



Chief Officer
Orkney Health and Care
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Agenda Item: 3.

Orkney Integration Joint Board

Wednesday, 27 June 2018, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present

Voting Members:

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

Non-Voting Members:

Professional Advisers:

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

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Janice Annal, Service User Representative.
- Sandra Deans, Carer Representative.
- Sally George, Staff Representative, Orkney Islands Council.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

Clerk

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

In Attendance

- Emma Chattington, Equality Officer, Orkney Islands Council (for Items 8 to 11).
- Shaun Hourston-Wells, Project Officer, Orkney Health and Care (for Items 8 to 11).
- Katharine McKerrell, Solicitor, Orkney Islands Council.
- Gavin Mitchell, Head of Legal Services, Orkney Islands Council (for Items 1 to 12).
- Moraig Rollo, Lead Allied Health Professional, NHS Orkney (for Items 1 to 13).
- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services.
- John Trainor, Head of Health and Community Care, Orkney Health and Care.

1. Apologies

Apologies for absence were intimated on behalf of the following:

- Jeremy Richardson (Chair), NHS Orkney.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- Maureen Firth, Head of Primary Care Services, Orkney Health and Care.

Naomi Bremner, NHS Orkney, who had intended to attend the meeting as proxy for Jeremy Richardson, was unable to attend, due to travel disruptions.

2. Declarations of Interest

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

3. Minutes of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 14 March 2018.

The minute was **approved** as a true record, on the motion of Councillor John Richards, seconded by David Drever.

4. Matters Arising

4.1. Action Log – ICT, Information Sharing and Data Handling

David Drever asked if there was any update on this matter and John Trainor reported that no formal update was at this meeting as Caroline Sinclair had been unable to address the matter prior to her departure.

4.2. Set Aside Budget

Pat Robinson confirmed this matter would be considered under the revenue monitoring report to be discussed later in the meeting.

4.3. Directions

Councillor Rachael King enquired whether guidance on Directions had been issued by the Scottish Government and Maureen Swannie confirmed that, following a recent workshop attended by Chief Officers, it was reported that, although the guidance had been drafted, it had yet to be issued.

4.4. Recruitment

Councillor Rachael King referred to the appraisal of alternative recruitment options for a post which was to undertake review work associated with people with more than one long term condition being offered a holistic review, rather than separate condition specific reviews. Maureen Swannie confirmed that an update had been provided by Judith Sinclair, where the next stage was to share findings from a scoping review with Maureen Firth on her return to work.

4.5. Mental Health Services

Councillor Rachael King referred to the action that evidence of progress be reported to this meeting on raising matters relating to mental health services through the community planning partnership, with a view to all partners being made aware of the issues and potential opportunities for partners becoming involved in providing a solution. John Trainor advised that he was not aware whether the issue had been raised with the community planning partnership, however, from an operational perspective, recruitment was progressing with regard to the vacancy which would provide more capacity going forward.

Councillor Rachael King requested that a formal update be made to the next meeting of the Board.

4.6. Advocacy Plan

Councillor Rachael King queried progress regarding development of an Advocacy Plan. David McArthur confirmed that the Advocacy Planning Group had issued a draft for consultation.

4.7. Domestic Violence Statistics

Dr Kirsty Cole referred to the Orkney Community Justice Outcomes Improvement Plan and, in particular, figures regarding domestic violence and whether all the cases originated in Orkney. Maureen Swannie advised that she was currently collating statistics for Equally Safe and would pick up on the point raised by Dr Cole and report back.

Councillor John Richards advised that the Council's Housing service could provide some figures regarding domestic violence, as this was reported through homelessness updates. Frances Troup and Maureen Swannie gave assurance that liaison was taking place to ensure all information was collated.

5. Action Log

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

5.1. Alcohol Brief Interventions

John Trainor advised that delivery of Alcohol Brief Interventions had moved into the Alcohol and Drugs Partnership support team, recruitment was ongoing and locally enhanced services would continue with GP practices through service level agreements. This action now sat within performance monitoring and could be removed from the Action Log.

5.2. Clarification of Set Aside Budget

Pat Robinson reiterated that this matter would be discussed under the expenditure monitoring report below, however a briefing had been issued following the Board's last development session.

5.3. Annual Refresh of Terms of Reference

It was noted that this matter would be picked up once the new Chief Officer was in post.

5.4. Budget for 2018 to 2019

Pat Robinson advised that she was working with partners on a three-year financial plan which would coincide with the refresh of the Strategic Commissioning Plan which was also due, resulting in both plans covering the same timeframe.

5.5. Format

Councillor Rachael King advised that, going forward, the Action Log should incorporate Matters Arising from previous minutes, which should make it easier to track outstanding matters.

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

Janice Annal joined the meeting at this point.

6. Risk Log

There had been previously circulated the Risk Log, updated as at June 2018, for consideration, scrutiny and approval.

Scott Hunter highlighted those risks which had changed from the last meeting as follows:

- Risk 1b had increased to "very high" given the ongoing interim arrangements and subsequent capacity demands this placed on the senior management team. The source of assurance should read Chief Executives OIC / NHSO and not left blank as shown.
- Risk 5 had increased to "high" given the public narrative that had shaped the public response to reductions in services.
- Risk 10 had been raised to "very high" for the same reasons outlined for Risk 1b, although it was anticipated that this risk will reduce with the appointment of a new Chief Officer.

- Risk 16 was now profiled to “very high” and work continued within the services to deliver approved savings and identify savings for the coming year.

Frances Troup referred to Risk 15 relating to the shift from analogue to digital and advised that, as the Housing service also maintained some telecare systems, best use be made of resources when developing an understanding of the processes and informing the plan to address the matter.

Discussion then followed on IT matters and the number of issues raised throughout Board meetings. It was noted that an IT person did not attend Board meetings and Dr Kirsty Cole asked how matters were fed back to both partners. Scott Hunter and Dr Louise Wilson advised of the various groups within the Council and NHS Orkney respectively which dealt with IT matters.

John Trainor advised that he was aware that both IT teams talked to one another regarding interfaces and different areas of work. However, the key area of risk for the Integration Joint Board was that the integrated workforce could not access each other’s systems if the staff member was not at their main location – there did not appear to be any progress on this matter in the last 10 years. Councillor Rachael King advised that this was a live issue at Scottish Government level, therefore not unique locally, but it was good to know that locally, the IT teams did communicate with each other.

Councillor John Richards suggested that an IT specialist be invited to a Board meeting in order to gain an insight into the issues being raised. Following a suggestion from Councillor Rachael King, it was agreed that the various IT issues be scoped, a paper submitted to the next meeting and IT representatives from both partners to be present. The paper should also clearly identify what issues were local and which were national, therefore an understanding could be gained as to what was within and outwith the IT teams’ control.

Councillor Stephen Sankey referred to the very high risk, Risk 16, that the recovery plan would not ensure that the Board broke even at financial year end. As it was approaching the end of the first quarter, he was interested to know what discussions had been held with the Chief Executives, given the absence of a Chief Officer. Pat Robinson confirmed that she had met with the Chief Executive of NHS Orkney and expressed her concerns regarding the savings plan. She had also spoken to the Head of Finance, Orkney Islands Council, regarding the Council’s savings target. In July, she intended to formally write to both partners expressing her concerns, noting that, as yet, no services had been decommissioned and advising that it was highly unlikely the Board would achieve a break-even position by 31 March 2019.

The Board noted the content of the Risk Log.

7. Financial Monitoring

Revenue Expenditure Monitoring Statement to 31 March 2018

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 31 March 2018.

Pat Robinson advised that the year-end position was an overspend of £478,000. NHS Orkney had made an additional payment, with Orkney Islands Council also providing additional funding, prior to the year end, of £184,000 in respect of the shortfall for children placed outwith Orkney.

The main pressures remained as children's services, prescribing and primary care. With regard to prescribing, the budget had shown an overspend throughout the financial year and work was ongoing through data gathering and best practice, with the benefits to be realised in 2018/19. In primary care, locum staff were required on every island and, although services tried to utilise the locum bank, which had agreed NHS rates, agency staff had been required on occasion, which was an expensive option.

The Recovery Plan attached recognised current issues and how they were being dealt with in the short term, rather than long term.

Clarification had been received regarding the set aside budget. Although an overspend had occurred on this budget for 2017/18, this had been fully funded by NHS Orkney. Moving forward, the Board would require to scrutinise this budget more closely.

Although savings had been realised, this was mainly through vacancy management which often impacted elsewhere. With demand for services increasing and finances decreasing, the Board would have to review the services it commissioned. With a savings target of £1,400,000 for 2018/19, the Recovery Plan was nowhere near in a position to achieve this.

With regard to prescribing, Dr Kirsty Cole queried why only prescribing practices and not all GP practices had been asked to identify reductions in costs. Pat Robinson advised she would need to pick this up with colleagues in NHS Orkney.

Councillor John Richards sought clarification on the explanation for the overspend within Home Care as highlighted in the Recovery Plan at Annex 2. Pat Robinson advised that the reason for the overspend was in relation to the savings target of £180,000 brought forward from 2017/18 being applied to the integration funding budget. However, these projects were still ongoing.

Councillor Stephen Sankey returned to the matter of the set aside budget and said he thought the matter had been sorted. Pat Robinson advised that, following the matter being raised by the Chair of NHS Orkney, clarification was sought from the Scottish Government, as it appeared that a set aside budget referred to "large hospitals", where one health board dealt with several local authorities.

The Scottish Government had subsequently advised as follows:

"... unscheduled adult inpatient services require to be delegated to the Integration Authority, based on the functions included in the legislation.

Where a Health Board and an Integration Authority are coterminous, such as in Orkney, these services should be delegated to and payments made to the Integration Authority. Where a Health Board has more than one Integration Authority partner, it can either make direct payments for large hospital services or it can retain the resources and establish a set aside budget to be directed and controlled by the Integration Authorities.

In practice of the coterminous areas, only Dumfries and Galloway have fully delegated services and budgets to the Integration Authority. The others (Borders, Fife, Orkney, Shetland and Western Isles) have established a set aside budget.”

Accordingly, a set aside budget must be identified and must be included in the Board’s financial statements.

Councillor Rachael King suggested that the Board should be mindful of the set aside budget when developing the next Strategic Commissioning Plan and queried whether, in future, the Board would be responsible for any overspend on that budget. Pat Robinson confirmed that the Board would be responsible.

As Chair of NHS Orkney’s Finance and Performance Committee, Rognvald Johnson advised that it had been extremely useful having the Chief Finance Officer present at meetings of that committee as it had resulted in a better understanding of all the issues.

The Board noted:

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

7.2. The financial position of Orkney Health and Care, as at 31 March 2018, indicating a year-end overspend of £478,000.

7.3. That NHS Orkney made an additional payment regarding the overspend to achieve a break-even position for financial year 2017/18.

7.4. That Orkney Islands Council made an additional payment of £184,000 regarding the budget shortfall within children placed outwith Orkney.

7.5. That a savings target of £1,444,000 had been applied for financial year 2018/19.

8. Annual Performance Reporting

There had been previously circulated a report highlighting information on performance within Orkney Health and Care for 2017 to 2018 for scrutiny.

Scott Hunter presented the performance report, stating that it gave an insight into the breadth, depth and complexity of services. Of the 88 workstreams in the Strategic Commissioning Plan, only 11 were showing as Red. He then highlighted notable areas of progress. Although welcomed, further progress remained challenging, particularly in light of the legislative agenda, often with little or no additional resource, financial or otherwise. However, from an audit perspective, Orkney Health and Care had been given a clean bill of health, with all services graded good or very good, following external scrutiny, which was an exceptional place to be and showed the good work of the staff concerned.

Councillor Stephen Sankey congratulated all the staff concerned, especially in relation to the external scrutiny results. However, although the Board had asked for innovative work to be undertaken, such as the generic worker post, most of the Red actions were due to capacity issues and he queried what could be done to progress those actions. Scott Hunter advised that the Red actions were a priority issue for the Authors' Group looking at the refreshed Strategic Commissioning Plan to determine whether the actions remain relevant, deliverable and a priority for the Board.

Janice Annal and Dr Kirsty Cole both referred to the amount of detail and information within the Performance Report and suggested that only exception reporting might make it more readable. Scott Hunter confirmed that colleagues were looking at the performance reporting format with a view to improvement going forward; however, this was the annual performance report which required to be submitted to the Scottish Government, therefore it required to contain all the evidence of the outcomes.

Councillor John Richards referred to placements outwith Orkney and how the Board could be assured that the placements were value for money, what outcomes were achieved for the children and how successful the placements were. Scott Hunter responded by stating that all cases were scrutinised through the Extra Packages of Care group and any placement commissioned through the national framework, therefore the cost was known. All cases were regularly reviewed to ascertain that outcomes were being achieved.

Dr Kirsty Cole queried why children were placed outwith Orkney and whether it was due to a lack of service locally. Scott Hunter advised that, with such small numbers, he could not go into detail, but he would give some thought as to how the information requested could be presented to the Board. Maureen Swannie continued that a piece of work had been carried out in conjunction with the Education service and the Council's Change Programme to ascertain the cause of outwith Orkney placements. Although that exercise had not highlighted any recurring themes, officers continued to monitor the situation.

Sandra Deans made reference to dementia pathways and post diagnostic support and the apparent lack of timescale and specifics throughout the performance report. John Trainor assured her that, although people received these services, there was currently no method locally in collating the data and making it interrogatable. Further, if anyone was not receiving the services, he wanted to know, so that the refreshed Strategic Commissioning Plan could be improved in this respect.

The Board noted the Performance Report for 2017 to 2018 in relation to the Strategic Commissioning Plan.

9. Winter Planning

There had been previously circulated a report presenting a review of the 2017/18 Winter Plan to enable the Board to seek assurance on performance.

Dr Kirsty Cole referred to the respiratory pathway which she raised when the Winter Plan was submitted to the Board for approval, in that she was not aware of it and thought that GP practices should be. The review document did not provide any clarification in this respect either.

Councillor Rachael King referred to the sections headed, What could have gone better and Key lessons/Actions planned, and how those matters were picked up and taken forward.

John Trainor advised that a monthly agency group undertook a de-brief with a view to the next Winter Plan, but agreed to request clarification on both matters from NHS Orkney and report back.

The Board noted the NHS Orkney and IJB Local Review of Winter 2017/18.

10. Alcohol and Drugs Partnership

There had been previously circulated the annual report for 2016 to 2017 in respect of the Alcohol and Drugs Partnership, together with feedback from the Scottish Government, for information.

Councillor John Richards referred to page 3 of the annual report, wherein it was reported that an underspend of £34,532 was not permitted to be carried forward locally and sought confirmation as to whether this money was returned to the Scottish Government. Pat Robinson agreed to find out whether the money was returned and confirmed that a small underspend also occurred for the following financial year (2017/18) which was used to offset the overall overspend within NHS Orkney.

The Board noted:

10.1. The Alcohol and Drugs Partnership Annual Report for 2016 to 2017, attached as Appendix 1 to the report circulated.

10.2. The feedback received from the Scottish Government, attached as Appendix 2 to the report circulated.

11. Equalities Outcomes and Mainstreaming

There had been previously circulated a report presenting refreshed Equality Outcomes, together with the Equalities Mainstreaming Report, for consideration.

Shaun Hourston-Wells advised that the report presented refreshed outcomes and how Orkney Health and Care's services related to the nine protected characteristics defined by the Equality Act 2010. The integration authority had a limited responsibility, in that it was not an employer and did not deliver services and this was reflected in the refreshed Equalities Mainstreaming Report. Good progress had been made against the outcomes and therefore it was recommended that these be continued for another two years.

Councillor Rachael King made reference to page 7 of the Mainstreaming Report and whether the cumulative impact of proposals within the Council's budget setting process was reviewed. She also made reference to the one British Sign Language interpreter in Orkney and that both partners made use of this person. Finally, she referred to the four strategic objectives of the Domestic Abuse Forum and the focus on domestic abuse and violence against women and girls. However, she was assured that the supporting statistical information included reference to male victims.

Councillor Stephen Sankey highlighted the supporting statistical information in relation to Disability and Age Outcomes in that the 2011 Census figures showed that 18.9% of the population of Orkney had a long-term activity limiting health problem or disability.

Janice Annal referred to the supporting statistical information relating to Sex Equality Outcomes which stated that Orkney had one of the lowest rates of domestic abuse in Scotland and queried whether this was reported rates. Emma Chattington confirmed that it was accepted by all agencies that the figures were understated, therefore agencies continued to raise awareness of how to report domestic abuse and/or violence and feed into the various action plans.

With regard to Disability and Age Outcomes, David Drever suggested that the work of Selbro should be included.

In conclusion, Emma Chattington confirmed that the Report could be amended to include the work of Selbro, took on board the reference to the one BSL interpreter and confirmed that a cumulative equality impact assessment was undertaken as part of the Council's budget setting process, however the process was being refreshed for the coming year.

The Board noted:

11.1. The Board's legal requirements in respect of its equality duties, referred to in sections 4 and 5 of the report circulated.

11.2. The Orkney Health and Care Equalities Outcomes and Mainstreaming Report, attached as Appendix 1 to the report circulated.

11.3. That good progress had been made against the agreed Outcomes, as evidenced in Appendix 1.

The Board **agreed**:

11.4. That the Outcomes contained within the Orkney Health and Care Equalities Outcomes and Mainstreaming Report, attached as Appendix 1 to the report circulated, be approved for a further two years, in so far as they related to the remit of the Board.

12. Data Protection Officer

There had been previously circulated a report outlining the requirement to appoint a Data Protection Officer, together with an Equality Impact Assessment, for consideration and approval.

Scott Hunter advised that, in line with the new General Data Protection Regulation, which came into force on 25 May 2018, the integration authority, as a public authority, was required to appoint a Data Protection Officer.

The Board **agreed** to appoint Gavin Mitchell, Head of Legal Services, Orkney Islands council, as its Data Protection Officer.

13. Communication Equipment and Support

There had been previously circulated a report highlighting commencement of Section 4 (Provision of Communication Equipment) of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016, advising of the current ability to meet the new legislative duty and highlighting areas of risk.

Moraig Rollo gave a brief introduction advising that the new legislation related to the duty to provide equipment and support to those with communication difficulties, which NHS Orkney had subsequently delegated to the Integration Joint Board. Work was currently ongoing, both locally and nationally, to ascertain baseline information, which was proving challenging, although it was suggested that 0.05% of the population may require high tech Augmentative and Alternative Communication (AAC) equipment. Locally this would equate to approximately 11 persons.

Locally, it was envisaged that initially there might be a high volume of assessments, together with an associated cost for equipment. A recent bid was made to the Medical Equipment Group for an item of high tech AAC at a cost of £5,200. Assessments and outputs would be monitored to gauge future requirements, with any specialist equipment being retained by NHS Orkney to be made available in the future.

The Board noted the new legislative duty on health boards arising from Part 4 of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 and potential highlighted risks in relation to failure to comply with the Act.

14. Primary Care Improvement Plan

There had been previously circulated a report setting out the Primary Care Improvement Plan for consideration and approval, prior to submission to the Scottish Government.

Dr Louise Wilson referred to the changes to the GP Contract and the need for the Board to prepare a Primary Care Improvement Plan. The document circulated had been developed mainly by clinical leads and shared with various groups. Due to timing, comments from some groups, most notably the Area Medical Committee subgroup and the Strategic Planning Group, had not yet been incorporated into the draft Plan. The initial submission date to the Scottish Government had been postponed from 1 July to 31 July 2018. The Primary Care Improvement Plan provided a significant opportunity for transforming care and locally would link with the Strategic Commissioning Plan. There was also the expectation of funding replacing previous funding streams, which the Chief Finance Officer was aware of.

Councillor Rachael King was reassured that, although the date for submission had been pushed back to 31 July 2018, there was still an opportunity for the Board to ratify the final Plan thereafter, given the timescales for meetings and that comments from various groups had still be considered and incorporated within the draft Plan.

David Drever referred to section 4.11 of the covering report, whereby the Scottish Government acknowledged that achieving full engagement within the challenging initial timescale for developing and approving the Primary Care Improvement Plan may be difficult, with some of the more detailed dialogue taking place after the Plan was submitted, and queried whether there were any issues that the Board should be aware of at this point. Dr Louise Wilson advised that it was challenging and the Board should not go with the status quo, rather what was best for the people of Orkney and the new GP Contract.

Dr Kirsty Cole referred to the funding elements and it had become clear at the GP planning meeting that information provided to Chief Officers had not been distributed to clinical leads. She queried whether, in the absence of the Chief Officer, mail was being attended to and distributed appropriately. John Trainor confirmed that mail was being dealt with and distributed, and both Chief Executives had stepped in, although they continued to have their own workload.

Councillor Stephen Sankey saw great challenges with the new GP Contract, with certain functions transferred to the Board for which additional resources may be required. He was not convinced that the strategic planning process was as seamless as it could be and it was fortuitous that, locally, the Strategic Commissioning Plan was due for its refresh. He was aware that the Index of Multiple Deprivation did not work in rural areas and Orkney had become underfunded in relation to other areas in Scotland and he suspected that any additional resource from the Scottish Government would prove insufficient. This was possibly one of the best examples where the Islands Bill could be applied diligently to ensure sufficient resource for the new GP Contract was made available to the Board.

Dr Kirsty Cole again referred to the finance and suggested it might have been more obvious had the document referred to earlier been circulated. Locally, all GPs were extremely disappointed in the level of funding to Orkney. There had been no local representative on the national group and, as Orkney was in a unique position regarding GP services, this had subsequently been rectified, in that a local representative was now on that group.

Pat Robinson advised that, although it was not normal practice to circulate funding letters to the Board, she undertook to circulate this particular correspondence, noting that she was unsure whether there was any new funding, as it appeared that some was previously committed funds, therefore some services may require to cease. Dr Kirsty Cole advised that, as the Memorandum of Understanding had been signed, it was not about “picking and choosing”.

The Board noted:

14.1. The draft Primary Care Improvement Plan, attached to the report circulated, noting that it did not reflect comments made by the GP Sub-committee of the Area Medical Committee or the Strategic Planning Group.

The Board **directed**:

14.2. NHS Orkney to submit the draft Primary Care Improvement Plan to the Scottish Government, by 31 July 2018, with the final draft to be submitted to the next meeting of the Board so that it could seek assurance that it was complying with the new GP contract and associated changes.

15. Directions

There had been previously circulated a report setting out proposals to review the framework for issuing Directions for consideration and approval.

John Trainor advised that the Scottish Government was due to issue guidance in August/September 2018. There were some good examples of how Directions were done by other integration authorities and this linked to other comments regarding the financial situation and budgeting. Once the Chief Officer was in post, that post would have significant input into how Directions should be issued.

Councillor Rachael King reported that, at a recent meeting of Integration Authority Chairs, there had been a lot of debate on Directions and how these should be clear from the Board to the partner organisations and how finance was attached to any Direction. It was also important to determine the level Directions were set.

The Board **agreed**:

15.1. That a review of how the Board currently structured its Directions be approved.

15.2. That a facilitated session be arranged to consider Directions more fully.

15.3. That a refreshed template for issuing Directions be implemented with a timescale linked to the new Strategic Commissioning Plan outcomes for 2019 to 2022.

16. Community Mental Health Services

There had been previously circulated a report providing an update in respect of the ongoing development of Community Mental Health Services for information.

John Trainor advised that the report attached was produced by the Blide Trust following the public engagement event it facilitated in November 2017, and therefore pre-dated the new GP Contract. Mental Health was changing significantly and the Chief Executive of NHS Orkney was currently collating all reports with a view to developing an action plan for improving mental health services across Orkney.

With reference to section 5.4 of the covering report, Councillor Stephen Sankey sought clarification on the reason for changing the clinical leadership of the psychology service to be working alongside and not directly within the Community Mental Health Service. John Trainor confirmed that this was as a result of a recommendation from the review of community mental health services undertaken by Dr Linda Gask, which NHS Orkney had subsequently accepted and was now due to be implemented. Interestingly, another partner in Grampian had just agreed to arrange services in the way which Orkney was moving away from, so there were different methods of service delivery throughout Scotland.

Councillor Rachael King advised that, with the note in the previous minute, the Board should maintain sight of mental health services across all ages and the next Strategic Commissioning Plan would present opportunities. John Trainor advised that, as a change to service delivery was taking place, performance would be reported to the Board, who could influence thereafter.

The Board noted the output from the community consultation event on mental health services facilitated by the Blide Trust in November 2017.

17. Audit Committee

There had been previously circulated a report highlighting key items discussed at the meeting of the Audit Committee held on 13 March 2018, to enable the Board to seek assurance on performance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Audit Committee held on 13 March 2018.

18. Strategic Planning Group

There had been previously circulated a report highlighting key items discussed at the meetings of the Strategic Planning Group held on 24 April and 12 June 2018, to enable the Board to seek assurance on performance.

The Board noted:

18.1. The content of the report, together with the approved Minute of the Meeting of the Strategic Planning Group held on 24 April 2018 and the unapproved Minute of the Meeting of the Strategic Planning Group held on 12 June 2018.

18.2. Progress on the three actions tasked to the Strategic Planning Group by the Board, as outlined in section 6 of the report circulated.

18.3. Progress on the work plan, as outlined in section 7 of the report circulated.

19. Joint Staff Forum

There had been previously circulated a report highlighting key items discussed at the meeting of the Joint Staff Forum held on 3 May 2018, to enable the Board to seek assurance on performance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Joint Staff Forum held on 3 May 2018.

20. Clinical and Care Governance Committee

There had been previously circulated a report highlighting key items discussed at the meeting of the Clinical and Care Governance Committee held on 22 May 2018, to enable the Board to seek assurance on performance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 22 May 2018.

21. Chief Officer Groups

There had been previously circulated a report highlighting key items discussed at the meetings of the Chief Officer Groups of the Adult Protection Committee and the Child Protection Committee held on 2 May 2018, to enable the Board to seek assurances.

The Board noted the content of the report.

22. Items to be brought to Partners' Attention

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

- Shift from analogue to digital – telecare systems within Housing services to be included in any review.
- Pharmacy costs – to determine why only prescribing practices and not all GP practices had been asked to identify reductions in costs.
- Winter plan – seek clarification on the Respiratory Pathway.
- New GP Contract – circulate funding letters from Scottish Government to Chief Officers.

23. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 3 October 2018 in the Council Chamber, Council Offices, Kirkwall.

David Drever paid tribute to Rognvald Johnson at his last meeting of the Board prior to demitting office as a Non-Executive Board member of NHS Orkney at the end of June. Rognvald Johnson thanked David Drever and responded that the Board worked well together with a genuine desire to do the best for Orkney and keen to make a difference. He also thanked the officers for all their hard work under trying circumstances and within strict guidelines.

24. Disclosure of Exempt Information

On the motion of Councillor Rachael King, seconded by Councillor John Richards, the Board agreed that the public be excluded from the remainder of the meeting as the business to be considered involved the disclosure of exempt information of the classes described in the relevant paragraphs of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

25. Budgetary Matters

Under section 50A(4) of the Local Government (Scotland) Act 1973, the public had been excluded from the meeting for this item on the grounds that it involved the disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report advising on progress with identifying alternative savings that could deliver the same value but retain a post which the Board wished to see retained.

The Board noted the position.

Sally George referred to item 22 of the previous minute regarding the budget for 2018 to 2019 and asked that her concerns regarding disestablishment of a vacant post be noted.

The above constitutes the summary of the Minute in terms of the Local Government (Scotland) Act 1973 section 50C(2) as amended by the Local Government (Access to Information) Act 1985.

26. Briefings Issued

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

The Board noted the undernoted briefings, issued under separate cover, but had no questions to raise meantime:

- General Data Protection Regulation – Appointment of Data Protection Officer.
- Fostering and Adoption Team – Change of Name to Family Placement Team.
- Health and Social Care Standards.
- Audit Scotland – “What is Integration?” Guide.
- Strategic Planning Session.
- Audit Scotland – “Good practice note on improving the quality of local authority annual accounts – Integration Joint Boards”.
- National Audit Report – NHS in Scotland.
- Integration Joint Board – Membership and Structure.
- Provision of Services for Adults with Learning Disabilities.

27. Conclusion of Meeting

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