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Agenda Item: 4.

Orkney Integration Joint Board

Wednesday, 17 June 2026, 09:30.

Council Chamber, Council Offices, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Lindsay Hall, Rachael King and Jean Stevenson.

NHS Orkney:

Issy Grieve (via Microsoft Teams), Joanna Kenny and Fiona Mackay (proxy for Rona Gold) (via Microsoft Teams).

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
- Darren Morrow, Chief Social Work Officer of the constituent local authority, Orkney Islands Council (via Microsoft Teams).
- Mohammed Sohail, Chief Finance Officer of the Integration Joint Board (via Microsoft Teams).
- Sam Thomas, Nurse representative, employed by NHS Orkney.
- Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney (via Microsoft Teams).

Stakeholder Members:

- Morven Brooks, Third Sector Representative.
- Sophie MacKay, Service User Representative (from Item 2 onwards).
- Margaret MacRae, Staff-side Representative, NHS Orkney (deputising for Ryan McLaughlin) (via Microsoft Teams).
- Willie Neish, 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.

Orkney Islands Council:

- Veer Bansal, Solicitor.

Chair

- Joanna Kenny, NHS 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.

The Chair introduced Sophie MacKay, one of the two new Service User representatives, and advised that she would be observing this meeting.

The Chair also intimated that this would be Issy Grieve's last meeting of the Board, as her tenure with the Board of NHS Orkney finished at the end of June. She thanked Issy for her commitment to the Board over a number of years, which was echoed by the Vice Chair.

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

- Voting Member:
  - Rona Gold (Fiona Mackay deputising).
- Non-Voting Member:
  - Ryan McLaughlin, Staff-side Representative NHS Orkney (Margaret MacRae deputising).
  - Frances Troup, Head of Strategic Housing, Housing Operations and Homelessness, Orkney Islands Council.
- Orkney Health and Social Care Partnership:
  - John Daniels, Head of Primary Care Services.
  - Wendy Lycett, Interim Director of Pharmacy.
- Dave Harris, Director of People and Culture, NHS Orkney.
- Erik Knight, Head of Finance, Orkney Islands Council.

2. Appointments and Re-Appointments

There had been previously circulated a report setting out various appointments and re-appointments to the Integration Joint Board, for consideration and approval.

The Service Manager (Governance) advised that Orkney Islands Council had recently confirmed its appointments to the Board for the period up to May 2027, being the date of the next Local Government Election. Following a call for expressions of interest to various groups, two individuals had indicated they would consider taking on the role of Service User representative. In light of feedback from previous Carer Representatives, to assist in fulfilling the role on the Board and to provide meaningful contribution, it was proposed to appoint two Service User Representatives. It was also proposed that a Service User Group be established, facilitated by the Policy and Performance Manager, which would enable peer support for the two Service User Representatives and allow wider engagement with people who used services delegated to the Integration Joint Board.

The Board noted:

2.1. That Orkney Islands Council had made the following appointments to the Integration Joint Board for the period to May 2027:

- Councillor Rachael King, Voting Member.
- Councillor Jean Stevenson, Voting Member.
- Councillor Lindsay Hall, Voting Member.
- Councillor Ivan Taylor, Proxy Member.
- Councillor Mellissa Thomson, Proxy Member.
- Councillor Heather Woodbridge, Proxy Member.

2.2. That Orkney Islands Council had also advised that Councillor Rachael King would remain as Vice Chair of the Integration Joint Board until May 2027.

The Board resolved:

2.3. That the following individuals be appointed as Service User Representatives on the Integration Joint Board, as well as the Strategic Planning Group, for an initial period of two years:

- Sophie Mackay.
- Taliah Drayak.

2.4. That a Service User Group be established, to be facilitated by the Policy and Performance Manager.

3. Declarations of Interest

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

Fiona MacKay intimated that she had been part of the team who had produced the clinical services review which included older people and frailty services, to be discussed later in the meeting.

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 22 April 2026.

The Minute was **approved** as a true record, subject to the following item of amendment:

Subnational Planning and Delivery Committee (East)

The fifth paragraph of this item should be amended to read as follows:

“Dr Louise Wilson confirmed that she was a member of the Remote and Rural workstream and added that the work of the Committee offered opportunities for collaborative working between NHS Orkney and other Health Boards, as well as the Integration Joint Board.”

5. Matters Arising Log

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

Stephen Brown advised that a number of matters had been progressed and were now recommended for removal. Others had suggested amendments to the target dates for the reasons set out in the log.

Having **scrutinised** the log, 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 11 March 2026, together with the Chair’s Assurance Report, to enable the Board to seek assurance.

The Chair of the Strategic Planning Group, Councillor Rachael King, highlighted the positive assurances, including progress with the Strategic Plan Delivery Plan, particularly governance and planning for neurodevelopmental pathways having been strengthened for children and young people, as well as the successful recruitment to the post of Carer Lead. Areas of concern included service pressures, delayed transfers of care, which had increased significantly since July 2025, recruitment issues with the All Age Nurse Led Psychiatric Liaison Team and adult neurodevelopmental services.

There had also been circulated the unapproved Minute of the Meeting of the Strategic Planning Group held on 6 May 2026, together with the Chair’s Assurance Report, to enable the Board to seek assurance.

The Chair of the Strategic Planning Group, Councillor Rachael King, highlighted the positive assurances, including clear progress towards establishing a single, integrated neurodevelopmental pathway for children and young people and strategic planning in relation to housing for older people, with some new housing developments being built to accessible standards and integrated Telecare. The main area of concern was the significant waiting lists for neurodevelopmental assessment.

Matters where further assurance were sought included a role for the Strategic Planning Group in Public Service Reform, and the current status of delayed transfer of care.

Councillor Rachael King advised that it was probably too early to articulate what role, if any, the Strategic Planning Group would play in Public Service Reform. However, it was important that everyone was fully involved in the exploration locally.

Sam Thomas confirmed that, as of this morning there were seven delayed transfers, which was a huge credit to the team, where a whole system approach was working hard for a timely discharge, given that there were 19 cases in July.

Having **scrutinised** the approved Minute of the Meeting of the Strategic Planning Group held on 11 March 2026 and the unapproved Minute of the Meeting of the Strategic Planning Group held on 6 May 2026, together with the Chair's Assurance Reports, the Board took assurance.

7. Performance and Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Performance and Audit Committee held on 18 March 2026, together with the Chair's Assurance Report, to enable the Board to seek assurance.

The Chair of the Performance and Audit Committee, Councillor Lindsay Hall, highlighted the positive assurances, including amended Terms of Reference, substantial assurance arising from an internal audit of strategic planning and localities, continued improvement across registered services arising from Care Inspectorate inspections and progress with the Strategic Plan priorities.

Discussion followed on sharing information across various authorities, which related back to Public Service Reform, and how information could best be shared with minimal duplication. Currently, depending on the content, a report might require to be heard by committees of Orkney Islands Council, NHS Orkney and the Integration Joint Board.

Having **scrutinised** the unapproved Minute of the Meeting of the Performance and Audit Committee held on 18 March 2026, together with the Chair's Assurance Report, the Board took assurance.

8. Draft Revenue Expenditure Outturn

There had been previously circulated the draft revenue expenditure outturn position for financial year 2025/26, for scrutiny.

Mohammed Sohail advised that, in general terms, the Board had ended the year with an approximate overspend of £500k against an overall budget of £70 million which, in comparison with the previous year, was an improvement on the £4 million overspend. A note of caution was exercised in relation to release of reserves, which was non-recurring, although income received had increased, due mainly to the first full year of charging for Telecare, as well as increased income from residential care, which varied depending on the mix of residents. Agency spend remained stubbornly high, although the cost was offset by payroll savings. Costs of outwith Orkney placements had reduced, although it was very susceptible to change and not easy to predict.

Members were generally appreciative of the slowly improving financial situation, caveated with an element of caution, as this could be one good year, with many factors outwith the Board's control, which could see expenditure increasing. Work remained ongoing to recruit permanent staff, noting this was a national issue, and not just local. One area of success was in the Children and Families team where, over a period of three years, all Team and Service Managers, with the exception of one Service Manager, had seen permanent recruitment success, with agency workers being phased out over the next six to 12 months. It was noted, however, that there was a limited pool of people locally, as all employers, not just the public sector, struggled to find permanent employees.

The Board noted:

8.1. The draft revenue expenditure outturn statement in respect of the Orkney Health and Social Care Partnership, excluding Set Aside, for financial year 2025/26, as detailed at section 4.1 of the report circulated.

8.2. That, for financial year 2025/26, the draft outturn position was an overspend position of £0.630 million. The total Integration Joint Board approved budget was £69.129 million (£81.8 million including £12.670 million Non-commissioned/Set Aside) and the draft outturn spend was £69.759 million.

8.3. The overspend position comprised:

- NHS Orkney commissioned service – £1.350 million underspend post removal of the £2.4 million savings target. Net of the £2.4 million savings this would have been a £1.05 million overspend.
- Orkney Islands Council commissioned services – £1.980 million overspend. Last year this was a £3.556 million overspend.
- On a like for like basis (i.e. net of the £2.4 million NHS Orkney savings) the overspend had reduced from £4.4 million last year to £3 million this year i.e. a net improvement of £1.4 million. This was a £1.5 million improvement in Orkney Islands Council offset with a £100k adverse movement in NHS Orkney.

8.4. That the entirety of the NHS Orkney underspend could be attributed to the £2.4 million savings target that was set at the start of the financial year, until its removal at month 9. Vacancies in the Nursing team and Speech and Language Therapy team, together with higher than expected income generation from other Health Boards were the key drivers for the underspend at NHS Orkney.

8.5. The draft revenue expenditure outturn statement in respect of the Set Aside budget for financial year 2025/26, as detailed at section 5 of the report circulated, which indicated a year end balanced position.

8.6. That additional funding of £1.433 million was received via NHS Orkney to achieve a year end balanced position for Set Aside services.

8.7. The options available to NHS Orkney and Orkney Islands Council, as stated in paragraph 4.3.1.4 of the Integrated Resources Advisory Group Finance Guidance, namely:

- Make additional one-off payments to the Integration Joint Board.

- Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this.

8.8. That the Health Board and the Council had agreed "subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address the overspend, to provide additional resources to the Integration Joint Board which are then recovered in future years where an underspend position is achieved".

9. Risk Register

There had been previously circulated a revised Risk Register, for consideration and approval.

Stephen Brown advised that members of the Senior Management Team had spent time reviewing the Risk Register to ensure the risks contained within the Register reflected the current position and tied in with some key Policies, Plans and Strategies. Several risks had been removed, as they were considered issues, rather than risks, and these were set out in section 4.5 of the report circulated. Other risks had been combined where they related to the same risk area. An updated Risk Register, which took account of the proposed changes, was circulated, and now contained nine risks, whereas the previous Risk Register had 20. The two most significant risks related to failure to control budget and workforce challenges. The risk rating for the Isles Primary Care Model risk had increased from 9 (Amber) to 25 (Red), the reason being that, due to contractual and workplace regulations, there were challenges which could result in the Board being unable to maintain safe and effective care in the current configured model.

Concern was raised regarding removal of the risk relating to the switchover from analogue to digital. Lynda Bradford confirmed that the previous risk related to the financial position and assured the Board that plans were in place to ensure the timeframe was met, with the position changing weekly. Stephen Brown committed to update the Board in November 2026, which would be approximately one month prior to the switchover date, but he had no major concerns regarding the switchover and was working closely with the digital office.

Regarding the Isles Primary Care Model, Stephen Brown advised that the main issue was the inability to recruit permanently due to the EU Working Time Directive and shift patterns and work was ongoing with the isles' Development Trusts regarding a recruitment campaign.

Further discussion took place regarding recruitment, and Lynda Bradford advised that the Council had previously participated in the displaced workers scheme but had been unable to recruit, and that discussions were ongoing with the Scottish Government about future participation. Further education students were also employed within entry grade posts during holiday periods and were able to contribute to the service during holiday periods.. More publicity of entry level work would be considered, which provided valuable experience for nursing or medical students. The Introduction to Care qualification at UHI Orkney had led to 18 people undertaking the course, who would be guaranteed an interview in a care setting, in the previous year. Open days, including recruitment days, were also planned for Kirkjuvagr House.

The Board thereafter **resolved** that the revised Risk Register, attached as Appendix 1 to the report circulated, be approved.

10. Reappointment of Standards Officer

There had been previously circulated a report presenting recommendations for the reappointment of a Standards Officer and a Depute Standards Officer, for consideration and approval.

The Board noted:

10.1. That there was a statutory requirement for the Integration Joint Board to appoint a Standards Officer, who was responsible for advising and guiding members of the Integration Joint Board on issues of conduct and propriety.

10.2. That the terms of appointment of the current Standards Officer and current Depute Standards Officer were due to expire in September 2026 and new appointments are therefore necessary.

The Board thereafter **resolved:**

10.3. That the reappointment of Gavin Mitchell, Head of Corporate Governance, Orkney Islands Council, as the Standards Officer of the Integration Joint Board, for a further period of three years until September 2029, be submitted for approval to the Standards Commission for Scotland.

10.4. That the reappointment of Hazel Flett, Service Manager (Governance), Orkney Islands Council, as Depute Standards Officer of the Integration Joint Board, for a further period of three years until September 2029, be submitted for approval to the Standards Commission for Scotland.

10.5. That the Chief Officer write to the Standards Commission for Scotland with the relevant information.

11. Annual Performance Report

There had been previously circulated a report presenting an update on preparation of the Annual Performance Report, together with a proposal for approving the final report for submission to the Scottish Government by the deadline of 31 July 2026, for consideration and approval.

Lynda Bradford advised that Public Health Scotland was responsible for the collation and publication of data used by Integration Authorities to compile their Annual Performance Reports. For calendar year 2025, data was being published in two separate releases, on 8 May and 7 July 2026. The May data release was a “management information” release and not for publication. Furthermore, data from the 2026 Health and Care Experience survey would not be included until the 7 July publication. Guidance issued by Public Health Scotland for the use of data in the Annual Performance Reports published by Integration Authorities stated that “Figures quoted in the final APRs should be from the 7 July 2026 publication as this is the most up to date information and is the information that is publicly available”. Accordingly, officers were unable to bring the draft Annual Performance Report to the Board prior to the members’ recess, and it was therefore proposed that the draft be circulated by email, shortly after 7 July.

Concerns were raised that the Board would not have the opportunity to scrutinise the draft Annual Performance Report in a public forum prior to its submission to the Scottish Government by 31 July. Various options were discussed but it was pointed out that the summer recess for elected members was well known across Scotland, not just locally, and that Orkney would not be the only Integration Authority with the issue of non-availability of councillors, as some would have already made plans knowing that no meetings would be scheduled.

The Board thereafter **resolved:**

11.1. That powers be delegated to the Chief Officer, in consultation with the Chair and Vice Chair of the Board, to approve the draft Annual Performance Report for 2025/26 for submission to the Scottish Government by the statutory deadline of 31 July 2026.

11.2. That the Annual Performance Report be submitted to the next meeting of the Board, scheduled for 2 September 2026, for approval.

The Board noted:

11.3. That the draft Annual Performance Report for 2025/26 would be circulated to all members of the Board, via email, upon submission to the Scottish Government by 31 July 2026.

12. Clinical Services Review

Older Persons and Frailty Workstream

There had been previously circulated a report presenting an update on work currently being undertaken in respect of older persons and frailty, for scrutiny and discussion.

Stephen Brown advised that, in July 2025, the Board received a report on system pressures resulting in delayed transfers of care and thereafter approved the establishment of a Short Life Working Group to review discharge processes, delayed transfers of care and options for working differently/creating system capacity. In August 2025, the Board of NHS Orkney received the Clinical Services Review Implementation Plan which included the final Clinical Services Review as well as the Clinical Services Implementation Plan (Horizon 1). One of the recommendations from this was to develop an elderly care strategic plan setting out the development of a HUB approach.

In January 2026, the Older Persons and Frailty workstreams were merged to better integrate acute, community and social care, recognising strong interdependencies across services and an Older Person and Frailty Workstream Deep Dive, attached as Appendix 1 to the report circulated, was undertaken. Both practitioners and clinicians were well engaged, with progress made on frailty and dementia pathways. Multi-disciplinary teams were working together to streamline processes and ensure the best outcomes, ensuring ongoing independence and getting it right for the majority of older people.

Members sought assurance on a number of points, including information on readmissions, a single point of access, potential workforce implications, continued use of paper records and potential for digital and inter-operable systems, potential nursing home registration and the age used on the frailty scale.

Sam Thomas advised that Orkney had one of the lowest readmission rates which was due to getting the planning right before discharge, even if that meant keeping someone in hospital longer because of logistics. Consideration would be given as to how to share data on length of stay, including a baseline from which to compare performance.

Regarding workforce implications, Stephen Brown confirmed that staff may be asked to work differently, rather than being asked to work outwith their existing remit – any significant workforce implications would be reported through the appropriate governance routes.

Sam Thomas confirmed that, although new digital systems were being commissioned which would start to give inter-operability, this required to be scoped nationally, as they did not want to implement something in Orkney that did not then work with another system when patients moved. If this could be achieved, that could have significant benefits for Public Service Reform.

Lynda Bradford reported that a social care transformation project initiation document had been approved to review all services, which would include exploring and planning for introducing a nursing home registration within residential care facilities.

As age was not considered a good predicator of frailty, given that younger people could be frail and older people not so, Sam Thomas confirmed that the reason for using the over 75 age group was that the mean age for admission was 83 years of age. Another piece of work would be undertaken to identify younger patients for rehabilitation and enablement. Care also needed to be taken on use of language as “frailty” appeared to suggest older people, but it was noted this was national terminology.

The Board noted:

12.1. The significant work undertaken to date in relation to Older Persons and Frailty, as detailed in Appendix 1 to the report circulated.

12.2. That Orkney had recently been accepted onto Healthcare Improvement Scotland’s Focus on Frailty Programme with clear national outcome milestones for 2027.

13. Third Sector Update

There had been previously circulated an update on the main issues, developments and pressures reported by the Third Sector Working Group, for scrutiny and discussions.

Morven Brooks summarised the main message from the progress update in that the Third Sector was supporting people, with rising demand, needs becoming more complex and waiting lists for services.

The Board noted:

13.1. That third sector organisations were supporting people across Orkney with early help, prevention, mental health, family support, food and fuel poverty, domestic abuse, sexual violence support, bereavement, advocacy, dementia support, youth transitions and other community-based support.

13.2. The highlighted pressures that might need further discussion with partners, including rising demand, short-term funding, waiting lists, staffing pressures, gaps in services, and the impact on statutory services should third sector support be reduced.

13.3. The important role third sector organisations played in supporting health and social care outcomes across Orkney.

13.4. That many organisations were seeing rising demand, more complex need, waiting lists, uncertain funding and pressure on small teams.

13.5. That many third sector services were helping people before they reached crisis, which could reduce pressure on NHS, social work, housing, children's services and other statutory services.

13.6. The positive progress in dementia support, including three-year funding for the post of Admiral Nurse, strong post-diagnostic support, social hubs and wider partnership work.

13.7. The concerns raised regarding funding decisions affecting long-standing third sector services, especially where those services supported prevention, early intervention, safeguarding, statutory referral routes and wider community resilience.

13.8. The increasing pressure on independent advocacy, food support, youth transition support, sexual violence support and community-based dementia support.

The Board **resolved**:

13.9. That officers be asked to consider how the issues raised in the report circulated could inform planning, commissioning, prevention work, financial planning and risk management across the Orkney Health and Social Care Partnership.

13.10. To support continued engagement with the Third Sector Interface (Voluntary Action Orkney) and the Third Sector Working Group, so that there was a clearer shared understanding of demand, capacity, unmet need and opportunities for joint working.

14. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 2 September 2026 in the Council Chamber, Council Offices, Kirkwall.

15. Exclusion of Public

On the motion of Joanna Kenny, seconded by Councillor Rachael King, 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.

16. Primary Care Improvement Plan Regulation in Orkney

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 1, 6, 8, 9 and 10 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report presenting the outcome of the review of options to implement the Primary Care Improvement Plan (PCIP), together with an updated Equality Impact Assessment and an updated Island Communities Impact Assessment, for consideration.

The Board thereafter **resolved** what action should be taken with regard to delivering PCIP within Orkney.

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.

Councillor Lindsay Hall, Issy Grieve and Margaret MacRae left the meeting during discussion of this item.

17. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 13:00.