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Agenda Item: 3

## **Orkney Integration Joint Board**

Wednesday, 3 October 2018, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

### **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.
- Scott Hunter, Chief Social Work Officer, Orkney Islands Council.
- David McArthur, Registered Nurse, NHS Orkney.
- 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**

- Lynda Bradford, Acting Head of Health and Community Care, Orkney Health and Care.
- Emma Chattington, Equalities Officer, Orkney Islands Council (for Items 9 to 14).
- Andrew Groundwater, Head of HR and Performance, Orkney Islands Council.
- Katharine McKerrell, Solicitor, Orkney Islands Council.
- Kenny MacPherson, IT Service Manager, Orkney Islands Council (for Items 1 to 6).
- Katie Spence, Orkney ADP Co-ordinator, NHS Orkney (for Items 7 to 16).

## **Observing**

- Hayley Green, Head of IT and Facilities, Orkney Islands Council (for Items 1 to 6).

## **Chair**

- David Drever, NHS Orkney.

## **1. Apologies**

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

- Ashley Catto, Human Resources Manager, NHS Grampian.
- Sandra Deans, Carer Representative.
- Maureen Firth, Head of Primary Care Services, Orkney Health and Care.
- Sally George, Staff Representative, Orkney Islands Council.
- Tom Gilmour, Head of eHealth and IT, NHS Orkney.
- Julie Nicol, Head of Organisational Development and Learning, NHS Orkney.
- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services, Orkney Health and Care.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, 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 held on 27 June 2018.

David Drever referred to the second last paragraph of item 8, Annual Performance Report, on page 8 of the Minute and advised that the word "interrogatable" was incorrect and that the sentence be amended accordingly.

Dr Kirsty Cole advised that references to prescribing practices throughout the Minute should refer to dispensing practices.

Subject to the amendments above, the minute was **approved** as a true record, on the motion of Councillor Rachael King, seconded by Councillor John Richards.

#### **4. Minute of Special Meeting**

There had been previously circulated the draft Minute of the Special Meeting of the Integration Joint Board held on 13 September 2018.

Councillor Rachael King referred to the second paragraph on page 3, relating to the Draft Annual Accounts, where the wording suggested that she was challenging Councillor Sankey's comments. For clarity, she was supportive of his comments and had expanded on them accordingly.

Subject to the amendment above, the minute was **approved** as a true record, on the motion of Councillor Rachael King, seconded by Councillor Stephen Sankey.

#### **5. Action Log**

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

David Drever advised that, as agreed at the previous meeting, the Action Log now comprised matters arising from the previous minute.

Regarding Action 4, Mental Health Services, Sally Shaw advised that she was currently preparing a paper covering mental health services for all ages which would be submitted to the Board of NHS Orkney at its October meeting.

Regarding Action 12, Winter Planning and specifically the respiratory pathway, Lynda Bradford advised that, following discussions with Christina Bichan, the author of the Winter Plan, this section had been redrafted for this year's Winter Plan and she undertook to share this with the Board in due course. Fiona MacKellar asked that this be taken through the relevant advisory committees for approval. David McArthur undertook to ensure that it followed due process.

Councillor Rachael King referred to paragraph 5.3 of the previous minute relating to the annual refresh of the terms of reference and asked that this be added to the action log.

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

#### **6. Information Technology Update**

There had been previously circulated a report presenting an update on progress with delivery of IT services to Orkney Health and Care by NHS Orkney and Orkney Islands Council, for information.

Kenny MacPherson advised that the report had been developed in conjunction with Tom Gilmour. With regard to aligning systems, both partners now used the Scottish Wide Area Network (SWAN) to provide connectivity to the internet both at major sites on the Orkney mainland and in the isles. The Council had recently completed the move to Office 365 for its email arrangements. NHS Orkney was currently considering moving its email to similar arrangements. At times, it appeared that the

partners were not integrated which was problematic for the staff, however this situation was not unique to Orkney and had been acknowledged nationally.

When considering integration, Councillor John Richards thought the first thing to be sorted would be communications and that the Scottish Government would provide resources, both financial and technical, to make that happen. Kenny MacPherson was not aware of any funding available, although his research through the national Health and Social Care Delivery Plan suggested this to be a common situation. Locally, Orkney was ahead of the game when health and social care integration was introduced nationally resulting in the teams being frustrated for longer, while solutions were found. IT could sometimes be a ruthlessly binary area which was based on absolutes, which can be particularly difficult when trying to integrate two services and two providers; however, both partners had worked, and continued to work, pragmatically together and there was a good level of communication between both IT teams.

In response to a question from Janice Annal on the proposed 5G trials, Kenny MacPherson welcomed these although, once a location had been identified, the geography would need to be considered. What he considered more important was development of tech-enabled care, such as Alexa devices or i-watches, and whether this would be effective and work in the geography of Orkney. If so, this would ensure continuing transformation of health and social care services. Councillor Rachael King advised that, although tech-enabled care could be advantageous, its use should be monitored against social isolation and service users' mental health. Further distance should not be created between the service user and the point of care, particularly when the service user may well be struggling already.

Councillor John Richards was grateful for the report submitted and was heartened by the commitment of both IT teams to work together. As Orkney was considered ahead of the game with integration, he considered this an ideal opportunity for the Scottish Government to fund and roll-out an integrated system.

Issy Grieve referred to development of a digital health and care strategy in Orkney and asked on the timeline for production. Kenny MacPherson advised that the report was raising the opportunity to embrace that concept, with leadership coming from within Orkney Health and Care. He would be happy to participate in development of the strategy, if management thought it was a priority. Sally Shaw confirmed it was an absolute priority, particularly if it allowed practitioners to access a common base in order that service users did not require to repeat information. The Scottish Government was looking for pathfinders and she had made representations for Orkney to be one although, again, there was no finance to buy IT systems.

The Board thereafter noted the update on progress in the delivery of IT to Orkney Health and Care.

## **7. Funding Allocations**

There had been previously circulated a report setting out the baseline funding allocations for 2018 to 2019 from NHS Orkney and Orkney Islands Council to the Integration Joint Board, within which the Strategic Commissioning Plan should be delivered, for consideration and approval.

Pat Robinson advised that the report presented the updated funding allocations from both partners for 2018 to 2019, noting the baseline figures presented at the start of the financial year. In order to achieve a breakeven position for financial year 2017 to 2018, both partners had made additional payments. Further work was required on the set aside budget. Regarding savings, an overall target of £1.4 million had been set. Any deviation from a breakeven position during the financial year should be highlighted as soon as possible. She continued by referring to one of the key messages in External Audit's annual audit report, namely reference within the Integration Scheme to the ability of either of the partners to deduct additional payments made from the subsequent financial year's allocation, thereby compounding any funding gap, and suggesting that this be reviewed. Section 7.2 of the covering report circulated set out the latest proposed baseline budgets from both partners, noting that savings, amounting to £1.1 million, had yet to be identified.

As Chair of the IJB Audit Committee, Councillor Stephen Sankey advised that he was not prepared to approve the proposed budget, rather that it should be received. He was unable to reconcile recurring savings of £1.1 million. There were also some costs which the Council could not know. A budget overspend upwards of £1 million was already being predicted. Regarding the set aside budget, he had been asking for clarification from the Scottish Government for nearly two years. The current financial situation was unsustainable and there did not appear to be a lateral solution nor economies of scale. Three projects had been referred to the Strategic Planning Group, all of which were struggling to progress. He wondered whether the Islands Act could be used to retro-proof recent legislation.

David Drever sought clarification on the consequences if the Board were to receive rather than approve the draft budget. Pat Robinson suggested that, as long as the Board agreed to receive the budget, the governance was there to enable the Board to direct the partners, although the Scottish Government preferred integration authorities to approve their annual budgets. Other integration authorities had reserves; Orkney was not in that position.

As a supplementary question, David Drever queried whether it was feasible to consider the matter again at the next meeting. Pat Robinson suggested that discussions be held with the Chief Officer and both partners. A new Strategic Commissioning Plan was due in 2019 and she would ensure that a three-year financial plan was produced alongside that document in order to ensure the commissioning plan was feasible.

On reflection, Janice Annal advised that she had been involved in health care most of her life and the matter of overspends had been ongoing for decades. Additional funds were repeatedly asked for from Government. A huge exercise was undertaken on base budgeting. However, services continued to struggle on. How was the Board to get rid of a deficit of up to £1.5 million? Did the Board have an appetite to cut services? As the service user representative, she would argue to retain services. Further, she did not know the implications of cutting services. Also, the full allocations were not yet known as, at the year end, additional funding was invariably made available. In conclusion, she did not have a solution to the continuing overspend position.

Councillor Rachael King referred to section 4.2 of the covering report which was quite clear in how the base budgets were set. However, health and social care was a

needs-based service, therefore did any budget uplift relate to increased demographic pressures? Moving on to section 5.3 of the covering report, although innovation had been explored, there were no funds to complete transformation. She was keen to understand where other authorities had accumulated reserves from.

Pat Robinson confirmed that additional allocations were received for new commitments, but these mainly related to commissioned services, whereas most services in Orkney were delivered in-house. Sally Shaw supported this and advised that there were also hidden costs in any new legislation and any additional resources received were never enough. Should models of care be changed, money should not be the driving factor. Councillor Rachael King welcomed this response and wondered whether the Islands Act aspect be explored in more detail.

Issy Grieve referred to the additional funds released by the Scottish Government, referred to in section 5.6.8 of the covering report, and queried timescales for receipt of that funding. Pat Robinson advised that, normally, the Scottish Government made an announcement on the overall total allocation, however the actual amounts provided to each authority were not determined until much later. Further, when new funds were allocated, inevitably earlier funding streams were taken away, therefore the money was being recycled rather than being new, additional funding. She undertook to provide a breakdown in the financial monitoring report when information was available.

Councillor John Richards referred to Audit Scotland's annual audit report where it stated that integration remained challenging. Everyone was aware that demand for services was increasing and people were now challenging authorities through the court process in their failure to provide basic services. He supported Councillor Sankey's view that the budget should not be approved, only received meantime.

Fiona MacKellar advised that a large percentage of the budget was staffing costs. In remote and rural areas, vacancy management and service redesign can be looked at and, although mindful of the Scottish Government's "Christmas tree" staffing model, this did not work for an island authority where a multiple skills base was required – the Scottish Government had to recognise that.

Returning to the Islands Act, Councillor Stephen Sankey advised that Council colleagues were acutely aware of the sensitivities and that the issues to be challenged should be considered carefully. The IJB budget would be a good issue to challenge as all the data was available, together with the history of overspending, with one example being self-directed support. He suggested that the Chief Executives and leaders of both partners be approached to see whether they thought this was worthy of being pursued.

David Drever summarised by saying the figures were unforgiving and not of the Board's making, particularly as expenditure was needs-based. Councillor Stephen Sankey had proposed that the budget be received, but not approved. This would give some time to investigate matters further. Davie Campbell, while content to accept the principle of receiving the budget, asked for a timescale. David Drever suggested that the next meeting might be too constrictive, although there was a degree of urgency. Sally Shaw advised that progress would be reported to the next meeting, including a solid timeline.

The Board thereafter noted:

**7.1.** That, in order to achieve a break-even position for financial year 2017 to 2018, NHS Orkney and Orkney Islands Council made additional payments of £478,000 and £184,000 respectively to the Integration Joint Board.

**7.2.** That further work required to be undertaken in respect of the approved set aside budget, in order to assess compliance with the six steps detailed in section 5.6.11 of the report circulated.

**7.3.** That a savings target from both partners had been applied which amounted to a total of £1.4 million for financial year 2018 to 2019, of which £1.1 million was classed as recurring.

The Board **agreed**:

**7.4.** That the proposed budget for financial year 2018 to 2019, as illustrated at section 7 of the report circulated, be received meantime, with a further report to the next meeting, including a timeline.

## **8. Financial Monitoring**

### **Revenue Expenditure Monitoring Statement to 31 August 2018**

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

Pat Robinson advised that the report set out the financial performance for the period 1 April to 31 August 2018, indicating a current underspend position of £162,000. The savings of £1.1 million from NHS Orkney were not included, resulting in a predicted overspend position as at 31 March 2019 of £936,000. She reiterated the External Auditors' recommendation to review the Integration Scheme, particularly in relation to deducting any additional payments from future years' allocations. An analysis of significant budget variances was set out in section 5.4 of the report, with further information relating to the set aside budget contained in section 7. In conclusion, demand was rising significantly against reducing public spending levels.

Councillor Stephen Sankey referred to section 7 of the report and suggested there were several areas of negotiation with the Scottish Government, including the potential for being penalised because of the coterminous boundaries of the health board and the integration authority as a result of being island authorities.

Councillor Rachael King referred to the proposed savings/cost reductions in the Recovery Plan relating specifically to vacant posts and again highlighted the struggle to recruit, vacancy management and the pressure on the remaining workforce in their ability to continue to provide services. Sally Shaw advised that, as well as a recruitment issue in attracting candidates, there was also a supply issue. Regarding pressure on staff, absence was mainly due to musculoskeletal or stress. The service was currently looking into this, with one possibility being to seek assistance from Third Sector colleagues. Although the Third Sector could not and did not provide like-for-like services, they could do some things differently and help reduce pressure on existing services. Gail Anderson welcomed this approach.

Referring to the reasons for staff absence, Fiona MacKellar advised that a stress survey had been undertaken. She then made reference to section 5.3 of the report and, although recognising that budgets were not ring-fenced, she would like to know where any budget virements were made. Again, with vacancy management, the impact on the patient or service user was not just on waiting times, but also pain management or pharmacy, for example, therefore care should be taken on reallocating any budget, as some services were able to access locum or agency staff, whereas others were not.

Following on the theme of vacant posts and staffing levels, Dr Kirsty Cole advised that, although the same issue may be raised during discussion of the Primary Care Improvement Plan later in the meeting, a committee of NHS had made recommendations on priorities for spending, with only one of the three service areas affected being able to provide detailed budget proposals, with a plan and thereafter able to accept the funding, resulting in the remaining funds at risk of being lost.

The Board thereafter noted:

**8.1.** The financial position of Orkney Health and Care, as at 31 August 2018, indicating a current underspend of £162,000.

**8.2.** The forecast overspend position as at 31 March 2019, of £936,000, based on current spending patterns.

The Board **approved**:

**8.3.** The Recovery Plan, attached as Annex 1 to the report circulated.

## **9. Performance Monitoring**

There had been previously circulated a report setting out performance of services, commissioned by the Integration Joint Board, for the period 1 April to 30 June 2018, for scrutiny.

Scott Hunter advised that, taking on board feedback from previous meetings, the performance report now comprised those actions showing as Red or Amber. Should members wish to explore the context behind some of the performance data, relevant members of the senior management team would provide additional information.

Members scrutinised the performance data with most queries being answered. However, due to a number of officers not being present, Sally Shaw undertook to review the content of the covering report, whereby exception reporting for Red and Amber actions would be further explained, together with any good performance/ trends arising from Green actions. This should then avoid detailed questioning on each action at every meeting. This approach was welcomed.

Councillor Rachael King referred to the performance indicators in Appendix 2, whereby the Scottish Government had combined certain data for all three island authorities in order to protect client confidentiality. Other areas of the performance report related to small numbers, therefore she queried how the Board was able to scrutinise local performance for areas which the Scottish Government deemed it appropriate to combine with other areas. Sally Shaw advised that it was possible to provide local figures.



The Board thereafter noted the Strategic Commissioning Plan performance update and the Performance Framework Indicators, attached as Appendices 1 and 2 respectively to the report circulated.

## **10. Workforce Planning**

The Head of HR and Performance, Orkney Islands Council, acknowledged that the Board was expecting a draft joint workforce plan for approval and advised that, due to workforce pressures, this had not yet been achieved. On a positive note however, with the new Chief Officer in post, engagement had commenced with the leadership team and staff side representatives through the approved governance structure. A meeting of the Joint Staff Forum was scheduled for 23 October 2018 at which an initial draft document would be considered.

It should be noted however that the Integration Joint Board was not an employer. Both partners had workforce planning structures in place. Other authorities' workforce plans had been reviewed, as well as the national health and social care workforce plan, in order to gain an understanding of the areas to build on and work together. Although separate employers, there were areas where both could work together, particularly in recruitment, retention and succession planning. A number of inefficiencies had been identified across the learning and development services of both organisations and these would be investigated further.

Issy Grieve referred to recent minutes of the Joint Staff Forum which indicated the current low unemployment rates and whether young people could be encouraged to look to health and social care as a career opportunity. There did not appear to be any representative from schools, further education or Developing the Young Workforce on that group. Andrew Groundwater advised that the Employability Strategic Group was being revitalised and engagement being undertaken with regional and national groups in that respect. At the forefront of that group should be linking learning in Orkney to what employers were wanting and there was a high priority for health and social care workers.

Fiona MacKellar referred to governance processes within NHS Orkney and Andrew Groundwater advised that he was meeting Julie Nicol the following week and would ensure that development of the draft workforce plan followed appropriate governance routes.

Gail Anderson advised that there was also a workforce within the Third Sector and learning should be shared across all partners.

Sally Shaw suggested that workforce planning was being developed on the assumption that existing structures were correct. Although both partners had highly skilled staff, the joint plan should provide for flexibility across both partners and at all levels. David McArthur continued that, as a small community, this was the way ahead and that the time had come to remove silos. This would not be easy nor an immediate piece of work and was a brave step forward.

Given all the pressures surrounding workforce planning, Janice Annal suggested that a timescale be set on the draft workforce plan being submitted to the Board for consideration and approval. Andrew Groundwater responded that, given the number of committees which the document would require to be considered by, realistically, the draft would not be available for submission to the Board until early 2019,

although he undertook to provide an update at the next meeting scheduled for November 2018.

Frances Troup referred to previous comments regarding recruitment and housing availability. It was well known that, with the current hospital build, the private rental market was under pressure. Further, there was impending legislation regarding private sector housing, the implications of which were not yet fully known. A range of employers in Orkney had approached the housing service for accommodation for workers. The Local Housing Strategy was currently being reviewed and updated and consideration was being given to mid-market rental properties for professional posts. She undertook to connect with Andrew Groundwater in development of the workforce plan, particularly in relation to housing matters.

The Board thereafter noted:

**10.1.** The update provided in respect of development of a joint workforce plan.

**10.2.** That a further progress update would be provided to the next meeting.

**10.3.** That a draft workforce plan be submitted to the first meeting of the Board in 2019.

## **11. Members' Expenses**

There had been previously circulated a report presenting an updated policy for reimbursement of expenses, for consideration and approval.

Pat Robinson advised that the Members' Expenses policy related to reclaiming expenses incurred on Integration Joint Board business. The policy did not apply to NHS Orkney or Orkney Islands Council staff or Board representatives, as they were covered by their own policies. She noted a typographical error in the table at the top of page 3, where "millage" should read "mileage", and highlighted section 6, relating to support for carers.

Subject to typographical error above being amended, the Board **approved** the revised Members' Expenses policy, attached as Appendix 1 to the report circulated.

## **12. Publication Scheme and Freedom of Information Policy**

There had been previously circulated a report presenting an updated Publication Scheme and a refreshed Freedom of Information Policy, for consideration and approval, together with an Equality Impact Assessment.

Scott Hunter advised that the original policies were approved when the Integration Joint Board was established in early 2016. Both documents had been refreshed and updated to reflect changes in national guidance, best practice, web links and/or staffing.

The Board **approved** the refreshed Publication Scheme and the Freedom of Information Policy, attached as Appendices 1 and 2 respectively, to the report circulated.

### **13. Risk Management Strategy**

There had been previously circulated a report presenting a refreshed Risk Management Strategy, for consideration and approval.

Councillor Rachael King suggested that reference to parent organisations throughout the document be amended to partner organisations.

Councillor Stephen Sankey referred to the Severity of Consequent Definitions on pages 8 and 9 and suggested that, in the third descriptor (Injury/Illness (physical and psychological) to patient/visitor/staff), the wording in Extreme (5) should be amended from “minor” to “major”.

Subject to the two amendments referred to above, the Board **approved** the refreshed Risk Management Strategy, attached as Appendix 1 to the report circulated.

### **14. Fairer Scotland Duty**

There had been previously circulated a report presenting an overview of the Fairer Scotland Duty, together with recommendations for an interim approach to ensure compliance with the Duty, for consideration and approval.

Emma Chattington gave a brief summary of the new Fairer Scotland Duty and referred to the interim guidance issued by the Scottish Government which covered the three-year implementation period of the new duty. A number of the requirements contained within the interim guidance were already undertaken and, locally, an integrated approach was proposed. A revised Equality Impact Assessment template, together with guidance, had been produced. A watching brief would be maintained and any good practice across the public sector noted over the three-year implementation period.

Councillor Rachael King advised that the same matter had been reported to the Council's Policy and Resources Committee recently and she referred to a recent presentation by Who Cares Scotland regarding young people with care experience. Given councillors' responsibilities as corporate parents and taking into account the needs of young people with care experience, she had asked the Council to support an additional equality strand within the Equality Impact Assessment template. Further, on page 7 of the updated local guidance document, she suggested that reference to carer be added to the final bullet point on socio-economic disadvantages. She asked if the Board would also support these proposals.

The Board thereafter noted:

**14.1.** The aims and requirements of the Fairer Scotland Duty, as outlined in the report circulated.

**14.2.** The Scottish Government's interim guidance relating to implementation of the duty over a three-year period, attached as Appendix 1 to the report circulated.

**14.3.** That, whilst the Fairer Scotland Duty did not impose the same requirement as the Public Sector Equality Duty to publish equality impact assessments, adopting an integrated approach would allow Orkney Health and Care to demonstrate that due regard had been given to the Fairer Scotland Duty.

The Board **approved**:

**14.4.** The interim approach for an integrated equality impact assessment and associated guidance, attached as Appendices 2 and 3 respectively to the report circulated, including incorporation of the two amendments proposed by Councillor Rachael King above.

## **15. Chief Social Work Officer's Annual Report**

There had been previously circulated the Chief Social Work Officer's Annual Report for 2017 to 2018, to enable the Board to seek assurance on performance.

Scott Hunter presented the tenth annual report, which was produced on the template provided by the Scottish Government. He wished to place on record his thanks to the staff for their work throughout the year. He also highlighted the feedback from service users, which was positive and appreciative, particularly when faced with the ongoing economic, demographic and financial constraints. Finally, external inspection results gave reassurance as to the continued quality of care in regulated care.

As a new member to the Board, Issy Grieve thanked Scott Hunter for the helpful report and queried, finance aside, as a commissioning body, were there any services not currently being done that he thought should be carried out. Scott Hunter replied that it was challenging times for social workers, but his priority was to work in partnership with families and communities, and to innovate services, particularly early intervention, as he did not want to see crisis-led services.

Councillor Stephen Sankey referred to page 13 of the annual report and the service quality and performance, whereby independent validation of the services should be celebrated. It was also heartening to see the increasing number of trained and qualified staff, as well as one trainee gaining a degree.

Dr Kirsty Cole referred to the data on emergency detentions which appeared to be increasing considerably and queried why this was happening and the impact on the community mental health team. Scott Hunter advised that significant intervention was very much a last call and he expressed his gratitude to colleagues for dealing with a range of challenges with some service users. Although efforts were being made to strengthen the team and also alleviate travel to Aberdeen, the figures were a true reflection of general society and mental health issues.

The Board thereafter noted the tenth Annual Report of the Chief Social Work Officer, attached as Appendix 1 to the report circulated.

David McArthur left the meeting at this point.

## **16. Alcohol and Drugs Partnership**

There had been previously circulated a report presenting the Alcohol and Drugs Partnership's Annual Report for 2017 to 2018, to enable the Board to seek assurance on performance.

In response to a query from Councillor John Richards on comparing the annual funding allocations, Katie Spence confirmed that, two years ago, funding for the Alcohol and Drugs Partnership had been reduced by 30% or £130,000. Councillor

John Richards considered this strange, given that a drugs dog was soon to be located in Orkney due to a perceived increase in drugs use. Pat Robinson confirmed that the reduction in ADP funding came from the Scottish Government, although additional funding of £80,000 over the next three years would be forthcoming.

The Board thereafter noted the Alcohol and Drugs Partnership's Annual Report for 2017 to 2018, attached as Appendix 1 to the report circulated.

## **17. Primary Care Improvement Plan**

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

Sally Shaw advised that, although the Primary Care Improvement Plan required to be approved and submitted to the Scottish Government by the end of July 2018, this had been delayed, with final sign off from various local committees only being achieved on 19 September 2018. The draft Primary Care Improvement Plan had been updated since it was considered by the Board in June 2018 and it was acknowledged both locally and by the Scottish Government that each board area was still working through the changes outlined within the GP Contract. Accordingly, the Primary Care Improvement Plan was dynamic and would be adapted going forward.

The Scottish Government was investing a total of £46 million in the Primary Care Fund for 2018/19, with the individual allocations calculated using the NRAC formula. The Primary Care Improvement Fund was a successor fund to various previous funded initiatives, therefore not all funding was new, with some funding streams recycled.

Sally Shaw highlighted section 7 of the covering report, relating to risk, whereby failure to develop a Primary Care Improvement Plan would mean the statutory strategic planning responsibilities of the Integration Joint Board were not being delivered and there was a further risk that the level of funding would be insufficient to deliver the required changes locally to support the new GP Contract. Accordingly, the Islands Act could potentially be one avenue of providing assistance in negotiations at a national level.

Following the decision of the Board today, it was hoped to submit the Primary Care Improvement Plan to the Scottish Government for approval. Sally Shaw concluded by saying the main changes to the draft considered in June 2018 were that the plan was aimed at a high level and sought to manage risk to independent GP practices, noting that the GP Contract was not considered fit for purpose for remote and rural areas.

As the Primary Care Improvement Plan was to be considered dynamic and subject to change going forward, David Drever queried whether the Board would get sight of further iterations. Sally Shaw confirmed this would be the case, as this was the method for setting Directions for primary care. Although not at every meeting, there would be regular updates to the Board.

Councillor Rachael King had concerns on the process, whereby the Scottish Government tasked integration authorities to commission services, yet the Primary Care Improvement Plan, which integration authorities were required to approve, set out how and where to direct services and funding. Further, she was disappointed to see community mental health reduced to a sub-section within a section and she did not want a message going out that the Board did not see mental health as a priority.

Sally Shaw advised that this was a consequence of how the document was set out following a set template and, when submitted to the Scottish Government, this and other comments would be made clear, including that the GP Contract was not considered fit for purpose in a remote and rural area.

Councillor Stephen Sankey shared concerns expressed earlier that the authors of the Primary Care Improvement Plan were not available to answer detailed questions and queried whether the Plan could be looked at, in more detail, at a training session, particularly given the impact it would have on the work of the Board.

Referring specifically to Work Stream 2: Pharmacotherapy Services, Councillor Sankey continued that pharmacology was currently one of the largest overspending areas and queried whether the detail within that Work Stream would address that position. Sally Shaw advised that the intention was to provide efficiencies, not just in financial envelopes but potentially by reducing home care visits.

Dr Kirsty Cole said that the work streams as outlined were defined by the Scottish Government and the order in no way reflected local priorities. The Scottish Government priorities were phlebotomy and the vaccination transformation programme. She agreed that it was not clear from the Plan, although a paragraph regarding local priorities was included. Regarding the funding allocations, the Mental Health and Musculoskeletal teams were helpful in supporting the proposals, as was the Pharmacology service. The Community Link Worker was likely to receive funding as was the Vaccine Transformation Programme. It was hoped that the other work streams would be in a position to receive funding in the following financial year. Dr Kirsty Cole reiterated that NRAC was not a fair system of allocation in the local context, however the Scottish Government had made it clear that this was not up for discussion for the next three years. However, a Remote and Rural Sub-group had been established, with a remit to look at how NRAC worked in a remote and rural area, with Orkney represented by Dr Charlie Siderfin.

Fiona MacKellar referred to the section on governance, whereby it stated that the Integration Joint Board and the Clinical and Care Governance Committee would play a key role. She advised that the Staff Governance Committee of NHS Orkney also required to be included.

Sally Shaw advised that, should the Primary Care Improvement Plan be recommended for approval, this would require a Direction to NHS Orkney to move forward.

The Board **approved** the Primary Care Improvement Plan, attached as Appendix 1 to the report circulated, for submission to the Scottish Government.

## **18. Carer Representatives on Integration Joint Boards**

There had been previously circulated a report presenting an update on enhancing the involvement of the carer representative on Integration Joint Boards, including a publication from the Coalition of Carers in Scotland, for information.

Councillor Rachael King highlighted a number of positive actions within the report to assist the carer representative in their role on the Board. Scott Hunter suggested that an evaluation be undertaken with the existing carer representative to understand what had taken place during the last three years, what actions could produce quick wins and what actions might take longer to implement.

The Board thereafter noted:

**18.1.** The content of the report produced by the Coalition of Carers in Scotland on enhancing the involvement of the carer representative on Integration Joint Boards.

**18.2.** That Sally Shaw would meet with the current carer representative, Sandra Deans, to look at areas where the Board could usefully support her in her role and report back in due course.

## **19. Community Mental Health Services**

There had been previously circulated a report advising of a funding announcement regarding Action 15 of the national Mental Health Strategy and presenting the subsequent submission to the Scottish Government, for consideration.

Lynda Bradford advised that, as part of the national Mental Health Strategy, the Scottish Government made a commitment of funding 800 additional mental health workers across Scotland to improve access in key settings. Accordingly, a delivery plan required to be submitted in order for funds to be released. The local delivery plan, authored by David McArthur, took a pragmatic approach to the use of the money, rather than following directions set by the Scottish Government. The first element of the delivery plan was to recruit an administrative post, with the expectation that this would free up time for professional qualified practitioners to provide more clinical appointments.

Dr Kirsty Cole expressed her disappointment at the submission. Although it was a bonus to receive additional funding for mental health services, she was struggling to see how administrative support amounted to £53,000. Action 15 of the national Mental Health Strategy required discussion on the allocation of funding with key stakeholders and she was not aware of any discussions held with the Area Medical Committee. As the intention within the Primary Care Improvement Plan was to prioritise mental health, there was a real opportunity to use Primary Care Improvement Fund allocations and Action 15 funding to achieve better outcomes.

Sally Shaw appreciated Dr Cole's comments and advised that the Chief Finance Officer was also not included in development of the delivery plan. She would address this going forward.

The Board thereafter noted the funding submission to the Scottish Government setting out local proposals in relation to Action 15 of the national Mental Health Strategy.

## **20. Clinical and Care Governance Committee**

There had been previously circulated the Chair's report highlighting key agenda items discussed at the meeting of the Clinical and Care Governance Committee held on 11 July 2018, to enable the Board to seek assurance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 11 July 2018.

## **21. Joint Staff Forum**

There had been previously circulated the Chair's report highlighting key agenda items discussed at the meeting of the Joint Staff Forum held on 26 July 2018, to enable the Board to seek assurance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Joint Staff Forum held on 26 July 2018.

## **22. Chief Officer Groups**

Scott Hunter highlighted key agenda items discussed at the meeting of the Chief Officer Groups of the Adult Protection Committee and the Child Protection Committee held on 1 August 2018, including the following:

- Child sexual exploitation, including multi-agency training.
- Case review learning.
- Draft Constitution of reconfigured Committee.

## **23. Strategic Planning Group**

There had been previously circulated the Chair's report highlighting key agenda items discussed at the meeting of the Strategic Planning Group held on 28 August 2018, to enable the Board to seek assurance.

The Board noted:

**23.1.** The content of the report, together with the unapproved Minute of the Meeting of the Strategic Planning Group held on 28 August 2018.

**23.2.** Progress on the three actions tasked to the Strategic Planning Group by the Board, as outlined in section 5 of the report circulated.

**23.3.** Progress on the work plan, as outlined in section 6 and Appendix 2 of the report circulated.

## **24. Audit Committee**

There had been previously circulated the Chair's report highlighting key agenda items discussed at the meetings of the Audit Committee held on 30 August 2018 and 26 September 2018, to enable the Board to seek assurance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Audit Committee held on 30 August 2018.



## **25. Items to be brought to Partners' Attention**

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

- Ongoing financial situation.
- Islands Act – retrospective impacts.

Councillor Rachael King queried the effectiveness of this item, particularly after a long meeting when items may get overlooked and suggested that, at future meetings, it should be noted after each item whether any particularly matter required escalation. It was agreed to trial this at the next meeting.

Councillor Rachael King referred to attendance by officers at meetings, as it affected the Board's ability to scrutinise papers effectively, particularly if the main author was not available. Councillor John Richards referred to attendance sheets being circulated at other meetings. Further, he noted that the voting members of the Board were permitted to send substitutes and queried whether the non-voting members were permitted to send substitutes.

Dr Kirsty Cole suggested that Sally Shaw and David Drever meet with Dr Charlie Siderfin to provide some background information to enable him to influence discussion, particularly in relation to the GP Contract, at the recently established Remote and Rural Sub-group.

## **26. Date and Time of Next Meeting**

It was agreed that the next meeting be held on Wednesday, 28 November 2018 at 09:30 in the Council Chamber, Council Offices, Kirkwall.

## **27. Briefings Issued**

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

- Equalities Outcomes and Mainstreaming Report.
- Extension of Free Personal Care to Under 65s (Frank's Law).
- Health and Social Care Integration Performance Audit 2018.
- Implementation of National Health and Social Care Standard and Impact on National Care Home Contract (NCHC).
- Key Messages – Integration.
- British Sign Language Plan.
- Homelessness and Rough Sleepers Action Group.
- Press Release – Child and Adolescent Mental Health Service.
- Press Release – Royal Cornhill Hospital.
- Primary Care Improvement Fund – Annual Funding Letter 2018-19.

## **28. Conclusion of Meeting**

There being no further business, the Chair declared the meeting concluded at 13:10.