



Caroline Sinclair

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Orkney Integration Joint Board

Wednesday, 28 June 2017, 09:15.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present:

Voting Members:

- Jeremy Richardson (Chair), NHS Orkney.
- David Drever, NHS Orkney.
- Rognvald Johnson, NHS Orkney (proxy).
- Councillor Rachael A King (Vice Chair), Orkney Islands Council.
- Councillor John T Richards, Orkney Islands Council.
- Councillor Stephen Sankey, Orkney Islands Council.
- Gillian Skuse, NHS Orkney.

Non-Voting Members:

Professional Advisers:

- Jon Humphreys, Interim Chief Social Work Officer, Orkney Islands Council.
- Pat Robinson, Chief Finance Officer.
- Caroline Sinclair, Chief Officer.
- Judith Sinclair, proxy for Registered Nurse.
- Dr Louise Wilson, Registered Medical Practitioner not a GP.

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Janice Annal, Service User Representative.
- Sally George, Staff Representative, Orkney Islands Council.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- Olivia Tait, Acting Carer Representative.

Clerk:

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

In Attendance:

- Maureen Firth, Head of Primary Care Services, Orkney Health and Care (for Items 1 to 21).
- Karen Bevilacqua, Solicitor, Orkney Islands Council.
- Shaun Hourston-Wells, Project Manager, Orkney Health and Care.
- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services, Orkney Health and Care (for Items 1 to 21).

Observing:

- Kirsty Groundwater, Press Officer, Orkney Islands Council (for Items 1 to 15).

Chair:

- Jeremy Richardson in the Chair.

1. Introduction and Apologies

Jeremy Richardson welcomed everyone to this meeting of the Integration Joint Board (the Board), being the first meeting since new appointments were made following the local government elections in May 2017.

He advised that, from the next meeting, Sandra Deans would be the new Carers' representative, replacing Olivia Tait. He extended the Board's thanks to Olivia Tait for her attendance.

Orkney Islands Council had appointed two new voting members, namely Councillor Rachael A King, who had also been appointed Vice Chair of the Board, and Councillor Stephen Sankey.

For NHS Orkney, this would be Gillian Skuse's last meeting, being replaced by Rognvald Johnson from 1 September 2017, who was shadowing at this meeting, ahead of his appointment. Judith Sinclair was attending in the role of Registered Nurse, replacing Elaine Peace, who had retired. Dr Kirsty Cole would be replacing Dr Andy Trevett, as the Registered GP representative, but was unable to attend this meeting.

Jeremy Richardson then asked for apologies. Apologies for absence were intimated on behalf of Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

2. Declarations of Interest

Gillian Skuse declared an interest in items which referred to home care, as the organisation which she worked for was currently going through the registration process to provide home care services throughout Orkney.

3. Minutes of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 10 March 2017.

The minute was **approved** as a true record, on the motion of Gillian Skuse, seconded by Councillor John T Richards.

4. Matters Arising

4.1. Treatment of VAT

Jeremy Richardson enquired whether there was any clarity on the treatment of VAT. Pat Robinson confirmed that, with respect to joint posts, when one constituent authority was recharging the other, VAT required to be charged. Orkney Islands Council can reclaim VAT, NHS Orkney cannot. The post of Chief Officer is immune from VAT, however the post of Chief Financial Officer is not.

In response to a query from Fiona MacKellar, Pat Robinson confirmed that the treatment of VAT was the same for all integration authorities, and not just locally.

4.2. Market Facilitation Statement – Meet the Buyer Events

Jeremy Richardson asked what progress had been made with arranging Meet the Buyer events. Caroline Sinclair confirmed that planning had commenced and it was proposed to co-ordinate procurement events with other Council services as well as having dedicated sessions for Orkney Health and Care services.

4.3. Orkney Islands Council – Change Programme – Change Review – Outsourcing and Partnerships

Jeremy Richardson asked what progress had been made with regard to investigating alternative delivery models. Caroline Sinclair confirmed that this would be discussed in more detail at later agenda items.

5. Action Log

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

With regard to Action 1, ICT, Information Sharing and Data Handling, Caroline Sinclair advised that there was nothing further to report at this meeting. Action 2, Readiness for Integration Tool, could be removed and Action 3, Treatment of VAT, had been considered at Matters Arising above.

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

6. Risk Register

There had been previously circulated the Risk Register, updated as at June 2017, for consideration, scrutiny and approval.

Caroline Sinclair advised that the Risk Register had been updated as a result of the second risk workshop held on 2 March 2017. It was considered that, rather than revise individual risks at this meeting, another workshop would be arranged.

Councillor Stephen Sankey referred to Risk 6, namely that Board members do not understand their role and therefore cannot fulfil it properly, and welcomed development of a “buddy” system, particularly in his case so that he could gain a better understanding of the NHS Orkney role. Rognvald Johnson concurred and asked that he be included in any future induction events, given that he would become a substantive voting member from 1 September 2017.

Jeremy Richardson referred to Risk 8, namely that NHS Orkney and Orkney Islands Council continue with their strategic planning and decision-making processes, without recognising the legitimate strategic decision-making role of the Integration Joint Board, resulting in ambiguity, unclear decisions and bringing the Board into disrepute, and suggested that this was still happening, although he understood the need for the three organisations to come together. Caroline Sinclair stated that this issue had been raised during the joint inspection of older people’s services. She also referred to the discussions held the previous day between officers of both authorities and the voting members of the Board, to see how this could be progressed, with a desire to make it work.

Fiona MacKellar referred to Risk 12, relating to workforce planning, and advised that a consultation exercise had been launched for nursing and midwifery staff, with an event held the previous week which had been well attended. Judith Sinclair confirmed that the consultation was open until 5 July 2017.

The Board agreed that the content of the Risk Register be noted, with potential revisions to be further considered at a risk management workshop to be arranged.

7. Workstream Updates

There had been previously circulated an update on the summary of outputs from the various workstreams for consideration.

Caroline Sinclair provided an update on those items not marked green or complete.

With regard to the governance workstream, output 1, item 1, Voting and Non-Voting members, Caroline Sinclair confirmed that, as advised at the beginning of the meeting, a carer representative had been identified, as well as a Registered GP representative.

With regard to the finance workstream, slow progress had been made with regard to both locality budgets and the “set aside” budget. Caroline Sinclair advised that representatives from the Scottish Government’s Integration Policy Team would be in Orkney on 6 and 7 July 2017 and it was hoped that discussions would provide a clearer steer on what was expected locally.

Dr Louise Wilson queried the production of a recovery plan, as it was not included on the agenda for discussion at this meeting. Pat Robinson advised that a robust recovery plan was required going forward, with Caroline Sinclair confirming that officers were continuing to work on the detail of the recovery plan.

Jeremy Richardson asked for an explanation of what the “set aside” budget comprised. Pat Robinson confirmed that it related to spend on unplanned admissions to hospitals and that the Board did not control the budget. NHS Orkney colleagues were of the view that this related to large integration authorities covering more than one health board area and therefore was not appropriate in the local context. External auditors were also awaiting further guidance from the Scottish Government in this respect, as this element was not included in the draft annual accounts for the Board for the year ended 31 March 2017.

8. Appointments to Committees

There had been previously circulated a report seeking appointments to the Audit Committee and the Clinical and Care Governance Committee.

Caroline Sinclair advised that the Audit Committee comprised six members in total, with four being voting members of the Board, excluding the Chair and Vice Chair, and two other members of the Board. Consequently, Councillors John Richards and Stephen Sankey, together with David Drever and Gillian Skuse (Rognvald Johnson with effect from 1 September 2017) would serve on the Audit Committee. Currently, the two other members were Jon Humphreys, as Chief Social Work Officer, and Frances Troup. Jon Humphreys confirmed that, subject to suitability of post due to imminent recruitment, he was willing to continue to serve on the Audit Committee. It was also agreed that Frances Troup be reappointed, subject to confirmation.

With regard to the Clinical and Care Governance Committee, Caroline Sinclair advised that membership currently included four councillors, comprising the three voting members of the Board, together with one of the proxies (Councillors Stephen Clackson, David Dawson or Kevin Woodbridge), with attendance by the one proxy depending on availability.

Councillor John T Richards suggested that attendance by the proxies might be more appropriate, in order for them to gain more understanding, and asked whether two proxies could take two of the four councillor places. As the new chair of the Clinical and Care Governance Committee, Gillian Skuse welcomed this suggestion to widen the range of Council representation, given previous criticisms. The terms of reference for the Clinical and Care Governance Committee would require to be reviewed in any case and this was the opportunity to think differently, given that this would be the most important committee for health and social care going forward.

Jeremy Richardson suggested that the four councillor representatives be appointed, as proposed, and that the Clinical and Care Governance Committee be requested to review its terms of reference, and report back to the next meeting of the Board.

9. Chief Social Work Officer’s Annual Report

There had been previously circulated a report presenting the Chief Social Work Officer’s Annual Report for 2016 to 2017.

Jon Humphreys advised that the Chief Social Work Officer's annual report followed a template produced as a result of guidance issued by the Scottish Government in 2009 and updated in July 2016, in order to produce consistent Chief Social Work Officer reports from all 32 Scottish local authorities, which then informed the national overview report prepared by the Chief Social Work Adviser to the Scottish Government.

Jon Humphreys referred to the Audit Scotland report, *Social Work in Scotland*, published in September 2016, which was very blunt with its key messages. One major piece of work undertaken during the period of the Chief Social Work Officer's annual report was the joint inspection of services for older people in Orkney. The outcome provided assurance in respect of service delivery, despite the gradings which, at first sight, might appear mediocre, but were higher than the majority of other similar inspections elsewhere. In order to sustain links with national and regional bodies, pressure was being placed on the Scottish Government and other organisations to co-operate and arrange meetings in venues with video or tele conferencing facilities. Some progress had been made with Social Work Scotland, who had commenced filming meetings, with the recordings then made available for viewing at a later date.

Councillor John T Richards concurred with concerns around the grading terminology in that "adequate" did not instil much confidence for staff, whereas "satisfactory" might be perceived as a more helpful and motivational term.

Councillor Stephen Sankey referred to the worrying statistics in the workforce section, whereby 50% of qualified social work staff/managers were approaching traditional retirement date, with a quarter of those in key managerial posts.

Rognvald Johnson referred to the increased regulation for staff and particularly those in residential childcare services requiring to attain a degree level qualification. Jon Humphreys confirmed that no further indication had been received from the Scottish Government as to when this initiative would be rolled out.

Fiona MacKellar asked that podiatry be added to the list of services covered in section 2.2 of the Chief Social Work Officer's Annual Report for 2016 to 2017.

Sally George advised that, although some trainee posts had been created, further investment in the workforce was required, particularly in respect of Mental Health Officers where staffing levels were critical and, in some instances, it was proving very difficult to cover statutory frontline service requirements.

Jon Humphreys referred to the budget figures quoted in section 4 of the Chief Social Work Officer's Annual Report for 2016 to 2017 and advised that these were draft figures accurate at the time of writing. Since then, Orkney Islands Council had confirmed year end figures, with the overspend of £78,000 in respect of social care amended to a break even budget position.

Jeremy Richardson advised that he did not realise the extent of the recruitment and retention difficulties within social care, which were very similar to those currently being experienced within NHS Orkney, and mostly within services covered by the Board. Jon Humphreys confirmed that officers were addressing the workforce issues as best they could within existing resources, although this was proving extremely challenging.

In response to a question from Jeremy Richardson on how many service users who opted for Self-Directed Support then bought services from the local authority, Caroline Sinclair confirmed that none of them did.

Gillian Skuse commented that the Chief Social Work Officer's Annual Report for 2016 to 2017, although not pleasant in the messages it conveyed, provided an opportunity to look at how health and social care services could be delivered and certainly focussed minds.

The Board noted the ninth Annual Report of the Chief Social Work Officer.

10. Draft Annual Accounts

There had been previously circulated a report presenting the draft annual accounts for the year ended 31 March 2017, in order to demonstrate proper stewardship of the Board's financial affairs.

Pat Robinson advised that this was the first full set of accounts for the Board, therefore there continued to be some presentational changes, as the external auditors were also struggling to know what information and level of detail should be included. She confirmed that, in December 2016, the Head of Finance, Orkney Islands Council, and the Director of Finance, NHS Orkney, had been advised that the Board would not achieve a breakeven budget position as at 31 March 2017. The table on page 7 of the draft accounts confirmed this position, with NHS Orkney showing a total overspend of £180,000. The main pressures, which were detailed on pages 8 and 9, were services for people with complex disabilities, home care, self-directed support and primary care. The social care budget had been supplemented by a credit in relation to bad debt provision, thereby reducing the potential overspend to a breakeven position. However, more robust systems were now in place with the Council's legal team, and this position would not occur in future years.

External and internal audit services to the Board would remain as Audit Scotland and Orkney Islands Council respectively for the next two years, thereby providing consistency. Limited progress had been made on a recovery plan, which was now considered a high priority. The comprehensive income and expenditure statement referred to accrued holiday entitlement for the posts of Chief Officer and Chief Financial Officer, resulting in a negative balance sheet. As the sums involved were not material, Pat Robinson continued to discuss with the external auditors the potential for these to be removed.

In the absence of an Audit Committee, the Board noted the unaudited annual governance statement and accounts for the year ended 31 March 2017.

11. Performance Monitoring

There had been previously circulated a report which set out performance within Orkney Health and Care for the period 2016 to 2017 for scrutiny.

Caroline Sinclair advised that, in terms of legislation, the Board was required to prepare a performance report for each reporting year, to be published before the expiry of four months from the end of the reporting period, and to provide a copy of it to each of the constituent authorities. The performance report circulated was presented to the Board of NHS Orkney on 26 June 2017 and would be submitted to Orkney Islands Council at its General Meeting scheduled for 4 July 2017.

The performance report contained some high level information in the introductory section, with Appendix 1 providing detail on the 58 high level actions in the Strategic Commissioning Plan and Appendix 2 reporting on the 47 national performance standards.

With regard to Appendix 1, Caroline Sinclair advised that the most significant Red actions related to carers' assessments and psychological therapy services. With regard to carers' assessments, the carer strategy group had been refreshed, with a remit to look at new legislation and pick up on any work currently under delivered. Additional funding had been made available to recruit appropriate resources to deliver psychological therapy services.

Caroline Sinclair summarised by saying that, although an ambitious programme had been set for the year, the work was largely complete with a small element of slippage and the staff had to be commended for their efforts. In future years, the performance report would be made more accessible and an "easier read".

Gillian Skuse referred to the Alcohol Brief Intervention indicator and advised that this matter was continually discussed at various forums, where it was suggested that it was believed the interventions were being undertaken across a range of settings but not reported. Caroline Sinclair confirmed this was a strand of work which required to be progressed and discussions were ongoing as to how this could be achieved. It was agreed that this be added to the Action Log and an update provided to the next meeting.

Fiona MacKellar further confirmed that other staff groups were delivering the intervention but not all of the delivery was documented or recorded – this not only related to alcohol interventions but also smoking cessation.

Janice Annal sought an update on progress in offering carers' assessments. Discussion followed on various aspects and how and when the assessments were offered, although new legislation may well result in yet further burdens on social work staff should all carers take up the opportunity of an assessment, particularly as some people had more than one carer. Janice Annal suggested that, from the various responses, a lot more assessments were taking place than people were aware of and would this lead to raising expectations and were there sufficient resources to meet the demand. Caroline Sinclair agreed and explained that it was yet another example of legislation which placed an unacceptable level of additional work on a small island authority with no additional resource, and was being considered as part of the Our Islands Our Future campaign as a potential area for island proofing. Olivia Tait advised that she had also expressed her concerns to Councillor James W Stockan, Leader, Orkney Islands Council, of the barriers being placed by Scottish Government which may well result in carers on the isles being left with no respite care.

The Board noted the performance report for 2016 to 2017.

12. Financial Monitoring

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 31 March 2017.

Pat Robinson advised that the revenue and expenditure monitoring report set out the breakdown of spend within the individual services, following on from the draft annual accounts. For the benefit of new members, she undertook to recirculate the further breakdown of the service areas so that members were aware of what service fell within each category. With regard to financial year 2017 to 2018, the baseline budget for Home Care had been increased by £156,000 to aid some of the existing pressures. It was now essential that a recovery plan be developed.

In response to various questions regarding development and content of the recovery plan, Pat Robinson confirmed that officers would populate some information prior to the Board considering ways in which to reduce costs. The Board was required to balance its budget by the year end, with any in year overspend being managed. If a balanced budget could not be achieved, the option remained for the two constituent authorities to make additional payments. This could all be documented in the recovery plan.

In response to a question from Councillor John T Richards regarding mental health funding, Caroline Sinclair confirmed that a bid for external funding had been made, with the resultant grant being higher than the bid. A mental health post was currently out to advert.

Councillor Stephen Sankey suggested that support costs and overheads should be the first option for reducing costs or achieving savings as, locally, this equated to 67% of overall spend. He queried how this compared nationally and also what constituted support costs and overheads. Pat Robinson confirmed that the detailed breakdown would be included in the briefing she had offered to recirculate earlier, but support costs and overheads essentially comprised management and training, staff costs and system costs, such as the Paris system. Once the annual accounts for all integration authorities were published, she could attempt to make a comparison. Caroline Sinclair urged caution as this would not be comparing like with like, particularly as the management structure was less than half the size it was pre-integration. Jeremy Richardson also referred to diseconomies of scale, whereby integration authorities, regardless of size, had to provide a certain level of service.

David Drever referred to the overspend within disability services and whether the budget allocation would be addressed in future years. Caroline Sinclair confirmed that debate was ongoing with another area on ownership of costs, and that legal teams were in discussion.

Fiona MacKellar referred to the ongoing overspend position within Allied Health Professionals and advised that budget pressures would continue, due to the ageing population.

Jeremy Richardson drew members' attention to the conclusion of the report, which stated that demand was rising significantly whilst in real terms, available public spending was reducing. Over the next few years the Board will require to balance its ambitious commissioning decisions to support change alongside a decommissioning strategy that enabled NHS Orkney and Orkney Islands Council to deliver year on year efficiencies to sustain priority services.

The Board noted:

12.1. The revenue expenditure report, attached as Appendix 1 to the report circulated.

12.2. The financial position of Orkney Health and Care, as at 31 March 2017, indicating an overall overspend of £180,000.

13. Risk Management Strategy

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

Caroline Sinclair advised that, being a legal entity in its own right, the Integration Joint Board was required to have a Risk Management Strategy, which ensured that processes were in place to identify significant risks to its corporate objectives. The Board had approved its first Risk Management Strategy in June 2016 and a commitment was given to refresh and update it following one year of operation. There were no major changes proposed in the refreshed strategy.

The Board **approved** the updated Risk Management Strategy, attached as Appendix 1 to the report circulated.

14. Alcohol and Drugs Partnership

There had been previously circulated a report presenting the proposed operational framework and scheme of delegation to be adopted in respect of the Alcohol and Drugs Partnership for consideration and approval.

Caroline Sinclair reminded the Board that funding in relation to the Alcohol and Drugs Partnership was now delegated to the Board. The Alcohol and Drugs Partnership, although keen to comply with the new governance arrangements, had operated effectively for a number of years and wished to see that continue. The draft operational framework and scheme of delegation had been widely consulted on and was commended to the Board, with a review after one year.

Gail Anderson, as current Chair of the Alcohol and Drugs Partnership, confirmed that the document had been considered at length and, although the group were in general agreement, this was not unanimous, therefore she welcomed the review after one year.

There was some concern regarding membership and role of the two proposed groups – the strategy group and the commissioning group – but it was confirmed that no one sitting on the commissioning group would be in direct receipt of funding from the Alcohol and Drugs Partnership.

The Board **approved** the Orkney Alcohol and Drugs Partnership's Operational Framework and Scheme of Delegation for 2017 to 2018, attached as Appendix 1 to the report circulated.

Janice Annal left the meeting during discussion of this item and rejoined the meeting at this point.

15. Eligibility Criteria for Adult Services

There had been previously circulated a report setting out proposals in respect of a process to be endorsed whereby amended eligibility criteria for adult social care services be included in Orkney Islands Council's budget setting process for 2018 to 2019 onwards.

Jon Humphreys distributed a table illustrating eligibility criteria across other Scottish local authorities for information and advised that, locally, eligibility criteria was last reviewed in 2015, resulting in the table outlined on page 2 of the report circulated. Jon Humphreys advised that, over the coming months, Orkney Islands Council would be considering its budget setting process. With regard to social care, revisions to eligibility criteria offered the most transparent means to limit budgets, although the complexity in the system should be noted. While the role of the Board was to set the strategic direction for the services delegated to it, it could only commission services within the budget allocated to it. NHS Orkney and Orkney Islands Council continued to have a need to understand what different levels of budget allocation would translate into in terms of service delivery, in order to inform their financial planning processes, including decisions as to how much budget to allocate to the Board.

Jon Humphreys explained that the proposal at this stage was to approve, in principle, amended eligibility criteria, which, if approved, would allow Orkney Islands Council to undertake its budget setting process. This was the first attempt to harmonise and take account of the different responsibilities of the two organisations in the process.

Jon Humphreys advised that, as it was known that the majority of people delivering care were women, this should have been taken into consideration in section 2 of the Equality Impact Assessment circulated with the report.

David Drever appreciated the "in principle" proposal but queried what material difference it would make to service users. Jon Humphreys explained that the detail would be considered by the budget setting process, however, in effect, from the table circulated, those service users currently assessed as moderate need would no longer receive a service but be signposted elsewhere. Sally George advised that, put in context, this would equate to moderate with qualification as, over the previous 12 months, the service had rarely assessed anyone as moderate. The "with qualification" category was used to avoid the service user progressing to critical level. She suggested this would not produce much savings and was just a paper exercise.

Dr Louise Wilson advised that, regardless of any budget process, the Board received its funding and could still direct that those service users assessed as moderate continue to receive services, therefore this was just a circular exercise. Jon Humphreys again referred to the complex relationship between Orkney Islands Council, NHS Orkney and the Board in the budget setting process and reiterated that the proposal was an attempt to acknowledge the responsibilities of those organisations as well as allowing the discharge of decision-making processes.

Councillor Rachael A King urged caution in agreeing with the proposed recommendation, given that very difficult decisions would require to be made in the near future. She underlined the recommendation from the joint inspection of health and social care services for older people, whereby it was suggested that, given the increasing demand for services, the partnership should review its eligibility criteria and resource allocation processes to ensure the most effective arrangements were in place to manage and prioritise its services and resources. Orkney Islands Council would be considering a multitude of savings, social care being only one element. Looking at the 10 national health and wellbeing outcomes listed in the draft annual accounts, should a decision be taken to limit eligibility to substantial only, Councillor King suggested this could result in the Board failing to meet seven of those 10 outcomes. Should the Board accept the recommendation, Councillor King thought that it should be predicated with a message to Orkney Islands Council that it was done so with a heavy heart and with deep concerns for the potential consequences.

Councillor John T Richards referred to the previous occasion when proposed revisions to eligibility criteria were discussed and the importance of preventative services to avoid escalating to critical level. He thought that the councils listed in the paper distributed must surely take some preventative action. He did not want to remove the option that threatened small preventative services to avoid escalation to critical.

Judith Sinclair advised the Board that by reducing eligibility, there may well be unintended consequences for nursing and allied health professionals. Olivia Tait reinforced the potential impact on unpaid carers.

Gillian Skuse agreed with Councillor King's comments and took on board what Sally George said. She did not want to see change if, in the long term, the knock-on effect was greater, hence why no change was made when eligibility criteria was considered previously.

Councillor Stephen Sankey suggested that it may be prudent to carry out an exercise to see what the effect might be, which might conclude that no change be made. Orkney was different and an exercise which was to save money on one side may well shunt costs to another area. Sally George suggested that, if such an exercise went ahead, practitioners making the assessments should be involved so that examples of moderate service levels could be seen in context.

David Drever suggested the Board was in a dilemma and he had strong reservations of the potential consequences. By not approving the proposal, it would be difficult to redeem later. By giving approval, it should be with the clear understanding that an exercise to review the impact would be undertaken.

The Board **agreed**:

15.1. That, in principle, the local adoption of amended eligibility criteria for adult services be considered as part of Orkney Islands Council's budget setting considerations for financial year 2018 to 2019 onwards.

15.2. That Orkney Islands Council be advised that, in submitting the above proposal, the Board had serious concerns and reservations regarding the potential consequences and impact on service users and carers, should eligibility criteria be amended.

16. Home Care

There had been previously circulated a report presenting the outcome of an external review undertaken in respect of capacity within the Home Care service.

Caroline Sinclair explained that the external review had been commissioned as a result of demographic changes. As individuals were requiring higher levels of care, fewer people were receiving services within the available budget. Although recurring funding of £156,000 had added to the budget, this was to address existing capacity challenges, not growth. The reablement approach had reduced, primarily as a result of throughput and demand, and was not intentional. Most of the recommendations arising from the external review were operational in nature. Compared nationally, Orkney Islands Council spending on home care services was low.

In response to a question from Janice Annal regarding awareness of service provision, Caroline Sinclair advised that it was important people could find out for themselves what was available and that staff could signpost them to various agencies. A resource directory was previously available on a communities website, which Gail Anderson confirmed had now ceased, but the resource was being refreshed and there would be a link on Voluntary Action Orkney's website. She would alert Caroline Sinclair when this was up and running so that publicity could be arranged.

Rognvald Johnson queried whether telecare systems could be extended to people on the non-linked islands. Caroline Sinclair confirmed that, as long as the person could provide the names of two people who would be willing to take on key holder responsibilities, this was possible. On the mainland, the mobile responder service was often the first named key holder. Discussions had commenced with other agencies, including the Scottish Fire and Rescue Service, to see whether they could undertake a wider range of services to extend this provision to the isles.

Councillor Rachael A King referred to the 2020 vision quoted at the beginning of the external review, where the focus was on prevention and, regardless of the setting, care should be provided to a high quality and in a safe environment. The conclusion of the report was that additional investment was required, particularly as Orkney was showing the lowest level of spend in most of the graphs.

With regard to Action 3 on the Action Plan, moving from analogue to digital telecare services, Councillor King queried the cost implications, which Caroline Sinclair confirmed could potentially be extremely significant. As a minimum, entirely new equipment would be required and, with emerging technologies, one solution could be cloud based. Caroline Sinclair had raised this issue with the Council IT team, and indicated that something would require to be factored into forward plans as potentially, there could be a gap in service, if any replacement digital services were not ready once analogue systems were no longer available.

Several members referred to the decreasing numbers of people receiving home care and the increasing take-up of Self-Directed Support and whether these were related. Caroline Sinclair confirmed that the first preference for the majority was for care to be provided by Orkney Islands Council. However, the growth in Self-Directed Support was where the Council could not provide the package of care within a timely period.

Sally George confirmed this position and further explained that Self-Directed Support was increasingly used to access social activities, through choice, which did not fit into traditional care packages. Olivia Tait suggested that the decline in home care could possibly be related to when provision of household tasks were reduced and purely personal care was being provided, which Caroline Sinclair confirmed was the case.

Referring again to the Action Plan, Councillor Rachael A King suggested that the wording for Action 3 might need to be strengthened from “to be aware” to “to proactively assess the impact”. Dr Louise Wilson suggested that the risk associated with the action may be at a level that it should be included in the Risk Register, as would the lack of a Recovery Plan, and that would maintain focus.

The Board noted:

16.1. The content of the report, together with the outcomes of the external review to determine the need for growth in home care.

The Board **agreed**:

16.2. That the switch from analogue to digital telecare services be added to the Action Log, with Orkney Islands Council’s IT programme board being requested to investigate potential solutions at an early opportunity.

17. Clinical and Care Governance Committee – Annual Report

There had been previously circulated a report presenting the Annual Report from the Clinical and Care Governance Committee to enable the Board to seek assurance on the work of that Committee.

Jeremy Richardson, Chair of the Clinical and Care Governance Committee covering the period of the Annual Report, advised that this was a key committee which was beginning to work well. Although there were early concerns regarding equalising membership of NHS Orkney non-executive board members and Orkney Islands Council elected members, this was now happening. He commended the Annual Report to the Board.

The Board noted the content of the Clinical and Care Governance Committee Annual Report for the year 2016 to 2017.

18. Clinical and Care Governance Committee

There had been previously circulated a report highlighting key items discussed at the meeting of the Clinical and Care Governance Committee held on 25 April 2017, to enable the Board to seek assurance on performance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 25 April 2017.

19. Strategic Planning Group

There had been previously circulated a report highlighting key items discussed at the meeting of the Strategic Planning Group held on 25 May 2017, to enable the Board to seek assurance on performance.

Councillor Rachael A King, Chair of the Strategic Planning Group, referred to particular items of discussion at the meeting held on 25 May 2017, including the Alcohol and Drugs Partnership, localities, the role of the Strategic Planning Group and the visit by representatives of the Scottish Government Integration Policy Team on 6 and 7 July 2017.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Strategic Planning Group held on 25 May 2017.

20. Disclosure of Exempt Information

The Board **resolved** 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 Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

21. Home Care Pool Car Pilot

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, 8 and 11 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report setting out a comprehensive review of the Home Care pool car pilot, together with recommendations on an appropriate course of action.

The Board noted:

21.1. That the Home Care pool car pilot project was now complete.

The Board **agreed**:

21.2. What action should be taken with regard to the Home Care pool car programme.

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.

Fiona MacKellar, Judith Sinclair and Olivia Tait left the meeting at this point.

22. Day Centre and Community Transport – Review

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 paragraph 9 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report presenting the outcome of an independent review of day centre transport arrangements, together with recommendations on an appropriate course of action.

The Board noted:

22.1. The external report, commissioned to consider the benefit of a proposal to tender day care transport with door-to-door community transport, attached as Appendix 1 to the report circulated.

22.2. That the external report contained a suite of recommendations for further work.

The Board **agreed:**

22.3. That any action plan arising from the recommendations of the external report, referred to at section 22.2 above, be deferred until the outcome of the budget setting process for financial year 2018 to 2019 was known.

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.

23. Learning Disability Service – Supported Living Network

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 3 and 11 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report setting out initial proposals for development of a supported accommodation service for people with learning disabilities.

The Board noted:

23.1. That, between 2006 and 2014, Orkney Islands Council considered a capital project development in respect of day opportunities and supported accommodation for people with learning disabilities.

23.2. That, although the day opportunities project progressed, the supported accommodation element did not.

23.3. That there was still an identified demand for supported accommodation services for people with learning disabilities.

23.4. That a core and cluster style supported accommodation development was considered the most appropriate, effective and pro-active response to current known service demands.

23.5. That Orkney Islands Council's approved House Build programme provided an opportunity for proposals in respect of a core and cluster style development to be progressed.

The Board **agreed:**

23.6. That, in principle, provision of supported accommodation for people with learning disabilities, in the form of a core and cluster style development, be progressed through Orkney's social house build programme.

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.

24. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 13:15.