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**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 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 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 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, 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 will remain a bedrock of our aspiration to meet need more responsively, and to be more anticipatory in our approach. With a successful bid to Scottish Government we are now extending our aspirations to a Hospital Without Walls model, building on the Home First foundations.

## **Remobilisation**

- 3.2 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.
- 3.3 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 will be monitored closely, on a weekly basis, and we are working at a pan Grampian system to tackle the recruitment challenge.
- 3.4 The general picture across Scotland is of a rise in covid infections, with sharp spikes being seen in Moray. This is leading to increased hospitalisations, at a time when services are already under pressure. Further work is ongoing to increase capacity, and to plan ahead for winter. Operation Iris is being enacted at a Grampian wide level to manage the health and care system through winter, along with the current pressures being experienced across the system, with Portfolio Leads taking a key role in delivery.
- 3.5 Health and Social Care Moray has a statutory duty to provide equipment and adaptations to its residents in order to meet their needs and to facilitate them to live safely and independently in the community. There is now a significant back log in those waiting for an Occupational Therapy assessment that have been screened through the duty system as meeting the criteria as “substantial”. Currently the community Occupational Therapists only have capacity to deal with “critical” referrals. The demand for Community Occupational Therapy input in Moray is high:-  
2432 referrals in 2019, an average of 203 per month.  
1807 referrals in 2020, an average of 151 per month.
- 3.6 The referral rate dropped during the first lockdown. It has however increased to pre-pandemic levels, with an average of 204 referrals per month during 2021.
- 3.7 Our suppliers have also been effected by the pandemic, with delivery of specialist equipment and home adaptations often being delayed. This has resulted in increased risk and difficulty resolving issues in a timely way. Equipment and Adaptations, at the right time, can be life changing for an individual, and for their family members or carers. Provision can postpone the need for a house move or for additional care; they prevent hospital admissions; and they enable early discharge from hospital and ultimately allow individuals be independent or more independent with activities of daily living.

- 3.8 In order to begin recovering from this position, the service has been looking at ways of speeding up the referral to intervention time. There is access to simple pieces of equipment to assist an individuals with activities of daily living to be more independent without requiring a formal OT assessment. The service has extended the prescription list for equipment that non OT staff can issue directly. A duty OT team is in place to screen referrals and to provide direct access to equipment. The plan is to reduce the waiting list for housing adaptations and waiting time for bathing/shower assessment by employing a senior OT Assistant to work exclusively on the waiting list.
- 3.9 The OT service and Mental Health Service have met and discussed the current situation. This has resulted in very positive collaborative approach and the vacant WTE OT post in MH will be realigned to LA OT service. This post will be integral to the community OT service and focus on older people with undiagnosed /diagnosed cognitive impairment. This is a substantial volume within the current waiting list and therefore a very effective realignment of resource to help mitigate the current risk and work towards the recovery plan.

### **Lossiemouth Locality Health and Wellbeing Community Engagement and Public Consultation update**

- 3.10 The IJB approved the commencement of a public engagement exercise in the Lossiemouth locality. The steering group for overseeing the Community Engagement process has been established and now has Community Council, Community Group, Third Sector, Moray Coast Medical Practice, NHSG, Moray Council, and Health and Social Care Moray representatives. The group currently meets weekly and has met four times.
- 3.11 Communication is via the Community Council/Associations, Social Media Platforms, and the Health and Social Care Moray website. Press releases will follow at key future stages.
- 3.12 HSCM staff have met with representatives from Burghead Community Council and Hopeman Community Association and have attended a meeting of each group to outline the engagement process.
- 3.13 Initial discussions have taken place with transport providers (Stagecoach, Dial a Bus and the Community Mini Bus Group) and further meetings are scheduled. This information gained will be shared at the various engagement events.
- 3.14 A survey has been carried out on the Burghead and Hopeman Branch Surgery Buildings. The information gathered is being formalised into a report. This information will be shared at the various engagement events. Patient population and demographic data has been collected and is currently being formatted into visual information boards for various community engagement events.
- 3.15 Community Focus Groups will take place in early January 2022. A report will be produced following the community engagement process which will be formally presented to the IJB. Which will further inform the Moray IJB of the options available, community and stakeholder views and recommendations as to how best to progress. Timescales for formal reporting to the IJB will be

clearer once Community Engagement events have started in early December 2021 and the survey feedback has been analysed.

### **Covid Vaccination Programme**

- 3.16 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, and we are now delivering booster injections alongside the flu vaccination programme. . 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/>

### **Portfolio arrangements**

- 3.17 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 is 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.
- 3.18 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 a potential increase in demand from covid will be a response from Moray health and care across acute and community, with an integrated approach to balancing care across the system.

### **Budget Control**

- 3.19 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 for the remainder of this current financial year. Scottish Government have also recently announced additional investment of more than £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. The Senior Management Team is currently working through proposals to best support existing pressures and ensure the principles of the funding are followed.

#### **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. 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.

#### **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. 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.

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