



## MINUTE - PUBLIC

<b>Meeting</b>	Integration Joint Board
<b>Date, Time and Place</b>	Monday 29 February 2016 at 11.30am Council Chamber, Town Hall, 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 Beer, Carers Representative  S Bokor-Ingram, Chief Officer  S Bowie, Senior Clinician – GP <i>(by videoconference)</i>  S Gens, SIC Staff Representative  C Hughson, Third Sector Representative  H Massie, Patient/Service User Representative  M Nicolson, Chief Social Work Officer  I Sandilands, Staff Representative  J Unsworth, Senior Consultant: Local Acute Sector  E Watson, NHS Chief Nurse Community and ACF  K Williamson, Chief Financial Officer</p>
<b>In attendance [Observers/Advisers]</b>	<p>J Belford, Executive Manager – Finance, SIC  S Brunton, Team Leader – Legal, SIC  C Ferguson, Director of Corporate Services, SIC  S Morgan, Executive Manager, Adult Social Work, SIC  S Taylor, Director of Public Health, NHS  L Geddes, Committee Officer, SIC <i>[note taker]</i></p> <p>Also:  J Macleod, Performance and Improvement Adviser, SIC  A Sutherland, Partnership Officer, SIC  E Gray, Senior HR Adviser, NHS</p>
<b>Apologies</b>	<p><u>Voting Members</u>  None</p> <p><u>Non-voting Members</u>  None</p>

	<u>Observers/Advisers</u> R Roberts, Chief Executive, NHS M Boden, Chief Executive, SIC
<b>Chairperson</b>	Mr C Smith, Chair of the Integration Joint Board, presided.

<b>Declarations of Interest</b>	None.
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<b>06/16</b>	<b>Care Inspectorate and Healthcare Improvement Scotland Joint Inspection of Health and Social Work Services for Older People in Shetland</b>
<b>Report No. CC-02-16-F</b>	<p>The IJB considered a report which presented the Care Inspectorate and Healthcare Improvement Scotland's inspection report for health and social work services for older people in Shetland.</p> <p>The Executive Manager – Adult Social Work summarised the main terms of the report, outlining the main findings and recommendations, the proposed response, and the work that had been taken forward over the last few months. Of the five reports which had been published in Scotland, none had received a “very good” rating. The report that had been received for Shetland was generally a good inspection report, which highlighted positive personal outcomes, the motivated staff and strong services and sense of community. Care at Home and the voluntary sector had not been inspected, but their positive contribution had also been noted. The Action Plan had to be agreed with the inspectors, and this should be done in the next few weeks.</p> <p>He advised that throughout the report and action plan, the inspectors made references to the “Shetland Partnership”. This was very misleading as what the inspectors were actually referring to was community health and social work services in Shetland, and not the Shetland Community Planning Partnership which used this name. This would therefore be highlighted to the inspectors so that it could be changed.</p> <p>The Executive Manager – Adult Social Work and Chief Officer then responded to questions, and the Board noted the following:</p> <ul style="list-style-type: none"> <li>• The inspectors had acknowledged that the service was well resourced, and the challenge would be around maintaining the service in the current financial climate and changing demographics. It was likely that there would have to be some difficult decisions in future as to what to stop doing, as trying to maintain everything was likely to lead to a drop in quality.</li> <li>• The inspection took place one year ago, and looked at a two-year period prior to that. So some of the statements in</li> </ul>

the report did not reflect current practice as a result of changes that had been made in that time. This was particularly relevant in terms of the work that had been done in respect of delayed discharges. A lot of resources had been put in to reduce delayed discharges and secure better outcomes over this period.

- Care at Home inspections were carried out separately from this type of inspection. This particular inspection focused on the outcomes for individual people - following up information on case files and speaking to people and their carers. Service inspections focused on the performance of the service, and would consider things like care plans and buildings.
- Care services on the mainland had seen huge improvements in recent years, and this reduced the differential between local services and those on the mainland. However services locally were still performing at a high level, and no significant concerns were being flagged up.
- Action Point 5 noted that there had been a period of instability regarding the management structure, and it had been pointed out that it was important for people to be in post to help with strategic planning.
- The action plan had been produced in response to the recommendations received, rather than as an attempt to relate them to performance indicators.

Mrs Hughson advised that she had found that some of the statements in the report in relation to the third sector – which had not been inspected as part of this report – were inaccurate, and she had advised the Care Inspectorate accordingly. The draft report was not available to stakeholders prior to publication, and the report could not be changed at this stage. It was therefore important that in the spirit of equal partnership, draft reports were made available to all stakeholders so that they could comment on accuracy.

Mr Unsworth advised that it would be appropriate for himself and Dr Bowie to be involved in taking forward points referred to in the action plan relating to the delayed discharges, adult protection, and the development of an overarching plan to identify priorities for self-evaluation.

It was suggested that the work going on to procure joined up services was something that should be reflected in Action Point 9.

It was further suggested that seminars should be held in order to promote a better understanding of the work being undertaken in

	<p>respect of Action Points 4, 6 and 7, and how this related to the role played by the IJB.</p> <p>Mr Smith moved that the IJB approve the recommendations in the report, with the amendment that a further update on the action plan is presented to the IJB in three month's time from the date of this meeting rather than six.</p> <p>Mrs Williamson seconded.</p>
<b>Decision</b>	<p>The IJB discussed the content of the action plan and agreed that actions are being progressed in a suitable timescale.</p> <p>The IJB agreed that a further update on the action plan is presented to the IJB in three month's time from the date of this meeting.</p>

<b>07/16</b>	<b>Equality Outcomes &amp; Mainstreaming Report</b>
<b>Report No. CC-14-16-F</b>	<p>The IJB considered a report which sought approval of the Shetland Integration Joint Board Equalities Mainstreaming Report and Equality Outcomes 2016-7.</p> <p>The Senior HR Adviser and the Partnership Officer introduced the report, advising that all IJBs would be required to ensure they were compliant with the relevant legislation by 30 April 2016. The report presented today was a one-off report to demonstrate how the IJB was specifically working towards meeting the outcomes, as opposed to the work that was already being carried out by the Council and NHS Shetland. By 2017, a new four-year set of outcomes would have to be published. An Equal Pay Statement was also required under the legislation, despite the IJB not being an employer.</p> <p>The Senior HR Adviser, the Partnership Officer and the Chief Officer then responded to questions, and the Board noted the following:</p> <ul style="list-style-type: none"> <li>• The Equal Pay legislation was not about parity of terms and conditions across organisations, but about the organisation looking at the people it employed and ensuring that, for example, men were not paid more or less for work of equal value. It was acknowledged that the IJB had no employees, but that they could ensure they were behaving in an ethical and proper manner, and following due process in procurement methods and the commissioning of services. Some clarity could be added to ensure that this was clear in the report.</li> <li>• Protected characteristics legally did not include deprivation or social inequality. However the Shetland Inequality Commission would be publishing its final report soon, and the evidence bank it created would be used for developing</li> </ul>

four year outcomes.

- The report was not necessarily about increasing levels of service, but about closing the gap to ensure that services were accessible to all, including those with protected characteristics, and to consider reasonable adjustments that may be required to make sure that this was the case.
- It was envisaged that to monitor organisations that commission services, the agencies involved would continue to share equality outcomes and equality mainstreaming reports. Further clarification was expected from the Equality and Human Rights Commission regarding accountability if the IJB did not meet requirements in respect of monitoring the impact of practices in line with the requirements of the Equality Act 2010.

It was suggested that a paragraph be added to the report to explain the meaning of equal pay, that further guidance was awaited, and to explain what would be done to bridge the gap until the production of the report next year.

It was noted that this was not the purpose of the Equal Pay Statement or this Equality report, but pointed out that the third sector organisations usually received funding on an annual basis. They very rarely received 100% of the recovery costs and it was a struggle to get pension costs included. Because of this, it would be difficult for third sector organisations to meet the objectives of the Equal Pay statement.

The Director of Corporate Services pointed out it was important to bear in mind that the report related to the IJB only, and it would be for each individual organisation to set their own terms, conditions and pay levels – this would not be the responsibility of the corporate body. However there was an indication that there may be changes in the way the Scottish Government made funding available via the NHS relating to the minimum wage paid by organisations that were commissioned to provide services through the Council in terms of social care services. There was no commitment at this stage to suggest the IJB should look to harmonise terms and conditions for agencies providing care and the third sector.

It was noted that in 2017, new GP contracts would be coming out and the IJB would have to set up some sort of commissioning group to employ practice staff. There was concern that some staff would lose out in future, and this was causing some anxiety for GPs and their staff.

The Chief Officer advised that there was some uncertainty around this, and more detail should be issued at the end of May. However the information available so far suggested that it was intended that the IJB would be a commissioner rather than an employer, so there would be an opportunity for the NHS and

	<p>Council to look at the way primary care staff were employed.</p> <p>Mr Smith moved that the Board approve the recommendations in the report with that addition, and Mr Cleaver seconded.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• Noted the duties that the Integration Joint Board is now subject to, following the inclusion of Integration Joint Boards into the Equality Act 2010;</li> <li>• Approved the Integration Joint Board Equality Outcomes and Mainstreaming Report 2016-7;</li> <li>• Approved the proposed arrangements for ensuring IJB is compliant from 2017;</li> <li>• Agreed that a paragraph should be added to the report to explain the meaning of equal pay, that further guidance was awaited, and what would be done to bridge the gap until the production of the report next year.</li> </ul>

<b>08/16</b>	<b>Performance Overview (including IJB Risk Register)</b>
<b>Report No. CC-11-16-F</b>	<p>The Board considered a report which summarised the activity and performance of the functions delegated to the IJB.</p> <p>The Chief Officer summarised the main terms of the report, highlighting in particular that the key areas for the IJB to note were that workforce sickness rates were showing some improvement, there was an improvement in the percentage of offenders commencing supervision within seven days of being sentenced, and that the figure relating to no readmissions to hospital for the number of early supported discharges by the Intermediate Care Team was being maintained.</p> <p>The Chief Officer then responded to questions, and the IJB noted the following:</p> <ul style="list-style-type: none"> <li>• More capacity and work was needed for joint workforce planning to develop and move on, and the timescale for each organisation linked to the budgeting process.</li> <li>• It was possible that the sickness figures may be affected by the requirement for staff to stay away from work for 48 hours until they were clear of the symptoms of their illness, but this was not counted as sickness absence in relation to this particular indicator. It was different for the Council, and there had been some discussions with Human Resources relating to this 48 hour exemption and how the differential would be monitored and recorded between the two organisations.</li> </ul>

	<ul style="list-style-type: none"> <li>• Overtime hours for the Community Health and Social Care Directorate had been higher for the third quarter than the second. There had been recent success in recruiting to a number of posts, so this would mean that the figure in future would reduce. However it was difficult to predict demand for services. If people required care packages, these had to be provided, and this may require the use of overtime.</li> <li>• Figures in respect of admission rates to psychiatric hospitals in 2014/15 would be populated. Nationally further information was awaited regarding the core suite of indicators, and more pressure would be applied to see if these could come through as soon as possible.</li> <li>• A group was currently working on integrating information regarding telecare and telehealth with anticipatory care planning, and making sure that the skills and knowledge around telecare were built into these anticipatory care plans in localities.</li> </ul> <p>It was noted that mental health groups had been expressing concerns from carers that changes in the way mental health diagnoses were carried out meant that people were falling out of the system and back on to carers.</p> <p>It was suggested that it would be useful to get more information in respect of complaints, as it may be possible to identify the common types of issue that were being raised.</p> <p>It was commented that there was currently a lack of joint dialogue in respect of telecare and telehealth, and that there was a need for more engagement between GPs, the NHS and the Council in relation to this and anticipatory care planning.</p>
<b>Decision</b>	The IJB commented on, reviewed and directed upon issues which they saw as significant to sustaining and progressing service delivery.

<b>09/16</b>	<b>Financial Monitoring Report to 31 December 2015</b>
<b>Report No. CC-13-16-F</b>	<p>The Board considered a report which provided an update on the management of financial resources, outlined the overall financial position for the 2015/16 year as at the end of Quarter 3, and advised the projected year end outturn.</p> <p>The Chief Financial Officer summarised the main terms of the report, highlighting that the forecasted year end position was an overall favourable variance of £647,000. This represented an underspend in SIC of £1,844,000 and an overspend in NHSS of £1,197,000. The underspend in SIC was of a fortuitous nature and would therefore be returned to the Council, leaving a break even position in the SIC arm of the operational budget. A</p>

	<p>recovery plan was required to balance the overspend in the NHSS arm of the budget, and the IJB budget as a whole. NHSS was currently forecasting a break even position through the use of fortuitous non-recurrent funding to underwrite any shortfall, therefore the IJB should break even for 2015/16. He went on to highlight the main variances in the budget, which were outlined in the report.</p> <p>The Chief Financial Officer, Chief Officer and Director of Corporate Services then responded to questions, and the IJB noted the following:</p> <ul style="list-style-type: none"> <li>• The overall uptake of meals had fallen in Community Care Resources, as there were other ways in which people were purchasing meals, for example by supermarket delivery. However the costs still remained as they were fixed costs.</li> <li>• The references to “fortuitous” savings were an attempt to differentiate between recurrent savings which had been achieved through planning and planned initiatives, and those which had occurred due to a particular set of circumstances. Given the current financial pressures, the IJB would be keen to see recurring savings. At the end of the financial year, money saved via fortuitous savings would be repaid to the parent body. Otherwise the money could be carried forward and used for funding.</li> </ul>
<b>Decision</b>	<p>The IJB noted:</p> <ul style="list-style-type: none"> <li>• The Management Accounts for the 2015/16 year as at the end of the third quarter;</li> <li>• The projected outturn position at Quarter 3; and</li> <li>• The pressures in NHS Shetland’s (NHSS) budget in 2015/16 and future years.</li> </ul>

<b>10/16</b>	<b>Letter to Scottish Government</b>
<b>Report No. CC-12-16-F</b>	<p>The IJB considered a report which sought approval of a draft letter to the Scottish Government expressing the IJB’s concern regarding the current non-alignment of budgeting and the undue pressure on decision making at a local level.</p> <p>The Chief Officer summarised the main terms of the report, advising that the letter reported on the difficulties that the difference in timescales caused for both bodies.</p> <p>On the motion of Mr Fox, seconded by Mr Cleaver, the IJB approved the recommendation in the report.</p>
<b>Decision</b>	The IJB considered and RESOLVED to approve a letter from the IJB Chair, on behalf of the IJB, to Scottish Government.



	<i>(Mr Sandilands left the meeting)</i>
<b>11/16</b>	<b>Financial Recovery Plan 2016/17</b>
<b>Report No. CC-15-16-F</b>	<p>The IJB considered a report which presented the Financial Recovery Plan 2016/17, setting out the anticipated financial pressures for the IJB which relate to the pressures within the NHSS budgets for directly managed and set aside services for 2016/17.</p> <p>The Chief Officer summarised the main terms of the report, advising that there were considerable pressures on the NHSS part of the budget which required the development of a recovery plan focusing on NHSS budgets. The plan was being developed ahead of the 2016/17 financial year, as it was clear that the savings schemes for NHSS budgets would not deliver the full year effect in every case. There would be a gap between the expected savings and the schemes being generated, and discussions would have to take place regarding how to bridge this gap.</p> <p>Concern was expressed regarding how the savings gap would be met and how the IJB could continue to meet its aspirations. Concern was also expressed at the lack of information in the report regarding the level of risk for the IJB and what could be seen as high level risk and what could be controlled. It was suggested that the IJB was already in a position where it should be opening dialogue with the Scottish Government.</p> <p>On the motion of Mr Smith, seconded by Mr Cleaver, the IJB approved the recommendation in the report, with the amendment that a report is presented every meeting cycle.</p>
<b>Decision</b>	The IJB noted the progress and the work that is in hand on the Financial Recovery Plan, and the actions being taken and planned for. Further reports will be brought to each cycle of IJB meetings with more detail on specific projects.
<b>12/16</b>	<b>Insurance Arrangements for the IJB</b>
<b>Report No. CC-16-16-F</b>	<p>The IJB considered a report which related to the insurance arrangements for the IJB, and sought a decision regarding how to proceed in relation to the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).</p> <p>The Chief Officer summarised the main terms of the report, advising that the IJB does not hold insurance for its activities as a separate entity. There were unlikely to be any claims arising out of its activities, but it was recommended that cover was arranged, and 12 out of the 31 IJBs had already applied to join CNORIS.</p>

	On the motion of Mr Cleaver, seconded by Ms Williamson, the IJB approved the recommendation in the report.
<b>Decision</b>	The IJB agreed to apply to join CNORIS, the Clinical Negligence and other Risk Indemnity Scheme.

The meeting concluded at 1.30pm.

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CHAIR