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Agenda Item: 3.

Orkney Integration Joint Board

Wednesday, 14 March 2018, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present

Voting Members:

- Jeremy Richardson (Chair), NHS Orkney.
- Councillor Rachael A King (Vice Chair), Orkney Islands Council.
- Naomi Bremner, NHS Orkney.
- David Drever, NHS Orkney.
- Councillor John T Richards, Orkney Islands Council.
- Councillor Stephen Sankey, Orkney Islands Council.

Non-Voting Members:

Professional Advisers:

- Dr Kirsty Cole, Registered GP, NHS Orkney.
- Scott Hunter, Chief Social Work Officer, Orkney Islands Council.
- David McArthur, Registered Nurse, NHS Orkney.
- Pat Robinson, Chief Finance Officer.
- Caroline Sinclair, Chief Officer.

Stakeholder Members:

- Janice Annal, Service User Representative.
- Sandra Deans, Carer Representative.
- Sally George, Staff Representative, Orkney Islands Council.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

Clerk

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

In Attendance

- John Trainor, Head of Health and Community Care, Orkney Health and Care.
- Jon Humphreys, Criminal Justice Service Manager, Orkney Health and Care (for Item 12).
- Katharine McKerrell, Solicitor, Orkney Islands Council.

Audit Scotland:

- Patricia Fraser, Audit Manager.
- Neil Reid, Senior Auditor.
- Martin Nolan, Trainee.

1. Apologies

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

- Rognvald Johnson, NHS Orkney.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.
- Gail Anderson, Third Sector Representative.
- Fiona MacKellar, Staff Representative, NHS Orkney.

2. Declarations of Interest

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

3. Minutes of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 6 December 2017.

The minute was **approved** as a true record, on the motion of Councillor Rachael King, seconded by David Drever.

4. Matters Arising

4.1. Developing Community Mental Health Services

Caroline Sinclair advised that the Board of NHS Orkney had considered the output report, prepared by the Blide Trust, noting that the output report, together with the decisions of the Board of NHS Orkney, would be submitted to the next meeting of the Integration Joint Board for its consideration.

4.2. Set Aside Budget

Pat Robinson advised that NHS Orkney had provided information to assist in calculating the set aside budget and she was currently seeking advice from the external auditors as to how that figure might be presented in the Integration Joint Board's annual financial statements.

4.3. Primary Care Services

Councillor Rachael King referred to the additional funding, amounting to £100,000, provided by NHS Orkney in respect of primary care services and whether this was sufficient to cover spend. Pat Robinson advised that this related to a specific staffing matter in the islands and would be fully funded by NHS Orkney. Further information was provided in the revenue monitoring paper to be considered later in the meeting.

Sandra Deans joined the meeting at this point.

5. Action Log

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

Caroline Sinclair provided a brief update on the actions as follows:

- Action 1 – ICT, Information Sharing and Data Handling – as both IT teams were busy with day-to-day business, no significant progress had been made.
- Action 2 – Alcohol Brief Interventions – this item would be discussed later in the meeting.
- Action 3 – Set Aside Budget – Pat Robinson had provided clarification at item 4.2 above.
- Action 4 – Risk Register Format – this item would be discussed later in the meeting.
- Action 5 – Annual refresh of Terms of Reference – the Audit Committee had, the previous day, considered the Audit Plan and, once the audit was complete, further consideration would be given to the terms of reference of the various groups.
- Action 6 – Best Value Assurance Report – a separate briefing had been issued and would be discussed under item 21 below.

Naomi Bremner joined the meeting at this point.

Councillor Rachael King referred to Action 1 and the length of time this had remained on the Action Log, without any significant progress. ICT and information sharing was at the heart of day-to-day business and any potential service redesign aimed at achieving efficiencies and/or savings, were reliant on ICT systems. She queried what action, if any, could be taken to ensure progress was made. Caroline Sinclair suggested that this could be an action to be escalated to both partners, following which she would then be able to speak to the relevant IT teams and request that the matter be considered for incorporation into work plans. An update was requested for the next meeting of the Board.

David Drever referred to the implications for data sharing arising from the Named Person legislation and Caroline Sinclair confirmed that the issue arose from some information being held on paper-based records. By the time the Named Person legislation was enacted, it was envisaged that the paper-based records would have been transferred on to a digital system to allow information sharing.

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

Sally George left the meeting at this point.

6. Risk Register

There had been previously circulated the Risk Register, updated as at March 2018, for consideration, scrutiny and approval.

Caroline Sinclair advised that the Risk Register had been updated following the latest Development Session and requested that the likelihood of Risk 1a), the risk of not making time for strategic development, could be reduced from 3 to 2, given that a programme of development sessions had been established for 2018. Naomi Bremner suggested that, as the risk was related to making time and a programme had subsequently been developed, the matter was effectively complete and suggested that the risk could be removed. All members agreed.

Sally George rejoined the meeting at this point.

Caroline Sinclair referred to Risk 2, that the Board may be unaware of significant service delivery issues impacting on the ability of services to be safe, effective and person centred, and suggested the risk be reviewed following completion of the planned governance audit, at which time assurance or otherwise would be provided.

A similar situation arose in relation to Risk 9, that the service delivery bodies, Orkney Islands Council and NHS Orkney, will not be clear about delivery expectations of the Board. A review of achievement and measurement of future directions within the Strategic Commissioning Plan was included within the annual audit plan. Further, the Scottish Government was intending to issue guidance on directions, as it was becoming clear that integration authorities had a range of approaches to issuing directions.

Councillor Rachael King referred to Risk 15, that the national shift from analogue to digital will impact adversely on the ability of telecare services to support people to remain safely at home leading to increased risk to service users and increased pressure on other forms of care services, and the lack of current and target risk quantifications, risk reduction actions, a risk owner and sources of assurance.

Caroline Sinclair advised that advice was required from IT specialists, given the potentially significant risks. Previous discussions had suggested that a local self-evaluation be undertaken. Indications were that a solution would be required by 2020/21, therefore there was time to work this through. She undertook to raise this matter again with relevant IT officers.

Janice Annal referred to the recent announcement that Orkney was to be a trial area for 5G technology and wondered whether this would provide an opportunity.

Although telecare currently used installed landlines, Caroline Sinclair agreed to raise this in her discussions with IT.

Caroline Sinclair advised that Risk 18, that the Carers (Scotland) Act 2016 will not be properly implemented, was a new risk. This was new legislation, with significant implications for health and social care, and work was required to make services compliant. There were underlying concerns that implementation may have cost and resource implications beyond that which had been provided nationally.

Councillor Rachael King queried whether there was any opportunity to raise this matter with Scottish Government, as was the case with self-directed support, in that the financial impact on the islands were significant. Caroline Sinclair advised that discussions had been held with Policy Leads in respect of self-directed support and the Carers Act and, while solid evidence could be provided regarding self-directed support, the Carers Act was, as yet, untested, and therefore no evidence was available to suggest that it was costing island authorities more. Councillor Stephen Sankey referred to the Islands (Scotland) Bill and that the second stage was presently passing through Scottish Parliament. Representations were being made for “island proofing” to be retrospective, as well as considered for any future legislation.

The Board noted the content of the Risk Register and **agreed** that Risk 1a) be removed.

7. Performance Monitoring

There had been previously circulated a report which set out performance of the services commissioned by the Integration Joint Board for the period 1 October to 31 December 2017 for scrutiny.

Caroline Sinclair reported that, of the 81 actions arising from the Strategic Commissioning Plan, 49 were marked as Green and delivering on time and/or complete, 21 were marked as Amber, with lack of progress generally relating to capacity issues, and 11 were marked as Red. She then focussed on providing updates on those actions marked as Red.

Page 2 – Healthy Weight Initiatives – this action was showing as Red purely in relation to Orkney’s performance in that the figure was above the national average. Caroline Sinclair suggested that children’s healthy weight initiatives were not solely within the scope of health and social care and confirmed that the School Nurse pathway was a national initiative.

Page 3 – Intensive Fostering Service – although this action was showing as Green, Caroline Sinclair advised that, as there had previously been concerns about the ability to embed the intensive fostering service, she wished it recorded that appreciation be passed to Orkney Islands Council in recognition of making a baseline budget contribution to allow continuity and stability for this very worthwhile service.

Page 16 – Generic Worker Pilot – although the pilot was not delivered, due to circumstances outwith the control of the partnership, Caroline Sinclair confirmed that the Strategic Planning Group was exploring the concept and would report on its findings in due course.

Page 20 – Anticipatory Care Plans – although a local model had been developed, a national model had subsequently been issued, which had proved more complicated and did not fit locally. Jeremy Richardson queried whether this action could be completed by the end of March 2018, to which Caroline Sinclair advised it was unlikely and therefore should be carried forward into the next plan.

Page 21 – People with more than one long term condition being offered a holistic review, rather than separate condition specific reviews – Caroline Sinclair advised that the service was unable to recruit to the post which was to undertake the review work. She had subsequently requested an appraisal of alternative recruitment options.

Councillor John Richards referred to recruitment in general and queried whether unsuccessful recruitment was due to other organisations offering better salaries, a shortage of the required skill set or potential candidates not wishing to relocate to Orkney.

Caroline Sinclair confirmed that all those factors did affect recruitment and, in this specific case, the post required a specific skill set and qualifications. Further, although an excellent candidate had recently been offered a post, the offer had subsequently been declined due to a lack of affordable housing options. Regarding salaries, NHS pay was set nationally, whereas Council posts were subject to Single Status and job evaluation and there were variances from area to area.

Councillor John Richards suggested that housing options could be overcome by reviewing previous schemes, such as the Key Worker Scheme, and Frances Troup confirmed that the Local Housing Strategy was developed by a number of agencies with a view, amongst other things, to assisting people to relocate to Orkney for employment.

Page 29 – Review of Mental Health Services – this review had not been progressed due to lack of resources.

Page 30 – Child and Adolescent Mental Health Services – these two actions had not been progressed, again due to lack of resources within the service. Historically, Orkney had performed well in relation to service access targets, although recently this had been adversely affected by a vacancy in a small team. As a temporary measure, staff with appropriate training had been deployed to assist with the Child and Adolescent Mental Health Services workload.

In response to a query from Councillor Rachael King in relation to national recruitment difficulties surrounding child and adolescent mental health practitioners and what was being done locally to mitigate those vacancies, John Trainor advised that, in May 2018, a course on Behavioural Activation was being delivered, with an opportunity for staff within other services, particularly education services, to participate. Regarding vacant posts and making them more attractive, consideration was also being given to linking research and education opportunities, including “growing our own”. Relying on bank staff was usually a last resort option, particularly in mental health services, given that building relations with the practitioner was of utmost importance for the service user.

From a GP perspective, Dr Kirsty Cole supported development in the Child and Adolescent Mental Health Services in order to provide more resilience as, in her experience, general practice tended to pick up the slack when a particular service was not available, and this was not satisfactory, given that GPs could not, and should not, provide the level of service of experienced Child and Adolescent Mental Health practitioners.

Given the concerns raised regarding mental health services and the recent review of mental health services undertaken by the Blide Trust, Caroline Sinclair undertook to raise the matter through the community planning partnership, with a view to all partners being made aware of the issues and the potential opportunities for partners to become involved in providing a solution.

Jeremy Richardson concluded by stating that, given the level of discussion, it would be appreciated if some evidence of progress could be reported to the next meeting of the Board.

Sandra Deans raised concerns about taking in resource from outwith Orkney and was there an opportunity to “grow our own”, with staff going into schools and advising pupils of potential career opportunities. Caroline Sinclair advised that, although the Scottish Government had indicated additional investment for mental health staff, there was no indication as to where this additional staff would come from, as they were not currently in training.

Page 32 – Alcohol Brief Interventions – Caroline Sinclair advised this would be discussed under the Alcohol and Drugs Partnership item later in the meeting.

Page 34 – Initial Level Carers’ Self-Assessment – Caroline Sinclair advised that staff were concentrating on delivery of the new legislation and that an initial self-assessment was not a statutory function, but a local addition.

Page 36 – Local Advocacy Plan – Caroline Sinclair advised that a national report had recently been produced and only five health boards currently had up-to-date advocacy plans, which would be used to assist in updating the local plan.

Councillor Rachael King was concerned that some people were not confident when speaking about service delivery issues and advocacy was an important service. Jeremy Richardson advised that he was aware of an Advocacy Planning Group and suggested the matter could be progressed through that forum. Caroline Sinclair confirmed that the existing advocacy plan was rolled forward and an Advocacy Service was available – the outstanding action was a long term plan. John Trainor confirmed that the Advocacy Planning Group had met the previous day and considered an early draft updated plan.

Page 38 – Co-location of staff – Caroline Sinclair reported that this action had been hindered by IT issues, but the Strategic Planning Group had been tasked with progressing this matter and a staff member nominated to lead the project.

Dr Kirsty Cole referred to the co-location of social work staff within the new hospital build and queried how realistic that would be given the timescale. Caroline Sinclair confirmed there was already a fibre connection and staff could access the case management IT systems. The issue was more with hot desking at other locations, such as Dounby and Stromness, where there was no hard IT connection. John Trainor confirmed that the issue also lay with NHS staff being unable to access their systems within the main Council building at School Place. While not technically impossible, it was proving difficult to negotiate each other's security requirements.

Caroline Sinclair then took questions on Appendix 2 relating to the various performance indicators.

Dr Kirsty Cole referred to the 12 week wait for an outpatient appointment and the reference at a recent NHS Board meeting that an additional clinic planned for February, led by a specialist from the Western Isles, had been cancelled. John Trainor confirmed that the cancellation was due to the inability to staff the clinic, rather than the Board deciding the clinic was not required.

Janice Annal referred to the number of attendees at Accident and Emergency and queried the increased number for August. John Trainor suggested this might be due to the increased population or alternatively just a spike or one-off, but that this would be monitored. Councillor Rachael King queried how NHS 24 affected Accident and Emergency attendance. John Trainor confirmed that the local Accident and Emergency service also included minor injuries, therefore the figures were slightly skewed. Naomi Bremner referred to recent discussion at the Board of NHS Orkney and the definition of attendance at Accident and Emergency. David McArthur confirmed that, locally, there was no discrimination between referrals and return referrals whereas, at other health boards, the return referral could be to another service, such as an Outpatient surgeon.

The Board thereafter noted the performance of services commissioned from the partners for the reporting period 1 October to 31 December 2017.

8. Financial Monitoring

Revenue Expenditure Monitoring Statement to 31 January 2018

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 31 January 2018.

Pat Robinson referred to the table on page 3 of Appendix 1, listing the spend by service function, with the detail on priority actions provided on page 4. Moving on to pages 6 and 7, detail on the projected year end position was provided. A meeting was to be held on 28 March 2018 regarding the possibility of additional funding being made available from NHS Orkney to provide a breakeven position.

The budget recovery plan was detailed in Annex 2 and was operational in nature. Pat Robinson confirmed that she would be working on the Medium Term Financial Plan to tie in with the next Strategic Commissioning Plan. External Audit had advised they would share examples of other integration authorities' medium term financial strategies to assist in this process.

Councillor Rachael King referred to the set aside budget referenced on page 8 of Appendix 1, where, currently, this was calculated as £6,600,526, whilst expenditure was projecting at £7,363,413, thereby creating an overspend of £762,887. As the set aside budget was the planning responsibility of the Board, Councillor King queried whether the overspend was also the responsibility of the Board, resulting in a total estimated overspend of £2,500,000, when taking potential baseline overspends (£500,000), savings targets yet to be identified (£1,200,000) and the projected set aside budget overspend (£762,887) into account.

Pat Robinson advised that she had sought technical advice from External Audit. Neil Reid confirmed that he had discussed this matter with the technical team at Audit Scotland and advised that the IJB accounts would include the budget figures, with the overstated element of the set aside budget remaining the responsibility of NHS Orkney, although he had still to receive confirmation of this.

Councillor Rachael King referred to the situation last financial year, where NHS Orkney's signed accounts indicated an overspend of £180,000, but the IJB accounts indicated a breakeven position, with NHS Orkney subsequently reducing the current year's budget to the IJB by £180,000. She was concerned that a precedent had been set and that the set aside budget appeared to be treated differently. Neil Reid confirmed that he would provide guidance to Pat Robinson to be shared with the Board and that the set aside budget was different to the situation surrounding the accounts the previous financial year. The overspend of £180,000 had been treated in accordance with the Integration Scheme, which stated that, should an overspend occur and the partners were required to make additional payments to the Board, that additional payment may then be deducted from future years' funding. As the Integration Scheme was agreed with the partners and ultimately by the Scottish Government, any change to that process would require a change to the Integration Scheme, to be signed off by both partners and the Scottish Government. Councillor King thanked External Audit for the clarification and suggested it would be good to remove that clause from the Integration Scheme, so that any overspend remained the responsibility of the relevant partner and the Board dealt with the budgeted figure.

The Board noted:

- 8.1.** The revenue expenditure report, attached as Appendix 1 to the report circulated.
- 8.2.** The financial position of Orkney Health and Care, as at 31 January 2018, indicating a current overspend of £515,000.
- 8.3.** The forecast overspend position as at 31 March 2018, of £488,000, based on current spending patterns.

David McArthur left the meeting at this point.

9. Budget for 2018 to 2019

There had been previously circulated a report illustrating indicative funding allocations from NHS Orkney and Orkney Islands Council for financial year 2018 to 2019, together with the proposed IJB funding allocations for consideration.

It was noted that Annex 2a of the report contained exempt information, as described in paragraphs 1 and 11 of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, as amended.

Pat Robinson referred to section 5 of the covering report which provided the detail of budgets for financial year 2018 to 2019 from both NHS Orkney and Orkney Islands Council. Most of the financial detail from NHS Orkney was still provisional, as discussions remained ongoing at a national level.

The indicative budget from NHS Orkney was £23,129,042, as presented to its Finance and Performance Committee on 27 February 2018 and was due to be submitted to the Board of NHS Orkney on 26 April 2018. The indicative budget did not include pay increases, inflation or any service investments. The savings figure, which had yet to be agreed by the Board of NHS Orkney, could be set at 5%, which equated to £1,200,000.

The indicative budget from Orkney Islands Council was £17,916,900, as presented to the Policy and Resources Committee on 13 February 2018 and subsequently approved by the full Council on 22 February 2018. The savings target of £383,400 was detailed in Annex 2, with further detail provided in Annex 2a. The sleepover payment could have a significant impact on the budget, particularly if the Living Wage was to be incorporated. The total indicative budget did not include out of Orkney placement costs, nor costs associated with an additional childcare unit in Orkney.

The overall indicative budget for 2018 to 2019 was therefore calculated at £41,046,000 and Pat Robinson advised that, rather than seeking approval of this budget, the Board should note the information provided at this point and that further detail would be provided through briefings, particularly in relation to NHS Orkney's allocation, given the ongoing discussions at national level.

Councillor John Richards suggested that the Board should be receiving notification of the next financial year's budget by Christmas at the very latest. At this mid-way point in March, there was still no confirmation of actual budgets and this was not good financial management. He appreciated this was not a local issue, but national, as officers had still not received confirmation of the local share of national allocations.

Councillor Rachael King supported Councillor Richards' view, particularly as really difficult decisions, mostly affecting the most vulnerable people in the community, required to be made. It was incomprehensible that the Scottish Government wanted to see more joined up decisions, yet information was still awaited and she was intrigued to see where the additional 800 mental health workers would come from.

Jeremy Richardson referred to the previous item where the baseline budget for 2017 to 2018 was £44,000,000, therefore the indicative budget for 2018 to 2019 at £41,000,000 was significantly less and queried whether it included NHS Orkney's savings target. Pat Robinson confirmed that the revised baseline budget for 2017 to 2018 was £41,440,687. There would be additional funding from NHS Orkney, once local allocations were confirmed, therefore the budget for financial year 2018 to 2019 would increase.

Councillor John Richards referred to comments made by External Audit earlier about longer term financial planning and suggested this was extremely difficult given that all organisations still worked on one year budgeting and future budget allocations were unknown.

The Board noted:

9.1. That NHS Orkney would make an additional payment to the Integration Joint Board in respect of the overspend, currently projecting at £498,000, in order to achieve a break-even position for financial year 2017 to 2018.

9.2. The indicative funding allocation of £23,129,042 from NHS Orkney for financial year 2018 to 2019, which did not include pay increases, inflation or any service investments.

9.3. That the late resolution of many issues was due to the fact that financial planning arrangements with Scottish Government Health were still ongoing nationally.

9.4. That the set aside budget had not yet been set for financial year 2018 to 2019 and therefore not included in the indicative funding allocation from NHS Orkney.

9.5. That a savings target might be applied to the allocation from NHS Orkney but had not yet been established however, based on the overall savings target of 5%, this would equate to approximately £1,200,000.

9.6. The ongoing pressures within Primary Care and Prescribing as explained at section 5.3.3 of the report.

9.7. The funding allocation of £17,916,900 from Orkney Islands Council for financial year 2018 to 2019.

9.8. The ongoing pressure within Children's Residential Care and Self-Directed Support as explained at sections 5.4.8 and 5.4.9 of the report.

The Board **agreed:**

9.9. To work urgently to develop plans to deliver financial balance and develop long term sustainable and affordable health services.

9.10. That powers be delegated to the Chief Finance Officer to revise the revenue budgets within the internal functions delegated to each partner in respect of service pressures.

10. Strategic Commissioning Plan

There had been previously circulated a report presenting the refreshed Strategic Commissioning Plan for 2018 to 2019, for consideration and approval, together with an Equality Impact Assessment.

Caroline Sinclair advised that the Plan, as presented, was for approval, following any amendments proposed by the Board. Delegation was sought to thereafter publish the Plan. Hyperlinks to previous documentation and/or information were included within the document. Learning from the previous year, officers would draw on performance information produced by both partners to be more streamlined. This reiteration of the Plan focused on People, Place and Purpose, rather than individual services.

Janice Annal left the meeting at this point.

Councillor Rachael King referred to population of the financial elements and that the Board had been advised that these still required confirmation. Regarding potential overspends, when known, could the Board hold that service to account? Pat Robinson confirmed that, once the Board gave a direction to spend, the service would be required to explain reasons why an overspend had occurred. It may be that the service could not be delivered within the financial envelope provided and this was where the Strategic Commissioning Plan and longer term financial planning would kick in.

The Board **agreed**:

10.1. That the refreshed Strategic Commissioning Plan covering the period 2018 to 2019, attached as Appendix 1 to the report, be approved.

10.2. That powers be delegated to the Chief Officer to produce and publish the final refreshed version of the Strategic Commissioning Plan covering the period 2018 to 2019, once confirmation of financial allocations had been received.

11. New General Medical Services Contract

There had been previously circulated a report outlining, for information, changes to the General Medical Services Contract, commonly known as the GP contract, in Scotland.

Caroline Sinclair advised that the new GP contract, which had been in development for over one year, was to refocus GPs' time and effort and that patients should be able to access the right person in the right place at the right time. The Scottish Government's vision was that other health professionals would pick up some of the current work of GPs to free up their time to focus on more complex care and clinical leadership. The challenge, therefore, was achieving additional staff to support GP practices.

Each area was required to develop a Primary Care Improvement Plan by 1 July 2018. Locally, this would be co-ordinated through a subgroup of the Area Medical Committee, with a draft submitted to the next meeting of the Board in June 2018 for consideration and approval.

Councillor Stephen Sankey commented on the hugely complicated landscape for integration authorities and the profound impact of the Primary Care Improvement Plan. Locally, consideration would require to be given to an island model of provision.

Councillor Rachael King concurred with the complex landscape. The new GP contract was planned to transition over three years; with the Strategic Commissioning Plan also being reviewed for the next three year period, this provided opportunities for supporting GP practices, for other health professionals and for how the GP contract would operate in an island setting. She was interested to seek input from local GPs as to how they saw this working, particularly in the isles. Dr Kirsty Cole confirmed that the new GP contract related to independent practices, which the isles GPs were not.

David Drever commented on the useful general introduction provided and looked forward to ideas from the local GPs and how the Board would be involved. There were definite opportunities and more detail was required on how the money would be disbursed locally. Regarding the proposed new priority services outlined in section 6.2.2 of the covering report, he queried whether this was new or existing staff.

Caroline Sinclair advised that confirmation was still awaited on funding levels for financial year 2018 to 2019, although £107,000 had been received in the current financial year. Discussion at a national group suggested that existing funding streams were redesigned, therefore caution should be taken not to double count. The purpose of the new GP contract was to use existing staff differently, but it would depend on how the funds were currently invested – some had opted to maximise GP numbers whereas others chose a more diverse staff group.

Janice Annal rejoined the meeting at this point.

Dr Kirsty Cole advised that all independent GP practices in Orkney would receive less funding from this contract than the previous arrangement, and a rural areas group was looking into this, as urban practices had gained. Funding would not be coming direct to independent practices but to integration authorities to be spent on supporting the new contract.

Councillor Rachael King referred to previous discussions on island proofing and the potential for applying this retrospectively, but wondered whether this just related to legislation, rather than a “contract”. Again, she urged for time to be set aside with GPs to go through in detail in order to gain a better understanding and the context of the work with the Integration Joint Board.

Dr Kirsty Cole reiterated that the local Area Medical Committee had set up a subgroup and GPs were keen to be involved and sought confirmation of a timescale of when the draft Plan would be submitted to that subgroup for consultation, as it required sign off before going to the Scottish Government.

The Board noted:

11.1. That the Scottish General Practices Committee met on 18 January 2018 and decided to accept the proposed new 2018 General Medical Services Contract in Scotland on behalf of the profession.

11.2. That the Primary Care Improvement Plan required to be developed in collaboration with NHS Orkney and submitted to the Board in June 2018 for approval.

12. Orkney Community Justice Partnership

There had been previously circulated a report presenting the Orkney Community Justice Outcomes Improvement Plan for the period 2018 to 2021, for consideration and approval, together with an Equality Impact Assessment.

Jon Humphreys reminded the Board of the interim one-year plan arising from the transition from a regional community justice partnership to the local arrangements. Community Justice Scotland had subsequently provided feedback on the one year plan and improvements for the three year plan, including reducing the five key themes to three. Locally, the community justice service was starting from a good place, with long established working relations with all the various agencies, although there was always room for improvement.

The three key themes were domestic abuse, appropriate mental health services for offenders and release and rehabilitation arrangements. Benefits were already being seen at a local level, in that the staff could correspond directly with senior staff in the Scottish Prison Service regarding prison releases, whereby previously within the regional arrangement, the Orkney “voice” had to be heard among all the other north area local authorities.

Orkney Health and Care was one of the key agencies required to carry out some of the tasks listed in the Plan, through the Community Justice and Mental Health teams.

Councillor Rachael King referred to the rapid change in patterns of substance misuse and Jon Humphreys confirmed that, at a recent meeting of the Community Safety Partnership, it was highlighted that there were fewer reports of misuse of “legal highs”, but use of opiates was increasing. The Alcohol and Drugs Partnership was currently looking into this and learning from other areas. It was also suggested that the drugs dog should make an impact, once in service.

Councillor Rachael King referred to domestic abuse statistics, with numbers appearing to triple in the last 10 years, although still lower than the national average. Jon Humphreys referred to the continuation of the MARAC initiative and that inter-agency training would take place in May. Further, due to the high percentage of completion of community sentencing, the Scottish Government had sought advice from the local team to share with other areas.

Dr Kirsty Cole referred to the increasing number of sexual offences and sought an update on the provision of local forensic examinations. Jon Humphreys clarified that that matter was outwith the scope of this item, which dealt with the period from point of charge of an offender. Caroline Sinclair confirmed, however, that a working group had been established to take forward the different strands in order to deliver forensic examinations locally, and that a group of professionals had been identified to undertake relevant training.

Regarding domestic violence, Dr Kirsty Cole asked where the figures arose from, and whether all the cases originated in Orkney, or whether they related to victims relocating to Orkney as a result of a situation elsewhere. Jon Humphreys confirmed that the figures did not differentiate but that he would look to see if this information could be provided in the next annual update.

The Board noted:

12.1. The Orkney Community Justice Outcomes Improvement Plan, covering the period 2018 to 2021, attached as Appendix 1 to the report.

The Board **approved**:

12.2. The contribution to implementation of the Orkney Community Justice Outcomes Improvement Plan to be made by services within the strategic planning remit of Orkney Health and Care.

13. Clinical and Care Governance Committee

There had been previously circulated a report highlighting key items discussed at the meeting of the Clinical and Care Governance Committee held on 17 January 2018, to enable the Board to seek assurance on performance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 17 January 2018.

14. Joint Staff Forum

There had been previously circulated a report highlighting key items discussed at the meeting of the Joint Staff Forum held on 18 January 2018, to enable the Board to seek assurance on performance.

The Board noted the content of the report, together with the unapproved Minute of the Meeting of the Joint Staff Forum held on 18 January 2018.

15. Strategic Planning Group

There had been previously circulated a report highlighting key items discussed at the meeting of the Strategic Planning Group held on 30 January 2018, to enable the Board to seek assurance on performance.

Councillor Rachael King, as Chair of the Strategic Planning Group, brought to the attention of the Board the three actions passed to the Group, together with the workplan, highlighting that the isles' model of care had been deferred, although it was interesting to note the wider context of IT and the new GP contract and how that might impact. Regarding the recommendation on the second responder team, Councillor King advised that, although the Strategic Planning Group agreed that the service should continue, evidence indicated that it could be reduced to an 18-hour service, rather than 24/7.

Regarding the three actions passed to the Strategic Planning Group by the Board, Jeremy Richardson asked what timescale was on reporting back. Councillor King advised she was not aware of any specific timescale, although the Group was working on establishing working groups, with nominated leads, noting that the process was complex and sometimes events outwith the control of the Group led to delays. Caroline Sinclair suggested that a progress update on the workplan be presented to each meeting of the Board, with the working groups tasked to include timescales.

Regarding the second recommendation relating to discontinuation of the GP direct referral bed, Caroline Sinclair reminded the Board of its previous decision to refer this back to the Strategic Planning Group, following identification of a potential miscalculation in the costings.

The Strategic Planning Group had received further information and, after reconsideration, although delivering good outcomes for individuals, value for money had not been demonstrated and therefore the Group endorsed discontinuation. Councillor King continued that learning from the pilot project was useful and, in time, there may be an opportunity to reintroduce the model at various care settings in the future, depending on capital investment plans and should circumstances allow.

The Board noted:

15.1. The content of the report, together with the unapproved Minute of the Meeting of the Strategic Planning Group held on 30 January 2018.

15.2. Progress on the three actions passed to the Strategic Planning Group by the Board, as set out in section 5 of the report.

15.3. Progress on the Strategic Planning Group's workplan, as set out in section 6 of the report.

The Board **approved**:

15.4. That the second responder team be continued, but on an 18 hour per day provision, from 06:00 to 18:00, with effect from 1 April 2018.

15.5. That the GP direct referral bed be discontinued within effect from 1 April 2018.

16. Chief Officer Group

Caroline Sinclair highlighted key agenda items discussed at the meetings of the Chief Officer Groups of the Adult Protection Committee and the Child Protection Committee held on 6 February 2018. The Chief Officer Group considered matters relating to Multi-Agency Public Protection Arrangements, known as MAPPA, domestic violence, violence against women and the work of the Local Intelligence Group.

The Board noted that, going forward, a summary report would be provided highlighting key agenda items discussed, in line with the other committees and groups which reported to the Board.

17. Items to be brought to Partners' Attention

The Board **agreed** that the undernoted items be escalated to both Orkney Islands Council and NHS Orkney:

- Intensive Fostering Service – appreciation to be passed to Orkney Islands Council in recognition of making a baseline budget contribution to allow continuity and stability for this very worthwhile service.
- Child and Adolescent Mental Health Services, including liaison with Education colleagues on potential for “growing our own”.

- IT and digital connectivity.
- Barriers to recruitment, including housing provision.
- New GP contract and implications for the Integration Joint Board.
- Financial situation of the Integration Joint Board, including clarification of the final budget for financial year 2018 to 2019.

18. Date and Time of Next Meeting

It was **agreed** that the next meeting be held on Wednesday, 27 June 2018 at 09:30 in the Council Chamber, Council Offices, Kirkwall.

Councillor Rachael King referred to audio casting and the number of failed microphones during this meeting and asked officers to liaise with relevant officers within Orkney Islands Council regarding potential replacement.

19. Disclosure of Exempt Information

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.

Jeremy Richardson reminded members with paper copies that reports on purple coloured paper contained exempt information and the information contained therein, together with the discussion which would ensue, should remain confidential. For those who relied on electronic copies, Councillor King asked officers to consider means of distinguishing the “exempt” papers from the public papers, such as use of a watermark.

In response to a query from Naomi Bremner as to why Annex 2a of Item 9 was marked as “exempt”, Caroline Sinclair confirmed that the annex contained detailed information in relation to existing posts and the post holders may not be fully aware of the proposals.

20. Alcohol and Drugs Partnership

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

There had been previously circulated a report setting out commissioning decisions made by the Alcohol and Drugs Partnership for the two-year period from April 2018 for consideration and approval, where required, together with an Equality Impact Assessment.

Caroline Sinclair confirmed that the report contained exempt information in relation to funding bids considered by the Alcohol and Drugs Partnership, through the commissioning framework previously agreed by the Board.

Frances Troup left the meeting at this point.

The Board noted:

20.1. The Alcohol and Drugs Partnership Commissioning Decisions detailed in Appendix 1 to the report.

The Board **agreed**:

20.2. That Option 2 detailed in Appendix 2 to the report, relating to Alcohol Brief Interventions, as recommended from the Strategy Group of the Alcohol and Drugs Partnership, be approved, noting that the budget allocation to the Community Mental Health team (Tier 3 treatment and recovery) should read £210,363.

20.3. That NHS Orkney be directed to implement the revised Alcohol Brief Intervention service referred to at paragraph 20.2 above, in addition to the Commissioning Decisions referred to at paragraph 20.1 above.

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.

21. Briefings Issued

The public had been excluded from the meeting for this item.

The Board noted the undernoted briefings, issued under separate cover, and had no questions to raise meantime:

- Scottish Carer Benefits.
- Locality Consultation.
- Everyone Matters Implementation Plan.
- Revised Integration Scheme (10 January 2018).
- Fostering Recruitment Campaign.
- Support Services and Overheads.
- Fairer Scotland Duty.
- IJB Members' Development Session – 30 January 2018.
- Revised Integration Scheme (26 February 2018).
- Orkney Islands Council – Audit Scotland – Best Value Assurance Report.

22. Budget for 2018 to 2019

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

Caroline Sinclair briefed the Board on the details within Annex 2a of the report circulated in relation to Item 9 above, namely the detail of the efficiency savings applied to the Orkney Health and Care budget for financial year 2018 to 2019 by Orkney Islands Council.

Discussion followed on the detail of the savings, including the impact on already stretched services and small teams. A full suite of savings had been proposed and, after careful consideration, including risk assessment, Orkney Islands Council had subsequently agreed on the areas listed in Annex 2a. The Chief Social Work Officer gave assurance that resources would be targeted effectively in order to strengthen professional social work services. The only area of significant disagreement with the approved savings was disestablishment of a post which the Board wished to see continue.

Regardless, a sum of £383,400 would be removed from the overall Orkney Health and Care budget received from Orkney Islands Council, therefore officers agreed to review options to provide an alternative that could deliver the same value of saving but retain the post.

Naomi Bremner suggested that this exercise raised a flaw in the process. The Board did not have the full information before it to make alternative decisions nor to give other options, therefore the Board had to rely on reassurances given by the officers on work already carried out.

Councillor Stephen Sankey and Dr Kirsty Cole left the meeting during discussion of this item.

The above constitutes the summary of the Minute in terms of the Local Government (Scotland) Act 1973 section 50C(2) as amended by the Local Government (Access to Information) Act 1985.

23. Conclusion of Meeting

The Chair referred to this being the last meeting for the Chief Officer, Caroline Sinclair. On behalf of the Board, he thanked Caroline Sinclair for all her hard work and how she had coped under difficult circumstances during the transition period of health and social care integration.

There being no further business, the Chair declared the meeting concluded at 14:00.