



Gillian Morrison (Interim Chief Officer)

Orkney Health and Care

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Agenda Item: 5.

Orkney Integration Joint Board

Thursday, 29 October 2020, 09:30.

Microsoft Teams.

Minute

Present

Voting Members:

- Davie Campbell, NHS Orkney.
- David Drever, NHS Orkney.
- Issy Grieve, NHS Orkney.
- Councillor Rachael A King, Orkney Islands Council.
- Councillor John T Richards, Orkney Islands Council.
- Councillor Stephen Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Jim Lyon, Interim Chief Social Work Officer, Orkney Islands Council.
- Gillian Morrison, Interim Chief Officer.
- Pat Robinson, Chief Finance Officer.

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Janice Annal, Service User Representative.
- Fiona MacKellar, Staff Representative, NHS Orkney.

Clerk

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

In Attendance

- Kenny Low, Value and Sustainability Lead, NHS Orkney.
- Katharine McKerrell, Solicitor, Orkney Islands Council.
- Dr Dawn Moody, Clinical Director – GP, NHS Orkney.
- Maureen Swannie, Interim Head of Children’s Health Services and Service Manager, Children’s Services, Orkney Health and Care.
- Lynda Bradford, Interim Head of Health and Community Care, Orkney Health and Care.

Observing

- David Hartley, Communications Teams Leader ,Orkney Islands Council.
- Joyce Harcus, Carer Representative Designate.

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Apologies

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

- Dr Kirsty Cole, Registered GP, NHS Orkney.
- David McArthur, Registered Nurse, NHS Orkney.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

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 Special Meeting

There had been previously circulated the draft Minute of the Special Meeting of the Integration Joint Board held on 18 August 2020.

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

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 30 September 2020.

Councillor Steve Sankey referred to the first bullet point on page 9, relating to the set aside budget, and it was agreed that the matter should be amended to read as follows:

“Paragraph 7.2 stated that, since establishment of the IJB, although the budget had not been delegated to the IJB, spend had always exceeded budget which, in his opinion, immediately set the IJB up to failure.”.

Councillor Rachael King referred to the last paragraph of item 6 on page 6, and it was noted that all voting members of the IJB had agreed that, if the matters Arising Log was more detailed, the Summary Report could be dispensed with going forward.

Subject to the amendments above, the minute was **approved** as a true record.

5. Matters Arising

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

Gillian Morrison advised that, as agreed at the previous meeting, the Matters Arising Log had been amended to include specific target dates, a named lead officer and notes.

The Board noted the status of actions contained in the log, noting that those marked as complete would be removed for the next meeting.

6. Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Audit Committee held on 17 September 2020, to enable the Board to seek assurance on performance.

The Board noted the unapproved Minute of the Meeting of the Audit Committee held on 17 September 2020.

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 the Improvement Plan was multi-agency with various partners responsible for actions who were all pulling together to deliver. Good progress continued to be made, including strong ownership across all the agencies. Systems and structures were being developed within Children’s and Families to improve service delivery.

Jim Lyon advised that the themes within the Improvement Plan concentrated on child protection, GIRFEC (Getting it Right for Every Child), LAC (looked after children) and the Good Parenting Plan (the corporate parenting plan). The single most important action was the need for a multi-agency self-evaluation process and he proposed to take a Quality Improvement Framework to the leadership group within the next two

weeks for consideration. Of the 33 actions identified in February, another three would be completed shortly.

Councillor John Richards referred to section 5.5 of the covering report, relating to continuing care and sought further information on the types of accommodation and where the shortfall may be made up. Jim Lyon advised that a lot of work was still required in this respect and discussions had commenced with the Education service. He referred to the Sweet 16 report which was a watershed publication with regard to the national picture for care leavers and suggested that providing tenancies was not the most appropriate solution. Initial dialogue suggested a range of support services for care experienced young people, especially those leaving a care home or a foster home. One recent development was a supported carers' scheme, where recently retired people could provide a room, with the service not quite to the rigorous standards of foster care but did have the benefit of an adult available to the care leaver. Finally, the Sweet 16 report suggested that a care leaver left "home" at 16, whereas in "normal" families, young people often only left home aged 25 or over.

Councillor Steve Sankey was genuinely pleased and satisfied with the level of progress being made by all agencies. However, he had a degree of caution with regard to self-evaluation which was a fine concept and management tool, but only if it was done properly. He sought assurance on the process and timescale. Jim Lyon advised that the approach was based on a national model, which came with 91 pages of guidance from the Care Inspectorate. The single most important factor in any self-evaluation process was support and challenge – the process would only work if those involved took ownership and held each other to account. The focus had to remain on improving services and keeping children and young people safe. Finally, if feedback from those receiving the service was not heard, the service could not make improvements.

David Drever took assurance from the report and was heartened at the progress being made. He sought assurance regarding sustainability and capacity going forward, particularly when moving into another stage of the COVID-19 pandemic with no idea how that would affect Orkney and also for any "new" children who may appear. Although no one could second guess what COVID-19 might do to the community, services continued planning for remobilisation and had just started winter planning. The service was now better resourced with an Interim Chief Officer in place and Jim Lyon agreeing to continue in post while recruitment continued for a permanent Chief Social Work Officer. A temporary service manager was also in post in the Children and Families team, although a lot of temporary and agency staff had been required to get through the challenges of COVID-19. Coming into post, Gillian Morrison saw continued progress with the Improvement Plan as the top priority.

Davie Campbell asked the significance of the colour coding on the Improvement Plan. Jim Lyon advised that it represented the stage of the action and he had the final say as to whether an action was completed and/or delivered in full. However, some actions were not within the complete control of the service and he would ensure that the service continued to contribute towards delivery of those actions.

Issy Grieve also welcomed the pace of progress and the accessibility of the latest iteration of the Improvement Plan. It was also good to see reference to the Enhancing Wellbeing in Our Islands Communities project, reported at the previous meeting of the Board, now included in the Plan.

Councillor Rachael King echoed the comments from the voting members on the pace of progress and the clarity of the Improvement Plan which, previously, had made scrutiny difficult.

The Board noted:

7.1. The updates in relation to staffing and service delivery, as set out in sections 4 and 5 of the covering report.

The Board scrutinised:

7.2. Actions contained in the Joint Inspection of Services for Children and Young People in need of Care and Protection Improvement Plan, attached as Appendix 1 to the report circulated, and took assurance with progress made to date.

8. Chief Social Work Officer's Annual Report

There had been previously circulated the Chief Social Work Officer's annual report for 2019/20, for scrutiny to enable the Board to seek assurance.

Jim Lyon advised that the reduced template was exclusively as a result of workload implications caused by the COVID-19 pandemic. The various changes in personnel in the role of Chief Social Work Officer (CSWO) had presented challenges in continuity, although there had now been a sustained period of relative stability while the recruitment process continued for a permanent position.

The CSWO annual report for 2019/20 provided a range of activity reporting in respect of:

- Children's and Adults' Social Work Services, including Child and Adult Protection, Older People, Disabilities, Home Care and Workforce.
- Resources.
- Budget.
- Staff Development.
- The implications of COVID-19.

The single most significant aspect of the annual report, aside from the implications and impact of COVID-19, was the findings of the Joint Inspection of Children and Young People in need of Care and Protection in Orkney. The conclusion of the inspection report stated that the inspection partners could not be confident the Orkney Partnership would be able to make the necessary improvements without additional support and expertise. Work was progressing to develop a robust action plan which would deliver the recommendations from the report and would be routinely reported to the relevant committees. It should be noted that the CSWO's annual report covered the period from 1 April 2019 to 31 March 2020 and did not include current progress, which was reported separately to the Integration Joint Board, Orkney Islands Council and NHS Orkney.

Councillor Steve Sankey referred to the high levels of staff turnover and sickness and queried whether this had impacted on statutory duties. Jim Lyon advised that, had the Chief Executive and the Interim Chief Officer not authorised additional spend on staff, the service would not have been able to delivery statutory services. In one

area, 50% of the total full time-equivalent posts were off sick and, with small teams reduced to 50% this severely impacted on capacity resulting in the need for agency cover. There were also disadvantages in remote and rural areas regarding resilience and a broader experience of social work services.

Councillor Steve Sankey referred to service quality and improvement and, looking back to the CSWO's annual report for 2018/19 which included Care Inspectorate gradings, queried why this year's report did not have the same information. He suggested that gradings of good and/or very good provided assurance to the Board that services were generally performing well. Gillian Morrison advised that this information was now contained in the Board's Annual Performance Report, which was reported at the last meeting, although she acknowledged it could also be incorporated into the CSWO's annual report.

Councillor John Richards voiced his disappointment that some offers of employment fell through due to lack of accommodation and suggested that "growing our own" and getting students back to Orkney for placements should be investigated. He appreciated this issue was not restricted to social work and social care services, however it was disappointing and frustrating to spend money on recruitment only for it all to fall through. He also suggested that the Key Worker Accommodation policy be looked at, as well as a "golden hello" package for those undertaking professional careers.

Janice Annal referred to table 2.3 on page 4 and, in particular, the number of assessments made by Mental Health Officers in relation to applications for welfare guardianship including private and CSWO application, which had significantly increased from 6 in 2018/19 to 40 in 2019/20. Jim Lyon admitted this had also caused concern for him, however, he was slightly assured that Orkney was not alone in this respect and the increase may stem from a greater public awareness. Saying that, he was aware of a section with the community making comments on social media aimed at both the Council and NHS Orkney, with the comments often misguided and causing significant turmoil in arrangements for adult protection and care plans. He wanted to assure the public that referrals would be treated appropriately.

Lynda Bradford advised that there were often peaks and troughs in mental health services and she assured members that the position would be monitored closely to see whether there was an upward trend going forward.

The Board scrutinised and took assurance from the Chief Social Work Officer's annual report for 2019/20.

9. Mental Health Strategy

There had been previously circulated a report presenting the draft Mental Health Strategy for 2020 to 2025, for consideration and approval, following consultation.

Introducing the item, Gillian Morrison advised that, in stepping into the role of Chief Officer, she was acutely aware of the staffing challenges and particularly capacity, resulting in management having to be involved in operational delivery rather than strategic planning. Taking account of the feedback received and following the first wave of the COVID-19 pandemic, the draft submitted for consideration had been developed over evenings and weekends, following long days and she extended her

personal thanks to the officers involved. The draft Mental Health Strategy had also been recently presented to the Clinical and Care Governance Committee and comments raised at that forum, including prevention and the contact details for the male equivalent of Women's Aid, would be incorporated into the final document.

Councillor Rachael King brought members' attention to Appendix 2, comprising the unedited feedback to the consultation exercise, and which contained exempt information. She advised the Board that the paper was there for completeness and to confirm that comments made during the consultation had been taken on board and the draft strategy amended accordingly. Should any member wish to discuss, in detail, any individual consultation response, the Board would require to pass a resolution to exclude the public from that part of the meeting.

Lynda Bradford reminded the Board that the draft strategy had been approved for consultation on 3 October 2019. Following a request from one stakeholder, the consultation period was extended by four weeks to take account of the festive season. The consultation period therefore closed at the end of February, following which COVID-19 took over, resulting in the revised draft being submitted today.

The strategy had been extensively redeveloped taking into account four sources of information:

- National strategies with a mental health focus.
- The local Orkney Strategic Plan 2019-22 and NHS Orkney's draft Clinical Strategy.
- What stakeholders told us.
- What the service aspirations are.

The strategy also took account of services provided by the third sector and placed them firmly in the heart of the document. The strategy recognised the complexities of providing a wide range of services to individuals, from birth to end of life, focusing on enabling where people access their own supports where possible, preventing onset of ill-health and providing early intervention and support for recovery and also developing personal and community resilience. Following approval of the strategy, a steering group would be convened, with a remit to develop an action plan to ensure that the vision within the strategy was progressed.

Councillor Steve Sankey was delighted to see the commitment to the third sector and it was clear from comments contained in Appendix 2 that mental health services were taken seriously by large sections of the community and the Third Sector. He referred to page 11 of the strategy whereby it stated there was currently no arrangement in place for psychiatric input for older people and the long standing aspiration to have in place a similar model to Shetland, namely consultant sessions delivered by video-conference. Lynda Bradford replied that the problem stemmed from NHS Grampian not having consultant capacity to take this forward. However, she provided reassurance that, in developing the work plan, this would be one of the top priorities for Year 1. There did appear to be a number of vacancies across Scotland, therefore it may be that services had to think differently. Gillian Morrison suggested this was where the Board's commissioning role could provide a step change by being specific in the services it wished to commission and target those who needed it most.

Councillor Rachael King added support to comments made regarding the hard work from the team to get the strategy to this stage and also to the number of people who took the time to make detailed comments – the strategy was owned by the community.

The Board noted:

9.1. That, on 3 October 2019, the draft Mental Health Strategy was approved for consultation.

9.2. The consultation feedback, attached as Appendix 2 to the report circulated, which detailed responses received on the draft Mental Health Strategy.

9.3. The amended Equality Impact Assessment, attached as Appendix 3 to the report circulated.

The Board **approved**:

9.4. The final draft Mental Health Strategy 2020 to 2020, attached as Appendix 1 to the report circulated.

10. Financial Monitoring

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 31 August 2020, for scrutiny.

Pat Robinson advised that the current overspend was £1,000,050 and not £771,000, as indicated in the report circulated, which was due to formulas not picking up all data. However, this did not affect the forecast year end overspend of £2,889,000. Additional funding had been received from the Scottish Government and NHS Orkney had applied its savings target for 2020/21 of £800,000.

Section 5.1.2 of the report highlighted the latest submission to the Scottish Government in relation to the mobilisation plan, which indicated a projected spend across the partnership of £2,654,302. Should the non-achievement of savings also be factored in, costs would increase to £3,910,306. It was anticipated these projections would reduce due to stepping down some additional staffing, mainly in relation to Hamnavoe House and the COVID-19 assessment centre, as well as PPE.

Additional funding amounting to £616,000 in relation to COVID-19 spend had been received from the Scottish Government, relating to social care spend, as follows:

- Integration Authority funding – £277,000.
- Social Care Sustainability Support – £139,000.
- Social Care Sustainability Support Tranche 2 – £200,000.

Notwithstanding COVID-19, the other main area of financial challenge was Children and Families, including the speech and language service, with further detail provided in section 5.2 of the report circulated.

Section 6 detailed the commissioned services and highlighted the largest budget variances. Section 8 referenced the set aside budget, which NHS Orkney had now delegated to the Board for this financial year and which the Board formally accepted

on 30 September 2020. Section 8.2 provided a reconciliation of that budget, which had reduced from £7,777,000 to £7,682,000.

Issy Grieve referred to the forecasted overspend of £814,000 in Children and Families and sought assurance that additional spend committed by the Council was reflected in that projection. Gillian Morrison clarified that the Council had not formally agreed additional funding, however, under emergency powers the Interim Chief Executive had authorised additional spend in order to maintain statutory services.

Davie Campbell referred to the level of detail provided, particularly for the areas with the largest reported overspends and sought a better level of understanding which would require more detail from both partners. He asked for a remodelling of the financial information received by the Board.

Councillor Steve Sankey suggested that, given the current financial position, a development session be arranged, as the Board owed it to the staff to scrutinise and understand the reasons behind the various overspends. David Drever suggested that the proposed development session should also take on board the request to look at the presentation of the figures.

The Board noted:

10.1. The financial position of Orkney Health and Care, as at 31 August 2020, as follows:

- A current overspend of £1,000,050.
- A forecast overspend position as at 31 March 2021, of £2,889,000, based on current activity and spending patterns.
- Additional funding, amounting to £616,000, received from the Scottish Government in regard to Social Care Sustainability and COVID-19.

10.2. That a savings target of £4,200,000 had been applied for the three year period 2020/21 to 2022/23, of which only £145,000 had been identified to date.

10.3. That NHS Orkney had applied its saving target of £800,000 for 2020/21 which contributed to the forecast year end overspend.

The Board **agreed:**

10.4. That the underspend of £130,000 from 2019/20 be used to reduce the savings target on a non-recurring basis for financial year 2020/21, as illustrated within the recovery plan attached as Annex 3 to the report circulated.

11. Annual Accounts

There had been previously circulated the signed Annual Accounts for financial year 2019/20, for information.

Pat Robinson reminded members that the Board had delegated responsibility for scrutiny and approval of the annual accounts to the Audit Committee. She expressed her thanks to the senior management team and Audit Scotland for guidance and support, resulting in the annual accounts being approved on 17 September 2020.

When presenting the External Audit report to those charged with governance, the independent auditor, Gillian Woolman, had requested that the key messages be shared with the wider IJB membership. The 10 key messages were detailed on page 4 of the 2019/20 Annual Audit Report, attached as Appendix 2 to the report circulated, for the Board's information.

Pat Robinson concluded by advising that the post of Planning and Performance Officer had recently been advertised and, once recruited, an appropriate performance framework would be one of the first priorities for the successful postholder.

Davie Campbell advised that, due to COVID-19, integration authorities had been offered extensions to submission dates for draft and annual accounts – Orkney was one of a small number who had submitted the necessary documents by the original deadlines and he extended his thanks to Pat Robinson in this regard.

The Board noted:

11.1. The approved audited annual governance statement and accounts for financial year 2019/20, attached as Appendix 1 to the report circulated.

11.2. The key messages detailed on page 4 of the 2019/20 Annual Audit Report, attached as Appendix 2 to the report circulated,

12. National Independent Review of Adult Social Care

There had been previously circulated a report advising of the national independent review of adult social care, for information.

Gillian Morrison advised that the national review was important and may well have repercussions for services locally. However, there was no mention within the remit of the review, outlined in section 5.2 of the report circulated, of restructuring. Since the report was written, as well as Orkney's contributions to date, as detailed in section 8 of the report circulated, the Chair had also had opportunity to contribute. Points to note were specific mention of remote and rural areas, as well as the distinction between social work and social care services. Gillian Morrison concluded by advising that she would bring further reports, in due course, as the review developed and reported.

Councillor Steve Sankey referred to a national care service which had been mentioned in the media – this could have far reaching and profound implications. Noting the membership of the review group, there was no obvious island representation. He fully endorsed the local contributions to date but noted the very short reporting timescale, namely January 2021, and what intentions there were for consultation and more importantly, an island communities impact assessment.

With reference to the island communities impact assessment, Gillian Morrison was unsure whether that specific part of the Islands (Scotland) Act 2018 had been implemented. There was limited information as to the next steps or what would happen with the review report. However, she undertook to share any further information regarding consultation.

Both Issy Grieve and David Drever suggested that the impact of COVID-19 in care homes elsewhere had predicated this review, which appeared to be fast tracked, given the very short timescales previously referenced and that the Board should remain alert, as it would be unfortunate if the Orkney “way” became a casualty when looking for a solution.

Councillor Rachael King reiterated that the “one size fits all” concept was not appropriate and that she would take every opportunity to make representations at political level.

The Board noted that a national Independent Review of Adult Social Care was taking place and the further opportunities for lead professionals and Integration Board Chairs to contribute.

13. Good Parenting Plan

There had been previously circulated the Good Parenting Plan for information.

Jim Lyon reported that the Good Parenting Plan had been presented to various committees. In developing the plan, the voice of care experienced children and young people was heard. He was keen for the recently appointed temporary Service Manager in the Children and Families team, who had vast experience of front line social work services, to make contact with Gail Anderson to ensure involvement of children and young people from the isles. As part of the Improvement Plan, he would progress further engagement with young people. As part of the Good Parenting Plan, the focus was to maximise growing up in the community, which was linked to the 10 year national reform programme and to deliver the promise locally.

Councillor Steve Sankey acknowledged the change in name for the plan, given that the term “corporate parenting” appeared patronising and inaccessible. He referred to the governance table on page 28 and suggested that the Council’s Education, Leisure and Housing Committee played an important role and should be identified in the chart.

The Board noted the Good Parenting Plan.

14. NHS Near Me – Virtual Consulting Platform

There had been previously circulated a report providing an update on the accelerated roll-out of NHS Near Me, the secure virtual consulting platform, and linkages to remobilisation planning, for information.

Kenny Low shared progress on the roll out of Near Me and, in particular, the accelerated roll out since March 2020, as part of the nationwide response to COVID-19. Benefits of Near Me included keeping patients and staff safe and providing additional visual clues which a telephone call simply could not. It was patient centred and helped reduce the carbon footprint.

A formal travel project was approved in January 2019, with the remit to avoid unnecessary travel to NHS Grampian. Virtual clinic numbers started to rise between April and September 2019 but plateaued in February 2020. Working closing with the NHS Grampian Near Me team, it was planned to launch patient choice booking in April 2020. However, in early March 2020, COVID-19 struck.

The graphs on page 3 of the report circulated indicate the rapid rise in Near Me consultations and Orkney compared well with other Boards, with 700 clinics per 100,000, which represented 157 individual appointments, by the end of week 14, peaking toward the end of June at 169. The second graph, which indicated the peak in week 17 of 169 individual consultations, was reported in the local media. The latest figures, for week 34, indicated 120 individual consultations. Mental health services were the best example, with high and consistent weekly numbers spread across the entire staffing group. The pie chart at top of page 4, showed the spread across services – 44 live clinics delivering 3,000 clinics over time.

Regarding delivery, collaboration was fantastic, with both front line and all support services coming together at very short notice. Training was organised and delivered, initially focussed on Primary Care but open to all clinical providers, with the majority of training delivered over an initial two week period in early March. At the last count, nearly 250 staff had been trained.

As project manager, Kenny Low was constantly reviewing, making adjustments and resetting tasks and timescales – he admitted that they did not always get things right first time but had learned that good was good enough. Communication was key and required to be frequent and focused. A range of media channels was used to communicate and engage, including social media, Facebook and Twitter.

One benefit was increased autonomy, whereby the team was allowed to get on with it, with limited formal reporting back to the Scottish Government. Had the published weekly results not been on track, there would have been greater local and national scrutiny.

The virtual clinic option was clearly established locally and a recent national survey suggested that it was here to stay. Services were now transitioning to business as usual. There was national interest in test of change, which had resulted in further increased funding and crucially, the local team had helped shape guidance from a remote and rural perspective.

Whilst cost savings were largest in acute services, which were not specific to the IJB, there would be cost savings to the Board as a result of reduced staff and patient travel across Orkney. Although smaller savings, these were not insignificant and should be reflected in the monthly budget statements. Work would begin shortly to identify and assess whether savings could be delivered.

Councillor Steve Sankey suggested this was a good news story and part of new and revised working practices which could be retained post COVID-19, being at the heart of remobilisation which was really encouraging. Notwithstanding COVID-19, it would be interesting to work out potential savings available to the Board. Kenny Low confirmed it was still too early to say whether savings would be achieved, however work was about to commence with services in that respect – the initial focus was to deliver the project in order to make patients and staff safe.

David Drever advised that the success of Near Me locally was a silver lining in black clouds, however he would be interested in hearing the patient story, as he was convinced it would bring positive and concrete advantages to local patients, particularly those on the outer isles.

Councillor John Richards referred to section 4.1 of the covering report, which stated that Near Me allowed patients to attend their appointments from the safety and comfort of their own homes and asked what could be better. Any financial saving could be diverted to other areas of health and social care. All changes forced by COVID-19 could be beneficial. He applauded all involved.

Fiona MacKellar extended thanks to Kenny Low and his team because, as a clinician using the platform, when trying to manage services through the pandemic, it had been invaluable in many instances. The team had been hugely supportive to clinicians. The potential to decrease inequality of access to service was huge, but it should be remembered, because of connectivity issues, it may actually increase inequality of access. As an island group, Orkney should constantly push Scottish Government to improve connectivity for the islands, otherwise full benefits of the platform could not be realised. She queried whether there was any feedback from patient groups who felt they had not benefitted or missed out.

Kenny Low advised that, although patient stories had not been gathered, this would need to be done. However, a national survey had taken place, with over 5,000 responses, including a large proportion from Orkney. Both patients and clinical staff gave a resounding endorsement for Near Me and there was a significant amount of qualitative data to be looked through, including some specific individual queries. While it was important to celebrate success, there were areas which were not delivering and these needed to be identified for continued improvement, as had been done all way through. It certainly was not right from day 1 and had been a steep learning curve for everyone. Generally, most clinicians were positive, although they had doubts at beginning – as had been mentioned, the system did not always work due to connectivity issues and sometimes due to the equipment. No matter what age, clinicians should never assume that the patient would like to engage virtually, however it had been found that all patients would use virtual methods where clinically appropriate.

The Board noted the information provided on the roll out of Near Me.

15. Freedom of Information and Publication Scheme

There had been previously circulated an updated Freedom of Information Policy, together with the revised Publication Scheme, for consideration and approval, together with an Equality Impact Assessment.

Gillian Morrison reminded the Board that public authorities, which included integration authorities, were required to make information publicly available, as well as making sure that people had the right to access information held by public authorities. Accordingly, Freedom of Information legislation applied to all information held by the IJB, with the exception of personal information. Although the Board could receive a Freedom of Information request, this was rare, given the amount of information retained, which mostly comprised minutes, reports, plans and policies. The Board's Freedom of Information Policy, together with its Publication Scheme, initially approved in 2018 were now due for review and refresh.

The Board **approved** the updated Freedom of Information Policy, together with the revised Publication Scheme, attached to the report circulated, for publication.

16. Market Facilitation Statement

There had been previously circulated a draft Market Facilitation Statement for consideration and approval, together with an Equality Impact Assessment.

Prior to presenting the report, Gillian Morrison drew members' attention to the list of initial screening categories in the Equality Impact Assessment and advised that the category relating to care experienced had been inadvertently omitted. She confirmed, however, that there were no differential impacts on this category.

Market facilitation was part of the strategic commissioning process and aimed to inform, influence and change the service delivery market to provide a wider range of options for service users. The requirement for a market facilitation plan was set out in the Scottish Government's Strategic Commissioning Plans Guidance. The market facilitation statement was, therefore, a statement of intent. Page 7 of the attached statement set out what Orkney Health and Care had done during 2018 and 2019 in relation to market facilitation and then went on to describe how service providers could begin to adapt.

In response to a question from Councillor Rachael King regarding the wording contained in the section entitled Scope on page 4 of the Market Facilitation Statement, Gillian Morrison advised that this should not be read in isolation. Whilst most other areas had produced a strategic plan, incorporating a strategic commissioning implementation plan in its entirety, as well as the market facilitation statement, locally these documents were all produced separately.

Councillor Steve Sankey suggested that the list of Drivers for Changing Service Delivery on page 6 was incomplete. The independent review of adult social care, COVID-19 and the new normal, with the obvious example of Near Me, all had implications for delivering care. Gillian Morrison advised that this would be incorporated into development of the Strategic Commissioning Implementation Plan and it was difficult to present the documents in isolation, however, in terms of governance, the market facilitation statement required to be reconsidered and approved now.

Gail Anderson thought understanding of what was already happening, where potential lay and using data and other strategic plans and priorities to shape where innovation could be affected would be explored during development of the Strategic Commissioning Implementation Plan. The principles set out at the top of page 7 were already recognised and established within the Third Sector. This approach to service delivery and integration gave real potential for a collaborative approach and identify individual ways of working.

The Board **approved** the Market Facilitation Statement 2019 to 2022 for publication.

17. Climate Change Duties

There had been previously circulated the annual report outlining the Board's compliance with climate change duties, for consideration and approval.

Gillian Morrison again reminded members of duties placed on public authorities, this time in relation to climate change, with the statutory report following a very prescribed template. The Board did not have staff; did not own or occupy buildings, nor delivered services, therefore most of the return was zero; however the partners,

Orkney Islands Council and NHS Orkney, would be submitting their reports through their governance processes in due course.

Councillor Steve Sankey reiterated his comments from last year with regard to staff time spent completing a zero return and suggested again that the Board should refuse to complete and submit such a return. However, he appreciated that both Orkney Islands Council and NHS Orkney diligently completed their returns.

Councillor Rachael King advised that, despite the frustrations, there was a serious concern that completing returns such as this took staff away from other priority work. Regarding the implications of not completing and returning the annual report, she asked officers to find out in advance of the next reporting period those implications, if any.

The Board noted:

17.1. The statutory duty to prepare a report on compliance with climate change duties.

The Board **approved**:

17.2. The Climate Change Duties report, attached as Appendix 1 to the report circulated, for submission to the Scottish Government by the deadline of 30 November 2020.

18. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 9 December 2020 at 09:30.

19. Conclusion of Meeting

Prior to the conclusion of the meeting, Issy Grieve advised that, at the recent meeting of the Clinical and Care Governance Committee, implications for patients arising as a result of the removal of flights to Glasgow and Inverness by Loganair were discussed and, as Chair of that Committee, she was asked to bring this to the attention of the Integration Joint Board and the Board of NHS Orkney. She also asked whether the Integration Joint Board would make representations.

Councillor Rachael King accepted the urgency in this particular matter, however, consideration needed to be given to a process for highlighting any matters escalated from other committees to the Board, rather than raising ad hoc. Gillian Morrison agreed and would seek advice on how this could be progressed.

There being no further business, the Chair declared the meeting concluded at 12:20.