



Sally Shaw (Chief Officer)
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Orkney Integration Joint Board

Tuesday, 25 June 2019, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present

Voting Members:

- Davie Campbell, NHS Orkney.
- David Drever, NHS Orkney.
- Issy Grieve, NHS Orkney.
- Councillor David Dawson, Orkney Islands Council (proxy).
- Councillor Rachael A King, Orkney Islands Council.
- Councillor John T Richards, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Dr Kirsty Cole, Registered GP, NHS Orkney.
- Scott Hunter, Chief Social Work Officer, Orkney Islands Council.
- Pat Robinson, Chief Finance Officer.
- Sally Shaw, Chief Officer.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Janice Annal, Service User Representative.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

Clerk

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

In Attendance

- Lynda Bradford, Interim Head of Health and Community Care, Orkney Health and Care.
- Maureen Firth, Head of Primary Care Services, Orkney Health and Care.
- James Henry, Principal Social Worker (Children's Services), Orkney Health and Care (for Item 14).
- Gavin Mitchell, Head of Legal Services, Orkney Islands Council.

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Apologies

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

- Councillor Stephen Sankey, Orkney Islands Council.
- David McArthur, Registered Nurse, NHS Orkney.
- Sandra Deans, Carer Representative.
- Sally George, Staff Representative, Orkney Islands Council.
- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services, Orkney Health and Care.
- 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. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 27 March 2019.

Frances Troup referred to the third paragraph of Item 13, Rapid Rehousing Transition Plan, and advised that, as actions which were cost neutral all had differing timescales, the words "straight away" be removed from the end of the last sentence.

Frances Troup also referred to the eighth paragraph of Item 15, Child Poverty in Orkney, and advised that, regarding fuel poverty, the difficulty was that a property could be equipped with a modern and efficient heating system and be heavily insulated. However, as the Council could not control the cost of electricity or the level of earnings of the household concerned, works being undertaken on properties did not necessarily address fuel poverty on their own.

Councillor John T Richards advised that an apostrophe was missing from "members' comments" on the second line of the tenth paragraph of Item 15.

Subject to the corrections noted above, the minute was thereafter **approved** as a true record.

4. 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 following updates were provided:

- Action 7 – Shift from Analogue to Digital – long term action, target date to be amended.
- Action 18 – Annual Refresh of Terms of Reference – 4 programme boards established and meetings scheduled. Membership to be circulated for information. Action to be deleted.
- Action 19 – Tech Enabled Care – Action closed and can be deleted.
- Action 20 – Integration Scheme – still to be progressed, target date to be reviewed and update provided for next meeting.
- Action 22 – Reserves – contact yet to be made with Chief Finance Officer Network. To be progressed as part of drafting and finalising annual accounts.
- Action 24 – Island Proofing – now embedded in all workstreams. Action to be deleted.
- Action 28 – Workforce Planning – despite repeated requests for a written report, a draft workforce plan was still to be submitted. The development session had still to be arranged. Consideration to be given to officers within OHAC leading on the action, with support from both partners' HR services.
- Actions 29 and 30 – Carer Representative – meeting scheduled for week commencing 22 July to progress actions.
- Action 32 – Charging for Telecare and Day Care Services – OIC OHAC Committee recommended consultation on proposed charges. Outcome to be reported back in November 2019 and IJB to be advised accordingly. Noted that, in terms of legislation, charging for services could not be delegated to the integration authority, but retained by the local authority.
- Action 35 – Corporate Parenting – action complete and to be deleted.
- Action 36 – Carers' Strategy Group – Terms of Reference – low attendance at recent meeting meant no progress. Agreed to be focus of one-item agenda for next meeting in August.
- Action 42 – Child Poverty in Orkney – comment suggested statistics sent to IJB voting members only; check and forward to all IJB members for information.
- Action 43 – Child Poverty in Orkney – low uptake of free school meals – OHAC officers to raise with colleagues in Education service and to be progressed through Poverty Action Plan. Group meeting on 26 June to progress Poverty Action Plan.
- Action 44 – Strategic Plan – consultation commenced, with Chief Officer attending community council meetings and a presence at all agricultural shows.
- Action 45 – IJB Budget 2019 to 2020 – separate paper on agenda. Action complete and to be deleted.
- Action 46 – Reappointment of Standards Officer – Standards Commission advised accordingly; action complete and to be deleted.

Councillor Rachael King referred to discussion at the previous meeting regarding linking the Action Log to the Risk Register. Pat Robinson advised that the Risk Register should be a standing item and reminded members of the time constraints at the recent development session, where it was agreed to defer to the next meeting.

The Board noted the status of actions contained in the Action Log and **approved** those for removal.

5. Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Audit Committee held on 13 March 2019, to enable the Board to seek assurance.

The Board noted the unapproved Minute of the Meeting of the Audit Committee held on 13 March 2019.

6. Clinical and Care Governance Committee

There had been previously circulated the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 10 April 2019, to enable the Board to seek assurance.

In response to a query from Janice Annal, Lynda Bradford confirmed that the explanation at item 714, Dementia Diagnosis Rates, was unrelated to the heading. The explanation related to the number of patients attending Cornhill. This inaccuracy would be raised when the Minute was submitted to the next meeting of the Clinical and Care Governance Committee for approval.

The Board noted the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 10 April 2019.

7. Chief Officer Groups

Scott Hunter highlighted key agenda items discussed at the meeting of the Chief Officer Groups of the Adult Protection Committee and the Child Protection Committee held on 1 May 2019, including the following:

- Ongoing work in relation to a serious case review.
- Managing child sexual exploitation.

8. Strategic Planning Group

There had been previously circulated the unapproved Minute of the Meeting of the Strategic Planning Group held on 1 May 2019, to enable the Board to seek assurance.

The Board noted the unapproved Minute of the Meeting of the Strategic Planning Group held on 1 May 2019.

9. Annual Performance Reporting

There had been previously circulated a report highlighting information on performance within Orkney Health and Care for 2018 to 2019 for scrutiny.

Sally Shaw apologised for the late distribution of the performance report, but advised that data had only been received from the Information Services Department (ISD) on 20 June. The performance report required to be submitted to the Scottish Government in July 2019. For future years' performance reports, local measures would be worked up in partnership with Robert Gordon University in respect of the five priorities within the Strategic Plan.

Given the late distribution of the report, Sally Shaw then took members through the detail of the performance figures, which were based on national data collected by the ISD every two years via GP practices, with the next lot of performance data due to be reported in October 2019.

As well as comparison with national figures, Orkney was compared with six peer group areas, namely:

- Aberdeenshire.
- Argyll and Bute.
- Highland.
- Moray.
- Na h-Eileanan Siar.
- Shetland.

Of the nine national health and wellbeing outcomes, Orkney Health and Care outranked every other health and social care partnership in eight. For Indicator 3 (Adults who are supported at home agreed they had a say in how their help, care or support was provided), Orkney was ranked third in Scotland, with only one of the peer group bettering Orkney's performance.

Indicator 8 (How well carers feel supported to continue in their caring role) required to be highlighted. Although Orkney ranked first, only 49% of carers were reporting that they felt supported. With the newly developed Carers' Strategy, it was important that ways were found to measure the effectiveness of the strategy.

Fiona MacKellar referred to the section in the performance report on "The Future", whereby the service was about to embark on implementing a new management structure and a review of portfolios held by managers. She stressed that this would require to go through appropriate governance structures within both organisations. Regarding the tech enabled care (TEC) approach and development of a Hospital at Home service, she advised that teams were already overstretched, particularly the Intermediate Care Team. She was concerned that, when developing new services, existing teams should be supported to ensure capacity.

Sally Shaw confirmed that she was aware of the governance structures and processes to be followed with regard to the management restructure, which was being progressed, given the high number of vacancies. The process would most likely result in matching in to posts, rather than displacement. She also confirmed that the service could not look at new ways of working without ensuring existing capacity could cope and that they would all work together to ensure the best outcome.

Councillor John Richards queried what route the performance report would take when reported to Orkney Islands Council and Sally Shaw suggested Policy and Resources Committee.

Councillor Rachael King welcomed the report and appreciated the quick turnaround following the performance data being produced by ISD and noted the specific focus on carers, mental health and capacity.

The Board noted the Annual Performance Report for 2018 to 2019, attached as Appendix 1 to the report circulated.

10. Annual Budget for 2019 to 2020

There had been previously circulated a report presenting the funding allocations from NHS Orkney and Orkney Islands Council for financial year 2019 to 2020, for consideration and approval.

Pat Robinson advised that the report illustrated the funding allocations to the Integration Joint Board from NHS Orkney and Orkney Islands Council within which the Joint Strategic Commissioning Implementation Plan for 2019 to 2020 should be delivered. Annexes 1 and 2 detailed the individual breakdowns from each partner, noting that the heading "Non Recurring" baseline budget increases on Annex 1 in relation to NHS Orkney should read "Recurring". In respect of financial year 2018 to 2019, Orkney Islands Council had provided additional funding of £301,000 and had confirmed this amount would not be deducted from the allocation for financial year 2019 to 2020. Although no significant target savings had been set by either partner, Orkney Islands Council had applied savings of £17,000 in respect of social care, the details of which were included in Annex 2. In conclusion, she advised that the partners may need to revisit the cost of baseline services, as some of the overspends were the actual cost of the service and not an "overspend".

In response to a query from Issy Grieve, Pat Robinson confirmed that a breakdown of commissioned services and the allocation made to each service from within the budget would be circulated in due course.

Councillor John Richards referred to the additional allocation made by Orkney Islands Council in order to balance at the year end and suggested it would be wrong to think this would happen year on year. He queried what would happen should either partner request any additional payment be repaid. Pat Robinson advised this was the issue highlighted by both internal and external audit, with regard to the provisions of the Integration Scheme. She also referred to the Recovery Plan where targeted savings had not been achieved.

Janice Annal continued on the same matter and asked how other boards held reserves. Pat Robinson referred to the Action Log and advised that, when integration authorities were first established, quite significant sums of money were handed over from partners to the Boards and some were now requiring to use that reserves. Sally Shaw continued that, as Orkney Health and Care had been in existing for over 10 years, set-up costs which other integration authorities received were not applicable in the local situation.

Councillor Rachael King referred to the recommendation of the covering report whereby the Board was invited to determine whether to approve the budget as set out in the report. From comments made by members, she felt uncomfortable recommending approval, when it was clearly stated that work required to be undertaken on understanding the baseline cost of services. Davie Campbell supported Councillor King and suggested the baseline review be undertaken as soon as possible, with the budget presented for approval to the next meeting at the very latest.

Janice Annal queried the timeline for the baseline review and how easy or complicated it would be to obtain all the necessary information. Pat Robinson advised capacity would be required from both partners and that it should be treated as a priority. Sally Shaw continued that she welcomed Davie Campbell's suggestion that it be treated as a priority as, without understanding the baseline budgets, any transformational change could not progress. She sought support for both partners to treat this as a priority. Davie Campbell confirmed he would raise this through the Finance and Performance Committee at NHS Orkney.

Councillor Rachael King concluded that her understanding from officers was this work was critical and, rather than approving the budget, it be received meantime, with a further report to the next meeting. Davie Campbell suggested an additional meeting be convened, if considered necessary.

The Board noted:

10.1. That, in order to achieve a break-even position for financial year 2018 to 2019, Orkney Islands Council transferred additional resources of £301,000 from its corporate contingency budget.

10.2. That Orkney Islands Council was not deducting the additional payment from the funding allocation for 2019 to 2020.

10.3. That, although no significant savings target had been applied from either partner for the forthcoming financial year, savings of £17,000 had been applied to Social Care by the Council, as detailed within Annex 2 to the report circulated.

10.4. That further work was required in respect of unscheduled care in order to assess compliance with the six steps detailed at section 5.6.2 of the report circulated.

The Board resolved:

10.5. To receive the budget for financial year 2019 to 2020, as illustrated in section 7.1 of the report circulated, taking into consideration the additional resources required in the last financial year and recognition of no significant savings target applied for financial year 2019 to 2020.

10.6. That both partners be encouraged to undertake, as a matter of priority, a review of baseline service budgets in order to determine the true cost of service delivery.

10.7. That a further report be submitted, to the next meeting, or an additional meeting, if deemed necessary, proposing a budget for financial year 2019 to 2020 for approval.

11. Medium Term Financial Plan

There had been previously circulated a report presenting the Medium Term Financial Plan for the period 2019 to 2022, for consideration and approval.

Pat Robinson advised that the Medium Term Financial Plan was seeking to identify the financial constraints the Board would face in commissioning services over the next three year period. The Plan covered the following key areas:

- An overview of the national position of health and social care partnerships.
- Orkney Health and Care's position and key achievements to date.
- UK and Scottish Government legislative and policy changes.
- Current expenditure and understanding financial challenges.
- Closing the financial gap.

Davie Campbell referred to the graphic on page 20, within Closing the Financial Gap, and asked where on the graph OHAC was at, or was it a model to work towards. Sally Shaw advised that the service was just about to move into Transformational Change, such as Community Led Support, although there was still some work to be done in Business as Usual and Service Improvement. Tech enabled care, for example, could provide some quick fix solutions. By edging into Transformational Change, the Board could edge away from Difficult Choices.

Councillor John Richards referred to the “scary” statistics in the covering report regarding the numbers of older people, where it stated “our older population is increasing faster than the national average. In addition, significant numbers of our working age population are leaving the Islands, and so fewer people are available to provide the care and support required with the predicted levels of chronic illness and disabilities. This reality is also highlighted in NHS Orkney’s Transforming Services Strategy, which states ‘if nothing else changes in the way we deliver care, this means that for every 10 people over 85 currently accessing health and social care services, there will be 31 people over 85 accessing it by 2033. Equally, if nothing else changes, for every 10 people providing care to people over 85 we will need 31 people by 2033.’”.

David Drever suggested rather than “scary”, the statistics were sobering and the Board required to remain alert to the financial situation. The new Strategic Plan, with its three headline areas, would allow the Board to continue to deliver the required services while also making changes beneficial to Orkney and to achieve better value than previously.

Fiona MacKellar sought clarity on the delegated services from NHS Orkney listed in Appendix 2 to the draft Medium Term Financial Plan. Sally Shaw advised that the list was taken direct from the Integration Scheme, although this would be revisited as part of the review of the Integration Scheme, as there were other areas in the Scheme where information was potentially misleading.

Councillor Rachael King referred to current pressures as outlined in section 6 of the draft Plan, as well as the projected increased funding pressures highlighted in section 8.2 of the covering report. In terms of “do nothing”, the cumulative projected costs amounted to over £5 million, not taking account of any budget increases for pay and/or inflation and assuming no savings targets applied from the partner bodies.

The Board noted:

11.1. That the Medium Term Financial Plan served as a planning document for the use of resources over the period 2019 to 2022.

11.2. The cumulative funding gaps identified in the Medium Term Financial Plan over a three-year period amounting to £1.6 million per year.

The Board resolved:

11.3. To approve the Medium Term Financial Plan 2019 to 2022, attached as Appendix 1 to the report circulated.

12. Records Management

There had been previously circulated a report presenting a Records Management Policy and a Records Management Plan, for consideration and approval.

Pat Robinson explained the legislative background whereby, in terms of the Public Records (Scotland) Act 2011, the Board was required to adopt a Records Management Policy and Plan. Records constituted an auditable account of activities and provided evidence of business, actions, decisions and policies created. Records represented a vital asset and effective record keeping supported efficiency, consistency and continuity of work. It also ensured that the correct information was captured, store, maintained, retrieved and destroyed or preserved in accordance with business need, best practice and the law. In conclusion, the draft Policy and Plan submitted for consideration and approval related solely to the Board’s records; any records created by either partner required to be considered in terms of the relevant partner’s records management processes and procedures.

Fiona MacKellar thanked Pat Robinson for the clarification that the relevant parent bodies should follow their own documents. However, both the draft Policy and the Plan, as presented, appeared to be in local authority language. Pat Robinson advised that, when drafting the documents, it was recognised that most of the Board’s records were currently held on Council systems and the two officers were both Council employees, seconded to the IJB.

Councillor Rachael King referred to the blank date on page 5 of the draft Records Management Plan and Pat Robinson confirmed that this would be completed once approval was given by the Keeper of the Records of Scotland.

Councillor Rachael King referred to the reference at the top of page 14 of the draft Records Management Plan whereby ongoing guidance would be provided by the Council to IJB staff. She advised that the IJB did not employ staff and effectively, only the Chief Officer and Chief Finance Officer could be classed as “staff”. Sally

Shaw suggested this reference be amended to “staff employed within Orkney Health and Care”.

The Board **approved**:

12.1. The Records Management Policy, attached as Appendix 1 to the report circulated.

12.2. The Records Management Plan, attached as Appendix 2 to the report circulated, subject to the reference to “IJB staff” at the top of page 14 being amended to read “staff employed within Orkney Health and Care”.

13. Integration Review – Self-Evaluation

There had been previously circulated a report presenting the completed self-evaluation arising from the review, undertaken by the Ministerial Strategic Group for Health and Community Care, in relation to progress with integration of health and social care, for consideration and approval for submission to the Scottish Government.

Sally Shaw confirmed that she had submitted the completed self-evaluation by the deadline of 15 May 2019, in draft, although it had been communicated that the period for submission, from March to May, including the Easter holiday period, was considered too short, which the Scottish Government had accepted and an extension had been granted.

The review report published by the Ministerial Strategic Group included 25 proposals, of which integration authorities were requested to rate themselves on 22. The remaining three proposals related to external agencies, such as the Care Inspectorate, to evaluate or comment on. With regard to the Orkney self-evaluation, Sally Shaw advised that three of the proposals were not yet actioned, and all three related to financial matters, namely:

- Lack of clear financial planning and ability to agree budgets by the end of March each year.
- Currently no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.
- No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.

Locally, progress on the remaining proposals was evaluated as either “partly established” or “established”. In summary, Sally Shaw advised that the self-evaluation was fairly positive compared with other partnerships across Scotland.

Councillor Rachael King referred to Proposal 4.4, Clear direction must be provided by IJB to Health Boards and Local Authorities, on page 32 of the self-evaluation and suggested that, as guidance was still awaited from Scottish Government, the narrative should be expanded. Sally Shaw advised that the Indicator of “Established” was correct in that the IJB currently issued Directions and suggested that, after the guidance had been issued, the Indicator may improve to “Exemplary”. In a previous employment, Sally Shaw advised that, where required, the Direction was appended to a paper submitted to the Board. Further, she was aware of five partnerships who

did not issue Directions. Councillor King replied that it would be appreciated if Directions could be attached to Board reports going forward.

David Drever welcomed the self-evaluation and queried how the conclusions would be carried forward into ongoing work. Sally Shaw advised that the self-evaluation still required to be submitted to both partners, with the next relevant meetings being held in August and September. An action plan would need to be developed and agreed to cover all proposals and to endeavour to meet timescales set by the Ministerial Strategic Group. It was proposed that a short-life working group be established, with representatives from the three statutory bodies, to complete this action. Councillor King asked that this be addressed through the Action Log.

The Board noted:

13.1. That, in February 2019, the Ministerial Strategic Group for Health and Community Care published its review of progress with integration of health and social care.

13.2. That, following publication of the review, a self-evaluation template was circulated to all partnerships for completion and submission to the Scottish Government no later than 15 May 2019.

The Board **resolved**:

13.3. To approve the completed self-evaluation template, attached as Appendix 1 to the report circulated, for submission to Scottish Government.

14. Review of Services for Children and Young People in need of Care and Protection

There had been previously circulated a report presenting the review of services for children and young people in need of care and protection, including the need to shift to early intervention approaches, for information.

In presenting the review, Scott Hunter wished to highlight the significant contribution from everyone involved in the review, including care experienced young people, parents, carers, social work staff and partner agencies. The review completed a priority action of the Council Plan 2018 to 2023 and the recommendations arising from the review would be the subject of further reports in due course.

Scott Hunter continued that the review report was not an easy read, with the main outcome suggesting that, without systemic change, the number of looked after children was projected to increase by 70% in the period 2013 to 2022. It was not considered sustainable to continue funding statutory services without some earlier intervention. The recommendations were heavily focussed on support to keep families together, with particular focus on the early years. Information had been obtained from other island colleagues, where it was found that the Western Isles had invested heavily in early intervention services, whereas Orkney's model was focussed on statutory intervention work only. The review recommendations reflected the following key thematic areas:

- Early Intervention.
- Edge of care, including looked after at home children and young people.

- Looked after and accommodated children and young people.
- Continuing care.
- Learning and development.

In summary, although a very challenging agenda, the service required to be reviewed, particularly in light of the current financial climate.

Councillor John Richards referred to his attendance at the Growing up in Orkney conference, at which a looked after young person had given a short presentation, including that they had 11 different foster placements. Recent film/media releases also suggested that trauma early in life often led to significant mental health issues. Accordingly, he supported the early intervention philosophy and that there was no greater responsibility than the corporate parenting role.

In response to a query from Janice Annal on progress with the review recommendations, Scott Hunter advised that the report had been considered by the Council's Orkney Health and Care Committee on 6 June 2019. Although the report was heard "in committee" as it contained detailed information on individuals, the Committee did acknowledge that further detailed planning with colleagues was required in order to address the recommendations, with the recommended direction of travel supported.

Councillor Rachael King expressed her gratitude to officers for making adjustments to the review report to enable it to be considered in public at this meeting. She referred to page 20 of the review report, whereby the intended shift in balance may take between three and five years to work through the system, however thereafter the savings to be realised could be considerable. She gave her full support to the further papers coming in future.

Both Janice Annal and Dr Louise Wilson referred to the recommendations of the covering report which indicated the review be noted. Dr Louise Wilson suggested that the Board should provide more detailed Direction, rather than just noting the outcome. Sally Shaw advised that the statutory obligations remained with the Council, with only some services delegated to the integration authority. The issue was not a single authority issue and would require input from partner agencies. Officers would therefore consider future steps, including what early intervention might look like and report back in due course.

Issy Grieve suggested that the review should feature in the new Strategic Plan and Sally Shaw responded that it was for the Board to consider whether this was one of its priorities. In the past the Strategic Plan had focussed on older people.

Councillor David Dawson gave a degree of reassurance regarding funding in that, every year when considering budgets, the third sector featured. However, he and others were acutely aware of the value to Orkney of the third sector and gave the example of Homestart Orkney, which received funding of £26,000. This funding enabled Homestart to support 40 families and he asked members to consider the effect on Scott Hunter's service area, should that funding be withdrawn.

Councillor Rachael King concluded that the Board acknowledge the review report, noting that further reports would be forthcoming.

The Board noted:

14.1. That, because of new policy and legislative frameworks which were impacting on delivery of statutory social work services to children and families in Orkney, a review was commissioned, with the following objectives:

- To gather local and national data on the Looked After Children population as well as current and projected information on care placements.
- To consult with a range of stakeholders, including residential and foster carers, partner agencies and care experienced young people and their families.
- To provide recommendations for consideration by Orkney Health and Care and onwards to the Integration Joint Board and the Council.

14.2. The relative performance data of Orkney services in relation to island colleagues, as outlined on pages 21 to 30 of the review report, attached as Appendix 1 to the report circulated.

14.3. That the number of looked after children was projected to reach 49 by 2022, being a 70% increase since 2013, which was contrary to national trends which indicated a 9.3% reduction in the same period.

14.4. That Orkney Islands Council was responsible for delivery of statutory social work services which included children and young people in need of care and protection.

14.5. That, to contain demand on looked after services and improve longer term outcomes for children and young people in Orkney, there was an urgent need to move to early intervention services.

14.6. The findings of the review of services in respect of children and young people in need of Care and Protection, attached as Appendix 1 to the report circulated.

Frances Troup left the meeting at this point.

15. Stromness Care Facility

There had been previously circulated a report setting out the resource and service implications for opening 30 or 40 places within the new Stromness care facility, for consideration and approval, together with the name chosen for the facility.

Lynda Bradford advised that, as the build project was nearing completion, consideration had been given to current demand. When the project was first considered back in 2014/15, the 40-bed provision was to future-proof the facility, given population projections at that time. Since that time, there had been further investment in other services, including community based services. The Allocation of Resources Committee met weekly to consider applications for residential care and supported accommodation. The number of applications remained static and, although demographics were changing, they were not increasing. As at today's date, there were two vacancies in residential care. A report would be submitted to the October Board meeting outlining proposals for use of the fourth wing.

Should the Board agree to commission 30 high dependency places, additional staffing, at an estimated cost of £105,000, would be required, as existing staff ratios within St Peter's House would not meet registration requirements for high dependency. However, as existing residents moved across to the new facility, additional staff would not be an immediate requirement, given the dependency levels and staffing ratio requirements set by the Care Inspectorate.

Regarding the naming of the new facility, Stromness Community Council was asked to undertake an exercise with local school children. Following a public vote, held at the recent "What's Next for Stromness" event, the most popular name, chosen from a shortlist provided by local school children, was Hamnavoe House.

Dr Kirsty Cole said that she had been asked to raise a concern on behalf of the Stromness GPs, in that they expressed their disappointment in having no contribution to the service development and whether there was still time to contribute. Further, with regard to the proposed Hospital at Home initiative, where would clinical responsibility lie?

In response to the concerns about service development, Sally Shaw advised that colleagues at the Stromness practice should have been and would be involved in conversations. With regard to Community Led Support, the two most vital assets were deemed to be GP surgeries and community councils, in respect of disseminating and collating information. Although caution had been expressed by GPs regarding the Hospital at Home initiative, Sally Shaw assured members that the service would only proceed after full consultation and when deemed safe to implement and only where appropriate. Lynda Bradford was identified as the named contact for matters relating to the Stromness care facility.

Fiona MacKellar urged caution with regard to TEC (tech-enabled care) and the Hospital at Home initiatives. Further, if there were no plans to open the fourth wing at the new Stromness care facility immediately, there would be a pocket of unspent money. Sally Shaw confirmed that, to open the fourth wing would require considerable additional funding and, by not opening immediately, OHAC would not be sitting on cash reserves.

Fiona MacKellar then referred to the significant financial implications for TEC and the Hospital at Home initiatives and queried where the funding would come from. Sally Shaw advised that TEC was an invest to save initiative, where reliance on skilled labour should be reduced. For example, rather than skilled staff undertaking blood pressure checks, kits could be purchased for individuals to monitor their own blood pressure. Saying that, Sally Shaw confirmed they would not be mavericks and would only do things safely. TEC might not be appropriate for everyone, particularly in areas with connectivity issues, but the service was at a stage where it had to consider alternative methods of working.

With regard to the proposed reduction from 4 to 2 places in short break provision for Stromness, Janice Annal was concerned that this should have no or minimal impact. Lynda Bradford advised that recent analysis indicated that, overall, older peoples' short break places were only utilised 50% of the time. However, this would be continually monitored, given that the full implications of the Carers Act were still unknown.

Sally Shaw continued that the fourth wing/10 beds were potentially available, given that OHAC could not charge for carers' respite, although that service did not necessarily need to be bed based.

Councillor David Dawson referred to the staffing implications and noted that, currently, there were 35 vacancies across adult social care services. Opening a new facility invariably attracted staff from other facilities, although in this instance there would be a natural transition of existing staff. He sought assurance on the potential domino effect of staff transferring from other facilities. Sally Shaw responded to the valid point raised and suggested that, if the facility was being opened by an independent operator, then it would be difficult to manage. However, as this was an in-house service, staffing would be managed across the service, bearing in mind minimum numbers required in relation to Care Inspectorate registration.

Dr Louise Wilson was concerned that this appeared to be a place focussed commission and that something might be created to fill the rest of the building. Sally Shaw advised that the care facility was an historic investment, and reminded members of the 60 bed facility proposed for Kirkwall as well. At this point in time, there was no alternative service model to consider.

Councillor John Richards reminded members that, when the project was first planned, the full revenue costs were never concealed. However, he queried whether the source of funding had ever been identified. Pat Robinson advised that, although growth bids had been submitted to the Council's budget setting process last year, these were deferred, given that the facility was not yet operational. Sally Shaw further advised that, since its inception, the situation had changed, in that the Council was not opening a service delegated to the Board, rather the Board could determine how much it wished to commission.

Dr Kirsty Cole queried the definition of a high dependency bed in a care facility setting. Lynda Bradford confirmed that high dependency meant requiring full support for daily living, for example assistance in getting up, going to bed and/or feeding. For some people this required one-to-one care, for others two-to-one, depending on the level of need.

The Board noted:

15.1. That the need to open all 40 places within the new Stromness care facility, at the current time, for care home use, was not evidenced.

15.2. That Stromness Community Council undertook an exercise with local school children to select a name for the new facility and, after a public vote, the new care facility would be known as "Hamnavoe House".

The Board **resolved:**

15.3. That, initially, it should commission 30 places of the new care facility in Stromness, resulting in a reduction of two short break places.

15.4. That the demand for residential care and short breaks should continue to be monitored in the run up to the opening of the replacement care facility and thereafter.

15.5. That a report be brought to the next meeting of the Board, scheduled for 2 October 2019, setting out an alternative proposal for the remaining 10 bed spaces in the short term.

16. Primary Care Improvement Plan

The Head of Primary Care Services gave a verbal update on progress with the updated Primary Care Improvement Plan, including the Memorandum of Understanding agreed as part of the new GP Contract.

In 2018, the new GP Contract was voted and agreed. As part of the contract changes it was agreed that six priority areas would move away from being the responsibility of GPs to other appropriate professionals. As Primary Care was a delegated service, the Board would be required to commission NHS Orkney to deliver those services from 2021 to 2022.

The six priority areas were:

- Pharmacology.
- Community Treatment and Care Services.
- Vaccination Transformation Programme.
- Additional Professional Roles.
- Urgent Care.
- Community Link Workers.

With regard to pharmacology, services were in three tiers divided into core and additional activities, to be implemented in a phased approach. By 2021, Phase 1 will include activities at a general level of pharmacy practice, including acute and repeat prescribing, and medication management activities. This would be followed by Phases 2 (advanced) and 3 (specialist) which were additional services and described a progressively advanced specialist clinical pharmacist role.

To date, NHS Orkney had appointed two additional Senior Pharmacists who were commencing in post. It was anticipated that further pharmacist support would be required going forward to be able to deliver the full range of activities as laid out in the new contract.

Community Treatment and Care Services included, but were not limited to, basic disease data (such as blood pressure), chronic disease monitoring, management of minor injuries and dressings, phlebotomy, ear syringing and suture removal.

It was recommended that phlebotomy be prioritised in year one. There was however some confusion regarding the need to TUPE across staff from general practice which caused some initial concern. This had now been clarified and current staff would remain employed with the practice unless there was a specific request from a practice. It was anticipated that a phlebotomy service would be implemented within the next 12 months whilst additional changes were scoped.

GP practices would no longer be responsible for immunisations. This change required to be managed, ensuring a safe and sustainable model and delivering the highest levels of immunisation and vaccination take up. Currently a Vaccination Transformation Programme Manager was funded for 12 months to scope this. A

scoping paper had been produced outlining proposed changes and NHS Orkney was currently also looking at the feasibility of combining this service change with the community treatment model provision to allow elements of shared workforce and sustainability.

By 2021, specialist professionals would work within practices to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment. Currently Mental Health and Musculoskeletal were the main areas being recognised as fundamental to assist with GP workload. There had been a successful test of change regarding physiotherapy access at the Stromness surgery around the musculoskeletal work and both clinical leads for Allied and Health Professionals and Mental Health had been asked to scope and submit papers outlining their proposals for first point of contact in each of their respective areas.

In future, GP practices would no longer be responsible for providing urgent unscheduled care within Primary Care. It was envisaged that the Board would commission NHS Orkney to provide an advanced nurse practitioner or paramedic service for practices as first response for home visits, and responding to urgent call outs for patients, allowing GPs to better manage and free up their time.

A Community Links Worker was a generalist practitioner based in, or aligned to, a GP practice, who worked directly with patients to help them navigate and engage with wider services, often assisting patients who required support because of (for example) the complexity of their conditions or rurality.

Currently Voluntary Action Orkney had been commissioned to provide this service and had advertised for 1.5 full time equivalent posts, with interviews due to be held on 28 June 2019. It was important that the links with the Community Led Support initiative were recognised and close collaboration seen.

There would be a requirement to become joint data controllers with GP practices going forward and there was a national template due to be released soon to assist boards with the legislation surrounding this. To date, meetings had been held with practices regarding this change and NHS Orkney had commissioned Orkney Islands Council to provide data protection advice and support.

In respect of progress with the Primary Care Improvement Plan, a GP Sub-committee was formed in 2018. Meetings of the Sub-committee were well attended, with Drs Cole and Wilkinson representing the Sub-committee at meetings regarding the Primary Care Improvement Plan. Public representation was required going forward and those meetings would move under the proposed new programme board "Community First" approach outlined within the draft Strategic Plan.

An updated Primary Care Improvement Plan, outlining progress to date and planning assumptions for 2019 to 2020, required to be submitted to Scottish Government. A paper would be submitted to the Board meeting in October 2019 for ratification.

Progress had been hampered as a result of no dedicated programme manager support. Additional funding for a two-year post had subsequently been agreed by NHS Orkney.

Priority areas still required to be agreed for 2019 to 2020. Due to the significant change arena around the GP contract and subsequent need to upskill nursing and Allied Health and Professional provision, clinical leads were seconded to provide expertise to national groups. This resulted in a slight delay around progressing areas but there were now dedicated named clinical leads for each priority area and matters were moving forward in a positive way. To assist the clinical leads further, officers were grateful to the GP Sub-committee who has put forward names of GPs who would act as a point of contact for advice and support to the clinical leads.

Also requiring agreement was where and how all the services were to be delivered. Some could be delivered from within GP practices, while others might need to be delivered by a hub approach or indeed delivered and supported by technological solutions.

The Board should be aware that, nationally, there were serious concerns being raised regarding the feasibility of delivering such a large change programme with the proposed funding streams currently offered. Orkney, as the smallest health board, received the smallest proportion as these were based on the NRAC (National Resource Allocation Committee) formula.

Pat Robinson will, in her full time role, be taking the lead for the financial aspects of the programme and will be able to report the extent of the potential underfunding facing Orkney at the next meeting.

Nationally all Board areas were in the same position and were likewise trying to recruit personnel for all changes outlined. Accordingly, recruitment to posts could be difficult, therefore creativity was required where possible both in how posts were created and also how posts were advertised in order to attract candidates.

In summary, this continues to be a significant change programme that requires to be in place by 2021 to 2022. The Board will be required to commission these services and NHS Orkney will be required to ensure such commissioned services can provide seamless care for patients once these services are no longer provided by GP practices.

It is proposed that a further GP Contract development session be held in the near future to ensure members were fully supported to understand the changes, the challenges and the commissioning processes that required to be in place.

Projected income from the Primary Care Improvement Fund was as follows:

2018 to 2019.	2019 to 2020.	2020 to 2021.	2021 to 2022.
£220,754.	£361,031.	£530,775.	£747,910.

Dr Louise Wilson referred to the significant risks and advised it would be good to see those reflected in the Risk Register going forward.

Fiona MacKellar thanked Maureen Firth for highlighting the gap in clinical leads which had hampered progress.

Councillor Rachael King also referred to the impact of secondments and referred to the decision to remove the Primary Care Improvement Plan from the Action Log. Sally Shaw advised that it should remain on the Action Log, and a report provided to the October meeting. The significant loss through secondments could be picked up in the review of the Integration Scheme.

The Board noted the update in respect of the Primary Care Improvement Plan, with a transcript of the verbal update to be provided to all Board members.

17. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 2 October 2019 at 09:30 in the Council Chamber, Council Offices, Kirkwall.

18. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:10.