



Stephen Brown (Chief Officer)

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Orkney Integration Joint Board

Wednesday, 21 June 2023, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Jean E Stevenson, Ivan A Taylor and Mellissa-Louise Thomson (proxy).

NHS Orkney:

Issy Grieve, Rona Gold (proxy) (via Microsoft Teams) and Joanna Kenny (proxy) (via Microsoft Teams).

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
- Sharon-Ann Paget, Acting Chief Social Work Officer of the constituent local authority, Orkney Islands Council.
- Sam Thomas, Nurse representative, employed by NHS Orkney (via Microsoft Teams).
- Peter Thomas, Section 95 Officer of the Integration Joint Board.

Stakeholder Members:

- Janice Annal, Service User Representative (via Microsoft Teams).
- Morven Brooks, Third Sector Representative (via Microsoft Teams).
- Jim Love, Carer Representative.
- Danny Oliver, Staff-side Representative, Orkney Islands Council (via Microsoft Teams).

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.
- Maureen Firth, Head of Primary Care Services.
- Maureen Swannie, Head of Strategic Planning and Performance/Interim Head of Children, Families and Justice Services.
- Diane Young, Service Manager (Mental Health Services).
- Shaun Hourston-Wells, Acting Strategic Project Lead.

Orkney Islands Council:

- Karen Bevilacqua, Solicitor.

NHS Orkney:

- Morven Gemmill, Lead Allied Health Professional (via Microsoft Teams).
- Steven Johnston, Chair, Joint Clinical and Care Governance Committee.
- Sara Lewis, Acting Director of Public Health (via Microsoft Teams).

Chair

- Issy Grieve, NHS Orkney, Vice Chair.

1. Apologies

The Vice Chair welcomed everyone to the meeting, including Rona Gold, Councillor Mellissa-Louise Thomson and Diane Young, who were all attending their first meeting. As apologies had been intimated on behalf of the Chair, Councillor Rachael A King, Orkney Islands Council, the Vice Chair was chairing this 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:

- Voting Members:
 - Councillor Rachael A King, Orkney Islands Council.
 - Davie Campbell, NHS Orkney.
 - Meghan McEwen, NHS Orkney.
- Non-Voting Members:
 - Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney.
 - Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.

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 Exempt Information

The Board noted the proposal that the public be excluded from the meeting for consideration of Item 15, as the business to be discussed involved the potential disclosure of exempt information of the classes described in the relevant paragraphs of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 19 April 2023.

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

5. Minute of Special Meeting

There had been previously circulated the draft Minute of the Special Meeting of the Integration Joint Board held on 25 May 2023.

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

6. Matters Arising

There had been previously circulated a log providing details of 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 discussions regarding a risk register for the public sector remained ongoing and suggested that the target date be amended to March 2024, which was agreed.

Regarding climate change reporting duties, Stephen Brown confirmed that, as requested by the Board, correspondence had again been sent to the Scottish Government, however, no response had yet been received.

7. Performance and Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Performance and Audit Committee held on 22 March 2023, to enable the Board to seek assurance.

Councillor Ivan Taylor, Chair of the Performance and Audit Committee, summarised the five main items of business, namely:

- Internal Audit Strategy and Plan – previously a one year plan, this was now moved to the three year rolling plan, with the audits for 2023/24 confirmed as Internal Communication and Engagement and External Communication and Engagement.

- OHAC Contract Management – an internal audit instructed by Orkney Islands Council, and shared with the IJB in terms of the agreed protocol, which reviewed management of contracted services.
- Internal Audit – Workforce Planning – an internal audit undertaken as part of the IJB’s audit plan for 2022/23, noting the feedback from Scottish Government which highlighted the significant work undertaken by NHS Orkney, but not as much as anticipated from the Orkney Health and Social Care Partnership and Orkney Islands Council.
- Internal Audit – IJB Adjustments – an internal audit instructed by NHS Orkney, and shared with the IJB in terms of the agreed protocol, reviewing engagement and communication of additional costs incurred by the IJB which came to light during NHS Orkney’s post year end accounts preparation process.
- Care Inspectorate – Fostering, Adoption and Adult Placement Services – findings of inspections of fostering, adoption and adult placement services for young people who were in continuing care. The Care Inspectorate would return in July 2023, and an update was expected at the September 2023 meeting of the Performance and Audit Committee.

The Vice Chair queried whether there was any discussion regarding integrated internal audit planning; Stephen Brown advised that, although no discussions had been held between the Council and NHS Orkney’s internal audit teams, both were keen on an integrated approach.

In terms of Standing Orders, the IJB was responsible for appointing the Chairs of its Committees and Sub-committees. As the Chair of the IJB was now with Orkney Islands Council, the Chair of the Performance and Audit Committee reverted to NHS Orkney. Accordingly, the Board agreed that Davie Campbell be appointed Chair of the Performance and Audit Committee for the period to May 2025.

8. Joint Clinical and Care Governance Committee

There had been previously circulated the unapproved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 4 April 2023, to enable the Board to seek assurance.

Steven Johnston, Chair of the Joint Clinical and Care Governance Committee, reminded members that he had provided a verbal update at the last meeting of the Board of items to be brought to the Board’s attention, as follows:

- Mental Health – a report on this matter would be discussed later in the meeting.
- Care Home and Care at Home – governance was now strengthened given the regular assurance reporting to the Joint Clinical and Care Governance Committee.
- Pharmacy Annual Report.
- Public Health – early intervention was one of the key principles of the Clinical Strategy, with inequality and inequities across adult screening programmes being identified, noting that, overall, screening programmes in Orkney performed well.

9. Strategic Planning Group

There had been previously circulated the unapproved Minute of the Meeting of the Strategic Planning Group held on 20 April 2023, to enable the Board to seek assurance.

Maureen Swannie, who had chaired this meeting in the absence of the Chair, Councillor Rachael King, advised that Michael Ross, from the Scottish Government's Integration Governance and Evidence team of the Directorate for Social Care and National Care Service Development, had attended the meeting in order to observe how strategic planning groups operated. He had only observed one other meeting, where the focus had been on their revised Integration Scheme and, whilst representation was similar to Orkney's, their Chair was from the Third Sector.

Main items discussed were an update on the GIRFE (Getting it Right for Everyone) project, provided by Morven Gemmill, the Annual Performance Report (which was on the agenda for this meeting for approval), and the significant work being undertaken by the Suicide Prevention Task Force, including the potential development of an app.

10. Risk Register

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

Peter Thomas advised of the requirement within the Risk Management Strategy that the risk register be reviewed six monthly. In progressing alignment of the Risk Register to the Orkney Health and Social Care Partnership's Strategic Plan 2022 – 2025, risks relating to unpaid carers would be included within the Risk Register. All amendments since February 2023 were 'track changed' in the Risk Register for ease.

Councillor Jean Stevenson referred to Risk 4, Analogue to Digital Switchover, and sought an update on progress. Lynda Bradford confirmed that a lot of work was underway, with different kit being tested to ascertain what was best for Orkney, as well as geographical connectivity. There was a budget of £70k to plan for the switchover, and a Telecare Co-ordinator would be recruited. There would undoubtedly be a revenue consequence which could not, as yet, be quantified, hence why it was still included on the Risk Register.

Councillor Mellissa-Louise Thomson referred to the mitigating actions for Risk 7, Isles Primary Care Model, whereby a Health and Social Care Manager would regularly attend Community Council meetings. Stephen Brown advised that, due to changes in personnel, this had probably missed the timeline, however attempts would be made to identify individuals for each island within the next month.

Danny Oliver referred to the vulnerability for Risk 2, Recruitment, Development and Retention of Workforce, and suggested that the mitigating actions could be strengthened to assist retention, including exit interviews and analysing the findings. Stephen Brown agreed that this would feature in future iterations of the Risk Register but provided assurance that, although it might not be mentioned, did not mean it was not happening.

Rona Gold commented generally that the Risk Register did not contain specific dates, rather terms such as medium, long term and timeous were included, and therefore it was difficult to monitor and take assurance when there was no understanding of actual timeframes. Stephen Brown agreed to take this on board and include specific timescales where appropriate, with one example for Risk 5, Budget Setting, being regular provision of budget monitoring information throughout the year, as well as the timeframe for budget setting.

Councillor Jean Stevenson referred to Risk 6, Implications of National Care Service, which remained as “very high”, and queried whether that related to the existing position, or further down the line if or when the National Care Service was introduced. Stephen Brown advised that, although timeframes had been pushed back, there was still uncertainty on how the National Care Service would look, hence the “very high” risk rating. The Scottish Government was organising a roadshow over the summer, with attendance in person in Shetland and Skye, but not in Orkney or the Western Isles. When advised, the Scottish Government had agreed to come to Orkney and meet senior officers and Chairs, and this would hopefully be arranged for the autumn.

Dr Kirsty Cole advised that challenges associated with delivery of the Primary Care Improvement Plan were not included on the Risk Register or on the action log and queried how this was being monitored and tracked. Stephen Brown advised that this was not unique to Orkney, but would look to include in future iterations of the Risk Register.

With regard to Risk 8, Unpaid Carers, Steven Johnston advised that the public representative had stood down from the Joint Clinical and Care Governance Committee and, while this would be looked at, there was also a proposal for a carer representative to become a member of that Committee.

Given the number of issues raised today, the Vice Chair queried whether the Board should approve the version circulated. Peter Thomas advised that, in accordance with the Risk Management Strategy, the next update would be in six months, although this could be earlier, if the Board so wished. He would take on board all the comments today and, as this was a continuous process, if the Board approved the version today, the comments and suggestions would not be ignored and he would work with individuals to update the Risk Register accordingly.

The Vice Chair queried whether a revised version could be submitted to the next meeting of the Board in August. Peter Thomas confirmed he would prioritise and aim for an updated version to be submitted then.

The Board noted:

10.1. The proposed changes to the Risk Register, summarised in section 4 and marked in track changes in Appendix 1 to the report circulated.

The Board resolved:

10.2. To defer consideration of the revised Risk Register, to enable a further update to be submitted, to the next meeting, taking account of all the comments raised.

11. New Kirkwall Care Facility

There had been previously circulated a report presenting an update on progress with the new care facility in Kirkwall, for information.

Lynda Bradford advised that the completion date had been delayed, from June 2024 to September 2024, as a result of several issues, including delays in meeting planning conditions, additional works involving service connections to the site and weather. The north-end of the building was now wind and watertight.

Officers had approached Kirkwall and St Ola Community Council with a suggestion that they might wish to ask both Papdale and Glaitness primary schools for suggestions to name the new building, which would allow a postcode to be allocated to assist with deliveries on site.

Jim Love referred to discussion at the recent Carers' Conference regarding the lack of residential respite care and the vulnerabilities of families and queried whether the new facility would make a difference regarding capacity, and also whether the Gilbertson Day Centre would be relocating or remaining on its present site.

Lynda Bradford advised that St Rognvald House had 44 beds, whereas the new facility was designed initially with 40 beds, therefore capacity would not be addressed immediately, although the service was currently gathering information on the requirement for respite care for analysis. The future of the service delivered from Gilbertson Day Centre was not yet determined. The Vice Chair requested that a report on the future model of respite care be submitted to the IJB.

Jim Love advised that there were three main topics which came out of discussions at the recent Carers' Conference, namely:

- Respite Care – general lack of availability and inflexibility of current provision.
- Mental health services for unpaid carers.
- Finance for unpaid carers.

Stephen Brown confirmed that the service was still gathering and ordering the outputs from the conference and there was certainly a commonality of the issues raised during the group conversations. The proposal was to bring together all the issues raised in a Carers' Strategy which should be considered, in the first instance, by the Strategic Planning Group.

Steven Johnston referred to the meeting of the Area Clinical Forum back in December 2020 where the new facility was discussed, including highlighting how Hamnavoe House operated, combating feelings of loneliness and isolation, pharmacy and Hospital at Home. Regarding changing demographics, forecasts were now coming to realisation and he did not want to see pressure put on care home beds. Lynda Bradford advised that, since that meeting, the creation and embedding of Home First had made a huge difference in that care needs were considered when the service user was still in hospital.

Dr Kirsty Cole also referred to the discussions with clinicians three years ago and queried where the minute of that meeting had gone and would the meeting happen again, given that the models of care had changed in the interim, as had the senior leadership in both organisations. The Vice Chair agreed and requested that the minute be passed to both Chief Executives, with an action that another meeting be held.

Jim Love referred back to the Home First initiative and, as someone who had participated in the pilot, while he thought it was a fantastic initiative, as an unpaid carer, it had been a most stressful period caring for an elderly relative.

Janice Annal advised that, having followed the development of a new care facility for over three decades, she was so happy to see it reaching this point. She recalled that respite care had been cut for financial reasons but it was a vital service for carers.

The Integration Joint Board thereafter noted progress made with the new Kirkwall care facility, as detailed in section 4 of the report circulated.

12. Annual Performance Report

There had been previously circulated a report presenting the Annual Performance Report for 2022/23, for consideration and approval.

Shaun Hourston-Wells referred to the legal requirement to produce an annual performance report and advised that the Performance Report circulated was based on information collected by Public Health Scotland to highlight the performance of the Orkney Health and Social Care Partnership, in respect of both the National Suite of Indicators and the MSG Indicators. Owing to a Scottish Government embargo until July, on many indicators, as well as the unavailability of financial information, again, until July, it was not yet possible to provide a final version of the Annual Performance Report. The outstanding information would be published when the relevant embargos were lifted.

Performance Management was an integral part of operational management and monitored quarterly, with any concerns highlighted to senior management and the Performance and Audit Committee, allowing for appropriate and timely responses.

Shaun Hourston-Wells highlighted some findings that directly related to the six Strategic Priorities detailed within the Strategic Plan, as follows:

- Strategic Priority 1: Unpaid Carers. The number of unpaid carers seeking support from Crossroads Care Orkney had more than doubled during the last three years, demonstrating that significant publicity campaigns, during that timeframe, had resulted in more people seeking the support they were entitled to.
- Strategic Priority 2: Supporting Older People to Stay in Their Own Homes. Significant ongoing challenges existed in recruitment to a large range of services, not least the Care at Home service. The reasons were many and varied and were not unique to Orkney. Notwithstanding those challenges, the service was able to support 206 people.
- Strategic Priority 3: Community Led Support (CLS). Opportunities to introduce the practices associated with CLS had been limited, mainly owing to a lack of staff resources. Recruitment to a dedicated CLS Lead post would significantly improve the opportunities to fully realise the benefits of a CLS-led service delivery model.
- Strategic Priority 4: Mental Health and Wellbeing. There were now three Mental Health Officers (MHOs) in post, who were able to support around 100 people during the last year, whilst 30 people, assessed as not needing MHO intervention, were supported by a Social Worker from the Community Mental Health Team. In addition, several Third Sector organisations provided early support for people, thereby preventing the need for more formal mental health interventions.

- Strategic Priority 5: Early Intervention and Prevention. A large number of initiatives involving pre-term babies, health visitors, diabetic eye screening, neurological care, the School Health Team and the Vaccination Service, amongst others, were ensuring that a preventative approach was reducing the need for later, more costly, services.
- Strategic Priority 6: Tackling Inequalities and Disadvantage. As one of the overarching Strategic Priorities, several initiatives addressed by other priorities ensured that services were available to, and could be accessed by, all. Specific examples included the School Nursing Team, who ensured all children enjoyed equity of service provision, and the Dietetics Service, who had introduced an app that allowed people to access advice and support to lose weight and improve their lifestyle choices.

Morven Brooks was delighted to see the recognition of the Third Sector, however there were other services providing preventative measures such as the Community Link Officers and the Wellbeing service and she queried whether there was an opportunity to recognise those roles. Maureen Swannie advised that the Annual Performance Report was drafted on the basis of information provided following a request through the Strategic Planning Group and suggested that those services could be included in a future iteration.

Jim Love referred to the statistic whereby 43% of carers felt supported which, although low, was higher than the Scottish average. While a good headline indicator, he queried whether there was a data set on unmet need, or whether this could be developed. Shaun Hourston-Wells advised that the service took no comfort from that statistic, in that less than half felt supported. There could be underlying reasons, including the way the question was asked and perhaps folk did not identify themselves as unpaid carers and were not aware of the services available. Publicity campaigns would be arranged to increase visibility of available services.

The Vice Chair commented on the lack of data on social care and that the Scottish Government was currently considering a set of national indicators. Stephen Brown confirmed this was the case and that this would feature in future performance reports reported through the Performance and Audit Committee.

Danny Oliver concurred with Jim Love's comments on unmet need. With a lot of services experiencing challenges and a full blown staffing crisis, the report indicated that 200+ people had been supported but it would have been useful to understand the level of unmet need.

On a separate matter, Danny Oliver referred to the number of Mental Health Officers (MHOs) and, with three in post, covering 24/7, he considered this a vulnerability and queried whether it was sustainable. Lynda Bradford advised that previously there had been more MHOs in post, however, by August there would be four, with another candidate accepted on a course, scheduled to commence training in October.

Councillor Mellissa-Louise Thomson queried whether Wellbeing Co-ordinators would be rolled out to all the isles. Shaun Hourston-Wells advised that there were no immediate plans although there was an aspiration to extend the service to all rural areas, both isles and on the mainland, however funding was the current challenge.

Stephen Brown continued that, while the plan was to roll out the provision to each island, the priority was to solidify what currently existed. Morven Brooks and himself had been in discussions with the Papay community to determine whether the Development Trust could access potential funding.

The Board noted:

12.1. That, in terms of section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board (IJB) must prepare a performance report setting out an assessment of performance, during the reporting year to which it related, in planning and carrying out the integration functions, for the area of the local authority.

12.2. That the performance report must be published, and a copy provided to both Orkney Islands Council and NHS Orkney.

12.3. That the draft Annual Performance Report, attached as Appendix 1 to the report circulated, described information, supplied by the Public Health Scotland Local Intelligence Support Team, on performance against the Core Suite of National Performance Indicators for 2022/23, as well as performance against the Ministerial Strategic Group (MSG) performance indicators.

The Board resolved:

12.4. That the Annual Performance Report 2022/23, attached as Appendix 1 to the report circulated, be approved for submission to Scottish Government and provided to both Orkney Islands Council and NHS Orkney.

Sam Thomas left the meeting during discussion of this item.

13. Date and Time of Next Meeting

The Board noted that the next meeting was scheduled to be held on Wednesday, 30 August 2023, at 09:30.

14. Disclosure of Exempt Information

On the motion of the Vice Chair, seconded by Councillor Jean Stevenson, the Board agreed that the public be excluded from the remainder of the meeting as the business to be considered involved the disclosure of exempt information of the classes described in the relevant paragraphs of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

15. Proposed Mental Health Model of Care

Under section 50A(4) of the Local Government (Scotland) Act 1973, the public had been excluded from the meeting for this item on the grounds that it involved the disclosure of exempt information as defined in paragraph of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report advising of work to develop a new model of care within Mental Health services which would both support resources required when the transfer bed was utilised but offered wider service delivery, for information.

Lynda Bradford referred to discussion at the Joint Clinical and Care Governance Committee regarding the mental health transfer bed and advised that Appendix 1 set out the case for change which was reasonably self-explanatory. The narrative set out the detail of the pressure.

An options appraisal for improvement was contained within the narrative in Appendix 1, with the preferred option costed at approximately £250k.

Lynda Bradford stressed that this was not a request for funding but seeking agreement on the way forward. There were various strands of government funding relating to mental health and this would be looked at to see what could be allocated, with a paper on any financial gap being submitted in due course.

Maureen Swannie made a plea that administrative support should be factored in when considering the financial ask.

Rona Gold reflected on performance measures and the lengthy explanations of added value and suggested that performance measures be adopted in order to show success, particularly in light of the financial ask in such difficult times.

The Vice Chair concluded it was helpful to hear the clinical voice and sought an indication of what happened now. Lynda Bradford advised that further analysis of the financial gap was required, given the acceptance of the proposal as presented and confirmed that a further report would be submitted by the end of this calendar year.

The Board noted:

15.1. The local Mental Health Service pressures which arose when the mental health transfer bed was occupied.

15.2. The work undertaken to develop a new model of care within the Mental Health Service.

15.3. That a further report would be brought before the Board once the financial consequences of the proposed model were fully understood.

15.4. The information contained within the Case For Change, attached as Appendix 1 to the report circulated.

The above constitutes the summary of the Minute in terms of the Local Government (Scotland) Act 1973 section 50C(2) as amended by the Local Government (Access to Information) Act 1985.

16. Conclusion of Meeting

There being no further business, the Vice Chair declared the meeting concluded at 11:15.