



---

**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 MAY 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. Also the need to continue taking a longer term strategic view and setting out clear plans that will deliver transformational change which 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. Hospital without Walls, will remain a bedrock of our aspiration to meet need more responsively, and to be more anticipatory in our approach. A separate paper is on the agenda that sets out a review of discharge to assess as part of our aspirations for continuous improvement, with an outline of further work that is underway. Whilst recruitment continues to be a key challenge, we will need to continue evolving the way we deliver services so that they become sustainable and consistent 24/7.

### **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.
- 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.

### **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/> .

### **3.7 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 with the improvement notice issued to NHS Grampian in relation to Adult In Patient Admission Wards in June 2017. 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. The Chief Officer will give a verbal update to the Committee on the 26<sup>th</sup> May on how the required work will be factored into the

NHS Grampian capital works programme, and the arrangements for the Moray Portfolio to monitor the progression towards the work being completed.

### **Portfolio arrangements**

- 3.8 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. 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.
- 3.9 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 teams, with an integrated approach to how we manage risk and balance care across the system.
- 3.10 On the 6 April 2022 the business case for the proposed delegation of Childrens Social Work and Criminal Justice was presented to the Moray Council. The Council approved the business case, and the case will now be considered by NHS Grampian Board at their meeting on the 2 June 2022.
- 3.11 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. The recruitment process for a new Head of Service will commence in June, with a target of an assessment process in July, with an incumbent in post by end of September.
- 3.12 The Chief Finance Officer post remains vacant, and is being covered on a temporary secondment. The post was advertised for a second time, and an assessment process will be carried out in June.

### **Budget Control**

- 3.13 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.

- 3.14 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. Updates on commitments will continue to be presented to MIJB in line with governance.

### **Whistle Blowing**

- 3.15 The National Whistleblowing Standards came into effect from 1 April 2021 across all NHS Services in Scotland including all NHS Boards, Health and Social Care Partnerships, Primary Care and Contracted Service Providers, Third Sector Organisations (TSOs) and Healthcare Education Institutes (HEI). As part of the implementation of the standards there is a requirement to provide an annual update to MIJB of cases. For the year to 31 March 2022 there were no whistleblowing cases reported. A new cycle of publicising the availability and means of reporting is about to be undertaken to ensure staff are aware of the policy and the mechanisms in place.

## **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 Childrens Social Work and Criminal Justice.
- 4.2 The challenges of finance have not gone away 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 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 underway. NHS Grampian Board will be presented with a strategy "Plan for the Future" on the 2<sup>nd</sup> June, which the Portfolio has contributed to, and which we will use to help refresh our local Moray strategy.

## **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