



MINUTE - PUBLIC

Meeting	Integration Joint Board
Date, Time and Place	25 August 2015 at 11.00 a.m. Council Chamber, Town Hall, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> G Cleaver B Fox K Massey C Smith <i>[Chair]</i> C Waddington <i>[Vice-Chair]</i> M Williamson</p> <p><u>Non-voting Members</u> S Beer, Carers Representative S Bokor-Ingram, Chief Officer S Bowie, Senior Clinician – GP S Gens, SIC Staff Representative H Massie, Patient/Service User Representative M Nicolson, SIC Chief Social Work Officer I Sandilands, NHS Staff Representative E Watson, NHS Chief Nurse Community and ACF K Williamson, NHS Chief Financial Officer</p>
In attendance [Observers/Advisers]	C Ferguson, Director of Corporate Services SIC J Riise, Executive Manager – Governance and Law SIC S Duncan, Financial Accountant SIC C Anderson, Senior Communications Officer L Gair, Committee Officer SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> None</p> <p><u>Non-voting Members</u> C Hughson, Voluntary Sector Representative J Unsworth,</p> <p><u>Observers/Advisers</u> R Roberts, Chief Executive NHS</p>
Chairperson	Mr C Smith, Chair of the Integration Joint Board, presided.

Declarations of Interest	None.
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03/15	Confirm minutes of meeting held on 29 July 2015
	The Board approved the minutes of the meeting held on 29 July 2015 on the motion of Mr Cleaver seconded by Mrs Williamson.

04/15	Establishing the IJB Audit Committee
Report No. CRP-14-15-F	<p>The Board considered a report which presented proposals to establish the IJB Audit Committee.</p> <p>The Director of Corporate Services introduced the report and explained that the establishment of an IJB Audit Committee would ensure that good governance arrangements are in place. An Audit Committee is seen as a key component to good governance arrangements by the Integrated Resources Advisory Group. She referred members to the proposed terms of reference and to the appointments required. In addition, the Director of Corporate Services drew attention to the Scott-Moncrieff NHS Shetland Internal Audit report which was a Review of Governance, Risk Management and Project Management for the Integrated Board attached for information. She went on to explain that confirmation of the External Auditor will be advised in due course and it was expected to be Audit Scotland.</p> <p>In response to a question from Mrs Williamson, the Executive Manager – Governance and Law advised that given the distinct roles of Health Board and IJB Audit Committees, there would be no barrier to her being appointed as a member of the IJB Audit Committee.</p> <p>The Vice-Chair referred to paragraph 3.7 of Appendix 1 and queried the reference “other persons shall attend meetings...” and asked if IJB members had a right to attend if they choose. The Director of Corporate Services explained that the statement did not preclude IJB members from attending but ensures that the Chair is aware of their attendance. She went on to explain the different roles of members, and depending on the business to be considered by the IJB Audit Committee it may be inappropriate for IJB members to attend. She said that there needs to be a way of assessing that in order that individuals are not put in an inappropriate position, therefore it is important that the Chair has discretion on who else attends. The Executive Manager – Governance and Law concurred with the Director’s comments and explained a situation where any of the parties of the IJB may provide information that the Audit Committee may require to question in an investigative mode and that would be inappropriate for the parties to be involved. He said that it was advisable to leave this to the discretion of the Chair.</p> <p>In response to a question regarding the appropriateness of the IJB self auditing, the Director of Corporate Services said that it was</p>

	<p>entirely appropriate for public bodies to be in charge of the audit and regulation of its own affairs and it is an expectation that the IJB will do so.</p> <p>The Chair moved that the IJB approve recommendations 1-5 contained in the report, seconded by Mr Massey.</p> <p>In calling for nominations, the Chair said that he wished to decline the opportunity to sit on the Audit Committee in light of his role as Chair of the IJB.</p> <p>Mr C Smith nominated Mr Cleaver and Mr Fox, seconded by the Ms Waddington. Mr Cleaver and Mr Fox confirmed their acceptance of the role as Member of the Audit Committee.</p> <p>Mr Massey nominated Mrs Williamson, seconded by Ms Waddington. Mrs Williamson confirmed her acceptance of the role as Member of the Audit Committee.</p> <p>Mrs Williamson, nominated Mr Massey, seconded by Mr Fox. Mr Massey confirmed his acceptance of the role as Member of the Audit Committee.</p> <p>For the role of Chair of the IJB Audit Committee, Mrs Williamson declined the nomination by Mr Fox. Mr Fox declined the nomination from Mrs Williamson. Mr Fox nominated Mr Massey, who advised that he would be willing to accept, but highlighted to members that his current term of office would end in June 2016 but his successor would be eligible to replace him as a Member. Mr Cleaver seconded.</p> <p>For the role of Vice-Chair, Mr Fox nominated Mr Cleaver, seconded by Mr Smith. Mr Cleaver confirmed his acceptance of the role as Vice-Chair of the Audit Committee.</p>
Decision	<p>The Integration Joint Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. Formally appoint the Executive Manager Audit, Risk and Improvement as the Chief Internal Auditor for the IJB; 2. Approve the IJB Audit Committee Terms of Reference attached at Appendix 1 to the report; 3. Appoint four members of the IJB Audit Committee from among the voting members of the IJB as set out in the Terms of Reference, namely, Mr Cleaver, Mr Fox, Mr Massey and Mrs Williamson; 4. Appoint the Chair and Vice-chair of the IJB Audit Committee as set out in the Terms of Reference, namely, Mr Massey and Mr Cleaver respectively; and 5. Note that an IJB Audit Plan will be prepared and presented at a future meeting of the IJB for approval.

<p>Report No. CRP-19-15-F</p>	<p>The Board considered a report which presented proposals to establish a Joint Clinical, Care and Professional Governance Committee.</p> <p>The Director of Corporate Services introduced the report and advised that under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB are required to have a Clinical Care and Professional Governance Committee (CCPGC) which will strengthen the formal governance arrangements.</p> <p>She drew attention to the diagram attached as an appendix that illustrates that there is a structure in place for the CCPGC to report to the NHS, IJB and the SIC on the specific duties and responsibilities relating to each. The Director of Corporate Services referred to the draft Terms of Reference and the proposed Membership and said that, given this would be a joint committee from all three agencies, the proposals required their approval, starting now with IJB.</p> <p>The Director of Corporate Services added that this IJB was the first to attempt a joint CCPG Committee and she hoped that it would be adopted and that a cohesive approach would mean that nothing would be missed which was important when working with the most vulnerable people in the community.</p> <p>Dr Bowie expressed concern regarding the membership and held the view that this was light on GP clinical participation. The Director of Corporate Services said that the membership reflects what is currently required by the Health Board's Clinical Governance Committee which is underpinned by wider clinical forums therefore this Committee would not be the only place clinical representation is provided.</p> <p>Dr Bowie explained that new BMA changes would be coming through in respect of general practice in 2017 that will lead to GPs becoming clinical leads in localities. She said that the membership is fine whilst the Medical Director is a GP but this could be lost if the representative is from the hospital or a different medical group.</p> <p>The Director of Community Health and Social Care commented that Dr Bowie made a good point and that GPs have a central role in localities. He said that the Medical Director collates views and concerns and puts forward papers on behalf of nursing and pharmacy teams and covers the full range of fields. He said however that it was important to ensure that these views are being collated but that would not be expected at Committee level and that the leading role would come from the Medical Director.</p> <p>Dr Bowie added that GPs have a role in the local committee and the area committee as well as in the community care centres where they see governance in action giving GPs a lot of expertise in this area and particularly GPs who are also trainers. It was suggested that the BMA changes be considered now rather than be required to change these arrangements again in 2017.</p>
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The Director of Corporate Services said that the formal arrangements at paragraph 2.2.2 lists those normally expected to attend and this is consistent with the current Clinical Care Governance Committee of the NHS. She advised that the Health Board, last week, approved changes to the standing orders in regard to the Clinical and Care Governance Committee. Should the IJB wish to make a change to the list it would be presented to the Health Board as well. This recommendation could be made but the Health Board will need to consider how GP representation is sought.

In response to a question from Mr Massie on paragraph 2.2.1 regarding patient forum representatives, Mr Massey explained that for lay representatives an invite is put to the Patient Focussed Public Involvement (PFPI) to attend.

Ms Beer referred to paragraphs 2.2.1 and 2.2.2 and in particular to the reference to “other Members...” and “officers” and asked if there was a suggestion of a greater right for either to attend. The Director of Corporate Services said that there is a distinction carried forward from the Health Board Clinical Care and Governance Committee that some representatives are expected to attend and there is a separate list of those that may attend.

In response to a question regarding who the representation on the Patient Forum would be and what part they would play, the Director of Corporate Services explained that this was a term in the NHS Clinical Governance Committee that is causing confusion. She explained that the role was about getting wider stakeholder input. Mr Massey advised that the Patient Forum would be made up from the Public Partnership Forum (PPF) and PFPI. He said that it was important to have lay representatives on the CCPGC to understand patient experience and opinion.

Mr Massey referred to Dr Bowie’s earlier point about GP representation on this Committee and said that he agreed. He explained that there have always been questions as to whether or not the representation of the Medical Director, on behalf of the Area Clinical Forum, goes far enough. He proposed that the IJB take a recommendation to the Health Board that GPs have a separate representative on the CCPGC.

At the request of a member, the Director of Corporate Services said that it was absolutely appropriate for the IJB to make recommendations to the Health Board.

Mrs Williamson said that the IJB was aware that clinicians have difficulty attending meetings as representatives from localities and asked if it was possible for the GP to be represented by someone in the Localities Team. The Chair advised that non-voting Members can put forward substitutes with prior notice to the Chair. Mr Fox agreed with Dr Bowie and Mr Massie and said that as matters move forward GP representation needed to be addressed.

	Mr C Smith moved that the Board approve the recommendations contained in the report with the addition of a sixth paragraph to take on board Mrs Bowie's point, supported by Mr Bokor-Ingram, Mr Massey and Mr Fox.
Decision	<p>The Integration Joint Board RESOLVED to approve:</p> <ol style="list-style-type: none"> 1. Approve the proposals for a Joint CCPGC and recommend the proposals to the Council and the Health Board for approval; 2. Approve the DRAFT Terms of Reference for the CCPGC at Appendix 1 and recommend the DRAFT Terms of Reference for approval by the Council and the Health Board; 3. Agree that the CCPGC once constituted will have delegated authority from the IJB to finalise the detail with regard to the operation of the clinical, care and professional governance framework and update the Terms of Reference accordingly; 4. Agree the appointment of the members of the new Joint Committee in accordance with the membership set out in the DRAFT Terms of Reference and more specifically; <ol style="list-style-type: none"> a. Appoint one voting member of the IJB who is a non-executive member of the Health Board, namely Ms Waddington and one voting member of the IJB who is an elected member of the Council as members of the CCPGC, namely Mr Fox; and b. Agree that the appointment of the Chair of the CCPGC will be made on behalf of the IJB by the Health Board; 5. Note that the Joint CCPGC cannot be established unless and until the proposals are approved by the Council and the Health Board and the appointments of all the members of the Joint Committee have been made; and 6. Recommend that the Health Board consider seeking specific GP representation on the list of CCPGC Membership.

06/15	IJB Risk Management Strategy
Report No. CRP-17-15-F	<p>The Board considered a report which presented a draft IJB Risk Management Strategy for approval and a first draft IJB Risk Register for consideration.</p> <p>The Director of Corporate Services introduced the report and expressed thanks to the Risk Management Officers of the Audit Risk and Improvement Team for their assistance and for compiling the Risk Register presented today.</p> <p>She explained that the IJB would be asked to consider two risk registers the first would be for the business of the IJB and the second would be to have an overview of services through the strategic plan. She said it was important to keep the two distinct so that the IJB is aware of its own risks.</p> <p>Ms Waddington suggested the addition of a risk relating to localities as part of the IJB register. It was agreed by the Director</p>

	<p>of Community Health and Social Care that he would liaise with Ms Waddington to agree a form of words for that entry.</p> <p>In response to a query, the Board were advised that the Risk Register was a live document and although it would be presented quarterly, as a minimum, it was important that members advise the Chief Officer of risks they have identified promptly. Changes/additions should be informed directly to the Chief Officer, Director of Community Health and Social Care, in order that the register is kept updated, and not wait until the next quarterly meeting.</p> <p>Mr C Smith moved that the Board approve the recommendations contained in the report, seconded by Mr Cleaver.</p>
Decision	<p>The Integration Joint Board RESOLVED to:</p> <ul style="list-style-type: none"> • approve the Risk Management Strategy for the IJB; and • discuss and advise the Chief Officer with regard to the IJB Risk Register.

07/15	IJB Participation and Engagement Strategy
Report No. CRP-16-15-F	<p>The Board considered a report which presented the IJB Participation and Engagement Strategy.</p> <p>The Director of Community Health and Social Care introduced the report and thanked L Saunders, CHCP Project Manager for her work in drafting the Participation and Engagement Strategy.</p> <p>The Director of Community Health and Social Care stated the importance of understanding the issues regarding localities and the need to add any risks to the risk register. He said that locality planning was also important and that engagement needs to be flexible and effective. In terms of Shetland wide engagement he referred to the Patient Focussed Public Involvement (PFPI) group set up on a locality basis and the need to build on the existing mechanism where communities come together. He said that an early refresh of the Strategy would be needed.</p> <p>Ms Beer referred to pages 21 and 26 of the strategy document and commented that there was a brief mention of the Carers' Link Group but that there was no mention of the group under status engagement. She provided a note of suggested wording for this and it was agreed that this would be provided to the Director of Community Health and Social Care.</p> <p>Mr Massie referred to page 15 and the review of the remit for Public Partnership Forums (PPF's) and in response to his query the CHCP Project Manager explained that Kathleen Carolan, the Director of Nursing and Acute Services, was looking to widen this Forum to include Social Care so that it is in line with Integration.</p>

	<p>She said that it was early days in setting up the project. Ms Watson added that Our Voice is also in the strategic document and the IJB and Health and Social Care activity seek to reassure there is engagement with the Scottish Health Council nationally and locally through Our Voice. The Director of Community Health and Social care said that one recommendation is for an action plan on how to engage and Ms Watson's expertise in that would be integral to the plan.</p> <p>Ms Waddington referred to the primary audience of the strategy and questioned whether it was intended to be accessible to anyone else. In that case she suggested that an executive summary be provided. In referring specifically to "Performance in respect of localities" on page 29, she understood from the introduction of the report that this was being progressed but the strategy does not say this. She said therefore that there should be more detail in the middle of the document that appeared to be missing. The Director of Community Health and Social Care said that this was the first strategy and was a work in progress but took on board the points raised. He said that an Executive Summary would be useful in linking to the national website.</p> <p>Ms Beer referred to page 20 Paragraph numbered 4 and suggested a correction namely: "<u>Voluntary Voice</u>. The newsletter goes out three times a year." and, change "On the <u>Voluntary Action Shetland</u> webpage there is a ..." to read "On the "Shetland Community portal website there is a....". It was agreed that the CHCP Project Manager would confirm the wording with Ms Beer.</p> <p>Mr C Smith moved that the Board approve the recommendations contained in the report with the changes being asked of the Chief Officer. Ms Waddington seconded.</p>
Decision	<p>The Integration Joint Board RESOLVED to:</p> <ul style="list-style-type: none"> • approve the IJB Participation and Engagement Strategy with amendments advised; and • instruct the Chief Officer to prepare an action plan for approval by the IJB by 31 December 2015

08/15	IJB Business Programme 2015/16
Report No. CRP-18-15-F	<p>The Board considered a report which informed of the planned business to be presented to the IJB for the financial year to 31 March 2016 and sought discussion with Officers regarding any changes or additions required to that Programme.</p> <p>The Director of Corporate Services introduced the report and explained that a date was still to be set for the fourth meeting of the IJB, but now that the Board had approved the core governance arrangements it was important to set a date. The Board will be advised of the date as soon as it was established.</p>

	<p>The Director of Corporate Services provided an overview of the business expected at the fourth meeting and that Dr Taylor would bring forward principles for the Strategic Planning Group. She also explained that the status of the Social Services Committee and CHP Committee was subject to approval by the IJB of a Strategic Plan. She explained that depending upon the IJB assuming its full role, reports would also come to the IJB so that Members remain fully informed and so that the IJB can set up the Strategic Plan in March. The Director of Corporate Services added that unless the IJB adopts the 2015/16 plan the business will remain with the Council and the NHS.</p> <p>At the suggestion of Mr Cleaver the Chair agreed that it would be useful to hold a workshop for the IJB to consider the pros and cons of adopting the 2015/16 Strategic Plan.</p> <p>Mr C Smith approved the recommendations contained in the report. Mr Fox seconded.</p>
Decision	<p>The Integration Joint Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. Consider the IJB Business Programme for the financial year to 31 March 2016 and 2. approve any changes or additions to the Business Programme.

The meeting concluded at 12.10p.m.

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CHAIR