



Gillian Morrison (Interim Chief Officer)

Orkney Health and Care

01856873535 extension 2611

OHACfeedback@orkney.gov.uk

Orkney Integration Joint Board

Wednesday, 9 December 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.
- Jim Lyon, Interim Chief Social Work Officer, Orkney Islands Council.
- Gillian Morrison, Interim Chief Officer.
- Pat Robinson, Chief Finance Officer.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.

Stakeholder Members:

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

Orkney Health and Care:

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

Orkney Islands Council:

- Katharine McKerrell, Solicitor.
- George Vickers, Information Governance Officer (for Items 1 to 12).

NHS Orkney:

- Mark Doyle, Director of Finance.
- Dr Dawn Moody, Clinical Director – GP.
- Katie Spence, Alcohol and Drugs Partnership Co-ordinator (for Items 12 to 20).

Observing

Orkney Islands Council:

- John W Mundell, Interim Chief Executive (for Items 1 to 9).
- Gareth Waterson, Head of Finance (for Items 7 and 8).
- Ian Rushbrook, Capital Programme Manager (for Items 1 to 8).
- David Scott, Architecture Manager (for Items 1 to 8).
- Lorraine Stout, Press Officer.

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Apologies

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

- David McArthur, Registered Nurse, NHS Orkney.
- Maureen Firth, Head of Primary Care Services, Orkney Health and Care.

2. Appointment of Stakeholder Members

There had been previously circulated a report setting out proposed nominations for the vacancies of Carer Representative and Orkney Islands Council's Staff Representative for consideration and approval.

Gillian Morrison advised that confirmation was still awaited on the nomination of the Council's staff representative, but she was pleased to recommend Joyce Harcus as the carer representative.

The Board noted:

2.1. That the Integration Scheme allowed for the following co-opted non-voting members:

- A carer's representative.
- A staff representative from each of the Parties.

2.2. That the Integration Scheme stated that individual appointments would be made as required when a position became vacant for any reason, with the initial period of office being two years.

2.3. That the positions of carer representative and Orkney Islands Council's staff representative were currently vacant.

2.4. That, although a Council staff representative had been identified, the nomination was still subject to confirmation by one of the three recognised unions.

The Board **approved**:

2.4. The appointment of Joyce Marcus as the carer representative on the Integration Joint Board.

Councillor Rachael King thanked Joyce and welcomed her to her first meeting of the Board.

3. Declarations of Interest

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

4. Disclosure of Exempt Information

Councillor Rachael King advised that, although Appendix 1 of Item 18 contained exempt information, she proposed that the item be considered in public. However, if any member wished to raise matters detailed in the Appendix, the Board would require to pass a resolution to exclude the public from that part of the meeting.

The Board noted the requirement for the public to be excluded from the meeting should it wish to consider, in detail, Appendix 1 to Item 18, as the business to be considered would involve the disclosure of exempt information of the class described in the relevant paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

5. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 29 October 2020, for consideration, checking for accuracy and approval.

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

6. 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.

Gillian Morrison provided updates as follows:

- Item 3 – Climate Change Duties – a letter had been sent to the Scottish Government outlining the Board's concerns regarding statutory reporting duties by integration authorities in respect of Climate Change.
- Item 4 – Matters escalated from other Committees – this would be discussed further at a development session planned for January 2021.
- Item 8 – Clinical and Care Governance Committee – this would be discussed at a meeting of the Joint Discussion Forum to be held today, the outcome of which may well result in a report to a future meeting of the Board.
- Item 9 – Strategic Commissioning – a framework had now been drafted, with the draft Strategic Commissioning Implementation Plan developing at pace for submission to an early meeting of the Board.
- Item 14 – Integration Scheme – an officer project team had met to identify areas for consideration by the Joint Discussion Forum later today to provide a steer for the review of the Integration Scheme.

In response to a question from David Drever, Gillian Morrison confirmed that the Joint Discussion Forum was a group comprising the following:

- Chair and Vice Chair of the Integration Joint Board.
- Chief Officer, Integration Joint Board.
- Chair and Chief Executive of NHS Orkney.
- Leader, Depute Leader and Chief Executive, Orkney Islands Council.

The Board noted the status of actions contained in the matters arising log.

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 4 June, 26 June and 14 July 2020, together with the Chair's reports, to enable the Board to seek assurance.

Issy Grieve, Chair of the Clinical and Care Governance Committee, advised that meetings of that Committee had been stepped up to every three weeks, with the same two items of note for the Board – namely the Mental Health Strategy and the Joint Inspection. These had now been overtaken by events.

The Board noted the approved Minutes of the Meetings of the Clinical and Care Governance Committee held on 4 June, 26 June and 14 July 2020.

8. Proposed New Kirkwall Care Facility

There had been previously circulated a report presenting further information on the scope of the proposed new care facility in Kirkwall, for consideration and approval, together with an Equality Impact Assessment.

Gillian Morrison reminded the Board that they had requested further engagement on the proposed scope and to report back no later than December. The Stage 2 Capital Project Appraisal was approved by Orkney Islands Council on 30 June 2020, subject to the Board's consideration. She further reminded the Board that 16 of the 44 residents at St Rognvald House did not enjoy the same facilities as other residents in care homes in Orkney. Staff were doing a fantastic job considering the current condition of the facility and the Board should bear in mind existing and current residents, as it was their home.

One outcome of the seminar held on 19 November 2020, attended by Elected Members of Orkney Islands Council and the Board of NHS Orkney, was the aspiration to see flexibility. Although the report related to the scope and model at a specific facility, the entire scope of services should not be forgotten. Despite the best efforts of the Home First mantra, without placing a person at risk at home, there would always be a requirement for residential care.

Looking carefully at the proposed model, advice had been sought from clinicians and other authorities. The facility required to be not just a homely care setting, but also clinically and professionally appropriate for step up/step down, respite and temporary care. The Area Clinical Forum had hosted a session on 1 December 2020, the outcome of which again was a clear desire for flexibility, including extra care housing, subject to the relevant approvals.

In conclusion, account had been taken of advice from Public Health Scotland, by reducing the facility from 60 to 40 beds, based on demographics and particularly those with dementia. Residents, their families and staff should always be at the forefront of planning.

Lynda Bradford advised that two joint seminars had been arranged to facilitate debate and the presentations were attached to the report circulated. She referred members to the covering report which advised that, despite the current number of people who remained in hospital whose discharge was delayed, Orkney generally performed well, with better performance than the Scottish average in terms of various parameters.

Discussion at the seminar on 19 November 2020 was beneficial, particularly on how care home places could be used differently. Also, it was recognised that extra care housing played a pivotal part. All existing care facilities in Orkney had the ability to have extra care housing in close proximity, however that was a matter which was outwith the remit of the Integration Joint Board. There had also been a desire to see the model of care defined – this was constantly developing as more initiatives came on stream.

Lynda Bradford also referred to the meeting hosted by the Area Clinical Forum on 1 December 2020, which brought together all the NHS Orkney professional staff, as well as social work colleagues, with a summary of the discussion attached to the report circulated. Again, the theme coming through was flexibility and planning a building which met people's needs, which continually changed. With regard to the need to reprovide the care home she singled out a comment from a local GP, whereby people moving into residential care often remarked they felt safe and secure and no longer worried or were anxious about remaining in their own home.

She also made reference to the very positive experience of using Brinkies at Hamnavoe House for rehabilitation and reablement care.

In summary, Lynda Bradford requested approval to proceed with the 40 bed replacement of St Rognvald House as soon as possible, so that all care home residents in Orkney had use of modern facilities. There was a shared desire to take forward flexible working, with the Home First ethos foremost, although that need not further delay the development of the new care facility in Kirkwall.

Although he appreciated the need for flexibility in the design, David Drever advised that the reason he sought further consultation was his concerns over whether the opportunity for looking at models of care was limited. It now appeared that Home First was being asserted as the model of care and he queried whether the Strategic Commissioning Implementation Plan would address this key question.

Gillian Morrison referred back to the discussions at the Area Clinical Forum session where it was explained that professional views were always taken into consideration when planning new facilities and particularly how any new care home would operate and quoted an example of pharmacy services.

Issy Grieve welcomed the further engagement and the amount of detailed information, which she found extremely helpful. Referring to the recommendations of the report, she queried whether the plan was to share minor modifications with the Board. Further, she felt it would be remiss not to acknowledge the national independent review of adult social care services and the potential impact that may have.

Gillian Morrison confirmed that the Board would receive regular updates, as the finer detail was agreed. Regarding the national independent review, she noted that this was not due to report until early 2021 and there was a pressing need to replace the outdated facilities at St Rognvald House. However, it should be recognised that the outcome of the national independent review may well have an impact in future.

Janice Annal was heartened to see progress being made. Initially she had been concerned with the delay for more consultation and engagement, however the outcome from the meetings with the various stakeholders clearly provided reassurance, particularly with regard to the model of care. However, she did query whether the minor modifications would affect the footprint of the building.

Gillian Morrison confirmed that the plans were as submitted, with the internal layout largely regulated by standards, however there was scope for some modifications to the core building to ensure the latest equipment could be accommodated. Lynda Bradford advised that the short delay also afforded an opportunity to check with professional colleagues what facilities were required, for example, was a practice bathroom required?.

Dr Louise Wilson reminded the Board of its commissioning role and the possibility that any service provider could, in future, change. Gillian Morrison advised that, when she came to Orkney in 2001, the care facility market was being investigated, and potentially an external provider of care. That matter had been returned to various times in the intervening period, but it appeared that overheads were too high to make any development viable, particularly with the low numbers compared with what could be provided on mainland Scotland.

Dr Kirsty Cole queried what consideration had been given to facilities for residents and/or family to have private talks with medical staff, either locally or from Aberdeen. Lynda Bradford confirmed that all modern care facilities were completely Wi-Fi enabled and, although this development was not yet at the IT specific stage, that opportunity would not be lost. Gillian Morrison further confirmed that the Scottish Parliament's Programme for Government set out that care homes should be as tech-enabled as possible.

Regarding governance, Davie Campbell suggested that the Board should receive an update at each meeting during the lifespan of the capital project. Gillian Morrison sought clarification on whether this related to the Home First principle or advancing development of the clinical and professional look of the care home. Davie Campbell suggested both; however, Gillian Morrison responded that the next few months would be challenging for staff and she did not want to commit to a reporting timescale which was not achievable. Davie Campbell accepted that, in the short term, less frequent reporting would be acceptable, particularly as the Board had recently agreed a more frequent schedule of meetings.

In conclusion, Councillor Rachael King advised that one point came through, namely that models of care continued to change, therefore there was a continuing need for flexibility and to adapt as people's needs changed. Technology should be fully embedded.

The Board noted:

8.1. That the constraints of the existing St Rognvald House building were not compatible with regard to modern day delivery of care.

8.2. That the building infrastructure was not fit for purpose in the longer term.

8.3. The increased number of people delayed in hospital over the autumn, as referred to in section 4.6.1 of the report circulated.

8.4. That the proposed replacement was the subject of a seminar held on 19 November 2020, attended by Elected Members, NHS Orkney Board Members and the Senior Management Teams from both Orkney Islands Council and NHS Orkney, which saw an aspiration for flexibility and different care delivery methods, including additional extra care housing, but did not dispel the need for the replacement build.

8.5. That development of a Home First and Discharge to Assess model of care was already underway utilising winter planning funding.

8.6. That a wide-ranging meeting of professionals, hosted by the Area Clinical Forum, was held on 1 December 2020, with the broad outcome of a desire to see flexibility in the delivery of care in the replacement facility and the addition in due course of extra care housing, subject to future funding and approval by the relevant authorities.

The Board **agreed**:

8.7. The revised service delivery model and scope of the proposed new replacement Kirkwall care facility, namely provision of a future-proofed 40-place facility with a revised start date for construction in summer 2021, with delivery at the end of 2023.

8.8. That the Senior Management Team of Orkney Health and Care should continue to work with clinical, professional and third sector colleagues in respect of minor modifications to the current architectural plan.

8.9. That the Interim Chief Officer should ensure service development continued in line with recent discussions to ensure that Home First was the default model of care and that progress in that respect be reported to the Board on a regular basis.

9. 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 Inspection on 25 February 2020, for consideration and scrutiny.

Gillian Morrison advised that this matter remained a priority and the pace of progress with the Improvement Plan was being maintained. In this regard, she paid tribute to Jim Lyon and Maureen Swannie.

Jim Lyon highlighted progress since the last meeting, most notably that the multi-agency child protection guidelines had been launched at an event on 2 December 2020, attended by 120 colleagues. The feedback had been very positive and the show of unity from all partners was impressive. It was now proposed to turn the improvement plan into the Children's Services Continuous Improvement Plan. Finally, he was pleased that the self-evaluation model was now ready for sign-off.

Councillor Steve Sankey recognised the progress made, particularly with the launch of the multi-agency child protection guidelines and the inter-agency referral discussion procedure. However, he referred to action point Imp033 and, although he was aware that a review was underway and he had received assurances previously from both the Chief Officer and Jim Lyon, on reflection, it was now almost one year since the inspection report was published and, to date, he could not recall seeing any minutes or reports from the Public Protection Committee or the Chief Officers' Group. Given the level of progress to date, he was not too concerned; however, he queried whether, in future, the Board would be updated on matters relating to child protection.

Jim Lyon assured the Board that the report provided to it was the same as that reported regularly to both the Public Protection Committee and the Chief Officers' Group, with the same scrutiny mechanism. Minutes of the Public Protection Committee, which was scheduled to meet quarterly but was meeting more frequently at present, could be made available.

Gillian Morrison provided further assurance that a report was being prepared for the Chief Officers' Group defining the reporting route for assurance to the Orkney Community Planning Partnership, as well as other statutory agencies, with the proposal being for an annual report to be produced and shared.

The Board noted:

9.1. The updates in relation to staffing and service delivery, set out in sections 4 and 5 of the report circulated.

The Board scrutinised:

9.2. The position of the Joint Inspection of Services for Children and Young People in Need of Care and Protection Improvement Plan, attached as Appendix 1 to the report circulated, and obtained assurance.

10. Financial Monitoring

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 30 September 2020, for scrutiny.

Pat Robinson advised that spending in relation to the COVID-19 pandemic was reducing, now that use of Brinkies had ceased and, although additional funding had been announced by the Scottish Government, there was no indication yet as to local allocations.

Davie Campbell queried the overspend in the disability service and whether savings had been applied by NHS Orkney. Pat Robinson advised that the overspend in disability was due to a new package of care and the Chief Executive, Orkney Islands Council, would be requested, through emergency powers, to make funding available. Savings had been applied by NHS Orkney, as indicated in the table on page 4 of the report, although any additional funding received from NHS Orkney and/or the Scottish Government could reduce the overspend. Individual savings had not yet been identified.

Mark Doyle confirmed that NHS Orkney accounting procedures operated on an accruals basis, therefore the IJB budget would roll forward until such time as the Chief Officer and the Chief Finance Officer advised which individual budget lines the savings, amounting to £800k for 2020/21, would be applied.

Dr Louise Wilson commented that, although the current financial position may feel outwith the Board's control, the Board had yet to determine what services it was going to commission. Although the figures could be explained in more detail at the finance development session planned for January 2021, the Board was still not taking any action to address either the overspend position or the savings target.

Gillian Morrison concurred that this was a very good point and was the most challenging aspect across Scotland, given the huge pressures on all services. Some overspends were as a result of one off spending, however, there needs to be planning required to change commissioning. Although this would be discussed further at the finance development session, safe staffing levels must not be breached and, unfortunately, there were no answers at this point in time.

The Board noted:

10.1. The financial position of Orkney Health and Care as at 30 September 2020, as follows:

- A current overspend of £1,151,000.
- A forecast year end overspend of £2,926,000 based on current activity and spending patterns.
- Additional funding amounting to £616,000 received from the Scottish Government in regard to Social Care Sustainability and COVID-19.

10.2. That a savings target of £4,200,000 had applied for the three year period 2020 to 2023, of which only £275,000 had been identified to date.

10.3. That NHS Orkney had applied its savings target of £800,000 for 2020/21, of which only £130,000 had been identified, with the remaining balance of £670,000 contributing to the forecast year end overspend.

Frances Troup left the meeting during discussion of this item.

11. Budget Savings Proposals

There had been previously circulated a report setting out proposals for implementing low risk savings options, identified as part of the budget setting process for 2021/22, for consideration and approval.

Pat Robinson reminded the Board that it could not determine charges. On 24 November 2020, the Council's Policy and Resources Committee recommended that charges be introduced for Telecare services; however, at the General Meeting held on 8 December 2020, the Council had deferred introduction of charges to allow the Orkney Health and Care Committee to consider an overarching charging policy. The Annex to the report circulated provided the detail of the proposed low risk savings and it should be noted that the increase in residential care income was not an increase in charges.

Dr Louise Wilson queried whether an Equality Impact Assessment had been carried out and, if so, when the Board would see the outcome. Pat Robinson confirmed that, as the proposed low risk savings did not affect service users, there was no requirement for an Equality Impact Assessment to be undertaken, as the proposals would not impact on any of the protected groups.

The Board noted:

12.1. That a savings target of £4,200,000 had been applied for the three year period 2020/21 to 2022/23, of which only £275,000 had been identified to date.

12.2. That, as part of the budget setting process for 2021/22, the Senior Management Team had identified savings proposals that, using the criteria set out in section 4.5 of the report circulated, had been classified as low risk and uncontroversial.

12.3. That, should the low risk savings be implemented, this would result in a reduction of £114,400 to baseline budgets from Orkney Islands Council to the Integration Joint Board for financial year 2021/22.

12.4. That, on 24 November 2020, the Council's Policy and Resources Committee recommended that, with effect from 1 January 2021, a flat rate charge of £3.50 per week be introduced in respect of Telecare services.

12.5. That, at its General Meeting held on 8 December 2020, the Council had deferred consideration of the recommendation referred to at paragraph 12.4.

12.6. That work was underway to identify savings proposals in relation to the baseline budgets from NHS Orkney to the Integration Joint Board for financial year 2021/22, the outcome of which would be presented separately.

Councillor Rachael King, seconded by Councillor John Richards, moved that the efficiency savings for 2021/22, summarised in Annex 1 to the report circulated and amounting to £114,400, be approved and accordingly removed from baseline budgets received from Orkney Islands Council.

Davie Campbell, seconded by Issy Grieve, moved an amendment that the efficiency savings for 2021/22, summarised in Annex 1 to the report circulated and amounting to £114,400, be approved, with the exception of saving SCOHC61, Residential Care Income Budget, and accordingly removed from baseline budgets received from Orkney Islands Council.

The Clerk advised that, in terms of the Board's Standing Orders, votes were by a show of hands. As this was not practical in the present circumstances, with the meeting being conducted online via Microsoft Teams, she asked whether the Board would be agreeable to the vote being recorded by roll call. The Board agreed to the alternative method of voting for this item.

The result of a recorded vote was as follows:

For the Amendment:

Davie Campbell, David Drever and Issy Grieve (3).

For the Motion:

Councillors Rachael King, John Richards and Steve Sankey (3).

As the Chair did not have a casting vote, the status quo prevailed and therefore the Board could not approve savings to be removed from baseline budgets received from Orkney Islands Council.

The Chief Officer undertook to resubmit savings to the next meeting of the Board, but in a revised format.

12. Records Management Plan

There had been previously circulated a report presenting the amended Records Management Plan for submission to the Keeper, for consideration and approval.

George Vickers advised that the amended Records Management Plan did not cover commissioned services as Orkney Islands Council and NHS Orkney had their own plans, and no service user/patient data was processed by the Integration Joint Board.

The Board **approved** the Records Management Plan, attached as Appendix 1 to the report circulated.

13. Stakeholder Representatives' Expenses

There had been previously circulated a report presenting the revised policy on Stakeholder Representatives' Expenses, for consideration and approval.

Pat Robinson explained that the policy related to those members who were not employed by either of the parent organisations. The rates proposed were those currently used by Orkney Islands Council, due to the administrative process of making any payments and also the more advantage mileage rates whereby, although NHS Orkney's mileage rate was higher, it was also a taxable benefit.

In response to a query from Janice Annal, Pat Robinson undertook to arrange for the relevant claim form to be available on the website and also to send via email to the relevant members.

Subject to a minor amendment on page 4, whereby the word "Members" immediately above the table of maximum rate allowances should be amended to read "Stakeholder Representatives", the Board **approved** the document entitled Stakeholder Representatives' Expenses, attached as Appendix 1 to the report circulated

14. Workforce Plan

There had been previously circulated a report presenting the draft Orkney Health and Care Workforce Plan 2020 to 2022, for consideration and approval.

Gillian Morrison reminded the Board of the requirement within the Integration Scheme for a workforce development strategy and action plan to be developed by the parties. Apart from the Chief Officer and the Chief Finance Officer, each employee within the integrated service delivery was either employed by Orkney Islands Council or NHS Orkney, and both organisations had approved workforce development plans in place.

The intention of the Public Bodies (Joint Working)(Scotland) Act 2014 was not to create duplication, but to promote fuller integration to provide more seamless services for people who required health and care services and their carers. The draft workforce plan was therefore intended to be read as part of a suite of the three plans and add value to the existing workforce plans, rather than to duplicate.

An initial draft of the workforce plan was presented to the Area Clinical Forum in October 2020 inviting comments, particularly in relation to the key actions listed in section 3. Following that meeting, a letter of guidance was received from the Scottish Government regarding changes to publication timescales for local workforce plans, recognising the significant ongoing challenges faced by the Board during the pandemic. Integration Joint Boards had now been requested to ensure that a three year workforce plan was developed no later than 31 March 2022. Development of those plans should include engagement with representatives from the Third and Independent Sector and primary care partners.

The draft workforce plan was further revised, in light of the guidance received from the Scottish Government, and resubmitted to the Area Clinical Forum in November – no further comment was received.

One point to note was that NHS Orkney's workforce plan encompassed overall actions for community health employees, whereas Orkney Islands Council's workforce plan was more generic, with the five Council services, including Orkney Health and Care (in so far as that related to Council employees), were expected to provide their own detailed actions. Due to this anomaly, the draft workforce plan presented contained more actions for social care employees in addition to the more cross-cutting actions.

Issy Grieve queried why the workforce plan only identified those employed and not the level of vacancies. Gillian Morrison advised that the plan focussed on recruitment, including "growing our own" and workforce campaigns. OHAC was at near full employment until the pandemic and the service was now trying to recruit to long term vacancies. It was also difficult to anticipate future needs until the Strategic Commissioning Implementation Plan was in place.

Dr Kirsty Cole advised that, as the Primary Care Implementation Plan required the Board to commission a number of posts, this should be included in the workforce plan. Gillian Morrison agreed it was an omission and undertook to include the relevant information.

Fiona MacKellar remarked that, when the draft plan was considered at the Area Clinical Forum, the percentage of staff retiring within the next five years was highlighted, which indicated a significant proportion of skills and knowledge being lost, unless a good succession plan was in place. She welcomed the inclusion of training in the action plan because, if not, the partners would not be able to provide services over the next decade.

Dr Louise Wilson appreciated that, although this was a draft health and social care partnership workforce plan, key clinical professional staff in NHS Orkney required to be included, as their clinical role flowed through the workforce. Gillian Morrison asked that Dr Wilson provide appropriate wording for inclusion in the plan.

Councillor Steve Sankey referred back to Fiona MacKellar's point about the workforce and also highlighted the gender and age imbalance. The key actions were all very welcome, including growing our own, liaising with the Third Sector and speaking directly to young people, and particularly males, about a career in social care. He queried whether section 5 could be "smarter". Gillian Morrison confirmed that, once the Planning and Performance Officer was in post, this would enable the information to be further quantified.

Subject to inclusions of the additions proposed above, the Board **approved** the Orkney Health and Care Workforce Plan 2020-2022, attached as Appendix 1 to the report circulated.

15. Independent Review of Adult Social Care in Scotland

There had been previously circulated a report advising further on the national independent review of adult social care, for information.

Gillian Morrison reported that, since the update provided at the previous meeting, Health and Social Care Scotland had submitted its response to the review, a copy of which was circulated with the report. She highlighted the section on page 2 of the response relating to what was working well and remarked that the Christie Commission principles and the urban versus island perspective was recognised.

David Drever noted that, although regular updates would be provided, the review was due to report in January 2021 and urged the Board to scrutinise developments very closely.

In response to a query from Issy Grieve on the collective opinion from commissioned services, Jim Lyon advised that there were challenges, particularly in separating social care and professional social work services. On a national scale, the way the review was set up suggested it was politically led and from circumstances surrounding the pandemic as well as underlying tensions over many years. There was a stark difference in scale and timing, given that the children's services review had taken over three years to complete. Although there were some positive aspects, there were also concerns, including a pre-set notion of the outcome.

One further point raised by Gillian Morrison, should adult social care services be restructured, was transition and how that might affect a service user who moved from children's services to adult services, particularly when the local delivery method was wraparound care.

The Board noted the response from the Chair and Vice Chair of the Chief Officer Group, Health and Social Care Scotland, to the Independent Review of Adult Social Care, attached as Appendix 1 to the report circulated, which set out what was working well, what could be improved and identifying barriers to improvement, as well as a short list of more radical changes which could help to improve social care.

16. Orkney Community Justice Annual Report

There had been previously circulated a report presenting the Orkney Community Justice Annual Report for 2019/20, submitted to Community Justice Scotland, for scrutiny.

Jim Lyon advised that the Orkney Community Justice Partnership was responsible for providing an annual return to Community Justice Scotland on progress against key national indicators. The annual report indicated that some aspects were working well, but others were challenging due to scale. COVID-19 had had a huge impact on services, particularly face to face meetings, however assurance was provided that the service continued to manage the most serious offenders and evidence was robust.

Councillor Steve Sankey commented that the annual report was a difficult report to follow, assuming it was a government template, and queried whether further narrative could be provided to give some context and allow better scrutiny, given that the numbers were so low.

Councillor Rachael King referred to the action relating to speed of access to mental health services, whereby the evidence indicated there were no measures in place to monitor the time taken to access those services. Jim Lyon advised that, looking at the next action, regarding the percentage of people released from a custodial sentence accessing services, because of the small numbers locally, this was not problematic. Further, early intervention was also critical, to avoid the vicious circle of alcohol and/or drug misuse leading to offending, a possible custodial sentence, release and continuing alcohol and/or drug misuse.

Councillor John Richards also referred to the challenges locally, given the range of services and/or facilities which larger authorities on mainland Scotland could access. The closure of the OACAS service was of particular note, as was access to services by residents on the outer isles.

The Board reviewed:

16.1. The annual return and performance therein, attached as Appendix 1 to the report circulated.

The Board thereafter noted:

16.2. That planned activity in the current reporting year had been severely restricted due to the global pandemic and, in reality, the activity and proposals in the annual report may be delivered in 2021 when forecast pandemic restrictions would ease.

16.3. The impact of justice services on improving outcomes for those subject to court disposals locally.

16.4. The three priority areas which would be the focus of the next reporting year as follows:

- Support alcohol/drug addiction and mental health services provided locally, to ensure they meet the needs of users in terms of access to and effectiveness of support provided.
- Carry out a Strategic Needs Assessment and review and amend the Community Justice Outcome Improvement Plan, reflecting on any possible impacts caused by the pandemic.
- Continued monitoring of Domestic Abuse reports, enhancing liaison with third sector partners to identify any measures that could be implemented that support victims and address offending behaviour.

Dr Kirsty Cole left the meeting during discussion of this item.

17. Alcohol and Drugs Partnership – Annual Report

There had been previously circulated a report presenting the Orkney Alcohol and Drugs Partnership Annual Report for 2019/20, submitted to the Scottish Government on 8 October 2020, for scrutiny.

Katie Spence advised that each alcohol and drug partnership was required to produce an annual report to the Scottish Government, reporting on performance against agreed ministerial priorities and national deliverables. The report circulated was approved by the Alcohol and Drugs Partnership and submitted to the Scottish Government by the deadline of 8 October 2020.

Dr Louise Wilson raised two points in relation to the annual report which appeared to focus on activity and not outcomes, even though the template was set by the Scottish Government and, further, the ADP commissioned some clinical services, yet she was not aware of any information being reported to the Clinical and Care Governance Committee. Accordingly, she queried how the quality of care was overseen through the commissioned services.

Issy Grieve advised that she had had a conversation recently regarding the ADP and how it did not appear to report to a governance committee. Consideration was now being given to rectifying this position.

The Board thereafter:

17.1. Obtained assurance on progress made by the Alcohol and Drugs Partnership during 2019/20 against the Rights, Respect and Recovery Strategy, including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018, as detailed in Appendix 1 to the report circulated.

17.2. Noted that the Alcohol and Drug Partnership's Annual Report 2019/20 was submitted to Scottish Government on 8 October 2020.

18. Alcohol and Drugs Partnership – Funding Proposals

There had been previously circulated a report presenting proposals from the Alcohol and Drugs Partnership for utilising a potential year end baseline underspend, for consideration and approval.

Katie Spence advised that, as a result of the ADP Commissioning coming in under budget, together with restrictions following the COVID-19 pandemic, the Orkney ADP had a projected underspend on its baseline allocation. At present, any underspend would normally be used to reduce the overall overspend of services commissioned by the Board. Following discussion at the ADP Commissioning Group, and reviewing evidence from a six month COVID-19 impact report (Appendix 1 to the report circulated), the ADP Commissioning Group proposed that the baseline underspend be utilised to enhance two therapeutic service providers currently commissioned by the ADP.

Several members had concerns over the lack of detail to evidence the proposed allocation of the underspend, as well as governance around ADP funding. Gillian Morrison provided assurance that there was clear evidence of the need for the enhanced services, particularly as a result of the COVID-19 lockdown, with specific points highlighted in the Appendix (which was marked as private).

Katie Spence further advised that, not only was there an increase in referrals to the services, some staff were not able to attend work due to self-isolating and, although face to face meetings had resumed, there were less meetings, given the requirement for gaps between appointments to undertaken cleaning etc, to meet COVID-19 requirements.

Regarding governance, Gillian Morrison advised that the proposal was before the Board as a result of unclear decision-making routes and she undertook to look at this in more detail, with a view to a scheme of delegation for Alcohol and Drugs Partnership being developed.

Councillor John Richards agreed with earlier comments regarding focussing on outcomes and the challenges around spending. He agreed that delegation to the ADP would assist in making quicker decisions, with any spend being in line with the Strategic Plan. The annual report would then outline what had been achieved and, hopefully, reduction in numbers requiring services.

Gail Anderson advised of the robust mechanisms within the ADP, who regularly scrutinised data within the reports it received. It was also the group charged with delivery and she felt it was appropriate to accept their recommendation and accordingly wholly endorsed the proposals.

The Board noted:

18.1. That, as a result of a potential underspend in its baseline allocation, the ADP Commissioning Group had met to consider options to utilise the underspend, as outlined in section 4.4 of the report circulated.

The Board **approved**:

18.2. The recommendation from Orkney ADP, namely Option 1, which was to provide an additional allocation of £12,000 to both Y People and Relationship Scotland to enhance existing services in light of the COVID-19 pandemic and in anticipation of increased referral rates.

Jim Lyon left the meeting during discussion of this item.

19. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 10 February 2021 at 09:30.

20. Conclusion of Meeting

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