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Agenda Item: 3

Orkney Integration Joint Board

Wednesday, 24 June 2020, 09:30.

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 Stephen Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Dr Kirsty Cole, Registered GP, NHS Orkney.
- Sharon-Ann Paget, Interim Chief Social Work Officer, Orkney Islands Council.
- David McArthur, Registered Nurse, NHS Orkney.
- Pat Robinson, Chief Finance Officer.

Stakeholder Members:

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

Clerk

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

In Attendance

Orkney Health and Care:

- Maureen Firth, Head of Primary Care Services.
- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services.
- Lynda Bradford, Interim Head of Health and Social Care.

Orkney Islands Council:

- John Mundell, Interim Chief Executive.
- Katharine McKerrell, Solicitor.

NHS Orkney:

- Gillian Coghill, Alzheimer Scotland Clinical Nurse Specialist (for Item 3).

Age Scotland Orkney:

- Gillian Skuse, Chief Executive (for Item 3).

Life Changes Trust:

- Anna Buchanan, Chief Executive Officer (for Item 3).
- Arlene Crockett, Director (for Item 3).

Observing

- Lorraine Stout, Press Officer, Orkney Islands Council.

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Apologies

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

- Sally Shaw, Chief Officer.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

2. Declarations of Interest

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

3. Dementia Strategy

There had been previously circulated a report presenting the draft Orkney Dementia Strategy 2020 to 2025, for consideration and approval as a consultation draft, together with an Equality Impact Assessment.

Anna Buchanan advised that the Life Changes Trust (LCT) was created in 2013, with the aim of investing in and supporting the empowerment and inclusion of people living with dementia and unpaid carers of those with dementia. LCT had funded a number of regional events to better understand the needs of those groups of people, with their third event held in Orkney. It was a real privilege to be involved in development of the highly collaborative strategy. Should the draft strategy be approved for consultation, and subsequently adopted, LCT would like to contribute £45,000 towards evaluation of the strategy. This would help to understand how well the strategy was working, and would provide an exemplar for other areas.

Gillian Coghill gave a short powerpoint presentation on development of the strategy, which challenged thinking and practices in relation to dementia. All contributions were valued and the draft strategy reflected the aims and objectives of the community. There was currently no cure for dementia, therefore the art was in care and support. Gillian highlighted the effect COVID-19 restrictions had had on those suffering from dementia, as well as carers, and learning from this would also be captured going forward. The strategy would not be a document to sit on a shelf gathering dust – it would be robustly evaluated.

Gillian Skuse advised that the proposal was to come back to the September meeting with the results of the consultation, and any changes to the strategy highlighted. A lot of work had gone into the strategy so far, with input from a number of partners, with funding from LCT. Initial evaluation suggested that, for every £1 invested by Age Scotland Orkney in dementia services, this delivered £5.14 – a huge input to the economy.

Councillor Rachael King thanked Gillian Coghill, Gillian Skuse and LCT for their presentation.

Issy Grieve was impressed by the draft Strategy, which was comprehensive and well informed. The summary document referred to five key priorities which had emerged for people with dementia and unpaid carers, as well as nine commitments to people with dementia and nine commitments to unpaid carers of people with dementia. She asked which would be the greatest challenge to achieve. Gillian Coghill advised that the challenges would be the financial impact and potential service redesign.

Janice Annal admitted that, on first glance, a 50 page strategy did not fill her with joy. However, she found the document to be readable and clear, particularly the short summary document. Outcomes were also included, making a refreshing change, as well as plans for evaluation. Her main concern, however, was the timescale for the consultation and reporting back to the September meeting, particularly with the ongoing COVID-19 pandemic. Gillian Coghill advised that a steering group would be established to oversee and support evaluation of the strategy. Gillian Skuse suggested a targeted consultation – a four week period would provide sufficient time to evaluate feedback and report to the September meeting.

Councillor Steve Sankey reiterated comments on the quality of the draft strategy and was content with the proposed consultation process, which involved the right stakeholders and the right questions being asked. However, it was clear that implementation of the strategy would not come without financial implications and he queried when those would be known and costed, bearing in mind the savings target of £4.2 million which the IJB had to achieve over the next three years. Gillian Coghill advised this would take place during the action planning stage. The steering group would prioritise actions, with a full service review a high priority. Although there would be financial implications, the strategy also looked to build community resilience to avoid a crisis, which was always costly. Gillian Skuse added that third sector organisations could access external funding which could then be match funded by the public sector.

Dr Kirsty Cole referred to the specialist diagnostic pathways, including the Community Mental Health team, and, working in primary care, she highlighted the bottlenecks which were often experienced. She asked whether review of the diagnostic pathways could be more explicit, as a person did not have dementia until diagnosed, and very specific dementia drugs could only be prescribed by specialist psychiatrists. Gillian Coghill advised that the Community Mental Health team, of which she was a member, had been involved in development of the strategy and had provided feedback. She referred to good diagnostic models, including Shetland, and the need to examine what would work locally, whether that be face-to-face or virtual. David McArthur provided reassurance that discussions were ongoing regarding the service level agreement with NHS Grampian in respect of mental health services, and he would provide comment through the consultation process accordingly. Gillian Coghill advised that a document was currently in development regarding integrated care pathways and would provide detail from the first visit to the GP to post diagnosis.

David Drever also reiterated the quality of the strategy, including independent evaluation. He queried whether the steering group would report to the IJB and the timescale for evaluation. Anna Buchanan advised that, from experience, evaluation should be as early in the process as possible, rather than at the end. As soon as the strategy was approved, an evaluator would be appointed and a metric for qualitative and quantitative data established to ensure the data collected was appropriate.

Councillor John Richards thanked the authors of the draft strategy, as well as LCT for their support. The skill and determination of those involved to make a difference for people affected by dementia was obvious and Orkney was fortunate to have the people and services it did, including the Hub at Victoria Street.

The Board noted:

3.1. The draft Dementia Strategy and summary document, attached as Appendices 1 and 2 to the report circulated.

The Board **resolved:**

3.2. That, subject to inclusion of those stakeholders omitted from the list, the draft Dementia Strategy, as circulated, be approved for consultation.

Gillian Coghill, Gillian Skuse, Anna Buchanan and Arlene Crockett left the meeting at this point.

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 12 May 2020.

The Minute was **approved** as a true record, subject to the following amendment:

- Item 7 – Services for Children and Young People in need of Care and Protection – the final sentence of the paragraph at the top of page 9 be amended to read:
 - “This would require a narrative **in addition to** a spreadsheet.”

5. Matters Arising

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

Pat Robinson referred to the action on page 6 of the previous meeting whereby she undertook to provide a breakdown of apportioned costs, as well as recirculate information on detailed budget breakdowns, and confirmed this would be done by the end of the week.

Regarding the Mental Health Strategy, Lynda Bradford advised that this was covered in the Summary Report at item 6 below. However, she reminded the Board that, following approval of the consultative draft, the Orkney Blide Trust had requested an extension to the consultation period, given that it covered the festive period. This was agreed and extended to the end of February, with a revised strategy to submitted to the March Board meeting. Unfortunately, the COVID-19 pandemic resulted in significant changes to workloads and priorities. The response to the consultation was significant, and this would take time to consider and weave into a revised strategy. The proposal was that the revised strategy would now be submitted to the September Board meeting.

Gail Anderson referred to the impact of COVID-19 on mental health and wellbeing and queried whether this would affect the priorities of the draft strategy. Lynda Bradford advised that it had, but only latterly, including the change in referrals. This would be picked up as officers reviewed the draft strategy in light of consultation responses.

Regarding the Annual Performance Report, Maureen Swannie advised that, normally this should be published by 31 July. However, due to COVID-19, an extension had been offered by the Scottish Government to the end of October, but this must be agreed by the Board. Should the Board agree, a notice would be placed on the Council's website accordingly. The Board subsequently **agreed** to delay publication of the Annual Performance Report to 30 October 2020.

Pat Robinson advised that elements of the Annual Performance Report also required to be included in the annual accounts, the drafts of which were considered by the Audit Committee the previous day. Delaying publication of the Annual Performance Report would affect completion of the final annual accounts.

Davie Campbell made a plea that it would be prudent for the Action Log to contain dates and not state “ongoing” – updates should be provided prior to the meeting. Councillor Steve Sankey concurred, although it was hardly surprising, given the current situation, that the majority of the actions had been delayed. As the Scottish Government had confirmed that emergency powers could not be transferred to the Chief Officer and the Board required to continue in its usual format, thought should now be given to contingency planning and prioritising actions.

Councillor Rachael King agreed and, further, advised that these matters had been raised previously. Members were all aware of the workload pressures, as well as additional responsibilities and workload from the pandemic. Actions should be prioritised internally with officers.

Issy Grieve suggested that a date of December 2020 be added to the action relating to the Clinical and Care Governance Committee.

The Board noted the status of actions contained in the Action Log, with a view to prioritisation for the next meeting and inclusion of target dates.

6. 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 Board to seek assurance on progress, actions due and to consider corrective action, where required.

The paper circulated included updates on the following main topics:

- Children’s Health Services.
- Maternity.
- Orkney Coronavirus Community Support Hub.
- Corporate Parenting Plan.
- Adult Health and Social Care Services:
 - Shielded Workforce.
 - Care Homes.
 - PPE.
 - Mental Health.
- Primary Care:
 - GP Practices.
 - Assessment Centre.
 - Out of Hours.
 - Dental Practices.
 - Optometry.
 - Specialist Nursing,
 - OHAC Clinical Nurse Manager.
 - Custody Healthcare.

Maureen Swannie provided highlights in relation to Children's Health Services, Maternity and the Orkney Coronavirus Community Support Hub as follows:

- Since the pandemic started, most clinical contacts had been carried out via telephone, Near Me or video conferencing. An Interim Service Manager, working two days per week, had been appointed to support staff.
- School nurses were finding innovative ways to keep in touch with children, as concerns had been raised in relation to primary pupils transitioning to secondary education.
- With regard to the pressure points, particularly in relation to Speech and Language Therapy, one post had been to advert three times, with recruitment not yet achieved. A helpful meeting had been held with colleagues in Education, to see how they could help out, as a result of the unsuccessful recruitment to the professional post.
- There was not anticipated to be an increase in pregnancies.
- The Community Hub had been busy with outgoing calls, with incoming calls reducing. Operating hours would be reducing the following week. A letter would be issued to all contacts the following week regarding alternatives to the food boxes delivered by Northwards.
- With over 700 people shielding, the Hub had made contact with the majority, initially through contacting GP practices.

In relation to child protection, Issy Grieve referred to the number of at risk children and queried whether regular contact was being maintained. Further, how had at risk children been identified during the last three months. Maureen Swannie confirmed that, although there had been a drop in referrals, this was being seen at a national level, not just locally. Child protection referrals were now starting to pick up again, and, when schools re-opened, this may become a pressure point.

Davie Campbell referred to a paper on the "Near Me" service which was considered by the Finance and Performance Committee of NHS Orkney the previous week, whereby Orkney was the top health board in Scotland for use of this service. He suggested that the paper should be reported to the IJB.

Sharon-Ann Paget gave a brief update on developing corporate parenting procedures and the new Corporate Parenting Plan, which would incorporate the voice of children and young people, through focus groups and Hear Me Scotland.

Maureen Firth referred members to the additional paper circulated separately in relation to Primary Care services. Although COVID-19 had significantly changed how services worked, they were now starting to look at recommencing services. In order to stop staff from spreading the virus, separate, dedicated teams, Red and Green, had been established. The Red team worked solely with COVID cases, while the Green team worked with patients showing no symptoms.

Councillor Steve Sankey advised that the Primary Care Improvement Plan was briefly discussed at the Audit Committee the previous day and queried whether any feedback had been received from the Scottish Government. Maureen Firth confirmed that, although no formal letter had been received, Orkney was not the only Board with concerns, therefore no pressure was being applied from the Scottish Government at this time.

Lynda Bradford advised of the significant amount of work required within Adult Health and Social Care Services to prepare for the COVID lockdown, not least of which was management of risk, infection control and the PPE supply chain. The fourth wing at Hamnavoe House had been opened to aid hospital capacity, and was used to accommodate patients still requiring rehabilitation prior to discharge. Staff had been redeployed from day care and, despite being completely outwith their comfort zone, had risen to the challenge and were working well with hospital AHP staff and the Stromness GP practice.

Shielded workforce had an impact on service delivery and, although everything possible had been done to ensure staff could work from home, there was still a number of staff who were unable to work, either from shielding or underlying health issues, and had to remain at home. Managers remained in regular contact with those staff.

Regarding care homes, Lynda Bradford advised that Orkney was already in a far better place than elsewhere in Scotland, not least because of the excellent relations with Public Health and infection control teams, which provided comfort and assurance when processes were audited. Locally, although not a national edict, the same level of oversight would now occur in other social care services.

Within mental health services, the pandemic had provided an opportunity to review the waiting list, which had resulted in freeing up capacity to take on new patients. Also, despite the pandemic, the community mental health team had successfully moved into the former Heilendi practice building, which had been renamed Vaenta, which was Norse for "hope for".

As part of the Council's emergency arrangements, there was a requirement for a Caring for People group to be established, which Lynda Bradford chaired. One of the purposes of this group was to develop a person at risk database and an associated vulnerable assessment framework – other partnerships across Scotland were asking to see the work undertaken in that respect. Lynda Bradford paid credit to Gordon Deans and Kirsten Adamson for taking that work forward on behalf of the Caring for People group.

David McArthur provided further detail on the involvement of Nurse Directors in care home settings, which was, without doubt, down to personalities and relations locally. This was not the case elsewhere in Scotland, with a degree of acrimony mainly between the role of Nurse Directors and their deputies and the role of the inspection regime. These required to be entirely separate but there was a degree of confusion elsewhere as to what constituted oversight and inspection – the balance was right in Orkney. Although these arrangements were due to end in November, further direction was awaited from Scottish Government, and it was likely to continue. One area which was less clear was the care at home service, but again, the balance was correct in Orkney and again he commended the working relations locally.

In response to a query from Issy Grieve regarding occupancy in Brinkies (the fourth wing at Hamnavoe House), Lynda Bradford confirmed that this was now at 50% which indicated that discharge was working well.

Councillor John Richards thought the progress update was very helpful and provided insight into the tough job in social care at the best of times, and not least during a pandemic. Regarding isolation on admission, he queried whether there was a waiting list, given that there was just the one bungalow. He also queried whether houses remained vacant at Eunson Kloss, as was the case with standard Council housing meantime, and whether communal meal times in the core facility had ceased. In relation to David McArthur's comments, Councillor Richards added that it was great to see there had been no outbreaks in care homes in Orkney to date and praised the superb support from colleagues in NHS Orkney. Finally, with staff requiring to shield and/or remain at home, Councillor Richards asked whether this had resulted in the need for agency staff.

Lynda Bradford confirmed that the short breaks bungalow could take two residents at any time – there was currently two there. The bungalow only needed to be used where it was assessed that the service user had significant dementia and was going into a dementia wing as, with the best will in the world, it was not possible to isolate, given their tendency to move around. Regarding extra care housing, a person was moving into a vacancy this week, however there no need for isolation, as the person was going into their own tenancy. For obvious reasons, regrettably the enjoyable communal meal times were not happening meantime. Regarding agency staff, five additional staff came to Orkney prior to lockdown, when plans were being made to manage services in the event that a large staff group was unable to work. Those five agency staff remained in Orkney and costs would be attributed to the COVID budget code for potential reimbursement from the Scottish Government.

Gail Anderson congratulated colleagues on the report as it provided evidence of the commitment, innovation and collaboration to allow services to continue. However, she queried how the potential to do things differently which had emerged could be captured. She also referred to the Strategic Commissioning Programme Board which had met recently and their discussion on the direction of that group. Further, she asked what progress had been made on the Strategic Commissioning Implementation Plan, as it was possible that recent events and emerging collaborative plans could impact on any early draft.

Councillor Rachael King suggested that those were big questions and perhaps it would be more appropriate to bring the matter back for discussion in September; however it was important to note that they had been asked and were on record for now. She also thanked officers for putting together the summary report, as she was acutely aware this was an additional ask from the Board at a time when officers were already overstretched with managing both normal workloads and responding to the pandemic. However, the depth of information provided highlighted the work going on behind the scenes in meeting the challenges of the pandemic as well as continuing to provide existing services.

7. Clinical and Care Governance Committee

There had been previously circulated the approved Minutes of the Meetings of the Clinical and Care Governance Committee held on 29 January and 13 May 2020, to enable the Board to seek assurance on performance.

The Board noted the approved Minutes of the Meetings of the Clinical and Care Governance Committee held on 29 January and 13 May 2020.

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

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

Sharon-Ann Paget advised that, following on from the inspection, work continued to be undertaken in the areas for improvement. Attached to the report was the Improvement Plan, with timescales for each area of work, as well as a RAG status, as there were concerns some timescales would not be met.

The audit of files was complete and, although it had been commented that the database was difficult to manage, Neil Gentleman had provided assurance that the children were safe. The audit of case files relating to throughcare and aftercare was still to commence, with the delay partly due to COVID-19. Updating the suite of procedures was well underway, with guidance being provided by James Cox.

Maureen Swannie advised that the blue column provided the updates from the previous iteration of the Improvement Plan, She gave a quick overview of progress specific to health matters, which included the public protection health guidance being in final draft format ready for issue following which it would be considered by the relevant governance committees. Pre-birth guidance was also in final draft format and would be submitted to Health Improvement Scotland for scrutiny before going through the governance process. A number of sub groups had also been set up to look at various strands.

With regard to looked after child health assessments, one assessment had been completed, with information redacted to enabling sharing with partners to show the benefits, but had been time consuming for the school health nurse to undertake. Hopefully, once the benefits were realised, this would prompt consents being returned in order that the backlog of assessments could be completed by October.

Regarding communications, an information leaflet had been issued to all staff and, that same day, two public protection referrals were received, with those making the referrals stating it was as a direct consequence of receiving the leaflet. This had resulted in a survey being issued through Survey Monkey, asking staff what else they required in order to help them feel confident in making referrals.

David McArthur advised that a range of candidates had been interviewed on 18 June for the post of Lead Public Protection Nurse, with a candidate of choice being selected. A further meeting would be held next week to gain further clarification of various points from that candidate, following which David McArthur was confident that an offer of appointment would be made.

In response to a query from Issy Grieve regarding the workshop held the previous day, Gail Anderson advised that a range of services and sectors were represented. It was quite an innovative approach to an online development session, with a main room and then several other rooms where smaller groups could discuss topics, including how to improve and meet the vision set for vulnerable and young people. She felt that it was a useful conversation with some excellent suggestions. The next step, from the rich information and discussions, was clear in that many of the issues raised and solutions provided, which linked to the Improvement Plan, would be captured and taken forward.

Issy Grieve said that Neil Gentleman, Tam Baillie and Fiona Duncan, who were all very well aware of the inspection report, were excellent facilitators of the development session which focussed intently on the children and the promise for making their lives better. She had gained great assurance, particularly on the close partnership working and determination to bring everything forward, including the actions in the Improvement Plan.

Janice Annal commented that a lot of the actions related to process, completion dates had already passed and she was not sure whether the work had been completed. Further, she asked what figures or measurements officers were trying to achieve as an outcome for children – was it a reduction in the number of looked after children? As for the practical outcomes, how was success being measured?

Maureen Swannie advised that a RAG status had been included at the left hand side of the spreadsheet – in relation to the status of the actions, these were either green, red or complete, with a lot of text beneath. As the table was quite hard to read, some underlying information had been removed. Specific to health, Maureen advised that expected outcomes were to be further refined so as they were clear to anyone reading the plan.

John Mundell advised that it was important to note this type of document would not normally be submitted to a governance board or committee – the document was more operational in nature. He fully appreciated that, in responding to COVID-19, there was currently no capacity to provide the required information in an alternative format, however the RAG status in the first column was a new addition to this document, which was evolving and improving as progress was made. The blue text in the right hand column showed the work done and reported to the Chief Officers Group (COG) regularly. Focus was now being placed on areas which had not progressed as quickly as the COG would have liked. Further, with some officers absent for various reasons, including self-isolating, it had also proved difficult to source additional resources in order to move forward. In due course, when some level of normality returned, officers would produce a different layout to make it easier to read and digest.

David Drever thanked John Mundell for his comments which provided useful context and, whilst he heeded Mr Mundell's words on the operational nature of the document, it was also useful to see the working processes, bolstered by the narrative provided which enabled him, personally, to take assurance that progress was being made.

Councillor Steve Sankey was reassured by John Mundell's comments and that new ideas were still being brought forward. The development session had also generated lots of ideas which would impact on the action plan. However, he was concerned that the process was heavily dominated by self-evaluation, partly because of sensitivities and confidentiality, and suggested that an independent review be considered, which should not be the Public Protection Committee. He also considered that each iteration of the Improvement Plan was an improvement.

Councillor Rachael King echoed comments made on the narrative, as well as the development session held the previous day, which had proved useful, and hoped to be advised of outcomes in due course.

The Board scrutinised progress to date, as indicated in the Improvement Plan, attached as Appendix 1 to the report circulated, and took assurance.

9. Date and Time of Next Meeting

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

10. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 11:47.