



Stephen Brown (Chief Officer)

Orkney Health and Care

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Agenda Item: 4

Orkney Integration Joint Board

Wednesday, 13 December 2023, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

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

NHS Orkney:

Issy Grieve, Davie Campbell (via Microsoft Teams) and Meghan McEwen.

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
- Sharon-Ann Paget, Acting Chief Social Work Officer of the constituent local authority, Orkney Islands Council.
- Peter Thomas, Section 95 Officer of the Integration Joint Board.
- Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney (via Microsoft Teams).

Stakeholder Members:

- Janice Annal, Service User Representative (via Microsoft Teams).
- Morven Brooks, Third Sector Representative.
- Jim Love, Carer Representative.
- Danny Oliver, Staff-side Representative, Orkney Islands Council.

Clerk

- Hazel Flett, Service Manager (Governance), Orkney Islands Council.

In Attendance

Orkney Health and Social Care Partnership:

- Lynda Bradford, Head of Health and Community Care.
- Maureen Swannie, Head of Strategic Planning and Performance/Interim Head of Children, Families and Justice Services.
- Yvonne McPhee, Relief Service Manager (Social Care) (via Microsoft Teams).
- Matt Webb, Planning, Performance and Information Officer (Community Justice) (via Microsoft Teams).

Orkney Islands Council:

- Veer Bansal, Solicitor.

NHS Orkney:

- Anthony McDavitt, Director of Pharmacy (NHS Orkney and NHS Shetland) (via Microsoft Teams).
- Morven Gemmill, Associate Director – Allied Health Professions (via Microsoft Teams).

Blide Trust:

- Clare Allison, Service Director (for Items 1 to 7).

Not Present

Non-Voting Member:

Professional Adviser:

- Sam Thomas, Nurse representative, employed by NHS Orkney.

Stakeholder Members

- Ryan McLaughlin, Staff-side Representative, NHS Orkney.

Chair

- Councillor Rachael A King, Orkney Islands Orkney.

1. Apologies

The Chair welcomed everyone to the meeting and reminded members that the meeting was being broadcast live over the Internet on Orkney Islands Council's website. The meeting was also being recorded, with the recording publicly available for listening to after the meeting for 12 months.

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

- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.
- Maureen Firth, Head of Primary Care Services, Orkney Health and Social Care Partnership.

- Cathy Martin, Service Manager (Adult and Learning Disability Social Work) / Mental Health Officer, Orkney Health and Social Care Partnership.
- Rona Gold, Chair, Joint Clinical and Care Governance Committee.

The Chair advised that Item 10 on the agenda, Distress Brief Intervention – Project Evaluation, would be taken earlier than intimated on the agenda, in order to facilitate attendance by external officers. Item 5b (Chair’s Assurance Report) had been withdrawn.

2. Declarations of Interest

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

Dr Louise Wilson joined the meeting at this point.

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 30 August 2023, which was **approved** as a true.

4. Matters Arising

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

Stephen Brown confirmed that most actions were on track or had been completed. Regarding Action 3 from the previous meeting, Additional Investment, discussions between himself and the two Chief Executive remained ongoing in relation to the four posts currently on hold, which was related to the current financial situation, and he agreed to keep the Board updated.

Regarding matters outstanding from previous meeting, there was still no date set for a session on risk appetite (Action 3), although discussions were taking place with NHS Orkney colleagues as they had been considering risk in light of their current financial circumstances. Regarding Action 7 (one page document for OIC staff), Stephen Brown undertook to raise this at the next meeting of the Joint Staff Forum, following which himself and Danny Oliver would progress the matter.

In response to a query from Meghan McEwen regarding the timing of the Winter Plan being considered by the IJB, Stephen Brown confirmed that it was the only business for the October meeting which had subsequently been cancelled. However, when the Winter Plan was discussed by the Board of NHS Orkney and subsequently approved for submission to the Scottish Government, it was noted that the Winter Plan was an iterative document. The Winter Plan had subsequently been updated to include further information in relation to community based services, therefore presenting to the IJB now gave full oversight of delegated services.

Davie Campbell was surprised at the February 2024 target date for the Recovery Plan, given the current financial situation and he urged that the session on risk appetite be convened before the next meeting.

Stephen Brown advised that a session on risk appetite could be scheduled. Although approval of a Recovery Plan before now would have been preferable, a lot of actions were already in train recognising that there were just over three months until the end of the current financial year. Some actions related to a longer timeframe, including into 2024/25 and 2025/26. The finance report to be considered later in the meeting also had proposals for utilising reserves.

Davie Campbell asked for a full update on the recovery process at the next meeting and the Chair requested that the target dates be revised accordingly.

5. Joint Clinical and Care Governance Committee

There had been previously circulated the unapproved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 3 October 2023, to enable the Board to seek assurance. The Chair's Assurance Report had been withdrawn as it related to a later meeting of the Committee and would be resubmitted to the Board in due course.

As the Chair of the Joint Clinical and Care Governance Committee, Rona Gold, was unable to attend the meeting, Stephen Brown highlighted the following matters:

- Increased frequency of meetings, moving from quarterly to bimonthly.
- Terms of Reference for the Social Work and Social Care Governance Board.
- Care at Home Assurance Report – first six monthly assurance report submitted.

The Board took assurance.

6. Strategic Planning Group

There had been previously circulated the approved Minute of the Meeting of the Strategic Planning Group held on 12 September 2023, together with the unapproved Minute of the Meeting of the Strategic Planning Group held on 9 November 2023, to enable the Board to seek assurance.

Issy Grieve, Chair of the Strategic Planning Group, highlighted the following matters:

- 12 September 2023:
 - Systems Pressures and Budgeting of Services.
 - Paper from Jim Love, Carer Representative, on tackling inequalities and disadvantages in relation to day care services, including on the isles.
- 9 November 2023:
 - Pressure on Care Homes (leading to paper on this agenda).

Issy Grieve also advised that the Strategic Planning Group had also met the previous day, 12 December 2023, when early intervention and prevention had been discussed, further details of which would be considered at the next meeting of the IJB.

Meghan McEwen referred to the discussions around system pressures and budgeting and, while she acknowledged the matters were being highlighted and discussed, there did not appear to be any actions arising which were making a difference. She suggested a more rigorous approach to tracking actions and associated impacts, allocated to lead officers.

Stephen Brown advised that the discussion at the Strategic Planning Group relating to system pressures had resulted in the report later on the agenda regarding pressure on respite care within older people's residential services, with a key issue in that paper being the need to look again at the approach to assessment. It should be noted that a wing at Hamnavoe House was currently not being used, which was, in part, due to staffing and resourcing issues. He advised that a delivery tracker on the Strategic Plan would be submitted to the next meeting.

The Board took assurance.

7. Distress Brief Intervention – Project Evaluation

There had been previously circulated a report presenting an evaluation of the Distress Brief Intervention (DBI) pilot, for consideration and seeking approval for continuation.

Lynda Bradford advised of the two year pilot agreed in June 2021, funded by seed funding from the DBI Central Programme and topped up by the IJB. The DBI project had now been evaluated, with the results presented for consideration. A second tranche of funding from the DBI Central Programme, amounting to £50,000, had been received, and a request was made to utilise non-recurring IJB reserves to enable the project to continue for a further period of two years.

While members welcomed the paper which clearly indicated the success of the pilot project, there were concerns regarding continued reliance on grant funding, without any exit strategy or plans for the service to be considered "business as usual".

Clare Allison highlighted the following points from the Blide Trust's perspective, one of the two established mental health charities in the Orkney model, along with Penumbra:

- As the DBI was a national programme, all authorities would require alternative funding sources in order to continue, should the national allocations no longer be available.
- 25% of referrals through the DBI project had subsequently gone on to receive long term support from the Blide Trust, with the Trust now having 220 members, double the number than two years earlier.
- The Orkney model involved referrals from only Police Scotland and the Scottish Ambulance Service.
- Should referrals from other agencies be included, it was doubtful whether the Blide Trust would have the capacity to deal with the number of referrals within the timescales required, namely within 24 hours, and ongoing support for 14 days.
- The Blide Trust was one of few charities across Scotland with a base which could offer face-to-face support, rather than just telephone or video contact.
- The Blide Trust currently had five staff members trained in DBI.

Dr Kirsty Cole was concerned that referrals were limited to Police Scotland and the Scottish Ambulance Service, given the significant unmet need for adult mental health referrals within Primary Care. Clare Allison suggested that, should referrals be increased to include those from Primary Care, the Blide Trust would not have the capacity, given they were the only adult mental health charity in Orkney, unlike other areas throughout Scotland.

Meghan McEwen suggested that the draft Direction be amended to include planning for “business as usual” and that officers should, as soon as possible, work towards providing a sustainable service not reliant on external funding. Whilst Stephen Brown agreed with the concept, the Direction would be to the IJB itself, not to NHS Orkney and suggested that an action be included on the Matters Arising Log instead, with an initial target date of September 2024. This would include looking at the potential for increasing the number of referral pathways, as highlighted by Dr Kirsty Cole.

Morven Brooks referred to one of the posts recommended for additional investment, currently on hold, namely a post of Community Engagement Officer, which would assist with embedding community led support. Stephen Brown agreed and confirmed that discussions would continue with the Chief Executives, as there was certainly an opportunity for that post to pay for itself.

The Board thereafter noted:

7.1. An evaluation provided by the partners of the DBI project, attached as Appendix 1 to the report circulated, which indicated the following:

- The level of referrals now being regularly received of 10 per month.
- The testimony of local individuals who had used the service.

7.2. The DBI Infographic Reports of both Police Scotland and DBI, attached as Appendices 2 and 3 respectively, to the report circulated.

7.3. The DBI National Evaluation findings that might contribute to the prevention of suicide agenda, attached as Appendix 4 to the report circulated.

The Board **resolved**:

7.4. That the DBI project should continue for the next two years, funded from non-recurring IJB reserves of £27,316.

7.5. That the draft Direction to NHS Orkney, attached as Appendix 5 to the report circulated, be approved.

8. Revenue Expenditure Monitoring

There had been previously circulated a report presenting the revenue expenditure position as at 30 September 2023, for scrutiny.

Peter Thomas summarised the revenue expenditure position as at 30 September 2023 and the projected year end position, reiterated the savings targets and outlined proposals for utilising reserves.

Davie Campbell referred to the historic nature of the report, which was still reporting the financial position at a high level, therefore making it difficult for members to scrutinise effectively. The Matters Arising Log was also very soft in its narrative, with no reference to working with partners to find innovative solutions to address the significant overspend.

Meghan McEwen also had concerns that the tone of the report was no different, given the seriousness of the situation. Regarding lack of detail, as an example, she was not aware of what “disability” expenditure related to. She also queried whether benchmarking with other IJBs could be included to determine whether 6.9% over budget was similar to other boards, given references to national pressures, as well as local pressures.

Peter Thomas advised that the revenue expenditure monitoring report was not a substitute for, nor an attempt to avoid, a detailed Recovery Plan. Stephen Brown took on board the comments raised and would look to provide more detail in the financial report going forward, noting that it was not the appropriate report to address the many issues faced by the Board in order to return to a balanced budget position.

In response to a query from Dr Kirsty Cole, Peter Thomas confirmed that the Primary Care Improvement Fund (PCIF) was included in the figures reported, most likely under Primary Care. Dr Kirsty Cole welcomed the assurance from Stephen Brown that, going forward, the financial report would contain more detail, given that, currently the report suggested the overspend in Primary Care was due solely to Dental, when she was aware that PCIF was not being spent.

In response to a query from Danny Oliver regarding Direct Payments, Lynda Bradford advised that the increase in demand had arisen when there was limited availability of Care at Home. This was now starting to be readdressed, following successful recruitment to the post of Service Manager (Care at Home). Work continued with the Improvement Support team within the Council to look at innovative solutions to recruitment in the social care sector.

The Board noted:

8.1. The financial position of the Orkney Health and Social Care Partnership as at 30 September 2023 as follows:

- A current overspend of £1,424K on delegated services and an overspend of £1,209K on Set Aside services.
- A forecast year end overspend of £3,827K on delegated services and a forecasted overspend of £2,251K on Set Aside services, based on current activity and spending patterns.

8.2. That the NHS Orkney delegated services budget included a savings target of £2.4M for 2023/24, which had been carried forward from 2022/23, of which there was an estimation that £510K of savings could be achieved within the current financial year. This was based on NHS Orkney’s Financial Recovery Plan which assumed delivery of £465K of recurring savings against the £2.4M opening unachieved savings target, an additional £35K of recurring savings in 2023/24 plus a further £10K. Realisation of the £465K of recurring savings were not anticipated to be achieved for 2023/24 and would have a worsening effect on the outturn position.

8.3. The balance within the earmarked reserves/holding account of £2,684K, as detailed in Annex 1 to the report circulated.

8.4. The proposal that reserves be utilised in 2023/24 on a non-recurring basis to mitigate the additional spend incurred on the use of agency staff across community nursing and allied health professions, as follows:

- 2020/21 Local Improvement Fund (System Pressures) – £82,000.
- 2021/22 Nursing Support for Care Homes (System Pressures) – £60,186.
- 2022/23 Nursing Support for Care Homes (System Pressures) – £120,000.
- 2023/24 Nursing Support for Care Homes (System Pressures) – £90,000.
- Additional Band 2-4 Staffing – £75,197.
- Funding for Band 2-4 Staffing – £147,998.

The Board **resolved**:

8.5. That the proposed utilisation of reserves totalling £575,381, detailed at paragraph 8.4 above, be approved.

9. Orkney Community Justice Partnership – Annual Report

There had been previously circulated a report presenting the annual return for 2022/23 sent to Community Justice Scotland from the Orkney Community Justice Partnership, for scrutiny and awareness.

Matt Webb advised that the two appendices formed part of the legislative requirements to produce an annual report, with Appendix 1 following the template produced by the Scottish Government, the content of which was used by Community Justice Scotland to produce a national report. Appendix 2 was an executive summary providing more detail in respect of local developments, opportunities and outcomes.

Planned activity in the reporting year (2022/23) continued to be restricted due to the global pandemic. Furthermore, publication of a Community Justice Performance Framework would necessitate a review of the local outcomes improvement plan. Despite the challenges of the pandemic, Orkney offered a contribution to the seven National Outcomes, set by Community Justice Scotland, and efforts would be refocussed as part of the wider Orkney recovery going forward. Additional support had been sought from external service providers to enhance available support, some of which was free at point of access, to those most in need. This utilised on-line technology and benefits were derived by those who engaged.

In response to a query from Meghan McEwen regarding the capacity of Third Sector organisations to assist with employment, mental health and additional support, particularly with reference to the review of Service Level Agreements, and whether Community Justice could be included, Stephen Brown agreed and was mindful of the support provided by and through the Third Sector. There were significant links and synergies with Community Justice services, however that partnership had limited ability to commission services, therefore it worked very closely with the Alcohol and Drugs Partnership. The Community Justice Partnership was a very robust group which met quarterly, with significant and regular attendees across a number of agencies.

The Board noted:

9.1. The Community Justice Local Area Annual Return for 2022/23, attached as Appendix 1 to the report circulated.

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

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

- Development and publication of a new Outcome Improvement Plan for the area, reflecting the new strategy for Community Justice (2022) and associated framework measurement tools, taking account of gaps and needs identified during the Strategic Needs and Strengths Assessment (SNSA) process. This would see a shift in focus where partners would be encouraged to report on progress against SMART actions to ensure meaningful progress and continuous improvement was demonstrated.
- Engagement with and adoption of self-evaluation following release of guidance from the Care Inspectorate.
- Consider opportunities for commissioning of services under the banner of community justice in an effort to address identified gaps and needs.
- Following on from publication of the Diversion from Prosecution Review, by His Majesty's Inspectorate of Prosecution in Scotland, His Majesty's Inspectorate of Constabulary in Scotland, His Majesty's Inspectorate of Prisons for Scotland and the Care Inspectorate, to consider the 34 recommendations and explore additional prospects which could be exploited to avoid criminalising individuals where it was felt detrimental to do so.

9.4. The Executive Summary, attached as Appendix 2 to the report circulated, which summarised the Annual Return.

10. Joint Winter Plan

There had been previously circulated a report presenting the Joint Winter Plan and the Balfour Surge/Escalation Plan, for consideration and approval.

Stephen Brown advised that the Winter Plan had been approved by the Board of NHS Orkney earlier in the year and noted that winter started earlier every year, however it was clear that public holidays over the festive period required planning. More important, however, was the challenge across services in planning for surges all year round and not just during winter, therefore the joint winter plan and surge/escalation plan would stand the partnership in good stead going forward.

Since approval by the Board of NHS Orkney, Stephen Brown confirmed that the document, which was iterative, had been updated to include the community view, which now made the document more relevant to the Integration Joint Board, as reference was made to delegated services.

Meghan McEwen welcomed the iterative process but sought assurance that posts which were vacant should still have a named person against the action, otherwise ownership and visibility would be challenging for the workforce. Stephen Brown gave assurance that this would be the case, and cited the example of the post of Chief Social Work Officer which was currently vacant, although Sharon-Ann Paget was currently covering the duties on an acting basis, hence her name was against some actions.

Dr Kirsty Cole suggested that, in future years, while the document gave lots of detail on bed pressure within the hospital, there was no acknowledgement of the pressure on general practices. Stephen Brown agreed to take this on board.

The Board noted:

10.1. That NHS Orkney and the Integration Joint Board were required to produce a plan for the management of anticipated peaks in demand over the winter period and over the statutory holiday periods.

10.2. That delivery of the Winter Plan, attached as Appendix 1 to the report circulated, would require strong leadership and collaborative working across the health and social care system at the most senior level to provide a focus on the additional impacts, challenges and resources required to sustain safe, effective and person-centred care.

10.3. That the Winter Plan remained a live document subject to adaptation as circumstances demanded.

The Board **resolved:**

10.4. That the Joint Winter Plan and the Balfour Surge/Escalation Plan, attached as Appendices 1 and 2 respectively to the report circulated, be approved insofar as they applied to the Integration Joint Board.

11. Respite Pressures within Older People's Residential Services

There had been previously circulated a report setting out respite pressures within Adults and Older People's residential services, together with mitigation actions being undertaken, for awareness.

Lynda Bradford referred to the discussion at the Strategic Planning Group, also discussed earlier in the meeting, whereby it was agreed to escalate the pressures in the system, particularly in relation to respite care. The report circulated related specifically to care home respite beds, of which there were nine in total.

Data indicated there were considerable numbers waiting for both respite and residential care, which was inter-linked, in that people coming for respite were already at an advanced level of need, whereby residential care was also a consideration – a snapshot of the position was outlined in Appendix 2 to the report circulated.

The Board was well aware of Brinkies Wing at Hamnavoe House which currently had no revenue budget and, even if revenue was available to open that wing, the service would struggle to staff it.

Once the Kirkwall care facility was complete, all three residential homes on the mainland would have the capacity within their sites for very sheltered housing which could potentially give rise to wraparound care.

Meghan McEwen stated that the report isolated wider pressures, in that it only referred to pressures in respite and suggested that, unless the whole system was reviewed, only short-term solutions would be put in place. However, given that pressure on respite care had been highlighted, she queried what response was required.

Lynda Bradford stated that the Service Managers for Adult and Learning Disability Social Work, Community Care and Social Care, together with herself, had all contributed to NHS Orkney's new policy which would replace the Delayed Discharge policy. The service wished that home was the default option rather than straight to residential care, however if the assessment clearly showed that was not viable, then residential care was the only option. One option to consider in releasing pressure was to review eligibility criteria, which a number of partnerships had undertaken and subsequently increased the eligibility levels.

Stephen Brown disagreed with the assertion that the report isolated wider pressures, in that the report clearly referenced pathways and brought visibility to part of the system which was impacting on others. As for what change was required, an impact required to be made into the current staffing vacancies, including further discussion around Brinkies Wing at Hamnavoe House. However that would not be resolved in the short term. Discussions should also be held with housing colleagues regarding extra care housing.

In response to a query from Davie Campbell regarding an engagement strategy with stakeholders beyond statutory partners, Yvonne McPhee and Morven Gemmill highlighted a number of different stakeholders and engagement strategies, including families, the Care Inspectorate, Orkney Matters and the GIRFE project.

In response to various queries from Danny Oliver, Meghan McEwen and Councillor Ivan Taylor, Stephen Brown confirmed that an awareness paper would be submitted to the Board by April 2024, including ongoing workstreams, staffing, potential long-term solutions and reviewing the eligibility criteria. It was agreed this be added to the Matters Arising Log.

The Board noted:

11.1. The current pressures regarding respite provision.

11.2. The work identified to refocus the position of home being the default place for individuals following a hospital inpatient episode.

11.3. The performance landscape of onsite respite provision for 2022/23 and for the first six-month period of 2023/24.

12. Date and Time of Next Meeting

Meghan McEwen referred to an email she had sent recently regarding the scheduling of meetings, particularly this week where meetings involving the various parties were back-to-back. She suggested a meeting map to ensure a healthy balance which respected people's time.

Issy Grieve reiterated the concerns regarding scheduling of meetings, including the demands on officers and encouraged forward planning.

Councillor Rachael King advised there were challenges in setting meeting dates for both partners however she noted the point that, going forward, a better spread be considered.

Stephen Brown absolutely took on board the challenges highlighted and made a commitment to better aligning the various meetings, which would require representatives from both the Council and NHS Orkney to liaise. However, if the proposed dates for 2024 were not approved, this would prove a real challenge in bringing the Integration Joint Board together.

While having empathy for those involved in setting meetings, Meghan McEwen said that, with NHS Non-Executive Directors being paid for eight hours per week, there was no guarantee that the flexibility and commitment shown by existing appointees would continue into the future.

Councillor Rachael King echoed the points made and stated that the time and commitment given to the Integration Joint Board by everyone, not just NHS representatives, was very much appreciated. However, she suggested that the dates for 2024 be agreed meantime, noting that those officers responsible for scheduling meetings would take on board the concerns raised.

The Board **approved** the following dates for 2024 (all meetings scheduled for 09:30):

- 21 February 2024.
- 24 April 2024.
- 19 June 2024.
- 4 September 2024.
- 6 November 2024.

13. Exclusion of Public

On the motion of Councillor Rachael King, seconded by Issy Grieve, the Board agreed that the public be excluded from the remainder of the meeting as the business to be considered involved the disclosure of exempt information of the classes described in the relevant paragraphs of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

14. Advocacy Services

Under section 50A(4) of the Local Government (Scotland) Act 1973, the public had been excluded from the meeting for this item on the grounds that it involved the disclosure of exempt information as defined in paragraphs 6 and 8 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report presenting proposals for the provision of advocacy services, for consideration and approval.

The Board **resolved** to direct Orkney Islands Council to commission independent advocacy services.

The above constitutes the summary of the Minute in terms of the Local Government (Scotland) Act 1973 section 50C(2) as amended by the Local Government (Access to Information) Act 1985.

15. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 11:37.