



Stephen Brown (Chief Officer)

Orkney Health and Care

01856873535 extension 2601

OHACfeedback@orkney.gov.uk

Agenda Item: 5

Orkney Integration Joint Board

Wednesday, 21 September 2022, 09:30.

Microsoft Teams.

Minute

Present

Voting Members:

Orkney Islands Council:

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

NHS Orkney:

Issy Grieve, Joanna Kenny (proxy) and Meghan McEwen.

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Jim Lyon, Interim Chief Social Work Officer of the constituent local authority, Orkney Islands Council.
- Mary Moore, Nurse representative, employed by NHS Orkney.
- Pat Robinson, Section 95 Officer of the Integration Joint Board.

Stakeholder Members:

- Martha Gill, Staff-side Representative, NHS Orkney.
- 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 Swannie, Head of Strategic Planning and Performance.
- Callan Curtis, Planning and Performance Officer (for Items 1 to 8).

Orkney Islands Council:

- Karen Bevilacqua, Solicitor.

Chair

- Issy Grieve, NHS Orkney.

1. Welcome and 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.

The Chair advised this would be the last meeting which Gail Anderson, the Third Sector Representative, and Pat Robinson, the Section 95 Officer for the Integration Joint Board, would be attending, and wished both well in their future endeavours.

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

- Voting Member:
 - Davie Campbell, NHS Orkney.
- Professional Advisers:
 - Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
 - Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney.
- Stakeholder Representatives:
 - Gail Anderson, Third Sector Representative.
 - Janice Annal, Service User Representative.
- Orkney Health and Social Care Partnership Senior Management Team:
 - Maureen Firth, Head of Primary Care Services.
 - Wendy Lycett, Principal Pharmacist.
 - Dr Dawn Moody, Associate Medical Director (Community).

2. Declarations of Interest

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

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 29 June 2022.

The minute was **approved** as a true record.

4. Matters Arising

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

Stephen Brown advised that there were currently no outstanding actions, with a development session on risk appetite to be arranged prior to the end of the calendar year. A date had also been set for the development session on pharmacy and prescribing (2 November 2022), therefore that action could be removed from the log following this meeting.

Meghan McEwen suggested that an organogram be included in the induction pack, as well as the suggested glossary.

Danny Oliver joined the meeting at this point.

5. Joint Staff Forum

There had been previously circulated the approved Minute of the Meeting of the Joint Staff Forum held on 16 June 2022, to enable the Board to seek assurance.

Stephen Brown advised that, rather fortuitously, the structure had been discussed by the Joint Staff Forum, with an organogram circulated. He would ensure this was included in the induction pack, as discussed at section 4 above.

Work was progressing on the workforce plan and it was hoped to submit a draft to the next meeting of the Board.

Mary Moore joined the meeting during discussion of this item.

6. Performance and Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Performance and Audit Committee held on 6 July 2022, to enable the Board to seek assurance.

Councillor Ivan Taylor advised this was the first meeting of the Performance and Audit Committee, with the expanded remit to include performance matters. Although a performance monitoring paper had been tabled, a development session had taken place in late August to further discuss the type of data which should be collated and reported on.

The Committee also received the Internal Auditor's Annual Report and Opinion, with the opinion reported as adequate, which was the second highest ranking of four outcomes. The next meeting, scheduled for the following week, would consider the final accounts, together with the external auditor's annual report.

Issy Grieve commented that it would be challenging, however once the performance data was agreed and reporting commenced, assurance should then be achieved.

7. Strategic Planning Group

There had been previously circulated the approved Minute of the Meeting of the Strategic Planning Group held on 24 June 2022, to enable the Board to seek assurance.

Councillor Rachael King highlighted the main items of discussion, namely:

- Palliative care services in Orkney, including partnership working with Marie Curie.
- Community Led Support – Scottish Gathering to be held in Edinburgh on 19 and 20 October 2022.
- Locality planning – although statutory requirement was for two localities, suggestion for each island to have its own, as a sub-section of the isles locality, given the very differing needs of each island.
- Strategic Plan – Action Plan to be drafted, with assistance from a short life working group representing a cross section of knowledge and expertise.
- Cost of living crisis and impact on existing workforce, particularly Care at Home, where private vehicles were used for attending service users.
- Increased demand for mental health services.

Regarding car usage, Stephen Brown advised that discussions were ongoing with the Council's Corporate Leadership Team, however mileage rates were set by HMRC and, should the Council decide to pay a higher rate, this was then taxable so any gain would be impacted. However, one improvement made was that workers were now paid for the first and last 5 miles, meaning an additional 10 miles could be claimed.

In response to a query from Meghan McEwen regarding locality plans, assurance was given that, rather than produce yet more plans, consideration was being given as to where value could be added to existing plans.

8. Annual Performance Report

There had been previously circulated a report presenting the Annual Performance Report for 2021/22, for consideration and approval.

Stephen Brown reminded the Board that 2020/21 was an outlier regarding performance, given that much of the hospital activity was stepped down, due to pandemic restrictions. As a result, emergency bed days had increased during 2021/22. Regardless, there were some real positives and performance had been maintained in many areas, despite the challenges, although performance in other areas had dipped slightly.

Meghan McEwen noted that, throughout a 64 page document, challenges regarding the workforce was mentioned on 59 of those pages. She therefore suggested that the references in the Conclusion could be further articulated. Regarding Third Sector organisations, she queried the effectiveness of “copying and pasting” relevant parts from their annual reports and suggested that outcomes would be more appropriate. Finally, she queried how the models of care to be revisited would be chosen and whether those were linked to the Risk Register.

In response, Stephen Brown suggested that the Conclusion could be further expanded upon regarding the challenges with recruitment and retention, including examples of good practice and successes, such as recruitment of GPs, ongoing work with the Open University to “grow our own”, particularly social workers, and the recent salary uplift for Care at Home Assistants.

Regarding the Third Sector, Stephen Brown advised that the pandemic had thrown everything off course, therefore what had been commissioned three years ago was not necessarily what had been delivered recently. The new Strategic Plan and associated Action Plan would make it much easier to report on outcomes, which would be reflected in future Annual Performance Reports.

Finally, with regard to revisiting models of care, examples included the Home First pilot to address delayed discharges, working with the Orkney Blide Trust on Distress Brief Interventions, intelligence gained when developing the Joint Strategic Needs Assessment and the Hospital without Walls initiative being promoted by the Scottish Government. The role of the Strategic Planning Group was to consider these things as they emerged.

In response to a query from Councillor Jean Stevenson regarding the Komp devices, Lynda Bradford confirmed that a number were held in stock for lending to families, following which many went on to purchase their own device and returned the loaned one to the service for another family to test out.

Danny Oliver expressed his frustration at recruitment and retention being treated as one issue, when the difficulties surrounding recruitment were very different from retaining staff, particularly people with housing leaving the profession. When a service area lost a large number of staff, the reasons were not seriously analysed. Further, proper exit interviews should be undertaken and the information analysed, which may well lead to improved retention. Meghan McEwen reminded members that the Board was not an employer and perhaps the commissioned bodies should be requested to provide their plans and strategies surrounding these issues.

Given the comments raised, Issy Grieve suggested that the Board was not in a position to sign off the Annual Performance Report as circulated. She suggested that the team should revise the report, in light of comments made, and circulate a revised version by email for virtual sign off. However, in principle, the Board was in agreement with the majority of the content of the report.

Maureen Swannie confirmed that she would highlight changes and circulate for approval early the following week, so that the final report could be submitted to the Scottish Government by the deadline of 30 September 2022.

The Board noted:

8.1. That, in terms of section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board must prepare a performance report setting out an assessment of performance during the reporting year to which it related in planning and carrying out the integration functions.

8.2. That the performance report must be published, and a copy provided to both NHS Orkney and Orkney Islands Council.

8.3. That the draft performance report, attached as Appendix 1 to the report circulated, highlighted information, provided by the Public Health Scotland Local Intelligence Support Team, on performance against the Core Suite of National Performance Indicators for 2021/22, as well as performance against the Ministerial Strategic Group (MSG) performance indicators.

The Board **resolved**:

8.4. To approve, in principle, the Annual Performance Report 2021/22, subject to further amendments being circulated by email for virtual approval.

8.5. That the revised Annual Performance Report 2021/22 should thereafter be submitted to Scottish Government and provided to both NHS Orkney and Orkney Islands Council.

9. Revenue Expenditure Outturn

There had been previously circulated a report presenting the revenue outturn position for financial year 2021/22, for scrutiny and assurance.

Pat Robinson advised that the outturn position as at 31 March 2022 was a breakeven position, achieved through additional contributions from Orkney Islands Council in respect of out of Orkney placements and from the COVID-19 allocation for unachieved savings. The table at section 4.1 detailed the over and underspends in each service area in relation to the annual budget, with detailed explanations provided in section 4.2.

Section 5 provided details of COVID-19 funding. Regular returns were submitted to the Scottish Government via NHS Orkney, with the breakdown of spend during 2021/22 detailed in Annex 3. Funding totalling £6.25M had been received, with £2.010M spent within services (Annex 3) and £1.877M allocated towards unachieved savings, leaving a balance of £2.363M transferred to reserves.

Section 6 provided the detail of the set aside budget.

Annex 1 provided details of the IJB reserves/holding account. The Scottish Government had recently advised that, due to significant accumulated reserves across Scotland on both Alcohol and Drugs Prevention and the Primary Care Improvement Plan, allocations for 2022/23 would be reduced by a corresponding figure. Regarding the COVID-19 funding, there was a high likelihood this funding would be reclaimed by the Scottish Government and reallocated where needed.

Issy Grieve commented that, although the Board had achieved a balanced budget at year end, the Scottish Government would be looking to claw back any unspent funding thereby reducing any opportunity for flexibility and/or innovation, which Orkney had shown could work.

Meghan McEwen queried where assurance was sought when the recovery plan was not achieved. Pat Robinson confirmed that the recovery plan was set out in the Integration Scheme. With regard to specific items on the recovery plan (Annex 2), reports were submitted to the Board for approval. Regarding future savings, discussions were ongoing with the Financial Sustainability Office at NHS Orkney, with any proposals thereafter submitted to the Board for approval, prior to being included on the recovery plan.

The Board noted:

9.1. The revenue expenditure outturn statement in respect of Orkney Health and Social Care Partnership for financial year 2021/22, detailed at section 4.1 of the report circulated, which indicated a balanced position.

9.2. That an additional contribution of £440,700 was received from Orkney Islands Council at the year end to balance.

9.3. The additional contribution from the COVID-19 allocation in regard to unachieved savings of £1,877,000 which was non-recurring.

9.4. The revenue expenditure outturn statement in respect of the set aside for financial year 2021/22, detailed at section 6 of the report circulated, which indicated a year end overspend of £177,000.

10. Revenue Expenditure Monitoring

There had been previously circulated a report presenting the revenue expenditure position as at 31 July 2022, for scrutiny and assurance.

Pat Robinson advised that, as at 31 July 2022, the budget was currently showing an overspend on services delegated and set aside, with the year-end forecasts also projecting overspends. NHS Orkney had applied a savings target of £2.4M (including carry forward of previous targets). Reserves stood at £7.9M, noting that some may require to be returned to the Scottish Government.

Section 5 provided a breakdown of the over and underspends, with an analysis of significant variances and actions proposed by officers detailed in section 5.5.

The Orkney HSCP Senior Management Team was meeting regularly to consider use of the reserves listed in Annex 1 and £455k of savings for 2022/23 had been identified, as detailed in Annex 2.

In response to queries and comments made on inflation, rising costs and workforce matters, Issy Grieve reminded members again that the Board commissioned services and it was up to the partners delivering those services to deliver within the financial envelope provided. Stephen Brown advised that inflation was beginning to emerge in various areas, including cost of food and electricity, as well as commissioning services.

Regarding locum/agency spend, this was now at a level of £1.5M per annum. It was also suggested that the cost of one locum was equal to two full-time permanent staff in the workforce. Further, a permanent workforce provided consistency and stability of service.

The Board noted:

10.1. The financial position of the Orkney Health and Social Care Partnership as at 31 July 2022 as follows:

- A current overspend of £89K on services delegated and an overspend of £230K on the set aside.
- A forecast year end overspend of £1,151K on services delegated and an overspend of £970K on set aside, based on current activity and spending patterns.

10.2. That NHS Orkney had applied a savings target of £2.4M for 2022/23 (£1.8M carried forward from 2021/22) of which they anticipated £750K could be achieved within the current financial year.

10.3. The balance within the earmarked reserves/holding account of £7,901K, as detailed in Annex 1.

10.4. Recurring full year cash savings of £455K that had been identified, as detailed in Annex 2.

11. Risk Register

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

Pat Robinson advised that the refreshed Risk Management Strategy, approved by the Board on 10 February 2021, stated that risk management was a continuous and critical process that enabled the Board to manage uncertainty (positive or negative), namely its exposure to risk. It should be acknowledged that risk could never be eliminated in its entirety and some risks could identify positive opportunities which, with the appropriate level of control, might lead to improvement.

Following a review of the Risk Register, approved by the Board on 15 December 2021, some of the risks were considered more operational in nature or repetitive and therefore had been amalgamated within other risks. The table at section 4.1 set out the proposed amendments to the Risk Register.

Moving forward, it was anticipated that the Risk Register would be aligned with the approved Strategic Plan and risks identified of not being able to deliver the priorities. This would include taking on board recommendations from an Internal Audit, whereby mitigating actions should be SMART – Specific, Measurable, Achievable, Realistic and Timely.

Meghan McEwen commented that SMART targets could be SMARTER, with ER being Effort Required, for example, the mitigating actions could take one year to complete, but it will require five people to do it. Just now, it appeared that the mitigating actions provided the rationale for why the risks existed.

For example, taking risk 7, budget setting, with the highest score, one of the mitigating actions was to review the Scheme of Integration. The Scheme was recently rolled forward by the partners, so there appeared to be a disconnect between the level of risk and the response. Pat Robinson provided assurance that the review of the Scheme of Integration included revisions to sections relating to financial management, and these were now being worked through by the partners.

Councillor Ivan Taylor referred to risk 2, recruitment and retention of workforce, and the mitigating action “retention will be addressed through a Learning Needs Analysis to be completed by December 2022 and associated action plan completed by March 2023” and queried how that would mitigate staff retention.

Stephen Brown suggested that a learning needs analysis would not mitigate all the challenges, however it was a noticeable absence across both staff groups. One way of ensuring staff were retained was to ensure they were armed with the skills, knowledge and support required to do their job. A learning needs analysis would identify the training, learning and development needs of the staff, following which a framework would be put in place to meet those needs.

Martha Gill suggested that the mitigating actions were out of balance with the level of risk and referred to risk 9, Isles Primary Care Models, which appeared to have the same mitigating actions as the previous Risk Register, suggesting that these had not happened. Stephen Brown confirmed that progress on those mitigating actions was not at the level he would have liked, but this was due to a number of mitigating factors, not least of which were significant sickness absence, including in the primary care team, during the pandemic locally. However, during preparation of the Strategic Plan – Action Plan, it was anticipated to bring momentum by maximising input from NHS Orkney’s Financial Sustainability Office.

Councillor Jean Stevenson referred back to risk 2 – recruitment and retention of workforce, and sought further information on workload tools and whether those actually created more work. Stephen Brown confirmed that a number of workload tools were available. However, there was only one area where a workload tool was used consistently, and that was in nursing. There was a need to crystallise that further when the service moved to the safe staffing model. There was less consistency across the social care/social work staff groups and there was a need to embed the approach more effectively.

Regarding the isles primary care model, while there was no doubt there was still a lot of work to do, the challenge in the ferry linked isles was that, despite going out to advert for a number of posts on a number of occasions, this had not proved successful in recruiting staff. Therefore, doing what had always been done was clearly not going to work – further consideration would be given to the Community Led Support model as well as working more meaningfully with communities, including through locality plans, but that required time and space to be freed up to enable the work to be completed.

Councillor Rachael King referred to the escalation section of the covering report and queried whether some matters should be escalated to the Community Planning Partnership in order to raise awareness. Issy Grieve agreed that the IJB rarely put papers to the Orkney Partnership Board and suggested that a good starting point might be to table the Annual Performance Report to facilitate discussion on the risks

related to it. Stephen Brown concurred and advised that he was in the privileged position of being privy to risk registers of Orkney Islands Council, NHS Orkney and the IJB. Accordingly, discussion should commence on how to align all those documents more effectively. Councillor Rachael King suggested that the Third Sector and other partners might also have risk registers which could be shared.

Meghan McEwan suggested that, rather than tabling the Annual Performance Report, which was a backward facing document, the Strategic Plan would be more appropriate, as it was forward looking and set out the challenges of where the Board wanted to go and a discussion be had on how all the partners could work together to get there.

Danny Oliver sought clarity on the mitigating actions relating to risk 2 – recruitment and retention of workforce, specifically “Further work required in relation to social care/social work elements” and “Consideration of enhanced approach to redeployment and retraining as appropriate. Careful consideration to the release of staff by voluntary means to ensure required skills are retained”.

Issy Grieve suggested that a number of speakers had now highlighted areas where they were not entirely content with the mitigations, so it would be challenging for the Board to approve the current Risk Register as presented. She suggested that a further iteration, but not a completely reworked document, with mitigations revised and made more SMART, be submitted to the November meeting, and the Board could then plan for further improvements going forward.

Stephen Brown agreed to revisit the mitigating actions highlighted by Danny Oliver in the revised version. Further, he suggested that the risks would not disappear, with some, such as financial sustainability, likely to remain on the Risk Register for some time, particularly in light of the current climate and with the Scottish Government already looking to claw back funding. He also suggested there were a number of mitigations taking place which were not captured on the Risk Register and he agreed to look at how the risks and associated mitigating actions could be better represented.

Meghan McEwan suggested that the development session on risk appetite be widened to include risk in its widest sense. Councillor Rachael King suggested that, rather than an overarching escalation section at the end of the report, a column be added to identify who best to have a conversation with regarding the mitigating actions.

The Board **agreed** to defer consideration of the updated Risk Register to the next meeting, to enable the Chief Officer to address all the points raised.

12. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 30 November 2022, at 09:30.

The following schedule of dates for 2023 was also approved:

- 22 February 2023 at 14:00.
- 19 April 2023 at 09:30.
- 21 June 2023 at 09:30.

- 30 August 2023 at 09:30
- 25 October 2023 at 09:30.
- 13 December 2023 at 09:30.

13. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 11:20.