



Stephen Brown (Chief Officer)
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Agenda Item: 5

Orkney Integration Joint Board

Wednesday, 20 April 2022, 09:30.

Microsoft Teams.

Minute

Present

Voting Members:

- Issy Grieve, NHS Orkney.
- Davie Campbell, NHS Orkney.
- Joanna Kenny, 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.
- Jim Lyon, Interim Chief Social Work Officer, Orkney Islands Council.
- Mary Moore, Registered Nurse, 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.
- Janice Annal, Service User Representative.
- Martha Gill, Staff Representative, NHS Orkney.

Clerk

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

In Attendance

Orkney Health and Care:

- Lynda Bradford, Head of Health and Community Care.
- Maureen Firth, Head of Primary Care Services.
- Maureen Swannie, Interim Head of Children's Health Services.
- Ruth Lea, Lead Adult Occupational Therapist (for Items 2 to 9).

Orkney Islands Council:

- Gavin Mitchell, Head of Legal and Governance.
- Katharine McKerrell, Solicitor.

NHS Orkney:

- Wendy Lycett, Principal Pharmacist (for Items 5 to 9).
- Morven Gemmill, Lead Allied Health Professional.

Observing

Orkney Islands Council:

- Colin Kemp, Interim Head of Finance.
- Lorraine Stout, Press Officer.

NHS Orkney:

- Ceri Dare, Non-Executive Board Member (for Items 4 to 9).

Not Present

- Joyce Harcus, Carer Representative.

Chair

- Issy Grieve, NHS Orkney.

1. Welcome and Apologies

The Chair welcomed new members to the Board, including Ceri Dare, who would be replacing Joanna Kenny as a substantive voting member with effect from the next Board meeting. Joanna Kenny would then become a proxy member for NHS Orkney.

Also attending their first Board meeting were Mary Moore, the Interim Director of Nursing, NHS Orkney, covering David MacArthur's role, and Martha Gill, the new Employee Director, replacing Fiona MacKellar. On behalf of the Board, Issy Grieve thanked Fiona MacKellar for her contributions as a Board member, always putting NHS staff views first.

The Chair reminded members that the meeting was being recorded and broadcast live over the Internet on Orkney Islands Council's website. The recording would also be publicly available following the meeting and available for listening to for 12 months thereafter.

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

- Danny Oliver, Staff Representative, Orkney Islands Council.
- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.
- Dr Dawn Moody, Associate Medical Director – Community, Orkney Health and Care.

2. Declarations of Interest

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

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 22 March 2022.

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

Gail Anderson joined the meeting at this point.

4. 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 confirmed that all actions were on track and dates for development sessions would be confirmed. Davie Campbell noted that a number of reports were due for the June meeting and queried whether this was achievable. Stephen Brown confirmed that this was the case.

5. Budget for 2022/23

There had been previously circulated a report presenting the 2022/23 funding allocations from NHS Orkney and Orkney Islands Council, for consideration and approval.

Pat Robinson advised that the funding available to the Integration Joint Board (IJB) was dependent on the funding available to NHS Orkney and Orkney Islands Council and the corporate priorities of both. The Strategic Plan was currently being reviewed and updated for 2022-2025 and would be presented to the IJB in June 2022. It was recognised that many of the priorities from the 2019-2022 Plan were ongoing and therefore use of some resources and direction for delivery of services would be broadly similar to previous years. The Medium Term Financial Plan was also being reviewed and updated in line with the Strategic Plan, for presentation to the IJB in June 2022.

As a direct consequence of the COVID-19 pandemic, 2021/22 continued to be a challenging and complex financial year. On 25 February 2022, the Scottish Government advised that there would be further funding of £981 million for NHS Boards and Integration Authorities to meet COVID-19 costs and to support the continuing impact of the pandemic.

This funding was being provided on a non-repayable basis and included provision for under-delivery of savings. For Orkney Health and Care the allocation was £3.746 million. Any funding that remained at the 2021/22 year end must be carried as an earmarked reserve for use in 2022/23.

The Scottish Government had not provided detailed spending plans beyond their draft budget for 2022/23. Although there had been continued requests from local government on multi-year settlements this had not been forthcoming which inhibited medium and long term financial planning in a local context.

The IJB held a financial reserve and it was likely this would increase at the end of the financial year. The amounts were earmarked for the Primary Care Improvement Fund, Winter Planning, Action 15, COVID-19 and the Alcohol and Drugs Partnership which were underspent but needed in future financial years. This was included in the quarterly budget monitoring reports.

Turning to the budget proposals for 2022/23, Pat Robinson highlighted the following matters relating specifically to NHS Orkney, including key messages outlined in correspondence from the Scottish Government dated 9 December 2021:

- In 2022/23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021/22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.
- There was a recognition of anticipated Covid commitments and expenditure on a recurring basis to support the permanent recruitment of Vaccination staff.
- Funding for the National Contact Centre staffing and Test and Protect contact tracing and mobile testing units.
- Investment in the Primary Care Fund would increase. Funding would continue to support delivery of the new GP contract as well as wider Primary Care reform and new models of care including multi-disciplinary teams and increased use of data and digital.
- Funding for Improving Patient Outcomes to be directed to a range of partners for investment to support mental health and children and young people's mental health.
- Investing to deliver commitments across perinatal and infant mental health, school nursing service, increased funding for suicide prevention, enhanced services for children and young people, and action on dementia, learning disabilities and autism.
- Funding targeted towards reducing drugs deaths, including investment in a range of community-based interventions.

The indicative budget as at December 2021 from NHS Orkney was based on a 2% uplift on the recurring budget excluding Cash Limited Dental and Non Cash limited. It was anticipated that services commissioned would be in a break-even position for 2021/22. There was also a holding account/reserves account which, at 28 February 2022, had a balance of £3,306,389. NHS Orkney would continue to receive additional funding from the Scottish Government to meet various commitments to social care and integration needs, which would be transferred once known. There was always uncertainty in regard to allocations due to the fact that financial planning arrangements with Scottish Government were still ongoing nationally.

Within NHS Orkney's Annual Operational Plan process for 2020/21 there was a three-year savings target identified of £2.4 million for the IJB.

With regard to Orkney Islands Council, Pat Robinson reported that proposals for the budget and Council Tax level for 2022/23 were presented to the Policy and Resources Committee on 22 February 2022, and subsequently approved by Council on 10 March 2022.

Within the Local Government Finance Circular 9/2021, issued on 20 December 2021, funding measures specific to health and social care included:

- Continued delivery of the real Living Wage within Health and Social Care.
- Uprating of free personal and nursing care payments.
- Implementation of the Carers Act 2016.
- Additional investment to provide care at home.
- Support for Interim Care.
- Additional investment in health and social care.

The funding allocated to Integration Authorities should be additional and not substitutional to each council's 2021/22 recurring budgets for social care services and therefore, local authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021/22 recurring budgets.

The Third Sector in Orkney was a key and valued resource. Although there was an increase of 1% of funding in 2021/22, the sterling work of the Third Sector had been recognised and the Council had approved a 10% increase for 2022/23.

At the end of February 2022, dependant on additional funding in regard to children's residential placements within and outwith Orkney, it was anticipated that the services commissioned would be in a break-even position for 2021/22.

Largely in recognition of the exceptionally difficult second year of the pandemic and the acute pressure that services had been under to maintain existing provision, the Council had not requested efficiency savings as part of the budget setting exercise for 2022/23.

In conclusion, the proposed budgets for 2022/23, totalling £58,873,000, were detailed in Annexes 2, 3 and 4 of the report circulated, summarised as follows:

- NHS Orkney – £27,661,000.
- NHS Orkney – Set Aside – £8,032,000.
- Orkney Islands Council – £23,180,000.

As new allocations became known to Orkney all resources received that related to the delegated functions would be passed to the IJB as an additional allocation.

Davie Campbell welcomed the paper but queried the process, in that, should the Board approve the allocations, would the detailed budget then come before the Performance and Audit Committee.

Pat Robinson confirmed that, once the budget was approved, the IJB would receive quarterly monitoring reports which contained the detail of the budget. Stephen Brown referred to the significant reserves and, although most were earmarked, the IJB would be sighted on proposals for spending.

Councillor Rachael King sought further detail in respect of section 5.8 of the covering report, which mentioned the risk that, although the unscheduled care budget was delegated to the IJB, the arrangement was not working as intended. Pat Robinson explained the concept of set aside (unscheduled care) and how, locally, there were no further opportunities to reduce costs, given that the hospital was already at minimum bed numbers and, when the decision was taken to close Eastbank, Orkney was ahead of game. Set aside was working as best it could and Pat Robinson confirmed that she received all the information required to input to the quarterly monitoring reports.

With regard to earmarked funds, Councillor King queried whether the Scottish Government set specific criteria or whether there was any flexibility locally. Stephen Brown confirmed that both scenarios occurred. As one example, winter pressure funding received from the Scottish Government did have specific requirements in respect of Care at Home, although there was flexibility in how that could be utilised locally.

The Board noted:

5.1. That, although the IJB was anticipating to achieve a break-even position for financial year 2021/22, this was subject to change as the year end processes were not yet completed.

5.2. That, in relation to the significant three year savings target of £4.2 million, only £259,400 had been identified on a recurring basis within services commissioned to Orkney Islands Council.

5.3. That, for financial year 2022/23, the accumulated savings target for NHS Orkney was £2.4 million. Within services commissioned to Orkney Islands Council, no efficiency savings had been requested in the preparation of the 2022/23 budget.

5.4. That, as a direct consequence of the COVID-19 pandemic, 2021/22 continued to be a challenging and complex financial year for the public sector, with all COVID-19 costs submitted within the Mobilisation Plan being refunded, in full. Further funding received for COVID-19 costs within 2022/23 were detailed at sections 4.2 and 4.3 of the report circulated.

The Board **resolved**:

5.5. That the budget for financial year 2022/23, as detailed in Annexes 2, 3 and 4 to the report circulated, be approved, noting that the increases were in line with Scottish Government requirements as explained in sections 6.1.2 and 6.2.3 of the report.

5.6. That work must be undertaken with both partners with the aim of delivering savings in order to deliver a balanced budget.

6. Code of Conduct

There had been previously circulated a report setting out a revised Code of Conduct, for consideration and approval.

Gavin Mitchell advised that the Board was legally obliged to update its existing Code of Conduct for Members in line with the revised Model Code of Conduct for members of devolved public bodies, subject to any amendment that might be required to reflect the individual circumstances of the IJB. The Scottish Government had asked integration authorities to submit their revised Code by 10 June 2022.

A revised Code of Conduct had been submitted to the Board on 22 March 2022, which reflected the terms of the Model Code, subject to a small number of specific matters locally. Members had sought clarification on a number of points and this report now provided that clarification.

It was confirmed that the IJB did not have any employees, hence why section 3.9 had been amended to reflect the local position. Further, the definition of “employee” in Annex 2 to the draft Code had been expanded.

One query raised at the previous meeting was paragraph 4.17 of the Code which dealt with election expenses. The proposed Code of Conduct was based on the Model Code for devolved bodies but not all devolved bodies had elections. Many, including the IJB, were composed of members who were appointed. In practical terms, paragraph 4.17 did not currently apply to the current IJB Members because they were not elected but it should remain as it covered the possibility of members being elected to the IJB in the future.

A further query raised at the previous meeting was the applicability of the Code of Conduct to those professional advisers who were Non-Voting Members of the IJB, for example, the Chief Officer, the Chief Finance Officer, the “Registered Medical Practitioner who is a GP” or the “Registered Medical Practitioner who is not a GP”. The Code of Conduct is expressed, by virtue of paragraph 1.2, to apply to “those who serve on the boards of public bodies in Scotland”. Accordingly, the Code would apply equally to all members who served on the IJB, whether they were Voting Members or Non-Voting Members.

The Board noted:

6.1. That the existing Code of Conduct for Members of the Integration Joint Board (IJB) was approved in June 2016 and was based on the former Model Code of Conduct for Members of devolved public bodies, published by the Scottish Government.

6.2. That, in October 2021, a revised Model Code of Conduct for members of devolved public bodies, published by the Scottish Government, was scrutinised and formally approved by the Scottish Parliament.

6.3. That the revised Model Code of Conduct for members of devolved public bodies incorporated a number of changes which, where appropriate, were consistent with the revised Councillors’ Code of Conduct, and with suggestions which were submitted to a Scottish Government public consultation.

6.4. That, in terms of Schedule 3 to the Ethical Standards in Public Life etc, (Scotland) Act 2000, the IJB was obliged to update its Code of Conduct for Members in line with the revised Model Code of Conduct for members of devolved public bodies.

6.5. That a revised Code of Conduct for Members of the IJB had been produced which reflected the terms of the revised Model Code of Conduct for members of devolved public bodies, subject to a small number of amendments to reflect the individual circumstances of the IJB.

6.6. That, on 5 January 2022, the Scottish Government issued a letter to request that the IJB submit its revised Code of Conduct for Members of the IJB to the Scottish Government for approval by 10 June 2022.

6.7. That, on 22 March 2022, the revised Code of Conduct was considered by the IJB and clarification was requested on certain points. Such clarification was provided at section 4.5 of the report circulated, and a further amendment was made in Annex B of the revised Code of Conduct.

The Board **resolved:**

6.8. That, the revised Code of Conduct for Members of the IJB, attached as Appendix 1 to the report circulated, be approved for submission to the Scottish Government.

7. Home First

There had been previously circulated a report setting out the findings of the 12-month pilot of Home First, a discharge to assess model of care, for scrutiny.

Morven Gemmill provided some context of the innovative models of wrap around care across the UK. When looking at the evaluation of the Home First pilot, as well as rapid response and intermediate care services throughout Scotland, the team in Orkney was leading the field in having such an inclusive approach, including not having strict eligibility criteria. The professionals leading the Home First pilot led with a desire to get it right for people who were languishing in a hospital setting awaiting discharge to get them home and with a level of independence. This was not happening elsewhere in Scotland, but was in some parts of the UK. It was recommended that the movement of change be published in professional journals. There were also resounding messages from the professionals that they were shocked at how good the outcomes were for people who were severely frail, as the expectation was they were beyond reablement and rehabilitation, with the outlook being an extensive care at home package.

Morven Gemmill then referred to the flashcard providing a summary of the pilot, including potential and actual efficiencies and service users' experience. One significant achievement was the sustainability of a level of independence at 3, 6 and 12 months, whereby service users maintained their levels of occupational performance. What that meant for those individuals and the demographics of Orkney was the opportunity to add life to years and keeping folk at home with a level of independence.

The Chair recalled when Home First was first mooted as a project and all colleagues were truly excited. Now to see the statistics and outcomes was hugely heart-warming and, on behalf of the IJB, she expressed congratulations to the entire team for their drive, enthusiasm and commitment.

There followed a lengthy discussion majoring on the findings of the 12-month pilot but which also included more broad debate, with the main points summarised as follows:

- The Home First project would not solve all the issues with the Care at Home service, particularly the ongoing recruitment difficulties.
- An additional Occupational Therapist (OT) would be joining the OT team to ensure people had the appropriate level of moving and handling support they required.
- Lessons from the Home First project had resulted in a project to review people who were long term users of the Care at Home service to see whether further reablement work would be of benefit. In that respect, an agency social worker would be coming to Orkney to review all Care at Home packages.
- The challenge of recruitment was not unique to Orkney and this was clear through the National Care Service consultation. A number of methods had been employed over the years, including use of technology to support and keep people safe, as well as aids and adaptations to keep people at home, as it was known that the longer someone waited in hospital for a care package, the harder it was to get back to a level of independence.
- Colleagues were working with Orkney College to provide taster courses in health and social care in order to highlight a potential career opportunity.
- Previously, delayed discharges were caused by a lack of residential care places. There had subsequently been a real shift, as the services had become better able to care for people with higher levels of frailty remaining at home.
- In a much larger board area, if bed days were regularly being saved, that could result in a whole ward being taken out and a cashable resource moved from a hospital setting to a community setting.
- In order to support a patient in the isles, reablement training was provided to Care at Home staff who were supported remotely, including reviewing progress.
- The intention going forward was for all new Care at Home packages to come through this route, not just those discharged from hospital, which would also help capacity in the Care at Home team.
- The pandemic had provided an opportunity for active learning, looking at what had worked and what had not, resulting in a very positive project.
- The pandemic had also created challenges for providing induction training for new staff within the Care at Home team, with consideration now being given to refreshing reablement training.
- Housing conditions played a significant role in whether a person could remain at home and the close working relationship between the Home First team and Orkney Care and Repair should be commended.

In conclusion, Councillor Rachael King commented that this was an incredible example of transformational change which would not necessarily release cash savings, although it certainly improved outcomes for the service user.

It was good to hear the debate, as well as the incredible ethos of the team and the potential for inclusion in written journals reflecting best practice. The pandemic did allow for staff to be innovative and this provided an exciting opportunity in transforming services.

The Board noted:

7.1. That all individuals referred to Care at Home were offered the Home First model to maximise their independence and reduce future demand on Care at Home.

7.2. That the Home First, Intermediate Community Therapy and the Mobile Responder Green Team would form an intermediate care hub with a single point of access to request, as detailed in the diagrams attached as Appendix 2 to the report circulated.

7.3. That, on 22 March 2022, when considering proposals for additional health and social care funding received from the Scottish Government, the Board agreed to commission various services, including the permanent establishment of the Home First team.

8. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 29 June 2022.

9. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 10:54.