays for discharge from hospital
- Maintaining safe services for those Shielding
- Removing barriers between primary and secondary care, with as much care as possible in communities

3.4 Work is being co-ordinated and driven by the 3 health and social care partnerships and acute services, with a local programme of work in Moray sitting within that framework, supported by local clinicians, practitioners and managers.

3.5 The work on reducing delayed discharges from hospital has seen some dramatic improvements in performance resulting from positive interventions. Further work is required to continue the improvement journey and to reduce delays where the downward trend has halted. A paper on today's agenda on the future use of Jubilee Cottages is part of the narrative on reducing delays.

3.6 Key performance indicators and data to identify the impacts of change are in development and will be used to demonstrate progress in all the areas of work. A commission has been developed by the Chief Officers, with staff resources being funded through the NHS Grampian remobilisation plan.

### **Winter Planning and Operation Snowdrop**

3.7 The Health and Social Care Partnership has contributed to the NHS Grampian winter plan, ensuring that our local planning fits the Moray context and is cognisant of lessons learned from previous winters. NHS Grampian has developed the plan under the title "Operation Snowdrop". In response to the challenges in the system, Operation Snowdrop moved to level 4 of the Civil Contingencies approach on Tuesday 5 January 2021.

3.8 Operation Snowdrop aims to concentrate the whole organisation effort on a discrete number of activities to ensure that our finite workforce capacity is directed at the most urgent issues. Operation Snowdrop at level 4 comprises the following:

- Staff Health & Wellbeing
- Critical & Protected Services
- Test & Protect
- Vaccination
- Surge & Flow

- 3.9 NHS Grampian managed the first wave of COVID-19 under Operation Rainbow (civil contingencies level 4) and moved to a revised leadership structure as it exited this phase. As the demand on the system rose, it moved to a 'hybrid model' where there was a combination of activities managed through level 2 & level 3 of the civil contingencies approach.
- 3.10 NHS Grampian created a surge and flow plan for the 'winter period' in 2020/21 which created a mechanism to deal with normal winter pressures alongside COVID-19. The Scottish Government has also prioritised a number of other critical functions, for example, the delivery of the COVID-19 vaccination programme and the delivery of the Test & Protect programme. NHS Grampian moved to Operation Snowdrop in November 2020 to approach the period from November 2020 through to May 2021; this was undertaken in the hybrid model with levels 2 and 3 of civil contingencies in place.
- 3.11 The latest intelligence now predicts that, for January-March 2021, there will be an unprecedented demand on the system which appears to exceed the capacity of our staff cohort to deliver the wide range of services currently in place. On this basis NHS Grampian have moved to level 4 Civil Contingencies, on a planned basis, for a discrete period of time to ensure enough staff capacity to deliver on the agreed priorities.
- 3.12 Silver Command will be staffed on a continuous basis, for at least an initial 3 months, with a combination of an Executive from the Clinical Triumverate (Medical, Nursing and Public Health) and a Chief Officer from the Health and Social Care Partnerships. Bronze Control in Moray has been stepped up to respond to the increasing flow of communication, which will have shorter deadlines for action. This will have a temporary impact on the capacity of the Partnership and the focus will be in line with the priorities set out.

### **Flu Vaccination Programme**

- 3.13 Our Chief Nurse is leading the local flu vaccination campaign, and despite the administrative challenges across Grampian at the start, we are exceeding trajectory for most cohorts and continuing to offer opportunities for people to get immunised.

### **Covid Vaccination Programme**

- 3.14 By the end of December 2020 all care home residents along with staff had been offered the first dose vaccine. Second dose vaccines will be administered at the 12 week interval following first dose, in line with the Chief Medical Officer direction. Front line staff in Moray, across health and social care, have been offered vaccinations. Our Local Lead is planning for the vaccination of further cohorts, including the completion of wave 1, and the start of wave 2. This is the most challenging and complex vaccine programme delivered to date, and is supported by a number of clinical leads and managers, and drawing on the experience of our Chief Nurse and the flu campaign.
- 3.15 The Fiona Elcock Vaccination Centre in Moray will be handed over to the vaccination team and ready for use on Monday 25 January. Outreach clinics will run initially from Forres, Speyside, Buckie and Keith for a day a week

each, with the capacity to delivery close to 200 vaccines a day. A transport gap analysis is being completed to ensure access for all communities.

- 3.16 Volunteers will support the running of the Fiona Elcock Vaccination Centre. Military support will complete the Standing Operating Procedures for the centre.
- 3.17 We continue to vaccinate new admissions to care homes, and offer care home staff the vaccine both at work and at scheduled clinics.
- 3.18 Vaccinating of housebound aged over 80 is underway, with completion by 22 February in line with the national timetable.
- 3.19 Additional vaccinators, clinical support staff and administrators have been recruited. We will continue to add to our workforce ahead of increasing vaccine supply.

### **Budget Control**

- 3.20 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, and to track progress on transformational redesign so that corrective action can be supported. Additional winter and covid related funding 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.

## **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.
- 4.2 The challenges of finance have not gone away, and the underlying deficit must be reduced. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only cover additional expenditure, and the Partnership faces a potentially difficult winter.
- 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.

## **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. Our Mobilisation Plan was approved, and the Chief Finance Officer reports regularly on variations to plan to ensure that the Scottish Government are sighted on additional costs arising from COVID-19.

The key drive of Operation Home First is to secure quality and capacity. More efficient ways of working will cost less, allowing re-investment in services. There is a link between the aspirations of Home First and the set-aside, and also the potential to shift planned hospital outpatient activity to community settings. Staff and or finance will need to follow the patient in order to adequately resource the community setting.

#### **(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**

Any major service change will be subject to proper consultation. There are no direct implications arising from 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, Interim Chief Officer