



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 31 MARCH 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

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. Home First, or Hospital without Walls, will remain a bedrock of our aspiration to meet need more responsively, and to be more anticipatory in our approach. There have been a number of posts recruited to: namely specialist Emergency Department (ED) physiotherapist, Advance Nurse Practitioner (ANP) for Hospital at Home, and Health Care Support Workers (HCSWs) for the Community Response Team (CRT) across the four localities. We are at present recruiting for a senior ANP to coordinate Hospital Without Walls. We have recruited for HCSWs specifically to support the

hospital front door team (Dr Grays) and have a two person physiotherapy team pilot ongoing in the ED, which at present has produced very good results. There has been recent successful recruitment of two consultant geriatricians which will enable us to drive forward more quickly these programmes, once they are in post in August 2022. A new post of a volunteer coordinator will be advertised shortly, allowing us to mobilise volunteers across the hospital and communities in a more focused way. Additional support for social work teams from care assessors will also positively impact on service capacity and capability.

Remobilisation

- 3.2 To date the healthcare 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.
- 3.3 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. A key risk to achieving the IJBs objectives is the availability of staffing. Staff sickness/absence/vacancies is monitored closely, on a weekly basis, and we are working at a pan Grampian level to tackle the recruitment challenge.
- 3.4 The general picture across Scotland is of a rise in the Omicron variant covid infections, with sharp spikes being seen in Moray. This is leading to some increases in hospitalisations, at a time when services are already under pressure due to winter and the increase in other respiratory infections at this time of year. Work has already been undertaken to increase capacity, and to plan ahead for these winter pressures. Operation Iris has been enacted at a Grampian wide level to manage the health and care system and all the current pressures being experienced across the system, with Portfolio Leads taking a key role in delivery. Within Operation Iris we have been planning for Omicron, and although less severe, it has generated significant pressure on our system, with increased patient presentations alongside high staff absence rates.
- 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 is under significant pressure, with delayed discharges remaining at a consistently high level (compared to pre-pandemic) and unmet needs in the community, which means that some people are waiting for care after an assessment, or are waiting for the initial assessment. Our care homes are at times 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.

Covid Vaccination Programme

- 3.6 The Spring Booster will be offered to; Adults aged 75 years and over; Residents in a care home for older adults; and Individuals aged 12 years and over who are immunosuppressed at around 6 months after their last vaccine.
- 3.7 All children aged 5-11 are being offered a first dose of COVID-19 vaccine. This is by appointment. Appointments will start with 11-year-olds and work down.
- 3.8 Outreach Vaccination clinics (utilising the Mobile Information Bus) have been delivered in Elgin (Cathedral Ward/Lesmurdie, New Elgin, Bishopmill) Buckie, Keith, Forres, Lossiemouth, Aberlour, Dufftown, Findhorn, Kinloss, Hopeman, Burghead, Cullen, Findochty, Fochabers and Tomintoul. Outreach vaccination activity/delivery has been adapted to meet local needs by extending operating times allowing greater access to specific groups. Over a period of 23 days, 40 outreach sessions have been delivered in 15 localities across Moray, in a range of venues with 611 people receiving a vaccination.
- 3.9 In conjunction with the delivery of the vaccines, lateral flow tests have been made available and distributed.
- 3.10 The feedback from the team and the community on the overall programme continues to be positive.

Total Vaccination uptake in Moray

- 3.11 1st doses 92.7% delivered (12 years and above) 94.3% (18 years and above) 2nd doses 90.9% (18 years and above). Booster doses: 87.2% (of those eligible).
- 3.12 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/> .

3.13 Ward 4 Ligature Reduction Work

The clinical and care governance committee considered a report on 24 February 2022 ([Moray Mental Health Service: Ward 4 Ligature Status](#)) on the options being considered to address the work required to comply the improvement notice issued to NHS Grampian in relation to Adult In Patient Admission Wards in June 2017. This matter is being progressed through the appropriate channels and a decision regarding the option to be chosen is awaited. The committee did not escalate this report to MIJB as there is no action for MIJB but wanted to ensure that members are aware of the situation.

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 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. On an interim basis, as the model is developed, the Chief Officer continues to 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 response to pressures and the increase in demand from covid has brought a response from Moray health and care across acute and community, with an integrated approach to how we manage risk and balance care across the system.
- 3.16 The review of MIJB governance framework was due to be presented to this meeting, however given the potential significant implications for governance arising from decisions around the Portfolio in relation to the delegation of Children and Families and Justice Social Work which is due to be considered by Moray Council on 6 April. Associated changes to organisational structures remain unknown at present. With the potential associated organisational structure changes, there are too many unknowns to present for consideration at this time. The existing framework will continue to be used for assurance in the meantime and work will be undertaken to present a full update in September 2022.

Budget Control

- 3.17 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) of Health and Social Care Moray 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. In recent months, conversations have focussed on the budget setting process for 2022/23, which is subject of a separate paper on today's agenda. Additional funding being transferred to the health and social care portfolio by Scottish Government is detailed in the Revenue Budget paper and will require close monitoring throughout 2022/23. Additional Covid funding for 2022/23 is uncertain, however, by the end of the current financial year, there will be a significant earmarked reserve for the purpose of funding Covid related activity which will continue to be utilised.
- 3.18 The Scottish Government announcement in November 2021 made available £300 million nationally as a direct response to system pressures and to support intense winter planning. The funding is based on four key principles of maximising capacity, ensuring staff wellbeing, ensuring system flow and improving outcomes. Funding approval and updates on commitment will continue to be presented to MIJB in line with governance.

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 we need to look ahead as we emerge from Operation Iris. 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. While the demand on the health and care system continues to be immense, we will continue to plan for the longer term to ensure that services will remain responsive to our community, and the process for redeveloping our strategic intent is the subject of a separate report on today's agenda.

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.

(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) 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