Stephen Brown (Chief Officer)
Orkney Health and Care
01856873535 extension 2601
OHACfeedback@orkney.gov.uk

Agenda Item: 4

Orkney Integration Joint Board

Wednesday, 3 September 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:
Issy Grieve and Joanna Kenny.

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
- Dr Elvira Garcia, Secondary Medical Care Practitioner representative (proxy for Dr Louise Wilson) (via Microsoft Teams).
- Deborah Langan, Chief Finance Officer of the Integration Joint Board.
- Darren Morrow, Chief Social Work Officer of the constituent local authority, Orkney Islands Council (for Items 8 to 15).
- Sam Thomas, Nurse representative, employed by NHS Orkney.

Stakeholder Members:

- Danny Oliver, Staff-side Representative, Orkney Islands Council (via Microsoft Teams).

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.

Orkney Islands Council:

- Veer Bansal, Solicitor.
- Susan Taylor, Committees Officer.

Not Present:

- Sarah Kennedy, Carer Representative.

Chair

- Joanna Kenny, NHS Orkney.

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 Members:
  - Rona Gold, NHS Orkney.
  - Davie Campbell, NHS Orkney (proxy).
- Non-Voting Members:
  - Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney.
  - Morven Brooks, Third Sector Representative.
  - Willie Neish, Carer Representative.
  - Ryan McLaughlin, Staff-side Representative, NHS Orkney.
  - Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.

2. Appointments and Re-appointments

There had been previously circulated a report presenting various appointments and re-appointments to the Integration Joint Board for the Board to consider.

The Service Manager (Governance) advised that the report set out details in relation to various appointments and re-appointments, including the Chief Finance Officer, appointments by NHS Orkney and the Service User representative.

Stephen Brown extended his personal thanks to Janice Annal, who had stepped down as the Service User representative, for her contribution to the Board, which was echoed by the Chair.

Issy Grieve welcomed Deborah Langan and added that it was challenging to find deputies for NHS voting members, given the small number of Non-Executive Directors on the Board of NHS Orkney; this would be addressed shortly when it was hoped all current vacancies would be filled.

In response to a query from Councillor Rachael King regarding the process and timescale to fill the vacancy for the Service User representative, Stephen Brown confirmed that, over the next period, he would be reaching out to various forums, including for older people and young people, noting that it was very difficult for one person to represent the views of all service users. Should that approach be successful, it was anticipated that recommendations would come forward to the next meeting.

Councillor Rachael King added that a wide range of services required representation and that it should be made known that support and training were available to anyone interested in applying.

The Board noted:

2.1. That Deborah Langan had been appointed to the post of Chief Finance Officer.

2.2. That NHS Orkney had made the following appointments to the Integration Joint Board for the period to August 2027:

- Dr Kirsty Cole, Registered Medical Practitioner, who is a GP.
- Samantha Thomas, Nurse representative.
- Dr Louise Wilson, Registered Medical Practitioner, who is not a GP.

The Board **resolved**:

2.3. That the Chief Officer should advertise for a Service User representative and thereafter submit a recommendation for consideration to the Board.

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 Special Meeting

There had been previously circulated the draft Minute of the Special Meeting of the Integration Joint Board held on 25 June 2025.

Councillor Rachael King asked how the issue of the allocation of family groups within the Local Government Benchmarking Framework would be taken forward. Lynda Bradford agreed to action this.

The Minute was thereafter **approved** as a true record.

5. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 2 July 2025.

The Minute was **approved** as a true record, subject to the following amendment:

Medium Term Financial Plan

The second sentence in the third paragraph on page 4 of the Minute should be amended to read as follows:

“He continued that, due to financial constraints, there may be elements of the Strategic Plan that would be undeliverable to the extent they would like.”.

6. 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 as follows:

- Action 4 – Neurodevelopmental Provision – progress was ongoing, with the third meeting of the multi-disciplinary group held earlier in the week, and still on track for the pathway to be drafted by Christmas and implemented by March 2026.
- Actions 2 and 3 – Delayed Transfer of Care – following the good airing of issues at the last meeting, work continued, recognising that delayed transfer of care was just one area of the whole system that required significant work to fully smooth out handover points. As part of the Clinical Services Review, there was a need to think about an older person’s strategy, given that a number of delayed transfers related to older people, and more work was required on the frailty model, social care elements and assessment processes. However, it was still anticipated that a further paper would be submitted to the Board by December.
- Outstanding matters from previous meetings – there were a number of delays relating to work required, some capacity related, and changes to target dates were suggested.

The Chair asked for assurance that amalgamation of the Short Life Working Group and the Older People workstream of the Clinical Services Review would bring the desired results in a timely fashion. Stephen Brown gave assurance reiterating that delayed transfer of care was not a standalone issue, but one that needed to recognise continuum of care. The Older People workstream was a lengthy piece of work but there was recognition that it should be dealt with at pace, with the outcome of enhancing the whole system approach.

In response to queries from Issy Grieve, Stephen Brown advised that St Rognvald House was expected to open for admissions the following week. The keys for Kirkjuvagr House were scheduled to be available from October 2025 and a report regarding the fourth wing of Hamnavoe House was expected in early 2026.

In response to a question from Councillor Rachael King on slippage with progressing pathways with the Alcohol and Drugs Partnership, Lynda Bradford advised that progress had been restricted as meetings had been cancelled due to lack of attendees and undertook to get this action back on track.

The Chair noted that, in the section on regular reports, the Mental Health Strategy was now due for review. Lynda Bradford advised that, rather than roll out another strategy, an action plan to sit under the Clinical Strategy was more appropriate.

Having **scrutinised** the log, the Board 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 18 June 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Councillor Lindsay Hall presented the Minute and advised that it would be preferable if another NHS Orkney representative had been available to attend the meeting. The Chair advised that work and meeting commitments made this difficult and, as had been previously mentioned, the low number of Non-Executive Directors currently available, however efforts continued to identify another proxy, when circumstances permitted.

In response to a question from Councillor Rachael King regarding the adequacy of resources made available to Orkney compared to other Integration Joint Boards, Stephen Brown advised that the quantum of Orkney's settlement had been well rehearsed. The Recovery Plan would scope out the potential shortfall which could then cascade to a wider political element, with a recent statement from COSLA indicating a funding shortfall of £750m for social care across Scotland. Councillor Rachael King asked if data could be shared with NHS Orkney and Orkney Islands Council to enable political action, which Stephen Brown confirmed would happen.

Councillor Lindsay Hall added that, while the Minute reflected the discussion, it did not contain all the detail where it had been stated that some island groups appeared better able to fund their Integration Joint Boards compared to Orkney. Whether that imbalance could be addressed remained to be seen but the Performance and Audit Committee remained optimistic.

Having **scrutinised** the unapproved Minute of the Meeting of the Performance and Audit Committee held on 18 June 2025, together with the Chair's Assurance Report, the Board took assurance.

8. Joint Staff Forum

There had been previously circulated the unapproved Minute of the Meeting of the Joint Staff Forum held on 20 June 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Stephen Brown highlighted the following matters:

- Date of next meeting was incorrect and should state 19 September 2025.
- Positive recruitment in the social work workforce, with permanent appointments being progressed, as well as in dentistry.
- Promoting positive behaviours, noting that governance processes were well embedded, although the Joint Staff Forum would look at any training gaps.
- Leadership capacity – as could be seen from the Matters Arising Log, more capacity would mean that tasks got completed and, although recruitment at frontline social worker level was successful, there were still key vacancies at management level.
- A permanent appointment had been made at service manager level within the Children and Families team, the first permanent appointment in over two years.
- Disparity in the management structure within Adult Social Care compared to other services within the Council was highlighted and would be raised at the regular meeting between trade unions and the Council's Corporate Leadership Team.

Councillor Rachael King highlighted gaps in representation and asked if this was a temporary issue. Stephen Brown advised that this had improved, in that meetings were now taking place, rather than being inquorate, but was still being monitored.

There were concerns over the number of applications generated by artificial intelligence with over 250 applications being received for one post which added considerable time to the sift process. Stephen Brown advised that national solutions would be looked at before anything was implemented locally.

Having **scrutinised** the unapproved Minute of the Meeting of the Joint Staff Forum held on 20 June 2025, together with the Chair's Assurance Report, the Board took assurance.

Darren Morrow joined the meeting during discussion of this item.

9. Strategic Planning Group

There had been previously circulated the unapproved Minute of the Meeting of the Strategic Planning Group held on 2 July 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Councillor Rachael King highlighted the positive assurances and decisions made, as detailed in the Chair's Assurance Report. Also, Areas of Concern and Key Risks to Escalate, as outlined in the Chair's Assurance Report, would come as no surprise to the Board. Councillor King made special mention of the suicide prevention initiatives and expressed her thanks to Streamline for arranging transportation of the "Breathing Space" bench to Orkney at no cost.

Councillor Jean Stevenson referred to the possible development of a more accurate care needs assessment tool and queried whether this was in addition to existing, or creating something new. Stephen Brown advised that the existing assessment tool was quite a blunt instrument and, with care needs having changed significantly over the last decade, tools used by other authorities were being looked at to see which one would best fit local requirements.

Dr Kirsty Cole referred to section 6.2 – Potential Funding Asks – and queried why this was not included in the Chair's Assurance Report as an action to progress. Stephen Brown commented that many services had not had their established levels of provision reviewed in over 15 years, yet the level of demand had increased significantly. Accordingly, it would be beneficial if all service gaps could be captured in one place which might be the Financial Recovery Plan. Councillor Rachael King suggested that funding was not necessarily the answer when services had reached a tipping point.

Councillor Lindsay Hall referred to the terminology used in the section on Public Sector Reform, particularly the three reform "products". Councillor Rachael King and Stephen Brown both agreed that the wording could be more explicit, but "products" was the term which was being used nationally. It was agreed that space within a development session be utilised to explore this topic in more detail and Councillor Rachael King undertook to circulate links to Board Members to provide further background information.

Having **scrutinised** the unapproved Minute of the Meeting of the Strategic Planning Group held on 2 July 2025, together with the Chair's Assurance Report, the Board took assurance.

10. Revenue Expenditure Outturn

There had been previously circulated a report presenting the revenue expenditure outturn position for financial year 2024/25, for scrutiny.

Deborah Langan highlighted the following:

- A 7% variance on budget versus actual spend as at 31 March 2025, resulting in an overspend of £4.4 million.
- Key drivers for the overspend:
    - NHS Orkney – directly linked to the savings target set pre-pandemic.
    - Orkney Islands Council – primarily requirement for agency staff to ensure safe staffing levels.
- Areas of underspend related to unallocated Scottish Government funding to Orkney Islands Council, vacancies within NHS Orkney and additional funding received in respect of prescribing.
- Set Aside budget balanced following receipt of additional funding from NHS Orkney.
- Both partners, NHS Orkney and Orkney Islands Council, had provided additional funding to achieve a breakeven position, on the understanding that this would be repaid in future years, in line with the Financial Recovery Plan.

In response to a query from Issy Grieve regarding the potential for Scottish Government to claw back earmarked reserves, Stephen Brown confirmed this was unlikely to happen. However, any unspent funding could result in future years' allocations being reduced so every effort was made to spend all elements in full.

Regarding the underspend within Support Services and Overheads, Stephen Brown responded to a query from Joanna Kenny that additional money had been received from the Scottish Government for additional capacity. However, the decision had been taken to use that money in 2024/25 to reduce overspends in the first instance.

Councillor Jean Stevenson referred to the continuing reliance on agency staffing due to recruitment issues and long-term sickness absence, particularly within residential care. Stephen Brown advised that good progress had been made over the past 18 months with regard to long-term sickness absence, with a number of employees returning to work, with support. Lynda Bradford added that, with an aging workforce, returning to work, even with support in place, was not always an option.

In response to Councillor Jean Stevenson's request for clarification of the term 'over establishment,' Sam Thomas explained that this occurred where the approved budget was not sufficient to meet the full cost of established posts, mostly resulting from legacy decisions; for example there may now be 27 staff but the budget only accounted for 11. Further, because the service was 24/7, there should be a contingency of 27% built in to cover annual leave, sickness absence, bank and maternity costs.

Councillor Rachael King referred to Direct Payments being over budget and queried how the service ensured there was adequate budget for a demand-led service. Lynda Bradford confirmed that Direct Payments were only made following assessed need. However, a number of existing packages had been reviewed, which had resulted in some savings and ensured that the package of care met the assessed need.

In respect of Community Nursing, John Daniels advised that, after a period of long-term agency cover, the service was now attempting to recruit permanent staff, while also looking at transformation, including digital opportunities in order to move away from a paper-based system, and undertook to provide a more detailed update to the Board in due course.

Various members referred to the pre-pandemic savings target of £2.4 million, which was still being applied to the NHS Orkney budget line. Stephen Brown advised that, if the Board so wished, he would raise the matter at a forthcoming officer meeting, with the view of the Board being that this should be removed. If this was not possible, NHS Orkney would need to provide an explanation. Members agreed that the Board should make a formal request to NHS Orkney in this respect.

Joanna Kenny sought further clarification on the statement at section 4.2.3 whereby an additional residential care facility had incurred additional unbudgeted costs. Stephen Brown confirmed this related to part of the Braeburn Court facility utilised by the Children and Families service, whereby staff costs were budgeted, however associated running costs were not. Although a service pressure bid had been submitted, this was unsuccessful.

The Board noted**:**

10.1. The draft revenue expenditure outturn statement in respect of the Orkney Health and Social Care Partnership, excluding Set Aside, for financial year 2024/25, as detailed at section 4.1 of the report circulated.

10.2. That, for financial year 2024/25, the draft outturn position was an overspend position of £4.448 million. The total Integration Joint Board approved budget was £61.108 million, and the draft outturn spend was £65.556 million.

10.3. That the overspend position comprised:

- NHS Orkney commissioned services – £0.892 million.
- Orkney Islands Council commissioned services – £3.556 million.

10.4. That the entirety of the NHS Orkney overspend, £0.892 million, could be attributed to the £2.4 million savings target that was set prior to the pandemic. Although the savings target had not been met, the saving was applied to the budget by NHS Orkney.

10.5. The revenue expenditure outturn statement in respect of the Set Aside budget for financial year 2024/25, as detailed at section 5 of the report circulated, which indicated a year end balanced position.

10.6. That additional funding of £2.192 million was received via NHS Orkney to achieve a year end balanced position for Set Aside services.

10.7. The options available to NHS Orkney and Orkney Islands Council, as stated in paragraph 4.3.1.4 of the Integrated Resources Advisory Group Finance Guidance, namely:

- Make additional one-off payments to the Integration Joint Board.
- Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this.

10.8. That NHS Orkney and the Council had agreed “subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address the overspend, to provide additional resources to the Integration Joint Board which are then recovered in future years where an underspend position is achieved”.

11. Revenue Expenditure Monitoring

12. Financial Recovery Plan

The Chair referred to the late circulation of the reports relating to Items 11 and 12, the revenue expenditure position as at 30 June 2025 and the proposed Financial Recovery Plan respectively, resulting in some of the voting members being unable to scrutinise the contents prior to this meeting. Although there were valid reasons for the delay, the Chair suggested both items be deferred to a special meeting to be scheduled towards the end of the month, if possible.

Councillor Lindsay Hall suggested that Item 11, the revenue expenditure position as at 30 June 2025, could be discussed, given it was concise and contained similar information as Item 10 (the outturn position). Accepting the recommendation regarding disestablishment of the vacant post of Head of Strategic Planning and Performance could then be actioned and savings accrued.

Stephen Brown advised that the post had been vacant prior to 1 April 2025, with no plans to recruit, therefore no spend was being incurred and, if subsequently approved, the full non-recurring savings could still be achieved.

The Board agreed that Items 11 and 12 be deferred to a special meeting.

13. Risk Register

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

Stephen Brown advised that Deborah Langan had spent time working on the refreshed Risk Register, which had been updated and improved in response to feedback in respect of layout and mitigations.

Deborah Langan confirmed that the update followed approval of the Strategic Plan. Also, in April 2025, the Board had approved a revised Risk Management Strategy. The Risk Register had been remodelled into three themes, namely Financial, Strategic and Operational, with each risk having four categories, Very High, High, Medium and Low. The Risk Register would be reviewed regularly and could respond swiftly to any new risks. If the “prior” column was blank, this indicated a new risk.

In response to a question from Issy Grieve, Stephen Brown agreed that risks from the previous Risk Register which were now considered negligible could be removed, if the Board agreed. A discussion followed around the level of risk to be recorded on the Register and it was agreed that further work would be needed to ensure adequate information was presented without key risks becoming buried in detail.

Councillor Lindsay Hall requested clarification on the wording for Controls relating to Risk 18, particularly around the different approach to traditional respite/short break provision of a bed in a care home. Discussion followed on the various respite care requirements which differed depending on both carer and patient needs and it was suggested that “additional” was a better description than “different”. Feedback would also be sought at the next Carers’ Conference.

In response to a query from Danny Oliver regarding Risk 22 which, in his opinion, related only to recruitment and not retention, Lynda Bradford agreed to look at what could be added.

In response to a question from Councillor Rachael King regarding whether the Integration Joint Board’s risks were visible on NHS Orkney and Orkney Islands Council risk registers, Stephen Brown advised that, where appropriate, high level strategic risks did appear on more than one risk register. It was further agreed that the Escalation section on the covering report should be amended from ‘No’ to ‘Yes’ to facilitate mutual sharing of Risk Registers.

The Board thereafter **resolved** that the updated Risk Register, attached as Appendix 1 to the report circulated, be approved.

14. Primary Care Improvement Plan

The had been previously circulated a report presenting an update on the Primary Care Improvement Plan, for information.

John Daniels summarised the position in that Primary Care Improvement Plans were nationally designed for GP clusters, which did not transfer easily to remote and rural areas in a sustainable way. Discussions with the local GP Sub-committee had indicated frustration, with various recruitment and/or financial challenges either restricting elements of service delivery or preventing them from starting. Accordingly, the Scottish Government was approached to determine whether a local solution could be implemented; however feedback was that the regulatory elements of the Primary Care Improvement Plan required to be met. In light of that feedback, proposals were now being worked up for stakeholder consideration.

Councillor Rachael King reiterated her concerns from the beginning that funding received to implement the Primary Care Improvement Plan should consider the additional cost of providing services in remote, rural and island communities, and queried whether an Island Communities Impact Assessment had been carried out. The Scottish Government had suggested that Primary Care Improvement Plan funding should not be used for mental health services, as additional funding would be made available, which it was, but then withdrawn and not replaced. There were also concerns around timescales, given that, in some cases, it had taken three years to get someone in post, who then required a three-year training programme. Island GPs were taking on more and more, were at the receiving end of service pressures, and Councillor King wondered what voice and/or support they had in conversations with the Scottish Government.

John Daniels responded that all points raised by Councillor King were well made, however NHS Orkney remained under an obligation to fulfil the requirements of the Primary Care Improvement Plan, as directed by the Scottish Government, hence why more pragmatic solutions were now being investigated, to ensure any plan submitted to GP stakeholders was sustainable. Regarding the requirement for an Island Communities Impact Assessment, by coincidence, similar issues had been raised at a recent meeting with some elected members, including the Leader of Orkney Islands Council, resulting in a high-level summary being prepared for discussion at a political level.

Dr Kirsty Cole thanked Councillor King for her comments, as well as John Daniels for the report, which would result in challenging conversations at the GP Sub-committee whereby it was accepted that, although there was capacity locally, the resource was insufficient.

The Board noted:

14.1. That Primary Care Improvement Plans were introduced in July 2018 to support delivery of the 2018 General Medical Services contract and were a key part of the wider transformation programme across NHS Scotland.

14.2. That delivery of the Primary Care Improvement Plan in Orkney had been, and continued to be, challenging. Although there were mitigations in place in the form of financial contributions to General Practitioner practices, those were not sustainable in the long term and new models of delivery must be designed to reduce the workload pressures in General Practice.

14.3. That the Primary Care team was committed to seeing improvements and, while tempting to repeat the approaches that had previously failed or rush into change for the sake of delivering something rather nothing in the known gaps, the intention was to take the time required to produce plans that met the needs of General Practice while also ensuring sustained and reliable delivery in the long term.

15. Date and Time of Next Meeting

The Board noted:

15.1. That the next meeting would be held in the Council Chamber on Tuesday, 18 November 2025 at 09:30.

15.2. That a special meeting would be convened, the date of which was to be confirmed, to consider Items 11 and 12.

16. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:10.