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Agenda Item: 3

Orkney Integration Joint Board

Wednesday, 30 June 2021, 09:30.

Microsoft Teams.

Minute

Present

Voting Members:

- Issy Grieve, NHS Orkney.
- Davie Campbell, NHS Orkney.
- David Drever, NHS Orkney.
- Councillor Rachael A King, Orkney Islands Council.
- Councillor John T Richards, Orkney Islands Council.
- Councillor Steve Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer.
- Dr Kirsty Cole, Registered GP, NHS Orkney.
- Jim Lyon, Interim Chief Social Work Officer, Orkney Islands Council.
- Pat Robinson, Chief Finance Officer.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Janice Annal, Service User Representative.
- Joyce Harcus, Carer Representative.

Clerk

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

In Attendance

Orkney Health and Care:

- Lynda Bradford, Head of Health and Community Care.
- Maureen Firth, Head of Primary Care Services.
- Maureen Swannie, Interim Head of Children's Health Services.
- Su Dutton, Acting Service Manager Health and Community Care (for Item 13).
- Ruth Lea, Occupational Therapy – Lead, Adult Services (for Item 13).
- Callan Curtis, Planning and Performance Officer.

Orkney Islands Council:

- Karen Bevilacqua, Solicitor.

Observing

Orkney Islands Council:

- David Hartley, Communications Team Leader.

Chair

- Issy Grieve, NHS Orkney.

1. Apologies

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

- David McArthur, Registered Nurse, NHS Orkney.
- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.
- Danny Oliver, Staff Representative, Orkney Islands Council.
- Dr Dawn Moody, Clinical Director – GP, NHS Orkney.

2. Declarations of Interest

Gail Anderson declared an interest in Item 14, Primary Care Improvement Plan, in that the organisation of which she was Chief Executive was currently commissioned to deliver Community Link services.

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 21 April 2021.

The Minute was **approved** as a true record, on the motion of Davie Campbell, seconded by Councillor Steve Sankey.

4. Matters Arising

There had been previously circulated a log providing details on matters arising from previous meetings, for consideration and to enable the Board to seek assurance on progress, actions due and to consider corrective action, where required.

With regard to Action 4, Set Aside, Stephen Brown confirmed that arrangements were currently being made for a development session to be held on 31 August 2021, to be facilitated by Paul Leak, Integrated Resource Framework Lead, Scottish Government.

All other actions marked for the June meeting were either complete and would be deleted following this meeting and/or were a substantive item to be considered at this meeting.

5. Audit Committee

There had been previously circulated the approved Minute of the Meeting of the Audit Committee held on 10 March 2021 for information and to enable the Board to seek assurance.

Davie Campbell advised this was the last meeting of the Audit Committee which he chaired, with the Chair now passing to Orkney Islands Council, given the Chair of the IJB passed to NHS Orkney, with effect from 14 May 2021 for a period of two years.

There were no matters of concern to report.

6. Strategic Planning Group

There had been previously circulated the unapproved Minute of the Meeting of the Strategic Planning Group held on 30 March 2021, to enable the Board to seek assurance.

David Drever, Chair of the Strategic Planning Group, advised that the group had been stood up after a significant pause, although work had continued and he thanked Gail Anderson, in particular, for all the work she had put in to progressing strategic commissioning. There was some concern that the timetable for reporting may not be achieved, with the next meeting of the Strategic Planning Group scheduled for September 2021. As the group was chaired by the Vice Chair of the IJB, this role would now pass to Councillor Rachael King.

Davie Campbell welcomed the group being stood up again and was assured by the level of attendance. Councillor Rachael King looked forward to chairing the group and would ensure that membership was integrated and representative of those services and agencies which required to be in attendance.

7. Joint Clinical and Care Governance Committee

There had been previously circulated the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee (JCCGC) held on 27 April 2021, to enable the Board to seek assurance.

Most of the issues raised under section 4 of the Chair's report related to NHS Orkney matters, rather than IJB matters, with the exception of the Local Child Poverty Action Report. Stephen Brown confirmed that the report, which was a retrospective look back over the previous year, had now been approved by the Council's Policy and Resources Committee and the Board of NHS Orkney. A strategy document was due for completion by the end of September 2021 which would drive the agenda to really impact positively on child poverty issues across Orkney.

Councillor Rachael King referred to Item 42, Clinical Strategy Situation Report and Plan, of the approved Minute of the Meeting of the JCCGC held on 27 April 2021, particularly the fourth bullet point agreeing to continue with the process used by NHS Shetland, with a vision for the next three to five years, and sought assurance on how that linked into the timescale for the Strategic Commissioning Implementation Plan and the new Strategic Plan.

Dr Louise Wilson advised that a process of tendering for facilitation to assist in developing the Clinical Strategy was currently ongoing, with the strategy focussing on clinical services and outcomes. There was not anticipated to be any cross link which was out of line with IJB plans and, from an NHS perspective, the Clinical Strategy required to have a regional and national perspective and would link into partners that way.

Janice Annal joined the meeting during discussion of this item.

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

There had been previously circulated a report presenting an update on progress with the Improvement Plan developed to respond to recommendations arising from the joint inspection of services for children and young people in need of care and protection, published by the Care Inspectorate on 25 February 2020, for consideration and scrutiny.

Jim Lyon advised that energy and activity since the last report had centred around the progress review by the Care Inspectorate, with the key messages due to be received on 7 July 2021. This would most likely be undertaken virtually, given that there would be 18 attendees from various agencies, together with five or six Care Inspectorate team members. Following on, the draft report on the findings of the progress review would be provided on 9 July 2021, with the service given one week to respond. A detailed report would be submitted to the next Board meeting on the findings of the progress review, together with proposals on how these would be taken forward depending on whether they were already included in the improvement plan, or required to be added.

Councillor Steve Sankey referred to the staff survey, commending the high response rate and queried whether any new issues had emerged. Jim Lyon advised that great store was placed on what staff said, although some people used surveys to comment on matters they would not normally raise through management channels. However, there were some trends which did not equate to the evidence base gathered with the assistance of the Improvement Support team which required to be understood. Rogue elements in a survey were often attributed to disenfranchised employees and the Care Inspectorate could usually detect when this was the case

and had asked that the results of the survey so far be treated as initial observations due to the continuing process of the progress review.

Councillor Rachael King commented on the date of the Improvement Plan, as 2 April 2021, with the IJB last meeting on 21 April, suggesting that the updates were contained in the covering report only, rather than the Improvement Plan. Whilst she appreciated that the Improvement Plan was, in the main, a tool for the Chief Officers Group, she asked officers to be mindful, in future, that the most up to date Improvement Plan was circulated to the governance committees.

The Board scrutinised progress to date as outlined in the Improvement Plan, attached as Appendix 1 to the report circulated, and obtained assurance with regard to progress being made in respect of the improvement areas identified in the response to the Joint Inspection of Services for Children and Young People in Need of Care and Protection, noting that a full report on the progress review would be submitted in due course.

9. Financial Monitoring

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

Pat Robinson advised that the revenue expenditure outturn statement indicated a breakeven position at the end of financial year 2020/21. Additional funding had been received from the Scottish Government, including funding in respect of unachieved savings. She reiterated the overall savings target of £4.2 million for the three year period ending 2023, of which only £275k had been identified to date. This had been highlighted to the new Chief Officer, Stephen Brown, on coming into post and accordingly, meetings had been scheduled from the end of July to look more closely at options for savings.

As a direct consequence of the COVID-19 pandemic, 2020/21 had represented the most challenging and complex financial year in the history of the public sector. Locally, all staff had continued to attend to the most vulnerable people in the community, all in line with guidance and, in some cases, through redeployment, if circumstances meant the service required to be suspended, such as day care. Given the small labour market and due to the fact some staff had to shield and/or self-isolate, services had no option but to engage agency staff to ensure continuation of statutory services.

Section 6 outlined the areas within the overall budget where over/underspends occurred and included details of additional resources from both the Council and NHS Orkney. Section 6.4 provided an analysis of the significant budget variances and proposed action. The recruitment campaign promoting roles within social care services, launched in Autumn 2020, had resulted in 20 applications, with eight appointments made. Another recruitment campaign would be undertaken shortly.

Annex 2 outlined the various reserves, totalling £2.3 million, all of which was earmarked for specific matters.

Issy Grieve expressed delight at the year end breakeven position, considering the year that had just passed. The savings target was significant and increasingly challenging given the position the Board found itself in.

Davie Campbell referred to the level of earmarked reserves and, given it was now the end of month 3 of the new financial year, queried whether budget holders had any plans for use of those reserves, or would it be reactive. Pat Robinson confirmed that several papers on the agenda for this meeting referred to use of the reserves. Further, as the reserves were non-recurring it was not preferable to use the money for posts and, with specific reference to the Primary Care Improvement Plan, with that resource not baselined nor increasing, going forward it would be difficult to manage. It was hoped that the reserves would be spent in year, although any proposals would be submitted to the Board in the first instance.

Councillor John Richards referred to the draft annual accounts which had been considered at a recent meeting of the Audit Committee. Having sat through various presentations on draft accounts, he considered the IJB's draft accounts as very readable and informative and undertook to ensure that a copy was made available to all members of Orkney Islands Council. Issy Grieve asked that Councillor Richards ask for feedback from his colleagues on how they found the IJB, in light of the draft accounts, which he undertook to do.

The Board noted:

9.1. The revenue expenditure outturn statement in respect of Orkney Health and Care for financial year 2020/21, set out in section 6.1 of the report circulated, which indicated a breakeven position.

9.2. That additional funding of £3.8 million was received in regard to COVID-19/ Social Care sustainability payments.

9.3. That a savings target of £4.2 million had applied for the three year period 2020 to 2023, of which only £0.275 million recurring savings had been identified to date.

10. Risk Register

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

Given that the refreshed Risk Register was quite lengthy, Pat Robinson highlighted changes from the previous version. Although Davie Campbell had previously requested that the Risk Register be prioritised into short, medium and long term risks, Pat Robinson confirmed this would be done once the Strategic Commissioning Implementation Plan was approved, given the strong links between the two documents. A new risk relating to the National Review of Adult Social Care had been added, given that a national care service would have implications for the IJB. Finally, it was recommended that Risk 19, Changes in Leadership, be removed, now that a permanent Chief Officer was in post.

Councillor Rachael King referred to Risk 13, Analogue to Digital Switchover, and queried whether the funding of £71,400 was sufficient, given this was a critical transformation. Lynda Bradford confirmed that the funding of £71,400 related to a project around the switchover – there could well be further financial implications depending on the type of kit required thereafter.

Councillor Rachael King also referred to Risk 19, Changes in Leadership, and, although welcoming the new appointment, she queried the narrative in the "Trigger" column which referred to decisions made in partner organisations which might affect the IJB. Should the Risk be deleted, she sought assurance on that element. Pat Robinson confirmed that the vulnerability relating to Risk 2, Conflict between professional, organisational and IJB roles, also referred to decisions being taken in partner organisations which might affect the IJB.

Davie Campbell appreciated that the Risk Register was a snapshot in time and asked that, when risks changed, the reason why should be documented, to provide context. He then referred to Risk 14, Annual Accounts Preparation, and thought the RAG rating was quite harsh, given that the draft annual accounts had been prepared and there were no qualifications. Pat Robinson confirmed that this risk was initially highlighted by the external auditors and she anticipated this risk being removed, following the process of preparing the annual accounts for this year.

The Board noted:

10.1. The proposed amendments to the Risk Register detailed in section 5 of the report circulated.

The Board **approved**:

10.2. The updated Risk Register for the IJB, attached as Appendix 1 to the report circulated.

The Board **agreed**:

10.3. That Risk 19, Changes in Leadership, be removed from the Risk Register, as a new permanent Chief Officer commenced employment on 24 May 2021.

11. Joint Clinical and Care Governance Committee

There had been previously circulated a report presenting Terms of Reference for the proposed Joint Clinical and Care Governance Committee (JCCGC) for consideration and approval, and, if approved, asking the Board (1) to endorse the Chair of the current Clinical and Care Governance Committee as Chair of the JCCGC; (2) to consider the appointment of one of the two Vice Chairs; and (3) to consider the appointment of the Third Sector representative.

Stephen Brown referred to the requirement of the IJB to appoint a clinical and care governance committee and, in the local context, in order to streamline processes and focus officer time, there was scope for joining up with NHS Orkney's Clinical and Care Governance Committee. A lot of work had been undertaken to get to the point of submitting draft Terms of Reference for the proposed joint committee for consideration. Governance was crucial in ensuring that the right people made the right decisions at the right time. Benefits of the joint committee included recognising the implications of actions taken by one partner affecting the other with unintended consequences. The draft Terms of Reference remained work in progress and it was proposed to review the document in January 2022.

Dr Kirsty Cole queried why the voting membership was disproportionate to Orkney Islands Council. Issy Grieve advised this was to balance the number of representatives on the group, with NHS Orkney having significantly less numbers to appoint from, but noted this would be given further consideration.

Councillor Rachael King also referred to the voting membership and had some further items for consideration at the review scheduled for January 2022. However, in section 8, Remit, she asked whether clarity could be provided in respect of delegated services to the IJB in that it referred to services delegated by both Orkney Islands Council and NHS Orkney but could be construed as services delegated to NHS Orkney only. Issy Grieve suggested that, as the document had already been approved by the Board of NHS Orkney, it would be detrimental to delay approval for another round of discussion.

David Drever referred to the analogy of square pegs and round holes and commended the work done to date, noting the review in January 2022. He advised that Joanna Kenny had been appointed as the NHS Orkney Vice Chair.

Issy Grieve encouraged all members to send any points for consideration to Steven Johnston (the current Chair of the CCGC) and/or Emma West at NHS Orkney so that these could be considered in the refresh to be reported in January 2022.

The Board noted:

11.1. That, following a review of the Terms of Reference of the Clinical and Care Governance Committee, revised Terms of Reference for a JCCGC had been prepared and approved, in principle, by the JCCGC, subject to approval by the IJB and the Board of NHS Orkney.

11.2. That section 3 of the draft Terms of Reference stated that “the Chair and two Vice Chairs of the Committee will be jointly appointed by the NHS Board and the Integration Joint Board”.

11.3. That, should the JCCGC Terms of Reference be approved by the IJB, it was proposed that the appointment of the current Chair be approved as the first Chair of the JCCGC, and the Board should consider both the appointment of one of the two Vice Chairs and the third sector member on the JCCGC.

The Board **agreed**:

11.4. That the JCCGC Terms of Reference, attached as Appendix 1 to the report circulated, be approved.

11.5. That Steven Johnston, Chair of the current Clinical and Care Governance Committee, be appointed as the Chair of the JCCGC.

11.6. That Councillor Rachael King, being one of Orkney Islands Council’s voting members on the IJB, be appointed as one of the two Vice Chairs of the JCCGC.

11.7. That the third sector representative on the IJB, currently Gail Anderson, be appointed as the third sector representative on the JCCGC.

12. Strategic Commissioning Implementation Plan

There had been previously circulated a report presenting the draft Strategic Commissioning Implementation Plan (SCIP) for 2021/22 for consideration and approval, together with an Equality Impact Assessment.

Stephen Brown reported that the Strategic Planning Group had been stood up specifically to consider the first draft of the SCIP, with feedback incorporated into the draft submitted to the Board for consideration. The document had also been considered by the Senior Management Teams of both the Council and NHS Orkney. Consequently, there had been considerable discussion and consultation to date. The SCIP covered the period up to March 2022, following which a new Strategic Plan would be developed.

Councillor Steve Sankey was truly amazed at the number of unpaid carers in Orkney, quoted as being as many as 3,700, if extrapolated from national estimates. The financial, resource and policy implications, should a national care service go ahead, would be huge for Orkney and was a key issue for the Board going forward.

Joyce Harcus, as an unpaid carer, commented that the document looked good and hoped that it did what it said it was going to do. Since diagnosis, her and her family had had one contact from statutory services. A support plan for her, in her role as carer, to provide ongoing support, but definitely within the first year of diagnosis, would be very beneficial.

Following on, Councillor John Richards said that one of the most humbling aspects of being a councillor was being invited into people's homes and hearing directly from them. He quoted one family who provided care who had had no contact with statutory services in over three years, although Crossroads were in regular contact. He wondered whether this was a common occurrence across Scotland as he considered society would collapse without unpaid carers.

Gail Anderson referred to the independent review of the Council's third sector services, which was due to be commissioned by June 2021, and sought an update, now that it was the end of June. Stephen Brown advised that the review had not yet been commissioned and gave assurance that no work was ongoing which Gail Anderson was not aware of.

Returning to the points raised by Joyce Harcus, Councillor Rachael King reminded members that, in performance benchmarking, Orkney was currently top in the indicator relating to support for carers. However, the low percentage of carers who agreed they were supported did not provide any assurance or confidence. Focus on support for unpaid carers was high on the agenda for COSLA.

Councillor King then referred to section 4.3 of the covering report and, accepting the work going into the SCIP as well as addressing the pandemic, she queried whether there was sufficient flexibility in the system to respond to areas under pressure. Stephen Brown confirmed that flexibility was there, however, if necessary, he would do whatever was required when it was required, regardless of what was stated in the SCIP.

Janice Annal also supported the comments made by Joyce Harcus and referred to various conversations with the public enquiring whether they had had a carer's assessment. Invariably the response was negative, although perhaps they did not realise they had had an assessment as it had not been overtly clear. Although there was a tremendous will to support carers, they still struggled.

Stephen Brown commented that the points by Joyce Harcus and Janice Annal were well made. While 3,700 was a staggering figure for the number of unpaid carers in Orkney, the vast majority probably did not consider themselves as carers, did not require significant levels of support and/or had their own networks of care. However, that did not mean they should not be made aware of the support available, including networks. It was the minority who were under real pressure where wraparound support was required and more work was required in that area. Over the past 18 months, the pressure had increased for carers whether they realised that or not. Lynda Bradford continued that, since carer legislation changed, there was evidence of a definite increase in the number of carers' support plans. The service was also documenting the number who, when offered an assessment, declined as they were content with arrangements at present.

The Board **approved** the Strategic Commissioning Implementation Plan for 2021/22, attached as Appendix 1 to the report circulated.

13. Home First Service

There had been previously circulated a report presenting an update on the findings of an initial three-month review of the Home First Service pilot, a discharge to assess model, and a proposal to continue the pilot for a further period, for consideration and approval, together with an Equality Impact Assessment.

Lynda Bradford advised that the purpose of the report was to advise of the first three months of the Home First service and to seek a continuation up to 31 March 2022.

Research indicated that prolonged hospital admission caused harm to patients, resulting in further deconditioning. More accurate assessments and better outcomes were achieved when maintaining people in their own homes. Home First was an evidence based approach to maintaining independence at home, where needs were assessed at home following discharge and a care plan developed accordingly. This methodology increased the confidence of the individual and their family, with the potential of reducing expectation and reliance on longer term Care at Home packages.

The Home First team comprised a full time Occupational Therapist (OT), a part time Social Worker, Care at Home hours and physiotherapy as and when required. With the exception of the 0.6 full-time equivalent element of OT, all other resources were fully funded in current arrangements. Continuing the pilot for a full year would result in an additional cost of £21,860, which could be accommodated within the Adult Social Care winter funding identified within the IJB reserves.

As the pilot started in mid-February, the full effect of a winter period had not yet been experienced. Project analysis to date indicated that, pre-project the average delayed discharge was 19.5 days which, during the first three months of the pilot had reduced to 2.9 days. Also, Care at Home packages had reduced by 58%, calculated from the pre-discharge assessment to the package required at the point of discharge from

Home First. Evidence suggested that leaving hospital created a great deal of anxiety and, as a consequence, discharge packages of care were quite high. However, once back in their own home surroundings, Care at Home requirements quickly lessened and resources were removed accordingly.

One interesting factor was the 25% readmission rate and officers were currently exploring this to understand the reasons, which could be discharge was too early, other health factors or simply coincidental. The impact on the total normal numbers waiting for Care at Home was difficult to quantify and further analysis would be undertaken.

Outcomes for those concerned were excellent and many service users had regained skills which was very heartening. Accordingly, it was hoped approval was given to continue further.

Councillor Steve Sankey commented that the proposal was a “no brainer” – the pilot offered early intervention and preventative measures and people were clearly happy with the outcomes. However, he referred to the 25% readmission rate and could not ascertain from the paper presented whether COVID-19 had any effect on the pilot or analysis of the pilot and whether there was any COVID-19 factor in the background. Su Dutton confirmed that, at the moment it was difficult to ascertain the contributing factors. Further analysis into the data would be undertaken and included in the next report.

Councillor John Richards referred to housing conditions, whereby a survey conducted five years ago identified that a significant proportion of Orkney’s housing was in serious disrepair, as well as a significant number of homeowners in fuel poverty. He asked whether an assessment of housing was included once admitted to hospital and how the individual needs of the client were linked to ensure transfer from hospital to home was safe. He appreciated issues with housing conditions were more prevalent on the isles and this pilot was focussed on the mainland. Ruth Lea advised that, as soon as someone was admitted to hospital, the Occupational Therapy team began gathering information, including environmental factors, as the relationship between occupational performance and environment were inextricably linked. Visits had been carried out throughout the pandemic and the service worked closely with Care and Repair and also made referrals to organisations such as WarmWorks. The holistic assessment wrapping round the individual happened as part of this project, as it did for others outwith this project.

Councillor Rachael King referred to the section in the Equality Impact Assessment on isles-proofing and, recognising that the pilot focused on the mainland, there was a suggestion that solutions be found for the ferry linked islands. She highlighted that the Board should be acutely aware of the services it provided and was keen to be kept up to speed on how the Home First service could be rolled out to enable equal access to all in Orkney.

Dr Kirsty Cole advised that, although the Home First project was definitely still in its infancy, positive impacts were being seen and she looked forward to the next update report. However, she was keen to get a feel for any plans to bring this a step back towards admission prevention rather than managing discharge. She was aware of projects already up and running around admission prevention, including the Intermediate Care Team (ICT) and the Green Team, and occasionally urgent Care at

Home could be found. However, it was all very piece meal, with no single point of contact when working in the community and trying to manage admission prevention to bring together all the services to see what was available for a patient needing a short term increase in care and support. The process was currently so convoluted that admission often became the easiest and most straightforward option for a couple of days, with the patient then ending up with a wonderful Home First service to support them in the community. It would, therefore, be very beneficial to have a single point of contact several steps before, at admission prevention, rather than having to phone the ICT or the Green Team, then Care at Home and finally find a duty social worker to see what was available.

Lynda Bradford thanked Dr Cole for her comments as she had not realised the fragmentation of the various elements. Further, NHS Orkney had very recently been awarded funding for the Hospital at Home/Hospital Without Walls project. She undertook to raise the matter of a single point of contact with the two project groups as both projects, Home First and Hospital at Home, should be complementary and avoid fragmentation.

Regarding Councillor King's point on equality of service and solutions for ferry-linked islands, Ruth Lea confirmed innovative ideas for the isles were part of the steering group's reflection on and learning from the first three months of the pilot. VAO also had initiatives, including advertising positions and working with the Third Sector and the Care at Home service in the isles was something to consider for the future.

The Board noted:

13.1. That, prior to implementation of the Home First Service Pilot, patients admitted to hospital were assessed and discharged with home care if support needs were identified.

13.2. That, due to capacity issues within health and the Care at Home service, this pathway was resulting in prolonged hospital stays waiting for assessment and packages of care to be in place.

13.3. That, for the purposes of the Home First pilot, it was agreed that the focus would be on individuals currently in hospital who required a new or increased Care at Home package on mainland Orkney only. Referrals had been accepted across the whole of the mainland, which was a challenge for a small team.

13.4. That, unlike other Home First pilots running in Scotland, the pilot did not use specific eligibility criteria but accepted all individuals deemed to need a Care at Home (Home Care) package. This decision was taken to avoid 'cherry picking' individuals in order to achieve a better pilot service performance outcome overall by accepting only those individuals where clear reablement potential was likely.

13.5. That the improvement in discharge arrangements for those accepted onto the Home First pilot meant that individuals could be discharged directly home at the point of their expected date of discharge, assuming Home First had capacity. This avoided any delay whilst Care at Home services were identified.

13.6. The impact on the waiting list for those service users requiring a Care at Home package, in that the waiting list now captured those people in the community awaiting a care package or who required a package to support palliative needs.

The Board **agreed**:

13.7. To continue with the Home First Pilot service until 31 March 2022 enabling the pilot to operate for one year including one full winter.

13.8. That the remainder of funding received as Winter Planning funding be used to sustain the pilot.

13.9. That, following evaluation of the pilot, a further report be submitted to the Board meeting to be held in April 2022, which would have more comprehensive outcome data and a recommendation based on the results of the pilot.

14. Primary Care Improvement Plan

There had been previously circulated a report reviewing progress with the Primary Care Improvement Plan (PCIP) and presenting options in relation to commissioning additional services, for consideration and approval.

Maureen Firth advised that, since the start of COVID-19, services and the timeline associated with the PCIP had changed. The Scottish Government was currently reviewing the Memorandum of Understanding (MoU), with a decision anticipated shortly. However, vaccines, including the annual flu vaccines, were expected to be removed from GP practices by October 2021. There were proposals to expand the pharmacotherapy service, with additional technicians, as this had proven to be beneficial. The Scottish Government was prioritising community treatment rooms and there was a proposal to undertake a test of change project within two GP practices locally. The Community Link Workers had also proven a very worthwhile service and it was proposed to expand this service.

However, there was still a very limited financial envelope within which to fund all the services identified within the MoU. Discussions continued with the Scottish Government on this specific point, who were sympathetic to the case, noting that Orkney was the smallest health board. Some additional money was anticipated, particularly in relation to mental health, and NHS Orkney had been advised to await the outcome of the review by the Scottish Government.

Approval was sought for the various proposals which would utilise all of the remaining funding currently held as earmarked reserves. COVID-19 guidance and infection control measures had resulted in difficulties in identifying accommodation. Accordingly, a group had been established to look at all the clinical areas within The Balfour to ensure best use was made of all available space. Recruitment remained an ongoing issue, with housing now being the main obstacle, both increasing house prices and securing private rental accommodation.

Finally, the proposals presented for approval had been developed in close partnership with the GP Sub-committee who had scrutinised the budget to ensure the Board achieved best value.

Councillor Steve Sankey sought assurance that the proposals for pharmacotherapy would not see a reduction in pharmacy services in the linked and outer isles. Maureen Firth confirmed that the role of the pharmacotherapy technicians was to undertake medical reviews and update repeat prescriptions thereby reducing the workload of GPs. Some of this work did not require to be undertaken face-to-face.

Dr Kirsty Cole further confirmed that this did not relate to the community pharmacy and dispensing practices. The proposal was to remove pharmacy work currently undertaken by GPs, to be undertaken by instead by a pharmacist, which could achieve better results, particularly for someone on several prescription drugs for complex medical matters.

Davie Campbell queried whether recruitment to the posts could be achieved locally or whether recruitment would be from outwith Orkney. Maureen Firth advised that, with the exception of the pharmacy technicians, the majority of the posts could be recruited locally, but might result in existing staff moving around. Saying that, she anticipated the posts would be popular and recruitable.

Councillor Rachael King was pleased to hear discussions were ongoing with the Scottish Government regarding funding and Orkney's specific geographic issues. However, given the way primary care services were to be provided in light of the PCIP, she queried whether recruitment of GPs would become even more problematic. Dr Kirsty Cole gave assurance that the tasks in the contract being taken away from GPs were not complex tasks and were mostly tasks for which no training was given, and were carried out simply because there was no one else to do them. Accordingly, she thought this would make it more appealing for GPs to come to Orkney to work, particularly if the PCIP led to a well-rounded team to take on those tasks.

Councillor John Richards referred to the housing issue, with the significant hike in housing prices in Orkney, as well as the lack of private rental accommodation. This was a common issue across both the public and private sector. People saw Orkney as a great place to stay, however housing was also required for local people. He queried whether anyone was doing anything, given that the same matter was continuously raised at various forums. Maureen Firth was not aware of anything specific, however the housing shortage was really starting to impact, particularly in the last eight weeks. Issy Grieve advised that the availability of housing had been brought to the attention of the Chief Executive at NHS Orkney and was on their agenda as well.

The Board noted:

14.1. Progress to date on implementation of the Primary Care Improvement Plan.

14.2. The risk of being unable to commission everything within the directives of the Memorandum of Understanding due to projected underfunding.

The Board **agreed**:

14.3. To commission the additional services as recommended by the GP Sub-committee and the Local Medical Committee, as follows:

14.3.1. Pharmacotherapy – approve establishment of the undernoted posts, at a full year cost of £89,566:

- 2 whole-time equivalent (WTE) posts of Pharmacy Technician, Band 5.

14.3.2. Community Treatment and Care – approve establishment of the undernoted posts, at a full year cost of £76,216:

- 3 posts of Health Care Support Worker, Band 3, to provide phlebotomy services, comprising:
    - 1 x WTE post.
    - 1 x 17.5 hours per week.
    - 1 x 15 hours per week.
- 13.5 hours of Band 5 nursing hours for wound management.

14.3.3. To direct NHS Orkney to commission the services of Community Link Workers, identified in section 5.4 of the report circulated, at a full year cost of £43,478.

14.3.4. Vaccine Transformation Programme – approve establishment of the undernoted posts, at a full year cost of £110,306:

- 1 x 0.5 WTE Lead Nurse, Band 7.
- 2 x 0.5 WTE Health Care Support Worker, Band 3.
- 1 x 1 WTE Administrator support, Band 3.
- 1 x 0.3 WTE Pharmacy Technician, Band 5.

14.3.5. Approve additional costs in regard to mileage, venue and stationery costs, identified in section 7.2 of the report circulated, at a full year cost of £13,000.

15. ADP Strategy

There had been previously circulated a report presenting a revised Orkney Alcohol and Drugs Partnership (ADP) Strategy, setting out the strategic direction of the Orkney ADP for the period 2021 to 2026, for consideration and approval, together with an Equality Impact Assessment.

Lynda Bradford reminded members that the ADP Strategy had been submitted to the Board in February 2021 and deferred for two main reasons, namely the 10 year time span and to undertake a further round of consultation with the various governance committees of NHS Orkney. Both actions had been completed. The Scottish Government had no concerns with reducing the time span from 10 years to five. The additional feedback from NHS Orkney was included in the consultation report attached as Appendix 2 to the report circulated. Katie Spence had since submitted the refreshed Strategy to the Scottish Government, who had advised they were content. Issy Grieve asked that the Board's thanks be passed to Katie Spence.

Councillor Steve Sankey commented that it was good to hear that the Scottish Government listened and took on board the concerns raised and reducing the time span of the strategy which introduced more flexibility. However, given the extent and depth of comments raised by Public Health, as detailed in Appendix 2, he queried whether the process was correct if these were received at such a late date. Lynda Bradford confirmed that lessons had been learned and going forward more time would be taken to identify relevant stakeholders to ensure consultation was meaningful and undertaken at the appropriate time.

Issy Grieve noted that previously a number of agencies did not engage effectively with the ADP and she hoped this would change going forward.

The Board noted:

15.1. That, on 10 February 2021, the Board agreed:

- That the Orkney ADP Strategy 2021-31, attached as Appendix 1 to the report circulated, be submitted to the Scottish Government in draft form, with a request that the timeframe be reduced from 10 years to 5 years.
- That, in the interim, the draft strategy be submitted to the relevant governance committees of NHS Orkney, as a matter of urgency, to enable further consultation and engagement, with a revised draft resubmitted to the Board in due course.

15.2. The additional consultation undertaken, as detailed in section 4 of the report circulated, with the consultation feedback, attached as Appendix 2.

15.3. That, following discussions with the Scottish Government, the revised strategy, attached as Appendix 1 to the report circulated, was now a five year document.

The Board **agreed**:

15.4. To approve the Orkney ADP Strategy 2021-26, attached as Appendix 1 to the report circulated.

15.5. That the ADP create a delivery plan to take forward the actions contained in the Orkney ADP Strategy 2021-26.

16. ADP Operational Framework

There had been previously circulated a report presenting a revised operational framework and scheme of delegation for the Orkney Alcohol and Drugs Partnership (ADP), for consideration and approval, together with an Equality Impact Assessment.

Lynda Bradford reminded members that approval of the framework had been deferred to enable further discussion at a development session. A development session had subsequently been held on 12 May 2021 and, for those who attended, a full and frank discussion was held, with information coming forward which a variety of people had clearly not been aware of at that point.

The previous framework, agreed for a period of two years, had now expired. That framework had been reviewed and it was proposed to continue, with delegation to the ADP to make decisions. Assurance was provided at the development session on 12 May 2021 in regard to scrutiny, with further proposals, outlined in section 5.3 of the report circulated, offering further safeguards for the IJB. It was now proposed to pilot the framework for a further period of one year, following which it would be reviewed. The IJB's internal auditor had indicated approval of the proposed framework and would be involved in the review process. A further development session could be arranged in due course, if required.

Councillor Steve Sankey commended the revised framework which gave comfort and reassurance to the partners. However, he queried what strategic resourcing was available to implement the framework. Lynda Bradford confirmed that most of the ADP's resources were ring fenced for specific purposes, with a small amount remaining unallocated. However, she undertook to include within the framework a note on resourcing.

Dr Louise Wilson commented that a number of services commissioned by the ADP had healthcare implications and she stressed the role of the JCCGC in terms of making sure, as IJB commissioned those services, that due attention was given to clinical care aspects. Issy Grieve advised this had been raised previously in that the ADP reported directly to the IJB and was acknowledged as a potential failure. Accordingly, the work of the ADP would now be included on the agenda for the JCCGC to maintain that link but also to ensure no duplication of discussion.

The Board noted:

16.1. That, on 10 February 2021, the IJB deferred consideration of the ADP Operational Framework and Scheme of Delegation to enable further discussion at a development session.

16.2. That a joint IJB Development Session for IJB and ADP Strategy Group members was held on 12 May 2021.

16.3. The additional safeguards which had been put in place to provide assurance to the IJB and to build in a review process, as detailed in sections 5.3 and 5.4 of the report circulated.

The Board **approved**:

16.4. The ADP Operational Framework and Scheme of Delegation, attached as Appendix 1 to the report circulated.

17. Distress Brief Intervention

There had been previously circulated a report presenting work to date on developing a test of change project, seeking to pilot Distress Brief Intervention (DBI) as an additional support to adults requiring support with mental health wellbeing, for consideration and approval, together with an Equality Impact Assessment.

Before presenting the detail of the report, Lynda Bradford apologised for an omission in the recommendations – section 7.4 of the report referred to seeking approval for a contingency element which had not been replicated within the detailed recommendations for approval by the Board. The Board noted this omission and agreed to consider the recommendation relating to contingency alongside the others.

The DBI approach emerged from the Scottish Government's work on the Suicide Prevention and Mental Health strategies as a method of improving the response to people presenting in distress. DBI consisted of two parts – Level 1 trained frontline health, police, paramedic and primary care staff to help ease any individual. Level 2 was provided by commissioned and trained third sector staff who contacted the person within 24 hours of referral, if that person agreed, and provided community-based problem solving support, wellness and distress management planning, supported connections and signposting for up to 14 days from first contact.

Funding was available for a pilot programme, and the proposal was for a local multi-agency approach, with Penumbra, a leading mental health charity in Scotland, commissioned as the Level 1 provider contact organisation and the Orkney Blide Trust as the Level 2 provider support. Local intelligence suggested that the police had a number of people who they regularly had interaction with, sometimes weekly,

and often mental health issues were the leading factor. Although a contingency element had been factored into the local pilot, this would only be drawn down in year 2 if the numbers taking part required it. Full findings would be reported to the Board in due course.

Davie Campbell commented that this was an encouraging development, with the case studies being particularly interesting. This was a great initiative, including training and upskilling local groups. He was interested to know whether the pilot would alleviate attendance at the local accident and emergency unit.

Councillor Rachael King referred to the DBI programme in Aberdeen which included young people and wondered if this would be done locally. She concurred with Davie Campbell's comments on the case studies. Regarding the process of referral made by frontline staff, she encouraged training being rolled out as far as possible. Regarding the initial consultation being up to one and a half hours, this was a long and potentially emotional process. If the person was not contactable for the follow-up, she sought assurance that the person would not get lost in the system.

Lynda Bradford confirmed that the current Aberdeen pilot programme included 14 to 16 year olds and she would watch with interest to see how this progressed. The Orkney Blide Trust currently took clients from the age of 16. As the pilot was still being developed, it would not be difficult to build in a fail-safe mechanism, should no one pick up on a follow-up contact.

Dr Louise Wilson commented that the document was quite high level and she queried how the Board could be assured on the quality of service and how clinical care was duly addressed. Issy Grieve asked that monitoring how the service met clients' needs be part of the Performance Framework.

The Board noted:

17.1. The work undertaken to develop a test of change project for Orkney in relation to the DBI concept.

17.2. That seed funding amounting to £50,000 had been received from the DBI Central Programme.

17.3. The total cost of the two year pilot estimated at £53,232.

17.4. That, should the contingency sum be required, this would take the total cost of the test of change to £65,165, with the seed funding being the major contribution.

The Board **agreed**:

17.5. To approve the pilot project for a two year period,

17.5. That the £50,000 seed funding be used to fund the majority of the pilot costs.

17.6. That the non-recurring additional cost be funded by IJB reserves to provide the remainder of £3,232 required.

17.7. To include a contingency sum of £11,933 as it was anticipated that demand for the service may be far greater than funding would permit. This funding would only be drawn down based on evidence of the service demand and positive outcomes.

17.8. That a full evaluation of the pilot be brought back to the IJB in due course.

Jim Lyon left the meeting at this point.

18. Performance Management Framework

There had been previously circulated a report presenting a Performance Management Framework for consideration and approval.

Callan Curtis advised that the framework had been written in a way which represented a commitment to learning and continuous improvement throughout the services. The framework also discussed the Board's responsibilities, the purpose of performance management and how high performance culture must run holistically through the organisation to truly benefit service users, staff and the wider community.

Consideration was also given as to what was important to the communities. Approaches taken by other partnerships towards performance management had been reviewed, which helped ensure that best practices were adopted within this document for Orkney which would maintain and strengthen linkages between the various plans and strategies through the vitally important golden thread whilst maintaining a focus upon best value and high performance.

The first section of the framework covered statutory duties and the Board's responsibility in relation to best value. It linked duties and measures to the national framework, how outcomes were measured and delivery plans. The National Performance Framework, created by the Scottish Government in 2017, set out the objectives of the Scottish Government and directly influenced the Board's key objectives and ran through the heart of localised priorities. Core values focused on:

- Kindness.
- Dignity.
- Compassion.
- Sustainability.
- Inclusion.

The COVID-19 pandemic was also mentioned and would be included within future strategies. Although the pandemic did not change the priorities it would impact upon the ways in which services would be delivered.

It was important to show how local priorities were linked into the 11 national outcomes and, following review, five main national outcomes had been chosen, as follows:

- We grow up loved, safe and respected so that we realise our full potential
- We are well educated, skilled and able to contribute to society.
- We are healthy and active.
- We live in communities that are inclusive, empowered, resilient and safe.
- We respect, protect and fulfil human rights and live free from discrimination.

The framework document would be reviewed in line with plans and priorities at each time, for example when the SCIP expired both documents would be reviewed to ensure they were up to date and suitable for the priorities at each stage and every year.

The IJB requirements in relation to annual reporting were outlined, together with effective monitoring, which highlighted the minimum expectations of reporting although there was a goal to strive to go beyond the minimum. An important point to note was not to be skewed by what was already being measured or collected, but to always look ahead and be ready for the challenge that came with innovation and truly meaningful change.

With a view to continuously improving the performance framework, future steps were explained, with the framework being reviewed in 2022 alongside the strategic plan to ensure alignment and flexibility to match priorities when they arose. It was important to consider the document as organic.

Issy Grieve queried whether there would be a document lying beneath the framework which provided the timescale(s) when the core suite of performance indicators would be reported on and by whom. Callan Curtis confirmed that this was not currently planned but, if it was considered helpful, this could be pulled together. Issy Grieve suggested a discussion with Stephen Brown in the first instance as, from her own perspective as Chair, she would welcome knowing when indicators were reported on and by whom.

Issy Grieve also advised that, in her experience, performance management was normally reported through an audit committee prior to coming to the Board. She queried whether any thought had been given to performance reporting being attached to the existing Audit Committee. Stephen Brown agreed and advised that, in his previous role, there was a Performance and Audit Committee which received regular performance reports, before the high level assurance came back to IJB. There was also the statutory requirement for an annual performance report which the Board would get sight of in due course. However, in the intervening period he agreed to discuss with the Chair and members of the Audit Committee how this might work in practice. Hazel Flett advised that, although she had had an initial discussion with Stephen Brown, an outstanding governance action was a review of the terms of reference of the Board's committees which, from memory, had not been undertaken since the IJB was formed in 2016, with the exception of clinical and care governance which was considered earlier in the meeting. This action would be picked up over the summer months and reported to Board in due course. Issy Grieve asked that this be added to the action log.

In relation to services commissioned externally, via the Third Sector and potentially by the private sector, Gail Anderson asked how those partners would be able to contribute to the data in order to get a full picture of commissioned service, what they were delivering and the quality of service. Would the partners be able to contribute to the performance systems available to the statutory partners? Secondly, looking at the core suite of indicators which primarily focused on adult services, given that both children's services and community services were also included in the priorities, would other indicators be developed to reflect those services?

Callan Curtis welcomed information sharing and a way would be found to make the systems work through planning and communication between all the parties involved. The core suite of indicators were the national indicators which the Board was required to report on to the Scottish Government.

Issy Grieve asked for a discussion going forward on some local indicators – at times the Scottish Government “dictated” what information they required for their own purposes which was not always appropriate or required in a local context. Dr Louise Wilson concurred and said that, while many national performance indicators were based on the core elements of an integration joint board, they did not reflect the local arrangements which absolutely had to cover the other services included.

Issy Grieve tasked Stephen Brown to consider a short-life working group supporting Callan Curtis to identify local performance indicators, with a timescale of three to six months, taking in all partner organisations from whom the IJB commissioned services to see what additional performance indicators would be useful, and asked that this be added to the action log. Stephen Brown agreed that local performance information was crucial to merge with the national performance indicators which could drive performance and outcomes, which was not always the best outcome. However, he did add a note of caution in that, previously, he had presented a quarterly performance report in excess of 200 pages and queried whether it really made a difference. Work on the local performance indicators would tie up with finalising the new Strategic Plan due in 2022 in order to measure appropriately.

Councillor Steve Sankey, as Chair of the Audit Committee, welcomed a generic review of the terms of reference and the suggestion that the Audit Committee be used as first step on monitoring performance on its way to the Board. Getting the balance right between a 200 page quarterly performance report and what the Board needed to see from a governance perspective was challenging.

Councillor Rachael King welcomed the opportunity to look at local measures and the proposal for a short-life group to progress that strand. All models of care should be evaluated to ensure that outcomes made a difference. Also, with simple percentage outcomes, what did that tell the Board? What detail was required below the stark data. She issued one plea and that was to ensure the performance framework was island-proofed.

Pat Robinson suggested that local indicators come from the Strategic Plan and thereafter the SCIP and the Direction should include what information the Board required in order to monitor performance. She also urged a note of caution in that there were small teams recording the data which was not easily extractable when it came to reporting performance. This may require more input to extract and analyse the data. Accordingly, whatever was requested with regard to performance indicators required to remain manageable for the performance team, which consisted solely of one person, Callan Curtis.

David Drever welcomed the framework and saw the need for it after a sustained period of no documentation in place. Thinking about 200 page quarterly performance reports, not only did Board members have to read the document, they also had to ask questions in order to seek assurance which could take an entire meeting. However, interrogation of performance reporting should not be used as a means of operational interference. The Board had a key strategic role in performance

management and, whilst not probing too deeply to the extent of infringing on operational matters, there was also a requirement to remain robust. There was a balance to be had when performance reports were presented to the Board for scrutiny.

The Board **approved** the Performance Management Framework, attached as Appendix 1 to the report circulated.

19. Independent Review of Adult Social Care in Scotland

There had been previously circulated a report advising of the Scottish Government's intention to consult on legislation to establish a National Care Service, following publication in February 2021 of the Independent Review of Adult Social Care in Scotland, for information.

Stephen Brown referred to the announcement on 26 May 2021 by the First Minister on her Priorities for Government, which included beginning a consultation on legislation to establish a National Care Service in the first 100 days of the newly formed Scottish Parliament. Although no announcement had been made to date, a number of people present were involved in national groups and were picking up bits of information. The pace was hugely challenging and Stephen Brown had a sense that much work still required to be done to work through the recommendations of the Feeley Review. The DBI pilot was timely, particularly in light of projections for mental ill-health and wellbeing. Section 4.2 of the covering report set out some local implications and risks, including commissioning from the independent sector, which was not used locally.

Issy Grieve suggested that the Joint Discussion Forum should meet in order that all partners were aligned in the message being sent out and she undertook to keep the Board briefed on any developments.

The Board noted:

19.1. The Independent Review of Adult Social Care in Scotland, attached as Appendix 1 to the report circulated.

19.2. The First Minister's announcement on 26 May 2021 that the Scottish Government would begin consultation on legislation to establish a National Care Service within the first 100 days of the new Scottish Parliament.

19.3. The self-assessment, attached as Appendix 2 to the report circulated, relating to the IJB's response to date in relation to the good practice recommendations of the Independent Review, which could be achieved within existing resources.

20. Ministerial Steering Group – Self-Evaluation

There had been previously circulated a report presenting an update on progress with actions contained in the improvement plan arising from self-evaluation of the recommendations from the Ministerial Strategic Group (MSG) for Health and Care's report on progress with integration, for consideration and to enable the Board to seek assurance on progress.

Councillor Rachael King referred to the working group to look at integrated finances and financial planning, detailed in section 4.8.2 of the report, and suggested that, rather than nominees, the Heads of Finance, together with the Director of Finance from NHS Orkney, should attend, as it was crucial that senior management were at the table, as well as a continuity of attendance in order to discuss progress proactively.

The Board noted:

20.1. The work completed to date on actions contained within the improvement plan, arising from the self-evaluation of recommendations from the Ministerial Steering Group for Health and Care's review on progress of integration, attached as Appendix 1 to the report circulated.

20.2. The arrangements in place to progress the outstanding priority areas, as detailed in section 4.4 of the report circulated.

21. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 25 August 2021 at 09:30.

22. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:21.