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Orkney Integration Joint Board

Tuesday, 12 May 2020, 15:30.

Microsoft Teams.

Minute

Present

Voting Members:

- Davie Campbell, NHS Orkney.
- David Drever, NHS Orkney.
- Issy Grieve, 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:

- Sharon-Ann Paget, Interim Chief Social Work Officer.
- Pat Robinson, Chief Finance Officer.
- Sally Shaw, Chief Officer.

Stakeholder Members:

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

Clerk

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

In Attendance

- Maureen Firth, Head of Primary Care Services, Orkney Health and Care.
- Kay McKerrell, Solicitor, Orkney Islands Council.
- Dr Dawn Moody, Clinical Director – GP, NHS Orkney (for Items 1 to 6).
- Maureen Swannie, Interim Head of Children’s Health Services and Service Manager, Children’s Services, Orkney Health and Care (for Items 5 to 13).

Observing

- David Hartley, Communications Team Leader, Orkney Islands Council.

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Apologies

Councillor Rachael King welcomed everyone to the meeting and advised that, although the meeting was not open to the public, it was being recorded, with the recording being available on Orkney Islands Council’s website in due course.

Apologies for absence were intimated on behalf of the following:

- Dr Kirsty Cole, Registered GP, NHS Orkney.
- David McArthur, Registered Nurse, NHS Orkney.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.
- Lynda Bradford, Acting Head of Health and Community Care, Orkney Health and Care.
- John W Mundell, Interim Chief Executive, NHS Orkney.
- Iain Stewart, Chief Executive Designate, NHS Orkney.

2. Declarations of Interest

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

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board (IJB) held on 9 April 2020.

Councillor Rachael King asked whether there were any matters arising not contained on the Log to be discussed at item 4 below.

Issy Grieve referred to page 6 of the Minute, which made reference to a revised draft Mental Health Strategy being submitted to this meeting for consideration and approval. Sally Shaw confirmed that this was an additional meeting called at short notice, and the Mental Health Strategy was still on course to be submitted to the next scheduled meeting on 24 June 2020.

Councillor Rachael King advised that the Minute referred to a number of matters which were currently on hold due to the Coronavirus pandemic and suggested that a list be compiled for the June meeting for consideration. David Drever concurred and suggested that, at the end of this meeting, consideration be given to potential prioritisation of items to be submitted to the June meeting. Sally Shaw advised this would be helpful, as officers could then prioritise work over the next few weeks.

The Minute was thereafter approved as a true record, subject to the following corrections:

- Page 9, paragraph 7 – “Andrew Gentleman” should read “Neil Gentleman”.
- Page 11, paragraph 8.5 – it was agreed that fortnightly updates on progress with the Improvement Plan be provided to the Board, rather than weekly.

4. Matters Arising

There had been previously circulated a log of matters arising from the previous meeting, together with notes.

Sally Shaw briefly summarised the matters arising and the timeframes for outstanding actions. With regard to the review of the Integration Scheme, given the current circumstances, the Scottish Government was not expecting this to be complete by the end of July, as required, although there was an expectation that it would be substantially complete by the end of the current financial year. A new section had been added to the Matters Arising Log indicating timescales for regular reports to the Board, for members’ information.

Regarding the review of the Integration Scheme, Councillor Rachael King suggested this new timeframe provided space for Board members to engage in the process. Sally Shaw advised that the Chief Executives of both partner bodies also required to be included in that process. David Drever suggested it would be useful if a list of headings where work was required could be submitted to the June meeting.

The Matters Arising Log was thereafter noted.

5. Summary Report

There had been previously circulated a summary report providing information on various topics, not included on the agenda for this meeting, to enable the IJB to seek assurance on progress, actions due and to consider corrective action, where required.

The paper circulated included updates on the following main topics:

- Strategic Plan Priorities:
 - Developing Hubs (and Localities).
 - Value and Support Unpaid Carers.
 - Mental Health.
 - Support to Children and Young People.
 - Improve Primary Care.

- Strategies and Plans Updates:
 - Strategic Commissioning Implementation Plan.
 - Workforce Plan.
 - Joint Strategic Needs Assessment.
- Workstream Updates:
 - Programme Board Approach.
- IJB Budget.
- Review of Integration Scheme.
- Carer Representative.
- Children and Young People Inspection.

Sally Shaw reported that there was very little change since the update provided to the previous meeting on 9 April. However, with regard to Value and Support for Unpaid Carers, it was proposed that the Dementia Strategy be presented to the June meeting, with external presenters. Officers continued to work closely with Crossroads to ensure a supply of appropriate PPE.

Regarding Mental Health, work was ongoing to ensure staff and the wider community knew how to access support and services during these unprecedented times.

With regard to Improve Primary Care, Maureen Firth advised that, currently, all requirements around having an updated Primary Care Improvement Plan (PCIP) and tracker submissions were on hold. Health Boards had suspended governance committees and work on the PCIP to concentrate on the response to the Coronavirus pandemic. With the need to move back to some normal ways of working, some health boards, including Orkney, were restarting the process. There were currently weekly meetings with Scottish Government and it was proposed to re-establish meetings of the GP Sub-committee and the Local Medical Committee shortly.

Discussions were taking place within Scottish Government around how working practices within general practice had dramatically changed over recent weeks and it was expected that some of those changes would continue for the foreseeable. As a result, those changes would need to be taken into account and reviewed as part of current planning assumptions.

Additionally, much concern had been raised regarding the feasibility of being able to complete the PCIP Phase 1 within the current timeline of 31 March 2021. There was an agreed concern around the heightened risk of being able to recruit and attract staff to move to different areas of the country to take up posts in the current climate which would be additionally challenging for the more remote and rural boards.

It was anticipated that the Phase 1 timeline of the contract would be extended but by how much was yet to be determined. Likewise, it was expected that Phase 2 of the contract would be extended and revisited as a result of current circumstances. Maureen Firth concluded by advising that a more comprehensive picture would hopefully be available for the next meeting in June.

Regarding a Carer Representative on the Board, Sally Shaw advised that she had discussed this with Crossroads and was proposing to bring an advertising campaign to the June meeting for consideration. The previous representative, Sandra Deans, had offered to mentor any new recruit.

Councillor Steve Sankey sought further information on additional funding streams to support unpaid carers and mental health counselling in schools, possibly as a response to Covid-19. Sally Shaw advised that, initially, PPE stock from NSS was not for unpaid carers; however following regular meetings with Scottish Government, it had since been confirmed that Orkney could manage its own stock of PPE locally. Regarding counselling, Sally Shaw advised that, although there may be resource, she queried where the actual people would come from, and confirmed that all face-to-face services were not currently happening.

Pat Robinson advised that all carers would continue to receive their carer's allowance, even if they were not able to continue care in their own home, due to the current Covid-19 situation. She was not aware of any specific funding for unpaid carers as a response to the Covid-19 situation. Jeane Freeman, Cabinet Secretary for Health and Sport, had recently announced additional funding of £50 million for the social care sector, of which £277,000 had been made available to Orkney. With PPE alone costing Orkney Islands Council £259,000 in the last month, that resource would not go far.

Regarding children and young people's mental health services, Pat Robinson confirmed that additional funding of £62,500 had been received in November 2019, with further funding to come, although no further detail had been provided.

Issy Grieve queried how the GPs felt being asked to work in such new ways, as a result of Covid-19 restrictions. Maureen Firth advised that they had responded very positively. Regarding the Escalation Plan which had to be submitted to the Scottish Government, this contained good contingency plans, including a buddy system if any practice felt it was struggling. The roll out of "Near Me", although challenging, was now being embraced by all GP practices. Dr Dawn Moody concurred on the extremely positive ways in which practices were working together and taking ideas from Primary Care. Sally Shaw referred to the opening of the fourth wing at Hamnavoe House and the incredible support received from the Stromness practice.

Maureen Swannie joined the meeting at this point.

Councillor Rachael King referred back to carers, mental health and access to support. Reflecting on all the information the public was now exposed to and the significant psychological impact from Covid-19, she asked how the Board could be assured that carers and those with mental health issues could signal the need the support, access services and, going forward, the capacity of those services. Sally Shaw advised that organisations such as Crossroads were invaluable in getting messages out. However, there was one group which worried her, specifically, and that was young carers, as they did not have access to their normal routes, including through school and leisure activities. She did not think the Board could be assured, pre, during or post Covid-19, that the correct resources were available. Recruitment was not the issue – supply was. Later in the meeting, the Board would hear about the incredible work being done by the Third Sector, including services being delivered in different ways.

The Board noted the contents of the Progress Update.

6. Budget for 2020 to 2021

There had been previously circulated a report providing an update in respect of the budget position for the IJB for financial year 2020 to 2021.

Pat Robinson advised that the report gave a brief update to the paper presented to the Board on 9 April, whereby the Board received, but did not approve, the budget for 2020 to 2021, and noted the significant savings targets. NHS Orkney had not yet been able to approve its budget and, as yet, no date had been identified. Although a finance workshop was to be arranged to look at savings, this did not happen due to Covid-19 restrictions and other priorities. It should be recognised that, to date, there had not been any significant decommissioning or transformation of services to deliver cash savings to achieve the savings target. Covid-19 would create additional significant risk, although any additional costs were being recorded separately, with those costs ultimately being met by the Scottish Government. Regarding the unscheduled care budget, in accordance with the decision of the Board on 9 April, a letter had been sent to NHS Orkney seeking progress with setting out a timescale. The letter had been acknowledged, stating that NHS Orkney would be looking at the matter and would respond in due course.

Referring to the 3-year savings target of £4.2 million, Davie Campbell referred to the 15 budget lines reported to the Board and asked whether a more detailed breakdown of each of those high level areas could be provided. He specifically referred to overheads of £2.6 million and, although a budget of £1 million was set aside in respect of the Council's costs, he queried what the remaining allocation related to which, crudely, was £20,000 per week. Pat Robinson confirmed she would provide a breakdown of apportioned costs, including the Board's share. Also, previous development sessions had considered detailed budget breakdowns and she agreed to recirculate this information.

Councillor John Richards advised that Orkney could not be unique in trying to achieve savings during the pandemic and queried what others were doing. Pat Robinson advised that other integration authorities had ideas of where savings could be delivered, for example, transformation or decommissioning services – this was not so easy to consider and/or deliver locally. The Mobilisation Plan reported to the Scottish Government included an element for underachievement of savings. However, the savings target was spread over three years, therefore Covid-19 should not stop savings being achieved. The savings target was approximately 10% of the Board's overall budget – the pandemic had not helped the situation but neither should it hinder that process and could potentially provide opportunities due to new ways of working which had to be implemented.

Fiona MacKellar advised that, should decommissioning services or transformational change take place, governance around those changes was required, including discussions with the staff side – Covid-19 did not and could not negate those processes. Sally Shaw advised that, as no transformational change was being considered, there had not yet been a requirement to consult staff. Further, any changes would be discussed, in the first instance, with staff, who may provide better solutions.

Councillor Rachael King referred to the recommendations of the report which were all for noting, and wondered whether the Board should escalate to both partners concerns that, due to Covid-19, the Board would struggle to meet savings targets. Although a valid point, Sally Shaw suggested that escalation should be further considered at the next meeting in June. Pat Robinson concurred and said that, by June, further clarification on 2019/20 year-end figures would be available. Should a recovery plan be required for 2020/21, this should be discussed with partners before it came to the Board. Maureen Firth highlighted that NHS Orkney was now working so differently that ideas and savings may result from that.

Issy Grieve suggested that, as the Board commissioned services within a budget, the Board should not be trying to find savings. Sally Shaw suggested this may well result in less budget at the beginning of a financial year.

The Board noted:

6.1. That a significant savings target, in the sum of £4.2 million, had been applied from both partners, to be achieved within the next three financial years.

6.2. That the 2020/21 budget, which included the IJB element, had no identified date to be presented to NHS Orkney Board for approval.

6.3. The rapidly developing situation in response to the Covid-19 pandemic, which might result in a need to consider emergency budget measures as part of the additional costs this will incur.

6.4. That, in accordance with the decision of the Board on 9 April 2020, the Chief Finance Officer had written to NHS Orkney regarding the further work required in respect of unscheduled care.

Dr Dawn Moody left the meeting during discussion of this item.

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

There had been previously circulated 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.

Sally Shaw referred to the spreadsheet attached to the covering report, which set out all the actions being monitored and advised that both the voting members of the IJB and the Chief Officers' Group (COG) had raised issues about the style and ease of interpreting the information. Accordingly, she was developing a new reporting framework, with the action clearly identified, together with who was responsible, the timescale and progress to date.

Regarding the review of looked after children's files, as data sharing agreements had now been resolved, CELSIS and the Care Inspectorate were now able to access the files remotely and thereafter carry out the review, which would commence the following week, slightly behind schedule.

Regarding development of an updated Orkney suite of procedures based on national guidance, being led locally by James Henry, support was being received from Scottish Government and James Cox, in particular, who was leading on revised national guidance.

Addressing the lack of a Named Lead Nurse for Public Protection, the recent recruitment process had not been successful; this would be re-advertised shortly, including a potential secondment opportunity, and training an existing nurse, which would be in addition to and not instead of the named nurse.

Although work on improving how the partnership recognised and responded to concerns around neglect had stalled due to Covid-19, Sharon-Ann Paget advised that this action was now progressing, including involving children. Responding to the criticism from the Care Inspectorate on use of “Signs of Safety”, Sally Shaw advised that, after undertaking further research on this model, a recommendation would be made to the COG on whether or not it should be adopted. Research from Glasgow had indicated that “Signs of Safety” took about two years to fully embed.

Regarding improving ICT to support staff in keeping children safe through improved remote and out of hours access, although this had a long due date, Sally Shaw advised that Covid-19 had brought this forward. Most staff could now access PARIS outwith the main Council building. Two laptops had been identified and a digital “bag” prepared for handing over.

Regarding the recommendation to establish an independent chair of child protection case conferences and LAC reviews, Sally Shaw advised that they had appointed an interim officer for a six month period, with that person already in post.

Maureen Swannie reported on the action relating to comprehensive health assessments being undertaken to ensure health needs of looked after children and young people were identified and met. She advised that the school nurses had pulled together a document for assessments, with Louise Reid attending the GP Sub-committee on 20 May to go through the process. Regarding the backlog of assessments, these had since commenced. Documentation from NHS Fife was being adapted for use locally and weekly meetings were held to continue progress. Regarding a neglect toolkit, the Care Inspectorate had recommended using the Glasgow model – Healthcare Improvement Scotland had confirmed, in discussion with Maureen Swannie, that the Glasgow Health and Social Care Partnership neglect toolkit was an excellent approach to meeting this recommendation from the Care Inspectorate.

In summary, Sally Shaw advised that regular contact was maintained with Health Improvement Scotland (HIS), CELSIS and the Care Inspectorate. A meeting had been held with those agencies in March, just after the inspection report was published, with another meeting to be arranged shortly. Indications from the inspection partners were that they had no outstanding concerns with the way moving forward, as outlined in the Improvement Plan.

Councillor Steve Sankey acknowledged the work ongoing despite the current circumstances, as well as the close working relations with all the external agencies. The initial six month appointment of the independent Chair would soon pass. He appreciated the proposed change of format for reporting purposes. On reflection, the inspection report raised a number of cultural and cross-cutting issues, including leadership qualities and vision, and inter-agency communications. This would require a narrative in addition to a spreadsheet.

Issy Grieve referred to the weekly meetings and asked when all the partners, for example health and police, met. Sally Shaw confirmed that all partners were part of the weekly meetings, with the only partner unable to join at this point being the police.

Frances Troup referring to the housing element of the Improvement Plan and specifically the action around urgently providing supported housing locally for care leavers with complex and enduring disabilities. She advised that the action was not about setting up a facility to be available if required. A policy existed, as did sharing of information, and a house could be adapted to meet the needs of any individual. She was conscious that the spreadsheet could be interpreted as the accommodation being set up in 40+ days.

David Drever advised he was assured with the way forward, confident that it was all inclusive, with other partner agencies being drawn in and “Orkney” solutions being found. Overall he was pleased with progress and looked forward to the new reporting format.

Councillor Rachael King echoed David Drever’s comments and advised it was imperative to get a detailed presentation at this meeting so that the Board could take assurance. She drew members’ attention to section 8 of the covering report, resource implications, which stated:

“There are significant financial implications associated in delivery of services to ensure appropriate and effective services for children and young people in need of care and protection. The improvement planning actions and outcomes required as a result of this inspection will involve identifying additional resources, inclusive of human, capital and revenue going forward.”

Regarding the recommendations of the covering report, and specifically the Board considering its role in the governance of the plan, Councillor Rachael King advised that progress was reported to the COG. As the inspection related to the Orkney Community Planning Partnership, clarity was required, as the partnership spanned a number of agencies, and a shared vision was required.

Sally Shaw advised she had discussed this issue with colleagues. A risk assessment of not achieving what was in the Improvement Plan was required and the risk register would outline where ownership of risks would lie. With several themes throughout the Improvement Plan it would be easy to retreat into silo organisations, therefore she agreed to address this matter with the COG, with one possibility being focussed workshops on individual topics being arranged with relevant agency representatives.

Janice Annal left the meeting at this point.

8. Covid-19 Emergency Governance Arrangements

There had been previously circulated a report seeking to rescind the decision made on 9 April 2020 whereby authority was delegated to the Chief Officer to take decisions on matters normally reserved to the Board, for the foreseeable future, in light of the ongoing Covid-19 pandemic.

Sally Shaw advised that the report considered by the Board on 9 April 2020 followed the approach most partnerships across Scotland were adopting. However, in the interim, advice from Scottish Government suggested that the approach was not appropriate, hence the report seeking to rescind that decision. Further, remote working and use of Microsoft Teams now suggested that the Board could meet, in full.

Councillor Rachael King echoed the point that the original paper was not a decision taken lightly and had followed advice at that time. Regarding the recommendations of the report, she suggested that the regular meetings with the Chief Officer should be fortnightly, rather than weekly, with the Chief Finance Officer and the Interim Chief Social Work Officer attending if required.

The Board agreed:

8.1. That the delegated authority previously granted to the Chief Officer on 9 April 2020 be returned to the Board with immediate effect.

8.2. That voting members of the IJB should continue to meet fortnightly with the Chief Officer, and the Chief Finance Officer and Interim Chief Social Work Officer if required, during this emergency pandemic period. This will serve as a check in during this fast moving situation.

8.3. That officers work to ensure all IJB members are able to attend formal meetings by virtual means whilst lock down and then social distancing continues to be enforced.

9. Clinical and Care Governance

There had been previously circulated a report setting out work undertaken to review the Terms of Reference and development of a Controls and Assurance Framework for the Clinical and Care Governance Committee, for consideration.

Sally Shaw advised that Orkney was one of only a few areas which had a joint Clinical and Care Governance Committee. The current Chair, Issy Grieve, was working hard to review the function of the Committee to ensure it covered the work it required to do. Sally Shaw stressed that the appendices were very much working drafts. The recommendations of the covering report highlighted some amendments to the draft Terms of Reference which the Board should consider.

Issy Grieve reiterated that the documents were very much draft and the last eight weeks had offered a period of reflection which had identified significant gaps. A number of new ideas had been suggested, with people coming into post with good ideas. It was important for the Board to know that work was ongoing.

Councillor Rachael King reinforced what had been said and recognised what had been done so far. She suggested that the Board task the Chief Officer to liaise with the Chief Executives of both NHS Orkney and Orkney Islands Council to establish a working group to take forward the work to review the Terms of Reference of the Clinical and Care Governance Committee, together with the Controls and Assurance Framework.

Issy Grieve advised that a working group already existed, although it had since been identified that membership required to be expanded. She suggested that Sally and herself would invite those required, if the Board was agreeable.

Councillor Steve Sankey thanked Issy Grieve for the work to date on reviewing the governance, however he wanted to see an outline of all committees and how they related to each other.

Fiona MacKellar referred to the draft Terms of Reference and specifically membership where the Employee Director of NHS Orkney was required to make the committee quorate; she suggested that the Chair of the Area Clinical Forum was more appropriate. Councillor Rachael King advised this should be kept in mind when the draft documents were being revised; the review of the Integration Scheme may also tie into this work.

Regarding memberships, Davie Campbell referred to documents on the Council's website which appeared to be out of date, with some dating from September 2017. He asked for an update to the next meeting and that these should be revised annually. Kay McKerrell confirmed that she had also taken information from the website and that was the latest version, which required updating, particularly when membership changed. Hazel Flett referred to the recent refresh of the website and the attempt to reduce the number of pages which required updating and instead directing to one main page/document. She undertook to check all references to the IJB and membership to ensure they were consistent and up to date.

The Board agreed:

9.1. That Issy Grieve and Sally Shaw should continue their work on reviewing the Terms of Reference of the Clinical and Care Governance Committee and development of the Controls and Assurance Framework and to bring in other personnel, as required, to the working group.

9.2. That the following points be considered as part of the review of the Terms of Reference of the Clinical and Care Governance Committee:

- Under section 1.5, the final sentence should read "This applies to health and care services either provided by NHS Orkney direct or those services provided by Orkney Health and Care on behalf of NHS Orkney or Orkney Islands Council or those services commissioned by the IJB from other sources" and that this wording should be consistent through the Terms of the Reference.
- There should be a flow chart in respect of the different inspection activity that health and social care services can expect to be undertaken and where governance of inspection improvement activity should sit.
- Membership to be quorate should include the Chair of the Area Clinical Forum, rather than the NHS Orkney Employee Director.

10. Third Sector Update

Gail Anderson provided a verbal update on Third Sector activity and concerns during the Covid-19 pandemic, from information gathered in relation to six specific areas of interest to the Board. Although a summary of the vast amount of information provided by Third Sector colleagues was provided under each of the areas, this was also condensed into issues that were most common to the organisations with some examples of current activities. Although specific organisations were mentioned, there are many others carrying out similar work. All third sector organisations had adapted to the current crisis quickly and with creativity and flexibility.

10.1. Coping with child poverty (reference to the isles)

Isles Development Trusts were utilising the services of the Wellbeing Co-ordinators and current funding opportunities to establish a wide range of activities in their islands. Examples include:

- Shapinsay – delivery of a weekly box of groceries or five ready cooked meals and fruit/vegetables to every child up to 18.
- Rousay – funding extra hours in the shop, delivery of goods, essential take away meals and delivery of resilience food parcels in collaboration with the Hub.
- Hoy – created a local food bank, set up a volunteer group for transport of food, medication etc.
- Stronsay – expanding the Peedie Larder Box project to deliver hot meals, grow more vegetables, provide shop vouchers.
- Sanday – set up a food scheme and launched a community fund for those not in employment.

These activities provided an indication of the speed and resolve and creativity shown by the islands in addressing the needs of their communities – the level of need being identified was considerable.

Although all of the Orkney-wide organisations had closed their offices, they continued to deliver services by telephone and video call, revising processes and protocols to ensure safety for all and were acutely aware of the increasing impact of current circumstances on incomes. All were taking steps to identify need through regular contact and to provide support, for example HomeStart reported they had sourced grants for families, requested foodbank parcels, contacted Orkney Islands Council regarding school meals payments and kept parents informed to ensure they were receiving those payments; others were using known referral routes and vouchers to the Foodbank and vulnerable young people were being contacted regularly.

A welcome development was establishment of a children and families support allocation panel where all services, including third sector, had come together to explore how they could work more effectively together to ensure every child received the support they needed.

10.2. People being aware of/signposted clearly to get support

Organisations suggested social media, TV, radio, existing community directories, partner websites and written information for those who preferred it, with a recent example being the leaflet compiled and made widely available by the Care for People Group. Young people access information from peers, or apps that adults did not use. Communication should be in plain English, accessible to people with disabilities, distributed to shops, ferries, etc.

All organisations responded to this question saying that they would automatically signpost or refer to the most appropriate organisation or service depending on the issues, or provide information and support to individuals to self-refer. Organisations were also keeping referrers updated as effective support was dependent on knowing what was available.

The knowledge and understanding of the breadth of service provision in Orkney in all sectors was second nature to Third Sector colleagues – it would be beneficial if statutory services were able to have a better working knowledge of all Third Sector services and appropriate referral processes. This could be achieved by inclusion of such information in induction and training programmes and an ongoing commitment by all staff to continuously update their knowledge regarding available services. Importantly, a more informed workforce could lead to improved community awareness and improved joint working with and across all services and sectors. The resource group referred to earlier was a very promising start.

10.3. Concerns about courts being suspended, child custody cases being put on hold and support available to parents

Some parents would be more reluctant under lockdown to comply with any pre-arranged access visits/contact therefore there was concern that many children would not be able to see the parent they no longer live with for many months. In addition, cases being put on hold would create a backlog, increasing stress for parents who had no determined date as to when these will resume.

Following lockdown, organisations anticipated more family breakdown therefore a possible increase of family court cases and court ordered contact cases which will add to the demand for contact centre and other third sector services.

A primary concern was the impact on survivors of sexual violence whose cases were already in the court system or would report once lockdown was lifted. Given the traditional delays for a case to progress, a backlog of three years may result. Most survivors tended to be children and young adults trying to manage their lives whilst preparing for a case with the pressure of lack of community confidentiality and negative comments on social media. ORSAS reported that 100% of the people they supported would move south to escape community scrutiny if that was possible. With longer to wait, their recovery could be even more disrupted and complex to address.

Third sector services, including Victim Support, HomeStart, Relationships Scotland Orkney and ORSAS, continue to provide a range of support for parents, families, partners and professionals.

10.4. Numbers of people who have volunteered and numbers being supported as a result

It was difficult to give a precise and accurate figure as all third sector organisations depended on volunteers but for a variety of reasons many who supported third sector organisations had stopped temporarily.

However, in direct response to Covid-19, a total of 376 volunteers had come forward, as follows:

- 70 volunteering with the mainland mutual aid group.
- At least another 70 supporting various initiatives in the isles.
- 73 recruited by the national British Red Cross programme.
- 163 recruited directly and via the national programme to support the work of the hub.

The total of 376 did not take into account the many people who were volunteering informally and the Third Sector did not have figures for the number of people being supported.

10.5. Emerging issues for service users and organisations/services

- For service users:
 - Concerns about increased social isolation and loneliness with particular concern around unpaid carers.
 - Increasing financial pressures.
 - Reduced access to second-hand clothing for children.
 - Lack of face to face service delivery which was the preference for many.
 - Inability to access practical services, for example form filling.
 - Children who were not known to services but whose needs could be identified and supported during home visits to a family.
 - Concern about other hidden issues such as adult protection, domestic abuse.
 - People with mental health issues struggling to adapt with some losing contact with services and some with deteriorating health.
 - Risks of delivering services virtually to people's homes where it may not be appropriate – where there might be coercive control, domestic abuse.
 - Concern about increasing waiting lists and ability to meet increased demand as lockdown eased.
- For organisations/services:
 - Uncertainty in planning future provision of services – retain social distancing etc.
 - Anticipating increased demand and the likelihood of challenges in availability of funding. Key funders were unsure how much funding would be available in six months' time to resume non-Covid related services and the local economy might reduce ability to fundraise.

- Changes made to delivery methods and the impact on service users.
- Concerns about furloughed staff when furlough ends – some people may decide they do not wish to resume the service.
- Need for improved IT equipment, new policies, training, but huge potential for innovation and more effective collaborative working, for example adoption of new technologies may lead to different working practices, such as island based counsellors could continue to work from home.
- Statutory and Third Sectors should keep each other informed of changes to their staff and/or to their services – some confusion currently about members of certain teams made it difficult to know who to contact.

10.6. Summary of support across all areas of need

Business Gateway had done this well for the business sector and, in effect, Voluntary Action Orkney was the business gateway equivalent for the Third Sector. Recent Covid-19 related services included the following:

- Immediately before lockdown set up Information hub on VAO website.
- Dissemination of Covid-19 related funding information and support.
- Guidance and training on governance in association with OSCR.
- Financial management.
- HR.
- Working with Government, HIE and national funders to disburse grants to organisations across Orkney.
- Changed monthly meetings with Third Sector managers to weekly online meetings to ensure a space for exchange of information and peer support, with invitations to statutory colleagues to discuss specific issues of concern or interest.
- Visit this week to the Health and Social Care Sub-Group by the Parliamentary Outreach Officer to update on the work of several parliamentary committees.
- Close liaison with and regular communications to Third Sector organisations across Orkney.
- Gathering information about Third Sector activity and the issues of importance to their users and communities and informing local partnerships of those issues to incorporate into planning.

Councillor Rachael King thanked Gail Anderson for the very informative update on the work of the Third Sector in response to the Covid-19 pandemic. Davie Campbell commented that the speed of reaction and results in Orkney within the Third Sector was amazing and Covid-19 just highlighted this even more.

In response to a query from Councillor John Richards regarding funding and the possibility of those businesses with furloughed staff not surviving the current situation, Gail Anderson responded that the Third Sector was resilient, and she hoped that local services would not be lost. However, coming out of the Covid-19 pandemic, there would be increased demand for valued services for the most vulnerable members of the community. All funding was welcome, however a significant amount of funding was directly related to Covid-19 response activities.

Sally Shaw reminded the Board of her objectives set in February which included commissioning a review of Council spend on Third Sector activities. Although the review had been scoped, the impact of Covid-19 would now feature as it was possible that many funding streams would no longer be available. Alliance contracting would also be investigated which could result in Third Sector organisations not being put into competition with one another and help achieve the best outcomes for the people of Orkney.

11. Prioritisation of Items for Next Meeting

As there was insufficient time to consider this item, which was raised by David Drever earlier in the meeting, it was agreed that this be picked up initially through the fortnightly catch-up meetings of the voting members with the Chief Officer.

12. Date and Time of Next Meeting

The Board noted that the next meeting was scheduled to be held on Wednesday, 24 June 2020 at 09:30 in the Council Chamber, Council Offices, School, Place, Kirkwall. Unless Covid-19 restrictions had been eased and/or lifted, it was most likely this meeting would be held virtually through Microsoft Teams.

13. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 18:00.