



Stephen Brown (Chief Officer)

Orkney Health and Care

01856873535 extension 2601

OHACfeedback@orkney.gov.uk

Orkney Integration Joint Board

Wednesday, 4 September 2024, 09:30.

Council Chamber, Council Offices, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Rachael A King, Jean E Stevenson and P Lindsay Hall.

NHS Orkney:

Issy Grieve, Joanna Kenny (via Microsoft Teams) and Meghan McEwen (proxy).

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
- Darren Morrow, Chief Social Work Officer of the constituent local authority, Orkney Islands Council.
- Taiye Sanwo, Interim Section 95 Officer of the Integration Joint Board (via Microsoft Teams).
- Sam Thomas, Nurse representative, employed by NHS Orkney.

Stakeholder Members:

- Morven Brooks, Third Sector Representative (via Microsoft Teams).
- Janice Annal, Service User Representative (via Microsoft Teams).
- 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.
- Diane Young, Service Manager (Mental Health Services) (for Item 14).

Orkney Islands Council:

- Erik Knight, Head of Finance (for Items 1 to 7).
- Veer Bansal, Solicitor.

NHS Orkney:

- Paul Corlass, Recovery Director (via Microsoft Teams).
- Bruce Young, Principal Management Accountant (via Microsoft Teams).

Observing

Orkney Islands Council:

- Lorraine Stout, Press Officer (for Items 1 to 7).

Chair

- Councillor Rachael A 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:
 - Rona Gold, NHS Orkney.
- Non-voting Members:
 - Jim Love, Carer Representative.
 - Ryan McLaughlin, Staff-side Representative, NHS Orkney.
 - Danny Oliver, Staff-side Representative, Orkney Islands Council.
 - Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney.

2. Declarations of Interest

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

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 19 June 2024.

In response to a query from Councillor Lindsay Hall, the Chair confirmed that NHS Orkney Finance representatives were present at this meeting.

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

4. 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.

In respect of matters arising from the previous meeting on 19 June 2024, Stephen Brown provided the following updates:

- Action 1 – Healthcare Purchasing Contracts – A briefing paper would be issued providing the information requested.
- Action 2 – Savings targets – Conversations continued regarding the £2.4M savings target, set prior to the pandemic, its relevance and reality of achieving in the current climate.
- Action 3 – Guardianship agreements – Work was being progressed to develop a communications plan, including Frequently Asked Questions.

Regarding outstanding actions from previous Board Meetings, Stephen Brown provided the following updates:

- Action 4 – Joint Staff Forum – A ‘Raising a Concern’ document had been developed and would be presented to the Social Work and Social Care Governance Board for approval and circulated thereafter.
- Action 7 – Additional Investment – Funding for four posts, approved in August 2023, remained outstanding and was currently being used to deal with ongoing overspends.

On Action 7, Stephen Brown asked whether the Board felt this action point should be retained. Meghan McEwan queried if there was any understanding of the work not being done while the posts were on hold, to understand the service delivery expectations. She was concerned that removing it from the Matters Arising Log may result in the action getting lost among other work. Stephen Brown responded giving an overview of the requirement for the posts, including the flat management structure within Primary Care Services, Allied Health Professional structures and Community Led Support. All posts were ready to proceed to recruitment once overspends were addressed.

Dr Kirsty Cole asked why Action 5 – Public Health Annual Report – regarding comparative data relating to vaccine programmes had been pushed back to a future meeting, despite repeated requests. She sought to understand where the responsibility sat when a service was commissioned or fundamentally changed to understand that it was operating at an appropriate level.

Stephen Brown confirmed that some of the required raw data had now been provided, which he was happy to share. A Primary Care status report would be submitted to the next meeting of the Board, something which had been lacking over recent years. There had been improved uptake in some vaccine programmes and decreases in others which was not dissimilar to national figures. Dr Kirsty Cole, while interested in the raw data, suggested that it was more important the information be presented to the Board, and reiterated her second question around assurance on new or changed services. Stephen Brown clarified that the responsibility lay with the Board if they were the commissioning body.

Discussion returned to the issue of retaining or removing Action 7 from the Matters Arising Log. Meghan McEwen felt assured that the issue would not be lost, particularly if it moved to the risk register, due to the implications of not recruiting into the roles. Stephen Brown concurred with the suggestion of including within the risk register and undertook to consider how that would be achieved. Issy Grieve added that, while the posts were essential, the Board was not in a position to progress them. With the financial papers before the Board at this meeting, it was apparent that the positions could not be fulfilled without additional funding.

Councillor Lindsay Hall raised the point of reliance on Health and Wellbeing Co-ordinators and the precarious funding position. Stephen Brown confirmed that conversations remained ongoing regarding potential funding models going forward but recognised the fragility of the situation.

Morven Brooks agreed that the matter did not require to remain on the Matters Arising Log, in that the Community Led Support position was continually monitored, as well as identifying solutions for the long-term sustainability of the service.

In response to a query from Councillor Rachael King regarding Action 12 – Long Covid – Stephen Brown confirmed that, once the relevant information had been collated, a decision would be taken as to whether to issue a briefing or submit a report to the Board.

In response to a query from Councillor Rachael King regarding progress with the new Kirkwall care facility, Lynda Bradford confirmed that it was proposed to submit a report to the next meeting of the Board in November 2024.

The Board scrutinised the Log and took assurance.

5. 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 14 June 2024, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Councillor Jean Stevenson highlighted the following points from the Minute:

- A new medical director's report was presented, noting that a refined version with assurances on operational matters would be submitted to the Committee in October.
- The psychiatric welfare report would be reported to the Committee in October as part of the action plan from the Mental Welfare Commission, as well as an update regarding the mental health transfer bed.

- The Committee had requested a briefing on work around colonoscopies, and where clinical governance would be monitored.

Although not mentioned in the Minute, Councillor Jean Stevenson wished to acknowledge the positive progress being made by the Health Visiting Team.

Councillor Rachael King queried whether there was any requirement at that meeting for the annual social work and social care user experience report and how regularly the Social Work and Social Care Governance Board (SWSCGB) reported to the JCCGC. Stephen Brown responded that the SWSCGB was still finding its rhythm. Darren Morrow had recently taken on the role of Chair and would ensure that regular Chair's Assurance Reports from the SWSCGB were submitted to the Committee, with anything significant reported separately.

Meghan McEwen asked what happened when a Committee escalated an action, particularly when that Committee felt it could not wait for the subsequent meeting in order to trigger any action. Stephen Brown agreed that there were challenges when a matter was escalated, and that the Committee to which it had been escalated may still not have the answer. However, he assured the Board that action did take place between meetings, and discussed some of the operational infrastructure.

Councillor Lindsay Hall referred to Item 6 in the Minute, where it stated that Dr Kirsty Cole had concerns around the lack of specific data for complaints for Acute services, and was therefore not assured that if there were themes, they could see or address them. In response to the question of whether she now felt assured, Dr Kirsty Cole responded not at present, as a key member of the Committee had not been present in order to answer her queries.

The Board scrutinised the Minute and took assurance.

6. Strategic Planning Group

There had been previously circulated the approved Minute of the Meeting of the Strategic Planning Group held on 5 July 2024, together with the unapproved Minute of the Meeting held on 16 August 2024, to enable the Board to seek assurance.

Issy Grieve highlighted the following points from the Minute of the Meeting held on 5 July 2024:

- The meeting focused on the way forward with the new Strategic Plan 2025 – 2028.
- There was good attendance allowing for constructive conversations.
- There had been general agreement that most of the Strategic Priorities should remain the same.
- An in-person meeting was planned for 13 September 2024 to further discuss any new emerging Strategic Priorities.

Issy Grieve and Stephen Brown highlighted the following points from the Minute of the Meeting held on 16 August 2024:

- Colleagues from the Scottish Government and the local team provided an update on the Getting It Right For Everyone project.

- Latest health and wellbeing indicators, with the Accounts Commission's report to be discussed later in this meeting.

Meghan McEwen asked how consideration of delayed transfers of care was feeding into the strategic commissioning process, particularly in light of the deteriorating performance figures. Stephen Brown responded that conversations were continuing, with the in-person meeting scheduled for 13 September 2024, which would be in a World Café style rather than presentations, providing an opportunity for further discussions. In order to provide assurance, the Performance and Audit Committee continued to discuss the current Strategic Plan and areas of development and progress. Councillor Rachael King added that she was mindful of pressures on unpaid carers and urged that appropriate colleagues were in attendance to ensure an integrated and collaborative approach.

Councillor Rachael King suggested that engagement with Community Council representatives on the mainland should be considered at some point, given the success around the isles network of care. Stephen Brown updated that work was progressing with Democratic Services to arrange meetings with Community Council Chairs and Health Representatives as part of an engagement process for the Strategic Plan.

The Board scrutinised the Minutes and took assurance.

7. Revenue Expenditure Monitoring

There had been previously circulated a report presenting the revenue expenditure position as at 30 June 2024, for scrutiny.

Taiye Sanwo advised that the position as at 30 June 2024 indicated an overspend of £3,836,000 on delegated services and an overspend of £524,000 on Set Aside services. The overspend on delegated services was made up of £132,000 underspend on NHS commissioned services and the ledger overspend on Orkney Islands Council commissioned services was £3,968,000, mostly relating to budget profiling issues which, once adjusted, amounted to an overspend position of £1,018,000.

Section 4 of the report highlighted the main financial issues, namely agency costs for both NHS Orkney and the Council. Although the Growing a Sustainable Social Care Workforce project had commenced, there was insufficient data available to determine whether it was having an effect on recruitment and retention. Outwith Orkney placements were also significantly higher than budget. Prescribing had a £94,000 overspend due to an increase in the average unit price. Primary Care reported a £108,000 underspend due to staff vacancies. Mental Health reported a £96,000 overspend due to unfunded posts. The IJB total budget had been revised from £66,706,000 to £67,891,000, primarily due to an increase in the NHS Orkney budget allocation. Annex 1 detailed the Reserves, which included balancing.

Issy Grieve thanked Taiye Sanwo for the presentation and advised that, as the paper was presented in terms of the Council approach to finance, it was very difficult to understand and failed to show money coming in and/or being transferred across. She also suggested that the Council did not set realistic budgets and asked that, in future, the report be clearer and include the detailed information provided by the Chief Finance Officer when presenting the report.

Councillor Lindsay Hall queried which reserves were being used to fund the £500,000 to offset the £2,400,000 savings target implemented by NHS Orkney. He referred to the recovery plan alluded to in section 3.5 and queried who would develop that plan and the timescale. He also queried the capacity issue with regard to placements outwith Orkney and sought an explanation on why the volume was consistently outstripping demand.

Taiye Sanwo responded that the Reserves Statement at Annex 1 set out where the £500,000 was coming from, namely £436,000 reserves carried forward from the previous year and £54,000 of unused COVID reserves that had been carried forward. Paul Corlass continued that he had met with service leads to discuss outstanding reserves, with a small number relating to financial year 2019/20, and whether there were any commitments against those reserves. The outcome was that the two elements referenced by Taiye Sanwo were considered appropriate to contribute to the year-end overspend. Stephen Brown provided assurance that he was also comfortable with where the reserves were being drawn from, noting that most Integration Authorities had any residual COVID monies wiped out and work was now business as usual. It was noted, however, that the underspend carried forward was non-recurring spend.

Councillor Lindsay Hall responded that Annex 1 indicated earmarked reserves and therefore he could not see how earmarked reserves could be drawn upon. Stephen Brown confirmed that earmarked reserves had parameters for how they could be used. Conversations were held with the Scottish Government regarding use of COVID funds and it was recognised those could be used to offset in-year pressures. The underspend carried forward was not specifically earmarked and therefore there was more flexibility on its use. Councillor Lindsay Hall requested this be information be included in the Reserves Statement going forward.

In response to Councillor Lindsay Hall's query regarding the recovery plan, Stephen Brown shared that there were pressures across the board but the biggest area of overspend continued to be within Council delegated services. The management team were working through the recovery plan, although there was a specific piece of work in relation to financial recovery and savings targets to be tested with elected members in the first instance, prior to the recovery plan being submitted to the next meeting of the Board.

Darren Morrow responded to Councillor Lindsay Hall's query on the number of children and young people being cared for outwith Orkney. Significant work had taken place during the last two years reviewing placements with the aspiration to have young people return to Orkney. Some with specialist needs or circumstances meant it was not in their best interest to do so, however work was ongoing to reduce costs whilst retaining continuity of care as well as keeping connections with Orkney. There was a finite number of residential and foster care placements locally and a campaign would shortly commence on recruiting foster carers and adopters. The fee structure was also being reviewed, with a view to enhancing fees which would enable needs to be met locally and hopefully prevent expensive placements outwith Orkney.

Councillor Lindsay Hall suggested that the resources spent on outwith Orkney placements could have been more than what was required to upgrade the facilities in Orkney. He then queried at what point young people who were placed outwith Orkney and were settled, became the responsibility of the local authority in which they lived.

The Board agreed that the public be excluded from the meeting in respect of discussions on the matter raised by Councillor Lindsay Hall, on the grounds that it involved the disclosure of exempt information as defined in paragraphs 3 and 8 of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

Darren Morrow confirmed that a looked after child from Orkney, who was the subject of a compulsory supervision order, would continue to receive care from the Council until the age of 26. As they became older, there were more opportunities to explore community-based care.

The Board then returned to public session.

Joanna Kenny reiterated concerns regarding the content of the report, as well as the recovery plan, and was not content to approve the recommendation at section 2.7 in the report circulated, without further information on the implications of releasing those reserves, including more accurate forecasting. Stephen Brown clarified that the Board had previously discussed actions being taken on financial recovery, as well as the Growing the Sustainable Workforce project. Darren Morrow had already indicated proposals to reduce high cost packages of care.

Meghan McEwen expressed that, as a proxy, she was viewing the report with less of the contextual knowledge, however she sought clarity on the role of the Board, with regard to approval of the recovery plan and delivery thereafter. She also queried the likelihood of the £1.5M overspend on agency staff at the end of Quarter 1 declining. While she appreciated the longer-term solution around the Growing a Sustainable Workforce project, she queried where the difficult decisions were being made around stopping and/or reducing services in order to stop spend. Stephen Brown advised that the recovery plan would consider the impact of recruitment incentives. He agreed that decisions would need to be considered should a significant overspend at year end continue to be anticipated.

Janice Annal queried if there were figures to demonstrate how much more was spent on agency staff, compared to hiring permanent staff. Stephen Brown responded that it was difficult to quantify due to a number of factors. Orkney faced additional challenges with agency staff, such as paying for travel and accommodation. On average, employing agency staff in Orkney cost 2 or 3 times more than employing a permanent member of staff.

Paul Corlass recognised the benefit of greater collaboration with Finance colleagues. Capacity within NHS Orkney's finance team was challenging, however he considered there was real mileage in working together to give a rounder report to the Board. Keeping figures broad, NHS Orkney had an annual revenue budget of £80M, including the IJB. The minimum requirement for the Scottish Government was to identify 3% of recurring savings and the NHS Board had approved a financial plan which included a £6M deficit, noting an underspend of £132k for Quarter 1 of 2024/25.

There did not appear to be any clarity of ownership over previous savings targets and he confirmed that, moving forward, there would be more focus on an integrated approach, feeding into strategic planning and financial recovery, which Councillor Rachael King welcomed.

Councillor Rachael King asked the Board whether they were confident in releasing £500k of reserves when there was an ongoing conversation around the previous savings target of £2.4M.

Morven Brookes looked for clarity around where Third Sector organisations were delivering on clinical services and providing potential savings, namely through social prescribing. She also welcomed the engagement with the Third Sector.

Dr Kirsty Cole sought more information around section 4.6 and queried the reasons for including information on certain elements of budget overspends, for example, in Primary Care, it appeared that the only reason for the underspend was due to vacancies in dentistry. She did not believe that dentistry was the only area within Primary Care which was experiencing long term vacancies. Dr Kirsty Cole continued by stating that the earmarked reserves in Annex 1 should be set out more clearly.

Taiye Sanwo explained that the report was high level and not detailed, as it was a public report and therefore only significant and material variances were included. More specific information could be shared if required. Dr Kirsty Cole appreciated the response, but still felt if certain pieces of data were being shown then that could lead to assumptions. Paul Corlass agreed that the narrative was important and that officers would work through reshaping the report, including the Annex articulating the position of the reserves, with as much information being made public as possible.

Following on from Dr Kirsty Cole's points, Joanna Kenny asked whether the full depth and breadth of financial detail could be provided in private, with an overview in public. Councillor Rachael King confirmed that conversations would continue outwith the meeting in regard to the comments seeking additional information, which would hopefully result in adequate scrutiny by the Board. Issy Grieve advised that the Board was fortunate to have Taiye Sanwo in an interim capacity, and who had continued following the Council's format for financial reporting. She noted an appetite for change, but suggested any changes to the report format should wait until the new NHS Orkney Director of Finance was in post. As the Board was not a Council Committee, there was no requirement to follow the Council's reporting style.

Meghan McEwen queried if it was standard practice not to receive forecasts until halfway through the financial year, as this limited the ability to take any necessary action. She also requested that, for transparency, there should be clear and compelling reasons why any information could not be heard in public. Taiye Sanwo responded that it was not standard practice. The Council's overspend mostly related to agency staff and there was not enough information to make accurate forecasts, based on the limited time the recruitment projects had been running. NHS Orkney had provided forecasts, therefore, in her opinion, it was not appropriate to provide only one half of the picture.

Councillor Rachael King then asked whether the Board was minded to agree the recommendation at paragraph 2.7 of the report.

Joanna Kenny reiterated that she did not think there was sufficient information to make a decision and preferred not to allocate the reserves as outlined in the report.

Erik Knight suggested that consideration of allocating reserves be deferred to enable the forecast position and the recovery plan to be submitted to the next meeting. Paul Corlass agreed that linking the use of reserves to the £2.4M savings target was confusing and suggested that the two matters were separate. NHS Orkney had produced a financial plan including a contribution from the Integration Joint Board – he was asking that the underspend from last financial year be released (from reserves) in order to help the in-year position.

Joanna Kenny clarified that she was not against the idea of using reserves, but felt further evidence was needed. Issy Grieve agreed there was confusion, and did not think a decision on using £500k of reserves was required today, however it would be preferable to decide on the £66k allocation. Joanna Kenny concurred with that proposal.

Although Councillor Rachael King, seconded by Councillor Lindsay Hall, had previously moved the recommendations as presented, she was now content to withdraw that motion, as there appeared to be consensus to split the recommendation, namely:

- That consideration of utilising £500k of reserves be deferred to the next meeting of the IJB, when the Board would expect to see a recovery plan and forecasting for the year end.
- That £66k of reserves be released for Hospital at Home services.

The Board thereafter noted:

7.1. The financial position of the Orkney Health and Social Care Partnership as at 30 June 2024 as follows:

- A current overspend of £3,836k on delegated services and an overspend of £524k on Set Aside services.
- The quarter 1 overspend on delegated services was made up of £132k underspend on NHS commissioned services and £3,968k overspend on Orkney Islands Council commissioned services.
- For Orkney Islands Council commissioned services, £2,950k of the overspend was due to income from NHS Orkney that was profiled to be received in Quarter 1; once that was resolved the real overspend position would be £1,018k.

7.2. That work would be undertaken with both partners with the aim of delivering savings in order to deliver a position that was closer to a balanced budget by year end.

7.3. That £500k had been released from reserves to offset the NHS Orkney £2,400k savings target, leaving £1,900k still to be achieved.

7.4. The balance within the earmarked reserves/holding account of £3,051k, as detailed in Annex 1 to the report circulated.

7.5. The proposal that some of the reserves be utilised in 2024/25 to help improve the year end position. Those reserves would be used on a non-recurring basis to mitigate the budget pressures and forecast overspend.

7.6. The non-recurring reserves which had been identified to be utilised, as follows:

- £500k released to offset the £2,400k savings target.
- £66k for Hospital at Home services.

The Board **resolved**:

7.7. To approve utilisation of reserves totalling £66k for Hospital at Home services.

7.8. To defer consideration of utilising £500k, to the next meeting of the IJB, when the Board would expect to see a recovery plan and forecasting for the year end.

Frances Troup left the meeting at this point.

8. Review of Sub-committees of the IJB

There had been previously circulated a report presenting an assessment of the roles and functions of the Board's Sub-committees, together with proposed amendments, for consideration.

Stephen Brown advised that regular reviews were undertaken in respect of the four groups which sat below the Integration Joint Board. There were a series of recommendations in respect of the Performance and Audit Committee, the Joint Clinical and Care Governance Committee and the Strategic Planning Group. Some minor changes were proposed to the Terms of Reference relating to the Joint Clinical and Care Governance Committee and the Joint Staff Forum.

Councillor Rachael King queried how an additional member for the Performance and Audit Committee would be identified. Stephen Brown responded that they would be looking for volunteers. The Service Manager (Governance) added that there would soon be a vacancy on that Committee, so there would be a need for two new members. Joanna Kenny raised that two of the three non-voting members were not in attendance at the previous two meetings. While she understood the additional commitments on their workloads, she queried whether it was time to consider whether other colleagues should take their places.

Councillor Lindsay Hall shared that he had attended the previous meeting of the Performance and Audit Committee, as he assumed he was a member, which the Service Manager (Governance) confirmed. Stephen Brown suggested approving the principle of increasing the membership to eight and discussions about who should be appointed taken outwith the meeting, as there were several non-voting members not present. Meghan McEwen asked for more information regarding time commitments, so she could ask staff for their involvement knowing what this entailed. Councillor Rachael King reiterated the importance of the Committee and encouraged relevant individuals to put forward their interest.

Councillor Jean Stevenson noted difficulties in viewing the track changes in Appendix 1 to the report circulated. The Service Manager (Governance) apologised that the track changes were not indicated, due to a technical glitch, but clarified that the changes were minimal and mostly grammatical. Meghan McEwen asked to have a copy with the track changes sent, but did not have any issues with the changes as highlighted. Meghan McEwen asked whether the proposed changes had been approved by the JCCGC and the Service Manager (Governance) responded that they had not. The JCCGC had reviewed the Terms of Reference earlier in the year. The Terms of Reference required to be approved by the Health Board and the IJB, and this was the first opportunity to come before the IJB.

Councillor Rachael King expressed concerns around the workload going through the JCCGC and the pressure on staff time, due to the recommendation to increase meetings from quarterly to bi-monthly. Meghan McEwen responded that the recommended increase was in response to an identified risk to patients and patient care and therefore assurance was being stepped up. Further, as meetings often ran over time, there would not be more reports, rather the reports would be spread over more meetings allowing a greater depth of scrutiny.

Councillor Jean Stevenson reiterated the need to be mindful of officers' workloads and commitments. She noted that an additional IJB member was needed and was interested to see in time if it made the Performance and Audit Committee more efficient. Given the current workload, she agreed the JCCGC needed to meet bi-monthly, and this position could be revisited in future.

Sam Thomas agreed with comments around consideration of staff workload, but felt increased meetings would allow work to pass through easier.

The Board noted:

8.1. That the Board currently had four Sub-committees, namely:

- Performance and Audit Committee.
- Strategic Planning Group.
- Joint Staff Forum.
- Joint Clinical and Care Governance Committee (shared committee with the NHS).

8.2. That the Terms of Reference for both the Joint Staff Forum and the Joint Clinical and Care Governance Committee had been updated.

8.3. That the Joint Clinical and Care Governance Committee had proposed the following Chair and Vice Chair arrangements, which required approval from both the Integration Joint Board and NHS Orkney:

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

The Board **resolved**:

- 8.4.** That the Performance and Audit Committee be expanded to include an additional member to bring the membership up to eight.
- 8.5.** That, once membership of the Performance and Audit Committee had been determined, a Vice Chair should be appointed.
- 8.6.** To approve the Chair and Vice Chair arrangements for the Joint Clinical and Care Governance Committee detailed at paragraph 8.3 above.
- 8.7.** To request the Joint Clinical and Care Governance Committee to approve the proposed amendments to the Terms of Reference.
- 8.8.** That the frequency of meetings of the Joint Clinical and Care Governance Committee be amended from quarterly to bi-monthly.
- 8.9.** That work should commence on reviewing the Terms of Reference of the Strategic Planning Group.
- 8.10.** That the membership and Terms of Reference of the various Sub-committees of the IJB, attached as Appendix 1 of the report circulated, be approved.

9. Joint Clinical and Care Governance Committee – Workplan

There had been previously circulated a report presenting the Joint Clinical and Care Governance Committee's Workplan, for approval.

Stephen Brown advised that the workplan had already changed since it was prepared for the Board and suggested that it be noted rather than approved. However, he felt it was important for the Board to have sight of the original workplan, on the understanding that it could change.

The Board thereafter noted:

- 9.1.** That the Integration Joint Board (IJB) was required to have a Clinical and Care Governance Committee which provided the IJB with assurance that robust clinical and care governance controls and management systems were in place and were effective for the functions that NHS Orkney and Orkney Islands Council had delegated to the IJB.
- 9.2.** That, on 8 February 2024, the Joint Clinical and Care Governance Committee approved the revised Terms of Reference, subject to approval by the IJB and the Board of NHS Orkney.
- 9.3.** That section 11 of the Terms of Reference stated 'that the Joint Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Joint Clinical and Care Governance Committee. This will be used to set agendas and monitor progress throughout the year'.
- 9.4.** The Joint Clinical and Care Governance Committee Workplan for 2024/25, attached as Appendix 1 to the report circulated.

10. Risk Register

There had been previously circulated a revised Risk Register for consideration and approval.

Taiye Sanwo advised that the format of the Risk Register had changed and gave a brief overview of the amendments to Risks 4 and 7. She queried whether Risk 1 should be updated in respect of use of reserves in light of discussions earlier in the meeting.

Councillor Rachael King queried whether the risk score for Risk 1 – IJB Financial Sustainability – should be higher. She thought the same for Risk 2 – Recruitment, Development and Retention of Workforce, and Risk 8 – Unpaid Carers. Councillor Lindsay Hall agreed with the suggestion that Risk 1 be raised to 25, particularly in light of the findings in the Accounts Commission's report to be discussed at the next item. Meghan McEwen also agreed but was struck by the risk and the control action. She felt the action, namely taking from reserves, was not proportionate to the level of risk involved, nor sufficient to mitigate the risk.

Meghan McEwen continued by stating that the wording of Risk 7 – Isles Primary Care Model – should be changed to reflect that the IJB was a commissioning body, rather than delivering the services. Stephen Brown agreed to revisit the wording.

Issy Grieve found the new format of the Risk Register beneficial. She disagreed with the proposal to raise the risk score for Risk 1, given that the Board had returned a balanced budget at the end of the last financial year and in light of the Board's performance in comparison to other IJBs in Scotland.

Councillor Jean Stevenson asked for more information on the action of maximising innovative respite care for unpaid carers. Lynda Bradford responded that it could include paid carers providing care to the individual within their own home, so the carer was able to take a break and/or go on holiday.

Sam Thomas asked that the mitigating actions relating to Risk 2 – Recruitment, Development and Retention of Workforce – make reference to the Health and Care (Staffing) (Scotland) Act 2019.

Councillor Rachael King queried whether the Board could approve the revised Risk Register, given the number of amendments proposed. Stephen Brown advised that the usual course of action would be to approve the Risk Register as presented, and officers would take into consideration the Board's comments for future iterations.

Councillor Rachael King sought assurance that carers' voices were heard, including the pressures they faced. Darren Morrow shared some information about work being done to highlight the voice of children and young people in unpaid caring roles, including adapting the assessment template to ensure it was not missed at the first opportunity, as well as building stronger links with the Third Sector in providing services to young people.

The Board noted:

10.1. The proposed changes to the Risk Register, summarised in section 4 of the report circulated.

10.2. The revised Risk Register, attached as Appendix 1 to the report circulated, which was an iterative document, informed by work undertaken by the Performance and Audit Committee.

11. Integration Joint Boards – Finance and Performance 2024

There had been previously circulated a report advising on the key findings of the Accounts Commission's report on finance and performance issues affecting IJBs in Scotland, for scrutiny.

Stephen Brown advised that the Accounts Commission's report included information that was relevant to the financial sustainability conversations throughout this meeting. It was proposed to dedicate a development session to consider the questions posed in Supplement 2. Supplement 1 included updated performance against the core suite of integration indicators, with Orkney performing well, including being the top performing Board regarding public satisfaction with Primary Care and GPs, which was encouraging as this was the view of patients.

Councillor Rachael King asked whether the report would be more widely circulated, such as through the Policy and Resources Committee for awareness across the Council. Meghan McEwen advised that she had shared the report with the full NHS Board following its publication in July 2024.

The Board noted:

11.1. The findings of the Accounts Commission report, Integration Joint Boards – Finance and performance 2024 – and the implications for the Orkney IJB in the short to medium term.

The Board **resolved**:

11.2. To dedicate a future development session to address the example questions suggested by the Accounts Commission in Supplement 2 of its report.

12. Date and Time of Next Meeting

Councillor Rachael King acknowledged that Jim Love, Carer Representative, was standing down and expressed her thanks for his contribution to the Board and the Strategic Planning Group.

It was agreed that the next meeting be held on Wednesday, 6 November 2024 at 09:30 in the Council Chamber, Council Offices, Kirkwall.

Regarding dates for Board meetings in 2025, the Service Manager (Governance) confirmed that the dates had been cross referenced with meeting dates for both Orkney Islands Council and NHS Orkney. Assurance was provided that there were currently no instances of three main committees (IJB, JCCGC and Board of NHSO) meeting on consecutive days in the same week. However, that may change, given the JCCGC would be increasing its meeting schedule to bi-monthly.

The Board thereafter **resolved** that the following meeting dates for 2025 be approved:

- 19 February 2025.
- 30 April 2025.
- 2 July 2025.
- 3 September 2025.
- 5 November 2025.

13. Exclusion of Public

On the motion of Councillor Rachael King, seconded by Councillor Jean Stevenson, the Board agreed that the public be excluded from the remainder of the meeting as the business to be considered involved the disclosure of exempt information of the classes described in the relevant paragraphs of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

John Daniels left the meeting at this point.

14. Proposed Mental Health Model of Care

Under section 50A(4) of the Local Government (Scotland) Act 1973, the public had been excluded from the meeting for this item on the grounds that it involved the disclosure of exempt information as defined in paragraphs 1, 6 and 11 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report, together with an Equality Impact Assessment and an Island Communities Impact Assessment, seeking approval to establish a new model of care within the Mental Health Service.

Lynda Bradford reminded members that, in June 2023, the Board considered a report regarding establishment of the model of care, however, since that time it had not been possible to identify sufficient recurring revenue funding to enable the model to be implemented.

Meghan McEwen asked if the proposal had been shaped by the Area Clinical Forum and the Allied Health Professionals. Lynda Bradford confirmed that the model had been informed by the clinical staff, who had recognised gaps in the service. The proposal had not been considered by the Area Clinical Forum or the Nursing and Midwifery Advisory Committee.

Joanna Kenny sought an update on the response from the RCN. Stephen Brown confirmed that RCN staff were not affected. Although the proposal had not been through the Area Clinical Forum, Stephen Brown would be keen to hear what that group could bring. Expertise on the delivery of mental health sat with the operational team and that was being taken on board. If others felt there was expertise beyond that team locally, he would be happy to listen to them.

Stephen Brown added that the proposed model was in operation elsewhere and had been discussed with the Scottish Government Mental Health directorate and the Mental Welfare Commission when representatives were in Orkney recently.

Morven Brooks confirmed she was supportive of the model but repeated her plea for consultation with the Third Sector.

The Board noted:

14.1. That, in June 2023, the Board was advised of a proposed new model of care within the Mental Health Service.

14.2. That a further report was to be brought to the Board once the financial consequences of the proposed model were fully understood.

The Board **resolved**:

14.3. That the establishment of a new model of care within the Mental Health Service be approved.

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

Meghan McEwen and Morven Brooks left the meeting during discussion of this item.

15. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 13:38.