



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 JANUARY 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.

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-19 pandemic, along with a look ahead as we continue to develop our strategic planning.**

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 HSCM. A minor revision will see the portfolio broadened ensuring it emphasises a whole system approach with work stream specific key performance indicators (KPIs) a requirement going forward. Recent efforts have also concentrated on tackling delayed discharges, with a two-phase plan currently in operation, phase 1 completed in October (to reduce Delayed Discharges to March 2022 levels). Phase 2 is underway (to reduce delayed

discharges to 10 or below). Hospital without Walls continues to be developed and there will be opportunities for testing new concepts within the framework of the Moray Growth deal and specifically with the Digital Health and Care Innovation Centre. There are also opportunities for concept testing through non-recurrent funding agreed through the NHS Grampian Unscheduled Care Programme Board, with GMED planning a trial of in hours support to primary care in Moray due to commence January 2023.

Remobilisation and winter planning

- 3.2 To date the healthcare 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 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, other pressures remain. Demand for unscheduled hospital care has not diminished, and Dr Gray's 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 as soon as beds are available. A risk of high staff absence continues as flu and Covid continue to circulate within communities.
- 3.4 Waiting times for inpatient elective surgical procedures at Dr Gray's Hospital continue to increase during the post pandemic period. A combination of continued higher than desirable volumes of delayed transfers of care, plus an incident in our theatre suite on the 10 August 2022 that has only recently been resolved, has meant that most inpatient elective surgery has been cancelled for a period of time. As we now look to ramp up the levels of elective activity that will need to be managed alongside significant bed occupancy for emergency medicine.
- 3.5 The significant pressure on Social work/Social care continues with limited signs of any sustained improvement. Homecare staff consistently have absence rates of over 8% and some weeks more than 10%. The internal home care service is successfully recruiting staff, but these gains are offset by numbers of staff leaving. The backlog of social care (the weekly number of people awaiting assessments is consistently between 150 and 165) and inability to meet demand, with over 1,100 unmet care hours, is resulting in family carers having to shoulder an increased burden, and in its turn this leads to high demand for carer support, combined with concern from community members at levels of unmet need. The inability to meet care needs also impacts upon our ability to reduce delays from hospital. The sustained pressure on care staff is impacting on the quality of care that some providers can deliver. Interim care beds, designed to increase movement within the system, are monitored daily.
- 3.6 There has been extensive planning for winter, and for over the festive season, with the IJB approving surge plans at its November 2022 meeting. These have been put into use, and early on in 2023 we will start to evaluate the effectiveness of the plans, in order to refine current plans and learn any

lessons. The period over Christmas and New Year saw significant pressure at the front door of Dr Gray's Hospital, with demand in excess of predictions. High patient acuity led to increased lengths of stay. Surge beds remain open in Dr Gray's Hospital and the community hospitals. Our planning and the response to pressures is scrutinised by the senior management team within the Portfolio. The NHS Grampian daily system connect (meeting at least twice daily) evaluates the daily updates from each Portfolio on how they are responding to the escalation plan, with specific actions described for Moray. The weekly NHS Grampian Chief Executive Team meeting has an overview of the whole system and directs any further response that is needed.

COVID VACCINATION PROGRAMME

Schools

- 3.7 Pupils have never been vaccinated with Covid vaccines within school premises, only the flu vaccine (Education Board request). While there have been more flu non consents this year (1079) than in the previous year (992), the (flu) programme went well with 76% vaccinated in school. It is believed that the majority of non-consents were due to vaccine fatigue. School staff, who were in an eligible cohort, could receive both the flu *and* Covid vaccines within the school premises, with an uptake 67.8%. This cohort was completed at the beginning of December, due to rescheduling with the strikes causing school closures. Opportunities to receive the nasal flu vaccine will be offered in the Centre until the end of January, or in local participating Pharmacies.

Care Homes (583 individuals)

- 3.8 This cohort was completed within the first few weeks of the Programme beginning, with very few people not being able to be vaccinated at that point, due to the time frame of 12 weeks, since last vaccination, not being reached yet. A follow up service for those who were not yet eligible has been provided, and this has now been completed. We have had minimal non consents - less than in previous years. We have also provided 1st doses for people who have recently moved into a care home. Care home uptake is 92.6%.

This cohort has now been completed, but we will still offer the vaccine to those who move into a care home who have not yet been vaccinated.

Care home staff have also been offered their vaccines during our visits.

Housebound Residents (1221 individuals)

- 3.9 This is a large cohort in respect of time and distance to be travelled. We were contacting people first to ascertain their housebound status and reduce unnecessary visits, thus managing to reduce this from 1717 individuals. We have had a good uptake with only 2.1% not consenting to receiving the vaccines so far, with 97.9% of those on our list having now received their vaccine. The remaining percentage have been postponed, due to illness or timings from previous vaccine. We have also come across people who are needing more support, so have been liaising with GPs and Quarriers.

This cohort is completed, except for those postponed, as explained above.

Health and Care Workforce (5722 individuals)

- 3.10 There were extensive communications to encourage people to come forward for vaccination, prior to the start of the Autumn/Winter Programme and throughout. However, there has been a poor uptake of 40.2% NHS staff and 20% Social Care staff. We had two Community Treatment and Care (CTAC) nurses delivering peer-to-peer vaccines within the GP Practices across Moray. They had a good response with over 100 people vaccinated. We have also provided 3 clinics at Dr Gray's hospital in the Mobile Information Bus which proved more worthwhile. The health and care workforce cohort can attend the Fiona Elcock Vaccination Centre (FEVC) Mon-Sat 10-5 for vaccination until the end of March. No appointment is necessary. We are currently in talks with a community hospital that has a significantly low Healthcare Support Worker uptake, to agree a further visit for vaccinations.

Over 80s (5719 individuals)

- 3.11 We commenced the over 80s cohort week starting 19 September 2022, with outreach venues and clinics within the FEVC, this has now been completed with a percentage uptake of 88.4%. Opportunities are still available for those who still wish the vaccine at FEVC.

Other Groups

- 3.12 Over 65s (16673 individuals) has now been completed with an 85.5% uptake. At risk (12902 individuals) commenced 24 October 2022 with an uptake of 57.7% to date. Their household contacts were also eligible to receive the vaccines. Over 50s (14720 individuals) letters were sent with appointments available to book from 24th October 2022 with an uptake so far of 61.3%. Opportunity for vaccination will continue to be provided for all eligible cohorts, up until the end of March.
- 3.13 Recognition and huge thanks to the Vaccination Team for their continued work in relation to all eligible groups within the community to ensure an effective and accessible vaccination service supporting vaccination preventable disease and completion of the Autumn / Winter programme. Whilst the Health and Care Workforce uptake remained poor, the team worked hard to encourage vaccination and offered many opportunities to allow access to vaccination in order to support uptake.

Asylum and Humanitarian Protection Schemes

- 3.14 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 Asylums, and the National Transfer Scheme for Unaccompanied Asylum-Seeking Children.
- 3.15 Moray continues to offer a Warm Scots Welcome to 115 Ukrainian Displaced Persons (UDPs). The arrival rate has steadied for Moray, with families settling into more permanent accommodation or continuing to be accommodated by host families across Moray. On 14 December 2022, the UK government announced that the tariff funding would be reduced from £10.5k to £5.9k for arrivals entering the UK after 01 January 2023. This does not pose any financial risk to the Local Authority. Guidance from Scottish Government has been created through collaborative work across the Ukrainian Resettlement Directorate. This guidance will support displaced

people from Ukraine including information on visas, travel, accommodation, and life in Scotland. This is due for publication early 2023. This will complement the local data handbook in circulation for Ukrainians who reside in Moray.

- 3.16 In addition, the roll out of full dispersal for Asylum Seekers in Scotland is being overseen by a Local Government-led Asylum Partnership Board (APB). This is currently being expanded to involve strategic leads from all 32 councils. It is proposed that the conversations with Mears and the Home Office about the detail of widening dispersal in each local authority area will take place at a 'regional level' across Scotland based on the Housing Options Hub model. These meetings will be coordinated by COSLA and progress reported back to the APB. At a UK level, a new Asylum and Resettlement Council Senior Engagement Group (ARCSEG) is seeking to bring coherence to asylum dispersal and the other UK Government-led schemes. Chief Officer, Glasgow City HSCP chairs the former and is the Scottish representative on the latter, with support from COSLA on both. The Refugee Resettlement Team are refocusing to identify the support and requirements for this model. Members will be briefed on any developments pertinent to Moray when further information is available.
- 3.17 Through the National Transfer Scheme for Unaccompanied Asylum-Seeking Children, Moray currently supports 6 young people and are awaiting the arrival of a further 2 in the next few weeks. The numbers of young people allocated to Moray via the National Transfer Scheme will continue to increase in line with the increasing numbers entering the United Kingdom. This will have significant resource implications for the local authority in relation to housing and support; it will also have an impact on other services such as health and education. Young people are currently accommodated either via a Supported Lodgings placement or dual occupancy accommodation provided via the Housing Department. With dual occupancy accommodation support is provided via social work staff. All Unaccompanied Asylum-Seeking Children via the National Transfer Scheme are supported with an allocated social worker from the Through Care and After Care Team (TCAC). There is a commitment to support these young people effectively and to help them establish settled and successful lives in the United Kingdom.

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

- 3.18 A dedicated workstream 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 alongside the planned installation of a MRI scanner on the hospital site. Both the anti-ligature work and the MRI installation will directly affect the ability of Ward 4 to maintain a safe environment for patients while the works are being carried out, and alternative accommodation on a temporary basis will need to be sourced. This is proving to be challenging and a key risk to the two pieces of work being able to commence.

Dr Grays Strategy

- 3.19 A period of stakeholder engagement has begun to inform the strategic direction for the Plan for the Future for Dr Gray's Hospital (2023-2033). After initial high level engagement to inform the process in June, staff workshops have been taking place in September and October, using a principal element

of the Scottish Approach to Service Design Framework, otherwise known as the Double Diamond approach. This engagement has been extended during September to November to include patient and service users, partner organisations and the wider public. As engagement progresses, feedback is being grouped thematically, consulted upon and will inform the Plan for the Future's strategic direction. Dr Gray's Plan for the Future is expected to go to the NHS Grampian Board in February 2023 for approval. Further information can be found here: [Plan For The Future - Dr Gray's Hospital 2023-2033 \(nhsgrampian.org\)](https://nhsgrampian.org/Plan-For-The-Future-Dr-Gray's-Hospital-2023-2033).

Portfolio arrangements

- 3.20 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 was a desire to transition from an organisational leadership and management model to a system leadership and management approach. The portfolio leadership arrangements continue to embed and mature. Further opportunities for the alignment of services around pathways will be led by the Chief Officer.
- 3.21 Two posts will become vacant at the start of 2023, being the Chief Nurse post and the Strategy and Planning Lead post. Both posts are being reviewed to ensure that succession arrangements meet the needs of the business. Both posts are covered on an interim basis. The role of designated Deputy Chief Officer is now uncovered following the departure of the previous incumbent to hold this role, and the Chief Officer is completing the process to identify a successor.
- 3.22 The Chief Finance Officer post continues to be covered on an interim basis. The Chief Officer is working with the Council Head of Finance to put in place arrangements which support a longer term interim arrangement. The arrangement will be reviewed in Quarter 1 of 2023/34.

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 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 and report an ongoing balanced position for 2022/23 to the MIJB, savings will continue to be required to ensure sustainability in the years beyond.
- 3.24 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 particularly in preparation for entry to 2023/24.

Payment Verification

- 3.25 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-19 pandemic. 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-19 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 "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. Scottish Government Covid-19 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