



**Caroline Sinclair**

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## **Agenda Item 3**

### **Orkney Integration Joint Board**

Wednesday, 6 December 2017, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

### **Minute**

#### **Present:**

Voting Members:

- Jeremy Richardson (Chair), NHS Orkney.
- Councillor Rachael A King (Vice Chair), Orkney Islands Council.
- David Drever, NHS Orkney.
- Rognvald Johnson, NHS Orkney.
- Councillor John T Richards, Orkney Islands Council.
- Councillor Stephen Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Dr Kirsty Cole, Registered GP, NHS Orkney.
- Scott Hunter, Chief Social Work Officer, Orkney Islands Council.
- David McArthur, Registered Nurse, NHS Orkney.
- Pat Robinson, Chief Finance Officer.
- Caroline Sinclair, Chief Officer.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Fiona MacKellar, Staff Representative, NHS Orkney.

#### **Clerk:**

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

**In Attendance:**

- Gavin Mitchell, Head of Legal Services, Orkney Islands Council (for Items 7 to 27).
- Katharine McKerrell, Solicitor, Orkney Islands Council.
- Shaun Hourston-Wells, Project Officer, Orkney Health and Care (for Items 8 to 27).

**Observing:**

- Maureen Firth, Head of Primary Care Services, Orkney Health and Care (for Items 1 to 23).
- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services, Orkney Health and Care.
- Lynda Bradford, Service Manager, Health and Community Care East, Orkney Health and Care (for Items 8 to 19).
- David Hartley, Communications Team Leader, Orkney Islands Council (for Items 7 to 11).

**Not Present:**

Stakeholder Members:

- Janice Annal, Service User Representative.
- Sandra Deans, Carer Representative.

**Chair:**

- Councillor Rachael A King – for Items 1 to 3.
- Jeremy Richardson – for Items 4 to 27.

**1. Apologies**

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

- Sally George, Staff Representative, Orkney Islands Council.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.
- Ashley Catto, HR Manager, NHS Grampian.

**2. Declarations of Interest**

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

**3. Minutes of Previous Meeting**

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 27 September 2017.

The Minute was approved as a true record, on the motion of Councillor Rachael King, seconded by Councillor John Richards, subject to the following amendment:

## **Risk Register**

On page 5 of the Minute, Fiona MacKellar requested that the first sentence of the third paragraph be amended to read as follows:

“Fiona MacKellar referred to risk 4 and the inference of “island proofing” and suggested that, no matter what happened, NHS staff governance standards were legislated.”

## **4. Matters Arising**

### **4.1. Developing Community Mental Health Services**

Caroline Sinclair advised that the public engagement event, led by the Blide Trust, held on 20 November 2017, had been particularly well attended, with over 70 participants. The output report would be submitted to the Board of NHS Orkney in due course and work was progressing well.

### **4.2. Set Aside Budget**

In response to a question from Jeremy Richardson regarding set aside budgets, Pat Robinson advised that she had checked with both Shetland Islands Council and the Western Isles Council as to how their integration authorities had dealt with the set aside budget within their accounts and had passed the information to the Head of Finance at NHS Orkney. The calculations were complex and work was ongoing to identify the level of set aside budget locally.

Rognvald Johnson confirmed that, for that reason, the issue had not yet been presented to the Finance and Performance Committee of NHS Orkney for consideration in the first instance.

### **4.3. Financial Monitoring**

Pat Robinson confirmed that the breakdown of service areas had now been circulated to all members, via a briefing.

## **5. Action Log**

There had been previously circulated an Action Log which monitored progress against actions due and for the Board to consider corrective action where required.

The Board noted the status of actions contained in the Action Log.

## **6. Risk Log**

There had been previously circulated the Risk Log, updated as at December 2017, for consideration, scrutiny and approval.

Caroline Sinclair advised that the format of the Risk Log remained as previously, in advance of referral to the Audit Committee. Following a Board development session, another risk, Risk 17 relating to a Strategic Commissioning Plan which allowed for delivery of a service model within the available budget allocated from both partners, had been added, with a high risk quantification.

The Board noted the content of the Risk Log.

## **7. Performance Monitoring**

There had been previously circulated a report which set out performance of the services commissioned by the Integration Joint Board for the period 1 July to 30 September 2017 for scrutiny.

Caroline Sinclair provided additional information on those actions marked as Red or Amber where the performance was not solely due to slippage on the approved timescale.

With regard to the Direction on page 10 relating to the establishment of a working group bringing together public health and primary care for planning purposes, David Drever queried what the "Formal Process still to be adopted" referred to. Dr Louise Wilson confirmed that efforts were being made for this to be undertaken through existing groups, rather than establish yet another group, however staffing issues within Public Health was one of the reasons for lack of progress.

With regard to the Direction on page 15 relating to the Single Shared Assessment, Caroline Sinclair confirmed that the aspiration was for the same template to be used across both partners which would minimise repeat assessments and maximise information sharing, however a decision was still outstanding in respect of which electronic caseload system would be used, with work ongoing through NHS Orkney's e-health workstream. Jeremy Richardson queried what implications, if any, this had for service users, and Caroline Sinclair gave assurance that assessments were still being carried out, just not necessarily on the same format, therefore some element of duplication still existed, however there was no detriment to service users with the current arrangements.

With regard to the Direction on page 16 regarding the Generic Worker pilot, Caroline Sinclair advised that this was one strand of work which the Board had passed to the Strategic Planning Group to progress. Work was also ongoing with NHS Scotland's Improvement Hub to ascertain what was happening elsewhere in Scotland. Councillor Stephen Sankey was encouraged by this, as this was one area where innovation could produce results. Caroline Sinclair further advised that engagement had commenced with colleagues from the Scottish Social Services Council and the Care Inspectorate regarding registration and regulation and the challenges for remote and rural areas. Early indications were that engagement from both organisations was encouraging and they would also be attending the follow up event to the Meet the Commissioner event held recently.

With regard to the Direction on page 29 regarding use of the Demand, Activity, Capacity and Queue approach, Caroline Sinclair confirmed that support had now been secured from the NHS National Shared Service, as well as within NHS Orkney, therefore this action could be progressed. Councillor Rachael King was grateful that additional resource had been secured, given that mental health services had been raised numerous times throughout the locality consultation and was obviously an issue with the public.

With regard to the Directions on pages 30 and 31 relating to the Child and Adolescent Mental Health service, Caroline Sinclair advised that lack of progress was due to staff shortages as well as an increased demand for services. The service was doing everything to mitigate this, including utilising staff with complementary skills to fill gaps meantime, until recruitment was achieved.

Councillor Rachael King referred to the lack of practitioners within the Child and Adolescent Mental Health service, which was a common theme across Scotland, which was creating vulnerability in the service. She sought the Board's support to create space for a clear focus, so that young people had the support they needed and a pathway identified. Referring to the recent public engagement event on the review of community mental health services, Gail Anderson advised of the real opportunities for cross sectoral working and a willingness from the various partners to co-operate.

With regard to the Peer Support "Home from Hospital" service, Jeremy Richardson remarked on the lack of referrals and the proposal that the service be discontinued from the next financial year. Caroline Sinclair advised that measures had been taken to raise awareness of the service, with Blide Trust employees undertaking relevant training for peer support. The agreed process was that the inpatient service would make the referrals and, despite representatives from the Blide Trust visiting Aberdeen to raise awareness, for whatever reason, referral levels were very low. Regardless, the employees trained with the relevant skills would remain available, even if the formal referral service was stopped.

With regard to the targets for Alcohol Brief Interventions on page 33, Caroline Sinclair advised that it was unlikely the targets would be met by the year end. Colleagues were engaging with the Scottish Government to ascertain what impact this would have, given that the way in which Alcohol Brief Interventions were currently delivered departed from the original evidence base. Dr Louise Wilson advised that a number of "fast" screens were not scoring high enough, or the person declined the Alcohol Brief Intervention at the end of the process, and work was ongoing to see why that was happening.

With regard to the Direction on page 35 regarding a means to be developed for unpaid carers to undertake and submit an initial level self-assessment, Caroline Sinclair confirmed this had not yet commenced, due to service capacity. The service was currently focussing on delivery of the new obligations arising from the Carers' Act, which were due to take effect from 1 April 2018. Although Rognvald Johnson was concerned that no timescale could be provided on when this work would commence, Caroline Sinclair gave assurance that carers' assessments were being undertaken, where required, with this piece of work aimed at carers undertaking a first stage assessment before requesting a formal assessment.

The Carers' Strategy Group had good representation and were focussing on the priorities, which were eligibility criteria and ensuring that statutory requirements were met.

With regard to the Direction on page 36 relating to carers being directly involved and informed in health and social care, care planning processes and planning for those they cared for, Caroline Sinclair advised that the revised Discharge Policy and processes would be considered formally through the Clinical and Care Governance Committee in due course, and would also be submitted to the Carers' Strategy Group for their support and approval.

On a general note, Councillor Rachael King remarked on the number of Directions which were not progressing as agreed due to lack of capacity and, although the Board was aware of recruitment difficulties, the Board should also be aware of the pressure placed on existing staff and to be mindful when agreeing further work over and above the statutory work.

Fiona MacKellar referred to the narrative relating to the Direction on page 21, regarding the action plan to be agreed to ensure the principles of the Active and Independent Living Programme underpinned service provision, and queried whether Lead GP should be Lead AHP, which Caroline Sinclair confirmed it should be.

Regarding Appendix 2, Performance Indicators, Caroline Sinclair advised that the Board's concerns regarding information from other sources had been taken on board and data included, where possible. Areas of underperformance included psychological therapies, outpatient appointments and Child and Adolescent Mental Health services. Some of this was due to the visiting schedules of specialists in that, if a person missed an appointment, for whatever reason, it could be some time before that specialist was next in Orkney.

The Board noted the performance information contained in Appendices 1 and 2 to the report circulated.

## **8. Financial Monitoring**

### **Revenue Expenditure Monitoring Statement to 31 October 2017**

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 31 October 2017, for scrutiny.

Pat Robinson highlighted the current overspend position as at 31 October 2017 of £471,000, together with a projected overspend at the year end of £812,000, both of which had increased since the previous financial monitoring period. Although reasons for this position were outlined in section 3.10 of the attached revenue expenditure monitoring report, two main areas were causing concern, namely the prescribing budget and sleep-in payments.

With regard to the prescribing budget, the projected overspend was based on the current spending pattern which had increased recently due to higher unit prices and volume – it was not yet known whether this was recurring or one-off.

With regard to sleep-in payments, this was subject to a report to be considered by the Human Resources Sub-committee of Orkney Islands Council.

Pat Robinson suggested that the Recovery Plan, attached as Annex 3 to the revenue expenditure monitoring report, was operational in nature and was an attempt at tidying up money at the year end to ensure items were accounted against the correct budget head. The Recovery Plan should ideally stipulate what services were to be decommissioned in order to achieve a break even position.

As Chair of the Audit Committee, Councillor Stephen Sankey was concerned at the serious situation, particularly the increasing projected year end overspend, and suggested that the five main budget “bleeds” be considered, in detail, to ascertain why those areas were overspending and to get more definition of the situation. The Strategic Planning Group, which had been tasked to look at different ways of working, understood that any change took time to implement and embed, however in the meantime, the Board was heading for a financial crash.

Councillor John Richards advised that he was struggling with the term Recovery Plan, given that most of the services provided were demand led. Starting from a negative position each financial year would just lead to that situation worsening, as there was not enough budget, too much service requirement and an inability to move money across services.

David Drever advised that the Board should set a marker now in that the overspend or budget deficit, however stated, was not due to profligacy by the Integration Joint Board, nor decisions taken by NHS Orkney or Orkney Islands Council, but by decisions made nationally. He also suggested this was a position faced by every integration authority and was a result of austerity. Decisions required to be taken which would impact on the most vulnerable people.

David Drever queried whether officers were actively talking to the parent bodies regarding the current financial situation and how they were going to deal with it. Pat Robinson confirmed that she had written to both Chief Executives and suggested this now required to be followed up with face-to-face meetings in January. Any action however, would require to be considered through the Finance and Performance Committee of NHS Orkney and the Orkney Health and Care Committee of Orkney Islands Council. A one-off payment had been received, from the Council’s contingencies, regarding children’s residential care services and NHS Orkney had provided additional funding of £100,000 in respect of primary care services.

Fiona MacKellar suggested that, although vacancy management was used as a non-recurring saving within any financial year, this often had a knock-on effect in waiting times while decisions were taken on whether to recruit or redesign the vacant post, which resulted in a negative impact locally and with the public. Councillor John Richards agreed and stated that vacancy management also had a negative impact on the remaining staff, given that most services ran with small teams.

Jeremy Richardson summarised that the Integration Joint Board, as a commissioning body, made directions to the Council and NHS Orkney on the services it would like to see delivered. The Board had very little say on operational delivery, but required to scrutinise delivery, therefore how could the Board be held accountable for any overspend. The Board would be seen as the body cutting services and not controlling expenditure. The Recovery Plan circulated did not give solutions and he stressed that this was not a criticism of the officers as the decision on which services required to be cut were made by the Board, as explained.

The Board noted:

**8.1.** The revenue expenditure report, attached as Appendix 1 to the report circulated.

**8.2.** The financial position of Orkney Health and Care, as at 31 October 2017, indicating a current overspend of £417,000.

**8.3.** The forecast overspend position as at 31 March 2018, of £812,000, based on current spending patterns.

The Board **approved**:

**8.4.** The Recovery Plan, attached as Annex 3 to the revenue expenditure report, attached as Appendix 1 to the report circulated.

## **9. Delayed Discharges**

There had been previously circulated a report providing information in relation to local performance and matters relating to Hospital Delayed Discharges and making recommendations for improved protocols and procedures for consideration and approval.

Before consideration of the report, Jeremy Richardson advised of a proposed change, in that the recommendation to approve a draft procedure for dealing with delays due to cognitive impairment was an operational matter and, as such, should be referred to the Council's Orkney Health and Care Committee for consideration and determination.

Caroline Sinclair reminded members of the request at a previous meeting on further information in relation to delayed discharges and the implications for the partnership. The report circulated provided the further information requested, including the context for delays, how those delays were recorded and the types of delay. The presentation from the Local Intelligence Support Team, Information Services Division, attached as Appendix 1 to the report circulated, provided the hard data in relation to delayed discharges.

It should be recognised that, although Orkney had the best performance in Scotland with regard to delayed discharges, a position other integration authorities would wish to aspire to, the numbers of delayed discharges had started to increase, hence why some investigation had been undertaken. There were two main reasons – lack of capacity within the Home Care service and lack of residential care places. In response, the Council had agreed additional recurring funding for the Home Care service, amounting to £150,000 per annum, as well as progressing two new residential care facilities.

Although there was a good multi-agency approach to delayed discharges, there did appear to be some anomalies in the recorded reasons for the delays, with no delays noted due to issues within services provided or family reasons, when it was known that these do occur. The matter to be referred to the Council's Orkney Health and Care Committee was a procedure for dealing with delays due to cognitive impairment. Although the numbers were not high, the length of the delayed discharge could be challenging, given the often lengthy legal process, and with the person losing cognitive skills and confidence.



Dr Louise Wilson referred to the data in the Appendix which appeared to show a rapid rise in bed days lost, from 600 to 1,500. Caroline Sinclair advised that, rather than compare nationally, the demographic pressures, which were widely known, were impacting now, with more people requiring higher levels of care.

David Drever referred to the striking graph for “Code 9” delays, to which Caroline Sinclair responded that the vast majority were waiting residential care and it was not considered reasonable to ask people to move out of Orkney to achieve that, and this position was expected to continue to feature until such time as the two new facilities were operational. The same situation featured in services in the community, where it was not expected that a person should have to move from their own community to another in order to receive services. Further, if the authority insisted on a person moving outwith their own community in order to receive services and a legal challenge initiated, it was considered unlikely that the authority would be successful.

Fiona MacKellar suggested that, with the new builds and a reduction in the number of rehabilitation beds, there was the potential for even greater problems from 2019, should the situation not be addressed.

Councillor John Richards left the meeting at this point.

The Board noted:

**9.1.** That the local position with regard to delayed discharges against the national context was positive.

**9.2.** The causative factors in the delays.

**9.3.** That delays caused particularly by patient and family preferences had not been well recorded, however it was known that these did occur.

**9.4.** The lengthy delays that arose where cognitive impairment and guardianship was a factor.

**9.5.** That the Discharge Policy was in the process of being updated, ahead of implementation.

The Board **agreed:**

**9.6.** That a new protocol be developed to record and better manage the delays that arose due to patient and family preference.

**9.7.** That the draft procedure for dealing with delays due to cognitive impairment, attached as Appendix 2 to the report circulated, be referred to the Council’s Orkney Health and Care Committee for consideration.

## **10. Communication and Engagement Strategy**

There had been previously circulated a report presenting an updated Communication and Engagement Strategy for consideration and approval.

Caroline Sinclair advised that the proposed strategy, which was a refresh of the existing one, was self-explanatory, and included a move towards online communications, such as Facebook and YouTube, as a method of raising awareness of the services provided and to assist in recruitment.

Councillor Rachael King commented that, although communications were improving and the strategy reflected that, traditional methods should be retained for those who could not or did not access social media channels.

Councillor John Richards rejoined the meeting at this point.

Councillor Stephen Sankey commented that, although the proposed strategy had an immediate dateline in that it was for 2018 to 2019, there was no indication of current issues. The recent consultation on localities had highlighted that mental health was of huge concern, the Integration Joint Board was underfunded and struggling and services were struggling to meet statutory requirements. He felt the strategy would benefit from a strategic overlay of current issues.

Gail Anderson highlighted the importance of conveying back to people who had taken time to respond to consultations what action, if any, had been taken and, if not, why not. Perhaps this was something that could be covered in an accompanying action plan, rather than in the communications strategy.

The Board **approved** the Communication and Engagement Strategy 2018 to 2019, attached to the report circulated.

## **11. Locality Planning and Locality Level Budgets**

There had been previously circulated a report advising members on progress with the Locality Planning Strategy and associated budgetary allocations.

Caroline Sinclair advised that the paper explained progress on locality level budgeting and the consultation event, with a complete set of engagement results from the locality planning events.

Pat Robinson referred to the Localities Guidance attached as Appendix 2 to the report circulated, issued by the Scottish Government, and, in particular, how locality level budgets were to be established and advising that information on the resource use and fair share benchmarks could be obtained using data available from NHS National Standards Scotland. Although Pat Robinson had contacted NHS National Standards Scotland, no information had been received. Locally, some NHS budgets could be split between the isles and the mainland, however this was not so straightforward for social care services as the service was available for all those eligible, regardless of where they resided.

A benchmarking exercise had also been undertaken to establish how developed other integration authorities were with their locality budgeting process which indicated that, of the 18 authorities who had responded, 15 had not yet commenced. Accordingly, although locality budgets were a requirement, Orkney Health and Care was not any further behind than other integration authorities and the risk associated with not yet having achieved this was felt to be low.

The Board noted the contents of the report.

## 12. Strategic Commissioning Plan

There had been previously circulated a report, together with an Equality Impact Assessment, presenting the outline approach to the refreshed draft Strategic Commissioning Plan for 2018 to 2019 for consideration and approval.

Caroline Sinclair advised that, as this was the final year of the current Strategic Commissioning Plan, the proposed approach was high level, with duplication stripped out, including operational matters. The Strategic Planning Group would be tasked with populating the information under the key headings, as well as how the financial gap might be closed. This should not be seen as making the process too simplistic, given that difficult decisions still required to be made and a second development session on the funding situation was scheduled for later that day. Should the approach be approved, this would leave the final quarter of the current financial year in which to undertake consultation, with the final draft Strategic Commissioning Plan being submitted to the Board, for approval, thereafter.

Dr Louise Wilson queried how specific the directions were to the partners and was the Board stacking up more problems due to the lack of clarity of what was commissioned. Caroline Sinclair responded that there was a standing direction to both partners to continue with services unless the Board stated otherwise, with specific directions given following decisions taken by the Board. However, it may be time to think differently, although the challenge would remain with those delivering the services. There was agreement however that, if there was no change and things continued as was, it would get worse.

Councillor Rachael King queried whether a service was given a specific direction and a funding envelope within which to provide that service, would that protect the Board from an overspend situation. Caroline Sinclair confirmed that, if an overspend occurred in a formally commissioned service, the service provider did not come back and ask for more funding. What was required was a more joined up, collaborative planning approach to avoid the Strategic Commissioning Plan becoming an artificial document. This was not an uncommon question across all integration authorities.

Discussion then followed on longer term planning and that transformation of services took time and resource. A suggestion was made that a similar approach to the Council's Change Team could be implemented – rather than doing one year planning, analyse the detail and consider a longer timescale in which to achieve the required level of savings. Caroline Sinclair assured the Board that there was nothing to stop planning further ahead – this was the last year of the current Strategic Commissioning Plan. Work had been undertaken with the Council's Change Team and, although Orkney Health and Care was in the queue to consider innovation, there was currently no capacity within Orkney Health and Care to progress meantime. Work was also ongoing with the Transformation team in NHS Orkney.

Fiona MacKellar referred to the chart on page 6 of the draft Strategic Commissioning Plan and Caroline Sinclair confirmed that this was a holding diagram from the current year's plan. The audience for the Plan, the public, would have little understanding of the content of the diagram, therefore, although the chart would reflect high level budget headings, the detail of what was within each service would also be stated.

Councillor Rachael King referred to the high level approach being suggested and queried whether mental health should be specifically mentioned, or whether it would be adequately covered in the proposed sections. Caroline Sinclair suggested that a fourth heading could be added, although this would be service specific – the Plan was intended to focus on what services the Board wanted to see regardless of the specific health or social care needs of the service user.

David Drever queried whether the consultation could be undertaken in the timescale indicated and the final draft submitted to the Board by March 2018. Caroline Sinclair confirmed that the process was ahead in time compared with last year and the Scottish Government had provided confirmation that the Board only required to consult through the Strategic Planning Group, as this was a refresh of the existing Plan. Following the development session scheduled for later that day, the various sections would be populated and the updated draft circulated promptly.

The Board **approved** the outline approach to the draft refreshed Strategic Commissioning Plan for the period 2018 to 2019, attached as Appendix 1 to the report circulated.

### **13. Day Centre and Community Transport**

The Chief Officer advised, for information, on progress made by The Orkney Partnership in respect of day centre and community transport arrangements.

Caroline Sinclair reminded the Board that the external report commissioned to consider day centre and community transport had raised issues which were currently being progressed through NHS Orkney processes, the output of which would be reported to the Board in due course.

### **14. Self-Directed Support**

There had been previously circulated a report presenting, for information, the national audit report, published by Audit Scotland in August 2017, as part of the health and social care series, which presented a progress update on implementation of Self-Directed Support across Scotland.

Caroline Sinclair advised that, although the audit report indicated progress was being made, there was a general theme across Scotland that more work was required to fully embed Self-Directed Support. The local context, which was not coming through in the national audit report, was outlined in the covering report, with the issues well rehearsed through various meetings and discussions in the past.

Jeremy Richardson referred to the third key message of the national audit report, which indicated that authorities were experiencing significant pressures from increasing demand and limited budgets for social care services. The point made locally was that Orkney had no economies of scale and little choice in how to receive care. It was known that services could not continue as at present, and the Board needed to question how services could be delivered differently. Rather than accept bland statements that it could not be done in Orkney, evidence was required to determine whether there was a special case to be made.

Dr Louise Wilson referred to market facilitation and whether social enterprise was an option. The Council could look at alternative models, including working with other local authorities, like NHS Orkney was doing with other NHS boards.

Caroline Sinclair confirmed that work was ongoing with the Improvement Hub, an initial Meet the Commissioner event had been held and a second event scheduled for early 2018.

Gail Anderson referred to opportunities for doing things differently and reported that, working with development trusts and Highlands and Islands Enterprise, Voluntary Action Orkney had received funding to employ a Research Officer to see how care services could be delivered, with input from Strathclyde University to give academic backing to the findings. The outcome of the research may or may not come up with the answers, but it might provide some information on doing things differently, particularly on the islands.

With regard to providing services differently, Caroline Sinclair reminded the Board of the decision to transition day care services on Hoy to the community, although the Council retained the personal care element. Although it took time to implement, the service had seen increased attendance at reduced cost to the Council. The first Meet the Commissioner event had introduced the concept, with the second event to focus on what could be done, with colleagues from the Improvement Hub assisting. Development Trusts were also beginning to show interest in becoming involved, although it did take time to implement any changes, as rushing things through could lead to undermining confidence.

Jeremy Richardson queried if a service user opted for Self-Directed Support and then commissioned services from the Council, would the money come back in. Caroline Sinclair confirmed that, in theory, it would, but questioned why this would happen on Orkney, given that it simply created extra process. This proposal might work on the Scottish mainland where the service could be purchased from a neighbouring local authority but had never occurred locally. With regard to the Council setting up an arms' length organisation to provide services, recent case law may indicate that the benefits would no longer be available therefore this would need careful review before progressing.

The Board noted:

**14.1.** The national audit report, Self-Directed Support 2017 Progress Report, issued in August 2017 by Audit Scotland, the aim of which was to establish whether councils, integration authorities and the Scottish Government were making sufficient progress in implementing Self-Directed Support to achieve the aims of the ten year strategy.

**14.2.** The key messages arising from the national audit report, as set out in section 5 of the report circulated.

**14.3.** How the recommendations arising from the national audit report were being addressed locally, as detailed in section 6 of the report circulated.

## **15. Carers' Eligibility Criteria**

There had been previously circulated a report, together with an Equality Impact Assessment, setting out the legal obligation to implement eligibility criteria for carers, following consultation which, locally, was being led by the Carers' Forum, together with proposed eligibility criteria for consideration and approval.

Caroline Sinclair advised of the requirement to have eligibility criteria in place by 1 April 2018, in accordance with new legislation. Initial consultation had been held with the Carers' Strategy Group and the Council's Orkney Health and Care Committee had subsequently recommended, to the Board, that consideration be given to adopting proposed eligibility criteria which would result in those meeting the critical or substantial threshold receiving services. It was now for the Board to consider that recommendation and thereafter make a direction to the Council.

Dr Louise Wilson was concerned about the impact on young people, if the criteria were restricted to substantial and critical, particularly on their health and wellbeing. Scott Hunter confirmed that the same issue had been raised at the Council's Orkney Health and Care Committee where, as Chief Social Work Officer, he had given assurance that structures and processes were already in place which would result in action being taken long before a young person reached the substantial, let alone critical level. The recommended eligibility criteria would ensure parity across services.

Councillor Rachael King concurred with Scott Hunter regarding the challenge at the Council's Orkney Health and Care Committee and the assurances given regarding other processes and was assured that the same issues were being raised at the Board. Scott Hunter further reminded the Board that the "Getting it Right for Every Child" processes would take precedence in children's services, with the eligibility criteria providing a safety net thereafter.

Dr Louise Wilson countered that, if processes were already in place, lowering the threshold to moderate should not have any financial impact. Caroline Sinclair advised that it was entirely up to the Board, however any change to the proposal would not make any difference or create any detriment for young carers as explained earlier. The Chief Social Work Officer had advised that, in order to maintain parity with eligibility criteria for other services, the proposal was for substantial and critical threshold, on this part of the legislation.

The Board noted:

**15.1.** That, in terms of the Carers (Scotland) Act 2016, Orkney Islands Council was required to introduce eligibility criteria for the provision of services to carers.

**15.2.** The critical requirement to prioritise those most in need within the community at a time of diminishing resources.

**15.3.** The four levels of the eligibility criteria currently available through the national framework used by Orkney Health and Care, as detailed in section 5.6 of the report circulated.

**15.4.** The recommendation from the Council's Orkney Health and Care Committee that support be given to those carers whose needs met the critical or substantial threshold, with a commitment to signpost to community based support for carers who did not meet the eligibility criteria for local authority support when contacting the Council.

The Board **agreed**:

**15.5.** To direct Orkney Islands Council to provide support to those carers whose needs were assessed as meeting the critical or substantial threshold only.

**15.6.** That carers who did not meet the eligibility criteria for local authority support be signposted to available community based support.

Dr Louise Wilson requested that her dissent from the decision above be noted.

## **16. Climate Change Reporting**

There had been previously circulated a report presenting, for information, the Climate Change Report submitted to the Scottish Government in order to comply with legislation.

Caroline Sinclair advised that completion of the Climate Change Report was an artificial exercise, given that the integration authority did not own any property, nor did it employ any staff.

Councillor Stephen Sankey suggested that feedback be sent to the Scottish Government that, although clearly a statutory requirement, completion of this type of report was a complete waste of resources – the statutory duties should remain with the partners who completed and submitted meaningful Climate Change Reports.

Councillor Rachael King concurred with the time wasted on this type of reporting, when the capacity could be spent more efficiently and effectively elsewhere. However, when commissioning services, part of that cost must relate to the provision of heating and lighting, for example, and use of renewable energy could impact on that cost, therefore she queried how the Board could receive assurance that an organisation which received money for commissioning services had considered climate change requirements.

Shaun Hourston-Wells advised that it was identified early on that both the Council and NHS Orkney had responsibility to complete separate reports and he had liaised extensively with colleagues in both organisations. As a strategic body, the Board did not deliver services but it was possible that it could incorporate that recognition and influence through strategic work with other organisations and how they adopted policies for the green agenda. The template was provided by the Scottish Government, with no allowance for adapting to individual circumstances.

The Board noted the contents of the report.

## **17. Audit Committee**

There had been previously circulated a report highlighting key items discussed at the meeting of the Audit Committee held on 27 September 2017, to enable the Board to seek assurance on performance.

Councillor Stephen Sankey, Chair of the Audit Committee, had nothing further to add, although reference was made to use of the words “deficit” and “overspend”, in relation to the sum of £180,000 from NHS Orkney’s perspective, and how else it could be described.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Audit Committee held on 27 September 2017.

## **18. Strategic Planning Group**

There had been previously circulated a report highlighting key items discussed at the meeting of the Strategic Planning Group held on 11 October 2017, to enable the Board to seek assurance on performance.

Councillor Rachael King, Chair of the Strategic Planning Group, gave an update on the work of the Group, including the specific items which the Board had asked them to consider. Regarding the unapproved Minute, Councillor King referred to Item 17/01, where “Carer’s Strategy Group” should read “Strategic Planning Group” and Action 4.3.3 at Item 17/05 should be assigned to “C Sinclair” and not “K Stevenson” as indicated.

Jeremy Richardson remarked on the number of apologies and, given the importance of the Strategic Planning Group, whether this was having an impact on the work of the group and how it was being tackled. Councillor King confirmed that it did have a knock on effect at the meeting, however consideration was being given to reverting back to the basic membership as set out in guidance, with more flexibility in setting up work streams, with dedicated leads. It was hoped that the new hospital would have an appropriate facility to accommodate meetings with large attendances.

Councillor John Richards referred to references throughout the unapproved Minute to “Orkney Island Council” and requested that it be corrected.

Rognvald Johnson asked if any contact had been made with the Work Group leads identified in Item 17/05. Caroline Sinclair advised that clusters of interested people had made themselves known and confirmed that she was the Work Group lead for Action 4.3.3, the role of the Generic Worker, and not K Stevenson as indicated in the unapproved Minute. She undertook to pass on all the corrections identified in the unapproved Minute.

The Board noted:

**18.1.** The content of the report, together with the unapproved Minute of the Meeting of the Strategic Planning Group held on 11 October 2017.

**18.2.** Progress on the three actions passed from the Board to the Strategic Planning Group, as set out in section 5 of the report circulated.

**18.3.** Progress on the workplan, as set out in section 6 of the report circulated.

The Board **agreed:**

**18.4.** To decommission the post of Discharge and Care Co-ordinator, currently vacant, effective immediately, as the work undertaken by the post holder, although useful, was now being achieved by different means with the same outcomes.

**18.5.** To defer consideration of decommissioning the GP Admission Bed, effective from 1 April 2018, to enable the Strategic Planning Group to further consider the financial implications.



The Board noted:

**18.6.** That David Drever had volunteered to take on the role of Vice Chair of the Strategic Planning Group.

## **19. Clinical and Care Governance Committee**

There had been previously circulated a report highlighting key items discussed at the meeting of the Clinical and Care Governance Committee held on 11 October 2017, to enable the Board to seek assurance on performance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 11 October 2017.

## **20. Joint Staff Forum**

There had been previously circulated a report highlighting key items discussed at the meeting of the Joint Staff Forum held on 19 October 2017, to enable the Board to seek assurance on performance.

Fiona MacKellar, Chair of the Joint Staff Forum, advised that the national health and social care workforce plan was now out to consultation and highlighted the discussion where a colleague had advised that a potential employee could not afford to live in Orkney and therefore had declined an offer of employment. Councillor Rachael King found this deeply concerning, given known pressures on the existing workforce.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Joint Staff Forum held on 19 October 2017.

## **21. Items to be brought to Partners' Attention**

The Board **agreed** that the undernoted items be escalated to both Orkney Islands Council and NHS Orkney:

- Budget deficit.
- Supporting the workforce in being able to afford to live and work on the islands.

## **22. Date and Time of Next Meeting**

It was agreed that the next meeting be held on Wednesday, 14 March 2018 at 09:30 in the Council Chamber, Council Offices, Kirkwall.

## **23. Disclosure of Exempt Information**

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.

David McArthur and Dr Louise Wilson left the meeting at this point.

## **24. Appointment of Standards Officer**

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 1 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report advising of the statutory requirement to appoint a Standards Officer and making recommendations for appropriate nominations for Standards Officer and Deputies for consideration and approval.

Gavin Mitchell provided background information on the existing appointments of Standards Officer and Deputies. The proposal was to make further temporary appointments, for a period of 16 months, to be continually reviewed with a view to making permanent appointments thereafter.

The Board **agreed**:

**24.1.** To formally nominate, for approval by the Standards Commission, Gavin Mitchell, Head of Legal Services, Orkney Islands Council, as the Standards Officer of the Integration Joint Board, for a further period of 16 months to April 2019.

**24.2.** To formally nominate, for approval by the Standards Commission, Katharine McKerrell and Karen Bevilacqua, both Solicitors with Orkney Islands Council, as Deputy Standards Officers of the Integration Joint Board, for a period of 16 months until April 2019.

**24.3.** That the Chief Officer write to the Standards Commission with the relevant information.

## **25. Intensive Fostering Service**

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 3 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report advising members of progress since implementation of the Intensive Fostering Service in November 2014.

Caroline Sinclair advised that the Intensive Fostering Service was showing as Red on the performance monitoring report relating to the Strategic Commissioning Plan Actions, as base line funding had not yet been agreed from 1 April 2018 onwards. Although an application had been made to the Council's Innovation Fund for a further three years of funding, the Member/Officer Working Group responsible for considering applications had subsequently recommended that the application should not be supported, for the reason that it no longer met the criteria for the Innovation Fund, and that the matter should progress through the Council's budget setting process as a baseline increase.

The project had initially met its objectives and had certainly proved its worth financially, with a clear evidence base to support the proposal as it made its way through the Council's budget setting process.

Councillor Stephen Sankey confirmed that he was a member of the Innovation Fund Member/Officer Working Group and, although all members present were persuaded of the effectiveness of the project, it no longer met the criteria, and assured the Board that it would get the support of that Group as it made its way through the Council's budget setting process.

The Board noted the contents of the report.

## **26. Briefings Issued**

The public had been excluded from the meeting for this item.

The Board noted the undernoted briefings, issued under separate cover:

- Structure and Membership.
- Shift from Analogue to Digital.
- Meeting Facilities.
- Pharmacy Services.
- Home Care Service – report to Clinical and Care Governance Committee.
- Dementia Diagnosis Rates – report to Clinical and Care Governance Committee.
- Looked After Children (Corporate Parenting).
- Scottish Public Services Ombudsman – Annual Report for 2016 to 2017.
- Winter Plan.
- Our Voice.
- Board Development Session – 8 November 2017.

Discussion followed on the briefings.

**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.**

## **27. Conclusion of Meeting**

There being no further business, the Chair declared the meeting concluded at 13:15.

Signed: