



Stephen Brown (Chief Officer)

Orkney Health and Care

01856873535 extension 2601

OHACfeedback@orkney.gov.uk

Orkney Integration Joint Board

Wednesday, 30 April 2025, 09:30.

Council Chamber, Council Offices, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Lindsay Hall, Rachael King and Jean Stevenson.

NHS Orkney:

Rona Gold and Joanna Kenny (via Microsoft Teams).

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Darren Morrow, Chief Social Work Officer of the constituent local authority, Orkney Islands Council (via Microsoft Teams).
- Sam Thomas, Nurse representative, employed by NHS Orkney.

Stakeholder Members:

- Morven Brooks, Third Sector Representative.
- Willie Neish, Carer Representative.
- Sarah Kennedy, Carer Representative.
- Karen Spence, Staff-side Representative, NHS Orkney (substitute for Ryan McLaughlin) (via Microsoft Teams).
- Danny Oliver, Staff-side Representative, Orkney Islands Council.
- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.

Clerk

- Hazel Flett, Service Manager (Governance), Orkney Islands Council.

In Attendance

Orkney Health and Social Care Partnership:

- Lynda Bradford, Head of Health and Community Care.
- John Daniels, Head of Primary Care Services.
- Shaun Hourston-Wells, Acting Strategic Planning Lead.

Orkney Islands Council:

- Erik Knight, Head of Finance (for Items 5 to 9).
- Emma Chattington, Service Manager (Organisational Development) (for Items 12 to 15).
- Deborah Langan, Team Manager (Accounting).
- Veer Bansal, Solicitor.

NHS Orkney:

- Keren Somerville, Head of Finance (via Microsoft Teams).

Observing

NHS Orkney:

- Steven Phillips, Head of People and Culture.

Chair

- Councillor Rachael King, Orkney Islands Council.

1. Apologies

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

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

- Voting Member:
 - o Issy Grieve, NHS Orkney.
- Non-Voting Members:
 - o Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
 - o Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney.
 - o Janice Annal, Service User Representative.
 - o Ryan McLaughlin, Staff-side Representative, NHS Orkney.

- Orkney Health and Social Care Partnership:
 - o Morven Gemmill, Associate Director of Allied Health Professions.
 - o Wendy Lycett, Interim Director of Pharmacy.

Rona Gold and Darren Morrow joined the meeting at this point.

2. Appointments and Re-appointments

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

Hazel Flett highlighted the ongoing need for appointments due to vacancies, resignations, and reappointments. Section 3 of the report provided background on the appointment process and terms of office for Board members. Section 4 listed existing appointments and their reappointment dates.

It was noted that the Board of NHS Orkney had met in February and made initial appointments until June 2025. The most significant to note was that Joanna Kenny was appointed as the Chair of the Integration Joint Board from 14 May 2025, as that position reverted to NHS Orkney, while Councillor Rachael King would revert to Vice Chair. Other appointments required to be made by NHS Orkney were highlighted in the tables at section 4, with further updates to be reported to the next meeting of the Integration Joint Board scheduled for 2 July 2025.

A number of stakeholder representatives were also due for re-appointment and these were listed in section 7.1 of the report. Danny Oliver, Ryan McLaughlin and Frances Troup had agreed to remain on the Board, while confirmation from Janice Annal, as the service user representative, was pending.

With NHS Orkney taking over the chairing role of the Integration Joint Board, the Performance and Audit Committee must now be chaired by an Orkney Islands Council voting member. Councillor Lindsay Hall had volunteered for this role. The Chair of the Strategic Planning Group was the Vice Chair of the Integration Joint Board, therefore Councillor Rachael King would take on this position.

The Board was asked to approve the various appointments and reappointments, with the exception of Janice Annal, which would be revisited in July.

Councillor Lindsay Hall queried the disparity in the number of proxy voting members. Hazel Flett clarified that Orkney Islands Council had 21 members available to appoint as voting and proxy members, NHS Orkney had a significantly smaller pool of potential appointees.

The Board noted:

2.1. That, on 14 May 2025, the Chair of the Integration Joint Board reverted to an NHS appointment for a two year period.

2.2. That NHS Orkney had made the following appointments to the Integration Joint Board for the period to June 2025:

- Joanna Kenny, Voting Member.
- Issy Grieve, Voting Member.
- Rona Gold, Voting Member.
- Davie Campbell, Proxy Member.
- Meghan McEwen, Proxy Member.

2.3. That NHS Orkney had appointed Joanna Kenny as Chair of the Integration Joint Board.

2.4. That NHS Orkney would be considering their other appointments to the Integration Joint Board shortly and a further report would be presented in respect of the undernoted roles:

- Nurse representative.
- Registered Medical Practitioner, who is a GP.
- Registered Medical Practitioner, who is not a GP.

2.5. That, on 14 May 2024, Orkney Islands Council appointed Councillor Rachael King as Chair of the Integration Joint Board, reverting to the position of Vice Chair in May 2025 for the period to May 2026.

The Board **resolved**:

2.6. That the following stakeholder representatives be re-appointed for a further two year period of office:

- Danny Oliver, Orkney Islands Council staff representative.
- Ryan McLaughlin, NHS Orkney staff representative.
- Frances Troup, Housing representative.

2.7. That the re-appointment of Janice Annal as the Service user representative, be deferred until July 2025.

2.8. That the following appointments to the Joint Clinical and Care Governance Committee be approved:

- Rona Gold, Chair.
- Issy Grieve, Vice Chair (non-delegated services).
- Councillor Jean Stevenson, Vice Chair.

2.9. That Councillor Lindsay Hall be appointed Chair of the Performance and Audit Committee.

2.10. That Councillor Rachael King be appointed Chair of the Strategic Planning Group.

3. Declarations of Interest

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

4. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 19 February 2025.

Members were given the opportunity to suggest corrections, but no changes were indicated.

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

5. Matters Arising

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

Stephen Brown provided updates on matters arising from the previous meeting. He noted that payments to partners in the Third Sector had been addressed and could be removed from the action log (Action 1 from meeting on 19 February 2025). The Community Planning Partnership had created a risk register, therefore that action could also be removed from the log (Action 1 from previous board meetings). Discussions with the Scottish Government were ongoing regarding climate change duties reporting, with plans to invite a Government representative to a future development session before the end of this calendar year to discuss how the Board could best establish itself in that space alongside the other bodies, including the Council and the NHS (Action 4 from meeting on 19 February 2025).

Councillor Jean Stevenson raised concerns about guardianship agreements and the potential impact on delayed transfers of care. Stephen Brown assured that national work was ongoing to promote awareness of guardianship and power of attorney and locally, posters, leaflets and advertising campaigns would be promoted.

Morven Brooks expressed concerns about timely communications and payments to Third Sector organisations, which Stephen Brown agreed to address, including a conversation in relation to any specific organisations, particularly if this related to communications with another service within the Council. He would raise this with the relevant directors to ensure it was progressed as quickly as possible, recognising that the new financial year had just started. Councillor Rachael King suggested that, as this was a matter which was raised in some form each year, it might be helpful to have a closer look at internal processes just to be really clear about where some of the delays might be occurring given that the Third Sector faced the same challenges in terms of recruitment and retention of staff.

Joanna Kenny requested an update on local vaccination data, particularly in relation to the change from GP surgeries to central administered vaccinations which had been previously raised by Dr Kirsty Cole. John Daniels explained that finding comparable data for programmes that had inherently changed, including timings and eligibility, was difficult. All data held locally was identical to that which was published nationally by Public Health Scotland. In accordance with the previous update, efforts were being made to obtain more bespoke data for Orkney, in collaboration with Public Health Scotland. John Daniels further advised that, unless there were any concerns about data inaccuracy, the action should be closed. Joanna Kenny was content with the report and the action would therefore be removed from the log.

Returning to the action on climate change reporting duties, Councillor Rachael King brought to the attention of the Board a consultation on draft statutory guidance for public bodies. Although lengthy, section 5, implementing the first duty, reducing emissions, stated that, while developing a climate change strategy was likely to be appropriate for most bodies, a different approach might suit others, for example, Integration Joint Boards as they were a unique type of public body and did not own assets. Their emissions and influence lay entirely in scope three indirect emissions. For Integration Joint Boards, a more suitable approach would be to embed climate and sustainability action within their strategic plan. She thought people should be aware of that information prior to the development session.

The Board scrutinised the log, took assurance and agreed where actions could be removed.

6. Strategic Planning Group

There had been previously circulated the unapproved Minute of the Meeting of the Strategic Planning Group held on 14 March 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

As the Chair of the Strategic Planning Group, Issy Grieve, was unable to be present, Stephen Brown gave a brief update on the matters discussed at the meeting held on 14 March, which included a presentation from the Hope Co-Housing project, which aimed to support individuals to live independently in their own homes for as long as possible.

The Strategic Planning Group also discussed the draft Suicide Prevention Action Plan, which was on the agenda for discussion later in the meeting.

Frances Troup noted inaccuracies in the Minute regarding funding aspects of the Hope Co-Housing project and suggested a detailed discussion outside the meeting. She did, however, confirm that the Council and the Scottish Government were working very closely with Hope Co-Housing to try and assist them in that respect.

Sam Thomas advised that she had tendered apologies for the meeting, but this was not captured in the Minute.

Councillor Rachael King referred to section 4 of the Minute regarding the draft Suicide Prevention Action Plan and noted the vulnerable groups in the community such as children, young people, and she specifically wanted to highlight those in agriculture. It also mentioned, obviously, individuals in the justice system, but she would pick both points up in more detail later in the meeting.

The Board scrutinised the unapproved Minute of the Meeting of the Strategic Planning Group held on 14 March 2025, together with the Chair's Assurance Report, and took assurance.

7. Performance and Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Performance and Audit Committee held on 19 March 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Joanna Kenny, Chair of the Performance and Audit Committee, stated that the meeting on 19 March 2025 focused on internal audit work and plans for external audit. She highlighted implementation of the new chair's assurance report, which effectively captured the main points of the meeting.

Rona Gold raised concerns about the internal audit relating to payment processes, which received an unsatisfactory assurance rating with several high and medium priority recommendations. It was clarified that these issues were addressed at the Council's Monitoring and Audit Committee, and a follow-up report was expected later in the year. The audit was reported to the Performance and Audit Committee as part of the audit sharing protocol. Councillor Lindsay Hall and Stephen Brown confirmed that a number of recommendations had already been addressed, and that the follow-up would address any outstanding matters.

Concerns raised about the absence of NHS finance colleagues at the meeting were noted, emphasising the importance of their presence for financial discussions. It was appreciated that finance colleagues were at this meeting, as their assistance and support was incredibly important.

The Board scrutinised the unapproved Minute of the Meeting of the Performance and Audit Committee held on 19 March 2025, together with the Chair's Assurance Report, and took assurance.

8. Joint Clinical and Care Governance Committee

There had been previously circulated the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 2 April 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Rona Gold, Chair of the Joint Clinical and Care Governance Committee, described the meeting on 2 April 2025 as positive, noting that extended timescales had been introduced to allow for comprehensive discussions on delegated and non-delegated services across clinical and care services. The meeting included a staff presentation on the Green Maternity Project about hip dysplasia scanning. There was also a comprehensive report on children's health services in Orkney, which covered the work of health visitors and school nurses. The Committee agreed to receive an update on challenges within dentistry services at the October meeting. A standard procedure for peer reviews was approved, and the Committee took assurance from reports by the Area Drugs and Therapeutics Committee, the Infection Control Committee, and the Risk Management Forum. Matters of concern were highlighted, with leads identified to address them.

Councillor Rachael King advised that it was good to see the Area Dental Committee being re-established, given the pressures that currently existed on dentistry. She noted in the minutes where papers had not been received and assumed that was because there was a rotation and capacity. However, in terms of the sections on people, potential, and place, Councillor King queried if somebody was to read the minutes, would they know what those areas might refer to.

Sam Thomas indicated that agendas had been structured in that way to align with NHS Orkney values and the Corporate Strategy. For the Joint Clinical Care and Governance Committee, patient focus was at the start of the agenda to ensure that the depth and breadth of conversation across both the delegated and the non-delegated services was achieved, and the Committee really concentrated on that quality and clinical safety of delivery of care.

The Board scrutinised the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 2 April 2025, together with the Chair's Assurance Report, and took assurance.

9. Budget for 2025/26

There had been previously circulated a report presenting the 2025/26 funding allocations from NHS Orkney and Orkney Islands Council, for consideration and approval.

Deborah Langan presented the paper, highlighting a draft overspend position for 2024/25 estimated at £4.215 million. Section 5.1 outlined the budget proposals for the NHS side, with some background on the letter from the Scottish Government's Director of Health and Social Finance, which stipulated that the NHS budget must include a 3% uplift to be passed to the Integration Joint Board, and reserves totalling £2.6 million. Section 5.2 set out Orkney Islands Council's budget, including the uprating assumptions and savings of £170,000 from introducing telecare and daycare charges.

Section 6 referred to the financial recovery plan which was to be presented at the end of quarter 1, alongside the final outturn position for 2024/25. Section 8 summarised the three elements of the overall base budget, as follows:

- NHS Orkney – £32.5 million
- Set Aside budget –£10.2 million.
- Orkney Islands Council – £31.5 million.

Annexes 2, 3 and 4 set out how the three elements of the budget outlined above had been calculated from the starting point of the 2024/25 budgets. Annex 5 listed the budget allocations according to commissioned service.

In response to a query from Joanna Kenny regarding the allocation in respect of COVID-19, at £415k, Stephen Brown confirmed that, although COVID monies that used to come through over the last few years had now come to an end, there were still ongoing vaccination programmes which were funded from that source.

Councillor Lindsay Hall commented that the finances were being well looked after in the absence of a dedicated Chief Finance Officer and sought reassurance around the ongoing search for a permanent Chief Finance Officer. Stephen Brown provided that assurance, in that discussions were ongoing, with plans to advertise the post again soon.

Rona Gold returned to the COVID allocation and queried whether it would be possible in a future meeting or even a note to members of the Board to receive more detail around that spend; whether the full amount was for vaccinations or ring fenced by the Government just for particular elements of COVID or whether there was flexibility around COVID impacts, in particular mental health. She was keen to understand the parameters and if it was expected that all of the money was going to be spent on vaccinations or, if an underspend was expected, potential use of that funding.

Councillor Rachael King thanked Rona Gold for the incredibly valuable question and highlighting the mental health impact of COVID. Elsewhere in the papers for this meeting were reports on an understanding of the number of people in the community who were actually struggling with long COVID, around 50. The question about an ongoing need to support people with the impact of the pandemic was really helpful and what form that took for people who are living with long COVID, which could be incredibly debilitating.

Stephen Brown advised that a small amount of money which came into psychology, through NRAC, which was very limited, was in recognition of some of the issues related to long COVID. He suggested that the next finance report should include a section giving a breakdown and visibility of the COVID funding.

In response to a query from Danny Oliver on the detail of the line relating to reduction in Social Work Capacity and Winter Planning on Annex 4, Erik Knight confirmed that this related directly to the Scottish Government settlement figure. Previously there were ring-fenced amounts, and this particular element had been reduced by £33k for 2025/26 and was passported to the service.

Councillor Rachael King highlighted once again that it was important to underline that a significant amount of the overspend on the Council side was around the continued use of agency and locum staff, outlined in section 5.5 of the covering report, and the additional spend in terms of accommodation and travel. Communicating the additional impact of meeting travel and accommodation costs on island communities in particular, more so perhaps than other areas across Scotland, at Scottish Government level was crucial, and it would be helpful to understand if there is any possibility of additional support to mitigate against a potential equality issue or approach to funding of Integration Joint Boards.

The Board noted:

9.1. That the draft outturn position for the Integration Joint Board for 2024/25 was a total overspend position of £4.215 million, comprising the following:

- NHS Orkney commissioned services – £0.795 million.
- Orkney Islands Council commissioned services – £3.420 million.

9.2. That, although no additional recurring savings target had been set against the NHS Orkney delegated service budgets for 2025/26, the Board was expected to deliver, as a minimum, £2.4 million of the unachieved recurring savings for NHS Orkney commissioned services over the next five years, which commenced in 2023/24, on its delegated budgets.

9.3. That, within services commissioned to Orkney Islands Council, savings of £170k for 2025/26 in respect of income generated from the introduction of charges for Day Care and Telecare services had been applied to the budget.

9.4. That, for Orkney Islands Council commissioned services, to assist in achieving balanced budgets for 2025/26, 2026/27 and 2027/28, indicative efficiency targets of £469k, £704k and £938k respectively were set.

9.5. That, in addition to the budget saving targets outlined above, the Orkney Islands Council commissioned services had also been tasked with taking affirmative action to return to operating within its approved revenue budget.

The Board **resolved**:

9.6. That the baseline budget for financial year 2025/26, amounting to £74.414 million, as detailed in Annexes 2 to 4 of the report circulated, be approved, noting that the increases were in line with Scottish Government requirements as explained in sections 6.1.2 and 6.2.3 of the report.

9.7. That work must be undertaken by both partners to deliver savings in order to achieve the required balanced outturn position in 2025/26.

9.8. That a robust and detailed Financial Recovery Plan, to provide assurance that there were plans to reduce spending, be developed and presented to the Board for approval.

9.9. That, once approved, regular progress against the Financial Recovery Plan actions should be considered as part of the Revenue Budget Monitoring reports.

10. Strategic Plan

There had been previously circulated a report presenting the draft Strategic Plan 2025 –2028, together with an Equality Impact Assessment and an Island Communities Impact Assessment, for consideration and approval.

Shaun Hourston-Wells presented the draft Strategic Plan for 2025 – 2028, which was intended to guide the Board's direction over the next three years. The plan focused on six Strategic Priorities and aligned with national design principles. The plan had been developed with input from community councils, groups, and professional colleagues, ensuring alignment with local and national partners' strategies. The plan aimed to address the most pressing issues in Orkney's health and social care services. Financial constraints, anticipated savings, and reliance on agency staff were identified as risks to effective delivery.

Rona Gold commented on the quality of draft plan which was just outstanding and an excellent read in terms of its depth of information, the breadth of information, and the way in which the information was put across. However, she made the following points in relation to detail within the draft plan:

- Section 10, the table on page 41 and 42 highlighting the key areas identified to close the financial gaps. While it was excellent to see the diagrams in the description, there were two on transform and redesign services, effectively duplication.

- Section 9, How housing Services Will Help was quite a big section. Page 32 referenced Delegated Functions and housing adaptations. There was a potential risk around spend as demand was high, and it did not appear to feature in any financial report. Where could those particular elements of spend be tracked throughout the year?
- Community Led Support, page 25, included under “Builds Local Capacity” was simplifying funding – making small grants and funding accessible for grassroots projects. Was that already happening or to happen over the life of this strategy and, if so, were there any plans in place.
- Page 20 – final sentence potentially has a word missing as, currently, it did not make sense.
- Page 10, Section 5, How We Can Work Together – both sections “What we will do to make a difference and “What you can do to make a difference were both excellent. However, the last bullet point of that said “Join-in the conversations see the final section”. Although impressed with just how much the plan felt connected into community, psychologically, it felt like getting involved was at the end of something or was not important, and suggested that it be deleted.

Councillor Rachael King thanked Rona for picking up on the small things, which were often the things that actually played a huge part in terms of the culture. If any other members had picked up some of the grammar and other small issues, those should be fed back to officers outwith the meeting.

Referring specifically to housing and whether there was an opportunity to track that spend, Councillor Rachael King highlight that adaptations required within people's homes, including small repairs, was clearly a potential financial ask. How that money was spent at the moment and whether any increased demand could potentially be tracked to support people to remain in their homes for as long as possible, as well as supporting them through the adaptations was important.

In respect to the funding of General Fund adaptations, Frances Troup advised that these were formerly called the disabled adaptation grants. When Integration Joint Boards were established nationally, when the law changed, that required to go into the Integration Joint Board and the budget was passed to Orkney Health and Care. In respect to Housing Revenue Account adaptations, this was monitored as part of the annual return against the charter that goes to the Scottish Housing Regulator every May, and was also reported against through the Housing Service's annual assurance statement. Frances Troup continued that she was happy to share the detail of the type of adaptations carried out, the numbers and the level of spend. There would also be adaptations across any registered social landlords in the area. Including Orkney Housing Association, which was funded by a different means.

Lynda Bradford confirmed that the disabled part came across to the Integration Joint Board a number of years back, with full spend made every year. Occupational Therapy services and Building colleagues were involved in assessing applications for adaptations, so sometimes much more money could go to one project than others. Details of the annual spend could be provided.

In response to Rona Gold's query on small grant funding, Stephen Brown advised that, through the Alcohol and Drugs Partnership, a small pot of money has been made available to community groups and individuals who might have ideas about how best to support those who were struggling with alcohol and drug misuse, with grants up to £5,000. Being aware of the type of reporting required in relation any kind of public sector grants, the Alcohol and Drugs Partnership tried to be quite flexible and received a few applications which had subsequently been approved. This scheme could be promoted more and success or otherwise, including any lessons learned before rolling out to wider projects, would be monitored through the Alcohol and Drugs Partnership.

Morven Brooks added that there were a number of small grants available just now, but the statement in the draft Strategic Plan was more about funding available via the public sector aimed at grassroots small community groups. An example of that could be the play park funding through the Council. The accessibility part was really important, as it was often small committees with no experience who were applying. While Voluntary Action Orkney did support those type of groups, the easier and more simplified an application process could be, the more accessible the funding was to those groups.

In conclusion, Councillor Rachael King concurred with Rona Gold's point on the exceptional amount of work that had gone into the draft Strategic Plan and how accessible it was. She noted the following points:

- Page 11, working with each community council area to produce a local place plan. Officers had been meeting with groups and offering support in the development of place plans in a number of different areas, including making sure that health and social care issues were included and addressed in the locally owned place plans, rather than creating a separate health and social care plan. However, for those areas choosing not take forward a place plan, how was it ensured that health and social care issues in that area were still supported.
- Page 18, the section on unpaid carers on page 18, highlighting that, based on national statistics, there were potentially 3,500 unpaid carers in Orkney, with only around 400 people currently accessing support. Work should continue in highlighting people to self-identify as carers because quite often people were not aware that they had that caring role, and the support was there for them to follow-up.
- Page 21, the section on how we will we know we have made a difference, could perhaps be discussed at the Strategic Planning Group and it might come through in the delivery plan. To ensure there was data across the whole system so that there was a whole system understanding of the pressures that existed within health and social care and whether we there was an opportunity to think about what data would be helpful to gather, particularly from an island perspective.

The Board thereafter **resolved** that, subject to the minor amendments and typographical errors submitted to officer, the draft Strategic Plan 2025 – 2028, attached as Appendix 1 to the report circulated, be approved.

11. Strategic Plan Delivery Plan

There had been previously circulated a report presenting the draft Strategic Plan Delivery Plan 2025 – 2028, for consideration and approval.

Shaun Hourston-Wells advised that the delivery plan provided the detail on how the strategic plan priorities would be achieved, delivered and measured. The draft delivery plan outlined the six Strategic Priorities and articulated specific outcomes relating to each priority as well as how those outcomes would be measured. Where appropriate, a delivery timeframe was included. As with the previous iteration of the delivery plan, it was anticipated that updates on each priority and their associated outcomes would be reported to each meeting of the Performance and Audit Committee. The risk implications associated with the draft delivery plan were shared with the Strategic Plan itself, namely funding restraints, anticipated savings, and the reliance on agency and locum staff.

Councillor Jean Stevenson focussed on the unpaid carer section of both reports and specifically the challenge with respite. There did not appear to be a milestone for improving respite care in the delivery plan. The Strategic Plan linked into the Unpaid Carers' action plan from 2023 to 2026, and there were quite a few actions mentioned in that plan. For example, it stated that unpaid carers contacting Crossroads should increase from 78 in 2022 to 150 by 2026, and the same milestone had been set in the delivery plan for 2026. Councillor Stevenson queried whether there were figures to say that there had been progress from 78 since that action plan was created. The same comment related to the increase in number of carers offered an assessment. The final query related to training frontline workers and whether there had been any movement there.

Shaun Hourston-Wells advised that it should be accepted straight away that some of the goals in the previous Strategic Plan had not been achieved, although they may have made significant progress. A lot of those goals were associated with appointing a dedicated carer role; however there were a number of reasons that delivery of that role had been delayed, although it would shortly be advertised.

Shaun Hourston-Wells further advised that he was awaiting data from Crossroads, including the number of new contacts, and that this would be reported to the Performance and Audit Committee shortly. He also acknowledged that some of the timescales had been moved on slightly because they had not been able to deliver them within the previous timeframe, but there was no less of a commitment to deliver.

Shaun Hourston-Wells clarified that the delivery milestones were for the next year, with the delivery plan reviewed annually, and delivery milestones amended if achieved, or new milestones added.

Rona Gold also sought feedback on respite opportunities, given the significant emphasis put on that within the Strategic Plan. She also commented on the excellent Delivery Plan, which was aligned to the Strategic Plan. Returning to the delivery milestones, particularly those in Early Intervention and Prevention, Rona Gold queried whether there were any plans within the services delegated to the Board to build on the legacy around the Island Games, given that it was a one year action plan and the Games fell within that timescale.

Stephen Brown confirmed that the Health and Social Care Partnership was actively involved in supporting delivery of the Orkney wide Physical Activity Strategy, and committed to reporting on delivery of that action plan on a regular basis to the Board.

Joanna Kenny queried the name of the Delivery Plan, particularly as Shaun Hourston-Wells had confirmed it related to 2025/26 specifically and the shorter term actions for that year, rather than the actions for the whole three years of the Strategic Plan. Stephen Brown confirmed this would aid clarity for the public and that the Strategic Planning Group would consider what other actions or measurable were required moving forward through the timeframe of the Strategic Plan.

Danny Oliver referred to the timescale for recruitment to the All Age Nurse Led Psychiatric Liaison Team as his understanding was that the plan was developed in response to a non-sustainable situation quite some time ago, possibly a couple of years. Lynda Bradford confirmed that the job descriptions were currently working through NHS Orkney's job evaluation process. Recruitment would commence as soon as possible and it may be that people would be in post ahead of the timescale quoted on the action plan, which was a target date for bringing back a report on that particular piece of work.

Danny Oliver queried how achievable the delivery milestones in relation to individuals referred for a social work assessment would receive that in a timely manner and also further improving access to Care at Home provision were, given the teams delivering them were currently under pressure. Lynda Bradford confirmed that meeting those measures would indeed depend on staff resource, however she also felt it was important to challenge and, if those targets were not going to be met due to staffing resource, that would be reported.

Danny Oliver then referred to the Unpaid Carer-Friendly Policy for Orkney Islands Council, referred to on page 14, and stated that, in his opinion, it was not sufficient just to have the biggest employer deliver a policy that supports unpaid carers. He had suggested that it should be amended to an industry leading policy based on evidence based best practice, which could be showcased to other employers, however he appreciated that was not necessarily within the gift of the Board.

Councillor Rachael King stated that she had pushed for a policy for the local authority for a number of years now in recognition that increasingly people in work were going to have caring responsibilities, therefore the role of employers to support people to be able to care in light of the pressures that currently existed in the demographics was incredibly important.

Stephen Brown recognised the aspiration had to be there to have a meaningful and effective carers' policy implemented through the Council. Further, as the policy was developed, as a Board and in individual respective roles, people should do their best to influence that. The other reason "sector leading" was not used was that it could be quite subjective.

Sam Thomas referred to the timescale for the delivery milestone of convening quarterly meetings with Isles Community Council representatives being by the end of March 2025. Stephen Brown confirmed that work had begun and evolved over a period and that March 2025 was a typo and should state 2026, meaning that performance would continue to be reported in terms of that commitment.

Councillor Rachael King concurred and stated that the majority of those meetings were held during the evening and the commitment given by officers attending outwith normal working hours was to be applauded, as well as the work ongoing with communities in terms of the issues highlighted.

In conclusion, Councillor Rachael King stated there were a number of things that she would pick up with officers outside the meeting, particularly as she was moving into Chair of the Strategic Planning Group, particularly in getting an understanding for some of the milestones, what was counted locally could actually influence the ability to take mandates to a national forum in order to ensure there was a comprehensive understanding of the whole system approach for an island community.

The Board thereafter **resolved** that, subject to the minor amendments indicated, the draft Strategic Plan Delivery Plan, attached as Appendix 1 to the report circulated, be approved.

12. Joint Clinical and Care Governance Committee

Terms of Reference and Work Plan

There had been previously circulated a report presenting revised Terms of Reference and the Annual Work Plan for the Joint Clinical and Care Governance Committee, for consideration and approval.

Rona Gold, Chair of the Joint Clinical and Care Governance Committee, stated that, for assurance, the Committee had spent a significant amount of time on what they wanted to achieve from the Committee through the year, which was reflected in the workplan. The Terms of Reference had also been reviewed in order to ensure consistency with other committees of NHS Orkney.

Councillor Rachael King confirmed that, as the Terms of Reference were reviewed annually, any issue raised could be addressed at the next iteration. However, she noted that legislation made it clear the requirement for the Integration Joint Board to have a governance committee. When the Orkney Integration Joint Board was established, the opportunity to link with NHS Orkney's existing Clinical and Care Governance Committee was obvious. However, it was important that the Terms of Reference reflected the legislative requirements of both NHS Orkney and the Integration Joint Board, now that it was a joint committee.

Under Purpose, Councillor Rachael King advised that the requirements set out in documents known as MEL were also relevant to the Integration Joint Board, and not just NHS Orkney, as set out in guidance in relation to governance and accountability. She also queried the frequency of the meetings, to ensure it was in line with other committees of the Integration Joint Board.

Rona Gold suggested that the points Councillor King were raising did not substantially alter the underlying Terms of Reference. However, she suggested that Councillor King, herself, Sam Thomas and Stephen Brown should meet to discuss the various points raised and, if necessary, take any substantive changes through the appropriate governance routes. Minor amendments to enhance clarity and public understanding were accepted.

Stephen Brown concurred with the suggestion of convening a separate meeting and, of the possibility of facilitating proposed changes without waiting until the next formal review date. Reflecting back to the earlier item relating to the minutes of the last meeting, there was no doubt that the Committee was probably more integrated now than it had ever been.

The Board **resolved**:

12.1. That the Joint Clinical and Care Governance Committee be requested to approve the proposed amendments shown as track changes within the Terms of Reference, attached as Appendix 1 to the report circulated.

12.2. That, subject to approval of paragraph 12.1 above, as well as the proposed amendments to be discussed at the meeting to be arranged, the revised Terms of Reference, attached as Appendix 1 to the report circulated, be approved.

12.3. That the Joint Clinical and Care Governance Committee's Workplan for 2025/26, attached as Appendix 2 to the report circulated, be approved.

The Board noted:

12.4. That, for transparency, following the meeting with Rona Gold, Councillor Rachael King, Sam Thomas and Stephen Brown, the further revised Terms of Reference for the Joint Clinical and Care Governance Committee would be circulated via a briefing note.

13. Communications and Engagement Strategy

There had been previously circulated a report presenting a revised Communications and Engagement Strategy, together with an Equality Impact Assessment and Island Communities Impact Assessment, for consideration and approval.

Shaun Hourston-Wells presented the draft Communications and Engagement Strategy for 2025 – 2027, which examined the legislative context of consultation, the national and local standards for consultation and engagement, as well as the methodology for dissemination of information and consultation with stakeholders.

A significant change in the new iteration of the strategy was a focus on how the partnership would engage, followed by details of the current and proposed engagement activity, which reflected an effort to bring the strategy more in line with those of the Integration Joint Board service delivery partners. As with other recent public facing strategies and plans, officers had sought to use plain English throughout the draft strategy.

There were no financial implications relating to adoption of the strategy, but costs associated with its implementation would require to be met from the approved budgets of the Integration Joint Board and its constituent partners. There was a risk that inadequate communication and engagement on behalf of the Integration Joint Board, both with key stakeholders and the wider public, could result in poorer planning and delivery of services along with less joined up working. Implementation of the strategy was part of the overall strategy for mitigating that risk.

Joanna Kenny commended the quality of the strategy in that it was easy to read and well set out and she particularly liked the way relevant links had been inserted for those who wished to go and look further at the detail.

Rona Gold concurred with the quality of the strategy, commenting that she, herself, had produced several herself and had learned from this particular strategy. However, she queried whether the strategy could include links to skills and training, as communication and engagement was a skill and people could be trained in that.

She was also mindful that it was a profession, particularly in parts of the local authority or the wider health and care system where staff working within community learning and development had their own professional standards and competencies. The Scottish Community Development Centre was one organisation who could potentially provide training.

Secondly, Rona Gold queried whether there was any sharing of engagement in a wider sense, potentially through the community planning partnership, so that organisations knew what engagement was coming up and offering opportunities for joint engagement, which might help mitigate consultation fatigue.

Finally, Rona Gold asked whether, in the section on video, whether YouTube and/or Tik Tok were being considered.

Shaun Hourston-Wells welcomed the suggestion to include links to skills and training resources.

In response to joint engagement, Stephen Brown advised that the local community planning partnership recognised this issue some years ago and a joint engagement group now met fairly frequently and, over the course of the last calendar year, had undertook some joint engagement sessions with communities.

Regarding alternative media platforms to reach diverse audiences, Shaun Hourston-Wells confirmed that the Council's communications team were keen to produce more videos and YouTube had also been used. There was an issue with the use of TikTok, but no further details were available.

Rona Gold then queried whether "influencers", those people within the community who could support and influence others to take part or be interested in what it was that they were doing, particularly within younger age brackets. Shaun Hourston-Wells advised that discussions around "influencers" had taken place, and it was suggested that, when dealing with statutory services, the term "champion" may be more appropriate. However, identifying those people within communities who had the influence and were able to promote the work of statutory services was something that Shaun Hourston-Wells was working on with the Council's Communications Team and would be included in an action plan to be developed in order to implement the Communications and Engagement Strategy.

Danny Oliver, Morven Brooks and Frances Troup raised points around inclusive accessibility and what that entailed. Shaun Hourston-Wells confirmed that staff were diligent in making sure all material was accessible to all, but welcomed the opportunity to have conversations outwith the meeting on inclusive accessibility, including potential financial implications and how those might be mitigated. It was also agreed that a section on inclusive accessibility be added to the draft Strategy.

In response to a query from Councillor Rachael King regarding those who did not want to communicate, or who did not have devices in order to participate, several examples were given on how this was overcome, including staff reaching out and attending community events. However, it was noted that every effort was made to provide an opportunity for engagement in whatever format, either paper, electronically or face-to-face.

It was noted that Orkney Opinions had been on hiatus for some time and Shaun Hourston-Wells confirmed that Orkney Opinions had certainly changed the quality and quantity of responses they received and would welcome any assistance in getting Orkney Opinions reintroduced, particularly as it offered the opportunity for targeting people who had a specific interest in certain subject matters.

Darren Morrow welcomed a conversation around what communication engagement meant for children and young people because they typically found it more difficult to understand how to express themselves and what the points of access were, and also, how the organisation helped them to understand how to access the opportunity to express their voice, choice and participation. This also related not just to children, but those who might have neurodevelopmental needs where communication and interaction was a bit more difficult.

Councillor Rachael King appreciated the contributions people had made and was supportive of the ongoing contributions and conversations that would happen. She commented on section 5.2 of the draft Strategy, whereby the Council's Facebook and X platforms had the highest number of followers per head of population in Scotland. The platforms the organisations chose to use meant that people had to come on to those platforms in order to get the information; the organisations had a duty of care when considering the platforms that were used.

The Board thereafter **resolved** that the updated Communication and Engagement Strategy, attached as Appendix 1 to the report, be approved, including incorporating additional suggestions as highlighted above, together with development of an action plan for implementation.

14. Risk Management Strategy

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

Shaun Hourston-Wells advised that the Board was required to have an approved risk Management Strategy which ensured processes were in place to identify significant risks to the Integration Joint Board's objectives and integrated risk management into decision-making, planning, performance reporting, and delivery processes. The Strategy was originally approved in October 2018 and most recently refreshed in April 2023. The latest review led to minor changes for clarity, with no alterations to the classification section. Financial implications may arise from actions needed to mitigate high-risk areas, which must be met within existing budgets.

Rona Gold raised concerns about the visibility of medium-level risks, particularly those with significant financial or reputational implications, and suggested that the Board should be informed of risks with a score of 8 or above within the medium category. Stephen Brown acknowledged the point and agreed to discuss it further in the Performance and Audit Committee to ensure appropriate visibility and management of such risks.

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

15. Equality Outcomes and Mainstreaming

There had been previously circulated a report presenting an update on mainstreaming the equality duty, together with progress made against the Board's published equality outcomes, for scrutiny. The report also proposed equality outcomes for the next four-year period, for consideration and approval.

Shaun Hourston-Wells advised of a legislative change in 2015, placing a single equality duty on all public authorities, including Integration Joint Boards, covering nine protected characteristics, namely race, sex, disability, sexual orientation, religion and belief, age, gender reassignment, pregnancy and maternity, and marriage and civil partnership. The amendment required Integration Joint Boards to report on their efforts to mainstream the single equality duty along with progress made against their published equality outcomes. The single equality duty required public authorities to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations across all the protected characteristics.

In 2020, the Equality and Human Rights Commission provided clarification on the expected scope and subject matter of equality outcomes. Principally, this said that they must be both proportional and relevant to the areas and themes over which the Integration Joint Board had an influence. It was further clarified that an outcome was not what the public body did, but the changes or effects resulting from it. Those changes could be for individuals, groups, families, organisations, or communities.

In April 2021, the Board approved four equality outcomes, namely unpaid carers, young persons' mental health, access to technology, and social isolation of older people. Appendix 1 to the report provided an update on progress made against the four outcomes and proposed that they should be retained for the next four years.

Joanna Kenny suggested expanding the section on young people's mental health to reflect more ongoing activities, and Shaun Hourston-Wells agreed to include additional relevant information.

Councillor Jean Stevenson enquired about the uptake of technology like Komp, and Lynda Bradford confirmed its regular use for testing by families, with families then purchasing their own. As it appeared to be a popular piece of equipment, Councillor Jean Stevenson suggested that its availability be publicised more, which Lynda Bradford advised was possible, further noting that Occupational Therapists and Social Workers mentioned all the different types of technology available when undertaking assessments with individuals and their families.

Councillor Rachael King referred to the section on unpaid carers and how it suggested that caring was limited to a narrow group. Shaun Hourston-Wells took this on board and suggested that it be expanded to include siblings, neighbours and friends.

Councillor Rachael King also commended the use of plain English and the engaging narrative, however it did end rather abruptly. Shaun Hourston-Wells agreed and suggested it would benefit from a summary, which would be included.

Darren Morrow emphasised the importance of considering care experience as a protected characteristic and its implications for corporate parenting and related legislation. Emma Chattington confirmed that the Council and the Integration Joint Board included care experience in its equality impact assessments. Officers would continue to look at the picture developing nationally to see how that could be better integrated into other policies as well.

The Board noted:

15.1. Progress made against the four Equality Outcomes, as well as efforts to mainstream the equality duty, as detailed within Appendix 1 to the report circulated.

The Board **resolved**:

15.2. That the Equality Outcomes contained within section 6 of the Equality Outcomes Report and Mainstreaming Report, attached as Appendix 1 to the report, be approved, namely:

- Unpaid Carers.
- Young Persons' Mental Health.
- Access to Technology.
- Social Isolation of Older People.

16. Suicide Prevention Action Plan

There had been previously circulated a report presenting the Suicide Prevention Action Plan, together with an Equality Impact Assessment and an Island Communities Impact Assessment, for information.

Stephen Brown advised that a Young Person's Suicide Prevention Task Force had been established in spring 2022, which initially met on a weekly basis, in response to a couple of deaths by suicide. By the summer, it was agreed to extend the remit of that group to cover suicide across the age spectrum, and the group had continued to meet on a monthly basis since then.

Engagement across the community planning partnership had been really high, with good representation from Police Scotland, NHS, and the Council, including Orkney Health and Care and Education colleagues. Representation also came from public health, both locally and nationally.

Over and above the national suicide prevention strategy, which was published in September 2022, it was agreed to produce an annual suicide prevention plan for Orkney, which will be reported through the Public Protection Chief Officers Group and then the Orkney Community Planning Partnership. However, given the nature of the plan and how it linked with wider mental health aspirations for Orkney, it was thought important to bring it to the attention of the Board.

Councillor Rachael King sought assurance on engagement with the agricultural sector, and Stephen Brown confirmed ongoing engagement with the farming community.

Joanna Kenny asked about mental health practitioner roles, and Stephen Brown, along with John Daniels and Lynda Bradford, explained the ongoing discussions with GP practices to establish those roles, with proposals to be submitted to the GP Sub-committee in May 2025. John Daniels expanded on the engagement with GP colleagues around what worked best for each practice, recognising that the Primary Care Improvement Plan was designed to relieve the pressure at the front door of general practice, but actually, there had been a really positive shift in discussions recognising that Orkney was a unique place in terms of its geography and size of community compared to other parts of Scotland. Rather than do something standalone to benefit general practice in isolation, it was proposed to have an integrated provision that benefited patients at all stage of their illnesses and presentations.

The Board noted the Suicide Prevention Action Plan, attached as Appendix 1 to the report circulated.

17. New Kirkwall Care Facility – Kirkjuvagr House

There had been previously circulated a report presenting a progress update in respect of the new Kirkwall care facility, Kirkjuvagr House, for information.

Lynda Bradford provided an update on the Kirkwall Care Facility, noting a revised completion date of 8 September 2025, due to various delays. The commissioning period would follow, with efforts to ensure readiness before the festive season. The delays and their causes were outlined, and it was noted that the financial implications of the overspend would be managed within Orkney Islands Council.

The Board noted progress made with the new Kirkwall care facility, Kirkjuvagr House, since the last update presented to the Board in November 2024, as outlined in section 3 of the report circulated.

18. Date and Time of Next Meeting

It was agreed that the next meeting be held in the Council Chamber, Council Offices, Kirkwall, on Wednesday, 2 July 2025 at 09:30.

It was noted that a special meeting had been scheduled for Wednesday, 25 June 2025, specifically to consider the Annual Performance Report prior to submission to the Scottish Government by the deadline of 30 June 2025.

19. Conclusion of Meeting

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