



## MINUTE - PUBLIC

<b>Meeting</b>	Integration Joint Board
<b>Date, Time and Place</b>	20 November 2015 at 2.30 p.m. Bressay Room, NHS Headquarters, Montfield, Lerwick, Shetland
<b>Present [Members]</b>	<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 Bokor-Ingram, IJB Chief Officer  K Williamson, IJB Chief Financial Officer  S Gens, SIC Staff Representative  C Hughson, Voluntary Sector Representative  H Massie, Patient/Service User Representative  M Nicolson, SIC Chief Social Work Officer  J Unsworth, Senior Consultant: Local Acute Sector  E Watson, NHS Chief Nurse Community and ACF</p>
<b>In attendance [Observers/Advisers]</b>	R Roberts, NHS Chief Executive M Boden, SIC Chief Executive C Ferguson, Director of Corporate Services SIC S Taylor, Director of Public Health J Belford, Executive Manager Finance SIC J Riise, Executive Manager – Governance and Law SIC S Brunton, Team Leader – Legal SIC S Duncan, Financial Accountant SIC A Cogle, Team Leader – Administration SIC <i>[note taker]</i>
<b>Apologies</b>	<p><u>Voting Members</u>  None</p> <p><u>Non-voting Members</u>  S Beer, Carers Representative  S Bowie, Senior Clinician – GP  I Sandilands, NHS Staff Representative</p> <p><u>Observers/Advisers</u>  None.</p>

<b>Chairperson</b>	Mr C Smith, Chair of the Integration Joint Board, presided.
<b>Declarations of Interest</b>	None.
<b>09/15</b>	<b>Confirm minutes of meeting held on 25 August 2015</b>
	<p>The Board approved the minutes of the meeting held on 25 August 2015 on the motion of Ms M Williamson seconded by Mr G Cleaver.</p> <p>With reference to minute reference 05/15, the Chair advised that the Clinical Care and Professional Governance Committee proposals had been agreed at the last meeting, and had subsequently been approved by the NHS and SIC, and that it was agreed that substitutes may be allowed in particular circumstances, and in discussion with the Chair of the Committee.</p>
<b>10/15</b>	<b>Financial Recovery Plan</b>
<b>Report No. CC-51-15-F</b>	<p>The Board considered a report which set out the current financial pressures across both the Community Health and Social Care Directorate and Acute and Specialist Services Directorate.</p> <p>The Chief Officer outlined the terms of the report, indicating that the cost pressures for the NHS were considerable. The NHS Board, in preparation of the Financial Recovery Plan for 2015/16 overspends within the directorate, had committed to covering overspends for the health budgets in the directorate. Both the community and acute directorates will need to consider recurrent and non-recurrent savings, with an emphasis on non-recurrent savings where recurrent savings could not be generated. The 16/17 efficiency programme will be presented to the IJB at a future meeting, and as part of the process for agreeing a strategic plan for 2016-2019.</p> <p>Mr G Cleaver said he was pleased to receive clarity around the responsibility for the current position on overspends, and that clarity was welcomed as the relationship with the Council and the Health board moving forward had perhaps been a little misunderstood, and that it would be important to see a recovery plan and receive an understanding of how the scrutiny of that will proceed, and if it would be maintained as a Health Board risk.</p> <p>The Chief Officer said that the Strategic plan for 2016-19 would include an indication of the potential changes and the financial recovery plan would have to consider the detail of that. He confirmed that this would come to a meeting of the IJB in February, on the understanding that the cost pressures were not just for 2016/17 but beyond.</p>

Mr K Massey asked what levels of confidence the NHS had that the redesign process will come to fruition in years 2, 3 and 4, as the difficulty has been in meeting those targets in the past.

The NHS Chief Executive said that this was the most challenging position that the NHS has faced for some time, and it was not just in Shetland. He said the scale of the challenge for next year did make him question whether it could all be delivered in one year. In this regard the redesign process would have to be done in a managed way, with regard to recurring and non-recurring savings, but in a way that does not impact on services.

Mr G Cleaver asked for a wider understanding about how the challenges could be met, and if there was anything outwith the Health Board budget that could be used to assist the position. The Chief Officer said that, in terms of funding, there was some non-recurrent funding available, such as for innovation, and there was the Integrated Care Fund, to fund doing things differently. He said those were areas where there could be opportunities in terms of spend to save, but it would have to be considered carefully.

Mr B Fox said he had hoped that a recovery plan would have been in place before now, but he took on board what was being said, and understood the different way in which the Health Board budgets work, compared to the Council.

The Chief Officer said that the NHS received notification of the core Government allocation ahead the new financial year, and so there was some indication of the level of funding to be received. He said that this was not all the money that would be spent, as there was a significant amount of non-recurrent funding that NHS boards received every year, and there would be opportunities for the NHS to bid for particular initiatives. In this regard, the Chief Officer said there was less certainty at the start of the year with regard to income, including the level of charges for services [in the Council budgets], and in this regard it was very difficult to budget accurately at the start of the year. The Chief Officer went on to say that there had not been a deficit at the end of the year before in NHS Shetland, and it was hoped that will be the case again. He said there was a gap in terms of recurrent savings, but that could be covered with non-recurrent means, although it was proving increasingly difficult to sustain that approach in the long term.

Mr Cleaver said he welcomed the opportunity that this report had provided, and that the reassurances given were also welcomed.

Mr Smith said he was reassured with what he had heard today, but said it was important to be realistic and the plan should be presented to the IJB in February, and that the risks associated

	<p>with that plan and the timescales involved should be included.</p> <p>The IJB noted and agreed the actions being taken.</p>
<b>Decision</b>	<p>The Integration Joint Board noted the financial information presented in the report and the actions being taken and planned for and noted that, assuming the IJB approves the Strategic Plan for 2015/16, a detailed Financial Recovery Plan will be presented to a future meeting of the IJB.</p>

<b>11/15</b>	<b>Joint Strategic Commissioning Plan 2015-16</b>
<b>Report No. CC-48-15-F</b>	<p>The Board considered a report which presented the Joint Strategic Commissioning Plan, setting out plans for how resources are to be delivered through integrated services; how services will contribute to improving people's lives, health and wellbeing; and plans for change to improve the health, wellbeing and care of people in Shetland, as measured through national and local outcomes.</p> <p>The Director of Public Health introduced the report, advising that the IJB was being asked to approve the Joint Strategic Commissioning Plan, which services were working to in the current year 2015/16. The Director of Public Health went on to say that the Plan itself had been developed and built upon earlier plans and so the content would be familiar to the Board members. She said that adoption of this Plan would allow the IJB to assume its responsibilities for the functions delegated to it by the Council and the Health Board.</p> <p>Mr K Massey said that although the Plan was quite weighty, it was well laid out and easily read. With regard to long term conditions, Mr Massey said that a lot of work had been done from 2008 to 2011 and an annual plan was put forward. He asked if this Plan and the integrated approach would give enough reassurance on the work being done in this area, and if it would satisfy Government requirements for funding particular areas of work in relation to long term conditions. The Director of Public Health agreed there would be a cross over from previous plans into the integrated plan, and there were a lot of interdependencies and so classic integration was being met in terms of long term conditions. The Chief Officer said that things that have been put in place have kept the ball rolling. He said that keeping people in their own homes required teams to work together and it would be important for the services to capture how that was working, and the joint plan provided the opportunity to focus on how the medical health care model was integrating with the social care model, and provide a refocus on long term care.</p> <p>In response to questions, the Director of Public Health advised that the IJB would be informed of changes in delivery through regular reporting on outcomes and performance indicators. She</p>

	<p>said the IJB was required to take a long term view, and the next plan would be a three year plan and the outcomes within that plan would be monitored and reported, in order to give assurance to the IJB that the operational management of the delivery of services was supporting the strategic plan moving forward, including changes which the IJB was directing. She went on to confirm that the NHS Board would continue its role in performance monitoring, but the IJB would receive quarterly performance reporting that was previously reported to the Social Services and CHCP Committee. In this regard, the same level of scrutiny would be applied by the IJB to the operational issues around budgeting and service performance and that benchmarking with other IJBs would be considered as part of the reporting process.</p> <p>Mr B Fox asked if the issue regarding insurance for the IJB could be clarified. The Executive Manager – Governance and Law said that there was a general view amongst authorities that the IJB may be expected to find its own insurance cover. However, he said the IJB was a unique corporate body in that it's Scheme of establishment, which was subject to ministerial approval, stated that the Board would be underwritten by the Health board and the Council. He said that both of those organisations are covered by their relevant insurance, and liability for and any processing of claims would be processed through those insurances. In this regard, the Executive Manager – Governance and Law advised that a Memorandum of Understanding would have to be created between the SIC and the NHS, which would clarify where responsibilities lay and how any matters of joint liability would be handled. He undertook to provide IJB members with a briefing note on this matter, and that the Memorandum of Understanding would be developed, subject to input from the existing insurers.</p> <p>On the motion of Mr C Smith, seconded by Mr K Massey, the Board approved the recommendations in the report.</p>
<b>Decision</b>	The Integration Joint Board RESOLVED to approve the Joint Strategic Commissioning Plan for 2015-16.

<b>12/15</b>	<b>Proposed Establishment of Strategic Planning Group</b>
<b>Report No. CC-50-15-F</b>	<p>The Board considered a report which proposed the establishment of a Strategic Planning Group to support the integration of Health and Social Care in Shetland and the work of the Integration Joint Board.</p> <p>In response to questions from members of the Board, the Director of Public Health advised that the number and type of representatives to be included in the Group would depend in some respects as to how the structure for locality support would be organised, and some flexibility around locality representatives would be important. There was concern regarding the numbers</p>

	<p>to be involved, but the Chief Officer said that the right mechanisms would be put in place that suited the localities, but it was important to ensure wide engagement across all communities, ensuring that everyone was given the opportunity to be heard as part of the strategic planning process.</p> <p>On the motion of Mr C Smith, seconded by Mr K Massey, the Board approved the recommendations in the report.</p>
<b>Decision</b>	<p>The Integration Joint Board RESOLVED to approve the arrangements for establishing the Strategic Planning Group; specifically to agree:</p> <ul style="list-style-type: none"> <li>• The Terms of Reference</li> <li>• Membership</li> <li>• The appointment of the Chairman and Vice-Chairman</li> <li>• The establishment of the Group</li> </ul>

<b>13/15</b>	<b>Participation and Engagement Strategy – Action Plan</b>
<b>Report No. CC-53-15-F</b>	<p>The Board considered a report which presented the Participation and Engagement Strategy Action Plan for discussion and approval.</p> <p>With regard to Social Care representation on the PFPI Steering Group the Board noted that earlier decisions had been made to invite members from various groups of people and that work would be starting on that soon. The Chief Nurse (Community) confirmed that other ways of capturing feedback and patient opinion were being developed, with a view to ensuring that the Group were receiving information about patient and client experiences throughout Shetland.</p> <p>The Board approved the recommendations in the report on the motion of Mr B Fox, seconded by Dr C Waddington.</p>
<b>Decision</b>	<p>The Integration Joint Board RESOLVED to approve the IJB Participation and Engagement Strategy Action Plan.</p>

<b>14/15</b>	<b>NHS Public Health Annual Report 2015</b>
<b>Report No. CC-52-15-F</b>	<p>The Board considered a report which presented the Public Health Annual Report to bring public health to the forefront of IJB thinking.</p> <p>The Director of Public Health summarised the terms of the annual report, and explained the promotional activities the NHS would be undertaking over the next few years. She also commented on the important role that a range of health and care staff provide and how the work they do contributes to the overall public health outcomes. In response to questions, she advised on the promotional work being done in terms of healthy eating, and how the NHS and SIC would be leading by example through</p>

	<p>a range of activities being developed by the Health Improvement Team.</p> <p>The board approved the recommendations in the report, on the motion of Mr C Smith, seconded by Mr K Massey,</p>
<b>Decision</b>	<p>The Integration Joint Board:</p> <ol style="list-style-type: none"> <li>1. Received the Public Health Annual Report;</li> <li>2. Supported efforts to improve the public health in Shetland through the promotion of healthy eating;</li> <li>3. Support public health work on 'investing to save' to reduce long term preventable morbidity and mortality.</li> </ol>

<b>15/15</b>	<b>Joint Strategic Commissioning Plan 2016-2019</b>
<b>Report No. CC-49-15-F</b>	<p>The Board considered a report which presented the draft Joint Strategic Commissioning Plan for 2016-19.</p> <p>The Director of Public Health introduced the report, and advised that this version was in draft at this stage. She said that the structure and layout had been agreed, but content would adapt and change as other matters emerge and develop over the next few months and will provide further detail for the IJB to approve the Plan. She went on to explain, in response to questions, that the Strategic Planning Group would ensure that stakeholder input was received, particularly from the third sector, and that services would be required to explain the impact of cuts or savings and that this would provide further detail for the next version on impacts and risks.</p> <p>In response to further questions regarding the HR section, the Director of Public Health explained that matters regarding recruitment were being looked at for this year, and those considerations would provide more detail for the 16/19 plan as those matters develop. She agreed that summarising information against the national health and wellbeing outcomes was a helpful suggestion and would be looked at.</p> <p>The Director of Public Health went on to explain that the IJB would want to know the number of services it was responsible for and further work would be done on developing outcome focused planning,</p> <p>The Chief Officer advised that the Older Peoples Strategy would have an impact on the content of the Plan in future years, as well as any matters that come through the Council or Health Board's corporate plans. He said the changing need and demographics will bring changes in Council budgets, and in this regard the 3 year Plan will be different from the current Plan.</p>
<b>Decision</b>	The Integration Joint Board noted the draft Joint Strategic

	Commissioning Plan for 2016-19.
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<b>16/15</b>	<b>Directorate Service Plan 2016-17</b>
<b>Report No. CC-56-15-F</b>	The Board considered and noted a report which presented the final edit of the Community Health and Social Care Directorate Plan for 2016/17, aligned with the Council's Corporate Plan and NHS Shetland's Local Delivery Planning process.
<b>Decision</b>	The Integration Joint Board APPROVED the Directorate Plan 16/17.

<b>17/15</b>	<b>2016/17 SIC Budget and Charging Proposals</b>
<b>Report No. CC-57-15-F</b>	<p>The Board considered a report which enabled understanding of the controllable budget proposals for the services within their remit.</p> <p>The Chief Financial Officer summarised the terms of the report, and explained the NHS set aside budgets. He agreed that it would be helpful for more clarity to be provided around those integrated services for which the IJB had delegated responsibility for and that the format of the information provided to members of the IJB during their induction programme would be useful. In particular, the IJB noted that a number of off island services were commissioned by the NHS which was included within the budgets illustrated, such as Mental Health Services.</p> <p>In response to questions regarding the NHS efficiency target of £1.057m for 2016/17, the Chief Officer confirmed that a recovery plan was being worked on and would be presented to the NHS to ascertain what was achievable and then reported to the IJB.</p> <p>The IJB noted and recommended the report to the Council and the Health Board, subject to future reports containing more clarity around the responsibility for delegated services and functions.</p>
<b>Decision</b>	The Integration Joint Board recommended the budget allocations for the delegated functions to the Council and the Health Board.

<b>18/15</b>	<b>Appointment of Members to the Shetland Partnership Board</b>
<b>Report No. GL-52-IJB</b>	<p>The Board considered a report which sought appointment of a member and a substitute to the Shetland Partnership Board (SPB).</p> <p>On the motion of Mrs M Williamson, seconded by Mr G Cleaver, the IJB appointed Mr C Smith as the IJB member of the</p>



	<p>Shetland Partnership Board. On the motion of Mr C Cleaver, seconded by Mr K Massey, the IJB appointed Dr Waddington as substitute.</p> <p>On the suggestion of Mrs M Williamson, the IJB agreed to ask the Shetland Partnership Board to considering appointing both Mr Smith and Dr Waddington as substantive members, given the large resources that the IJB now controlled.</p>
<b>Decision</b>	<p>The Integration Joint Board RESOLVED to:</p> <ul style="list-style-type: none"> <li>• appoint one substantive member to the Shetland Partnership Board, namely Mr C Smith;</li> <li>• appoint one substitute member to the Shetland Partnership Board, namely Dr C Waddington; and</li> <li>• ask the Shetland Partnership Board to consider giving the IJB two substantive positions on the Board.</li> </ul>

<b>19/15</b>	<b>IJB Business Programme 2015/16</b>
<b>Report No. GL-49-IJB</b>	<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.</p> <p>Mr G Cleaver referred to the meeting of the Social Services Committee planned for 24 November and asked if performance reporting should now be coming to the IJB. The Executive Manager – Governance and Law said the Social Services Committee had come to end and this would be formally notified to the Council at its next meeting. However, he said it was considered logical for the Committee to have a final meeting on 24 November to consider the Q2 performance information for matters on which the Social Services Committee and the CHCP Committee had overseen, and that Q3 performance and beyond would now come to the IJB.</p> <p>With regard to future reports the IJB agreed the following should be added to the Programme, with dates to be agreed:</p> <ul style="list-style-type: none"> <li>• Mental Health Action Plan Update</li> <li>• ANP/Lerwick Health Centre Update</li> <li>• Intermediate Care Team – first year update</li> <li>• Financial Recovery Plan 16/17</li> <li>• Insurance Update</li> </ul>
<b>Decision</b>	<p>The Integration Joint Board considered its planned business for the financial year to 31 March 2016 and RESOLVED to approve the Business Programme with the additional reports:</p> <ul style="list-style-type: none"> <li>• Mental Health Action Plan Update</li> <li>• ANP/Lerwick Health Centre Update</li> <li>• Intermediate Care Team – first year update</li> <li>• Financial Recovery Plan 16/17</li> <li>• Insurance Update</li> </ul>

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The meeting concluded at 5 p.m.

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CHAIR