



Stephen Brown (Chief Officer)

Orkney Health and Care

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Agenda Item: 4.

Orkney Integration Joint Board

Wednesday, 22 February 2023, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Rachael A King, Jean E Stevenson and Ivan A Taylor.

NHS Orkney:

Issy Grieve (via Microsoft Teams), Davie Campbell (via Microsoft Teams) and Meghan McEwen.

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board (via Microsoft Teams).
- Jim Lyon, Interim Chief Social Work Officer of the constituent local authority, Orkney Islands Council.

Stakeholder Members:

- Janice Annal, Service User Representative (via Microsoft Teams).
- Morven Brooks, Third Sector Representative (via Microsoft Teams).
- Jim Love, Carer Representative.
- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.

Clerk

- Hazel Flett, Service Manager (Governance), Orkney Islands Council.

In Attendance

Orkney Health and Social Care Partnership:

- Lynda Bradford, Head of Health and Community Care.

Orkney Islands Council:

- Erik Knight, Head of Finance (for Items 1 to 9).
- Karen Bevilacqua, Solicitor.

NHS Orkney:

- Anthony McDavitt, Director of Pharmacy (NHS Orkney and NHS Shetland) (for Items 5 to 13) (via Microsoft Teams).
- Keren Somerville, Head of Finance (via Microsoft Teams).
- Morven Gemmill, Lead Allied Health Professional (via Microsoft Teams).

Chair

- Councillor Rachael A King, Orkney Islands Council (Vice Chair).

1. Apologies

The Vice Chair welcomed everyone to the meeting and advised that, as the Chair was attending remotely, the Vice Chair, being present in the Council Chamber, would Chair the meeting.

The Vice Chair reminded members that the meeting was being broadcast live over the Internet on Orkney Islands Council's website. The meeting was also being recorded, with the recording publicly available for listening to after the meeting for 12 months.

Apologies for absence had been intimated on behalf of the following:

- Professional Advisers:
 - Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
 - Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney.
- Stakeholder Members:
 - Ryan McLaughlin, Staff-side Representative, NHS Orkney.
 - Danny Oliver, Staff-side Representative, Orkney Islands Council.
- Orkney Health and Social Care Partnership:
 - Maureen Swannie, Head of Strategic Planning and Performance.
 - Wendy Lycett, Principal Pharmacist.

- NHS Orkney:
 - Steven Johnston, Chair, Area Clinical Forum and Chair, Joint Clinical and Care Governance Committee.

2. Appointment of Members

There had been previously circulated a report setting out recommendations for appointments to vacancies on the Integration Joint Board, for consideration and approval.

Following a short introduction from Stephen Brown, the Board noted:

2.1. That the Integration Scheme allowed for various co-opted non-voting members, including the following:

- A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
- A staff representative from each of the Parties.

2.2. That the Integration Scheme stated that individual appointments would be made as required when a position became vacant for any reason, with the initial period of office being two years.

2.3. The appointment of Samantha Thomas as the registered nurse representative for an initial period of office of two years.

The Board **resolved**:

2.4. That Ryan McLaughlin be appointed as the NHS Orkney staff representative for an initial period of two years.

Janice Annal joined the meeting at this point.

3. Declarations of Interest

There were no declarations of interest intimated in respect of items of business to be discussed at this meeting.

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 30 November 2022.

The minute was **approved** as a true record.

5. Matters Arising

There had been previously circulated a log providing details on matters arising from previous meetings, for consideration and to enable the Board to seek assurance on progress, actions due and to consider corrective action, where required.

Stephen Brown advised that work remained ongoing regarding the possibility of a public sector risk register for Orkney. He also confirmed that Scottish Government had been contacted again, regarding the Climate Change Reporting Duties.

Davie Campbell asked that, as it had been some time since the Board had received an update report on the new Kirkwall care facility, a report should be tabled at the next meeting. Lynda Bradford confirmed this was already being considered.

6. Joint Clinical and Care Governance Committee

6.1. Minute of Previous Meeting

There had been previously circulated the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 4 October 2022, to enable the Board to seek assurance.

As Steven Johnston, Chair of the Joint Clinical and Care Governance Committee, had submitted his apologies, Stephen Brown provided a brief overview of the items considered by the Committee on 4 October 2022, including the Local Child Poverty Action Report for 2021-22 and the Chief Social Work Officer's annual report for 2021/22. There was also a helpful conversation from the Mental Health Assurance Report regarding the transfer bed protocol, as well as national issues regarding mental health staffing and the consequences for emergency mental health presentations. Although emerging from the Covid-19 pandemic, the cost of living crisis was now impacting on mental health and wellbeing.

The Board took assurance from the information provided.

6.2. Revised Terms of Reference and Annual Work Plan

There had been previously circulated a report setting out the revised Terms of Reference and the Annual Work Plan for the Joint Clinical and Care Governance Committee, for consideration and approval.

Issy Grieve referred to the Work Plan and the increasing number of social care assurance reports and asked whether this was achievable. Stephen Brown advised that this would be dependent on staffing resource, although a data analyst had been appointed and the recruitment process for the post of Planning and Performance Officer had now commenced.

Meghan McEwen commented that the business cycle appeared to be retrospective and queried where opportunities for forward thinking and looking at outcomes would occur. Stephen Brown appreciated the comments and advised that the Strategic Planning Group was tasked with looking at emerging demands, commissioning opportunities and how to monitor performance to determine whether outcomes were being achieved.

The Board noted:

6.1. That the Orkney Integration Joint Board (IJB) was required to have a Clinical and Care Governance Committee which provided the IJB with assurance that robust clinical and care governance controls and management systems were in place and were effective for the functions that NHS Orkney and Orkney Islands Council had delegated to the Orkney IJB.

6.2. That, on 24 January 2023, the Joint Clinical and Care Governance Committee approved the revised Terms of Reference, attached as Appendix 1 to the report circulated, subject to approval by the IJB and the Board of NHS Orkney.

6.3. That section 11 of the Terms of Reference stated ‘that the Joint Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Joint Clinical and Care Governance Committee. This will be used to set agendas and monitored throughout the year’.

The Board **resolved:**

6.4. That the amended Terms of Reference for the Joint Clinical and Care Governance Committee, attached as Appendix 1 to the report circulated, be approved.

6.5. That the Work Plan for the Joint Clinical and Care Governance Committee for 2023/24, attached as Appendix 2 to the report circulated, be approved.

7. Performance and Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Performance and Audit Committee held on 7 December 2022, to enable the Board to seek assurance.

Councillor Ivan Taylor, Chair of the Performance and Audit Committee, presented the unapproved Minute, which detailed two substantive items:

- Performance Management Framework – the framework had been updated and refreshed to reflect the extended remit of the committee.
- Performance Monitoring – reporting on various performance matters would be rotated quarterly on an approved business cycle.

The Board took assurance from the information provided.

8. Joint Staff Forum

There had been previously circulated the Minute of the informal Meeting of the Joint Staff Forum held on 8 December 2022, to enable the Board to seek assurance.

Councillor Jean Stevenson sought further information on the refugee opportunities and Stephen Brown advised that a number of Ukrainian refugees with significant skills and experience, ranging from dentistry to qualified architects, would be arriving in Orkney and discussions were ongoing regarding employment opportunities.

Stephen Brown gave an update in relation to the joint inspection of Adult Support and Protection, whereby all pre-inspection matters were concluded, including a position statement, case files and focus group meetings. A draft inspection report was expected week commencing 13 March, with the service given a week to comment before it was published in April. Stephen Brown expressed his thanks to everyone for supporting the inspection process.

Meghan McEwen referred to the discussion at item 7 of the minute, relating to staff retention and monitoring processes, and reminded the Board that it was not an employer and those responsibilities lay with the organisations from whom the Board commissioned services. Stephen Brown advised that both NHS Orkney and Orkney Islands Council were represented at the Joint Staff Forum, which was still finding its way after a period of inactivity due to the pandemic, as well as considering its relationship with other existing committees.

The Board took assurance from the information provided.

9. Revenue Expenditure Monitoring

There had been previously circulated a report presenting the revenue expenditure position as at 31 December 2022, for scrutiny.

Keren Somerville advised that, as at 31 December 2022, overspends were reported on both delegated services and the set aside budget, with overspends also forecasted for year end. Going forward, there would be no additional funding for Covid-19, with the exception of PPE and the vaccination programme. Children and Families were currently indicating a significant overspend which should reduce in the final quarter of the financial year. In Disability, Elderly and Care at Home services, overspends were, in the main, attributable to the use of agency staff.

Meghan McEwen, while grateful to have received a financial report, commented that she would restrict her comments to high level. Although an overspend was forecast, she asked how that would be dealt with, given that no recovery plan accompanied the paper. Further, it was difficult to take assurance on a reducing overspend position when there was no detail provided. Fundamentally, she queried what was being done with the information presented – was appropriate action being taken at the right level to rectify the situation.

Keren Somerville confirmed that discussion had been held at Head of Service level to address the issues, and that NHS Orkney had used reserves in an effort to bring spending back into line.

Erik Knight confirmed that the Policy and Resources Committee had scrutinised the Period 9 figures for Council services the previous day, and the overall picture was equally bleak. There were, however, a number of factors to consider, including potential pre-payment of costs associated with the next financial year (the Council system worked on 12 month budgeting), timing issues with funding sources and the post of Chief Finance Officer being vacant, resulting in a gap in knowledge when trying to bring together figures for reporting to the Board. Looking at means to control spending from the Council side, overall, the pay settlement was higher than anticipated, with the pay and grading model also working through the system, as well as inflationary pressures. Two options were available – additional funding or reducing services, neither of which were particularly easy to implement, given that the services were demand led. Once a Chief Finance Officer was in post, discussions would be held between both organisations, however there was no short term solution.

Although Meghan McEwen appreciated the essential roles of both Keren Somerville and Erik Knight, the conversations services should be having to ensure they met their respective financial envelopes did not require finance staff and, further, she did not believe those conversations were happening.

Councillor Rachael King queried when the recovery plan would be submitted to the Board for consideration. Stephen Brown advised that some work had already commenced on a recovery plan, including moving away from agency staff, which in no way reflected the good work of those agency workers, rather it was the costs associated with agency work. The introduction to care course at Orkney College was now in its fifth cohort with 22 students enrolled – the highest intake so far. To date, 60% of those who had completed the course were now employed by either the Council or Third Sector partners. Although Children and Families were showing a significant overspend, mostly attributed to out of Orkney placements, at year end both Orkney Health and Care and the Education service were allocated funding from a central fund, to help offset costs. Interviews were scheduled for the post of Chief Finance Officer and it was hoped an appointment would be made.

Issy Grieve advised that, as it was not yet clear whether Scottish Government would claw back more unallocated or unused reserves, these should not be used for in-year spend, and should only be allocated following authority from the Board.

Davie Campbell was heartened to learn at NHS Orkney's Finance and Performance Committee that there was a longer term recovery plan. However, he queried flexibility on use of reserves, noting that the level of reserves sat quite high relative to overall budget, and whether any were time limited. Stephen Brown confirmed there was a degree of flexibility and, to provide assurance, use of reserves had been agreed through the Board, one example being in relation to the Care at Home team to provide for career progression.

Morven Gemmill suggested that, through strategic planning, innovation and equality of access to service was paramount in changing the financial landscape. Clinicians and Social Care professionals should be afforded a development session to look at innovation – Home First was a classic example of what could be done, with Assessment and Rehabilitation another area which could provide a catalyst for change.

Tony McDavitt advised that work was also ongoing in the pharmacy section with a view to delivering efficiencies, including learning from nearby partners in both Highland and Aberdeen.

Meghan McEwen queried how a robust year end position could be achieved, should the recruitment process for the post of Chief Finance Officer be unsuccessful. Stephen Brown provided assurance that, should no appointment be made, following discussions with finance leads, he would look to get temporary arrangements in place as soon as possible.

The Board noted:

9.1. The financial position of the Orkney Health and Social Care Partnership as at 31 December 2022 as follows:

- A current overspend of £1,393K on operational delegated services budgets and an overspend of £733K on the set aside.
- A forecast year end overspend of £3,078K on services delegated and an overspend of £1,077K on set aside, based on current activity and spending patterns.

9.2. That NHS Orkney had applied a savings target of £2,400K for 2022/23 (£1,800K carried forward from 2021/22), however, at 31 December 2022, NHS Orkney was not anticipating delivery against the previously agreed target of £750K for the current financial year. To the end of December there were unachieved savings of £1,800K.

9.3. The balance within the earmarked reserves/holding account within NHS Orkney of £4,280K, as detailed in Annex 1 to the report circulated. There was an ongoing review of the reserves taking place to ensure that these were allocated and released appropriately, which might impact the forecast year end outturn.

9.4. Non Recurring savings of £400K had been delivered in the current financial year against the set aside budget, which did not impact the £2,400K target applied to the delegated services budgets.

10. Risk Register

There had been previously circulated a report presenting a revised Risk Register, for consideration and approval.

Stephen Brown advised that, in September 2022, the Board considered a revised Risk Register and, in light of various comments made by members, it was agreed to defer approval, pending a further review to address all the points raised. Section 4 of the report set out the amendments and updates made to the Risk Register for the Board's consideration.

Councillor Rachael King queried how existing risks would continue, once the Risk Register was aligned to the Strategic Plan. Stephen Brown confirmed that development of the Delivery Plan would be undertaken through the Strategic Planning Group, who would also assist in the process of aligning the Risk Register to ensure all appropriate risks were captured.

Councillor Jean Stevenson referred to Risk 4, Analogue to Digital Switchover, and sought assurance that testing would take place ahead of the switchover to ensure that no service user was left vulnerable or at risk. Lynda Bradford confirmed that external funding had been received to assist with robust testing of equipment, which was ongoing and time consuming to ensure that all areas of Orkney were capable of supporting the digital technology. The risk did not relate to the kit not being in place and/or ready for the switchover, but the financial risk, as the kit came at a significant financial cost.

Jim Love referred to the current cost of living crisis, where those in employment were working more and, despite approaching retirement age, continued to work. The Government was also encouraging retired folk to consider returning to employment. This had an impact on unpaid carers, as there was less time for caring responsibilities and he queried the future sustainability of relying on unpaid carers and whether this should feature in the Risk Register. Stephen Brown confirmed the undoubted impact on unpaid carers, which was an operational risk to the service.

Councillor King suggested that officers should take away the points raised by Jim Love to determine whether they could be incorporated into the Risk Register.

In response to a query from Councillor Jean Stevenson relating to the Isles Primary Care Model, Stephen Brown confirmed this related to the ferry linked isles and undertook to ensure this was reflected in the Risk Register.

The Board considered the proposed revisions set out in sections 4.1 and 4.2 of the covering report and thereafter resolved that the revised Risk Register, attached as Appendix 1 to the report circulated, be **approved**.

11. Winter Plan

There had been previously circulated a report presenting the Winter Plan 2022/23, for consideration and approval.

Stephen Brown presented the working document, which required to be prepared for all health board areas. Despite all the challenges faced by staff, including the cost of living crisis, the ongoing impact on general mental health and wellbeing, as well as continuing to deal with flu' and Covid outbreaks, services had managed relatively well so far. The Winter Plan 2022/23 had already been approved by the Board of NHS Orkney and was presented to this Board for scrutiny and approval.

Councillor Rachael King commented that the Winter Plan highlighted critical periods between November and March. As March was fast approaching, the Plan was now being presented almost retrospectively and she queried whether sufficient coverage was given to the full breadth of health and social care services in winter planning.

Stephen Brown advised that, historically, it had always been challenging to produce a truly integrated winter plan. He was confident that the full range of services were incorporated, but would ensure comments were passed to relevant officers so that improvements could be made going forward.

Councillor Rachael King further commented that, although some issues were clearly related to winter, power outages could occur at any time of the year. Also, previously there had been a call for family to assist with caring responsibilities, when the service was struggling – what happened with someone who had no family to call on? Finally, there was an increasing reliance on digital transfer/sharing of information, particularly at critical periods, and she queried whether there was resilience for those folk who did not have digital connectivity or were not confident in using technology.

Meghan McEwen referred to boat cancellations and the increasing number of “Do Not Attend”, resulting in people getting sicker or presenting with more acute requirements. Fragility of transport links as well as digital connectivity should be passed to the Community Planning Partnership for consideration. Councillor King advised that, in the recent consultation regarding the updated Local Outcomes Improvement Plan, she had suggested that digital connectivity and transport links were not limited to islands, and should be based on a reality of need to connect, as there were areas on the mainland which also suffered from lack of both transport and digital links.

Returning to Councillor King's earlier point on service users with no family to assist with caring responsibilities, Lynda Bradford confirmed that the service was aware of those with no family and provided assurance that they would take priority for provision/continuity of service.

Discussion returned to the question of a truly integrated Winter Plan and there was general agreement that, rather than a Winter Plan, it could be considered locally as a resilience plan, however the Board was mindful of the requirements placed on health boards direct from Scottish Government. It was agreed that consideration be given to the future timing of presenting the plan, as a live document, to this Board for consideration and approval.

The Board noted:

11.1. That NHS Orkney and the Integration Joint Board were required to produce a plan for the management of anticipated peaks in demand over the winter period and over the statutory holiday periods.

11.2. That delivery of the Winter Plan, attached as Appendix 1 to the report circulated, would require strong leadership and collaborative working across the health and social care system at the most senior level to provide a focus on the additional impacts, challenges and resources required to sustain safe, effective and person-centred care.

11.3. That the Winter Plan remained a live document, subject to adaptation as circumstances demanded.

The Board **resolved**:

11.4. That the Winter Plan, attached as Appendix 1 to the report circulated, be approved in so far as it related to the remit of the Integration Joint Board.

12. Workforce Plan

There had been previously circulated a report presenting the Integrated Health and Social Care Workforce Plan, for consideration and approval.

Stephen Brown advised that Ingrid Smith, Human Resource Manager, NHS Orkney, was unable to attend the meeting but had been the main driving force behind the document presented today. Following a request from the Deputy Director, Directorate of Health Workforce, Scottish Government, to all NHS Boards and Health and Social Care Partnerships, a draft three-year Workforce Plan had been submitted to the Scottish Government by the end of July 2022. Various iterations of the document had since been produced, which highlighted a number of key themes, including capacity and variances.

In response to a question from Meghan McEwen regarding the difficulties in attempting to interrogate the data to determine whether the Board should commission services and whether it aligned with local financial plans, Issy Grieve suggested the question be redirected to the Scottish Government, as the document had been prepared to a standard template produced by them. The Scottish Government was not seeking a future workforce strategy at this stage.

While accepting the points raised, Stephen Brown advised that the first iteration comprised isolated sections set out on the template provided by the Scottish Government and, if nothing else, it provided an overview of totality, identifying the gaps and future projections based on good quality data.

Councillor Jean Stevenson queried why the MacMillan service was not included and Stephen Brown confirmed this was an oversight and would be included in the next iteration.

There was general agreement that, although the document conformed to the Scottish Government template, more work would be undertaken to make it more relevant to the local situation.

The Board noted:

12.1. The aligned process followed between service, financial and workforce planning to gain the information required for completion of the 3-year Integrated Workforce Plan, attached as Appendix 1 to the report circulated.

12.2. The timescale for submission of the 3-year Integrated Workforce Plan to Scottish Government.

The Board **resolved**:

12.3. That the Integrated Workforce Plan, attached as Appendix 1 to the report circulated, be approved in so far as it related to the remit of the Integration Joint Board.

13. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 19 April 2023 at 09:30 in the Council Chamber, Council Offices, Kirkwall.

14. Conclusion of Meeting

There being no further business, the Vice Chair declared the meeting concluded at 11:16.