



Stephen Brown (Chief Officer)

Orkney Health and Care

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Agenda Item: 4.

Orkney Integration Joint Board

Wednesday, 15 December 2021, 09:30.

Microsoft Teams.

Minute

Present

Voting Members:

- Issy Grieve, NHS Orkney.
- Davie Campbell, NHS Orkney.
- David Drever, NHS Orkney.
- Councillor Rachael A King, Orkney Islands Council.
- Councillor John T Richards, Orkney Islands Council.
- Councillor Stephen Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer.
- Dr Kirsty Cole, Registered GP, NHS Orkney.
- Pat Robinson, Chief Finance Officer.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Joyce Harcus, Carer Representative.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- Danny Oliver, Staff Representative, Orkney Islands Council.

Clerk

- Hazel Flett, Senior Committees Officer, Orkney Islands Council.

In Attendance

Orkney Health and Care:

- Maureen Swannie, Interim Head of Children's Health Services.
- Shaun Hourston-Wells, Project Manager (for Items 9 to 17).
- Callan Curtis, Performance and Planning Officer (for Items 11 to 17).

NHS Orkney:

- Christina Bichan, Head of Assurance and Improvement (for Items 9 and 10).
- Katie Spence, Alcohol and Drugs Partnership Co-ordinator (for Items 11 and 12).

Orkney Islands Council:

- Katharine McKerrell, Solicitor.

Observing

Orkney Islands Council:

- Rebecca McAuliffe, Press Officer (for Items 12 to 17).
- Lorraine Stout, Press Officer (for Items 1 to 12).

Chair

- Issy Grieve, NHS Orkney.

1. Apologies

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

- Jim Lyon, Interim Chief Social Work Officer, Orkney Islands Council.
- Janice Annal, Service User Representative.
- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.
- Dr Dawn Moody, Clinical Director – GP, NHS Orkney.

2. Declarations of Interest

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

3. Disclosure of Confidential Information

Although the Board had been asked to note that the public must be excluded from the meeting for consideration of Item 13, Joint Strategic Needs Assessment, as the report and its appendices contained confidential information of the class described in section 50A(3)(a) of the Local Government (Scotland) Act 1973 as amended, the Scottish Government had since indicated that the information could now be released to the public.

Accordingly, the Board agreed that Item 13 be heard in public.

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 27 October 2021.

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

Dr Kirsty Cole and Joyce Marcus joined the meeting at this point.

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.

5.1. Matters Arising from Meeting held on 27 October 2021

Action 1 – Strategic Planning Group – Stephen Brown confirmed that the matter of GP representation on the Strategic Planning Group would be considered by the GP Sub-committee at a meeting to be held later today.

Action 3 – Promise Board – Stephen Brown confirmed that it was still anticipated to establish a Promise Board and the Board would be updated with progress.

In response to a general comment from Davie Campbell on how the Board assessed the pace of work, to gain assurance, particularly during the ongoing pandemic and the capacity issues arising therefrom, Stephen Brown advised that, since he came into post, he was impressed with the amount of work achieved, both in response to the pandemic and ongoing priorities, despite capacity issues.

Stephen Brown acknowledged potential gaps in the workforce which would be addressed through the ongoing restructuring process, to ensure that management were able to focus on supporting the frontline workforce. As for assessing the pace of work, reports did and would continue to include timescales, which were then tracked through the Matters Arising Log, where appropriate. Lessons had been learned during the pandemic, particularly when looking at things that needed to be done, determining priorities and which things would not be done, for various reasons.

Pat Robinson joined the meeting during discussion of this item.

6. Strategic Planning Group

There had been previously circulated the unapproved Minute of the Meeting of the Strategic Planning Group held on 2 November 2021, to enable the Board to seek assurance.

Stephen Brown, who had chaired the meeting when the Chair, Councillor Rachael King had to leave, confirmed that the Group had held good discussions on various matters, which had now been remitted to the various forums for further discussion.

In response to a query from Issy Grieve regarding comments on the draft Joint Strategic Needs Assessment, Stephen Brown confirmed that these had been picked up and were included in the draft document to be considered later in the meeting.

7. Integration Scheme

There had been previously circulated the revised Integration Scheme, approved by both partners and submitted to the Scottish Government, for information.

Stephen Brown summarised the process to date with regard to the statutory review of the Integration Scheme and confirmed that Orkney was one of the first integration authorities to submit their revised Integration Scheme to the Scottish Government for laying before Parliament in due course.

The Board noted:

7.1. That, on 30 September 2020, when considering the process for review of the Integration Scheme, the Board noted:

- The outcome of the 2020 review undertaken in line with Scottish Government guidance due to the impact of COVID-19, as set out in section 5 of the report circulated.
- That, if following the detailed review, Orkney Islands Council or NHS Orkney sought to change the current Integration Scheme, the Interim Chief Officer and the Chief Executives of Orkney Islands Council and NHS Orkney would work with the Joint Discussion Forum to agree a common approach and consult formally with the public, following which Orkney Islands Council and NHS Orkney must decide whether any changes to the Integration Scheme are necessary or desirable.

7.2. That the Board thereafter agreed that a more detailed review of the Integration Scheme be commenced by March 2021.

7.3. That, on 9 December 2020, the Joint Discussion Forum agreed there would be no amendments to the delegated functions, although subsequent discussions suggested that maternity services should be removed.

7.4. That key officers from Orkney Islands Council and NHS Orkney had updated sections of the Integration Scheme to reflect more contemporary language, and to ensure the document better captures current policies and procedures.

7.5. That, on 28 April 2021, the proposed amendments to the Integration Scheme were submitted informally to Scottish Government.

7.6. That, on 3 August 2021, representatives from Orkney Islands Council and NHS Orkney met with Scottish Government officials to review the proposed scheme and agree some minor amendments.

7.7. That, as the proposed revisions to the Integration Scheme were relatively minor and removal of maternity services from the list of delegated services represented a managerial change that would present no alteration to the public experience of the service, it was considered that full public consultation was not necessary.

7.8. That, on 28 October 2021 and 7 December 2021 respectively, NHS Orkney and Orkney Islands Council approved the amendments to the Integration Scheme for submission to Scottish Government.

7.9. That the revised Integration Scheme, attached as Appendix 1 to the report circulated, was submitted to Scottish Government on 8 December 2021.

8. Financial Monitoring

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 31 October 2021, for scrutiny.

Pat Robinson summarised the current year revenue budget performance for services within the remit of the Board, as at 31 October 2021, and highlighted that NHS Orkney had applied savings of £1.8M for 2021/22, which were not included within the figures reported and no savings had been identified.

Section 6.3 of the report set out the reasons for major variances, with an analysis and comparison of variances summarised at section 6.4. The set aside budget for 2021/22, agreed by the Board on 21 April 2021 at a level of £7.435M, was now projecting an year-end outturn of £8.662M, which was mainly in relation to increased locum cover and unfunded bank staff.

Pat Robinson referred to an omission from the report, relating to the recent announcement by the Scottish Government of £300M being made available to enable all social care workers to receive £10.02 per hour from 1 December 2021, increasing to £10.50 per hour from 1 April 2022. In light of the good working relationships locally, the voluntary sector had already confirmed they would be paying relevant staff accordingly. Orkney's share amounted to £547K and the Chief Officer and the Head of Service were currently working through allocations to the various third sector partners.

In response to a query from Davie Campbell regarding Mental Health funding held in reserves, together with medium and long term financial planning, Pat Robinson advised that, as Lynda Bradford was not available, due to ongoing operational issues, she would arrange for details on how the mental health funding had been allocated and/or spent to be circulated outwith the meeting.

Note – later in the meeting, Pat Robinson confirmed that, on 27 October 2021, the Board considered a paper relating to proposals for utilising funding, amounting to £798K, specifically for Child and Adolescent Mental Health Services, and agreed a number of posts which were now out to advert for recruitment.

Regarding medium and long term financial planning, Pat Robinson anticipated a report coming to the Board in early 2022. The Scottish Government was due to announce the local government budget on 20 December 2021 and the Joint Strategic Needs Assessment (JSNA), to be discussed later in the meeting, would help with understanding long term needs, which would thereafter assist with long term financial planning.

Stephen Brown reiterated that the JSNA looked at population projections and the level of need, with a view to costing that, should nothing change. A good proportion of funding, amounting to £540K, was recurring, and proposals would be brought to the Board for consideration, although some funding would be drawn down shortly to face specific demands in the next few weeks.

Councillor Steve Sankey sought clarification on forecast year end overspends on Mental Health services and whether this included additional funding. Pat Robinson confirmed that the £200K overspend related to the consultant psychiatrist and locum staff, which was “business as usual”. It was hoped to recruit a consultant psychiatrist which would reduce costs. The £700K funding for Mental Health was additional and not included in the current projections.

David Drever sought further information in respect of children and families services, particularly the situation at the children’s house. Pat Robinson confirmed that additional residential capacity had been utilised for the last three to four years and she had raised this matter with finance colleagues at Orkney Islands Council, as this now appeared to be a long term pressure which should be addressed. Outwith Orkney placements were only used where no resource was available locally. However, if all local residential facilities were at capacity and no foster carers available, there was no option but to place outwith Orkney.

Councillor John Richards again asked for assurance on receiving performance information in relation to outwith Orkney placements. Stephen Brown confirmed that every placement involving a young person was regularly reviewed to ensure it was appropriate and that outcomes were being met, and this information would, in future, be reported to the Board, potentially through the proposed Performance and Audit Committee. Even if the service was meeting the young person’s outcomes and achieving best value, recognising that there was not a place available locally, if there were recurring themes, consideration would be given to creating a resource locally. Stephen Brown confirmed that, should it be required, proposals would be brought to the Board in due course, although the cost and challenge to provide should be recognised.

Danny Oliver sought assurance that the £10.02 per hour rate for adult social care workers did not include Distant Islands Allowance (DIA), particularly for the Third Sector. Also, he referred to the extra capacity required within the children’s residential service, and that some existing staff had been on temporary contracts for up to six years – this was also a long term pressure which required to be addressed, given that temporary contracts created instability for the staff.

Pat Robinson confirmed that the Scottish Government had stated that commissioned services should get the enhanced rate of pay, however the service could not tell the Third Sector that their employees should be paid DIA. Accordingly, the Third Sector would receive the appropriate uplift to the overall contract and, if any individual organisation received more than was required to top up pay levels this could be used for other workforce matters. The payment of DIA had also been raised as a matter for consideration through the response to the consultation on the National Care Service.

Stephen Brown confirmed that discussions would continue with staff on temporary contracts to ensure a settled staff group, but acknowledged that temporary contracts for that length of time were not acceptable.

Fiona McKellar commented on the ongoing position of vacancies and recruitment challenges which impacted on staff providing services, where capacity often impacted on patient outcomes. Issy Grieve commented that a recent campaign regarding social care had shown signs of increased applications.

The Board noted:

8.1. The financial position of Orkney Health and Care as at 31 October 2021, as follows:

- A current overspend of £168K on services delegated and an overspend of £262K on the set aside.
- A forecast year end underspend of £208K on services delegated and an overspend of £350K on set aside, based on current activity and spending patterns.
- Additional funding agreed by Orkney Islands Council in regard to additional children's residential care which had a projected cost of £380K for the current financial year.
- Anticipated additional funding available from the Council, via the corporate contingency for children placed outwith Orkney, if required, at year end, which was included within the year end projection. Current estimations were a shortfall of £363K.

8.2. That a savings target of £4.2M had been applied for the three year period 2020 to 2023, of which only £259.4K of recurring savings had been identified to date.

8.3. That NHS Orkney had applied a savings target of £1.8M for 2021/22 (£800K carried forward from 2020/21), with zero savings identified to date, which was not included within the figures detailed at section 8.1 above.

9. Risk Register

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

Pat Robinson advised that, following a major review, where it was considered that some of the risks were operational and/or repetitive and could be amalgamated into others, it was proposed to reduce the number of risks from 20 to 8, with all changes detailed in the table at section 5 of the covering report. A new risk, relating to the Isles Primary Care Model, had been added.

Of the nine proposed risks, eight were ranked as Red, and Issy Grieve queried this high number. Pat Robinson suggested that, in respect of finances, the long term view was not known and matters relating to the workforce were flagged at every meeting. Therefore, until some work on resolving those issues produced mitigation, the scoring should remain as proposed.

Councillor Rachael King queried the risk score for proposed risk 8, implications of National Care Service, and made reference to the analysis of the consultation responses which had recently commenced. Further, although the model going forward was as yet, unknown, there would be implications. Stephen Brown agreed that significant events had occurred since the risk was added to the risk register and therefore the risk score should be re-evaluated. Regarding the National Care Service, Stephen Brown confirmed that, should any proposals arise which had an adverse impact locally, he would advise the Board at the earliest opportunity.

Councillor Rachael King referred to the potential knock-on impact to other risks, such as risk 1, IJB financial sustainability, as well as commissioning and the effect on the Third Sector. She had alerted CoSLA to the potential for losing five years of experience and knowledge, with the upcoming Local Government Elections in May 2022, as elected members may not be able to contribute to work on designing the National Care Service.

Davie Campbell referred to proposed risk 7, Budget Setting and, while he agreed that the timing of approving a budget may have a high likelihood, overall he thought the risk score could be reduced. Pat Robinson confirmed that she still had an issue with receiving information from the partner bodies, which was often only received in April and/or May, as it was dependent on announcements from the Scottish Government, and also the lack of three year budgeting, therefore she was content to leave the risk score as proposed meantime.

The Integration Joint Board noted:

9.1. That the approved Risk Register had been reviewed, resulting in a proposal to reduce the number of risks from 20 to 8, as detailed in section 5.1 of the report circulated.

9.2. The proposal to include a new risk relating to the Isles Primary Care Model.

The Board **resolved:**

9.3. That the proposed revisions to the Risk Register for the IJB, detailed in section 5.1 of the report circulated be approved.

9.4. That the updated Risk Register (December 2021), attached as Appendix 2 to the report circulated, be approved, subject to the risk score for Risk 8, Implications of National Care Service, being reviewed (Likelihood – 5, Impact – 4, Risk Score = 20).

10. Remobilisation Plan, including Winter Planning

There had been previously circulated a report presenting NHS Orkney's Remobilisation Plan 4 (RMP4), which incorporated winter planning, for consideration and approval, in so far as it related to the Board's remit regarding winter planning.

Christina Bichan advised of the slight change from the normal reporting of winter planning, due to the ongoing pandemic. The Winter Plan had been updated as normal, however NHS Orkney had been requested, by the Scottish Government, to update elements of the Remobilisation Plan to include a progress report on delivery of RMP3 and a further update to priorities and delivery plans for the remainder of the financial year with a particular focus on planning for the winter period.

Following completion of a wide ranging engagement exercise, a draft Plan was developed in line with the commissioning guidance and submitted to the Scottish Government on 30 September 2021, with confirmation of acceptance of the Plan received on 19 November 2021. The RMP4 had been considered and approved by the Board of NHS Orkney on 28 October 2021 and was now presented to the IJB for review. The Plan was dynamic and Appendix 3 related specifically to winter planning, comprising a supplementary checklist for self-assessment purposes.

The Board thereafter:

10.1. Reviewed the Remobilisation Plan 4 (RMP4), attached as Annex 1 to the report circulated.

10.2. Noted the planning assumptions which had shaped RMP4.

10.3. Scrutinised the update on delivery provided and obtained assurance.

10.4. Approved the Winter Plan, contained within Annex 1 to the report circulated.

Joyce Marcus left the meeting at this point.

11. Improving the Cancer Journey

There had been previously circulated a report providing details of Improving the Cancer Journey, a project in partnership with Macmillan Cancer Support, to improve non-clinical outcomes of people diagnosed with cancer, for information.

Shaun Hourston-Wells advised that Macmillan Cancer Support had approached the Chief Officers of Orkney, Shetland and the Western Isles' health and social care partnerships with a proposal, based on the Glasgow model, to better meet the needs of people affected by cancer, from the point of diagnosis. The model was part of the Scottish Government and Macmillan Cancer Care initiative, Transforming Cancer Care, which had received funding of £18M.

The proposal was to set up a three year programme, with funding of £900K set aside towards implementation. One of the three island areas would act as host authority for contracting and finance elements of the project and, owing to recent experience of other Macmillan projects, Western Isles Health and Social Care Partnership would take on this role. A project board, with representation from all partners, would be established, and thereafter appoint a project manager, who would undertake a scoping exercise within each island group, leading to the production of a Joint Strategic Needs Assessment for cancer. The funding would predominantly be used for staffing, including the project manager and link officers in each island area, who would deliver outcomes for families affected by cancer.

Councillor Rachael King referred to the time limited project and the ongoing difficulties with recruitment, particularly to temporary posts, but was assured that, once data had been collected and analysed, opportunities would be explored to extend the project and seek additional funding. Dr Louise Wilson suggested that the Board should think over time what services to decommission, should it wish to continue this initiative. Issy Grieve requested that an update on progress be submitted to the Board in mid-2022.

The Board noted:

11.1. That Scottish Government and Macmillan Cancer Care had invested £18M in their Transforming Cancer Care initiative, a programme designed to deliver a holistic approach to improving the non-clinical outcomes of people in Scotland diagnosed with cancer.

11.2. That the Improving the Cancer Journey (ICJ) model had been deployed in 21 health and social care partnerships across Scotland.

11.3. That Macmillan Cancer Support had approached the Orkney, Shetland and Western Isles' health and social care partnerships, seeking to implement the ICJ model, a partnership arrangement between Macmillan and the three island health and social care partnerships, through the investment of £900K covering a three-year programme, as detailed in section 8 of the report circulated.

11.4. That, following the appointment of a Project Manager, a scoping exercise would be undertaken in each island group, resulting in the production of a Cancer Impact Assessment for the Orkney Partnership Board and a Joint Strategic Needs Assessment for Cancer for the IJB.

11.5. That it was anticipated that link workers would be appointed in each island group, responsible for the co-ordination and delivery of non-clinical services for people diagnosed with cancer.

12. Orkney Alcohol and Drugs Partnership

There had been previously circulated a report presenting the Orkney Alcohol and Drugs Partnership's annual report for 2020/21, for scrutiny.

Katie Spence advised that the annual report, which was on a prescribed template, was submitted to the Scottish Government's Drugs Policy Unit in October 2021. Feedback was expected from the Scottish Government but none had been received to date.

Councillor Steve Sankey said his following comments were in no way disrespectful to the report author, however, he would make the same comment as in previous years, in that the prescribed template did not allow for scrutiny of trends over time, as it focussed on one year only. He queried whether another method of reporting the good work being done in regard to alcohol and drugs issues could be found.

Katie Spence advised that the new ADP Strategy document laid out data and statistics for a five year period. Earlier in the week, the Delivery Plan had been agreed and she suggested this could be submitted to the Board on a regular basis, as well as the annual report. A Needs Assessment was also planned and would be published in June 2022. Although a sum of £82K, relating to additional funding received by the ADP outwith the annual allocation, was held in the IJB's reserves, the template did not allow for reporting. Feedback on the template was continuously made to the Scottish Government, particularly the need for narrative alongside the financial information. Councillor Sankey thanked Katie Spence for the considerable assurance provided and the offer of providing additional information to the Board.

Councillor Rachael King was assured on the section relating to people with lived and living experience and their involvement in service design, development and delivery, as well as out of hours and weekend service provision. Katie Spence reported on the difficulties of providing services during the pandemic, particularly the lack of face-to-face consultations, as it was not easy to develop a rapport over Teams. Also, a local focus group may not provide the same level of anonymity, therefore access to an online group where issues could be discussed with people not resident in Orkney was being trialled.

David Drever and Councillor John Richards also referred to the limitations of the prescribed template and welcomed the idea of additional information alongside presentation of the annual report going forward.

The Board noted:

12.1. That the Orkney Alcohol and Drug Partnership's Annual Report 2020/21, attached as Appendix 1 to the report circulated, was submitted to Scottish Government on 14 October 2021.

The Board scrutinised:

12.2. The work programme of the Alcohol and Drugs Partnership during 2020/21 and obtained assurance.

13. Joint Strategic Needs Assessment

There had been previously circulated a report presenting the draft Joint Strategic Needs Assessment, for consideration and approval.

Callan Curtis advised that health and care partnerships were required to produce a Joint Strategic Needs Assessment (JSNA). As part of that process, a wide range of data and information was reviewed, as well as the views of people who used services and lived in the community, which led to identification of key issues affecting the health and well-being of people in Orkney, both now and into the future.

The JSNA was produced by Orkney Health and Care in partnership with the NHS, third sector colleagues and Scotland's Local Intelligence Support Team, and assisted management with development of the IJB Strategy, in addition to other plans and services that sought to improve health.

There were three key aspects that summarised the main aims of the needs assessment:

- Describing a comprehensive picture of what was known about need to identify priorities for further work, which would largely involve reviewing data that was currently routinely collected to describe the population demographics and the most common causes of mortality, morbidity and use of health services.
- Exploring the wider determinants of health in the population recognising that the focus was on health.
- Considering how that related to use of resources.

Following the introduction and key summary, the JSNA was split into the following core areas:

- Population demographics.
- Life Circumstances regarding lifestyle and economic factors.
- Lifestyle and Risky health behaviours.
- Population health.
- Secondary care (Adults).
- Community Health Services.

- Social Care (Adults).
- Children and young people service utilisation.
- Covid-19 impacts.

Each of the sections was further broken down into sub sections which explored the available data to help identify areas of need with the aim of creating an accurate picture of the current situation. Data had also been used from a wide variety of sources with varying degrees of accuracy. Key areas of social care and NHS community care data were not available or had not been available for certain services due to either recording practices or capacity issues.

Equalities had also been considered as far as possible to ensure that protected characteristics were considered and the document was appropriate to all within the communities. In some cases the availability of data limited what was covered, for example characteristics such as religion and belief were not always recorded within data gathered by services.

To support the identification of needs and present them in an easily understood and actionable format, the document was supported by a risk register, which was an approach unique to Orkney, with other partnerships opting to provide information and analysis within a concluding chapter.

The risk register identified 26 risks, with dominant themes such as mental health and burden of disease, which closely linked to lifestyle choices, such as smoking and alcohol misuse which were seen throughout Scotland. Other areas included care home occupancy and home care models, carers and unpaid carers which had been highlighted at previous meetings.

Overall, the JSNA and the Risk Register were informative documents, with each of the sections having been carefully considered and a wide array of national and local data sources reviewed. The data within should be used as supporting information and form part of the evidence base for managers and teams when formulating their plans and strategies to meet the needs of communities.

Dr Louise Wilson cautioned against reference to lifestyle choices and behaviours, given that some people could not make health choices for various reasons. Further she was unsure whether a risk based approach captured the clinical perspective for driving commissioning decisions.

The Board noted:

13.1. That the Joint Strategic Needs Assessment (JSNA) was an assessment of the current and future health and social care needs of the local community, which could be met by the local authority, health board and/or third sector parties, with the purpose of improving the health and wellbeing of the local community and to reduce inequalities for all ages.

13.2. That, as there was no defined structure for producing JSNAs, organisations could use their discretion to decide how best to present the information in a clear and meaningful format.

13.3. The draft JSNA, attached as Appendix 1 to the report circulated, which contained data and information around each of the areas covered within the report.

13.4. The Joint Strategic Needs Assessment Risk Register, attached as Appendix 2 to the report circulated.

The Board **approved**:

13.5. The Joint Strategic Needs Assessment, attached as Appendix 1 to the report circulated.

14. Services for Children and Young People in need of Care and Protection – Improvement Plan

There had been previously circulated a report presenting an update on progress with the Improvement Plan developed to respond to recommendations arising from the joint inspection of services for children and young people in need of care and protection, published by the Care Inspectorate on 25 February 2020, for consideration and scrutiny.

Due to operational issues, Jim Lyon was unable to be present at the meeting, therefore Stephen Brown presented the paper by advising that it highlighted the initial findings of the February 2020 report, the outcomes of the findings in relation to the progress review in August and the work that remained ongoing in relation to improvements that were still required to be made. Solace could be taken from the fact that the Care Inspectorate and Health Improvement Scotland identified the same issues as officers. Stephen Brown highlighted a number of areas, including hearing the voice of young people, particularly long term neglect and the impact that had on their lives. The update sought to provide assurance to the Board that improvements and planning remained ongoing and a large number of officers from across the community planning partnership were actively involved in that process.

Councillor Steve Sankey referred to the case work system known as PARIS and advised that he had sought assurance outwith the meeting that implementation across both organisations was underway and progressing reasonably well. However, he queried further detail on the significant resource challenges and specific governance difficulties which were quoted in the mitigation column of the improvement plan.

Stephen Brown advised that bringing a group of health employed staff onto a Council-based system required governance arrangements to ensure relevant IT security was all in place. Information governance colleagues in both organisations continued to make progress, however there remained challenges, not necessarily governance. Given the age of the system, officers were now looking at newer systems to bring health and social care together. However, health visitors were now able to work on PARIS, with the next phase bringing school nurses onto the system.

Councillor Rachael King queried whether there was sufficient resource and capacity within service business support and system development in order to drive through the changes. Stephen Brown responded with the simple answer of no, particularly in relation to systems. However, moving to a new system would require significant resource for training, project management support and infrastructure, as well as ongoing system administration to help oversee and facilitate moving forward.

The service had struggled for years with PARIS, with only one administrator, which was a single point of failure particularly if that person wished to take annual leave, for example. The Chief Officers' Group was well aware of these challenges and discussions were ongoing to scope out the potential move to a new system.

Danny Oliver referred to Improvement Action 19 and the alarming statistic that 42% of social workers were unable to undertake Out of Hours duties, as they were signed off by Occupational Health. The plan stated that the Head of HR would meet with the Occupational Health Doctor to discuss the need for conferring with the service prior to decisions for employees to be signed off medium to long term sick. He was surprised at this being the solution, and suggested that the reason for the high figure should be established and why Occupational Health were deeming staff as not available. This tied to previous comments on high levels of absence due to stress and staff turnover – there appeared to be no action to establish the reasons why, and he suggested that the service work with the staff group to fix the cause. Issy Grieve suggested that Danny Oliver take this matter up directly with Jim Lyon.

Returning to the matters of capacity and resource, Councillor Rachael King stated that one point raised during the consultation on the proposed National Care Service was data and that perhaps this could be addressed at a national level. She queried whether implementing a new system now might change when the new National Care Service was introduced. Stephen Brown concurred that systems in some areas were not fit for purpose, nor providing the data required to be supplied at national level. For instance, a significant number of areas which the service was required to report on currently relied on spreadsheets, making the process very resource intensive. Introducing a new system which could produce all relevant data at the press of a button would help enormously, regardless of what might be implemented in respect of the National Care Service. As the Chief Officers' Group was currently discussing resource issues which were not yet fully scoped, Stephen Brown committed to reporting back to the Board in early 2022.

The Board noted:

14.1. That, following discussions with the Chief Officer Group (COG), it was agreed that an overview document be produced to provide an update on update progress being made in respect of the improvement areas identified in the response to the Joint Inspection of Services for Children and Young People in Need of Care and Protection.

14.2. The following core areas of focus for the Improvement Delivery Group:

- Recognising and responding to neglect.
- Getting It Right for Every Child (including the Voice of the Child).
- Orkney Children's and Young People's Partnership website.

14.3. The detailed Children's Services Improvement Plan, as at 19 November 2021, attached as Appendix 2 to the report circulated.

The Board scrutinised:

14.4. Progress for the period 29 September to 22 November 2021, as outlined in the Update Overview, attached as Appendix 1 to the report circulated, and obtained assurance with regard to progress being made in respect of the improvement areas identified in the response to the Joint Inspection of Services for Children and Young People in Need of Care and Protection.

Gail Anderson left the meeting at this point.

15. Chief Social Work Officer's Annual Report

There had been previously circulated the Chief Social Work Officer's annual report for 2020/21, for scrutiny.

Again, in Jim Lyon's absence, Stephen Brown gave a brief overview, advising that the Board was fully cognisant of the role of the Chief Social Work Officer, a statutory function which sat ultimately with Orkney Islands Council. As part of that role, there was a requirement to produce an annual report.

Dr Louise Wilson referred to section 5.3 in relation to home care and queried the limited data compared to other service areas, specifically she was not clear about the numbers waiting to be assessed. Stephen Brown advised that assurance be sought direct from the Chief Social Work Officer on this specific point and it was agreed this be noted in the Matters Arising Log.

The Board scrutinised the Chief Social Work Officer's Annual Report for 2020/21, attached as Appendix 1 to the report circulated, and obtained assurance that social work and social care services were being delivered to an acceptable standard locally.

16. Date and Time of Next Meeting

The Board noted that the next meeting was scheduled to be held on Wednesday, 9 February 2022, at 09:30.

Post meeting note – due to operational and capacity issues associated with COVID-19, the meeting was postponed until 22 March 2022.

17. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:05.