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**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 MAY 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 post second wave of covid, responding to the ongoing local covid transmission, and budget control.

**2. RECOMMENDATION**

**2.1. It is recommended that the Moray Integration Joint Board (MIJB):**

- i) note and comment on 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 temporary focus on a narrow set of objectives being a necessity in response to the covid pandemic.**

**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. The reduction of delayed discharges and the increased use of technology for consultations are two examples, where we had aspirations but the pace was slow.

**3.2** The strong relationships that exist in North East Scotland between key partners has enabled a swift and cohesive set of responses to how services have been delivered, and challenges met. Whole system leadership has built the common approach, with rapid and decisive decision making within the limits of delegated authority.

### 3.3 The Home First principles include:

- Building on the initial response
- Maintaining agile thinking and decision making
- Retaining our ability to respond to Covid related demand, and winter surges in demand
- Using a home first approach for all care where that is safe to do so
- Utilising available technology to widen and ease access to services
- Avoidance of admission
- Removing delays for discharge from hospital
- Maintaining safe services for those Shielding
- Removing barriers between primary and secondary care, with as much care as possible in communities

3.4 Work is being co-ordinated and driven by the 3 health and social care partnerships and acute services, with a local programme of work in Moray sitting within that framework, supported by local clinicians, practitioners and managers. We were keen that locally Children's Social Work Services were included in the Home First approach, with the framework supporting the efforts to improve outcomes particularly for looked after children.

3.5 The work on reducing delayed discharges from hospital had seen some dramatic improvements in performance resulting from positive interventions. Further work is required to embed the improvement journey and to reduce delays where the downward trend has slowed and in some weeks reversed. The Discharge to Assess programme is yet to gear up as recruitment to the team vacancies continues, following the decision of the MIJB to invest permanently in a wider team at its meeting on 25 March 2021 (para 10 of the minute refers).

#### **Hospital at Home is being explored further**

3.6 As we have progressed with the Home First model and Discharge to Assess successfully across Moray, Hospital @ Home has been on our agenda. In order that we build a model fit for purpose in Moray, the Hospital @ Home steering group have been keen to see Discharge to Assess embedded in local practice, and following their successful pilot period and move to permanent recruitment, are ready to take the next steps. Scottish Government have advised of potential funds available to Health Boards and IJBs for 2021/22 and we are keen to secure funding to allow us to appoint to pivotal posts in the development of the Moray service and facilitating tests of change to be undertaken and the service model to be scoped in Moray.

#### **Remobilisation**

3.7 The Health and Social Care Partnership has contributed to the NHS Grampian winter plan, ensuring that our local planning fits the Moray context and was cognisant of lessons learned from previous winters. NHS Grampian developed the plan under the title "Operation Snowdrop". In response to the challenges in the system, Operation Snowdrop moved to level 4 of the Civil Contingencies approach on Tuesday 5 January 2021.

3.8 Operation Snowdrop concentrated the whole organisational effort on a discrete number of activities to ensure that our finite workforce capacity is

directed at the most urgent issues. Operation Snowdrop at level 4 comprises the following:

- Staff Health & Wellbeing
- Critical & Protected Services
- Test & Protect
- Vaccination
- Surge & Flow

- 3.9 NHS Grampian managed the first wave of COVID-19 under Operation Rainbow (civil contingencies level 4) and moved to a revised leadership structure as it exited this phase. As the demand on the system rose, it moved to a 'hybrid model' where there was a combination of activities managed through level 2 & level 3 of the civil contingencies approach.
- 3.10 NHS Grampian created a surge and flow plan for the 'winter period' in 2020/21 which created a mechanism to deal with normal winter pressures alongside COVID-19. The Scottish Government has also prioritised a number of other critical functions, for example, the delivery of the COVID-19 vaccination programme and the delivery of the Test & Protect programme. NHS Grampian moved to Operation Snowdrop in November 2020 to approach the period from November 2020 through to May 2021; this was undertaken in the hybrid model with levels 2 and 3 of civil contingencies in place.
- 3.11 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/clients 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 down a backlog of referrals.
- 3.12 **Appendix 1** sets out the scope of services which are needing to remobilise, partially or in full, and the arrangements to do that, which in some cases requires significant redesign to be able to operate safely within the physical restrictions. 3 key areas below are yet to remobilise and further planning is required:
- Inpatient elective surgical programme including orthopaedics at Dr Gray's Hospital
  - Reduced capacity for secondary care outpatient clinics yet to be re-instated at Dr Gray's Hospital
  - Minor Injury Units across Moray remain closed

### **Covid Vaccination Programme**

- 3.13 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. Uptake rates are high, and up to date reports are available on the Public Health website. Further cohorts are being vaccinated more rapidly in Moray as part of the response to the very high positive test results being measured, and alongside this we will also deliver the second dose programme. The team have

responded dynamically to the current ask to vaccinate all residents over age of 18, and the rate of vaccinations has increased considerably.

- 3.14 With a longer term campaign being predicted for repeated covid vaccinations, along with delivery of this winter's flu campaign and all the other immunisation programmes, there is a need to rethink the size and shape of a future workforce required to deliver an expanded vaccination programme into the future. The current workforce delivering the covid vaccination programme consists of a number of staff who have been redeployed, or who are on fixed term contracts. Planning for the future will be taken through the pan Grampian Vaccination Programme Board with a local workforce plan in development.

### **Portfolio arrangements**

- 3.15 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 will 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.

### **Budget Control**

- 3.16 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, 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 which will offset the effects of needing to focus on more immediate priorities in response to the pandemic, however the risks associated with less long term planning remain, and will need to be addressed as part of remobilisation.

## **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.

## 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.

The key driver of Operation Home First is to secure quality and capacity. More efficient ways of working will cost less, allowing re-investment in services. There is a link between the aspirations of Home First and the set-aside, and also the potential to shift planned hospital outpatient activity to community settings. Staff and or finance will need to follow the patient in order to adequately resource the community setting.

### **(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.

**(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**

Any major service change will be subject to proper consultation. There are no direct implications arising from 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