



Sally Shaw (Chief Officer)
Orkney Health and Care
01856873535 extension 2601
OHACfeedback@orkney.gov.uk

Orkney Integration Joint Board

Thursday, 9 April 2020, 14:30.

Virtual – 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 Steve Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Pat Robinson, Chief Finance Officer.
- Sally Shaw, Chief Officer.

Clerk

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

In Attendance

- Kay McKerrell, Solicitor, Orkney Islands Council.

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Welcome and Apologies

Councillor Rachael King welcomed everyone to this first virtual meeting of the Integration Joint Board (IJB) and reminded those attending of the protocols during a Microsoft Teams meeting previously circulated. Unfortunately, this was not a public meeting, although recording and/or audio-casting future meetings would be investigated, depending on the period during which Coronavirus restrictions remained in place.

As this meeting was restricted to voting members only, together with the Chief Officer, the Chief Finance Officer and the Solicitor, Orkney Islands Council, there were no apologies for absence.

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 (IJB) held on 11 December 2019.

Councillor Rachael King asked whether any members had any matters arising which were not contained in the log.

Davie Campbell suggested that, although it had been agreed that the Matters Arising Log be a standing item, there should still be a target date included in any item which was not cleared at the following meeting.

Councillor Steve Sankey asked whether a carer representative had been identified, following Sandra Deans' resignation. Sally Shaw advised that no progress had yet been made and she questioned whether now would be right time, given that many carers probably had additional caring responsibilities. As an interim solution, Crossroads could perhaps nominate an individual and, once the pandemic situation was over, consideration could be given to formalising an appointment.

Councillor Rachael King referred to the long list of workstreams and topics in the Progress Update and, referring to the paper on emergency governance arrangements to be discussed later, asked whether the IJB should formally note that delays would occur due to the ongoing Coronavirus pandemic. Sally Shaw suggested that consideration be given at that item on the prospect of the item/workstream progressing in the current circumstances or whether it could be delayed meantime.

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

4. Matters Arising

There had been previously circulated a log of matters arising from the previous meeting, together with notes.

With regard to the MSG report, Sally Shaw advised that she had taken this report to both partners' senior management teams, although the short-life working group to take forward the proposals had not yet been established. She did not expect any work to be progressed on this matter within the next three months, given the current situation.

With regard to Directions, Sally Shaw confirmed that a facilitated session with Christina Naismith had taken place on 11 March 2020. A template had not yet been developed, although a tracker system had been developed. As the review of the Integration Scheme had not yet commenced, Directions for all services had not been issued. Given the current situation with regard to the post of Chief Executive within both partner agencies, advice had been sought on the review of the Integration Scheme, noting the initial target date of July 2020 for completion. Although an appointment had been made to the post of Chief Executive for NHS Orkney, with the postholder due to commence on 1 July 2020, the position with Orkney Islands Council was still unclear. However, contacts at Scottish Government had advised that, although the review could commence, the status quo should continue meantime. Finally, an annual report on Directions would be submitted to the December meeting of the IJB.

Councillor Rachael King asked that, if the IJB accepted a delay in the review of the Integration Scheme, was this accepting a delay in issuing Directions. Sally Shaw advised that, since the Integration Scheme came into being in 2016, it was "business as usual". As the review progressed, Directions would be issued for any changes to existing services. Since she came in post, Sally Shaw had issued two Directions in relation to the Primary Care Improvement Plan and resources for primary care. She confirmed that there was currently no capacity within Orkney Health and Care (OHAC) to write Directions and further, even if Directions were issued, she questioned the capacity within the partner bodies to deliver on those Directions.

Councillor Steve Sankey advised that there may be occasion to issue a Direction, with one example being the budget in respect of unscheduled care, also known as set aside. He again referred to comments made by the external auditors that this required to be progressed for the incoming financial year.

The matters arising log was duly noted.

5. Progress Update

There had been previously circulated a summary report providing information on various topics, not included on the agenda for this meeting, to enable the IJB to seek assurance on progress, actions due and to consider corrective action, where required.

The paper circulated included updates on the following main topics:

- Strategic Plan Priorities:
 - Develop Hubs (and Localities).
 - Value and Support Unpaid Carers.
 - Mental Health.
- Support to Children and Young People.

- Improve Primary Care.
 - Pharmacy.
 - Community Link Workers.
 - Physiotherapy.
 - Mental Health.
 - Vaccine Transformation.
 - Community Treatment Rooms.
 - Urgent Care.
 - Patient Consultation.
 - Promote Self-Management.
 - Revisit Models of Care
- Strategies and Plans Updates:
 - Strategic Commissioning Implementation Plan.
 - Workforce Plan.
 - Joint Strategic Needs Assessment.
- Workstream Updates:
 - Programme Board Approach.
 - Community Led Support – Blethers, National Work and Next Steps.
- IJB Budget.
- Review of Integration Scheme
- Carer Representative.
- Children and Young People Inspection.
- Hamnavoe House.

Since the report was produced, the following additional updates were now available:

- Strategic Commissioning Implementation Plan (SCIP) – this was due to be submitted to the IJB at the June meeting. Development of the SCIP could not be put on hold and work on this document would continue.
- Programme Boards – these had stopped meantime, as there was no capacity to administer.
- Community Led Support – good progress was being made and the Progress Update report provided a lot of information. However, Blethers would not be held in the current climate.
- Hamnavoe House – successful migration to the new building had taken place during January 2020. However, as part of the mobilisation plan for Covid-19, the fourth wing had been opened the previous week, to be used as a step-down facility to assist with delayed discharges from the hospital. A full-time Physiotherapist and a full-time Occupational Therapist were on site. Good support was being received from the Stromness GP practice, who were attending to the medical needs of those in the step-down facility. Work was now progressing on the next stage of the Hospital at Home model.

Referring to the SCIP, David Drever asked what role the IJB would play, given the deadline of bringing a document to the June meeting. Sally Shaw advised that a draft was always due to be submitted to the June meeting. She would be capitalising on displaced employees, mainly administrative and project workers, to assist in developing the document. Further, if the IJB agreed to meet weekly to receive updates on Covid-19 related matters and other governance related matters, drafts could be circulated for comment and Board member input.

Councillor Steve Sankey advised that, although the pandemic had usurped progress with and priority of most of the workstreams, he was pleased to see the SCIP would be progressed. He referred to the walk through at Hamnavoe House afforded to the councillors in January and advised of the truly uplifting experience of what he considered a fantastic facility for residents, staff and visitors.

Sally Shaw concurred and, although the staff were uplifted, as always happened when frail and elderly residents were moved, particularly to a new facility, there had unfortunately been a number of deaths and she advised that the staff required to be supported through this, and particularly now with the Coronavirus pandemic adding to stress levels.

Councillor John Richards sought an update on the post of Chief Social Work Officer. Sally Shaw advised that, although an interim appointment had been made immediately following Scott Hunter's departure, that person was no longer in post. Although a shortlisting meeting had been held the previous week, the panel had decided to hold the recruitment process meantime, in an attempt to attract more candidates. In the interim period, Sharon-Ann Paget, who was suitably qualified, had stepped up to cover the post of Chief Social Work Officer. Following discussions with John Mundell, it was likely that the post would be advertised in June.

Davie Campbell advised that he was an observer on the Health and Social Care Group of the Third Sector Forum and, at a recent meeting, of 12 attendees, 8 were in senior management positions and they did not appear to know much, if anything, about Community Led Support (CLS). He further advised that he had offered to raise this with the IJB to see how staff could be re-engaged with the initiative.

Sally Shaw was both surprised and alarmed at the lack of awareness, particularly as, just previous to the Coronavirus pandemic, CLS was everywhere, with Blethers taking place at various locations across Orkney. She suggested that a member of the CLS team attend a future meeting. Davie Campbell thought the island groups seemed well aware of the concept, it was more the mainland representatives.

With regard to the Programme Board approach, Issy Grieve queried whether, in future, the progress update could include a number of bullet points on the issues being discussed at the various group meetings. Sally Shaw advised this would be possible and referred to some recent discussions including alliance commissioning with the Third Sector, for which a development session for the IJB would be arranged in due course, and Tech Enabled Care, for which she had made a bid for funding from the Scottish Government.

Kay McKerrell advised that, once the SCIP was agreed, the Board would be required to issue Directions and budget, therefore some work would be required on a template for Directions. Sally Shaw advised that the timescale was self-inflicted, although the SCIP would detail how services would be developed and funded. Also, there needed to be “business as usual” after the recovery phase of Covid-19, therefore, although the timescale was tight, every effort would be made to progress this matter.

Councillor Rachael King referred to the extended deadline for submission of comments on the draft Mental Health Strategy and ask what stage this was at. Sally Shaw advised that the deadline was extended to the end of February 2020, following which the service went straight into Covid-19 arrangements. She undertook to check with Lynda Bradford on the current position, although she envisaged that all comments received could be tabulated, with officer comment on whether any required amendments to the draft strategy. This work could be undertaken by the displaced administrative staff referred to earlier. Should this be possible, the revised draft could be tabled at the next Board meeting for consideration for adoption.

Regarding the Primary Care Improvement Plan, Councillor Rachael King queried how prioritisation by the GP Sub-committee influenced the content of the SCIP, as she did not want to see any areas clashing but rather an opportunity to link all these together. Sally Shaw advised that the appointment of a dedicated PCIP Project Manager, Iain Gray, will assist in this area and, although there may well be differences in opinion, and even between GP practices, where possible impact and influence should work in the majority of areas of transformation.

Sally Shaw referred to routine vaccination programmes, including shingles, flu and childhood immunisation programmes, and how these would operate under the current restrictions. For now the shingles vaccination programme had been suspended, with GP practices continuing the other programmes, where possible, although discussions were ongoing as to alternatives, should this not be possible.

In response to a query from Councillor Rachael King regarding developing hubs and localities, Sally Shaw advised that, as the CLS hub approach was rolled out, this should develop natural localities. The existing approach, whereby Orkney was divided into two localities – the islands and the mainland, with the mainland further sub-divided into east and west – was not working.

Sally Shaw confirmed that, although a small budget of £10,000 had initially been established, to assist with small pieces of equipment, small packages of care, advertising costs, and milk for teas at the Blethers, this would be picked up in due course and formalised.

The Board noted the contents of the Progress Update.

6. Audit Committee

There had been previously circulated the approved Minute of the Meeting of the Audit Committee held on 19 November 2019, to enable the Board to seek assurance on performance.

The Board noted the approved Minute of the Meeting of the Audit Committee held on 19 November 2019.

7. Financial Monitoring

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 31 January 2020, for scrutiny.

Pat Robinson advised that the position as at 31 January 2020 indicated an underspend of £1,158,000, with the projected forecast as at 31 March 2020 being an underspend of £29,000, based on current activity and spending patterns. The current underspend as at 31 January 2020 was largely due to profiling, with income and expenditure reconciled monthly, however due to staff shortages, this had not happened. The forecast as at 31 March 2020 was indicating a breakeven position with NHS services, and a potential £29,000 underspend on Council services. This was predicated on a pre-Covid-19 position. Further information in respect of significant projected year end variances was provided in section 5.4 of the covering report.

Davie Campbell referred to the table on page 6 of the covering report, which suggested that 50% of expenditure on support services and expenditure appeared to occur in February and March and queried whether this was correct. Pat Robinson advised that, with respect to Council accounting practices, apportioned costs, Orkney Health and Care's share of corporate services such as finance and legal services, were all due at the year end, with a budget of approximately £1,000,000 available to cover this.

In response to a query regarding Criminal Justice funding, Pat Robinson confirmed that this funding was ring-fenced, in that, should the total allocation from the Scottish Government not be spent, the difference could be returned to the Scottish Government. The present underspend related to a vacancy in the Service Manager post, however other management costs could be set against this at the year end.

Councillor John Richards queried whether Alcohol and Drug Partnership (ADP) funding was treated in the same way as Criminal Justice funding. Pat Robinson advised that this was not the case as ADP funding was not ring-fenced, although every attempt was made to use the full allocation. Additional funding of £80,000, which was ring-fenced, had been received the previous year, which required to be reported through a tracker system to the Scottish Government. Any unspent balance could be held in a reserve and used the following financial year. Sally Shaw further advised that an underspend in ADP funding had been used as a safety net for services following the closure of OACAS.

Councillor Steve Sankey sought further explanation around Dental funding. Pat Robinson's understanding was that the Board received a set allocation; if that was overspent, further funding was received, however, if there was an underspend, the allocation would be reduced in the following year.

Councillor Steve Sankey referred to the section on unplanned admissions and the external audit report which stated that "the IJB and health board should prioritise establishing revised processes for planning and performance management of set aside hospital functions and associated resources in 2019/20". Pat Robinson advised that, through the annual accounts, she had argued that, as the budget had never been formally delegated to the IJB, it was not possible for the Board to monitor spend. Although processes were to be progressed last year, this had not happened due to staff vacancies and changes in the Finance services of both partner bodies.

However, in February 2020, Pat Robinson had emailed the Head of Finance at NHS Orkney, advising that this process should now be progressed, as a matter of urgency, in order to address the concerns raised by the external auditors. The Head of Finance had responded that he required more understanding on the set-aside budget and what it meant, in reality. Further information had subsequently been provided. Pat Robinson reminded the Board that, over two years ago, she had queried with the Scottish Government whether set-aside applied to coterminous integration authorities and health boards and had been advised that it did, therefore the processes and procedures should be progressed, agreed and implemented.

Councillor Rachael King referred to the Recovery Plan and queried whether there would be a separate one covering Covid-19. Pat Robinson confirmed that, as the projected budget outturn was breakeven, there would be no requirement for a Recovery Plan. However, in relation to Covid-19, NHS finance directors were required to submit financial information to the Scottish Government every Thursday. This included financial information on social care, which Pat Robinson was providing to NHS Orkney for inclusion in its weekly return.

Sally Shaw advised that Scottish Government had signed off all Covid-19 acute mobilisation plans but was requesting further information in respect of others. She was anticipating further information in relation to this at the teleconference that took place daily at 17:00, which would include costs associated with Hamnavoe House, Home Care staffing, students and cohorts returning to the service and agency staff, including accommodation costs.

Kay McKerrell queried whether this information should be submitted to the Board. Sally Shaw did not think there was a requirement to do so, and also the limited timescale in which to provide that information to the Board. Pat Robinson sought clarification on whether it was appropriate for the Board to receive that information, given that the costs related to operational delivery and were being incurred by the partner bodies. However, if there was a legal requirement, she would request the information from NHS Orkney to then be able to advise the IJB. Kay McKerrell confirmed the IJB had operational oversight.

David Drever suggested that the vexed question of the operational versus strategic role of the IJB required further investigation and clarification, when time and resources allowed. He also referred to the ongoing issue with staffing and the eye-watering amount spent on locums and agency staff, particularly within NHS Orkney, due to the general lack of available personnel.

The Board noted the financial position of Orkney Health and Care, as at 31 January 2020, as follows:

- A current underspend of £1,158,000, mainly due to profiling issues.
- A forecast underspend position as at 31 March 2020, of £29,000, based on current activity and spending patterns.

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

There had been previously circulated the report 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.

Sally Shaw gave a detailed update on progress made since members were initially briefed following publication of the inspection report.

An Improvement Plan had been developed, with support from Christina Bichan and Alex Rodwell, from NHS Orkney and the Council respectively. However, since Covid-19, Christina Bichan had temporarily been reassigned as Hospital Manager, therefore support was now being received full-time from the Council's Change Team. Training had been given on the Agile project management approach, with daily 08:40 meetings to give brief updates on what was done yesterday and what was due that day. Weekly Friday meetings briefed progress on the Improvement Plan.

The team was also working with Neil Gentleman from the Care Inspectorate, with whom a good working relationship had been fostered. He had been very helpful to date, with a good approach, and was joining the Friday weekly meetings when possible.

With regard to scrutiny and inspection partners, it was recognised that, even with the added pressures of Covid-19, the culture within Children and Families had to change and improve. A resource plan had been developed, with some capacity for improvement, although it was possible that the team could be reduced by as much as 30% due to Covid-19 restrictions, however clients would still need to be seen.

An update had already been provided in relation to the post of Chief Social Work Officer (CSWO), and the interim internal appointment. An additional post at Service Manager level had been created, with Robert Newlands recently taking up post. Two additional Social Workers had also been recruited, together with an independent review officer/Chair. Since the previous interim CSWO had left, Robert Newlands had stepped in, picked up the Improvement Plan and was driving progress.

The Chief Officers Group had asked that a full review of the case files of all current looked after children, followed by aftercare through to 26, be undertaken. This had been severely impacted by Covid-19 restrictions, as the work could not be done remotely. However, CELSIS (the Centre for Excellence for Children's Care and Protection) had confirmed the previous day that two Child Protection workers would undertake the work, together with Neil Gentleman, on the same basis as the Care Inspectorate had during the inspection process.

Maureen Swannie had undertaken some work on the health of children coming into care – this had now passed to Maureen Berry. James Henry was working on updating Child Protection guidelines, with oversight and advice from James Cox who was leading on the Scottish Government's review of Child Protection guidelines.

With regard to Inter-Agency Referral Discussion (IRD), local protocols had been agreed with Police Scotland, as had Missing at Home protocols. Duty cover, both within and outwith normal hours, had been checked and clarified. A weekly meeting was held at 12:00 on Fridays, with a cross section of staff from OHAC, Education, Health and the Police, where every child on the register, as well as looked after children, were reviewed, using the RAG risk assessment, how services were interacting with that child and a general oversight. A concerning statistic, nationally, and not specifically locally, was that, since “lockdown” was initiated, the number of referrals had dropped significantly. Accordingly, consideration was being given on maximising the interface, with one obvious solution being to exploit social media.

Councillor Rachael King advised that, as health colleagues had received a similar update at their Board meeting held earlier in the day, she would welcome a repeat of any questions they had raised. Sally Shaw advised one relevant matter raised was in connection with increasing the interface – Education staff were still in contact with pupils therefore any issues could be raised through that source.

David Drever advised that there was a strong feeling at the NHS Board meeting that this was an issue which absolutely could not be put on hold or delayed and should be progressed rigorously as outlined by Sally Shaw.

Councillor Steve Sankey said that, on reading the inspection report published in February, the one issue coming through clearly was process. He was greatly reassured, not just from the ongoing and further work undertaken to ensure improvement/capacity, as outlined in section 6.3 of the covering report, but from the detail Sally Shaw had provided verbally at this meeting. He was also impressed at the lack of defensiveness in relation to the outcome of the inspection – everyone had taken hold of the issues and were working through these. Getting back to process, a lot of this was principally inter-agency and it was good to see all the various agencies now talking, although this was not to say this had happened sporadically in the past. He would look forward to having sight of the draft Improvement Plan.

Sally Shaw advised that Alex Rodwell would be issuing the latest draft very shortly and she would request that it was also shared with the IJB and confirmed that the main areas in that plan were process and policy guidance. When elected members were briefed on the inspection report, she was heartened that they immediately focussed on their corporate parenting role, on which she had taken a lead role.

With regard to governance, Tam Baillie had recently been appointed as interim Chair of the Public Protection Committee. He was highly experienced in child protection matters and was keen to maximise the interface with young people during the lockdown period and would look to see what other areas were doing in this regard. As he also chaired the Public Protection Committees in other island authority areas, this would prove invaluable for sharing and understanding common issues. Establishment of the Corporate Parenting Board would be progressed. A lot of support was being received from the inspection agencies. It was anticipated that the Improvement Plan would be finalised at the meeting of the Chief Officers Group on 15 April. CELSIS had also agreed to include Orkney in the national programme of Child Protection, which would be good for the local staff.

Councillor John Richards referred to his previous career in housing, whereby tenants would often raise matters with housing officers, as they knew they did not have the statutory powers of social workers. However, with little or no training, housing officers were often unsure what to do, if anything, with information they were provided with. Therefore, it was critical that appropriate training was provided to staff who interacted with the public, but who were not part of the social work service. When the Corporate Parenting Board was established, that group should also have access to significant case reviews so that, wherever possible, situations such as those never arose locally.

Issy Grieve advised that, over the last 10 years, Child Protection training was increasingly provided online, which meant the interface to contextualise was lost. Sally Shaw concurred this was a very important point, although there remained opportunities for both online and face-to-face training. Robert Newlands was keen to progress an open, psychologically safe learning space for staff as their health and wellbeing was as important as the children's. Peer challenge would be progressed, as well as returning to basics – care planning with good assessments and all in a language that the child could understand.

The Board noted:

8.1. That, between 26 August and 4 October 2019, the Care Inspectorate led a joint inspection of the Orkney Community Planning Partnership's services for children and young people in need of care and protection.

8.2. The inspection report, published on 25 February 2020, attached as Appendix 1 to the report circulated.

8.3. The content of the covering report, including the inspection outcome, together with ongoing and further work undertaken to ensure improvement/capacity.

8.4. That an Improvement Plan was being developed, with assistance for the Council's Change Team, in order to address the necessary improvements.

The Board **resolved**:

8.5. That progress on the Improvement Plan be presented to each formal meeting of the Board, as well as fortnightly to the update meetings of the Board during the Covid-19 pandemic.

9. Budget for 2020 to 2021

There had been previously circulated a report setting out the indicative budget for the IJB for financial year 2020 to 2021, for consideration.

Pat Robinson advised that the paper set out the funding allocations from NHS Orkney and Orkney Islands Council to the IJB. Despite the delay to the UK budget setting, the Scottish Government chose to publish its own draft budget ahead of the UK, based on announcements already made by the UK Government.

The economic outlook provided by the Scottish Fiscal Commission outlined economic growth in Scotland averaging 1% to 1.2% over the next five years. The anticipated low level of annual growth over a prolonged period would have a detrimental impact on future tax receipts, which in turn would have an adverse impact on future budget allocations across the public sector in Scotland.

Demand was rising significantly whilst, in real terms, available public spending was reducing. Over the next few years, the IJB would have to balance its ambitious commissioning decisions to support change alongside decommissioning decisions that enabled NHS Orkney and Orkney Islands Council to deliver year on year efficiencies to sustain priority services.

Section 6 of the covering report provided more detail on the budget proposals for 2020 to 2021 from both NHS Orkney and Orkney Islands Council. Annex 3 was a letter from the Interim Director of Health, Finance and Governance of the Scottish Government, setting out the draft budget for NHS Boards. Included in the narrative was an expectation that the settlement would support continued delivery of the core priorities set out in the Programme for Government, including the undernoted, as well as recognising the wider inflationary pressures faced by health boards and integration authorities:

- Waiting times improvement.
- Primary care.
- Investment in mental health.
- Delivering further progress in integration of health and social care.
- Continuing to shift the balance of spend towards community health services.

Key funding messages outlined in the letter from the Interim Director of Health, Finance and Governance included:

- In 2020/21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019/20 agreed recurring budgets.
- All Territorial Boards will receive a baseline uplift of 3%.
- Investment in the Primary Care Fund will increase by £50 million to £205 million in 2020/21 to support implementation of the GP contract and development of new models of primary care and included £10 million to be invested in GP premises.
- Funding of £89 million to be directed to a range of partners for investment to support mental health, and children and young people's mental health.
- Alcohol and drugs: an additional £12.7 million – expected investment by Boards and Integration Authorities to increase by 3% over and above 2019/20 agreed recurring budgets.

Annex 1 provided the indicative budget from NHS Orkney, based on a 3% uplift on the recurring budget, excluding Cash Limited Dental and Non-Cash Limited funding. Unfortunately, due to Covid-19, NHS Orkney was unable to approve its budget for 2020/21, therefore the IJB element had not yet been approved by the Board of NHS Orkney. This was also the case across a number of other boards in Scotland.

At a budget discussion meeting on 11 December 2019, the Interim Director of Finance was tasked to come up with a savings target for OHAC over the three-year period 2020 to 2023 – the assumptions were set out in section 6.1.9 of the covering report.

With regard to Orkney Islands Council, its overall budget was considered by the Policy and Resources Committee on 25 February 2020, and thereafter approved by Council on 3 March 2020. The budget uprating assumptions were set out in section 6.2.2 of the covering report.

The Scottish Government budget for 2020/21 confirmed that the Health portfolio would transfer a further £100 million for investment in social care and integration and continued support for school counselling services. Orkney's share of the £100 million amounted to £430,000.

For 2020/21, the Council accepted an efficiency savings target of £143,700 within social care, comprising the following:

- Removal of Lunch Club grants – £37,000.
- Removal of sleep-in payments at care homes – £77,000.
- Further Orkney Health and Care savings – £30,000.

Assumptions from Orkney Islands Council for the savings target to be met over the three-year period were detailed in section 6.2.6.1 of the covering report.

While the budget proposals were predicated on “business as usual”, it was now known this was not the case. It must be recognised that extraordinary costs in relation to Covid-19 were being, and would continue to be, incurred for the foreseeable future. For accounting purposes, those costs were being recorded separately on the assumption that costs would be covered by the partners and ultimately by Government.

A Local Mobilisation Plan Financial Return required to be submitted by 11:00 every Thursday to capture the actual and anticipated costs. The Interim Director of Finance at NHS Orkney was tasked with submitting this return for Orkney.

In summary, further guidance for Chief Finance Officers was expected the following week. A breakeven position was expected for financial year 2019/20, although the final year-end figures had not yet been confirmed. Both partners had indicated an overall savings target of £4.2 million over the next three years. Further work was required in respect of unscheduled care, particularly to satisfy the six key steps outlined in statutory guidance and replicated at section 5.12.2 of the covering report. This has been raised with the Interim Head of Finance, NHS Orkney, to be progressed within financial year 2020/21.

Councillor Steve Sankey again referred to advice from the external auditors regarding unscheduled care. The paper submitted suggested a budget based on “business as usual”, including savings targets. However, there was also the unscheduled care budget of approximately £8 million which was not included. He asked whether the IJB was content to carry on with this situation, or should a Direction be issued to NHS Orkney to include unscheduled care in the approved budget.

Pat Robinson confirmed that the external auditors had again raised this matter. Recently, vacancies in both Finance teams had meant little or no progress; however, she would appreciate support from the IJB to drive this forward now. She suggested a formal letter be sent to NHS Orkney.

David Drever was unhappy with a Direction being issued when there was no indication from NHS Orkney's Finance team that they were unwilling to act. He would prefer that discussions were held to tease out the reasons why this had not been advanced – a Direction should not be issued until there was a clear understanding as to what was behind the delay.

Pat Robinson advised that, following a meeting with the external auditors, she had written to the Interim Head of Finance on 27 February 2020, who had responded that a full discussion was required as he was not prepared to action change at this stage. Pat Robinson assumed this meant for financial year 2019 to 2020. David Drever thanked Pat Robinson and suggested the next stage was to arrange a meeting, as soon as possible, and to agree a clear timetable going forward, with outcomes attached.

Kay McKerrell suggested a formal letter would be beneficial, as the SCIP could not be drafted if the IJB was still uncertain as to the totality of its budget. She reminded the IJB that it was their job to assign budget and to tell the partners what it wanted. A timescale should be included, bearing in mind other timescales and the potential impact on other actions.

There was general agreement that Pat Robinson should draft a letter to NHS Orkney, for circulation to the IJB for assurance prior to issue, seeking progress with setting out a timescale for progressing delegation of the budget for unscheduled care to the IJB, in accordance with the six steps in the statutory guidance.

Regarding the remaining budget for 2020 to 2021, Councillor Rachael King queried whether the recommendation at 3.5, to approve the budget, was competent, given the number of outstanding issues, including set aside (unscheduled care) and that NHS Orkney had yet to formally approve its budget.

The Board thereafter noted:

9.1. That, although a break-even position for financial year 2019/20 was anticipated, year-end processes had not yet been completed, therefore that position was subject to change.

9.2. That a significant savings target, in the sum of £4.2 million, had been applied from both partners, to be achieved within the next three financial years.

9.3. The rapidly developing situation in response to the Covid-19 pandemic, which may result in a need to consider emergency budget measures as part of the additional costs this will incur.

9.4. That further work was required in respect of unscheduled care, in order to assess compliance with the six steps detailed at section 5.12.2 of the covering report.

The Board **resolved**:

9.5. To receive the budget for financial year 2020/21 as illustrated in section 9.1 of the report circulated, taking into consideration the significant savings target applied for financial years 2020/21 to 2022/23.

9.6. That the Chief Finance Officer should write to NHS Orkney seeking progress with setting out a timescale for progressing delegation of the budget for unscheduled care to the IJB, in accordance with the six steps in the statutory guidance.

10. Covid-19 Emergency Governance Arrangements

There had been previously circulated a report seeking approval to delegate authority to the Chief Officer to take decisions on matters normally reserved to the Board, for the foreseeable future, in light of the ongoing Covid-19 Pandemic.

Sally Shaw advised that, following advice to avoid unnecessary meetings and those in defined groups requiring to self-isolate, arrangements required to be put in place to enable the business of the IJB to carry on in circumstances where the IJB may not be able to meet. Sally Shaw confirmed that she was still trying to negotiate fully the terms of recommendation 3.2 of the report circulated, in relation to the reference to the Depute Chief Officer.

Kay McKerrell confirmed that reference to a Depute was contained in the Integration Scheme, whereby the Chief Executives of the Council and the Health Board, at the request of the Board and in conjunction with the Chief Officer where appropriate, were responsible for making cover arrangements through the appointment or nomination of a suitable interim replacement or depute in the event that the Chief Officer was absent or otherwise unable to carry out their functions.

Councillor Rachael King suggested that recommendation 3.2 be amended to incorporate assurance from both partner bodies during the current situation, which could be done through the proposed weekly meetings. Issy Grieve sought further assurance on that point, given that the corporate responsibility of the IJB was wider than just the six voting members.

Sally Shaw suggested that assurance could be shared with the wider IJB membership via email. At the NHS Orkney Board meeting held earlier, Gerry O'Brien had suggested that, pragmatically, any urgent matters which the Clinical and Care Governance Committee would normally consider, would be taken to the fortnightly Board meetings during the period of alternative arrangements. Given that Sally Shaw was the operational director responsible for clinical and care matters, she would find a way to do business seamlessly over the next period of weeks/months, to avoid any unnecessary duplication.

Although Councillor Rachael King accepted the pragmatic approach, elected members on the IJB did not sit on the health board, although they were members of the Clinical and Care Governance Committee. Also, the IJB was still functioning. Kay McKerrell confirmed that the Scottish Government had made it clear that they wanted integration authorities to step in and receive appropriate assurance. She suggested the IJB make a formal request and not relinquish any oversight.

Whilst appreciating Gerry O'Brien's pragmatic approach, Issy Grieve sought clarification on Clinical and Care Governance Committee matters, whereby the health board was only responsible for clinical governance – there remained a gap in the care governance, and would assurance come through the Council?

David Drever suggested the key person to provide assurance and oversee governance was the Chief Officer, as that person led the IJB, sat on the health board and attended OHAC Committee meetings. Through Sally Shaw, he was content that the IJB would receive the necessary assurance and any issues would be raised directly. This would also include the Third Sector and other parties, as members of the IJB.

Davie Campbell suggested that, like the health board, the IJB could meet more frequently, including the wider membership, rather than just the voting members, as proposed. Sally Shaw suggested that feedback be sought from the fortnightly health board meetings, as well as from social care. She would also liaise with Gail Anderson so that an update from the Third Sector could be included in the weekly updates.

The Board thereafter **resolved**:

10.1. To delegate authority to the Chief Officer to take decisions in respect of matters that would normally require Board approval, subject to consultation taking place with the Chair and Vice Chair of the Board.

10.2. That voting members of the Board should meet weekly with the Chief Officer, the Chief Finance Officer, and/or the Depute Chief Officer, if made available, during the emergency pandemic period.

10.3. That the weekly meeting, referred to above, should serve as a check-in during this fast moving situation and allow regular consideration of governance to business being conducted and decisions made.

10.4. That, should the Chair and/or Vice Chair be absent or otherwise unable to carry out their functions, Councillor Steve Sankey and Davie Campbell be appointed as deputies for the Chair and Vice Chair respectively.

10.5. That, as a result of constraints arising from the current pandemic, review of the Integration Scheme be paused meantime, although progress with developing the Improvement Plan arising from the joint inspection of services for children and young people in need of care and protection should continue at pace.

10.6. That, where required, the Chief Officer should arrange for publication of statutory reports as soon as reasonably practicable, bearing in mind timescales set in legislation and/or guidance.

11. Date and Time of Next Meeting

It was noted that the next meeting was scheduled to be held on Wednesday, 24 June 2020, at 09:30, in the Council Chamber, Council Offices, Kirkwall.

Sally Shaw advised that, unlike NHS Orkney, there was currently no capacity to hold fortnightly meetings of the IJB, therefore the next scheduled meeting should continue as planned, noting that a special meeting could be called at any time. The weekly update meetings would provide an opportunity to raise any urgent matters which might require a full board meeting for discussion and approval.

12. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 17:11.