



Stephen Brown (Chief Officer)

Orkney Health and Social Care
Partnership

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Agenda Item: 4.

Orkney Integration Joint Board

Thursday, 25 May 2023, 14:00.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Rachael A King, Jean E Stevenson and Ivan A Taylor.

NHS Orkney:

Issy Grieve, Joanna Kenny and Meghan McEwen (all via Microsoft Teams).

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Sharon-Ann Paget, Acting Chief Social Work Officer of the constituent local authority, Orkney Islands Council.
- Peter Thomas, Section 95 Officer of the Integration Joint Board.

Stakeholder Members:

- Morven Brooks, Third Sector Representative (via Microsoft Teams).
- Danny Oliver, Staff-side Representative, Orkney Islands Council.
- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.

Clerk

- Hazel Flett, Service Manager (Governance), Orkney Islands Council.

In Attendance

Orkney Health and Social Care Partnership:

- Lynda Bradford, Head of Health and Community Care.
- Maureen Firth, Head of Primary Care Services.
- Maureen Swannie, Head of Strategic Planning and Performance/Interim Head of Children, Families and Justice Services.

Orkney Islands Council:

- Erik Knight, Head of Finance.
- Karen Bevilacqua, Solicitor.

NHS Orkney:

- Laura Skaife-Knight, Chief Executive (via Microsoft Teams).
- Steven Johnston, Chair, Joint Clinical and Care Governance Committee.
- Sara Lewis, Acting Director of Public Health (via Microsoft Teams).
- Keren Somerville, Head of Finance (via Microsoft Teams) (for Item 4).

Not Present:

Non-Voting Members:

Professional Advisers:

- Sam Thomas, Nurse representative, employed by NHS Orkney.

Chair

- Councillor Rachael A King, Orkney Islands Orkney.

1. Apologies

The Chair welcomed everyone to the meeting and reminded members that the meeting was being broadcast live over the Internet on Orkney Islands Council's website. The meeting was also being recorded, with the recording publicly available for listening to after the meeting for 12 months.

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

- Davie Campbell (Joanna Kenny attending as proxy).
- Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
- Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney.
- Janice Annal, Service User Representative.
- Jim Love, Carer Representative.
- Ryan McLaughlin, Staff-side Representative, NHS Orkney.
- Anthony McDavitt, Director of Pharmacy, NHS Orkney and NHS Shetland.
- Morven Gemmill, Lead Allied Health Professional, 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. Disclosure of Exempt Information

On the motion of Councillor Rachael A King, seconded by Councillor Jean E Stevenson, the Board agreed that the public should be excluded from the meeting for consideration of Item 4, 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.

4. Additional Investment

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 paragraphs 1 and 11 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report setting out a series of proposals designed to target investment in areas that will most effectively aid delivery of the strategic priorities within the Strategic Plan, for consideration.

Stephen Brown introduced the paper by referring to section 3, which set out the detail of various strands of funding from Orkney Islands Council and the Scottish Government, including additional investment as part of the Council's restructure which created some additional capacity in partnership services, predominantly social work and at support service level. Although additional funding from the Scottish Government was to predominantly designed to ensure that all social care providers were able to keep pace with the Living Wage, as most services in Orkney were in-house (and staff all paid above the Living Wage), and the Board had already covered the uplift with Third Sector providers, there remained some funding for further investment. The proposed areas for investment outlined within the report were identified by the health and social care partnership's senior management team, based on the priorities within the Strategic Plan and the areas of greatest pressure and need.

Section 4 set out the proposed investment areas, in detail, with section 5 setting out the budget requirement and identifying the strands of funding to be allocated towards the individual elements. Section 7 highlighted the real challenge, particularly agency spend, which totalled over £2.3 million for 2022/23. Officers continued to develop a recovery plan by managing spend more effectively, as well as realising savings, therefore the proposed investment would require staggered implementation, if approved. Discussions had been held internally regarding not presenting the paper and using the remaining investment funds to offset the overspend; however, it was felt that would result in the same position next year, with no opportunity to invest in early intervention.

In conclusion, Stephen Brown urged the Board to agree the proposals, as set out in the report, noting that both himself and the Chief Finance Officer would work with colleagues in Orkney Islands Council and NHS Orkney, including HR, to manage budgets and implement the changes incrementally. For that reason, it was difficult to forecast a timescale for full implementation, as some elements could be progressed quicker than others.

Meghan McEwen welcomed the paper and the approach proposed, citing that the posts were essential and using underspends to cover overspends was not the way forward. Although the proposed investment was aligned to the strategic priorities, the paper did not indicate how that would be measured and, although it fundamentally addressed what the Board had been asking for, it was a raw list.

Stephen Brown responded that the priority was to get to this point and it was clear that the recommendations were critical to moving forward. He appreciated that there was still work to be done in fleshing out what the posts would deliver for the community, and this would be articulated in the Strategic Plan Delivery Plan.

Issy Grieve also welcomed the paper, particularly the proposed investment in and priority towards early intervention, and queried the timeline for implementation, if approved. Stephen Brown advised that some elements could be progressed quite quickly, such as the Isles Wellbeing Co-ordinators funding to VAO. Other strands, if spent, would add to the overall overspend, particularly within social care and social work, although that was being tackled by making more posts permanent and moving away from the reliance on agency staff. Stephen Brown made it clear that this was in no way disrespectful as agency staff had worked tirelessly, however there was no continuity in care. Work was ongoing within Orkney Islands Council with regard to a creative approach to recruitment. Once agreed, the proposed investment would be mapped out to show the impact on spend over 9, 12 and 18 months.

In response to a query from Councillor Jean Stevenson regarding the proposals for the leadership structure within Allied Health Professions, Stephen Brown confirmed that Sam Thomas was sighted and supportive, as was the Chief Allied Health Professional for Scotland, therefore with that level of support he was confident what was proposed was required.

Steven Johnston was also supportive of the proposals but queried how the outcomes would add value to patients and service users and how that would be measured and monitored – would it be a role for the Joint Clinical and Care Governance Committee? He also saw a role for the Board's Performance and Audit Committee on monitoring the impact of the investment.

Stephen Brown confirmed that work was ongoing in the background. With regard to the carers' lead, it was anticipated that this would lead to more carers coming forward for assessment, which would hopefully put less pressure on emergency respite, particularly when placements broke down. Investment in speech and language therapy and dietetics would hopefully have an impact on waiting lists. He predicted that monitoring would be undertaken through the Board's Performance and Audit Committee, noting that there would be a role of the Joint Clinical and Care Governance Committee, should there be a challenge in implementation.

Sara Lewis also welcomed the paper, noting that establishing early intervention and prevention services should hopefully reduce pressure following the pandemic.

Councillor Rachael King supported the robust scrutiny of the proposals and also referenced the potential for early intervention to make an impact. Although a lot of work was ongoing to address spend on agency staff, they were still required, and she hoped that pressure on the budget to realise funds for transformative change was raised at national level. Finally, the proposed investment was directly linked to reducing the current overspend and she was interested to see whether that did, in fact, happen.

The Board noted:

4.1. That, in November 2021, the Scottish Government provided additional investment to Integration Joint Boards for the purpose of improving hospital to community pathways, bolstering Care at Home capacity and investing in multi-disciplinary teams. For Orkney this amounted to £534,000, of which £359,000 was recurring. An increase in the investment for multi-disciplinary teams increased the recurring investment for Orkney to £451,000.

4.2. That, whilst the Board had already committed some of the additional funding to regrade frontline staff in Care at Home, there remained some strands of money available for investment.

4.3. That it would be vital the investment decisions made were appropriately aligned to the Board's strategic priorities as detailed in the Strategic Plan.

The Board **resolved**:

4.4. That the proposed investment, outlined in sections 4 and 5 of the report circulated, be approved.

4.5. To note that the Chief Officer and Chief Finance Officer would work with Finance and HR colleagues in both NHS Orkney and Orkney Islands Council to ensure appropriate governance and financial sustainability was duly considered in the implementation of the proposed investment.

4.6. That the draft Direction to Orkney Islands Council, attached as Appendix 1 to the report circulated, be approved.

4.7. That the draft Direction to NHS Orkney, attached as Appendix 2 to the report circulated, be approved.

5. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 14:30.