



Gillian Morrison (Interim Chief Officer)

Orkney Health and Care

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Agenda Item: 3.

Orkney Integration Joint Board

Wednesday, 21 April 2021, 09:30.

Microsoft Teams.

Minute

Present

Voting Members:

- Davie Campbell, NHS Orkney.
- David Drever, NHS Orkney.
- Issy Grieve, NHS Orkney.
- Councillor John T Richards, Orkney Islands Council.
- Councillor Steve Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

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

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Janice Annal, Service User Representative.
- Joyce Harcus, Carer Representative.
- Danny Oliver, Staff Representative, Orkney Islands Council.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

Clerk

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

In Attendance

Orkney Health and Care:

- Lynda Bradford, Head of Health and Community Care.
- Maureen Firth, Head of Primary Care Services.
- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services.
- Shaun Hourston-Wells, Project Officer.

Orkney Islands Council:

- Katharine McKerrell, Solicitor.
- Emma Chattington, Equalities Officer (for Items 12 to 16).

Observing

Orkney Islands Council:

- Rebecca McAuliffe, Press Officer (for Items 5 to 16).

NHS Orkney:

- Joanna Kenny, Non-Executive Board Member.

Chair

- David Drever, NHS Orkney, Vice Chair.

1. Welcome and Apologies

David Drever, Vice Chair, welcomed everyone to the meeting and advised that, with polling for the Scottish Parliamentary Election due to take place on 6 May 2021, members should be mindful about restrictions on publicity during the pre-election period, which had been in place since 15 May 2021.

Two key points to note were that it was business as usual, although care must be taken to avoid saying anything which was, or could be interpreted as being, either supportive or critical of a political party.

Officers had confirmed that none of the reports to be considered at this meeting contained information which may breach the restrictions on publicity during the pre-election period, however the Vice Chair again reminded everyone to be mindful of those restrictions when discussing individual items.

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

- Councillor Rachael A King, Orkney Islands Council.
- Fiona MacKellar, Staff Representative, NHS Orkney.

2. Declarations of Interest

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

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 10 February 2021 for consideration, checking for accuracy and approval.

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

4. Minute of Special Meeting

There had been previously circulated the draft Minute of the Special Meeting of the Integration Joint Board held on 10 March 2021 for consideration, checking for accuracy and approval.

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

5. Matters Arising

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

With regard to action 3, budget overspend in Pharmacy, Pat Robinson advised that a report by the Principal Pharmacist was due to be submitted to NHS Orkney's Finance and Performance Committee.

With regard to action 4, Rural Fellowship vacancy, Maureen Firth advised that it had been decided not to offer Orkney as part of the programme this year. This will be considered and reviewed next year when the next recruitment phase commenced.

With regard to action 10, setting up short life working groups to take forward the Ministerial Steering Group (MSG) proposals, Gillian Morrison was pleased to see the progress that had been made despite the Coronavirus pandemic, particularly in relation to governance and leadership, and advised that an update would be taken to the June meeting of the Board. There were two main areas to be prioritised, namely Finance and Community Led Support/Community Engagement.

With regard to action 11, revised terms of reference for the Clinical and Care Governance Committee, Issy Grieve advised that the two organisations had aligned well, and the proposed new terms of reference met the needs, although they would be further reviewed after one year.

With regard to action 12, preparation for the 2022-25 Strategic Commissioning Plan, Gillian Morrison advised that it was hoped to report to the Board meeting in August 2021 regarding the Strategic Needs Assessment and Gap Analysis that she had commissioned, although this would depend on changes following the Scottish Parliamentary Election and financial/resourcing circumstances.

With regard to action 13, Set Aside Budget, Pat Robinson advised that it was hoped to arrange a development session specifically to consider NHS finances. Regarding the six steps set out in the statutory guidance, capacity was the main factor as to why this had not progressed as hoped. Councillor Steve Sankey commented that this action had been on the log for some time and was pleased to see the proposal to arrange a development session. Pat Robinson gave assurance that other Integration Boards had still not had set aside budgets allocated and delegated to them, which was not the case locally.

With regard to action 15, Mental Health Strategy, Lynda Bradford advised that the steering group had met twice and, with so many aspirations, the action plan was still being formulated, and there was definite progress.

As action 19, budget saving proposals, was overtaken by the budget report, it could now be deleted from the log.

Davie Campbell asked that periodic performance reporting from the partners should be included on the log. Gillian Morrison advised that the draft Strategic Commissioning Implementation Plan, which was proposed to be submitted to the June Board meeting, would contain performance measures.

David McArthur referred to action 18, and particularly the Home First concept, which was due to be reported to the June Board meeting, and advised that the immediate effect was extremely beneficial. While the service met the needs, the Board would require to look at resourcing, although it had been extremely positive in managing people back into their homes.

Joyce Marcus joined the meeting during discussion of this item.

6. Clinical and Care Governance Committee

There had been previously circulated the draft unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 26 January 2021 for information, to enable the Board to seek assurance.

Issy Grieve advised that the minutes were for noting only at this point, as they were not yet approved, although she wished to draw the Board's attention to item 922 on page 10 of the Minute, whereby members of the Clinical and Care Governance Committee agreed that commendation of the whole organisation support provided by the Public Health, Primary Care and Pharmacy teams on the pandemic response and the exceptional work on the delivery of the vaccination programme should be noted to board members.

Dr Louise Wilson joined the meeting at this point.

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

There had been previously circulated a report presenting an update on progress with the Improvement Plan developed to respond to recommendations arising from the joint inspection of services for children and young people in need of care and protection, published by the Care Inspectorate on 25 February 2020, for consideration and scrutiny.

Gillian Morrison advised that this item remained her and the management team's top priority, along with the vaccination programme, with focus being collectively driven with partners in Police Scotland, the education service and the third sector. The Improvement Plan would not have an end date and officers would strive to continue with improvement. She took the opportunity to thank the team involved, particularly Jim Lyon and Maureen Swannie, for driving this forward and keeping momentum going.

Jim Lyon confirmed that the self-evaluation approach adopted was one of continuous improvement, hence why the improvement plan would not end. He provided an update on the specific actions in the Improvement Plan, including the number remaining open, those complete and those completed since the last meeting. No new actions had been added since the last meeting.

Issy Grieve advised that, over the last 18 months, the Board had rigorously challenged progress, however reading over the information provided in the report submitted to this meeting, she took great assurance and saw significant progress. She thanked the team and appreciated that, while work remained ongoing, a significant amount of work had already been done.

Danny Oliver raised concerns regarding levels of absence and turnover of staff within the social work teams. It was reported at the previous meeting that only three of eight posts were currently permanently filled and asked for an update. Jim Lyon confirmed that the team was currently staffed to complement, although one unqualified social worker had left post. He had received permission and resource to staff above complement, which was directly related to the findings of the inspection report and arose from a range of historic concerns.

Councillor Steve Sankey focused on the red actions and, in particular, action IMP008, relating to the local provision of forensic medical examinations. While he appreciated that this action was difficult to resolve, he sought assurance that the service was currently available. Jim Lyon confirmed that forensic medical examinations were currently undertaken in Aberdeen. Fortunately, incidences were not high, but every child should receive the same service and his concern was taking children away from their local area, which was not the case in other areas on the Scottish mainland. David McArthur advised that, although it was preferable for forensic medical examinations to be carried out locally, retaining someone with the necessary skills on site was very difficult, therefore care was taken to ameliorate the effect and trauma on the child being taken away from Orkney.

Councillor Steve Sankey referred to another red action, IMP041, relating to adopting a child-centred approach to the court process, which would require a cultural change to the legal process and the adversarial approach in court, and asked whether there was any best practice elsewhere which could be adopted. Jim Lyon advised that this action had recently been amended to red status, following the findings of a significant case review where, in the view of the Chief Social Work Officer, a decision of the court did not take account of a child's situation. From a personal point of view, Jim Lyon believed that, for Scotland to be the best place to raise children, the court process required review, especially for family law, as just now it was largely driven by adult criminality. The Scottish Government was well placed to review and see whether a family based court system, which would not replace, but work alongside, the Children's Hearing system, could be implemented.

Councillor Sankey remarked that the improvement plan was working when an action could be converted to a red status.

Jim Lyon referred to the follow-up visit from the Care Inspectorate, classed as a progress review. However, when it was ascertained what they required, it felt more like a full inspection. Between now and July, file reading, focus group meetings and engaging with staff groups would take place. Although there was no guarantee on the outcome of the progress review, the Care Inspectorate should provide evidence of their findings.

The Board noted:

7.1. The core areas of progress since the previous meeting and the progress inspection visit planned for April to June 2021, as detailed in sections 4 and 5 respectively of the report circulated.

The Board scrutinised:

7.2. Progress made with the actions contained in the Improvement Plan, developed to respond to recommendations arising from the joint inspection of services for children and young people in need of care and protection, published by the Care Inspectorate on 25 February 2020, and obtained assurance that progress was satisfactory.

8. Children's Services Plan

There had been previously circulated a report presenting Orkney's Children's Services Plan for 2021 to 2023, for consideration and approval, together with an Equality Impact Assessment.

Jim Lyon advised that the Children's Services Plan had been drafted by the Orkney Children and Young People's Partnership, which had recently been reinvigorated. Statutory guidance relating to planning children's services was issued by Scottish Ministers and included 15 evaluation criteria for Children's Services Plans. Overall responsibility for planning children's services lay with the local authority and relevant health board, working collaboratively with other community planning partners, as well as children, young people and their families, whose voice should be listened to and heard.

Following engagement with Orkney's children and young people, the vision adopted for the Children's Services Plan was the Promise – Scotland's ambition for children and young people, namely "We grow up loved, safe and respected so that we realise our full potential". The plan contained five strategic priorities, three of which were chosen by the children and young people themselves, namely:

- Mental Health and Wellbeing.
- Equality and Empowerment.
- Options and Opportunities.

Many of the actions in the plan related to the priority of Mental Health and Wellbeing, which had grown in urgency and magnitude over the past year, due to the impact of the COVID-19 pandemic and associated lockdowns on the mental health, wellbeing and education of children and young people.

Procedurally, the plan required to be submitted to the Scottish Government by 31 March 2021. However, submission had been delayed due to adjustments still requiring incorporation into the plan, as well as any further amendments which may arise from other governance committees. It was not expected that the plan would stray from the five strategic priorities, unless strong views were expressed by the children and young people involved in development of the plan.

Maureen Swannie confirmed that, following the seminar with the young people, she had provided feedback and the young people confirmed they felt their views had been taken on board. Maureen Swannie had also circulated a further draft of the plan for any final comments; however, as the group of young people would shortly be commencing assessments in lieu of exams, she would not push for a response but would follow this action up in due course.

Councillor John Richards advised that he attended meetings of the Youth Forum and, although children and young people may be apprehensive to begin with, the forum was beginning to find its voice. As more professionals were invited to attend meetings of the forum and discuss matters, the participants did feel that their views were heard and taken on board.

In response to a query from Dr Louise Wilson regarding performance measures, Jim Lyon confirmed that he would be happy to receive specific contributions on known performance measures which may be incorporated into the plan.

The Board noted:

8.1. That the Children's Services Plan had been drafted by the Orkney Children and Young People's Partnership, a multi-agency group comprising public agencies which provided services for children and young people in Orkney, in partnership with the Orkney Youth Forum and Voluntary Action Orkney.

The Board **resolved:**

8.2. That Orkney's Children's Services Plan 2021-23, attached as Appendix 1 to the report circulated, be approved, in so far as it related to the remit of the Board.

9. Budget for 2021/22

There had been previously circulated a report presenting the funding allocations from NHS Orkney and Orkney Islands Council for financial year 2021/22, for consideration and approval.

Pat Robinson confirmed that Scottish Government funding had been received in respect of non-achieved savings, therefore it was anticipated the Board would end financial year 2020/21 in a breakeven position, which had been the most challenging year to date with significant service changes. All costs associated with COVID-19 and submitted as part of the mobilisation plan had been met, in full, by the Scottish Government.

Further, in addition to the normal revenue settlement, the Scottish Government also confirmed non-recurring COVID-19 specific funding as part of the 2021/22 budget settlement, to fund the following:

- Provider sustainability payments.
- Ongoing PPE.
- Additional costs.
- Income loss linked to COVID-19 which was expected to continue throughout 2021/22.

Section 6 of the report circulated set out the current position and the implications of the Scottish Government budget, announced on 9 March 2021. Although detailed spending plans had not been provided, the Scottish Government had outlined its ongoing priorities and, in particular, continued focus on the NHS. Despite assurance that local government would receive a three year settlement for 2019 to 2021, given uncertainty with the United Kingdom's departure from the EU as well as the General Election in December 2019, only one year settlements were announced. This provided little scope for additional investment, particularly when there was no funding for transformational change. A three year savings target of £4.2 million had also been applied and, to date, only £259k of recurring savings had been identified.

Section 7 of the report circulated set out the budget proposals from both partners. As indicated in correspondence from the Scottish Government in January 2021, the indicative budget from NHS Orkney was based on a 1.5% uplift on the recurring budget, excluding Cash Limited Dental and Non Cash limited. Although it was anticipated there would be reserves, as the year end process was not yet complete, this had still to be confirmed. The savings target for services commissioned from NHS Orkney was £1.8 million, comprising £800k unachieved savings from 2020/21, together with £1 million for 2021/22. With regard to the allocation from Orkney Islands Council, all resources received from the Scottish Government had been passed on, in full. Of the three year savings target of £1.8 million, £114k of savings for 2021/22 had been accepted.

The table at section 9.1 of the report set out the baseline budget, noting that any further allocations received throughout the year which were passed to the Board by either partner would be reported in the quarterly finance monitoring reports.

Pat Robinson concluded that, normally, the recommendation to the Board would be to receive the budget for the forthcoming financial year; however, as all the Scottish Government commitments had been passed, in full, from both partners, she was now recommending that the budget for 2021/22 be approved, noting that work must continue on potential savings going forward.

Davie Campbell referred to the set aside budget and the proposed development session and queried membership of the working group referenced in the six key steps in the statutory guidance. Pat Robinson confirmed that the working group would comprise the Chief Officer, the Chief Finance Officer, representatives from the NHS Orkney finance team and potentially representatives from the clinical team. Gillian Morrison reminded members of the paper submitted to the October 2019 Board meeting, whereby the set aside budget was formally delegated to the Board. Moving forward, it now required NHS Orkney and the Board to work through the six key stages and to report quarterly. She confirmed that the Director of Finance, NHS Orkney, had agreed to set up meetings from May 2020 onwards.

Pat Robinson advised that finance information was received from NHS Orkney for the quarterly reports, however more detail was required in order to fully understand the set aside budget.

The Board noted:

9.1. That, although it was anticipated that a break-even position for financial year 2020/21 would be achieved, this was subject to change as the year end processes had not yet been completed.

9.2. That, in relation to the significant three year savings target of £4.2 million, only £259,400 had been identified on a recurring basis within services commissioned to Orkney Islands Council.

9.3. That, as a direct consequence of the COVID-19 pandemic, 2020/21 had represented the most challenging and complex financial year in the history of the public sector. However, all COVID-19 costs submitted within the Mobilisation Plan for financial year 2020/21 had been refunded, in full.

9.4. That, due to pressures within services, further work was still required in respect of unscheduled care (set aside budget), in order to assess compliance with the six steps outlined in statutory guidance and detailed at section 6.11.2 of the report circulated.

9.5. That work required to be undertaken with both partners with the aim of delivering savings in order to achieve a balanced budget.

The Board **resolved**:

9.6. That the budget for financial year 2021/22 totalling £54.894 million, as detailed in Annexes 1 to 3 of the report circulated, be approved, noting that the increases were in line with Scottish Government requirements as explained at sections 7.1.2 and 7.2.3 of the report.

10. Risk Register

There had been previously circulated a report presenting the updated Risk Register, for consideration and approval.

Pat Robinson advised that the refreshed Risk Register had been scrutinised by the Strategic Planning Group, with one small amendment proposed in relation to Risk 3, Reluctant Support for Change, and clarification on the range of communication that took place to mitigate that risk. The Risk Register was a dynamic document which would be reviewed quarterly, with any changes highlighted for consideration and approval by the Board.

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

11. New Kirkwall Care Facility

There had been previously circulated a report presenting an update on progress with the new Kirkwall care facility project build.

Lynda Bradford presented the first update on progress with the new Kirkwall care facility, as requested by the Board following endorsement of the revised scope of the project. Further updates would be reported on a regular basis, as the project progressed.

Recent tendering exercises undertaken by Orkney Islands Council in respect of other capital projects suggested a 9.7% increase on pre-tender estimates for building costs, due to worldwide factors including material shortages, subsequent price increases owing to the COVID-19 pandemic, as well as the United Kingdom's exit from the European Union. Consequently, a revised Stage 2 Capital Project Appraisal was considered by the Council's Policy and Resources Committee on 16 February 2021, with the Council subsequently approving an increase to capital budget.

Following on from the discussions which took place at the Area Clinical Forum in December 2020, officers met with a range of professionals, including local GPs, the Community Pharmacist and a range of Allied Health Professional staff, in February 2021. The Project Architect and the Head of Health and Community Care walked those attending through the plans and the ethos behind them. The plan was considered to be well thought through and, after discussion, suggestions for minor modifications were proposed which, coupled with learning from the use of Brinkies Wing during 2020, resulted in minor layout changes, as follows:

- Toilet facilities moved closer to the activity rooms, negating the need for residents to return to their rooms to use the toilet.
- One of the visiting services' rooms modified to better serve visiting clinicians.

A request for access to NHS Orkney's IT systems to be available in the building was noted and would be considered further at the appropriate point in the project plan.

The application for planning permission had been submitted, with objections intimated from a small number of residents local to the site relating to access issues via Soulisquoy, which would be considered by the Council's Planning Committee in due course.

Copies of the internal floor plan had been circulated to third sector colleagues, for comment. Copies of the internal floor plan, along with external elevation detail and the site plan, were also on display at St Rognvald House to ensure that residents, families and staff were kept fully informed of the design process.

Design work was progressing well and to schedule, although the anticipated Project Programme had changed slightly. Subject to planning consent being granted, construction was now expected to commence in October 2021, with completion in December 2023. Following commissioning preparations, the facility was expected to be operational in early 2024.

David McArthur noted progress with the floor plans and queried how care models and plans for engagement would be progressed. Lynda Bradford advised that a report on the Home First concept was due to be considered by the Board at its June meeting. The service, which only went live during the last week of February, was already at capacity with lots of referrals. Funding was being sought to extend the service, as winter funding had been used initially.

The Board noted progress made with the new Kirkwall care facility project since the last report in December 2020.

12. NHS National Whistleblowing Standards

There had been previously circulated a report setting out the requirements of the NHS National Whistleblowing Standards in relation to the Integration Joint Board, for consideration and to provide assurance that all necessary steps had been taken to ensure those staff working across the Health and Social Care Partnership were provided with information on the arrangements, training modules and support available, should they believe there had been wrongdoing.

Gillian Morrison advised that, in February 2020, the draft Whistleblowing Standards were published by the Independent National Whistleblowing Officer with an anticipated launch date of July 2020. However, due to operational constraints imposed by the COVID-19 pandemic, this did not proceed.

An update was issued on 15 October 2020 by the Cabinet Secretary for Health and Sport who wrote to all Health Boards regarding the role of the Independent National Whistleblowing Officer and the related Whistleblowing Standards. The letter provided clear direction on the planned “soft launch” of the Whistleblowing Standards on 1 April 2021.

In response to the direction from the Scottish Government, NHS Orkney established a Short Life Working Group (SLWG), whose membership included the Interim Chief Officer, with the purpose of ensuring effective implementation of the National Whistleblowing Standards. The SLWG had met to oversee implementation of the requirements of the standards, concentrating on co-ordination of short and long term communication and training strategies, including signposting to online training modules for staff and those managers who may receive whistleblowing complaints.

Part 8 of the Whistleblowing Standards contained information for Integration Joint Boards. Council employees within Orkney Health and Care had been provided with the Council’s Whistleblowing Policy, however anyone working closing with health staff needed to be aware of the NHS National Whistleblowing Standards, and clear guidance had been provided to Council employees and NHS Orkney employees in relation to raising a whistleblowing concern relating to NHS services.

All managers were required to know the correct route for whistleblowing, had been briefed accordingly and asked to undertake the appropriate training. Discussions had also been held with the Head of HR and Performance, Orkney Islands Council, and the Board’s internal auditor regarding the potential for whistleblowing concerns to be inadvertently routed through the wrong procedure. The NHS Whistleblowing Standards suggested that it may be helpful for councils to adopt a similar approach to that of the NHS in relation to Council provided services; this proposal would be considered by the Council’s Senior Management Team in the first instance.

The recommendations were quite extensive and Gillian Morrison extended her thanks to Julie Colquhoun, Head of Corporate Administration, NHS Orkney, who had chaired the SLWG and had helped prepare the report for the Board's consideration.

David Drever concurred that this was a complex matter which would require bedding in and his hope was that it did not put obstacles in place for people who wished to raise concerns.

Dr Louise Wilson queried whether the principles in the document applied to all commissioned services, including those commissioned by the Board through the ADP, which may be clinical services, but not provided by NHS Orkney.

David McArthur confirmed there remained a number of grey areas as the Independent National Whistleblowing Officer had made it clear the current legislation was purely in relation to directly provided NHS services. However, the same principles would apply, hence the explicit reference to the Chief Officer's responsibilities as set out in Section 8 of the National Standards.

Gillian Morrison suggested that, as procured services sat with the partners, contracts would be looked at to ensure whistleblowing standards were referenced and a clear route outlined. Further, given the new National Standards and the complex landscape, close scrutiny would be undertaken by the Clinical and Care Governance Committee, through quarterly reporting, with the Board receiving minutes from that Committee, as well as annual reporting, all of which would provide an opportunity to reflect and learn from any individual cases.

The Board noted:

12.1. The requirement to meet the NHS National Whistleblowing Standards and, in particular, that all those working in Health and Social Care Partnerships must be able to raise concerns regarding NHS services and must have access to the support they needed to do so, whoever their employer was.

12.2. That any employee raising concerns regarding NHS services must have those concerns handled in line with the NHS National Whistleblowing Standards.

12.3. That all concerns raised about NHS services must be recorded, as it was important for all services to listen to staff concerns and for this to lead to organisational learning and service improvements.

12.4. That, to ensure equity for staff, Chief Officers were responsible for ensuring that systems and procedures were in place, but also they must take a leading role in reviewing the arrangements in place for whistleblowing in relation to local authority services.

12.5. That quarterly reports on the key performance indicators required in the NHS National Whistleblowing Standards would be submitted through the Clinical and Care Governance Committee, with annual reports coming to the Integration Joint Board and to the Board of NHS Orkney.

12.6. That, in relation to Orkney Islands Council services, Orkney Islands Council's Whistleblowing Policy should continue to be used.

12.7. The requirements set out in the NHS National Whistleblowing Standards and the work done to date to ensure compliance, as summarised in section 4 of the report circulated.

13. Equality Outcomes and Mainstreaming Report

There had been previously circulated a report presenting the draft Equality Outcomes report and the Mainstreaming report, for consideration and approval for publication.

Shaun Hourston-Wells advised that all public authorities, which included integration authorities, were required to publish a report on mainstreaming the equality duty as well as a set of equality outcomes which would help them to better perform the equality duty. The outcomes must be published at two yearly intervals and the Board was also required to publish a progress report on the achievement of its equality outcomes.

In June 2018, the Board approved its equality outcomes for a two year period, meaning that a progress report on those outcomes, together with a review and refresh of the outcomes was due in June 2020. However, the Coronavirus (Scotland) Act 2020 and associated guidance allowed public authorities to postpone publication of statutory reports during the period covered by the Act, which had been extended to 30 September 2021.

As well as reflecting the nine protected characteristics as defined in the Equality Act 2010, the outcomes proposed reflected issues which were of most pressing importance to the protected groups, as well as characteristics that fell within the broader description of peripherality. The chosen outcomes were considered proportionate and reflected the Strategic Plan priorities.

Emma Chattington reiterated that the outcomes should be specific and align with work already being undertaken; including an equality aspect which should thereafter reduce inequality.

Referring specifically to the outcome in relation to unpaid carers, Councillor Steve Sankey queried whether the indicator of progress was sufficiently SMART. Shaun Hourston-Wells confirmed that work was ongoing with the Carers Strategy Group to identify baseline numbers which would be very specific and measurable.

Emma Chattington continued that, where possible, indicators were aligned to existing work and recognised that baseline data still required to be captured. This would then indicate where improvements were required when reviewed annually. Next steps included engaging with stakeholders to determine what data they held and then undertake a gap analysis. Audit Scotland was also undertaking a review on how the public sector captured service user data and best practice would be used once the results of that review were published.

David McArthur advised that the information in section 4.12.1.1 of the Equality Outcomes Report, relating to spiritual care, was out of date and undertook to provide an update for inclusion in the report prior to publication.

The Board noted:

13.1. The Board's legal requirements in respect of its equality duties referred to in section 4 of the report circulated.

The Board **resolved**:

13.2. That the outcomes contained within the Equality Outcomes Report and the Mainstreaming Report, attached as Appendices 1 and 2 respectively to the report circulated, be approved for publication.

14. Communication and Engagement Strategy

There had been previously circulated a report presenting an updated version of the Board's integrated Communication and Engagement Strategy, incorporating elements of existing Orkney Islands Council and NHS Orkney strategies, for consideration and approval.

Shaun Hourston-Wells advised that COVID-19 had significantly affected engagement, with most communication and engagement activities carried out virtually during the pandemic, although face-to-face events had taken place where appropriate and in accordance with restrictions in place at that time. Further, not all stakeholders wished to communicate through virtual means.

Councillor Steve Sankey commented that, although COVID-19 had had a big impact, the strategy did not set out how well the Board had performed during the period of the previous strategy and the document appeared to be more of the same for the next three year period. He had expected to see an analysis of how various methods of engagement had performed, with one example being Community Led Support, in which he had participated and found to be a great success.

Gillian Morrison, while welcoming Councillor Sankey's comments, advised that the strategy was not set out to review performance from the last three years; it was looking forward and would inform future strategies. This was also linked to the Ministerial Steering Group recommendations and the two areas locally which required further action, namely finance (which had been covered earlier) and communication and engagement. COVID-19 had resulted in a whole new way of working.

The Board **approved** the Communication and Engagement Strategy, attached as Appendix 1 to the report circulated.

15. Date and Time of Next Meeting

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

David Drever advised that, for the next meeting, in accordance with the biennial rotation set out on the Integration Scheme, NHS Orkney would assume the role of Chair, with that appointment still to be confirmed.

Hazel Flett confirmed Orkney Islands Council's position, in that the Chair of the Orkney Health and Care Committee was also the Chair or Vice Chair of the Integration Joint Board, whichever position was held by the Council. Accordingly, Councillor Rachael King would assume the role of Vice Chair of the Integration Joint Board. This appointment, together with the other Council appointments to the Board, would remain until the Local Government Election scheduled for May 2022.

David Drever took the opportunity to thank the current Chair of the Board, Councillor Rachael King, for her excellent, impartial chairing over the last two years.

16. Conclusion of Meeting

There being no further business, the Vice Chair declared the meeting concluded at 11:55.