



Sally Shaw (Chief Officer)
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Agenda Item: 3

Orkney Integration Joint Board

Wednesday, 2 October 2019, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

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.
- Scott Hunter, Chief Social Work Officer, Orkney Islands Council.
- David McArthur, Registered Nurse, NHS Orkney.
- Pat Robinson, Chief Finance Officer.
- Sally Shaw, Chief Officer.
- Dr Louise Wilson, Registered Medical Practitioner not a GP, NHS Orkney.

Stakeholder Members:

- Gail Anderson, Third Sector Representative.
- Janice Annal, Service User Representative.
- Sally George, Staff Representative, Orkney Islands Council.
- Fiona MacKellar, Staff Representative, NHS Orkney.
- Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, Orkney Islands Council.

Clerk

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

In Attendance

- Lynda Bradford, Acting Head of Health and Community Care, Orkney Health and Care.
- Maureen Firth, Head of Primary Care Services, Orkney Health and Care.
- Katharine McKerrell, Solicitor, Orkney Islands Council.

Observing

- Steven Johnston, Chair, Area Clinical Forum, NHS Orkney.
- Eleanor Kerr, Clinical Expert – Joint Inspection for Children’s Services, Quality Assurance Directorate, Healthcare Improvement Scotland (for Items 1 to 10).
- Emma McWilliam, Strategic Inspector, Care Inspectorate (for Items 1 to 10).

Chair

- Councillor Rachael A King, Orkney Islands Council.

1. Apologies

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

- Ashley Catto, HR Manager, NHS Grampian.
- Sandra Deans, Carer Representative.
- Maureen Swannie, Interim Head of Children’s Health Services and Service Manager, Children’s Services, Orkney Health and Care.

2. Declarations of Interest

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

Gail Anderson joined the meeting at this point.

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 25 June 2019.

Dr Kirsty Cole referred to the third last paragraph on page 17 and confirmed that she was the representative from the GP Sub-committee and Dr Wilkinson represented the Local Medical Committee.

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

Janice Annal joined the meeting during discussion of this item.

4. Action Log

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

Further updates were provided on those actions with a target date of this meeting:

- Action 3 – related to post of Heart Failure Nurse.
- Action 16 – Chief Officer and Chief Finance Officer had recently attended a meeting in Edinburgh, where it was advised guidance on Directions would be issued imminently.
- Actions 29 and 30 – meetings and evaluation with Carer Representative had taken place.
- Action 35 – draft Corporate Parenting Plan was submitted to Community Planning Board for approval. Membership of the Corporate Parenting Board was discussed with NHS Orkney.
- Action 36 – Carers' Group underway so all work in Strategy to be picked up and that will determine who will be on the group.
- Action 37 – Mental Health Strategy – separate item on the agenda.
- Actions 42 and 43 – information on child poverty national statistics had been re-circulated to all members of the IJB.
- Action 44 – draft Strategic Plan – separate item on the agenda.
- Action 45 – breakdown of services to be issued as soon as possible.
- Action 46 – Baseline budgets – data received from both partners and being assimilated for easy reading.
- Action 48 – Directions to be attached to reports – to be deleted.
- Action 49 – MSG Self-Evaluation – working group not yet established as believe more effective way to do, including action plan and review of Integration Scheme. Actions from the self-evaluation also discussed with Scottish Government going forward.
- Action 50 – Review of services for children and young people in need of care and protection – to remain on action log until actions to review service complete. Priority in Strategic Plan.
- Actions 51 and 52 – as of 1 October 2019, one person on waiting list. During July to September, high levels of respite care. All models of care to be reviewed, including beds, within the Strategic Plan.
- Actions 53 and 54 – Primary Care Improvement Plan – separate reports on agenda.
- Action 55 – development session to be set up as soon as possible.
- Action 56 – Primary Care Improvement Plan and Directions were considered at Risk Register Development session held in July. Although Chief Finance Officer responsible for updating, the IJB should determine the format of the Risk Register. Both partners would be requested to provide quarterly updates in respect of finance, performance and risk. A meeting had been arranged with OIC's Chief Internal Auditor to see how to progress.
- Action 57 – transcript of verbal update on PCIP at last meeting included, in full, in minute discussed earlier.

Issy Grieve suggested that 57 actions was too many and operational matters should be reported in other ways. Sally Shaw advised that the actions were not chronological, therefore there were less than 57 actions, and some were duplications.

Fiona MacKellar referred to Action 28, Workforce Planning, which was due for reporting at the next meeting, and advised that she would expect involvement with the trade unions before the report was submitted in December. Sally Shaw advised that, although the owner was Andrew Groundwater, she had previously advised this was not appropriate, and that officers needed to work with both HR teams and the trade unions. Ownership had subsequently been amended to Sally Shaw, and she had met the Head of HR in both organisations, with another meeting scheduled for the following week. This action would be taken forward as described.

Davie Campbell referred to Actions 46 and 47, baseline budget review, and sought assurance for the next meeting, which was the target date. Pat Robinson confirmed that she hoped to get some information completed by the end of the week.

Gail Anderson sought clarification on the breakdown of services referred to in Action 45. Sally Shaw advised that, on behalf of Orkney Islands Council (OIC), she was undertaking an exercise to break down money invested in the Third Sector, to see where finance was targeted.

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

5. Audit Committee

There had been previously circulated the approved Minute of the Meeting of the Audit Committee held on 26 June 2019, to enable the Board to seek assurance on performance.

The Board noted the approved Minute of the Meeting of the Audit Committee held on 26 June 2019.

6. Clinical and Care Governance Committee

There had been previously circulated the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 10 July 2019, to enable the Board to seek assurance on performance.

The Board noted the unapproved Minute of the Meeting of the Clinical and Care Governance Committee held on 10 July 2019.

7. Chief Officer Groups

Sally Shaw advised that the national Chief Officers Group had not met since the last meeting of the Integration Joint Board (IJB). She had, however, attended a joint meeting with Chief Finance Officers at which the following matters were discussed:

- Ministerial Strategy Group.
- Timescales.
- Pressures on partnerships.
- Primary Care Improvement Plan (PCIP).

- Action 15 (Mental Health Strategy).
- Dialogue with Scottish Government regarding Primary Care.

Scott Hunter advised that representatives from Barnardos were in Orkney this week giving presentations on child sexual exploitation. He was also working with colleagues in Community Learning and Development informing service delivery for young people. Key agenda items discussed at the meeting of the Chief Officer Groups of the Adult Protection Committee and the Child Protection Committee held on 7 August 2019 included the following:

- Significant case review.
- National events.

Councillor Steve Sankey asked for early thoughts on the review of the Integration Scheme and whether this would be through self-assessment or independently. Sally Shaw advised that, although initially it was thought someone would be brought in, it was for both organisations to own the review. As for determining the scope of the review, consideration was being given to an internal secondment, in order to lead the review. Councillor Rachael King underlined the timeline for completion of the review, July 2020, with the review being an important piece of work.

Regarding child sexual exploitation, Councillor Rachael King advised that schools had issued emails to parents advising them of sessions which pupils had attended and offering evening events for parents, which she thought was very helpful.

8. Financial Monitoring

There had been previously circulated a report setting out the financial position of Orkney Health and Care as at 31 August 2019, for scrutiny.

Pat Robinson presented the expenditure monitoring report for the period ended 31 August 2019, which indicated a current underspend of £228,000, with a forecast underspend of £114,000 as at 31 March 2020. She apologised for the lack of detail with regard to some of the items in section 5.4 – analysis of significant projected variances – which was due, in part, to staff not being available through annual leave or other absences. However a meeting was to be held the following week with NHS Orkney. At present, the underspend was mainly in relation to staff vacancies, therefore there was no current requirement for a recovery plan. Annex 1 provided a reconciliation of the budget received, but not approved, with Annex 2 detailing the reserves held by the IJB, as indicated in the Annual Accounts.

David Drever referred to the budget allocation for intensive foster carers and sought further information on the two vacancies (there were currently three approved, while the budget covered five intensive foster carers). Scott Hunter advised that it was an incredibly challenging role, with numbers fluctuating due to retirements and others going through the process. The available pool was small and it took approximately three years from thinking of applying to becoming an intensive foster carer. They currently had one foster carer showing an interest to becoming an intensive foster carer. The intensive foster service had saved approximately £750,000 in placements outwith Orkney.

Fiona MacKellar referred to the narrative at section 5.4.8 regarding Rehabilitation and the potential reduction in resource. Sally Shaw advised that the baseline budget was still to be reviewed; however, when the budget was delegated to the IJB, it was not clear what services came with that budget. Fiona MacKellar advised that any workforce redesign would require full consultation.

Issy Grieve referred to section 7, Unplanned admissions, and advised that NHS Orkney was currently investigating this matter further, particularly in relation to volume tourism. Sally Shaw provided assurance that she had set up a series of meetings regarding unscheduled care planning, as part of her role was planning. Regular reports would be generated from those meetings.

Janice Annal queried what actions were being taken to fill the vacancies within the Mental Health team. Lynda Bradford advised that, with regard to the support worker role, attempts were being made to commission this service from the Third Sector. Recruitment would shortly commence for the vacancy within the Child and Adolescent Mental Health team, with agency staff providing cover in the interim.

In response to a query from Dr Louise Wilson regarding actions to address the overspend within Home Care, Lynda Bradford advised that, following a recent internal audit, an action plan had been developed to look at areas of potential change. The service had also commissioned a review of Self-Directed Support to ensure the service was doing things in the most pragmatic way. She confirmed that the majority of the overspend was as a consequence of Self-Directed Support.

Sally Shaw advised that the service was a named partner in Tech Enabled Care and work was ongoing with colleagues at East Ayrshire Council. Further work would be done to bring in efficiencies, including work with Crossroads.

Returning to unscheduled care, Dr Kirsty Cole advised that consideration should be given to the impact from tourism and referred to reciprocal agreements, which defined health services that could be recharged and which were free. In 2018, the Scottish Government had decreed that, regardless of the tourist's country of origin, access to primary care, including GP practices, could no longer be recharged. Locally, it was well known that, particularly in relation to cruise liner passengers who would be required to pay for any health services on board, waited until docking before attending and GPs were now obliged to see them.

Sally Shaw advised that Dr Kirsty Cole raised a very important issue which should be recognised on the Risk Register. Data was required, as the seasonal impact was quite marked. Maureen Firth further advised that the Scottish Government was currently reviewing payments and statistics and she had made representations regarding the summer influx.

Councillor Steve Sankey returned to the discussion on home care and Self-Directed Support and encouraged the Chief Officer to raise this matter at all opportunities, including national Chief Officer Groups, COSLA and the Ministerial Strategy Group. Although Self-Directed Support began as a good idea, it had serious unintended consequences. Although a review was underway, it was difficult in an island context where it was virtually impossible to rationalise services in order to drive out efficiencies and meet Self-Directed Support requests.

The Board noted the financial position of Orkney Health and Care, as at 31 August 2019, as follows:

- A current underspend of £228,000.
- A forecast underspend position as at 31 March 2020, of £114,000, based on current spending patterns.

9. Chief Social Work Officer's Annual Report

There had been previously circulated a report presenting the Chief Social Work Officer's annual report for 2018 to 2019, to enable the Board to seek assurance.

Scott Hunter presented his annual report for 2018 to 2019, by saying that, although things should be valued when going right, equally, it should be acknowledged that sometimes things went wrong. The service continued to tackle inequality and discrimination in Orkney, with social work services assisting people to achieve a better quality of life by moving away from past decisions.

Scott Hunter acknowledged the many successes and highlighted one from each service area:

- Children's Services – a significant shift to intervention had created pressure on the service, hence the recommendations of the review to be progressed.
- Criminal Justice – interventions were resulting in positive feedback and particularly behaviour modification.
- Adult Social Work Services – work with people at the end of their life and their families could not be underestimated.

Moving on to challenges, time and capacity remained significant and it was unfortunate that no real progress had been made during the year. Legislative changes relating to corporate parenting and child poverty were imminent.

With regard to service quality and performance, inspection grades of good and very good had been maintained with one exception, with the public also valuing the various services, as could be seen from the comments contained in inspection reports.

The issue of resourcing remained challenging and was now directly impacting on service provision. Referring to Mental Health services specifically, there were significant changes in the statistics which would be monitored closely to determine whether this year was an outlier or a new trend.

In conclusion, Scott Hunter took the opportunity to publicly acknowledge the skills and experience of social work practitioners.

Councillor Steve Sankey, Dr Louise Wilson and Frances Troup all commented on the quality of the Chief Social Work Officer's annual report. With regard to the move to early intervention within Children's Services, Councillor Sankey suggested that new funding required to be identified in order to kickstart that ethos. Dr Wilson suggested that complaints and compliments be included and the continuing reference to staffing, which should feature in the Risk Register. Frances Troup praised the high levels of staff achieving qualifications.

Scott Hunter responded that the majority of SVQ qualifications was to gain or retain SSSC registration and it was an ongoing exercise to ensure staff held the necessary qualifications. Another major concern was retaining staff post qualification and the need for sufficient Continuing Professional Development opportunities. However, gaining a qualification did not always translate to becoming a good practitioner.

Janice Annal made reference to the lack of housing preventing candidates from taking up offers of employment, which Scott Hunter confirmed was occurring. Frances Troup advised that the recent hospital build had seen the internal rental market used up. Every three years, landlord registrations were due for renewal and there was a definite decrease in the number of renewals and an increase in the use of Airbnb. The Local Housing Strategy was currently under review and consideration was being given to including a need for mid-market rental properties, not just for potential Council employees.

Councillor John Richards referred to the table on page 16 relating to the Care Inspectorate results and again made a plea for the terminology to reflect the current housing provision, so that a member of the public reading the annual report could identify the services which had been inspected. Sally Shaw advised that the terminology would relate to how the service was initially registered, but agreed that additional detail would be helpful in that context. The final two columns related to requirements and recommendations arising from inspection reports, with requirements being areas which must be improved, and recommendations where improvements could be considered.

The Board scrutinised the Chief Social Work Officer's annual report for 2018 to 2019 and took assurance.

10. Mental Health Strategy

There had been previously circulated a report, presenting the draft Mental Health Strategy for 2019 to 2024 for consideration and approval for consultation, together with an Equality Impact Assessment.

Lynda Bradford advised that the Strategic Plan identified mental health services as a priority. The draft local Mental Health Strategy reflected the aims and objectives presented in various national documents, including:

- Mental Health Strategy 2017 – 2027.
- A Connected Scotland, 2018, a strategy for loneliness and social isolation.
- National Dementia Strategy 2017 – 2020.
- Rights, Respect and Recovery, 2018, the alcohol and substance misuse strategy.

The actions within the draft Mental Health Strategy still required to be fully developed, for example the draft did not yet take account of the forthcoming clinical strategy.

Consultation would follow the same process as that for the Strategic Plan, with a small officer group reviewing all the feedback received. Lynda Bradford ended by acknowledging Liz Sargeant's input into both this and the Learning Disability Strategy.

David MacArthur advised that the Health Board was pursuing peri-natal mental health and agreed to provide wording for inclusion in the action plan.

Dr Kirsty Cole referred to the current position within the Mental Health team, whereby there was no consultant psychiatrist in Orkney this week. Although the Mental Health Officers and support workers were enthusiastic, there was no management structure above that level, with all posts currently vacant. She sought reassurance for accessing services, when currently there was no consultant psychiatrist available.

Lynda Bradford advised that the service was trying very hard to secure the necessary resource – the harsh reality was that NHS Grampian also had numerous vacancies. However, work was ongoing to rectify the position. She noted also that NHS Shetland, following development of relations over the summer months, had agreed to provide informal remote support in the meantime.

Dr Louise Wilson advised that the draft Strategy made no reference to the Scottish Government's public health priorities. Lynda Bradford agreed to include this in the draft prior to issuing for consultation.

Councillor Rachael King suggested that the draft Strategy was leaning towards internet based solutions, however mental health was often associated with loneliness. Risk factors included lack of capacity, workforce and geographical constraints. On page 20 of the draft Strategy, the fifth bullet of Outcome 1, she suggested "market needs" be amended to "local needs".

David Drever referred to page 11 and the reference to the Scottish Government strategy, A Connected Scotland, which had significant importance in an Orkney context, where lack of infrastructure and/or transport links could exacerbate social isolation. Lynda Bradford agreed and commented that another strand the service was aware of was young, single farmers. Sally Shaw advised that isolation would be picked up through development of Tech Enabled Care, including work with the Third Sector.

Davie Campbell suggested the timeframe for the five year strategy be amended from 2019 to 2024, to 2020 to 2025, as it would be early 2020 before it was formally approved and adopted.

Councillor Steve Sankey referred to the bullet points within the Strategic Plan relating to mental health and suggested it was not easily transferrable into the draft Mental Health Strategy and requested a more logical link be made.

The Board noted:

10.1. Work to date on the local Mental Health Strategy.

10.2. The draft Mental Health Strategy, attached as Appendix 1 to the report circulated.

The Board **resolved:**

10.3. That, subject to amendments proposed through discussion, the draft Mental Health Strategy be approved for consultation.

Frances Troup left the meeting at this point.

11. Strategic Plan

There had been previously circulated a report presenting the final Strategic Plan for 2019 to 2024 for consideration and approval, together with an Equality Impact Assessment.

Sally Shaw advised that, since the draft was presented to the Board in June 2019, a comprehensive consultation exercise had been undertaken. Lots of comments and feedback had been received, as detailed in Appendix 2 to the report circulated. The “plan on a page” format was a key feature and consultation feedback suggested this simplicity was welcomed. The Strategic Plan was linked to the Local Outcomes Improvement Plan and would be supported by the Medium Term Financial Plan and the Strategic Commissioning Implementation Plan, which had yet to be developed. Working with colleagues in Housing Services, the Plan also included a link to the Housing Contribution Statement.

Councillor Rachael King advised she also supported the simplicity of the plan, which was an evolving document with further opportunities to weave in the roles of partners.

Davie Campbell sought further information on the Programme Boards. Sally Shaw advised that they were initially set up last month, for the third week of the month, followed by the Strategic Board. This would now happen from next month.

Issy Grieve appreciated the refreshed look but sought assurance that it reflected the discussion in June about focussing on children. Scott Hunter advised that children’s services were included as a priority.

Fiona MacKellar referred to the list of delegated services on page 16 and in particular the Health Professional services, which were incomplete. Sally Shaw advised this was a direct lift from the Integration Scheme and therefore could not be amended at this stage, and again referred to the proposal to review the Integration Scheme, as this was not the only area which required review.

Councillor Steve Sankey welcomed the freshness and brevity of the Plan, which was extremely accessible. The public could see at a glance what the IJB was here to do. However, he referred to the language used in the various plans and suggested that the Primary Care Improvement Plan (PCIP) did not accord with that style, although he was not criticising the content of the PCIP. Finally, he wondered whether the PCIP should feature in the flow chart on page 15. Sally Shaw welcome Councillor Sankey’s comments and advised that the PCIP was included as one of the links, rather than being included within the flow chart.

The Board noted:

11.1. The final draft of the Strategic Plan 2019 to 2022, attached as Appendix 1 to the report circulated.

11.2. The draft Strategic Plan Consultation Feedback, attached as Appendix 2 to the report circulated.

The Board **resolved**:

11.3. That the Strategic Plan 2019 to 2022 be approved.

12. Learning Disability Strategy

There had been previously circulated a report presenting the final Learning Disability Strategy for 2019 to 2024 for consideration and approval, together with an Equality Impact Assessment.

Lynda Bradford advised that consultation had been undertaken on the draft Learning Disability Strategy and the purpose of the report was to seek approval of the final draft and agree the next steps. Considerable input came from key stakeholders, including the formation of the choir, which had launched the consultation on the steps outside St Magnus Cathedral. The all-inclusive strategy was at a high level, with the action plan to be developed, again with input from the stakeholders.

Dr Louise Wilson was concerned that there was no mention of health services in the strategy and it was well known that those with learning disabilities often had a shorter life expectancy, as well as the real inequalities which this group faced. Sally Shaw considered that health services, although not prominent, were included in the Plan, particularly inequality of health provision, but agreed that this could be looked at again.

Janice Annal advised that, talking to a parent of a person with learning disabilities, while services at school and later in life were very good, there remained a gap in service immediately after leaving school. Lynda Bradford confirmed that transition was an area that needed further focus and would feature in the action plan.

David Drever reiterated Dr Wilson's point regarding lack of direct mention of health services and, although he acknowledged this was a high level strategy, there should be some mention. Lynda Bradford confirmed she would take this on board.

Although consultation had been undertaken, Councillor Rachael King referred to the number of matters raised by members today and suggested that approval of the final Strategy be deferred to enable further amendments to be incorporated. Comments related to health services, self-management and the document flowing better from the Strategic Plan. Lynda Bradford accepted this and confirmed it would not preclude work on developing the action plan. It was agreed that members should be given a further period of two weeks to provide any further comment or amendment on the Learning Disability Strategy to Lynda Bradford.

The Board noted:

12.1. Work to date on the Orkney Learning Disability Strategy.

12.2. The final draft Learning Disability Strategy, attached as Appendix 1 to the report circulated, which was the subject of public consultation.

12.3. That further work on the associated action plan would be developed in the coming months.

The Board **resolved**:

12.4. To defer approval of the final Learning Disability Strategy, to enable comments raised at this meeting to be addressed and incorporated in a further draft, to be submitted to the next meeting.

13. Primary Care Improvement Plan

There had been previously circulated a report presenting an update on progress with the Primary Care Improvement Plan (PCIP), including the Memorandum of Understanding agreed as part of the new GP Contract, together with the revised Plan for 2019 to 2020, for consideration and approval.

Maureen Firth reminded the Board that the initial PCIP was approved last year and there was now a requirement for it to be updated, as the document remained very fluid. To date, NHS Orkney had employed two pharmacists, Link Workers and a Vaccination Transformation Manager. Although there was an underspend in the budget for last year, this was currently held in reserves.

The PCIP required to be approved by both the IJB and the Local Medical Committee (LMC). Initially, there were no clinical leads, but this was now resolved and also a dedicated GP had been identified. This was a significant change programme and NHS Orkney had agreed to fund a post of PCIP Programme Manager, with an initial appointment for one year. A video-conference would be held with the Scottish Government the following day and it was anticipated that additional funding would be made available to fund the post of Programme Manager.

Moving ahead to 2021, when GPs were no longer required to provide services, given the small teams in Orkney, it was highly likely that, should someone be absent from work, through annual leave or illness, then that service would stop. All boards were attempting to recruit the same staff.

Representatives from the Scottish Government had visited Orkney in August and Maureen Firth had pointed out the difficulties facing the smallest Board and consequently the smallest financial allocation for implementing the PCIP. The representatives had an opportunity to directly experience an island service and agreed they would follow up, as they had not realised the extent of the difficulties locally.

Although the Board required to be creative with the funding allocation and delivery of the PCIP, this was not considered sufficient, and most boards across Scotland were in a similar position. Accordingly, given the high level of risk, Maureen Firth did not feel she could recommend approval of the updated PCIP. The LMC had requested that their letter, highlighting their concerns, be attached to the PCIP.

In conclusion, officers were making progress with the transformation programme within the funding available and Maureen Firth hoped this came across in the updated PCIP.

Councillor Steve Sankey advised that the Board had been here before. The PCIP was in its infancy and a consistent message should be relayed to the Scottish Government regarding the lack of financial resource.

Dr Louise Wilson fully understood the need for the letter from the LMC. As for the Board approving the PCIP, she queried which of the objectives, starting from page 14, would not be achieved.

David Drever referred to the challenges in the third paragraph of the Foreword and asked which were local and which were national. Sally Shaw confirmed that local challenges included recruitment, whereas a national challenge was the lack of specialists.

Issy Grieve commented that the PCIP included five workstreams and objectives for the next three years. If the Board did not formally approve the PCIP, did that mean Year 1 would not happen. Maureen Firth confirmed that the work would still go ahead, with the PCIP now in Year 2. If approved, the PCIP came with a high financial risk.

Dr Kirsty Cole, as the GP Sub-committee representative, advised that they would work within the available budget, acknowledging that it did not meet all parts of the new GP Contract and Memorandum of Understanding. They were already in the position of having to prioritise. They did not feel they could approve the PCIP as it would not achieve the outcomes of the GP Contract, however, conversely, they did not want to see no work happening.

In response to a query from Janice Annal on what parts could not be achieved, Dr Kirsty Cole advised that regular discussions were held on sensible starting points. They did not want a piecemeal approach, with little bits of everything starting and nothing being completed. They were progressing parts which were most beneficial to both GPs and patients.

Maureen Firth advised that, nationally, concerns were being raised about delivery being achieved within three years. This was just the first phase, with Phase 2 due thereafter. There was a strong feeling from the Scottish Government that the timetable would be reviewed and Phase 2 possibly delayed.

David Drever suggested that the GP Contract had not been island-proofed and, from a local perspective, he did not wish to make a gesture which would penalise Orkney. Dr Cole had advised that work was going ahead. Even if the Board did approve the PCIP, it could not be delivered, in full. However, if the Board did not approve the PCIP, it still could not be delivered. He took Dr Wilson's earlier point about sending the updated PCIP to the Scottish Government to show the good work that was being done, but the Board should not approve a plan which it could not deliver.

Councillor Steve Sankey issued a note of caution as, although he agreed with all David Drever had said, Janice Annal had raised a good point – if the Board failed to identify what it could not deliver, this was a poor negotiating stance. Dr Kirsty Cole advised that twice per annum there was a tracker process to determine where they were at with recruitment/delivery, using the traffic light code system.

Sally Shaw suggested that approving without the necessary resource would affect appraisals, as it was effectively setting officers up to fail. There were risks associated with all options. She suggested that the Scottish Government be advised that good attempts were being made, with creative solutions, although additional resources were required.

In summary, Councillor Rachael King said that the GP Contract was a significant change – there was pressure on GPs, difficulties in recruiting and releasing practitioners to do what they were trained to do. There were also questions as to whether the GP Contract had been island-proofed – there were unique ways in providing services on islands within an island group. The public expected seamless services. Services would cease to be provided by GPs by a date which was potentially subject to change. There were risks surrounding recruitment – Phase 1 of the PCIP had a timeframe of three years, whereas a pharmacist required five years of training. This matter should feature in the risk register. Councillor King was heartened to hear that, when the Scottish Government representatives were in Orkney in August, there was an opportunity to take them out to the islands.

Councillor Rachael King, seconded by Councillor John Richards, moved that, due to the current high risk of predicted underfunding to deliver the new GP Contract in its totality, the Primary Care Improvement Plan, as presented, should not be formally approved, but agreed as a final unapproved paper and sent to the Scottish Government.

Dr Louise Wilson, seconded by Issy Grieve, moved an amendment that the Primary Care Improvement Plan, as presented, be approved.

On a vote being taken 2 members voted for the amendment and 4 for the motion, and the Board:

Noted:

13.1. Progress to date on the Primary Care Improvement Plan.

13.2. Action planning moving forward.

13.3. The risk of being unable to achieve everything within the directives of the Memorandum of Understanding due to predicted underfunding.

The Board **resolved:**

13.4. That, due to the current high risk of predicted underfunding to deliver the new GP Contract in its totality, the Primary Care Improvement Plan, as presented, should not be formally approved, but agreed as a final unapproved paper and sent to the Scottish Government.

14. Primary Care Improvement Plan

There had been previously circulated a report setting out the current budget position and potential spend for 2019 to 2020, in relation to implementation of the Primary Care Improvement Plan, for approval.

Maureen Firth advised that, being half way through the current financial year, any underspend could be carried in the Board's reserves, therefore there would be no financial loss. Clinical leads had been involved throughout development of the proposals.

The pilot of two First Point of Contact physiotherapists at the Stromness Surgery had shown to reduce waiting lists. With regard to Mental Health, a nurse was now based in Primary Care. The nurse for the vaccination programme would be expanded and linked to the community treatment rooms although, with no clinical lead for this project at this time, this was progressing with caution.

Agreement was still required from the GP Sub-committee in relation to some areas of the funding, however the full clinical papers on the various options were attached to the report circulated.

Dr Louise Wilson commented that, if the PCIP was not approved, it was difficult to see how the Board could approve the funding proposals. Sally Shaw advised that doing nothing was not an option, as there was a drive to ensure Primary Care was multi-disciplinary in the future. The Board had agreed that the PCIP was not achievable, which was different from not agreeing the PCIP.

Pat Robinson reiterated that the Board had never formally approved its annual budget, which the Scottish Government was aware of, however services had continued.

Councillor Rachael King advised that the Board was attempting to deliver the PCIP. It could not be approved when it was known that it could not be fully delivered, for whatever reason. The process was being driven by clinicians and the feedback from the trials was very enlightening as to what could be realised.

Dr Kirsty Cole advised that, if the Board was unable to demonstrate how the budget was being spent, or it was not allocated and evidenced through the tracker system, the funding would be lost. Funding could not sit in reserves forever and not be spent. Maureen Firth confirmed this was the case and the Scottish Government wanted to see progress – there was a bigger risk in doing nothing.

Councillor Rachael King suggested that these same conversations would be held across Scotland and, as long as the Board remained within governance, although struggling, the local approach was measured.

Issy Grieve was not averse to approving the recommendations as, going forward, the Board would receive commissioning updates. Sally Shaw advised that she was unsure what had been commissioned by Direction in the past. She had spoken to the Chief Executives of both partners and suggested they should attend Board meetings to advise on performance.

Dr Kirsty Cole advised that the proposed budget represented whole year salaries. Given it was now October and by the time recruitment took place, funding would be required for a maximum of four months. She referred to a discrepancy in the pharmacy spend for last year and did not think this had been corrected. Further, amendments to the workstream plans had been agreed at the PCIP planning meetings and she did not think these were reflected in the clinical papers submitted today.

The Board noted:

14.1. Budget spend for 2019 to 2020, attached as Appendix 1 to the report circulated.

The Board **resolved**:

14.2. To approve the following posts, noting that the costs related to full year costs:

- 2 x Band 7 MSK Physiotherapists – £121,258.
- 1 x Band 6 Mental Health Primary Care Worker – £51,649.
- 1 x 0.75 FTE Band 5 Vaccine Transportation Nurse – £31,308.

14.3. To direct the Board of NHS Orkney to commission the following services:

- Musculoskeletal.
- Mental Health.
- Vaccine Transformation Services.

15. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 4 December 2019, at 09:30, in the Council Chamber, Council Offices, Kirkwall.

16. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:50.