



Stephen Brown (Chief Officer)

Orkney Health and Care

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Agenda Item: 5

Orkney Integration Joint Board

Wednesday, 2 July 2025, 09:30.

Council Chamber, Council Offices, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Lindsay Hall, Rachael King and Jean Stevenson (via Microsoft Teams).

NHS Orkney:

Rona Gold (via Microsoft Teams), Issy Grieve (via Microsoft Teams) 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 (for Items 1 to 8).
- Dr Elvira Garcia, Secondary Medical Care Practitioner representative, (proxy for Dr Louise Wilson) (via Microsoft Teams) (for Items 3 to 11).
- Darren Morrow, Chief Social Work Officer of the constituent local authority, Orkney Islands Council.
- Sam Thomas, Nurse representative, employed by NHS Orkney.

Stakeholder Members:

- Morven Brooks, Third Sector Representative.
- Ryan McLaughlin, Staff-side Representative, NHS Orkney (via Microsoft Teams).
- Willie Neish, Carer Representative.
- Danny Oliver, Staff-side Representative, Orkney Islands Council.

- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.

Clerk

- Sandra Craigie, Committees Officer, 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:

- Deborah Langan, Team Manager (Accounting).
- Veer Bansal, Solicitor.

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:

- Non-Voting Members:
 - Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney.
 - Janice Annal, Service User Representative.
- Orkney Health and Social Care Partnership:
 - Morven Gemmill, Associate Director of Allied Health Professions.
 - Katie Spence, Alcohol and Drugs Partnership Co-ordinator.

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 30 April 2025.

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

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.

Stephen Brown provided updates on the matters arising log as follows:

- Item 2: COVID funding – members had previously raised that COVID-19 funding should be more visible and confirmed that this would be included in the next Revenue Expenditure Monitoring report which was scheduled for September 2025.
- Item 3: Adaptations – a meeting had been scheduled, and a breakdown of information would be shared with members once completed.
- Item 4: Joint Clinical and Care Governance Committee, a meeting had been held on 18 June 2025. The revised Terms of Reference would be circulated via a briefing note when the relevant amendments had been made.

Councillor Rachael King commented that it had been a useful conversation around the Terms of Reference of the Joint Clinical and Care Governance Committee.

Regarding long COVID and Guardianship Agreements, Councillor Rachael King sought assurance that capacity issues that had been raised were not impeding the ability to move forward. Stephen Brown confirmed that work had been temporarily delayed due to capacity issues and system challenges.

Regarding Guardianship, Stephen Brown confirmed that it was not so much capacity issues but more about aligning with national campaigns. He confirmed that work had been ongoing with the Council's Legal Services regarding providing additional support to private sector solicitors in relation to their responsibilities in terms of guardianship.

The Board thereafter scrutinised the log and took assurance.

5. Medium Term Financial Plan

There had been previously circulated a Medium Term Financial Plan for the period 2025/26 to 2027/28, for consideration and approval.

Deborah Langan informed members:

- That the Medium Term Financial Plan, attached as Appendix 1 to the report circulated, had been updated and was being presented for approval.
- That the Plan was built around the six Strategic Priorities within the Strategic Plan 2025 – 2028.
- That the Plan was a useful tool for planning purposes rather than a definitive statement of resourcing for the next three years.
- That the “most likely” scenario was predicting an £11.3 million funding gap over the three financial years that the Plan covered.

- That the funding gap needed to be incorporated into a robust financial recovery plan and reported to the Board regularly.
- That page 6 of the Plan stated that Health and Social Care Scotland had identified a combined financial gap of approximately £560 million which represented an average gap of 5% of the total available budget across Scotland.
- That the anticipated gap at the end of 2024/25 represented a worsening position for Integration Joint Board budgets, with the main funding pressures being prescribing, service demand, pay pressures, contract inflation and employers' National Insurance Contributions.
- That the situation was exasperated by the complexity of funding arrangements and shared accountabilities.
- That the local context section highlighted the relative prosperity of Orkney, with low unemployment and high household income levels.
- That the financial performance on page 9 showed the scenarios used in the last Plan and how the predictions fared against actuals over the three-year period.
- That the budget assumptions showed how the 2025/26 budget was divided.
- That the medium term financial outlook concluded that health and social care were having to manage limited budgets in the context of aging demographics and providing care at home in a rural location, with increased levels of need.
- That it would not be sufficient to consider year on year budget allocations and the Integration Joint Board needed to plan for transformation that could bring longer term, safe and sustainable services.
- That the financial challenges were detailed on page 15 which detailed some scenarios which tested the "what ifs" and enabled the Integration Joint Board to determine the potential fluctuations which could exist.

Councillor Lindsay Hall queried whether the recovery plan was sufficiently robust to be able to bring the risk detailed at section 8.3 of the covering report down to something more manageable. He further commented that he did not like the word "will" in section 8.3 and thought it should be changed to "may".

Deborah Langan confirmed that work was ongoing to bring the recovery plan to the September meeting which was going to be based around the Medium Term Financial Plan and in line with the Strategic Plan.

Referring to the word "will" which had been raised by Councillor Lindsay Hall, Stephen Brown confirmed that the wording would be considered as it did make it sound like a definite and accepted that "may" was perhaps a better word to be used in the context. He continued that there may be elements of the Strategic Plan that would be undeliverable to the extent that they would like due to financial constraints. He confirmed that there would be greater visibility once the Recovery Plan was brought in front of members.

Following a further query from Councillor Lindsay Hall regarding an overspend due to foster care outwith Orkney, Darren Morrow confirmed that, 18 months ago, there were 13 placements outwith Orkney which had now reduced to seven. He continued that because of this, budgets were improving.

In response to Councillor Lindsay Hall's query whether there was a plan in place for the disability cuts which had recently been introduced by the UK Government, Stephen Brown confirmed that officers were always mindful of changes that may take place at a national level in relation to welfare and payments. Regarding overspends in those budget lines, he confirmed that those may be due to one or two individuals who had specific and high-level needs that required to be met.

Following a query from Issy Grieve, Deborah Langan confirmed that financial stability would feature on the Risk Register which would be presented at the next meeting.

Rona Gold queried what the Integration Joint Board could do in terms of the transformation which was required to deliver the savings. Stephen Brown confirmed that the Orkney Integration Joint Board was no different to Integration Joint Boards, councils and NHS Boards throughout the country in relation to the financial constraints which were faced. He continued that he thought the Orkney Integration Joint Board perhaps needed to be bolder now in relation to some of the opportunities that might exist regarding how to maximum the resources across the public services in a way that had not been done to date and it was those types of opportunities that were needed to be looked at to address the scale of the challenge ahead.

Rona Gold agreed with Stephen Brown but queried how he proposed the Integration Joint Board could do that as it was not obvious. She raised concerns that the recovery plan was only coming in September, which was halfway through the financial year and queried how the necessary actions would be achieved quickly within the financial year.

Stephen Brown confirmed that this financial year it was going to be difficult as it was recognised that there were significant challenges which the Integration Joint Board would play its part in relation to contributing to the savings. He continued that there would still be an NHS overspend at the end of this financial year and confirmed that if the plan could be kept on track from a Council point of view, they were in a good place.

He continued that the Integration Joint Board had contributed and delivered on the savings elements that had been agreed last year. The biggest challenge on the Council side continued to be recruitment and while conversations regarding the bigger piece of work that was necessary were taking place, he confirmed that he thought there was still work to be done to lay the groundwork, so there may not be much in terms of the Recovery Plan when it came forward in September.

Following a further query from Rona Gold, Stephen Brown confirmed the Integration Joint Board came into its own and was able to significantly contribute and, at times, lead on some of the discussions regarding public sector reform.

The Chair agreed with what had been said and thought that going forward they would be in a good place but commented that it would be useful to look at the possibilities for pulling financial information sooner so that the Recovery Plan was being presented prior to September.

Councillor Rachael King queried whether she was right in her assumption that there was no further money so adjusting budgets may not be an answer.

Deborah Langan informed members that there may have been scope for submitting service pressure bids to the Council with workings and calculations to back up the fact that there was an increased demand and a need for an increase in the budget. She continued that this, however, passed the burden onto the Council to find the funding.

Councillor Rachael King confirmed that herself and elected member colleagues were aware of this process, as well as the number of service pressure bids that were presented and the impossibility of meeting the demand across all areas in terms of the funding that local authorities received.

Councillor Rachael King further highlighted a couple of small corrections:

- The figure that was presented in the report from Health and Social Care Scotland had been updated since the initial submission with the finalised figure being £497.5 million.
- There were areas where it was difficult to read due to dark text being on dark backgrounds.

Referring to the comment raised earlier regarding UK Government cuts to disability, Danny Oliver commented that the Council had implemented charges for disabled people earlier in the year meaning that the services they had previously received free of charge, most people now had to pay for from their Personal Independence Payment.

Referring to early intervention and prevention where the report referred to decommissioning services, Danny Oliver commented that, in his opinion, decommissioning services would store up problems which were likely to be long term and eventually cost a lot more to fix.

Stephen Brown confirmed that, when it came to decommissioning services, it was not unique to Orkney and that often the first services to go were those at the lower end of the support spectrum but agreed that it did create problems down the line both for the outcome that people experienced in the community and also the cost longer term.

Prior to moving to consideration of the recommendations, Councillor Rachael King queried whether the amendments she had highlighted earlier were able to be updated. This was confirmed.

The Board thereafter **resolved** that the Medium Term Financial Plan, for the period 2025/26 to 2027/28, attached as Appendix 1 to the report circulated, incorporating the amendments highlighted, be approved.

6. Delayed Transfers of Care – Systems Pressures

There had been previously circulated a report providing information on system pressures leading to delayed transfers of care.

Sam Thomas informed members that:

- The report was to provide members with information regarding delayed transfers of care and the system pressures across Orkney.

- In July 2024, the First Minister and Cabinet Secretary set out the mission to reduce delayed transfers of care across Scotland.
- As at 9 June 2025, the current position from an Orkney perspective was as follows:
 - A total of 10 delayed transfers of care, equivalent to 26% of available in-patient care beds across In-patients 1 and In-patients 2 (excluding High Dependency Unit and Macmillan beds).
 - Five delayed transfers of care were awaiting residential care placement.
 - Five delayed transfers of care were awaiting Care at Home arrangements/packages of care.
- Ten delayed transfers of care equated to 70 occupied bed days per week, with 592 bed days occupied in total by those currently delayed to discharge.
- The longest wait for a residential care home placement was 16 weeks.
- The longest wait for care at home provision was nine weeks.
- When looking at capacity within the Balfour, as well as the capacity across all of the services provided in Orkney, there were challenges due to workforce recruitment and retention.
- Contrary to the rest of Scotland at any one moment in time, elderly patients who were occupying bed days was about 64%, whereas 30% was the norm across the rest of Scotland. This fitted in with the ageing demographic and picture that was seen in Orkney.
- The Strategic Plan 2025 – 2028 was detailed at section 10, with the Action Summary detailed at section 11 of the report circulated.

Following a query from Councillor Rachael King regarding waiting times, Sam Thomas confirmed that it was a whole system approach and would include those in the community waiting residential placements as well.

Following a further query from Councillor Rachael King regarding the utilisation of the day case area within the hospital outlined at section 6.2 of the report, Sam Thomas confirmed that part of the target operating model and surge capacity plan within the Balfour was that once every other available bed space had been utilised, the day case area would be utilised. She further confirmed that that had occurred twice within the last 12 months.

Regarding the higher percentage of elderly inpatients in comparison to the Scottish average, Councillor Rachael King queried whether that figure was due to the lack of residential nursing care in Orkney. Sam Thomas thought that the figures were due to the demographic of the patient population in Orkney. She continued that due to the smallness of the Orkney system, the number of beds and the way that things operated, she thought that some of the data got skewed slightly when being presented.

Lynda Bradford confirmed that there were no nursing care home beds in Orkney and thought nursing home provision was something that now needed to be addressed. She continued that the team tried very hard to be able to ensure care for the Orkney population remained in Orkney and they did try not to go outwith Orkney for care, which was important to the individual and the families.

The Chair commented that, with the changing demographic, in a few years' time there would be even more people in the older age group which would make it even more challenging for services.

Councillor Rachael King commented that she was interested to know how much the local circumstances were distorting the figures and thought it would be helpful if the group could come back with more detail for the whole system.

Following a query from Councillor Rachael King regarding restrictions on admissions to St Rognvald House that may have impacted hospital discharges, Lynda Bradford confirmed that seven permanent beds were out of action which, had they been available, would have undoubtedly helped.

Councillor Rachael King commented that she was keen to see the narrative shift to the whole care system rather than simply around the delayed transfer of care, which she acknowledged was the focus coming from the government.

Rona Gold commended the report writers for the content of the report, commenting that, when she was going through the report, all her questions were answered due to the quality of the information in the paper.

Referring to the recommendations at section 2, she wondered whether they should be strengthened. Referring to recommendation 2.1 where it outlined the membership of the short life working group, she would like the key stakeholders to be more specific. Further, given the timescales, she would like to see patients being considered as key stakeholders. She also assumed that the Third Sector were included as stakeholders but would like that to be explicit. She also queried whether it could be added that the short life working group would look at considerations of efficiency of resources through partnership working, would state where digital could support the solution and provide recommendations with accurate costings and targets that positively impacted the negative data.

The Chair commented that those were very valid points, but she was concerned that by adding that to the recommendations, the short life working group would not be able to immediately step up and be able to work.

Sam Thomas queried whether the easiest way to capture all the comments and concerns was to have all the information in the Terms of Reference. Rona Gold confirmed that she was happy that her points could be captured within the Terms of Reference and confirmed she would send her wording direct to Sam Thomas to be incorporated into the Terms of Reference.

Following a query from Councillor Jean Stevenson, regarding the paperwork detailed at section 7.8 of the report, Sam Thomas confirmed that it was a multifaceted and multidisciplinary approach to planning for an individual to go home to either their own home or to access the sheltered housing or residential facilities and the complexity of some of the paperwork took lots of individuals around the table to fill it in – whether that be social workers or allied health professionals.

Dr Kirsty Cole commented that she had a similar point to Rona Gold in that she was keen that the stakeholders were more clearly defined at recommendation 2.1. However, she was also happy if that was specified within the Terms of Reference.

She queried whether there could also be a commitment to look at the discharge process, delayed transfer of care and admission prevention or admission avoidance, which Sam Thomas confirmed could also be added.

Referring to recommendation 2.2, Councillor Rachael King queried whether something was being lost by coming back to the Board without having touched base with the Strategic Planning Group, for example.

Stephen Brown confirmed that both himself and Sam Thomas envisaged touching base with the Strategic Planning Group as this item moved forward, as it did have some potential implications and there would be discussions.

The Chair queried whether it would be possible to get an update at the next meeting of the Integration Joint Board. She further confirmed that Councillor Rachael King made a very good point in that it needed to reflect the whole system and queried when the Board got the results of the short life working group, would the Integration Joint Board get an options appraisal of everything that fitted within the whole system approach rather than a recommendation.

Sam Thomas confirmed that she thought there would be some options appraisals, but it might well be that just because of the nature of the work and to do things in a timely fashion some of the smaller pieces of work may be put into play through discussions that would be ongoing.

The Board thereafter **resolved**:

6.1. That a Short Life Working Group, the membership of which would include appropriate Heads of Service, Service Managers and other key stakeholders, be established to review discharge processes, delayed transfers of care and options for working differently/creating system capacity.

6.2. That the Short Life Working Group should report back to the Board on the outcome of its deliberations no later than December 2025.

7. Neurodevelopmental Provision

There had been previously circulated a report on the current position relating to neurodevelopmental provision in Orkney, in particular, assessment arrangements, together with an Equality Impact Assessment and an Island Communities Impact Assessment, for consideration and approval.

Stephen Brown informed members that:

- Over the last few years, there had been a significant increase in demand for neurodevelopmental assessments for both adults and children. This trend was a national one and had raised concerns relating to the capacity of systems to manage the demand.
- Orkney was no different to the rest of Scotland and it had become evident that the current workforce capacity to manage the demand was insufficient.
- As of May 2025, there were 191 children in Orkney awaiting a neurodevelopmental assessment, with the average waiting time being 108 weeks. The assessment process for children was a multi-disciplinary one.

- As of May 2025, there were 125 adults awaiting assessment, with the average waiting time for an adult assessment being 24 weeks, with the longest wait being 80 weeks. The assessment process for adults was not as multi-disciplinary in nature and in recent years, assessment had been spot-purchased by NHS Orkney from an external provider.
- Due to a planned reduction in sessions provided by Child Psychology in CAMHS, it was proposed that the funding freed up be recycled to introduce two additional Associate Specialist Doctor sessions.
- In relation to the adult pathway, the spend on the commissioned assessment to date had been drawn from the Unplanned Activities budget within Set-Aside. It was therefore proposed that £106,000 be permanently removed from the Unplanned Activities budget to fund an additional Psychology post to specialise in neurodevelopmental assessment and support for adults in Orkney.

Following a query from Councillor Lindsay Hall regarding the Island Communities Impact Assessment (ICIA), attached as Appendix 3 to the report circulated, Stephen Brown confirmed that what he thought the ICIA was trying to say was that the proposals in front of members were not specifically around the ferry linked isles but covered the whole of Orkney. He apologised and confirmed that the ICIA would be revisited with the wording amended.

Following a query from Rona Gold, Stephen Brown confirmed that the posts outlined in the recommendations, if approved, would contribute to the multi-disciplinary team approach.

Referring to a further query from Rona Gold regarding targets, Stephen Brown confirmed that the reason he had not been specific regarding targets was that he needed it to be clear that any reduction in waiting list and improvements in waiting times was not going to be solely delivered by these posts. He confirmed that the performance reporting relating to the Strategic Plan would have the visibility on the success or otherwise of the appointments within the six-month period.

Rona Gold queried whether the post could be a three-year post as opposed to a permanent post. Stephen Brown stated that with the recruitment challenges already faced, short term contracts impacted on the ability to recruit to posts. Referring to the next three years, he continued that if it was deemed that the post was no longer needed or had not had the impact that was expected, the post may be redirected within the service.

Following a query from Councillor Jean Stevenson regarding the wording at recommendation 2.1, Stephen Brown confirmed that the Associate Specialist Doctor sessions was specifically on neurodevelopmental assessments for children and the wording at 2.1 should be amended to clarify that.

Morven Brooks queried what consultation had taken place with Third Sector organisations as there were a number of Third Sector organisations that provided additional holistic support. She continued that these organisations were currently at full capacity so her concern was that by trying to meet a demand to bring a waiting list down this would increase the demand on the Third Sector. Stephen Brown confirmed that the limited availability for support would be looked at which would involve a discussion with the Third Sector.

Following a query from Dr Kirsty Cole, Stephen Brown commented that perhaps the title of the report was a bit misleading as the report was not about the entirety of the neurodevelopmental provision and suggested that once the pathway for children had been developed and the proposed posts were in place, a wider report be brought back to the Integration Joint Board updating members on what progress had been made. The Chair queried when such a report might be possible. Stephen Brown suggested April 2026 but confirmed that there would be regular progress updates.

Following a query from Danny Oliver, Stephen Brown commented that they were aware of the challenges around post diagnostic support. He continued that colleagues from the mental health directorate in Orkney had provided some national resources that were available.

Issy Grieve commented that she welcomed the paper and the movement of funds. She further commented that she fully supported the recommendations of the report.

Councillor Rachael King sought clarity on what percentage of the unplanned activity budget was going to be used, as it was unclear from the report. Stephen Brown confirmed that he did not have the exact figure to hand, but it was approximately 20%. Councillor Rachael King commented that that was a significant amount of the unplanned activity budget and thought it was something that the Integration Joint Board needed to be mindful of in terms of monitoring.

Following a query from Rona Gold regarding whether there should be a short life working group set up to look at the system approach to ensure there were wider system partnership conversations, Stephen Brown confirmed that, regarding children's services, a subgroup was already in place to look at pathways going forward. He confirmed that as some of the governance sat beyond health and social care, the Children's Services Strategic Partnership oversaw delivery of the pathway and was monitoring progress. Regarding adult services, he confirmed that it was clear that there was a need to sit down with some of the key stakeholders to look at the issues to be able to bring this forward.

Regarding a query from Rona Gold on whether it would be possible to transfer the money back to the unplanned activity budget should there not be a need for the post in the future, he confirmed that this was a small aspect of a budgetary spend decision and it would be very difficult and complex to be able to transfer the money back. He continued that what the Integration Joint Board should do was monitor the progress and make sure that they were reactive to make decisions that would help address any problems faced.

Dr Kirsty Cole sought clarity on whether the provision of specialist prescribing for adults was currently a commissioned service. Stephen Brown confirmed that it was not commissioned.

The Chair queried if it was not a commissioned service what was meant to happen in terms of adults and medication. Stephen Brown confirmed that there was a variety of options available post diagnosis at the moment. He continued that they were looking to develop some key nurse practitioners across the system, giving the example of some of the Community Mental Health team who were currently undertaking training and would oversee prescribing regimes going forward.

Stephen Brown confirmed that the demands that were coming through now were not unique to Orkney but confirmed that while it had previously been manageable the volume was now such that there was a genuine need to look at how this service was delivered.

Darren Morrow commented that he thought demand was only going to increase and budgets needed to be considered.

The Chair commented that she thought it was good that this paper was on the agenda and being discussed as it was an area of interest to many people. She also commented that there was clearly a lot more going on behind this specific item and the challenges that were being faced.

The Board thereafter **resolved**:

7.1. That the engagement of two sessions a week of Associate Specialist Doctor time to focus solely on neurodevelopmental assessments for children, be approved.

7.2. That an additional 8B Psychology post to specialise in the neurodevelopmental assessment and support of adults be established.

8. Orkney Alcohol and Drugs Partnership Annual Survey 2024/25

There had been previously circulated a report presenting the Orkney Alcohol and Drugs Partnership Annual Survey for the period 2024/25, for scrutiny.

Lynda Bradford highlighted the following:

- The Alcohol and Drugs Partnership Annual Report, attached as Appendix 1 to the report circulated, had been submitted to the Scottish Government on 4 June 2025.
- The Alcohol and Drugs Partnership Support Team had been fully staffed since June 2024 which had allowed for additional work to be undertaken locally alongside the strategic requirements of the Scottish Government. A full report on local delivery was attached as Appendix 2 to the report circulated.
- A weekly drop-in facility set up to provide support to those using alcohol and/or drugs continued with success.
- The Alcohol and Drugs Partnership had undertaken its commissioning of local services in December 2024 with service provision being covered for adults, children and young people, family support service and a community-based service. The successful services had contracts for three years.

The Chair commented that as a previous member of the Alcohol and Drugs Partnership Strategy Group she would like to commend the excellent work being done by the team. She highlighted that despite the team performing at the same or slightly improved level in several areas, due to the parameters being changed by the government and the way the information was now recorded, it appeared in some areas that they were not as successful as they had been.

Following a query from Councillor Lindsay Hall regarding criminal justice and funding, Stephen Brown confirmed that if, for example, a sheriff handed down a drugs testing and treatment order, the service was legally obliged to provide that.

Regarding funding, Stephen Brown confirmed that the reality was there was no money specifically being drawn down from the Alcohol and Drugs Partnership to fund those tests but they did use Criminal Justice monies to deliver some elements as and when required.

Following a query from Dr Kirsty Cole relating to question 32 of the survey, Lynda Bradford confirmed that priority areas had not been ranked but she believed that alcohol would remain the number one priority.

Rona Gold echoed the comment commending the work that had been done. She continued that it was an excellent read and excellent work was happening.

The Chair commented that the report was very indicative of the difficulties that many of the small services had in that there were less people to do the work when it came to producing a report that was standardised throughout the whole country.

The Board thereafter scrutinised:

8.1. The activity delivered by Orkney Alcohol and Drugs Partnership during 2024/25, attached as Appendix 1 to the report circulated, and obtained assurance regarding the work programme.

8.2. The additional local report on community input, education and training within Orkney, attached as Appendix 2 to the report circulated.

9. Third Sector Commissioned Services

There had been previously circulated a report providing members with key issues and opportunities from the Third Sector, for noting.

Morven Brooks highlighted the following:

- This was the first joint submission from the Third Sector Working Group to the Integration Joint Board, which represented insights and activities from across Orkney's Third Sector organisations.
- The report reflected updates from April and May 2025 and was intended to:
 - Provide a consolidated view of community-based health and care activity.
 - Share learning and concerns arising from the front line.
 - Support joined-up planning and commissioning approaches in line with the Integration Joint Board's Strategic Priorities.
- It was hoped that the report would help inform Integration Joint Board deliberations and strengthen links between the statutory and Third Sector partners.

The Chair commented that she was delighted that the paper was on the agenda and that it was excellent to have Third Sector colleagues represented in this way. She continued that she thought the report was a good starting point and acknowledged the amount of work that had gone into the paper. She continued that going forward she wondered whether it would be possible to get some further information about Third Sector colleagues which celebrated some of the good work that went on.

Morven Brooks agreed confirming that for the last two years there had been a lot of work going on behind the scenes. She confirmed that she now received monthly reports from her Third Sector colleagues, and the intention was to provide regular reports to the Integration Joint Board and she welcomed the opportunity to provide achievements within those reports as there was a huge amount to celebrate but equally there were a lot of challenges as well.

Stephen Brown thanked Morven Brooks for the report which he thought was a sign of the ongoing progress of the Integration Joint Board that it now included the voice of the Third Sector. He continued that what stood out for him, was the number of operational issues that had been highlighted in the report and commented that there was some ongoing work needed to address that through Community Planning partners, as some of the elements raised were beyond the remit of the Integration Joint Board. He confirmed that he was happy to meet to discuss ways to try and manage some of the more operational level issues raised.

Following a query from Councillor Lindsay Hall, Morven Brooks confirmed that the omission of some organisations that he had expected to see was not an oversight but as this was the first iteration of a report like this, it was going to take time to get everyone involved. She continued that monthly reporting progress had just started, and she did contact organisations regularly to provide updates and this was something that would be developed going forward.

Morven Brooks thanked Danny Oliver for his comment regarding having more detail from adult social care services, as this would strengthen her discussions with those organisations and emphasise the importance of hearing their voices.

Regarding his comment about service level agreements, Morven Brooks confirmed that as with any funding agreement or contract regarding finances, the difficulty was around implementing any redundancy process without any formal confirmation of funding. She continued that hopefully this year there had been no redundancies across the sector that any organisation had to implement but confirmed that it was difficult to manage the financial budget for the following year not knowing whether funding was confirmed. She believed that there would be a short life working group developed to review service level agreements.

Following a comment from Frances Troup regarding both the refuge provision and the move on accommodation that was provided in partnership with Orkney Islands Council and Orkney Housing Association Limited and the structures and protocols that were already in place, Morven Brooks confirmed that she thought it would be helpful for Women's Aid Orkney to contact Frances Troup and have a discussion. She confirmed that she would contact Women's Aid Orkney and pass on the information.

Councillor Rachael King commented that she welcomed the report and thought it was important having these reports on a regular basis to highlight the work of the third sector, how it was supporting the priorities of the Integration Joint Board, how it was meeting outcomes, how it linked in with the Strategic Plan Delivery Plan and queried what the Integration Joint Board needed to do or support what was required to ensure there was comprehensive coverage of all Third Sector organisations in future reports.

Morven Brooks thanked everyone and welcomed the feedback which she in turn would feed back to the Third Sector Working Group.

10. Date and Time of Next Meeting

It was agreed that the next meeting be held in the Council Chamber, Council Offices, Kirkwall, on Wednesday, 3 September 2025 at 09:30.

11. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 12:15.