



Stephen Brown (Chief Officer)

Orkney Health and Care

01856873535 extension 2601

OHACfeedback@orkney.gov.uk

Orkney Integration Joint Board

Wednesday, 6 November 2024, 09:30.

Council Chamber, Council Offices, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Rachael King, Jean Stevenson and Lindsay Hall.

NHS Orkney:

Rona Gold (via Microsoft Teams), Issy Grieve, Joanna Kenny (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.
- Taiye Sanwo, Interim Section 95 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.
- Danny Oliver, Staff-side Representative, Orkney Islands Council.
- Frances Troup, Head of Community Learning, Leisure and Housing, 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.
- John Daniels, Head of Primary Care Services.
- Shaun Hourston-Wells, Acting Strategic Planning Lead.
- Katie Spence, Alcohol and Drugs Partnership Co-ordinator (for Items 1 to 6).
- Matthew Webb, Community Justice Planning, Performance and Information Officer (via Microsoft Teams).

Orkney Islands Council:

- Andrew Groundwater, Head of Human Resources and Organisational Development (for Items 1 to 11 and 13 to 17).
- Erik Knight, Head of Finance (for Items 1 to 11).
- Glen Thomson, Service Manager (Property and Capital Programme) (for Items 14 and 15).
- Veer Bansal, Solicitor.
- Maya Tams-Gray, Committees Officer.

NHS Orkney:

- Brian Steven, Interim Director of Finance.
- Bruce Young, Principal Management Accountant (via Microsoft Teams) (for Items 10 and 11).

Not Present

Non-Voting Member:

Stakeholder Member

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

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Apologies

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

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

- Non-voting Members:
 - Darren Morrow, Chief Social Work Officer of the constituent local authority, Orkney Islands Council.
 - Janice Annal, Service User Representative.

2. Re-appointments

There had been previously circulated a report considering a re-appointment to the Integration Joint Board, for consideration and approval.

The Service Manager (Governance) advised that the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, read in conjunction with the Orkney Integration Scheme, regulated membership of Board, together with the term of appointment of the various members. Section 4 of the report detailed the various appointments and dates for re-appointments, together with the relevant appointing body. The re-appointment to be considered at this meeting related to the Third Sector representative.

The Board noted:

2.1. That, in terms of the Orkney Integration Scheme all appointments, with the exception of the Chief Officer, Chief Finance Officer of the Board and the Chief Social Work Officer, who were members of the Board by virtue of the Regulations and the post they held, were for a period of two years

2.2. That, in addition, individual Board appointments would be made as required when a position became vacant for any reason, and that any member of the Board could be re-appointed for a further term of office.

2.3. That, on 30 November 2022, the Integration Joint Board appointed Morven Brooks as the Third Sector Representative on the Board.

The Board **resolved:**

2.4. That Morven Brooks be re-appointed for a further period of two years in the role as Third Sector Representative.

2.5. That Morven Brooks be re-appointed as the Third Sector Representative on the Joint Clinical and Care Governance Committee.

3. Declarations of Interest

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

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 4 September 2024.

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

5. Matters Arising

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

There were no matters arising from the previous meeting on 4 September 2024. In respect of outstanding actions from previous Board Meetings, Stephen Brown advised that a number of actions would be removed following this meeting, as they related to items on the agenda for discussion or briefing papers had been issued.

Regarding regular reports, Stephen Brown advised that the Climate Change Duties Report would be postponed until the following meeting, as information was still awaited from both Orkney Islands Council and NHS Orkney's annual reports. Going forward, the Winter Plan would be reported through the Joint Clinical and Care Governance Committee (JCCGC), as it was now considered an operational document making provision for surge activities all year round. This would then feed through to the Integration Joint Board via the Chair's report from the JCCGC.

In response to a query from Councillor Rachael King regarding how to ensure oversight was not lost from actions being removed from the log, particularly in relation to Action 4 (additional investment), Stephen Brown advised that this specific action would feature in the risk register.

Councillor Rachael King continued by asking whether there should be more communications work done on a national level in relation to Guardianship Agreements. Stephen Brown agreed to highlight this to the Scottish Government.

The Board scrutinised the Log and took assurance.

6. Orkney Alcohol and Drugs Partnership Annual Report 2023/24

There had previously been circulated a report presenting the Orkney Alcohol and Drugs Partnership's Annual Report for 2023/24, to enable the Board to seek assurance.

Katie Spence introduced the report, highlighting that the annual report had already been submitted to the Scottish Government, however no feedback had been received to date.

Councillor Jean Stevenson asked whether section 4.3 of the covering report, mentioning a local drop-in facility, including access to staff for referral into treatments, included referrals to the Child and Adolescent Mental Health Services and the Community Mental Health Team. Katie Spence responded that only those over 18 would be able to access such referrals.

Dr Louise Wilson asked how there could be restrictions to residential places due to lack of funding when the Alcohol and Drugs Partnership (ADP) had money in the reserves. Katie Spence advised that there was funding ring-fenced for residential rehabilitation. In the reporting period there had not been any patients who declared an interest in attending residential rehabilitation. The ring-fenced amount would not be enough for a full placement, so money would have to be taken from reserves in those circumstances. Katie Spence agreed to revisit the wording.

Councillor Lindsay Hall queried if there were any advice services similar to what had been provided by the Orkney Alcohol Counselling Advice Service (OACAS), or if any might be revived. Katie Spence responded that the ADP commissioned Relationship Scotland Orkney for adult support services, and any referrals previously with OACAS had gone to them or Ypeople for young people. These were generic services but commissioned by the ADP specifically for alcohol and drug support services.

In response to a question from Councillor Jean Stevenson, Katie Spence confirmed that more specialist care would be referred to NHS treatment services. Relationship Scotland Orkney could refer individuals directly to these services.

Councillor Rachael King noted that pathways of support offered to those who had experienced near fatal overdoses did not include Police Scotland, Scottish Fire and Rescue Service or Primary Care Services. Katie Spence confirmed that, although there were informal pathways in place, they could not be included in the annual report as they were not formally documented. This would now be progressed following her return to work.

Councillor Rachael King continued by asking why justice partners had not contributed to strategic planning. Katie Spence responded that this was due to no one in post covering the period of the annual report. Stephen Brown added that membership of the Strategic Planning Group was being reviewed, involving the ADP team, so he felt that section of the report would be completed differently in the future.

In response to a question from Councillor Rachael King about including employability support in identifying treatment and support for children and young people, Stephen Brown confirmed that ideally they would, but challenges arose in relation to availability of established and existing services.

The Board noted that the Orkney Alcohol and Drugs Partnership's Annual Report 2023/24, attached as Appendix 1 to the report circulated, was submitted to Scottish Government on 9 July 2024.

The Board thereafter obtained assurance regarding the work programme of the Alcohol and Drugs Partnership during 2023/24.

7. Performance and Audit Committee

There had been previously circulated the approved Minute of the Meeting of the Performance and Audit Committee held on 26 June 2024, to enable the Board to seek assurance.

Joanna Kenny, Chair of the Performance and Audit Committee, summarised that the meeting had mainly focused on internal audit reports. There had been good discussions throughout, and evidence of good practice. The Committee were seeking additional voting members.

Councillor Lindsay Hall asked whether the delayed external audit plan had resulted in the September date for the final audit report being missed. Erik Knight advised that the Annual Accounts, which were due to be published by 31 October, were yet to be published, and the external auditors were not presently communicating with relevant Officers. Although the Chief Officer and the Chief Finance Officer had both signed the Annual Accounts, KPMG had still to sign off and it was not clear why this

had still not been done. Councillor Lindsay Hall asked that the Board's concerns be recorded. Erik Knight undertook to let the Board know once the Annual Accounts had been signed off and published.

Joanna Kenny commented that, at the September meeting of the Performance and Audit Committee, it appeared that everything was on schedule and welcomed any subsequent updates. Erik Knight agreed to attempt to get a written response from KPMG to explain the delay.

The Board scrutinised the Minute and took assurance.

8. Joint Clinical and Care Governance Committee

There had been previously circulated the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee (JCCGC) held on 30 July 2024, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Rona Gold highlighted the following points from the Minute:

- The Social Work and Social Care Service User Experience Report was approved and assurance taken from this report, as well as from the Children's Health Review.
- Positive developments in terms of improvements to the risk register.
- Concern raised about lack of clarity in terms of the Clinical Governance Structure and meetings being held with no approved terms of reference – the Medical Director was working on this and draft Terms of Reference would be submitted to the December meeting of the JCCGC.

Councillor Rachael King welcomed clarity on the Clinical Governance Structure as it should help with the flow of reports and providing assurance. Regarding patient safety, she queried the withdrawal of the mobile MRI scanner, particularly noting concern around the impact for island communities. Sam Thomas responded that discussions with the Scottish Government were ongoing, which appeared to be positive.

Councillor Rachael King asked whether the lack of pharmacy on call services impacted on discharge processes. Sam Thomas advised that the in-house pharmacy team was very small and had carried a number of vacancies over several years. To allow business continuity, staff came in at weekends to prescribe medication and to allow discharge. A discharge group had also been set up to look at all procedures – with 17 attendees, discharge was complex and required a number of people to sign off on various matters.

Danny Oliver queried whether the concerns noted at paragraph 10.2 of the Minute were allayed by the liaison team. Lynda Bradford confirmed that this would partially mitigate the concerns. The peer review was due to report by the end of November, the Integration Joint Board had approved funding and therefore the additional posts would go to advert shortly.

In response to a question from Councillor Rachael King about receiving a health inequalities update, Stephen Brown said he still needed to follow up with Dr Louise Wilson on the challenges.

The Board scrutinised the Minute and took assurance.

9. Strategic Planning Group

There had been previously circulated the unapproved Minute of the Meeting of the Strategic Planning Group held on 27 September 2024 to enable the Board to seek assurance.

Issy Grieve highlighted the following points from the Minute:

- The meeting focused on the stakeholder engagement event.
- There was work ongoing around engagement exercises with community councils.
- Work was ongoing to ensure the strategic plan and priorities were in line with the needs of the community.

Councillor Lindsay Hall asked how the need for community hubs in specific areas had been identified, as he felt most communities had a variety of hubs. He asked whether developing a new eligible charity for funding opportunities would be taking money from other services, due to the finite nature of the resources. Morven Brooks confirmed that the conversations at the event were mainly a summary, as many individuals did not know what community led support meant. This highlighted communication issues, and the importance of ensuring people know what support is available. In relation to the Isles Wellbeing Project, funding was identified as the major issue. As the relevant projects sat under Voluntary Action Orkney, it was more difficult for them to be progressed. The recommendation from a feasibility study was to create a new charity.

Councillor Jean Stevenson asked what housing support was needed for older people to remain in their homes. Lynda Bradford confirmed that core and cluster support was already in place. This accommodated individuals over the age of 16, so not just older people. Frances Troup added that the new local housing strategy had been approved, which looked at the provision of older people's housing. This aimed to look at a more continuous package of care, so service users would not have to move when their needs changed.

Dr Kirsty Cole queried if primary care had been discussed as a method of early intervention in relation to mental health. Lynda Bradford confirmed it had been raised and was an area John Daniels was progressing. Issy Grieve added that its importance would be fed through to the writers of the strategic plan to include.

In response to a question from Councillor Rachael King regarding the understanding of current respite care options, Lynda Bradford responded that it remained a pressurised situation, as people were often requesting respite care once a crisis point had been reached. Although dates for respite care were offered, the beds were often not available, as they were being used for crisis situations. There was also an increasing demand from people not previously known to the service, as families had been coping, but had now reached that crisis point.

The Board scrutinised the Minutes and took assurance.

10. Joint Staff Forum

There had been previously circulated the unapproved Minute of the Meeting of the Joint Staff Forum held on 3 October 2024 to enable the Board to seek assurance.

Danny Oliver highlighted the following points from the Minute:

- Discussion had focused on staffing and service pressures, including within Primary Care, Children and Families and Adult Social Care.
- Update on All Age Learning Disability and how that service would be structured going forward.
- Update on the Growing a Sustainable Social Care Workforce project.

Councillor Lindsay Hall queried if there was a way to bring in retired staff to help relieve staff pressures. Stephen Brown responded that all options were being reviewed, and work was ongoing.

The Board scrutinised the Minutes and took assurance.

11. Revenue Expenditure Monitoring

There had been previously circulated a report presenting the revenue expenditure position as at 30 September 2024, for scrutiny.

Taiye Sanwo advised that the position as at 30 September 2024 indicated an overspend on both Orkney Islands Council and NHS Orkney commissioned services, as well as on Set Aside Services. However, the financial position in relation to NHS Orkney and Set Aside was in line with the financial recovery plan submitted to the Scottish Government. The proposed recovery plan attached at Annex 3 would assist in reducing spend by the end of the financial year, with the outturn position estimated at a variance of £2.9 million.

The main variances related to staff costs, with agency spend at approximately £2 million at the end of September. Other significant variances related to commissioned services, outwith Orkney placements, elderly care services and disability services.

Issy Grieve and Councillor Rachael King both commented that they were pleased with the comprehensive report, including the additional detail and information now provided in Annexes 1 and 3, which now helped with a greater understanding of the budgetary pressures.

The Board agreed that the public be excluded from the meeting in respect of discussion on matters included within Annexes 1 and 3, on the grounds that it involved the disclosure of exempt information as defined in paragraphs 3, 6, 8 and 12 of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

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.

The Board then returned to public session.

Rona Gold commented that she appreciated the pressure on services that were unplanned or unpredictable in nature to have a budget that met their needs. As a commissioning body, the IJB received explanations as to why things were over or under spent, but felt there was nothing about mitigation. Stephen Brown responded that the recovery plan was an attempt to mitigate the year-end position. He highlighted that staffing costs were the biggest concern. The best way to deal with this would be to cease use of agency staff, but the impact could be catastrophic. He hoped that the recovery plan was relatively palatable, and noted the budgetary position was predicted to improve on the previous year. Rona Gold added that the budget planning process and associated risks might be helpful for the Board to see in the future.

The Board noted:

11.1. The financial position of the Orkney Health and Social Care Partnership as at 30 September 2024, as follows:

- A current overspend of £1,570k in relation to Orkney Islands Council commissioned services, which was an improvement on the Quarter 1 position.
- The position in relation to the NHS Orkney commissioned services was on track with the plan agreed with Scottish Government and NHS Orkney. There is a current overspend of £695k. To achieve the full contribution of the Integration Joint Board (IJB) savings to the plan, the Board was being asked to approve the drawdown of £500k reserves in non-recurring savings for 2024/25.
- There was a current overspend of £882k on Set Aside Services but this too was in line with the financial plan agreed with Scottish Government.
- The full year projected variance on delegated services was £2,930k, comprising £2,430k overspend on Orkney Islands Council commissioned services and £500k overspend on NHS Orkney commissioned services (which would be addressed if the Board agreed the drawdown of £500k from reserves).

11.2. Orkney Islands Council's proposed financial recovery plan actions, detailed in Annex 3 to the report circulated, which aimed to deliver further reductions in spend to improve the year end projections to a position that was closer to balancing the budget, but not a balanced position.

11.3. The balance within the earmarked reserves/holding account of £3,260k, as detailed in Annex 2 to the report circulated.

11.4. The proposal that some of the reserves were utilised in 2024/25 to help improve the year-end position as previously agreed with NHS Orkney and as part of the wider financial plan agreed with Scottish Government. Those reserves would be used on a non-recurring basis to mitigate the budget pressures and reduce the forecasted overspend as outlined above.

11.5. The non-recurring reserves which had been identified for consideration to be utilised, as follows:

- £436k underspend brought forward from 2023/24.
- £64k from system pressures reserves balance.

The Board **resolved**:

11.6. That the proposed utilisation of reserves totalling £500k detailed at paragraph 11.5 above, be approved.

12. Performance and Audit Committee

There had been previously circulated a report considering appointments to the Performance and Audit Committee, for consideration and approval.

The Service Manager (Governance) advised that, on 4 September 2024, when reviewing the Terms of Reference of its sub-committees, the Integration Joint Board agreed that the Performance and Audit Committee be expanded to include an additional member to bring the membership up to eight. Following this appointment, it was proposed that a Vice Chair be appointed.

The Service Manager (Governance) clarified, following a question from Councillor Lindsay Hall, that the report sought to appoint four members all together, which could be re-appointments of existing members.

Stephen Brown shared that there was likely to be a future recommendation to expand the Carer Representatives on the Board. There were meetings planned with two individuals to discuss the matter, and ideally one of them would join the Performance and Audit Committee. One existing member of the Performance and Audit Committee had stepped down, due to other commitments. Sam Thomas was willing to continue.

Councillor Rachael King reiterated the important role of the Performance and Audit Committee but noted that no expressions of interest were forthcoming meantime.

The Board noted:

12.1. That, following approval of updated Terms of Reference in respect of the Performance and Audit Committee, membership had increased from seven to eight members.

12.2. The existing membership of the Performance and Audit Committee as set out in section 4.6 of the report circulated.

The Board **resolved**:

12.3. To defer appointments to the Performance and Audit Committee, including appointment of a Vice Chair, meantime.

12.4. That the Terms of Reference in respect of the Performance and Audit Committee be updated to include the procedure for appointing a Vice Chair.

13. National Care Service – Stage 2 Draft Amendments

Consultation Response

There had been previously circulated a report presenting the Integration Joint Board's consultation response, for information.

Stephen Brown reminded the Board that all members saw the final consultation response and that the Board, Orkney Islands Council and NHS Orkney had all submitted separate consultation responses. To date, the Scottish Government had yet published a report on national responses and themes, however most trade unions had now stepped back from working with the Scottish Government on this matter and COSLA had also withdrawn their support.

Rona Gold commented on the excellent consultation response on a complex matter which was set out clearly. This was echoed by Councillor Rachael King.

The Board noted:

13.1. That the National Care Service (Scotland) Bill, published in June 2022, provided for the establishment of a National Care Service, under the responsibility of Scottish Ministers, as well as the transfer of listed social care and social work local authority functions, staff and assets to Scottish Ministers or newly established local care boards.

13.2. That the usual parliamentary process for a Scottish Parliament Bill consisted of three stages:

- Stage 1 – consideration of the general principles of the Bill by parliamentary committee (s), and a debate and decision on these by the Parliament.
- Stage 2 – detailed consideration of the Bill by parliamentary committee(s).
- Stage 3 – final consideration of the Bill by the Parliament and a decision whether it should be passed or rejected. After a Bill was passed and received royal assent, it became an Act of the Scottish Parliament.

13.3. That, in June 2024, the Scottish Government published the National Care Service Stage 2 – Draft Amendments for consultation, with responses required by 20 September 2024.

13.4. That a draft consultation response had been shared with all Integration Joint Board members on 16 September 2024, for approval prior to submission.

13.5. The consultation response, attached as Appendix 1 to the report circulated, to the Stage 2 Amendments in respect of the proposed National Care Service, which was submitted by the Chief Officer, on behalf of the Integration Joint Board, to the Scottish Government by the deadline of 20 September 2024.

14. Primary Care Services

There had been previously circulated a report to improve visibility of Primary Care Services, for information.

John Daniels advised that the report was high level and broad and explained what Primary Care services covered, including locally, where it was responsible for adequate provision of the following services:

- General Practice.
- Dentistry.
- Optometry.
- Long Term Conditions (LTC) Nursing.
- Community Nursing (ferry-linked isles only).

Further detail on the five service elements above were provided in the report circulated, with the following points noted:

- Primary Care Improvement Plan (PCIP) still not rolled out successfully in Orkney, although robust conversations were ongoing, including with the GP Sub-committee, to drive this forward.
- Access to Primary Care was a topic of note with the public.
- Extensive media coverage around accessing services, particularly Dentistry.
- Community Optometry provided by single provider at a single location, which had previously faced capacity challenges, however routine appointments were available within six weeks.
- LTC Nursing was a small, dedicated and committed team, which resulted in fragility and required back up from GPs.
- Recruitment remained the biggest challenge within Community Nursing, particularly in the isles, with current challenges including Agenda for Change and the Working Time Directive.
- Addressing challenges within the senior management team.

In response to a query from Councillor Lindsay Hall regarding GP provision on islands, John Daniels clarified that islands were either covered by Board Run Practices or Independent Practices, with Service Level Agreements in place for the latter.

In response to a question from Councillor Lindsay Hall regarding out of hours and/or emergency provisions, including responsibility, John Daniels confirmed that provision was available on almost every island, either by a GP and an Advanced Nurse Practitioner. Responsibility for emergency response/999 call sat with the Scottish Ambulance Service, however a partnership approach was recognised in that isles residents did not routinely use 999 or NHS24. More information would be recorded

by the Balfour Hospital switch and, although a large problem to solve, there was commitment to achieving that solution.

Morven Brooks queried why the Community Link Practitioners were not mentioned, despite being funded through the PCIP. John Daniels advised that, as previously advised, the report was high level and broad, so had not delved into too much detail. This was the type of information which could be covered in future reports. Sam Thomas advised that, moving forward, there was an opportunity for more information on Primary Care being reported through the Joint Clinical and Care Governance Committee, which would provide the Board with assurance. John Daniels concurred and confirmed that he was committed to improving the visibility of Primary Care services.

Issy Grieve commented that additional data and reporting would be useful. John Daniels confirmed that, although data was available, it was not easily accessible and he was working with the Health Intelligence Team to see what could be done to improve data collection and reporting which, currently, was extremely labour intensive.

Rona Gold was also appreciative of the paper and welcomed discussions on how this could be brought into the workplan for the JCCGC.

Councillor Rachael King continued on the same theme and considered what other areas the Board should receive regular updates from, for example, the Third Sector. Stephen Brown agreed that he would liaise with Morven Brooks and timetable a report into the Board's business.

Dr Kirsty Cole added that she was also pleased to see the report. However, she noted that, despite the PCIP being a single piece of commissioning, the Board had not had a recent update on where the Plan was at. Further, having commissioned the vaccine transformation programme, no report had been forthcoming on what that had meant for patients, clinicians and service delivery, whether to this Board or elsewhere.

The Board noted:

14.1. The initial update in respect of Primary Care Services, which was both high level and broad in its approach, recognising that the subject could not be adequately addressed in a single paper, and was designed to provide members with improved insight into the Primary Care landscape, create an opportunity to generate discussion and inform the content of future detail of Primary Care Services updates.

14.2. Possible content for future reports to the Board, including similar type updates on the work of the Third Sector.

15. New Kirkwall Care Facility

There had been previously circulated a report providing an update on progress with the new Kirkwall care facility, Kirkjuvagr House, for information.

Shaun Hourston-Wells advised that there had been delays in the completion of the facility due to necessary replacement of fitted building materials, which the Board had previously been notified of through a briefing note.

There were now further delays for several reasons, including connecting utilities, design details and poor weather conditions. Services would continue to operate from St Rognvald House until the new facility was available. The project was anticipated to be revenue cost neutral, with the same staffing numbers as at St Rognvald House, although in the short term there would be additional property costs while both properties were the responsibility of the partnership. The capital budget was currently indicating an overspend of £325k.

Issy Grieve welcomed the update, but expressed concerns that once completed, both properties would be the responsibility of the partnership. Lynda Bradford confirmed that this had been previously highlighted to the Board. Discussions were also ongoing regarding future use of St Rognvald House.

In response to a question from Sam Thomas regarding the new guidance relating to the built environment, Glen Thomson confirmed that the facility would be fully compliant with legislation and current building regulations relating to care facilities.

The Board progress made with the new Kirkwall care facility, Kirkjuvagr House, since the last update presented to the Board in February 2024.

16. Orkney Community Justice Partnership – Annual Report

There had been previously circulated a report presenting the annual return sent to Community Justice Scotland from Orkney Community Justice Partnership (OCJP), together with a summary report, for awareness.

Matt Webb advised that each local authority produced and submitting a similar report, drawn from the local outcome activity, which was then used to produce the national response. The reporting period covered by the annual report submitted was one of transition, working through a new strategy and performance framework.

Councillor Rachael King noted the increase in female clients and queried what the service was facility to provide. Matt Webb responded that there was not a failure in service provision, rather an increase in women going through the justice system. The team was now more diverse and responding to this increase, which was also noticeable across Scotland, as the prison service was not set up to cater for females.

In response to a further question from Councillor Rachael King in relation to media reporting on crime, Matt Webb confirmed that the topic had been raised at the OCJP and escalated to the Chief Officers Group. It was recognised that individuals had concerns regarding how they would be judged due to reporting in the local media. Stephen Brown added that there had been ongoing engagement with media representatives for a number of years. There had been consideration to establishing a communication and engagement subgroup.

Councillor Lindsay Hall commented that in his 20 years of working within criminal justice, he had noticed spikes of female offenders, with seemingly no reason over time. He highlighted the point that in a small community with a low population the ratios could be skewed by one or two cases. The employment of a female supervisor within the service was a great stride forward.

Dr Kirsty Cole recognised the challenges for individuals registering with GPs if they were coming from a different area. She believed the registration process in Orkney should be instantaneous. This was causing a delay in referrals to mental health services. She had never been asked to make such a referral that she felt was inappropriate, so queried whether it really needed to go through a GP. Matt Webb confirmed that challenges arose where prisoners were registered locally, and there were technical arrangements ongoing with the Scottish Government to understand delays. Lynda Bradford confirmed that issues with mental health referrals would be picked up separately.

The Board noted:

16.1. The Community Justice Local Area Annual Return for 2023/24, attached as Appendix 1 to the report circulated.

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

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

- During the forthcoming years there will be an embedding of the new Community Justice Outcome Improvement Plan along with a proposed annual action plan, which should help direct partner activity, with a focus upon SMART objectives. This will assist partners to consider their role, through an adjusted community justice lens, reflecting the new strategy and performance framework.
- In parallel there is a planned self-evaluation project to ensure opportunities to improve and develop the services we deliver are identified and exploited to maximum benefit.
- Finance remains a barrier, or risk, to the partnership, with component and contributing partners reporting challenges around funding arrangements and the difficulties or uncertainties which they come with due to annual funding settlements versus multiyear planning initiatives. These present hurdles to long-term sustainability around some initiatives or support processes.
- Activity in train considering the development of a perpetrator programme for those convicted of domestic abuse in addition to ensuring the availability of restorative justice in Orkney. Both projects however are reliant upon finance, within a fiscally challenging time frame, which is also a risk.
- As with every forecast there remains a desire to enhance or increase support to those who are navigating the justice system, with a view to reintegrating them back into a community. Employment and upskilling those who undertake a community sentence, through 'Other Activities' remains a focus for the justice team as this can help reduce the chance of reoffending where self-worth or self-belief can be restored. In addition, developing opportunities for unpaid work with local employers, where there is potential for employment post sentence. Diversion from prosecution will continue to be an area that we look to develop.
- It has also been recognised that the number of women clients entering Justice Services is on the increase, so development of additional women's support services is an aspiration. A good gender balance has been struck within the Justice Team, which is a beneficial first step.

- Finally, public reassurance and understanding of community justice will continue to be a focus for the partnership. The local community need to have faith in the process and see tangible benefits to this policy, where it is appropriate to do so.

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

17. Date and Time of Next Meeting

The Board noted:

17.1. That the next meeting would be held on Wednesday, 19 February 2025 at 09:30 in the Council Chamber, Council Offices, Kirkwall.

17.2. The following meeting dates for 2025:

- 30 April 2025.
- 2 July 2025.
- 3 September 2025.
- 5 November 2025.

18. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:00.