



Stephen Brown (Chief Officer)

Orkney Health and Care

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Orkney Integration Joint Board

Wednesday, 27 October 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.
- Jim Lyon, Interim Chief Social Work Officer, Orkney Islands Council.
- 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.
- Danny Oliver, Staff Representative, Orkney Islands Council.
- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.

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.
- Callan Curtis, Planning and Performance Officer.

Orkney Islands Council:

- Katharine McKerrell, Solicitor.

NHS Orkney:

- Dr Dawn Moody, Clinical Director – GP.

Observing

Orkney Islands Council:

- Rebecca McAuliffe, Press Officer (for Items 9 to 18).

Chair

- Issy Grieve, NHS Orkney.

1. Apologies

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

- David McArthur, Registered Nurse, NHS Orkney.
- Janice Annal, Service User Representative.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- John W Mundell, Interim Chief Executive, Orkney Islands Council.
- Michael Dickson, Interim Chief Executive, 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. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 30 June 2021.

The minute was **approved** as a true record, on the motion of Councillor Rachael King, seconded by Davie Campbell.

Danny Oliver 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.

4.1. Matters Arising from Previous Meeting

Lynda Bradford gave a brief update on development of the Home First service, whereby recruitment had commenced. Regarding the single point of contact, work was ongoing in this regard for discussion with stakeholders in due course. Accordingly, it was agreed to amend the target date to March 2022.

Regarding Actions 6 and 8, relating to performance matters, Pat Robinson advised that a further update would be provided at the next meeting, as Callan Curtis had been focussing on production of the Annual Performance Report.

4.2. Outstanding Matters Arising from Previous Meetings

Regarding Action 1, as the Short Life Working Groups to take forward the MSG proposals had now been established and met, this action was closed and could be removed from the log.

Unfortunately, due to circumstances outwith the Board's control, the development session on the set aside budget, scheduled for 31 August 2021 had been cancelled at short notice. Officers were liaising with colleagues in the Scottish Government to arrange an alternative date.

In response to a question from Councillor Steve Sankey regarding any impact on the statutory reviews of integration schemes in light of the consultation on a proposed National Care Service for Scotland, Stephen Brown confirmed that a number of integration authorities had queried whether the statutory review should continue. The Scottish Government had advised that the statutory review should continue as, in reality, it could be four or five years before a National Care Service was established and operating.

5. Joint Clinical and Care Governance Committee

5.1. Meeting held on 9 June 2021

There had been previously circulated the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 9 June 2021, to enable the Board to seek assurance.

Dr Louise Wilson, in her capacity as Executive Clinical Governance Lead, advised that the main item of discussion related to the Local Child Poverty Action Report for 2020-21.

The Board took assurance.

5.2. Meeting held on 13 July 2021

There had been previously circulated the unapproved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 13 July 2021, to enable the Board to seek assurance.

Dr Louise Wilson, in her capacity as Executive Clinical Governance Lead, advised that the main items of discussion relative to the Board were updates on the Clinical Strategy, which was also discussed by the Joint Clinical and Care Governance Committee the previous day, and implementation of the Mental Health Strategy.

The Board took assurance.

6. Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Audit Committee held on 23 June 2021, to enable the Board to seek assurance.

Councillor John Richards, who had chaired the meeting, advised that the main area of discussion was the draft accounts for the year ended 31 March 2021, which were very informative for those who were not aware of how the Integration Joint Board operated. He brought the Board's attention to the item on the Internal Audit Plan, and whether there was any contingency to deal with a matter which might arise during the year. The Board's Internal Auditor had confirmed that, although no contingency was included in the overall plan, efforts would be made to accommodate any necessary audit work.

The Board took assurance.

7. Strategic Planning Group

The Chief Officer provided a verbal summary of matters discussed at the Meeting of the Strategic Planning Group held on 8 September 2021, to enable the Board to seek assurance.

Although no formal agenda had been issued, the main item of discussion was the new Strategic Plan for the next three years. There was an insightful discussion on challenges faced during the last 18 months and emerging needs, as services emerged from the pandemic, were identified. The timeline for development of the new Strategic Plan was also discussed. The Joint Strategic Needs Assessment would be considered at the next meeting, which would be used as a starting point for discussion on key themes for the Strategic Plan. As there were concerns about consultation fatigue, different methods were being considered. Information gained during consultation on the Clinical Strategy would also assist with development of the Strategic Plan.

Dr Kirsty Cole was aware that GPs were not currently represented on the Strategic Planning Group and queried whether some information regarding the work of the group, together with time commitment, could be produced, which she could share with the GP Sub-committee to see whether a representative could be identified. Stephen Brown undertook to provide the information and, in the meantime, development of the Strategic Plan would be reported to the GP Sub-committee, as their input was extremely helpful.

The Board took assurance.

8. Financial Monitoring

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

Before presenting the report on the financial position as at 31 August 2021, Pat Robinson advised the Board that the audit on the annual accounts was nearing completion, with the Annual Audit Report and final accounts due to be submitted to the Audit Committee on 17 November 2021.

Pat Robinson summarised the financial position of Orkney Health and Care as at 31 August 2021, including the current overspend position, as well as the forecasted year end overspend. Additional funding would be forthcoming from Orkney Islands Council in respect of additional children's residential care provision and it was anticipated that additional funding would also be forthcoming in respect of costs associated with children placed outwith Orkney. Reference was also made to the three year savings target and the position to date.

Costs associated with the COVID-19 pandemic continued to be incurred, which were reported to the Scottish Government in quarterly returns, and it was anticipated that those costs would be reimbursed in full.

Areas of particular concern regarding budget variances remained in Children and Families and Home Care. With regard to Children and Families, the main area of overspend related to additional staffing costs associated with staff sickness and the requirement to continue to provide statutory services. Additional costs were also being incurred for residential care within Orkney as a consequence of the children's house being at full capacity. Regarding Home Care, demand for services continued to grow and, once an assessed need was identified, budget availability could not be a deciding factor on provision of service. Further compounding the issue was the introduction of Self Directed Support where, locally, it was not possible to reduce or close service provision in order to free up resources for Self-Directed Support.

Section 6.3 detailed significant projected year end variances, together with proposed actions. The variance analysis was detailed in monetary terms in sections 6.4 and 8 of the report. Funding had been allocated to Home Care from reserves in order to reduce the significant overspend. Regarding Set Aside, as indicated earlier in the meeting, a date for the development session was currently being investigated and it was hoped this would happen before the end of the calendar year.

In response to queries from Davie Campbell regarding savings targets and where the voluntary sector featured in the table at section 6.1 of the report, Pat Robinson confirmed that the table showed spend for current services and savings were identified separately. With regard to voluntary sector spend, following a request from Gail Anderson, this was removed, given that the voluntary sector did not provide services directly, but within other services, such as the line entitled "elderly", so costs could not be easily identified.

Councillor Steve Sankey sought further assurance on the projected overspend with regard to Mental Health and queried whether the additional funding for the Children and Adolescent mental health services (CAMHS) was reflected in the figures.

Pat Robison confirmed that the additional funding relating to CAMHS was not included as it had not yet been received. Further, CAMHS sat within Children and Families within the Council's budgetary arrangements and she would need to confirm with NHS Orkney where the budget was held. Lynda Bradford advised that the Service Level Agreement with NHS Grampian provided for 3.5 days of consultant psychiatrist for adults per week. A locum psychiatrist had now been providing full-time availability and a significant amount of additional capacity, and it was confirmed that full-time provision was required. Further, the funding arrangement had not yet been confirmed. However, a permanent post of Consultant Psychiatrist was currently out to advert, as well as a CAMHS Practitioner, and interest had been shown.

Councillor John Richards referred to Home Care recruitment and the disadvantage for the voluntary sector compared with the Council, where Distant Islands Allowance and pension contributions enhanced salary levels. Stephen Brown confirmed that this discrepancy had been identified nationally and featured in the consultation on the proposed National Care Service.

The Board noted:

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

- A current overspend of £519,000 on services delegated and an overspend of £201,000 on Set Aside.
- A forecast year end overspend of £107,000 on services delegated and £386,000 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 £380,000 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, with a current estimated shortfall of £323,000.

8.2. That a savings target of £4,200,000 had been applied for the three year period 2020 to 2023, of which only £259,400 of recurring savings had been identified to date.

8.3. That NHS Orkney had applied a savings target of £1,800,000 for 2021/22, including £800,000 carried forward from 2020/21, with zero savings identified to date.

Joyce Marcus joined the meeting during discussion of this item.

9. Improving Outcomes

There had been previously circulated a report setting out a series of proposals designed to help the Board balance its responsibility to meet the health and social care needs of the Orkney communities with the need to find financial balance, for consideration and approval.

Stephen Brown advised that the paper began to describe the four areas of work which would be focused on over the next few months and which the Strategic Planning Group would focus on when developing the new Strategic Plan.

The first area was consideration of an asset based approach and community led support. When services assessed people's needs and how best to meet those, many of the processes were deficit based. Because of inconsistency in approach, there were examples where services were over-provided, creating dependency and stymying individuals' abilities to maximise their potential.

With regard to Primary Care, he stressed that a new model was not being proposed, however discussion required to commence on how to meet primary care needs, recognising that there could be different solutions for each of the islands. Although the financial envelope should be borne in mind, it should also be recognised that the existing model could not be sustained.

There were also huge challenges in relation to the workforce, particularly specialist and qualified posts, and consideration should be given to "growing our own". Over the last few years, the Board had spent approximately £1.5 million per annum on agency or locum staff and, although no disrespect to the agency staff, this did lead to inconsistency of care and destabilising the permanent workforce.

Pharmacy was another area for consideration, bearing in mind that the Board spent £5.2 million on prescribing in the previous financial year. There were challenges across the country, whereby drugs were often prescribed in the absence of other appropriate interventions, for example lack of physiotherapy services led to increased prescribing for analgesics. Working with the pharmacy and pharmacotherapy teams, multiple prescriptions would be reviewed.

David Drever welcomed the paper which set out a statement of intent regarding the Board's priorities. He sought assurance on what role the Board would play and how progress would be reported. Stephen Brown confirmed that the Board would be updated on a regular basis, although this would be fed through the Strategic Planning Group, where those with lived experience would be invited to provide feedback and plans would be co-produced with people.

Dr Kirsty Cole referred to "growing our own" and the good track record Orkney had, particularly for GPs, where a large proportion of the existing workforce did most, if not all, of their training in Orkney. The challenge, however, was finding appropriate accommodation, particularly in the Kirkwall practices, for the trainees, given that practice-based physiotherapists, mental health services and pharmacotherapy all required space as well – priorities required to be made. She agreed with the comments regarding prescribing, whereby it was often the default when no other service was available to patients. With a 30 week wait for Musculo-skeletal physiotherapy, it was difficult to manage a person's pain without prescribing, when that was not necessarily the long term solution. Regarding mental health, talking therapy was proven to be effective; again, if the service could not be accessed and the person's mental health deteriorated, medication would be prescribed.

Dr Louise Wilson suggested that finance appeared to be the key driver for transformation. However, as services were delivered by the Council and/or NHS Orkney, the strategic direction should be outlined to the partners and they would then deliver on outcomes set by the Board. Stephen Brown disagreed with that interpretation and reminded the Board of discussion at the development session, whereby transformation was not to be about finance, but to improve outcomes and the quality of care.

Gail Anderson commented on the increasing understanding of what communities were doing to help themselves and the huge amount of ongoing work to address gaps. She was also glad to hear that transformation would be done in collaboration with the communities, rather than coming out as a fait accompli.

Councillor Rachael King welcomed the debate on this matter including Dr Cole's clear articulation of the challenges, particularly in relation to accommodation. This was just the start of the conversation which would continue into the Strategic Planning Group and she also really welcomed Dr Cole's request to seek clarity on the GP role in that group.

Issy Grieve also welcomed the paper in that transformation would not wait for other things to happen while the country remained in the pandemic – discussion had already commenced with identifying the four priority areas for making improvement.

The Board noted:

9.1. The ongoing financial challenge and the significant pressures on health and social care budgets to meet the needs of the population.

9.2. The ageing demographic and the increased level of need arising from the challenges and pressures outlined above.

9.3. The predicted rise in demand for supports and services as the nation emerged from the pandemic, with, for example, research commissioned by the National Suicide Prevention Leadership Group suggesting that mental health presentations were likely to rise by 8% as a direct consequence of the impact of the pandemic.

9.4. The increase in social isolation and reduced activity experienced by many people over the last 18 months and the consequent impact on their health and wellbeing.

9.5. The backlog of interventions postponed through the varying stages of lockdown measures and the impact on individuals, as well as the challenge on services to begin catching up.

The Board **agreed**:

9.6. That an approach to service transformation presented the greatest opportunity to find longer-term financial sustainability.

9.7. The following four proposed areas for focusing efforts in improving outcomes and being more efficient:

- Adopting an Asset-Based Community Led approach to supports and services.
- Working with communities to transform Primary Care provision.
- Developing the workforce plans to reduce reliance on agency staff.
- Embedding the approach to realistic medicine and prescribing.

10. Proposed National Care Service for Scotland

There had been previously circulated the draft response from the Board to the Scottish Government's consultation on the proposed national care service for Scotland, for consideration and approval.

Stephen Brown advised that everyone was now well aware of the consultation which had been live since August and was clearly the most significant piece of legislation to be proposed in some considerable time. He had spoken to a variety of people through development sessions, representatives from the Third Sector, staff and the general public, which led to the draft response from the Board for consideration. Clearly the proposals were extremely significant as, if approved, responsibility for social care would be removed from local authorities.

The proposals arose from the Independent Review of Adult Social Care, which was commissioned in light of the crisis within social care which was crystallised by the pandemic. Although that report, authored by Derek Feeley, made significant recommendations, the consultation on the proposed national care service went further and was a flagship policy of the Scottish Parliament following the election in May 2021. Some areas were to be welcomed, particularly the recognition that social care had been underfunded for decades, with indications that a 25% budget uplift was required just to manage existing demand.

Responses to the consultation were due for submission by 2 November 2021 and any matters raised by the Board at this meeting could still be incorporated. As well as the draft response, the Board was asked to consider and approve the draft letter, to be signed by the Chief Executives of Orkney Islands Council, NHS Orkney and Voluntary Action Orkney, the Chair of the Board of NHS Orkney and the Chair and Vice Chair of the Integration Joint Board, as there were common themes which impacted across all those organisations.

Dr Louise Wilson supported the response to Question 29, relating to the potential removal of GPs from the NHS and placed under social care, although the terms of the response could be strengthened to emphasise the reason for remaining within the NHS system.

Councillor Steve Sankey emphasised the issues of local accountability, adequate finance for services, flexibility and the "one size fits all" approach. With regard to local accountability, this was crucial for remote and rural areas and he asked if the response could be strengthened on this point. For example, at Question 2 and also the fifth bullet in the draft letter, could be amended to include the following:

"It is imperative that the proposed Community Health and Social Care Boards protect local accountability by the inclusion of, inter alia, elected members, appointed NHS Executive local representatives and appropriate third sector partners".

Regarding the advocacy of use of an Island Communities Impact Assessment under section 8 of the Islands (Scotland) Act 2018 prior to legislation being enacted to facilitate the national care service, Issy Grieve advised the Board that both herself and Councillor Rachael King had received assurance this would happen, when they had met the relevant Scottish Minister. Councillor King had also raised this matter at the Islands Group which she chaired.

Danny Oliver welcomed the proposed response to Question 69, noting the expense of taking social care completely into public ownership. He suggested that the public would expect a national care service to be a publicly funded service and would, perhaps, accept a lack of local accountability if social care was properly funded, particularly as Orkney did not experience private social care provision.

The Board noted:

10.1. The National Care Service consultation, the proposals contained within, and the closing date for responses.

10.2. The extensive consultation that had taken place, both locally and nationally, in a relatively short timeframe.

10.3. The range of views and opinions from staff, Board members, service users and key stakeholders that had been heard through the consultation process and which had contributed to the overall draft response.

The Board reviewed and thereafter **agreed**:

10.4. That the document, attached as Appendix 1 to the report circulated, be submitted as the formal response of the Orkney Integration Joint Board to the consultation by the Scottish Government on the proposed National Care Service.

10.5. That the draft letter prepared by key partners in Orkney, attached as Appendix 2 to the report circulated, be submitted in conjunction with the formal response.

11. Services for Children and Young People in need of Care and Protection – Progress Review

There had been previously circulated the progress review on the joint inspection of services for children and young people in need of care and protection, published by the Care Inspectorate in August 2021, for consideration and scrutiny.

Jim Lyon referred to the background to the Progress Review which arose from the critical inspection undertaken in 2019 and reported in 2020. The Progress Review took place during April, June and July, with the findings published in August 2021. Although published in August 2021, the outcome of the Progress Review would be incorporated in his Chief Social Work Officer's annual report for 2020/21, as it related to work carried out during that period.

The key findings of the Progress Review, detailed in section 6 of the report circulated, were being taken very seriously and would be prioritised alongside ongoing work with the pandemic, including the vaccination programme. Regarding the very specific challenges regarding recruitment, both the Chief Social Work Officer and the Chief Officer were considering proposals to address the need for qualified social workers and there was willingness within the budgetary processes to resource this requirement.

The difference between attracting and recruiting GPs and social workers, particularly in Children and Families, was cultural, in that social workers benefitted hugely from experience from working on mainland Scotland. The continuing reference to the visibility of leaders, especially in health, was still not fully understood and would be discussed further with the inspection team. Reference was made earlier to the amount spent on locum staff, over £1 million including travel and accommodation, as well as the challenges in finding suitable accommodation for those agency workers.

In response to a query from Councillor Rachael King regarding recruitment and retention and local and national pressures, Jim Lyon advised there were specific challenges for island and remote and rural areas. By their very nature, there was a smaller population and the streets were not lined with unemployed social workers or managers. Also, local authorities on mainland Scotland paid higher salaries; however it was more important to recruit the right staff coming to the area for the right reasons, and not necessarily for a lifestyle change. Social work, and particularly within children and families, was challenging, with staff often experiencing the deepest misery, therefore management support was also essential.

Regarding the scope and timing of the next Progress Review, discussions were ongoing with the inspection team, as the proposed timing, Spring 2022, would coincide with the tail end of winter planning, budget outturn, the period just after the festive period closedown and Spring school holidays, as well as the impending local government election in May.

Danny Oliver referred to the previous minute where reference was made to rogue elements in the survey possibly due to disenfranchised staff and the higher rates of stress related absenteeism and staff turnover, thereby relying on agency staff to maintain service provision. Stephen Brown suggested there was a blasé acceptance of higher rates of absenteeism in social work hence the proposals to “grow our own” and build resilience within the workforce. There should be clear policies for supervision, support and training and management should be responsive when staff were struggling. Staff were being asked to do the hardest job and should feel supported, so that they were happy, confident and safe at work. Although work had begun on this matter, there was still much to do. Often in a crisis, direct supervision was the first to go, when, in fact, it was the most important element which should continue.

The Board noted:

11.1. That, between 26 August and 4 October 2019, the Orkney Community Planning Partnership was inspected in respect of its services for children and young people in need of care and protection.

11.2. That, on 25 February 2020, the Care Inspectorate published its report of the joint inspection of services for children and young people in need of care and protection in Orkney.

11.3. That, in response to the inspection report published in February 2020, an improvement plan was developed, which was regularly reviewed by the Chief Officers Group and reported to the Integration Joint Board, the Council's Policy and Resources Committee and NHS Orkney, through the Joint Clinical and Care Governance Committee.

11.4. That, between April and June 2021, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a review of progress made in planning and implementing actions to address the priority areas for improvement identified in the Joint Inspection undertaken in 2019.

11.5. That, in August 2021, the Care Inspectorate published the Progress Review following a joint inspection of services for children and young people in need of care and protection in Orkney, attached as Appendix 1 to the report circulated.

The Board **scrutinised**:

11.6. The key findings arising from the Progress Review following the joint inspection of services for children and young people in need of care and protection, summarised in section 6 of the report circulated, and obtained assurance that planning and implementing actions to address the priority areas for improvement continued to develop and improve.

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

There had been previously circulated 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.

Jim Lyon advised that, in light of various comments that the report presented contained too much information or not enough information, as well as the appropriateness of the narrative, he was looking at developing a summarised version, which would be considered by the Chief Officers' Group in the first instance. The main areas of progress since the previous meeting were summarised in section 5 of the report circulated, including training on recognising and responding to neglect, updating guidance, developing the OCYPP (Orkney Children and Young People's Partnership) website and self-evaluation processes.

Councillor Rachael King referred to the priority status of Improvement Action 008, relating to the provision of local services for forensic medical examinations as "standard" and suggested it should be raised to "critical". She also queried the potential duplication of membership of groups in relation to the proposed establishment of a Promise Board, highlighted under Improvement Action 047, GIRFEC (Getting it Right for Every Child).

Issy Grieve requested that a report be brought to the next meeting on work ongoing at a national level regarding forensic medical examinations. Jim Lyon advised that no decision had yet been taken with regard to the establishment of a Promise Board and agreed to provide a further update at the next meeting.

The Board **scrutinised** progress to date as outlined in the Improvement Plan, 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.

13. Annual Performance Report

There had been previously circulated information on the performance of Orkney Health and Care's services for 2020/21, for consideration and scrutiny.

Stephen Brown reminded the Board of the duty, in terms of section 42 of the Public Bodies (Joint Working)(Scotland) Act 2014, to prepare an annual performance report no later than 1 July. However, given the ongoing pandemic, the deadline for publishing the annual performance report had been extended to the end of October 2021. The annual performance report submitted for 2020/21 recognised the work done during the pandemic, when many areas of work were stood down, while others were stood up. Performance specific to the most unusual year should be recognised.

Callan Curtis reported that, despite the many challenges continuing to be faced by Orkney Health and Care throughout the pandemic, there had been a number of successes and staff, partners and the wider community should be thanked for their ongoing support and understanding of the challenges faced due to COVID-19.

Key achievements from the last year included:

- A new Chief Officer in post.
- The success of the maternity and health visitor teams who received excellent feedback from UNICEF becoming "Baby Friendly Accredited".
- Improvements in Primary Care, including the continued success of Near Me virtual clinics.
- NHS Orkney's Covid vaccination programme which, due to the hard work of colleagues, saw Orkney as one of the most vaccinated areas in Scotland.

Key challenges included:

- The variety of service changes required in response to the pandemic.
- Senior management challenges and vacancies.
- Workforce and recruitment challenges.
- Reduced performance reporting as there was a shift to safe operation of services which impacted upon the availability of data with movement nationally to capture learnings from Covid as a priority.

Another area to highlight was the success of Orkney through the Local Government Benchmarking Framework, a high level benchmarking tool designed by Scottish Government to compare performance against all 32 local authorities. Orkney compared very favourably, placed in the top performing two for six of the 11 measures. The biggest challenges were the percentage of carers who felt supported to continue within their caring role and the costs of residential care.

The available data within the section on locality planning was limited, with many gaps, created by movement nationally to ensure all Covid learning was captured with many regular reporting to Scottish Government paused or stopped during the pandemic.

Approaches to service included the benefits and purpose of Community Led Support and Tech-enabled Care, covering the success seen by Voluntary Action Orkney and the tech peer mentor project.

The new strategic plan, a top priority for the Chief Officer and senior management going into 2022, would be supported with a new Joint Strategic Needs Assessment, written by Orkney Health and Care, their partners and the Local Intelligence Support Team Scotland (LiST). Strategic planning had commenced, covering the following seven priorities:

- Developing community hubs.
- Valuing and supporting unpaid carers.
- Mental Health.
- Support to children and young people.
- Improve primary care.
- Promote self-management.
- Revisiting models of care.

As previously discussed, the proposed reform of social care represented one of the most significant pieces of public service reform to be proposed by the Scottish Government and had the potential to be the biggest public sector reform in Scotland for decades. The proposals were wide-ranging and covered the following:

- Improving care for people.
- A National Care Service and its scope.
- Community Health and Social Care Boards.
- Commissioning of services.
- Regulation.
- Fair work and valuing the workforce.

The following sections of the annual performance report outlined Care Inspectorate service grades and the national health and wellbeing outcomes, with the most recently released grades and figures detailed in full.

Financial performance was highlighted, including the unprecedented impact of COVID-19 on services commissioned by the Board. The pandemic required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, which was likely to continue over the medium term.

Audit reports submitted to the Audit Committee gave assurance with regard to budgetary processes and corporate governance, as well as making recommendations on further improvements in those areas.

In summary, the performance report indicated that Orkney Health and Care and partners performed well despite the challenges faced throughout the pandemic. The Board shared many great successes with improvement across many of the national measures, increased learning throughout the pandemic, improvement within children's services and a wide array of tests of change and new ways of working. The partnership had shown exceptional resilience and an ability to change at pace with the adoption of new ways of working, with safety of everyone at the heart of all that was done, keeping the community safe throughout the pandemic. Over 2021/22, the priorities of the Board would be to develop a new Strategic Plan, supported by the Joint Strategic Needs Assessment, created in partnership between LiST, Orkney Health and Care and third sector partners.

Issy Grieve commented that the Board spent so much time looking at finances that it was good to stand back and look at the performance to see what had been achieved, the progress being made and future plans.

Councillor Rachael King referred to the national health and wellbeing outcomes and, in particular, the number of carers who felt supported to continue in their caring role, which, although higher than the Scottish average, was still below 50%. What support were they not getting and could Community Led Support, transformation of services and localities improve the percentage. Stephen Brown confirmed that the data was taken from health and wellbeing surveys, with no detail provided below the raw data; however consideration could be given to engagement through the Strategic Planning Group. Lynda Bradford confirmed that any time the Board or carers raised a particular point, this was fed back to the Carers Strategy Group. Also, the number of people who identified themselves as carers was low, which was recognised by the Carers Strategy Group, and there were plans to run a campaign which may help to raise awareness further.

In response to a query from Dr Louise Wilson that the key challenges did not emphasise the clinical challenges sufficiently, particularly in relation to mental health, Stephen Brown suggested that this could be revisited to ensure the document fully captured all the challenges accurately.

Councillor Steve Sankey was supportive of all the comments raised regarding the positive achievements despite the challenges faced and thanked all staff for persevering. He referred to the graphic on page 16 relating to the Local Government Benchmarking Framework where Orkney Health and Care scored highly in regard to the percentage of adults supported at home who agreed that they were supported to live as independently as possible and that they had a say in how their help, care or support was provided. Conversely, with regard to the residential cost per week per resident for people aged 65 or over, Orkney Health and Care was ranked 31 out of the 32 local authorities. He suggested this data should be reflected in the consultation response to the national care service for Scotland. Returning to the percentage of carers who felt supported to continue in their caring role, one interesting discrepancy was the differing percentages within the localities and he wondered whether the reason for this was known and, if so, whether it could be reflected in the report.

The Board **approved** the Annual Performance Report 2020/21, attached as Appendix 1 to the report circulated, for submission to Scottish Government and thereafter to be provided to both Orkney Islands Council and NHS Orkney.

14. National Mental Health Strategy – Action 15 Funding

There had been previously circulated a report presenting proposals for amendments to the existing plan to utilise Action 15 funding for 2021/22, for consideration and approval.

Lynda Bradford advised that, as part of the Scottish Mental Health Strategy, 40 actions were identified. Action 15 related to increasing mental health staff numbers by 800 across Scotland, with each area Health Board receiving additional funding. The original plan for Orkney, submitted in 2018, proposed increasing administrative support and adult Clinical Applied Associated Psychologists. GP colleagues had made representations regarding use of the Action 15 grant funding and, in light of further grant funding being made available, further discussions had been held with GPs and the Mental Health team, resulting in a fresh proposal to utilise the final year of funding to provide an additional support worker. The proposal had also been discussed with Scottish Government, as it was different from the original plan submitted, and indications were that the proposal was acceptable, given that it did not decrease the overall numbers of mental health staff.

In response to a query from Issy Grieve, Lynda Bradford confirmed that, should the proposal be approved, a Direction would be issued to NHS to recruit the staff, by substituting Clinical Applied Associated Psychologists with support workers.

The Board noted:

14.1. The original plan to utilise the Action 15 Funding submitted to the Board on 3 October 2018, attached as Appendix 1 to the report circulated.

14.2. That GP colleagues remained discontented with the lack of consultation afforded to them at the point of the plan's submission.

14.3. That additional final year funding for Action 15 amounted to £44,120.

14.4. That GP colleagues had been consulted regarding the last element of funding.

14.5. That the original plan for the final year funding was for additional Child and Adolescent Mental Health Service (CAMHS) staff.

14.6. That CAMHS had received considerable additional dedicated funding during 2021/22.

14.7. That the Scottish Government was content that the Action 15 plan be changed.

The Board **agreed**:

14.8. That the final year's funding for Action 15 be utilised to appoint a further full time Adult Support Worker within the Community Mental Health Team.

15. Child and Adolescent Mental Health Services

There had been previously circulated a report presenting proposals to utilise additional funding received in 2021/22 in respect of child and adolescent mental health services, for consideration and approval.

Members were aware that a significant level of funding had been made available nationally in the Spring to augment child and adolescent mental health service (CAMHS) provision across the country.

Lynda Bradford advised the Board of a pre-pandemic increased national demand for CAMHS, not just in volume terms but also in case complexity. The Scottish Government had made significant financial allocations for the specific purpose of improving CAMHS, with Orkney's allocation for 2021/22 amounting to £798,723. Further, the Scottish Government was recommending a critical floor of 14 staff for Orkney, in common with the other island boards, and, although recognising this was considerably over and above that required, based on demography, there was a desire to see a staff base that was sufficient to cope, even during extreme periods of pressure, including unforeseen staff absence.

Accordingly, a working group had been set up, with an early task to engage with present and past service users and families. Whilst there were varied comments, the overall message was for quicker, more responsive service delivery, with increased frequency of appointments.

During the recess period, it was agreed to recruit two posts, one of which had subsequently been appointed to, given the number of posts which would become available across Scotland at that time. Further, although the funding had, as yet, not been confirmed as recurring, the Scottish Government acknowledged that advertising permanent posts did help with recruitment.

It was also acknowledged that, as it was unlikely all the proposed posts could be recruited during 2021/22, a request had been submitted to the Scottish Government to retain funding to enable the purchase of non-recurring equipment such as computers, smart phones and specific clinical tools for use by practitioners during assessment. This could also provide an opportunity to fund third sector proposals on a non-recurring basis, to enable children and young people with Tier 1/Tier 2 mental health needs to receive additional preventative support with the aim of reducing further decline and improving individual outcomes. The Scottish Government confirmed that similar requests had been received from other health board areas and were currently under active consideration.

Councillor Rachael King referred to the consistency of relationships between children and young people and mental health staff, which was essential, particularly when they transitioned. Meeting facilities were also important and, with raising the number of staff to a minimum of 14, was there sufficient accommodation? Lynda Bradford confirmed that relationships with staff also came through in the survey. Further, the CAMHS specifically allowed for children and young people to remain in that service up to the age of 25 – this was determined on a case-by-case basis, as some could transition through to adult mental health services. She also acknowledged the comment regarding sufficient accommodation which would require to be addressed.

The Board noted:

15.1. The existing CAMHS staffing compared with national recommendations, as detailed in section 4.2 of the report circulated.

15.2. The additional funding, amounting to £798,723, received locally in respect of CAMHS Phase 1 improvements.

15.3. The criteria that spending was required to meet, as detailed in Appendix 1 to the report circulated.

15.4. The work undertaken to consult with service users and families, past and present, attached as Appendix 2 to the report circulated.

15.5. The approvals for additional posts granted to date.

15.6. That, although the additional CAMHS funding had not yet been identified as recurring, Scottish Government was encouraging posts be recruited as permanent.

15.7. That a further funding allocation had been received as Phase 2 funding for specific additional treatment modalities, as detailed in Appendix 4 to the report circulated.

15.8. That pressures on the service were such that, in September 2021, patients and guardians were contacted to advise of increased pressures on the service in terms of both volume and case complexity.

15.9. That an ask had been made of Scottish Government to retain some of the 2021/22 funding, as detailed in section 5.7 of the report circulated.

The Board **agreed**:

15.10. That the undernoted posts be approved for recruitment as permanent posts:

- Medical staffing:
 - Clinical Director: 3 sessions per week.
 - Additional Consultant Psychiatry time: 1.35 whole time equivalent (WTE) (comprising local appointment and sessions within Grampian SLA).
 - Additional Psychologist time: 1 WTE, Band 8B. (comprising local appointment and sessions within Grampian SLA).
 - GP session with extended role: 1 session per week.
 - Medical trainee costs (travel and accommodation).
- Nursing and Allied Health Professional (AHP) staff:
 - 2 Band 7 Psychology posts.
 - 1 Band 7 CAMHS Community Psychiatric Nurse (CPN).
 - 3 Band 6 CAMHS Nurses comprising CPN and Primary Care Nurse.
 - 0.2 WTE AHP dedicated to CAMHS.

- 1 WTE Band 4 Support Worker.
- 1 WTE Band 3 Administrative post.

15.11. That a report be submitted to the Board in due course setting out progress against recruitment plans.

16. Climate Change Duties

There had been previously circulated the annual report outlining the Board's compliance with climate change duties, for consideration and approval.

Lynda Bradford reminded the Board that, in terms of legislation, integration joint boards were established as a public body, similar to local authorities and health boards, and, consequently, were required to prepare and submit a report on compliance with climate change duties. The climate change duties report was a Scottish Government prescribed template, identical for all public authorities, although a number of the questions were not relevant for integration joint boards.

Lynda Bradford confirmed that, in response to members' frustrations expressed at the October 2020 board meeting regarding completing and returning the climate change duties report, the Interim Chief Officer had relayed those frustrations to the Scottish Government and requested that consideration be given to exempting integration joint boards from completing such a report. The Scottish Government's reply acknowledged the Board's frustration, advised that it would be given further consideration but, in the meantime, the Board would have to continue to make the annual return.

Councillor Rachael King suggested that the Chief Officer write again to the Scottish Government to see what further consideration had been given to the proposal to exempt integration joint boards from submitting the climate change duties report.

The Board noted:

16.1. The statutory duty to prepare a report on compliance with climate change duties.

The Board **agreed**:

16.2. That the Climate Change Duties report, attached as Appendix 1 to the report circulated, be approved for submission to Scottish Government by the deadline of 30 November 2021.

17. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 15 December 2021.

18. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:11.