

## **Item: 12**

**Policy and Resources Committee: 23 November 2021.**

**Orkney Health and Care Committee.**

**Joint Report by Chief Executive and Chief Officer/Executive Director, Orkney Health and Care.**

### **1. Purpose of Report**

To consider disestablishment of the Orkney Health and Care Committee.

### **2. Recommendations**

The Committee is invited to note:

#### **2.1.**

The analysis of health and social care reports submitted to various committees across the Council, NHS Orkney and the Integration Joint Board, for the period January 2019 to date, attached as Appendix 1 to this report.

#### **2.2.**

That the Chief Officer has shared the findings of the analysis with all current members of the OHAC Committee and sought their views on the effectiveness and value of the Committee.

#### **2.3.**

That all elected members of the Committee feel that the function and purpose of the OHAC Committee is of little added value, particularly in light of the governance arrangements in place via the Integration Joint Board, the Policy and Resources Committee and NHS Orkney structures.

**It is recommended:**

#### **2.4.**

That the Orkney Health and Care Committee be disestablished.

#### **2.5.**

That, should the Orkney Health and Care Committee be disestablished, the Chief Executive should amend Appendix 1 to the Council's Standing Orders, relating to the Scheme of Appointment of Members to Committees.

## **2.6.**

That, the Chief Officer/Executive Director of Orkney Health and Care should arrange for regular briefings for all elected members on health and care matters in Orkney.

## **3. Background**

### **3.1.**

The Orkney Health and Care Committee existed prior to the establishment of the Integration Joint Board and was previously the main decision-making body for the Council's social work and social care functions. This role was transferred to the Integration Joint Board when these functions were delegated under the Public Bodies (Scotland) Act 2014.

### **3.2.**

Since the establishment of the Integration Joint Board, the Committee has struggled to find a purpose, albeit it has served to keep those local councillors who sit on the Committee abreast of developments in health and social care matters. Nevertheless, there is a view that elected members who sit on the Committee find the experience a transactional one that does not lend itself to exploring the issues as fully as they would like. Likewise, there are currently few opportunities available for all elected members to engage in discussions relating to health and care in Orkney.

## **4. Proposed Revised Governance Arrangements**

### **4.1.**

Recent analysis of the business through the Committee has highlighted that no substantive decisions are made and that the papers presented and discussed represent duplication for elected members and officers given they are also discussed via the Policy and Resources Committee or the Integration Joint Board.

### **4.2.**

Disestablishment of the Orkney Health and Care Committee would streamline governance arrangements, reduce duplication, and have no impact on formal decision-making processes. Governance arrangements that are in place, via the Integration Joint Board and the Policy and Resources Committee, ensures continued oversight and scrutiny.

### **4.3.**

Establishing regular briefing sessions, open to all elected members, will allow for greater engagement and discussion on health and care matters across the community. This will also ensure ongoing engagement with all local elected representatives regardless of the eventual outcome of the current National Care Service consultation.

#### **4.4.**

Individual discussions have taken place with all current members of the Orkney Health and Care Committee. Every member is supportive of the proposals outlined in this paper.

### **5. Constitutional Arrangements**

#### **5.1.**

Membership of the Orkney Health and Care Committee comprises the following:

- 9 Members of the Council comprising:
  - 3 voting members on the Integration Joint Board.
  - 3 other members who act as proxies for the Integration Joint Board.
  - Convener.
  - Leader.
  - Depute Leader.

#### **5.2.**

The Chair of the Orkney Health and Care Committee also acts as Chair or Vice Chair of the Integration Joint Board, whichever is the Council appointment. For the period May 2021 to May 2023, the Council representative is the Vice Chair.

#### **5.3.**

Should the Orkney Health and Care Committee be disestablished, when the Council makes appointments to the various committees, sub-committee and other bodies, normally at the Statutory General Meeting in an election year and then at a Special General Meeting held two years later (the mid-term review of appointments), the Council will have to appoint one of the three voting members of the Integration Joint Board as either the Chair or Vice Chair.

##### **5.3.1.**

Appendix 1 to the Council's Standing Orders sets out the Scheme of Appointment of Members to Committees. This will require amendment, should the Orkney Health and Care Committee be disestablished.

### **6. Corporate Governance**

This report relates to the Council complying with governance and procedural issues and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

### **7. Financial Implications**

There are no financial implications arising from this report.

## **8. Legal Aspects**

The Local Government (Scotland) Act 1973 authorises the Council to arrange for the discharge of its functions by Committees, Sub-committees and officers of the Council.

## **9. Contact Officers**

John W Mundell, Interim Chief Executive, extension 2101, Email [john.mundell@orkney.gov.uk](mailto:john.mundell@orkney.gov.uk)

Stephen Brown, Chief Officer / Executive Director of Orkney Health and Care, extension 2601, Email [stephen.brown3@nhs.scot](mailto:stephen.brown3@nhs.scot)

## **10. Appendix**

Appendix 1: Governance Review.

# Governance Review

## 1. Introduction

Good governance arrangements are vital for ensuring that the people we support are safe and effectively cared for and that our staff are appropriately supported to remain capable, competent and confident in the delivery of high-quality services. Good governance also ensures that the right people are able to make the right decisions at the right time and that our strategic direction (and the operational developments to deliver this) remain closely aligned with the needs of our population.

Our health and care system in Orkney is tasked with meeting the needs of a population of approximately 22,500 people which, in relative terms, is a small population. Despite this, the governance arrangements across our system can look and feel overly complicated at times and many managers express frustration about the number of different Committees they have to attend to present the same report. There is a strong view that arrangements could be simplified, and some unnecessary duplication of effort removed.

It is recognised nationally that since the establishment of Integration Joint Board (IJB)s, Health and Social Care Partnerships are challenged with meeting demands, and servicing governance arrangements within the NHS Board, the local Council and the IJB. This challenge is likely to be more keenly felt in smaller areas such as Orkney where the management capacity is commensurate with the population size whilst the governance arrangements continue to replicate those of much larger authority and Board areas.

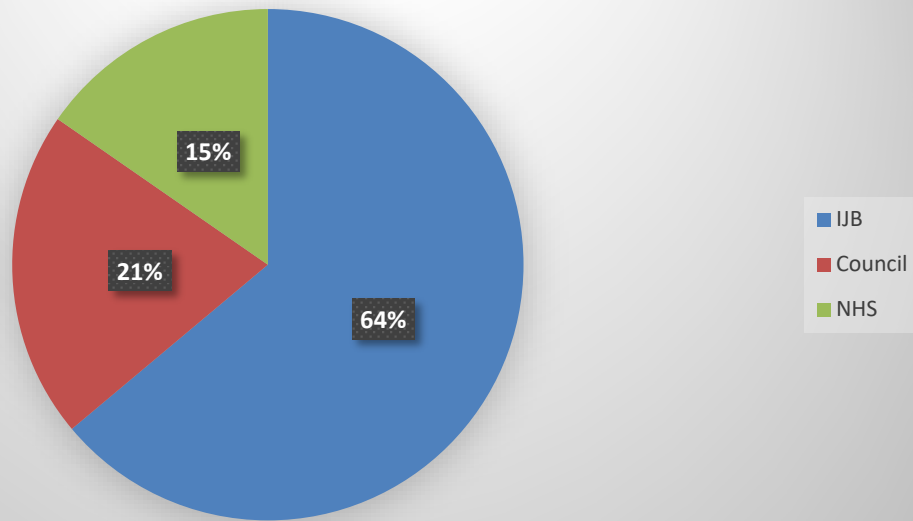
The current Governance structures for NHS Orkney, Orkney Islands Council and the Orkney Integration Joint Board can be found in appendices 1 to 3.

The following report is based on a review of the reports that Health and Social Care Partnership managers have prepared and/or presented across all of these governance arrangements since January 2019. It includes only formal Committee structures and does not include officer-only management meetings such as Executive Management Team of the NHS and Senior Management Team of the Council.

## 2. Findings

Since January 2019, there has been a total of 241 reports prepared and presented by Health and Social Care Partnership managers to the various committees across the system. Almost two-thirds of these reports (154) were for IJB-related committee, predominantly the IJB itself and the Audit Committee. The proportion of reports presented through Council structures (50) and NHS structures (37) were fairly similar in number. The percentage breakdown is illustrated in Figure 1 below.

## Committee Reports



Note: It is perhaps worth noting that almost 9% (21) of all reports presented over the last two years have been about the Children’s Services Joint Inspection and updates relating to the progress of the improvement plan as well as the subsequent review inspection.

These updates have primarily been presented by the Head of Children, Families and Justice Services who, although sitting within the Health and Social Care Partnership, has been leading this work on behalf of all community planning partners. Council committees have been updated on five separate occasions; NHS committees on six occasions; and there have been ten updates provided to IJB throughout the same period.

Whilst there has inevitably been duplication of effort for officers in relation to presenting these reports, it seems entirely appropriate under the circumstances that IJB, Council and NHS continued to receive regular updates on progress.

The following section provides some analysis of the reports presented under each of the three sets of Governance committees. The final part of this section covers the Community Planning Partnership – the Orkney Partnership Board.

### 2.1. Council

Since January 2019, Health and Social Care Partnership officers have presented a total of 40 reports across 4 Council committees.

|                                   |     |
|-----------------------------------|-----|
| Policy and Resources Committee.   | 14. |
| Full Council.                     | 2.  |
| Orkney Health and Care Committee. | 27. |
| Monitoring and Audit Committee.   | 7.  |

The way in which the Council operates, with the bulk of business being discussed and agreed at committees and subsequently approved via the presentation of the minutes of those committees to the **Full Council**, explains the very small number of direct reports presented to Council. The two reports that did go directly to Full Council related to the Good Parenting Plan (Corporate Parenting) and the Kirkwall Care Facility. This was due to other Committees being stood down during the pandemic but ordinarily, in accordance with the Scheme of Administration, all such reports would go via the Policy and Resources Committee.

The reports that have been tabled and presented at **Policy and Resources Committee** have been overwhelmingly appropriate. These have included reports relating to charging policy, capital requirement and the review of the Integration Scheme. In addition, the Chief Social Work Officer (CSWO)'s annual report, a statutory function of the Council, has been presented to this committee.

The reports that have been presented to the **Monitoring and Audit Committee** have also been entirely appropriate. These have been related to internal audit reports on issues such as charging, self-directed support processes and out of area placements. Although these reports are also presented to the IJB's Audit Committee, it is appropriate that the Council and IJB both have scrutiny and oversight of these reports.

The **Orkney Health and Care Committee** has received 27 reports over the last two years. There is duplication evident in the reports that have gone to this committee, with some also being discussed at either IJB or presented to Policy and Resources Committee for decision (e.g. Charging, CSWO annual report, Child Poverty Strategy etc).

The only reports over the last two years that have gone to the Orkney Health and Care Committee that have not involved obvious duplication are those related to some elements of performance, for example, the Local Government Benchmarking Framework indicators. Given work has begun to expand the IJB Audit Committee to become a Performance and Audit Committee, this would seem to be the natural home for such reports in the future.

This leaves a question mark around the purpose and usefulness of the Orkney Health and Care Committee moving forward.

It is evident that a number of our local Elected Members feel slightly removed from the business of the IJB and the Health and Social Care Partnership. Indeed, it was due to this very reason that the membership of the Orkney Health and Care Committee was expanded a couple of years ago. Discussions have begun with the chair of the Committee and individual members, including the Leader of the Council, about the efficacy of the Committee and how to ensure that elected members can feel closer to the work of the IJB and the issues around health and care provision in Orkney.

**It is recommended that the Orkney Health and Care Committee be disestablished and replaced with Elected Members briefings, with an open invite to all Elected Members.**

These briefings would:

- Allow officers the opportunity to update all members on areas of development.
- Allow officers to share any emerging issues or trends relating to health and care.
- Allow members to request updates on any subjects/issues they would like to know more about.
- Provide a slot every session for members to raise any issues that may be causing their constituents concerns.

## 2.2. NHS

There has been a total of 37 reports presented by Health and Social Care Partnership managers to NHS committees, including the Board. Included within this, are the reports to the Joint Clinical and Care Governance Committee. Although a joint Committee, fulfilling the assurance function for both the NHS Board and IJB, the detail has been included here as the Committee is administered as part of the NHS committee cycle.

The breakdown of the number of reports, and to which committee they were presented, is provided below.

|   |     |
|---|-----|
| NHS Board.                                    | 9.  |
| Joint Clinical and Care Governance Committee. | 22. |
| Area Partnership Forum.                       | 2.  |
| Finance and Performance Committee.            | 3.  |
| Information Governance Committee.             | 1.  |

The items that have been tabled at **NHS Board** appear to be generally appropriate. Equally, with workforce planning being discussed at **Area Partnership Forum**, revenue and expenditure position at **Finance and Performance Committee** and the IJB's Information Governance report at the **Information Governance Committee**, all three of these Committees seem to be receiving appropriate reports from Health and Social care Partnership managers.

As can be noted from the table above, the bulk of IJB-related business fed through NHS committees, has been through the Joint Clinical and Care Governance route, with 60% of all reports going there. Further analysis of the reports to **Joint Clinical and Care Governance Committee** (JCCGC) shows that approximately half are appropriate business for that committee. These include complaints reports, Joint Inspection of Children's Services updates and Chief Social Work Officer annual reports. The other reports that have been submitted to JCCGC are related to strategy documents, all of which are discussed and approved in other Committees.

There is a view that all strategies with clinical and/or care components should be presented to the JCCGC. This position, however, ignores the following considerations:



- The creation of strategy documents is done in consultation with all key stakeholders, including clinicians as appropriate.
- Given all of the other governance routes for strategy documents, discussion at JCCGC is unnecessary duplication.
- The JCCGC agenda is generally full, and spending time discussing high-level strategy documents runs the risk of detracting from the business of addressing clinical risks, standards of practice etc.
- All strategy documents are ultimately approved via Council, IJB, NHS or the Orkney Partnership Board (CPP) as appropriate.

**It is recommended that we cease taking strategy documents to the Joint Clinical and Care Governance Committee.**

### **2.3. Integration Joint Board**

As would be expected, the vast bulk of committee-based business for Health and Social Care Partnership managers has been with the IJB governance structures. Since January 2019, a total of 121 reports have gone through the **Integration Joint Board** and a further 33 reports to the **Audit Committee**. Analysis of reports to these committees shows a high degree of appropriateness.

There has already been discussion with the IJB and the Chair of the Audit Committee about expanding the remit of the Committee to include performance reporting.

**It is recommended that the Audit Committee is expanded to include performance reporting and is renamed as the Performance and Audit Committee.**

There has been a variety of different types of reports presented to the IJB over the period, ranging from regular revenue and expenditure reports through to statutorily required reports such as the Community Justice and the Alcohol and Drugs Partnership annual reports. In addition, there has been a blend of reports around some national health and care developments, such as the Independent Review of Adult Social Care and the Ministerial Strategic Group self-evaluation. Encouragingly, there has also been a sizeable number of reports related to local plans, including Winter and Primary Care Improvement, as well as reports covering the development of new ways of working such as the introduction of Distress Brief Interventions, Near Me and Home First.

The nature of the business through the IJB during the period has been stratified and detailed in the table below.

| <b>Type of Report.</b>                   | <b>Number.</b> |
|--|----------------|
| General Progress Review.                 | 4.             |
| Policy.                                  | 3.             |
| Statutory Report (annual/bi/tri annual). | 17.            |
| National Developments.                   | 10.            |

| <b>Type of Report.</b>                  | <b>Number.</b> |
|---|----------------|
| Governance.                             | 12.            |
| Finance.                                | 20.            |
| Local Developments/New Ways of Working. | 17.            |
| Strategy.                               | 15.            |
| Risk/Performance/Audit.                 | 13.            |
| Joint Inspection Children's Services.   | 10.            |
| <b>Total.</b>                           | <b>121.</b>    |

There have been no formal reports through the **Strategic Planning Group (SPG)**, but this is to be expected. The SPG should be a space for a wide and diverse range of key stakeholders to help plan and build engagement through their networks and to help shape and inform strategic planning. Experience across the country suggests that the best way of maximising the effectiveness of the SPG is to build on informal, workshop style approaches as opposed to a more formalised Committee. The new Chair of the group is keen to further develop this approach.

**It is recommended that the Strategic Planning Group reviews its Terms of Reference and membership to maximise its full potential.**

Since the creation of the Integration Joint Board, the requirement for a Joint Staff Forum has never been truly fulfilled. With the well-established NHS Area Partnership Forum and the Council's regular Trade Union engagement structures, there is further discussion to be had with the trade unions and staff side about how best to ensure engagement and collaboration with the Integration Joint Board and the Health and Social Care Partnership.

**It is recommended that the Chief Officer meets with trade unions and staff side to agree an approach around consultation, engagement and collaboration.**

### **3. Orkney Partnership Board**

Since January 2019, Health and Social Care Partnership managers have presented 16 reports to the community planning partners via the Orkney Partnership Board. These have all been appropriate as they relate to plans that (whilst perhaps led by Health and Social Care staff) are owned by all partners. Examples of this include the Corporate Parenting Plan, Children's Services Plan, Child Poverty Strategy and Joint Inspection updates.

There is, perhaps, scope to further clarify the status of the Orkney Partnership Board and its role in ultimately approving plans that involve all partners. Whilst the Council and the NHS have statutory responsibilities to ensure, for example, that there is a Children Services Plan for their local area, this plan requires to be approved by the community planning partnership. There are a number of areas of strategy where all partners need to own and deliver the plan, and this can only happen if approved at the community planning level.

**It is recommended that we clarify that plans and strategies, requiring delivery from a wide range of community planning partners, should go to the Orkney Partnership Board for approval and, subsequently for noting, to Council, IJB, NHS as required.**

## **4. Conclusion**

Despite the concerns expressed by some managers about the layers of governance, and the challenge of servicing committees across the three public bodies as well as the Orkney Partnership Board, the findings of this exercise suggest that much of what we currently do is entirely appropriate.

Since January 2019, a total of 257 reports have been presented to the various committees, including those taken to the Orkney Partnership Board. This is a substantial number, particularly considering that for the last year and a half, we have been managing a pandemic and that some of the governance arrangements had been stood down during some of that time.

The duplication of effort that managers have cited seems to relate to only two areas – the Orkney Health and Care Committee and the Joint Clinical and Care Governance Committee. The implementation of the recommendations contained in this report will eradicate all formal reporting to the former and approximately half of the reporting currently being done to the latter.

Although the reporting related to the Joint Inspection of Children's Services improvement planning and progress is likely to continue for some time yet, it is anticipated that the regularity of reporting will reduce as further assurance is gained. This reporting, alongside the unnecessary reporting to the two committees noted above, currently accounts for 16% of all reports taken to committees by Health and Social Care Partnership managers.

The recommendations contained throughout this report (and listed below for ease of reference) will greatly assist in reducing some of the current demand on managers' time. They will also help clarify and simplify the arrangements and allow for the 'What Goes Where When – A Guide to Health and Social Care Governance in Orkney' to be fully introduced and disseminated.

## **5. Recommendations**

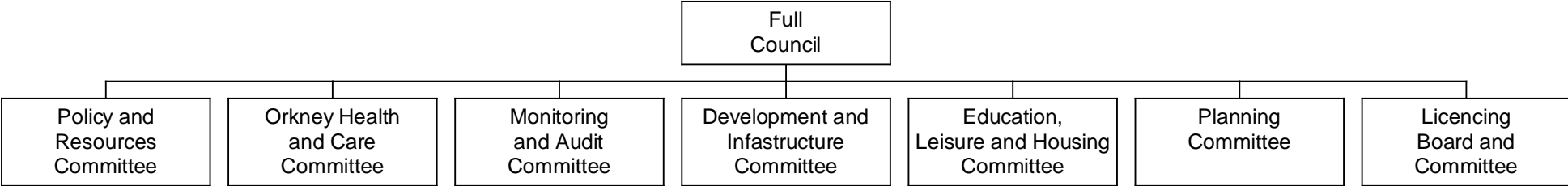
1. It is recommended that the Orkney Health and Care Committee be disestablished and replaced with elected member briefings, with an open invite to all elected members.
2. It is recommended that we cease taking strategy documents to the Joint Clinical and Care Governance Committee.
3. It is recommended that the IJB Audit Committee is expanded to include performance reporting and is renamed as the Performance and Audit Committee.
4. It is recommended that the Strategic Planning Group reviews its Terms of Reference and membership to maximise its full potential.

5. It is recommended that the Chief Officer meets with trade unions and staff side to agree the best approach around consultation, engagement and collaboration.

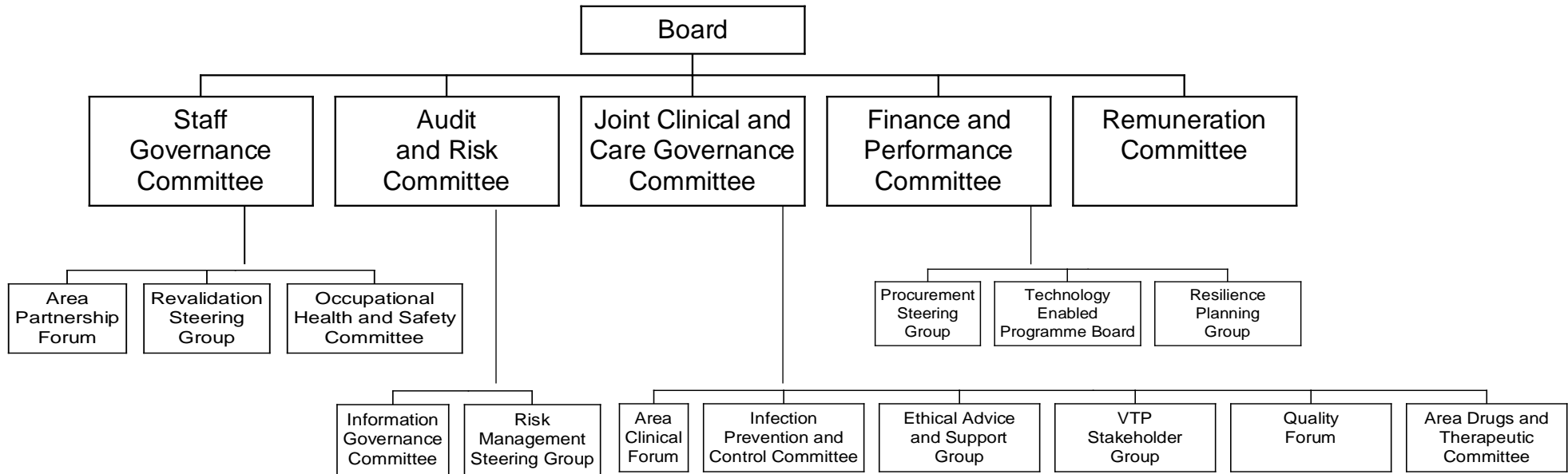
6. It is recommended that we clarify that plans and strategies, requiring delivery from a wide range of community planning partners, should go to the Orkney Partnership Board for approval and, subsequently for noting, to Council, IJB, NHS as required.

**6 August 2021.**

# Appendix 1: Orkney Islands Council Governance



## Appendix 2: NHS Orkney Governance



**Appendix 3: Integration Joint Board**

