



Gillian Morrison (Interim Chief Officer)

Orkney Health and Care

01856873535 extension 2611

OHACfeedback@orkney.gov.uk

Agenda Item: 3.

Orkney Integration Joint Board

Wednesday, 10 February 2021, 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:

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

Stakeholder Members:

- Janice Annal, Service User Representative.
- Joyce Harcus, Carer Representative.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

Clerk

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

In Attendance

Orkney Health and Care:

- Maureen Swannie, Interim Head of Children's Health Services and Service Manager, Children's Services.
- Lynda Bradford, Interim Head of Health and Community Care.

Orkney Islands Council:

- Katharine McKerrell, Solicitor.
- George Vickers, Information Governance Officer (for Items 8 and 9 and 16 to 18).

NHS Orkney:

- Christina Bichan, Head of Assurance and Improvement (for Item 11).
- Dr Dawn Moody, Clinical Director – GP.

Observing

Orkney Islands Council:

- David Hartley, Communications Team Leader (for Items 14 to 21).
- Rebecca McAuliffe, Press Officer.
- Lorraine Stout, Press Officer (for Items 15 to 18).

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Introduction and Apologies

Councillor Rachael King welcomed everyone to the meeting and acknowledged the sad passing of Jeremy Richardson who had served as Vice Chair of the Integration Joint Board, from March 2016 to June 2017, when he took over as Chair until his tenure with NHS Orkney ended. She expressed her personal sadness for the loss of a respected colleague.

David Drever reiterated Councillor King's comments in that Jeremy's sudden passing came as a shock and he would be greatly missed.

Councillor Rachael King advised that Item 15, Communication and Engagement Strategy, had been withdrawn and would be submitted to a future meeting in due course.

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

- Gillian Morrison, Interim Chief Officer.
- Gail Anderson, Third Sector Representative.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- Michael Dickson, Interim Chief Executive, NHS Orkney.

- John W Mundell, Interim Chief Executive, Orkney Islands Council.
- Maureen Firth, Head of Primary Care Services, Orkney Health and Care.

2. Appointment of Stakeholder Members

There had been previously circulated a report setting out a proposed nomination for the vacancy of Orkney Islands Council's Staff Representative for consideration and approval.

The Clerk advised that Orkney Islands Council's three recognised trade unions had been requested to submit nominations for the vacancy. One nomination had been received and, in the absence of any other nominations, the Board was requested to consider that nomination.

The Board noted:

2.1. That the Integration Scheme allowed for the following co-opted non-voting member:

- A staff representative from each of the Parties.

2.2. That the Integration Scheme stated that individual appointments would be made as required when a position became vacant for any reason, with the initial period of office being two years.

2.3. That the position of Orkney Islands Council's staff representative was currently vacant.

The Board **resolved**:

2.4. That Danny Oliver be appointed as Orkney Islands Council's staff representative on the IJB.

3. Declarations of Interest

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

Jim Lyon joined the meeting at this point.

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 9 December 2020 for consideration, checking for accuracy and approval.

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

5. Matters Arising

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

Regarding Actions 1 and 2, Lynda Bradford advised that two meetings would be held later in the day with the GPs and Pharmacy teams, followed by the Allied Health Professionals, regarding the proposed new Kirkwall care facility. A report would be submitted to the June meeting of the Board on the Home First concept and a paper was being submitted to the Council's Policy and Resources Committee on 16 February 2021.

In relation to Action 3, Jim Lyon confirmed that the annual reporting framework was considered and approved by the Chief Officers' Group the preceding day, wherein it was agreed that the Chief Officers' Group would produce annual reports to the Community Planning Partnership.

Regarding Action 11, Strategic Commissioning, Davie Campbell asked that, as this was one of the primary objectives of the Board, a road map for producing the plan should be submitted in due course.

In response to a question on Action 8, setting up short life working groups to take forward the MSG (Ministerial Steering Group) proposals, from David Drever, Councillor Rachael King gave assurance that she would arrange for an update on this action to be circulated as soon as possible.

Councillor John Richards queried whether the staff at Hamnavoe House were afforded an opportunity to comment on the facility post completion, to see if anything could have been done differently and/or better. Lynda Bradford confirmed that the post completion report was being worked on presently for submission to the appropriate committees in due course later in the year.

Davie Campbell advised that, at the previous meeting it was agreed that the Board would receive regular updates on the Kirkwall care facility and asked that this be added to the list of regular reports.

6. Clinical and Care Governance Committee

There had been previously circulated the approved Minute of the Meeting of the Clinical and Care Governance Committee held on 27 October 2020, to enable the Board to seek assurance.

The Board noted the approved Minute of the Meeting of the Clinical and Care Governance Committee held on 27 October 2020.

7. Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Audit Committee held on 18 November 2020, to enable the Board to seek assurance.

The Board noted the unapproved Minute of the Meeting of the Audit Committee held on 18 November 2020.

8. 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.

Jim Lyon gave a detailed presentation on progress with the improvement actions since the last meeting of the Board. Six actions were marked as complete. Two actions were being scoped, namely a refresh of the OCYPP (Orkney Childcare and Young People's Partnership) website and NHS Orkney's Community Based Information Management system, which was being led by Maureen Swannie.

One core area of progress was file reading training which, in turn, came back to self-evaluation. There were 15 cases to be reviewed and Neil Gentleman, the link officer from the Care Inspectorate, was working through the technological challenges of this action, due to ongoing COVID-19 restrictions. The two points of learning from file reading will be the learning from what is in the files and the process of file reading itself, including access challenges to files.

Two of the biggest achievements were production of the Children and Families Child Protection Procedures, comprising 84 pages and rising, and the refreshed GIRFEC guidelines. A launch event was scheduled for the end of March 2021 to take Children and Families staff through the procedures. In the last few weeks, the service had had to accommodate three children – the inspection had highlighted this may not have happened in the past, therefore it was encouraging to see evidence that things were improving and children were not left in circumstances of neglect and risk too long.

Davie Campbell asked that, although policy and procedures had been strengthened, training had been provided and vacancies were being filled, were there tangible examples that the lives of children had improved over the last 12 months. Jim Lyon gave assurance that, although some staff shortages were due to COVID-19 restrictions and other long-term sickness absence, he had complete support from OHAC and OIC to fill any remaining vacancies, although the challenge remained the market. One Social Worker had recently been employed on a temporary basis and, following interviews, another Social Worker was due to commence employment shortly. Staff were being deployed across the wider Children and Families team; processes and procedures were improving to ensure the correct information was passed on, including the correct chronology, especially as there were only three social workers in post in a team of 8. The acid test would be the follow-up inspection, which was due in April, which would provide external assurance. The Care Inspectorate would be meeting with its scrutiny partners on 9 March 2021, following which they would advise of the Progress Review inspection, expected to be April 2021.

Maureen Swannie advised that all outstanding health assessments had been completed and evaluated. All children and young people were already receiving the services they required and had not required any new referrals. Feedback had been requested from the children and young people, their carers and families – no feedback had been received to date, although the assessments had been very intensive.

Janice Annal commented that she was heartened to hear that improved processes and procedures were making a tangible difference in practical terms and to the experience of children and young people.

Councillor Steve Sankey also commented on the reassurance provided by Jim Lyon and welcomed the prospect of the follow-up inspection which would give that further element of external assurance. He was particularly delighted that a formal feedback session with young people was held on 4 December 2020 and queried whether any material came from that session. Jim Lyon advised that the Care Inspectorate had apologised to the young people for taking so long to get back to them. There was one issue which the young people raised, namely they were not convinced that all adults they dealt with (be that teachers, residential care staff, police officers or whoever) were equipped or trained in mental health and wellbeing, therefore he had engaged with the Child and Adolescent Mental Health Team to see what could be done.

Dr Louise Wilson referred to the gaps in the provision of direct therapeutic support for young people, as there was no specialist infant mental health provision to assist in assessing complex parent infant relationship issues in permanence and adoption work and queried what the Board would need to commission to meet those gaps. Jim Lyon advised that this matter could be raised at the delivery group meetings which occurred fortnightly. Maureen Swannie advised that, from a health perspective, she was undertaking a scoping exercise to see what gaps there were in children's provision. Once that paper was complete, she would share it with a wider audience. Dr Louise Wilson appreciated that this could take some time.

Issy Grieve referred to dates in the Action Plan, particularly January and March 2021, and queried whether these were achievable. Jim Lyon confirmed that some of the bigger items had been completed on or before the target date. This was a dynamic action plan with complex work being undertaken, therefore time lines would sometimes change or the lead officer would ask that it be changed, but that did not desist from ensuring the impetus in progress was maintained.

David Drever asked what approach would be taken by the Care Inspectorate when they undertook their return visit, expected in April. Jim Lyon advised that the process had been described as "light touch" and his understanding was that it would comprise file reading, focus groups, professional discussions and looking at specific practice areas. Preparation would be through OHAC's own self-evaluation, hence why file reading was so important.

Dr Kirsty Cole referred to conversations held with young people who had been through a Looked After Child (LAC) review, who were often hesitant about speaking out, as they came into the system thinking that confidential and personal information was no longer privileged and she queried where that assumption had come from. Jim Lyon referred to an underlying culture of a potentially adult centric approach and he was more concerned on that matter than the question posed by Dr Cole. Young people had not raised that concern directly with him, but he was happy to raise this at the next Care Experienced Group; Dr Cole offered to facilitate, with the GP Sub-committee or the Local Medical Committee providing information.

Councillor John Richards advised he had attended a series of meetings recently where various issues had been discussed, including visions and priorities, economic recovery and engagement with young people. Previous obstacles to taking up permanent employment in Orkney often included lack of accommodation. One group severely affected by the COVID-19 restrictions was self-catering and bed and breakfast accommodation. He queried whether this could assist with the accommodation issues in the short term.

The Board noted:

8.1. The core areas of progress and identified service gaps and delays, set out in sections 4 and 5 of the report circulated.

The Board scrutinised:

8.2. 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, and obtained assurance with progress made.

9. Financial Monitoring

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

Pat Robinson summarised the current and forecast overspend, together with the savings target applied for the three year period. The main reasons for the overspend position were set out in section 5 of the report circulated and it should be noted that the projected overspend did not include additional funding for Children and Families. A variance analysis was now included in the report, at section 6.4. It was also assumed that all COVID-19 related expenditure would be reimbursed, in full, with more funding announced recently, although no indication of Orkney's share. Although further work was still required in respect of the set aside budget, an explanation for the current overspend was provided in section 8.

Issy Grieve queried the reasons behind the significant overspend in Prescribing (pharmacy) at nearly £500k at the year end. Pat Robinson advised that the same query had been raised at NHS Orkney's Finance and Performance Committee recently and she would seek information from the Head of Pharmacy and circulate.

Davie Campbell queried whether the overspend position would be the same for the next financial year and whether any items were recurring or non-recurring. Further, had any lessons been learned through better partnership working which could continue into the next financial year.

Pat Robinson advised that the overspend position would continue in Home Care and Mental Health although recent successful recruitment should see reliance on agency staff within the Mental Health team reduce. Regarding the budget for next financial year, initial discussions had been held with the Director of Finance at NHS Orkney and the Head of Finance at Orkney Islands Council. NHS Orkney was projecting a 1.5% increase in response to indications from the Scottish Government. A budget proposal would be submitted to the next meeting of the Board, scheduled for April 2021.

Lynda Bradford confirmed that a vacancy in the CAMHS team had recently been filled, with the successful candidate commencing employment on 1 February 2021, although she had received approval to retain agency staff until 31 March to provide support and assistance to the team.

Councillor John Richards queried when someone requested home care and met the eligibility criteria, but did not want to access Self-Directed Support (SDS), and OHAC did not have the physical resource to provide that service, how was that dealt with. Pat Robinson advised that the service could still be provided through SDS, by utilising another service provider such as Crossroads or Age Scotland Orkney. Lynda Bradford confirmed this had happened in the past where packages of home care were provided through a mix of Third Sector and the Green Responder Team. Although not the optimal service provision, it enabled a service to be provided, rather than no service at all.

Dr Kirsty Cole queried the vacancy in the rural fellowship and what action, if any, was being taken to attract candidates to Orkney. Pat Robinson advised that she would seek a response from Maureen Firth, who was unable to be present today, in response to Dr Cole's query.

The Board noted:

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

- A current overspend of £1,408,000.
- A forecast year end overspend of £2,227,000 based on current activity and spending patterns.

9.2. That a savings target of £4,200,000 had applied for the three year period 2020 to 2023, of which only £275,000 had been identified to date.

9.3. That NHS Orkney had applied its savings target of £800,000 for 2020/21, of which only £130,000 had been identified, with the remaining balance of £670,000 contributing to the forecast year end overspend.

10. Budget Savings Proposals

There had been previously circulated a report setting out proposals for implementing low risk savings options, identified as part of the budget setting process for 2021/22, for consideration and approval, together with an Equality Impact Assessment.

Pat Robinson advised that the report was a resubmission of the proposals considered at the last meeting with the Board now requested to look at each proposal individually. The Equality Impact Assessment covered all of the proposals collectively and she stressed that the proposals did not relate to reducing services, rather increasing income and/or reducing unutilised budget.

Councillor John Richards queried the significant drop in income projections for the very sheltered housing provision at Kalisgarth for 2020/21. Lynda Bradford acknowledged that there were a high number of vacancies, due almost entirely to the COVID-19 pandemic, however referrals were now being considered, with one allocation made recently.

Issy Grieve advised that one reason for seeking reconsideration of the proposals was that the residential care home income was based on variables and she sought reassurance. Pat Robinson advised that, as the majority of service users paid the minimum amount, income had dropped significantly, noting that the charge for residential care home provision ranged from £5,000 to £46,000 per annum. The proposal was based on trends over the previous four financial years, with only 50% of the average being recommended. Service users were in residential care for shorter periods than previously. Finally, the policy on deliberate deprivation of assets was scrutinised more than previously.

The Board noted:

10.1. That a savings target of £4,200,000 had been applied for the three-year period 2020/21 to 2022/23, of which only £275,000 had been identified to date.

10.2. That, as part of the budget setting process for 2021/22, the Senior Management Team had identified savings proposals that, using the criteria set out in section 4.5 of the report circulated, had been classified as low risk and uncontroversial.

10.3. The detail of the proposed savings proposals, as set out in Annex 3 of the report circulated, as follows:

- SCOHC60 – Reduction in Unutilised Budget – £25,000.
- SCOHC61 – Increase in Residential Care Income – £37,500.
- SCOHC62 – Increase in Very Sheltered Housing Income – £31,900.
- SCOHC63 – Additional Income to Integration Joint Board Budget – £20,000.

10.4. That, should the low risk savings be implemented in full, a reduction of up to £114,400 to baseline budgets from Orkney Islands Council to the Integration Joint Board would result for financial year 2021/22.

The Board **resolved**:

10.5. That the undernoted efficiency savings for 2021/22 be approved and accordingly removed from baseline budgets received from Orkney Islands Council:

- SCOHC60 – Reduction in Unutilised Budget – £25,000.
- SCOHC61 – Increase in Residential Care Income – £37,500.
- SCOHC62 – Increase in Very Sheltered Housing Income – £31,900.
- SCOHC63 – Additional Income to Integration Joint Board Budget – £20,000.

11. Winter Plan

There had been previously circulated a report presenting the draft Orkney Winter Plan 2020/21, for consideration and approval.

Christina Bichan advised that the Scottish Government had confirmed preparation arrangements, with identified risks including a resurgence of COVID-19, weather events and the UK leaving the EU. Development of the winter plan involved collaborative working across all services, with the plan presented addressing risks and challenges.

The plan was submitted to the Board of NHS Orkney in December 2020 and was now presented to the Integration Joint Board for consideration and approval.

The Board **approved** the Orkney Winter Plan 2020/21, attached as Appendix 1 to the report circulated.

12. ADP Strategy

There had been previously circulated a report setting out the strategic direction of the Orkney Alcohol and Drugs Partnership for the period 2021 to 2031, for consideration and approval, together with an Equality Impact Assessment.

Lynda Bradford advised that the Scottish Government, through its annual allocation letter to alcohol and drugs partnerships, required each partnership to submit a local strategy for delivering and responding to the national strategies on Rights, Respect and Recovery and the Alcohol Framework. In July 2020, the ADP Strategy Group approved a draft local strategy for consultation, which took place until September 2020. The proposed strategy had undergone significant redrafting as a result of the consultation. The ADP Strategy Group had subsequently endorsed the revised draft for consideration by the Board.

Issy Grieve referred to the section on governance on page 5 of the draft strategy where it indicated that the ADP would report through the Clinical and Care Governance Group. As governance and accountability had been highlighted previously, she assumed this matter would be picked up in the action plan to accompany the strategy.

Dr Louise Wilson referred to the list of consultees and the apparent lack of engagement with clinicians and how the strategy would impact on health. Further, it was not clear from the draft strategy what the goal was after 10 years. Lynda Bradford had some empathy for the 10 year period and suggested that it might be reduced to five years, given that 10 years was a long time in health and significant changes and/or improvements could occur.

Issy Grieve suggested that the Scottish Government set the 10 year timeframe. Lynda Bradford responded that, as the strategy required to be submitted to the Scottish Government, she would highlight that, locally, the preference was for a five year strategy and await feedback. Janice Annal supported a five year strategy, as a change of government could result in a completely different policy direction.

Davie Campbell referred to the points raised by Dr Louise Wilson and added his concern at the level of engagement. He would have preferred to see that addressed before approval. Councillor Rachael King suggested circulating to the appropriate clinical groups as a matter of urgency. David Drever concurred with extending consultation, as suggested, which would increase credibility. Issy Grieve was conscious that the ADP required to submit the strategy to the Scottish Government. Most of the clinical committees and groups would not be meeting for several months. As it had been sent to NHS Orkney's Senior Management Team, it would appear that the draft strategy had not been further distributed to the relevant committees. However, her preference was for the strategy to be submitted to the Scottish Government.

The Board noted:

12.1. That consultation on the draft Orkney Alcohol and Drugs Partnership strategy 2021-31 was carried out during 2020, with the consultation feedback attached as Appendix 2 to the report circulated.

The Board **resolved**:

12.2. That the Orkney ADP Strategy 2021-31, attached as Appendix 1 to the report circulated, be submitted to the Scottish Government in draft form, with a request that the timeframe be reduced from 10 years to 5 years.

12.3. That, in the interim, the draft strategy be submitted to the relevant governance committees of NHS Orkney, as a matter of urgency, to enable further consultation and engagement, with a revised draft resubmitted to the Board in due course.

13. Alcohol and Drugs Partnership – Operational Framework

There had been previously circulated a report presenting a proposed Operational Framework and Scheme of Delegation for the Orkney Alcohol and Drugs Partnership, for consideration and approval, together with an Equality Impact Assessment.

Lynda Bradford advised that, as the previous delegation procedure was for a limited period of two years, an operational framework had been drafted for consideration. The draft had been considered by the Board's auditors, who had confirmed that the proposals were acceptable from their perspective.

Dr Louise Wilson advised that she had significant concerns regarding the proposals and reminded the Board of the report at the previous meeting, whereby funding was awarded to activities, with no identified outputs. She was concerned that strategic decisions should not be delegated to the ADP but should remain with the Integration Joint Board.

Councillor John Richards suggested that, given the importance of the subject, a development session be arranged to enable the Board to engage with the ADP to talk through the concerns raised, noting his preference was delegation at the lowest level possible.

The Board **resolved** that consideration of the ADP Operational Framework and Scheme of Delegation be deferred to enable further discussion at a development session.

14. NHS Education for Scotland – National Trauma Training Programme

There had been previously circulated a report advising of the intent of the public Pledge of Support and providing information to determine actions that would evidence commitment to the Pledge of Support, for consideration and approval.

Maureen Swannie advised that, in 2018/19, the Scottish Government's Programme for Government made a commitment to prevent adverse childhood experiences and to support resilience and recovery of all children and adults affected by trauma. The Scottish Government had subsequently invested in a National Trauma Training

Programme, led by NHS Education for Scotland, for those affected by trauma and adversity and was now asking senior leaders to show a strong sign of leadership, by signing up to a pledge of support. The paper would also be submitted to Orkney Islands Council and NHS Orkney.

Janice Annal queried what difference would be made by signing up to the pledge, particularly if no additional resources were available. Maureen Swannie confirmed that no additional resource was available, however Simon Tarry, OHAC's trauma champion, was providing weekly training to the workforce. Following a conversation with the policy lead at the Scottish Government, although commitment to a cultural change was difficult, small changes over time would make a difference. A disclaimer on the public statement on the website would make it clear that it was up to individual organisations to make the commitment. Should the Board agree to sign up to the pledge, some form of assurance could be incorporated in the performance framework.

The Board noted:

14.1. The Scottish Government's 'ask' of senior leaders from all sectors across Scotland, to provide a strong signal of leadership to the workforce that delivery of trauma informed care and practice across all services and sectors was a public health priority by signing up to a public pledge of support.

The Board **resolved**:

14.2. To support the Statement of Intent in respect of the Pledge of Support, attached as Appendix 1 to the report circulated.

14.3. To support the actions, detailed in Appendix 2 to the report circulated, in order to demonstrate the Board's commitment to the Pledge.

15. Communication and Engagement Strategy

As indicated by the Chair in her opening remarks, the report presenting an updated version of the Board's integrated Communication and Engagement Strategy, incorporating elements of existing Orkney Islands Council and NHS Orkney strategies, for consideration and approval, had been withdrawn.

16. Risk Management Strategy

There had been previously circulated a report presenting the refreshed Risk Management Strategy, for consideration and approval.

Pat Robinson advised that, as a separate legal entity, the Integration Joint Board was required to have a Risk Management Strategy which ensured processes were in place to identify significant risks to its corporate objectives. The original draft strategy was compiled using both NHS Orkney and Orkney Islands Council's risk management strategies, thereby building on already established best practice and ensuring a robust and effective framework was in place. Should the strategy be approved, the Board would then receive regular updates of the risk register.

Dr Louise Wilson suggested that the risk register be submitted to the next meeting of the Board and further suggested that it could be shared virtually prior to the next meeting, given the ongoing pandemic and the need to know the risks.

Pat Robinson acknowledged that the Board should have been receiving regularly risk updates and undertook to circulate the latest update within two weeks, should competing priorities allow.

The Board **approved** the refreshed Risk Management Strategy, attached as Appendix 1 to the report circulated.

17. Role Descriptors

There had been previously circulated a report presenting the updated role descriptor for members of the Board, for consideration and approval.

Pat Robinson advised that officers were in the process of reviewing and refreshing a number of the Board's governance documents. The role descriptors were self-explanatory and she only had one point to highlight, namely the section entitled "Location" on page 3. As the "new normal" was unknown, there was still no indication of when face-to-face meetings would resume and what requirements would be, although officers would need to ensure that the venue chosen had appropriate facilities available.

Dr Louise Wilson referred to Appendix A: IJB Membership and asked that the descriptions be amended to those set out in legislation. Councillor Rachael King advised that the appendices to the Role Descriptor document were not for discussion at this time, although officers were in the process of reviewing those with a view to submitting revised versions to the Board at a later date. Dr Louise Wilson's request would be borne in mind when that document was reviewed.

The Board **approved** the IJB Members' Role Descriptor, attached as Appendix 1 to the report circulated.

18. Complaints Handling Procedure

There had been previously circulated a report presenting a new Complaints Handling Procedure (CHP), for consideration and approval.

George Vickers advised that, when the Scottish Public Services Ombudsman produced a model procedure which all public authorities were obliged to adopt, the Board had subsequently adopted that procedure. The Scottish Public Services Ombudsman had recently reviewed that model procedure and was now seeking approval of the revised procedure by all public authorities no later than 31 March 2021. It was important to make clear that the procedure to be approved related solely to the Integration Joint Board, as both NHS Orkney and Orkney Islands Council had their own separate procedures, although very similar.

While fully appreciating the need for NHS Orkney and Orkney Islands Council to have their own procedures, Issy Grieve was perplexed to learn that the Scottish Public Services Ombudsman was obliging the Board to adopt a procedure, particularly as the Board did not employ anyone, therefore who would receive, record and deal with any complaint. George Vickers advised that the Board's CHP allowed members of the public to make complaints against decisions made by the IJB and actions taken by the IJB Chief Officer and Chief Finance Officer when acting in their capacities as officers of the IJB. He did not think complaints handling would be onerous, given that the Board had not yet received a complaint, however the procedure was there, if required.

Councillor Rachael King queried whether there should be provision for those who had received a care package from the local authority to complain once they were adults and were no longer looked after by the local authority. The CHP stated that complaints should be raised within six months, unless there were exceptional circumstances, and this would prevent individuals who had received care packages from raising complaints once they were adult. George Vickers explained that individuals would not use the IJB's CHP to raise a complaint about care they had received from the local authority, they would use the Council's CHP to do so. Nevertheless, the point was relevant for the Council's CHP and he undertook to seek clarification from the Scottish Public Services Ombudsman on that point.

Councillor King also asked if there was guidance for Under 16s making a complaint. George Vickers confirmed there was a section which dealt with how to support someone making a complaint, although he was not aware that any decisions of the Board directly affected a care package.

Dr Louise Wilson was unsure whether the procedure was sufficiently clear that it applied solely to the Integration Joint Board and there was a risk that staff may become confused. George Vickers undertook to include appropriate wording within the Introduction section of the Complaints Handling Procedure.

The Board noted:

18.1. That the existing Complaints Handling Procedure was based on a Model Complaints Handling Procedure published by the Scottish Public Services Ombudsman.

18.2. That, in 2018/19, the Scottish Public Services Ombudsman conducted a review of the Model Complaints Handling Procedure to establish its effectiveness and usability.

18.3. That, following the review, the Scottish Public Services Ombudsman published a revised Model Complaints Handling Procedure on 31 January 2020.

18.4. That the revised Model Complaints Handling Procedure included a "Customer-facing Guide", which was a separate, but integral, part of the Model Complaints Handling Procedure.

18.5. That the revised version of the Model Complaints Procedure incorporated a number of updates to reflect feedback from stakeholders and to address issues identified in casework.

18.6. That Part 4 of the revised Model Complaints Procedure had been amended to reflect the Board's existing governance arrangements and roles and responsibilities in relation to the handling of complaints.

18.7. That the Scottish Public Services Ombudsman required Integration Joint Boards to adopt the revised Model Complaints Handling Procedure, including any changes that they wish to make, by 1 April 2021.

The Board **resolved**:

18.8. That the revised Model Complaints Handling Procedure, attached as Appendices 1 and 2 to the report circulated, incorporating the amendments referred to in paragraph 18.6 above, be approved, subject to further incorporation of points raised by members, if required and appropriate.

Dr Kirsty Cole left the meeting during discussion of this item.

19. Care Inspectorate Inquiry

There had been previously circulated a report presenting the findings of an inquiry by the Care Inspectorate into decision making and partnership working in delivering care at home and housing support services during the COVID-19 pandemic, for consideration.

Lynda Bradford advised that, following a request from the Scottish Government, the Care Inspectorate had undertaken an inquiry into care at home and housing support services, which related to the period between March and August 2020, during the COVID-19 pandemic. The inquiry focused on five key questions, as set out in the covering report circulated.

Lynda Bradford further advised that many areas on the mainland of Scotland did not enjoy the same level of relations between services and organisations which occurred in Orkney. Although relatively few people in Orkney had tested positive for COVID-19, people were in lockdown. Infection prevention and control was one of the key messages from the inquiry and again, there were very good relations between OHAC services and the infection control and public health teams at NHS Orkney, therefore Orkney was at a very different starting point.

Regarding PPE, from the outset of the pandemic, Orkney deployed a dedicated resource to the monitoring and ordering of PPE supplies, as well as distribution, and ensured continued availability of PPE for all staff, as well as those in the Third Sector and personal assistants.

With regard to reablement and rehabilitation, this was already a focus in Orkney. During the pandemic, health and social care staff were brought into the Brinkies wing at Hamnavoe House and it was noted clinical staff were surprised at the level of reablement which care home staff routinely already used.

Regarding technology, the Board had an explicit commitment in its Strategic Plan, with a dedicated officer in the Third Sector leading on tech enabled care.

Dr Louise Wilson commented that, although some points arising from the recommendations of the inquiry had been expanded on, she queried whether a further paper addressing the recommendations on an ongoing basis would be submitted to either the Board or the Clinical and Care Governance Committee to provide further assurance. Lynda Bradford agreed that a paper could come forward to the Clinical and Care Governance Committee.

The Board noted:

19.1. The findings of the Care Inspectorate's report on its inquiry into delivering care at home and housing support services during the COVID-19 pandemic, attached as Appendix 1 to the report circulated.

19.2. The local position in relation to the findings, summarised in section 5.6 of the report circulated.

20. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 28 April 2021.

21. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:30.