



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 JUNE 2022

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. We also need to continue taking a longer term strategic view and setting out clear plans that will deliver transformational change so we can best meet the needs of our community.

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, with a focus on key objectives as we remobilise from the covid pandemic, along with a look ahead as we continue to develop our strategic planning.**

3. BACKGROUND

Home First and Hospital without Walls

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 for Home First. The Hospitals without Walls model would realise our aspiration to meet need more responsively, and to be more anticipatory in our approach. We have completed the return to Scottish Government on our work programme and costs, along with an estimation of the financial envelope required to extend out the Hospitals without Walls model on a larger scale.

Remobilisation

- 3.2 To date the healthcare system has coped with some 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 pressure in some service areas which will require a particular focus to work through the backlog of referrals.
- 3.3 Whilst we are seeing pressure easing in some areas as staff absence rates decrease, for some services the pressures remain. Demand for unscheduled hospital care has not diminished, and Dr Grays 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 Grays as soon as beds are available.
- 3.4 Waiting times for elective procedures has grown significantly over the last 2 years. The health and care system is supporting Dr Gray's Hospital to restart elective orthopaedics with an understanding that hospital beds need to be protected for elective procedures, and that unscheduled care has to be managed without impacting on the elective bed capacity. In May we carried out 27 orthopaedic cases, 11 being day cases and 16 being major joint surgery.
- 3.5 Managers are closely monitoring the system, and although we are experiencing particular bottlenecks in flow through the system, most critical services are being maintained, with residents able to access timely emergency care, either from primary or secondary care. Social care provision continues to be under significant pressure, with delayed discharges remaining at a consistently high level (compared to pre-pandemic) and a level of unmet needs in the community, which means that some people are waiting for care after an assessment, or are waiting for the initial assessment. However we are gradually seeing some slow improvements, underpinned by initiatives including the increasing use of Self Directed Support and the Three Conversation Model. Our care homes have at times been unable to admit to vacant beds because of covid infections among staff and/or clients, and this risks the creation of interrupted flow in the overall system. Work is ongoing to risk assess situations, and where necessary derogations will be considered to ensure that critical service delivery continues, with these derogations reported to the Clinical and Care Governance Committee. The embedding of Self Directed Support standards through day opportunities is the subject of a separate paper on today's agenda, with the ultimate goal of improving outcomes for individuals.

Covid Vaccination Programme

- 3.6 Uptake rate information is available on the Public Health website at <https://www.publichealthscotland.scot/news/2021/february/covid-19-daily-dashboard-now-includes-vaccination-data/> .

Ukrainian Refugee Scheme

It has been almost 4 months since the conflict in Ukraine started and 3 months since the UK Government opened its "Ukraine Sponsorship Scheme". The solidarity shown in Scotland and from citizens in Moray to support the Ukrainian displaced persons (UDP) has been overwhelming and recognised

nationally that Scotland offer a “Warm Scots Welcome” to those displaced by the conflict.

- 3.8 Through the UK sponsorship scheme, Ukrainians can apply for a three-year visa and if they choose Scotland to live, they must either have a private sponsor or select the Scottish Government as their ‘super sponsor’. Scotland’s ‘super sponsor’ scheme removes the need to seek out private sponsors on social media in advance of being able to obtain a visa and travel.
- 3.9 Moray has welcomed 43 Ukrainian persons, 26 adults and 17 children, through the private sponsor scheme, although others have arrived through different schemes. The Ukrainian families are supported by hosts families scattered throughout Moray. All host families regardless of the scheme must clear mandatory checks, including Disclosure Scotland and property checks, in order to receive their £350 monthly thank you payment.
- 3.10 As more Ukrainians seek sanctuary in Scotland, a dedicated refugee and resettlement team has been recruited, including a project officer and 1.5 WTE support staff. Alongside the resettlement team, a multi-agency team has been assembled to support the hosts and arrivals to navigate the benefits, education, health systems to name but a few in order to help integration into Moray.
- 3.11 While the focus over the past 2 months has rightly been on ensuring arrivals receive the care and support to settle into their new home in Moray, a key priority must now be to support the Scotland Super Sponsor Scheme and continue to match more hosts with Ukrainian arrivals to Moray for as long as they need a temporary home.

Portfolio arrangements

- 3.12 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 as 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, with partners and communities rather than as 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. The portfolio leadership arrangements have now been confirmed as permanent. Further opportunities for the alignment of services around pathways will be led by the Chief Officer.
- 3.13 The impending retirement of our Chief Social Work Officer in October this year means that we will need to recruit a Head of Service who also meets the requirements to be eligible to be Chief Social Work Officer. The decision on assigning the Chief Social Work Officer role is a function of the Council. A refined job description to incorporate the delegation of Children’s Services has been developed, and the Chief Officer has started the recruitment process with Moray Council HR. The requirements of the post means that this will not be advertised jointly with the NHS.

- 3.14 The Chief Finance Officer post remains vacant, and is being covered on a temporary secondment. The post was advertised for a second time and remains unfilled. The Chief Officer is working with the Council and NHS Finance Leads to look at recruitment options to try and attract a suitable candidate.

Budget Control

- 3.15 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 investment prior to seeking MIJB approval. There is a continuous need to track progress on transformational redesign to ensure it is meeting the aims of the Strategic Plan. Whilst we have presented a balanced budget for 2022/23 to the MIJB, savings will continue to be required to ensure sustainability in the years beyond.
- 3.16 Ongoing work will be required, led by the Chief Officer, with the Senior Management Team and wider System Leadership Group, to develop options that will align the budget to available resources for 22/23.

Payment Verification

- 3.17 National Services Scotland (NSS) process the payments and have not been in the position to undertake the payment verification meetings since the start of Covid. Their focus has been to maintain protective payments each month and because these are based on same amounts each month, there are no new claims coming through. The payment verification meetings are now recommencing and will start in ophthalmology during quarter 2, dentistry projected for quarter 3 with medicine to be confirmed. Therefore it will be June 2023 before first audit reports are received and a subsequent update report to the Audit Performance and Risk Committee.

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 challenges of finance persists and there remains the need to address the underlying deficit in core services. 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 it is important to understand the emerging landscape.
- 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 “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 interim Chief Finance Officer continues to report regularly. Scottish Government covid related supplier relief ends in June this year, and we will monitor impacts on our independent suppliers as part of the risk management process.

(d) Risk Implications and Mitigation

The risk of not redesigning services will mean that Health and Social Care Moray 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. Our staff are facing continued pressures on a daily basis, and we must continue to put effort into ensuring staff well-being.

(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.

We 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 our 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 has 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 Covid-19 pandemic, and the drive to create resilience and sustainability through positive change.**

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