



Shetland Islands Council



MINUTE - PUBLIC

Meeting	Integration Joint Board
Date, Time and Place	Wednesday 27 April 2016 at 2.00pm 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 Bokor-Ingram, Chief Officer S Gens, SIC Staff Representative C Hughson, Third Sector Representative H Massie, Patient/Service User Representative I Sandilands, Staff Representative E Watson, NHS Chief Nurse Community and ACF</p>
In attendance [Observers/Advisers]	<p>D Morgan, Service Manager Mental Health, NHS D Morgan, Executive Manager Community Care Resources, SIC J Robinson, Executive Manager Allied Health Professionals, SIC C Scott, Executive Manager Adult Services, SIC J Sutherland, Team Leader – Supported Living, SIC L Watt, Service Manager Primary Care, NHS L Gair, Committee Officer, SIC <i>[note taker]</i></p> <p>Also: L Hall, Human Resources, NHS S Henderson, Management Accountant, SIC J Riise, Executive Manager Governance and Law, SIC</p>
Apologies	<p><u>Voting Members</u> None</p> <p><u>Non-voting Members</u> S Beer, Carers Representative K Williamson, Chief Financial Officer</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.
---------------------------------	-------

Minutes of meetings	<u>4 February 2016</u> The minutes were approved on the motion of Ms Waddington and Mr Cleaver
	<u>29 February 2016</u> With the exception of the following the minutes were approved on the motion of Mr Fox seconded by Mr Smith: Min Ref 06/16, paragraph 11 remove the words “- which had not been inspected as part of this report -”

13/16	External Audit Reports – Care Inspectorate
Report No. CC-19-16-F	<p>The IJB considered a report which presented the findings of the Care Inspectorate’s unannounced full inspections of Edward Thomason & Taing Support Service, Fernlea Care Home, Nordalea Care Home, Overtonlea Care Home and Walter & Joan Gray Care Home. The report also includes an update on the follow up inspection of Isleshavn Care Home and North Haven Care Home.</p> <p>The Executive Manager Community Care Resources, introduced the report and advised that the main area to be developed is the way in which staff record and deliver meaningful activity. She said that this was to ensure that activity is evidenced within the support plan and care plan particularly where residents are not able to participate in organised activities.</p> <p>In responding to questions the Executive Manager Community Care Resources explained how staff managed to achieve a good result whilst balancing reduced resources. She advised that there had been a change in need in residential care, in terms of meeting the emotional, physical and psychological needs of individuals. The service takes a more person centred approach and it also involves family and friends for psychological support. She said there is a need to streamline processes so as to minimise the time spent on paper work. The Executive Manager Community Care Resources said that there may be a need for additional staffing but it is important to ensure that the service is as efficient as possible. She explained that there is the right staffing level in place at the moment to get the scoring grades but with the correct policy, procedures and process in place it is hoped that the service will achieve “very good” grades across all sites in the future.</p> <p>The Executive Manager Community Care Resources advised that in the last few years the care inspectorate changed to only carrying out unannounced inspections. She confirmed that the inspections are looking for continuous improvement.</p>

	<p>The Executive Manager Community Care Resources was asked if the recruitment issues impacted on the scoring and she explained that staff had done well in the last two years to maintain good quality care. Care provision was a priority and this unfortunately led to some of the more admin focused tasks not being completed. She said she was proud to work for a service whose staff were committed, hard working and caring.</p> <p>The Chief Officer acknowledged that the service had maintained the minimum level of staff required by the inspectorate and staff maintained their records in the extra hours they were working.</p> <p>The Chair moved that the IJB approve the recommendations and that an update report be presented in 6 months time. Ms Waddington seconded.</p>
Decision	<p>The IJB considered the reports on the named services and agreed that the required actions of each care home will be monitored by the Executive Manager Community Care Resources and an update report presented in 6 months time.</p>

14/16	External Audit Reports – Care Inspectorate Newcraigielea Services
Report No. CC-24-16-F	<p>The IJB considered a report which presented the findings of the Care Inspectorate's unannounced inspections of Newcraigielea Care Home Service (Short Break and Respite) and Newcraigielea Support Service (Day Care).</p> <p>The Executive Manager Adult Services, introduced the report.</p> <p>During discussions, it was considered that the detail of the care inspectorate reports should be presented to the Clinical Care and Governance Committee and/or the IJB Audit Committee to ensure that the correct level of scrutiny is in place before it is presented to the IJB. In response to a question on when the Audit Committee and Clinical Care and Governance Committees will start and how the reporting mechanism will work, the Executive Manager – Governance and Law advised that there would be an Audit Committee in June ahead of the next IJB. He explained that there would be changes to the meeting dates in June due to the referendum. He said that at the first meetings of these Committees there will be an item presented where the role and remit would be clarified. The Executive Manager – Governance and Law said that he anticipated that inspection reports would be presented to both Committees and but it was important that the right reports are delivered to the correct Committees and for the right reasons.</p> <p>In response to a question on the improved rating for Management and Leadership the Executive Manager Adult Services advised that there had been interim arrangements in</p>

	<p>place and changes in this area, in parallel with organisational changes and having a pastoral team in place means that the structure is sufficient and consistent to allow work to develop.</p> <p>A request was made that the covering reports presented to meetings include more specific information relating to corporate priorities and strategic aims so that these are relevant to the subject of the report. It was suggested that this would direct the conversation in the right way and be more visible to those reading the papers. The Executive Manager – Governance and Law agreed that this was the intention of the covering report and advised that there is also a need to focus on risk but this would improve as reporting gets better.</p> <p>Mr C Smith approved the decision set out in the covering report, seconded by Mr Fox.</p>
Decision	The IJB considered the reports on the named services and noted the standards of care provided by these services.

15/16	Action Plan: Mental Health Review (2013)
Report No. CC-21-16-F	<p>The Board considered a report which presented a new and refreshed Mental Health Review (2013) Action Plan, setting out the key actions for 2016/17 and aligning these to the content of the Strategic Plan for 2016-19.</p> <p>The Chair advised the IJB that Ms Beer had provided her comments, in her absence, on the remaining items of business on the agenda and this had been circulated to those present. The Chief Officer advised that he would provide a response to Ms Beer upon her return.</p> <p>The Service Manager Mental Health, introduced the report and was asked about Grampian and Cornhill inpatient services and how that works with Shetland and why the inpatient service is not part of the strategy. It was noted that there is a £1¼m/year spent on inpatient services. The Service Manager Mental Health was also asked about the level of engagement with these services and whether the spend can be brought down. The Service Manager Mental Health explained that work had been done in the last 18 months in this area and advised that the number of people that had to go to Cornhill had reduced. The costs improved and this will show in the next couple of years. He said that he expected that there would be ongoing opportunity to influence and shape the relationship that Shetland has with these services. It was suggested that the strategy include how the relationship will proceed.</p> <p>The Chief Officer commented that there will be opportunity to refresh the plan but noted that fewer people had reached crisis point. He advised that there are currently 2 psychiatrists and more CPNs in place which means that there is more ability to</p>

respond to needs locally. The Chief Officer said that the refreshed plan would look at the entire pathway and he would like to see the experience improved for those going off-island and when they return.

Comments were made on the amount of work that had been undertaken and assurance was sought that proposals going forward would meet the requirements of Mental Health users. The Service Manager Mental Health said that plans were in place for a 21st Century Health Service with changes to the way the health service is delivered. The Chief Officer advised that external support was brought in providing an external view which he said had been invaluable and he assured the IJB that matters were moving in the right direction.

A request was made for a refreshed action plan and timeframe.

In response to a question regarding crisis support, the Service Manager Mental Health explained that this ties into the evolving situation with the changing model of clinical care.

Ms Waddington commented that the role of the IJB is to monitor the outcomes and performance and this action plan would be amended and asked if it could be organised according to the performance indicators. The Service Manager Mental Health agreed.

Reference was made to page 7 of Appendix 1 and it was noted that the build up of staff capacity in Shetland would not only benefit clinical care but it would also be financially beneficial with Cornhill being used less. However it was suggested that the role that GPs play in remote practices, as first point of call for patients developing psychiatric issues, should be included with an enhancement of their ability to react on the front line. The Service Manager Mental Health explained that the redesigning of services would ensure resources are in place and whilst focus had been on crisis, officers were now in a position to focus on Primary Care all the way through. He also confirmed that there is a strategy for Education Scotland which has courses to increase confidence, which was being looked at in terms of training for other practice staff in this area, and how that can be delivered locally.

The Chief Officer advised that the localities paper was not specific to mental health but was part of the care that services need to provide. He said that it is more than physical and more understanding is needed around dealing with patients early on by de-escalation or referral. He said that it is about staff having a range of skills and ensuring generic skills are extended beyond mental health and the importance of localities in delivering this is key to supporting the direction of travel.

Mr C Smith moved that the IJB approve recommendations 4.1.1 and 4.1.2 with the addition that an update be provided in three

	months time. The IJB agreed.
Decision	The Integration Joint Board reviewed and discussed the content of the Mental Health Review (2013) Action Plan and agreed that a refreshed and updated Mental Health Action Plan be presented to the IJB in three months from the date of this meeting.

16/16	Draft Primary Care Strategy
Report No. CC-25-16-F	<p>The Board considered a report which provided the draft Primary Care Strategy for Shetland, together with a high level implementation plan.</p> <p>The Service Manager Primary Care, NHS introduced the report and advised that the new Scottish GP contracts would be released shortly but until the content of that guidance is known she was unsure how it would impact on the action plan. She confirmed that there were transitional arrangements set out in page Primary Care Strategy – Action Plan and as work was ongoing she could provide the IJB with more information.</p> <p>In response to questions, Ms Hall confirmed that exit interviews are offered but is not mandatory. The Service Manager Primary Care confirmed that GP practices work closely with the Red Cross and RVS in regard to ambulance services but this could be expanded on. She also confirmed that she would be happy to align the Action Plan with the timeline and take points from the executive summary to the IJB meetings. The Service Manager Primary Care informed the IJB that the post of Manager for Lerwick Practice had been advertised three times but with no recruitment success, and discussion had taken place by the NHS Board and the practice who were looking at the balance between practical and clinical management where it was hoped that there would be more progress with this requirement in the next few weeks.</p> <p>The Service Manager Primary Care was asked for her comment on the current situation in England in terms of the doctor's dispute and whether there would be a movement of Doctors to Scotland. The Services Manager Primary Care said that this was not something that she could comment on but went on to explain Shetland's position in term of recruitment and the opportunities around training as well as the good living and working experience that may encourage GPs to stay in Shetland. She confirmed also that GPs in Shetland have been heavily involved in the strategy and their views have been included. The Service Manager Primary Care also advised of a model in practices that share backroom functions and this may be something that can be developed more.</p> <p>The Chief Officer responded to a question relating to how localities would be managed if GPs do something different from</p>

	<p>the localities and IJB. The Chief officer explained that the Strategy underpins the IJB and its strategic aims. He said that GPs still need to come to the IJB around the use of resources and look at the aims of the localities to try to meet their needs.</p> <p>The IJB paid tribute to the Service Manager Primary Care for her work in Primary Care and as the Lerwick Practice Manager and was hoped that a successful recruitment process would help her.</p> <p>Mr C Smith moved that the IJB approve the recommendations with the addition that an update be provided in three months time. The IJB agreed</p> <p>The Service Manager Primary Care said that she would be happy to provide an update in three months but explained that the guidance on the contract for GPs may not be included at that point.</p>
Decision	The IJB approved the draft Primary Care Strategy and agreed that a detailed Implementation Plan be presented to the IJB in three months time.

17/16	Shetland's Autism Spectrum Disorder Strategy 2016-2021
Report No. CC-26-16-F	<p>The IJB considered a report which presented Shetland's draft Autism Spectrum Disorder (ASD) Strategy 2016–2021, for approval.</p> <p>The Team Leader – Supported Living (SIC) introduced the report and in response to a question on whether staff were trained to diagnose ASD in mainstream care homes, he advised on the number of training courses available to staff. He said that 12 staff would be trained this year and 18 next year and external funding had been secured for this.</p> <p>Reference was made to the paragraph 3.3 of the report and the Team Leader – Supported Living was asked whether the figure of 225 people in Shetland translated into the strategy and informs models and levels of provision. The Team Leader – Supported Living advised that nationally, data is collected but this only pertains to adults in Scotland known to local authorities in the last three years. He said that in Shetland the estimation of 225 people is based on the percentage suggested by the Office of National Statistics. He went on to advise that people are presenting differently and some services are already provided, therefore it is important to ensure people can be identified and diagnosed if required. The Chief Officer added that in a small population like Shetland there can be a lot of variances but these are put into the strategy.</p> <p>The Team Leader – Supported Living was asked to what extent was there a multi-disciplinary approach to autism, for example</p>

	<p>with the Police, as some people may present severe forms of dementia and end up with the Police, depending on their presentation. The Team Leader Supported Living explained that work had been done with the Police on autism in terms of an alert card and people carry these to show without communication to ensure arrangements can be made to support them in interview.</p> <p>Reference was made to employability and locally the employment pathway will support people with autism, and there are opportunities to do voluntary work instead. The Team Leader Supported Living confirmed that this was an area that should be considered and it would be included in the action plan.</p> <p>The Team Leader Supported Living was asked, and agreed, to provide the action plan in a format aligned to the IJB activities. He also explained there are national autism performance indicators for 2015- 2017. The Team Leader – Supported Living commented that there was a lot of activity happening locally and the action plan could be developed to benchmark performance.</p> <p>The Team Leader – Supported Living and the Executive Manager Adult Services were commended for bringing the IJB up to speed in such a short space of time.</p> <p>Mr Smith moved that the IJB approve the recommendations set out in paragraph 1.2. Ms Waddington seconded.</p>
Decision	The IJB approved Shetland's draft Autism Spectrum Disorder (ASD) Strategy 2016-2021.

18/16	Supporting Delivery of Services in Localities
Report No. CC-22-16-F	<p>The IJB considered a report which informed of the intention by the Chief Officer to refocus management resources to better support locality working.</p> <p>The Chief Officer introduced the report commenting that the delayed discharges were down to zero after a lot of hard work focussed on that. He said that a lot of work was still required in order to maintain this level of service which would be challenging with the diminishing resources in the Council and Health Board. The Chief Officer advised that he had attended each joint staff meeting held in all 7 localities, where messages were heard around the challenges, and integrated working in localities. He said that there was a need to support staff working in the ways they do and to work out in localities as much as possible, which is shift that has started, recognising that staff are working around the challenges and barriers faced.</p> <p>The Chief Officer was asked why localities were not in place yet and whether this was procedural or systematic. He was asked if</p>

the needs analysis had been examined in localities and whether the right mechanisms were in the right place. The Chief Officer explained that some issues are cultural and some beliefs around joint working and sharing of information and understanding of systems and processes such as ICT. He said that some areas in the NHS don't speak together so to do so across organisations is challenging. The Chief Officer said that the importance lay in how staff are supported to the next level and how issues are dealt with across Shetland and nationally.

Clarity was sought on what the IJB were being asked to support in the recommendation. The Chief Officer explained that the recommendation was moving to a more finalised model in localities. The Chief Officer was asked whether managers were doomed to fail and it was suggested that for localities to work it would need to move to the next stage. The Chief Officer said that a range of options had been looked at but there needs to be a starting point. He said that there is always a risk to change and there need to be clear direction to mitigate those risks. He said that the clear next step is engagement and consultation the result of which will be presented to the Council and Health Board before implementation. He advised that as engagement had taken place with staff groups and open meetings this was an internal staff consultation, not community consultation.

The Chief Officer informed of a recent piece of work that estimates the number of people developing dementia and the increase in figures as a result of lifestyle changes. He was asked whether dementia would start feeding into what resources are required and how quickly the services can respond to that unexpected change. The Chief Officer said that there is a plan in place but if the numbers are changed that will have an impact in the future and in terms of planning and responding to changes staff can only rely on the best intelligence that is available at the time.

Ms Watson declared an interest as the postholder of the Chief Nurse – Senior Clinician which is a post she believed to be at risk. She gave credit to staff in local areas and wished to give her views about moves towards an area management model that would benefit areas and clients. Ms Watson said that she accepted that this had been discussed at Management Team for some time. JIT provided a view on a way forward but the scale of the service was much larger elsewhere, and most of her service was being reorganised which currently has a 25% gap in staffing.. She expressed her concern that this proposal is spreading staff across three different areas and what is proposed in model area one shows only seven people providing cover across three geographical areas. Ms Watson questioned what consideration was being given to retaining services in what could be considered isolated posts.

The Chief Officer said that what may attract people to working in Shetland is to be in less isolated posts . He said that seven

	<p>colleagues might feel less isolating than being a single handed practitioner. Staff working in localities, within a professional framework, are less likely to feel isolated than working in larger team. There is a lot more scope for joint working horizontally and will need cooperation with different areas. He said that localities is about introducing different ways of working and creating resilience.</p> <p>Concern was expressed that in dividing types of care and or clients, where there is a high level of expertise that exists, multi disciplinary working may lose expertise and the question was raised on how that will not be lost completely.</p> <p>The Chief Officer explained that it was not the intention for everyone to be generic. There will be more sharing and understanding roles and developing generic workers skills and having more awareness of certain conditions. He said that at the same time as having team resilience, there will be individuals with different expertise and disciplines but there will always be generic elements.</p> <p>In response to a question the Chief Officer confirmed that resources are in place and concentrated in different areas. He said that there is a shift towards delivering care in the home and more needs to be done differently to cope with the challenges coming forward. The Chief Officer confirmed that this was deliverable with the resources in place.</p> <p>Mrs Williamson said she was happy to support this report with updates to the IJB to know what is going on. The Chair said that everyone understands that localities has to happen and people are willing to work together. He said that emphasis is needed on localities to get it up and running and to provide evidence when audited. The IJB agreed.</p>
Decision	The IJB considered the report and RESOLVED to support the strategic direction, and to receive further updates on progress at future meetings.

19/16	Care and Support Charge Policy 2016-19
Report No. CC-23-16-F	<p>The IJB considered a report which presented the Care and Support Charge Policy 2016-19.</p> <p>Mr C Smith moved that the IJB approve the recommendations contained in paragraph 2.1 and 2.2 of the report. Mr Fox seconded.</p>
Decision	<p>The IJB:</p> <ul style="list-style-type: none"> • NOTED the information presented in this report and its

	<p>appendices;</p> <ul style="list-style-type: none"> • NOTED the work undertaken to ensure the Policy supports the principles of co-production, anti-poverty measures and waiving the charges to carers; • NOTED the areas in which the Policy exceeds the minimum standards set by COSLA; and • NOTED the Policy and the work to be undertaken by the service to develop the Policy further over the next year.
--	--

20/16	IJB Business Programme 2016/17
Report No. GL-17-16-F	<p>The IJB considered a report which presented an updated IJB Business Programme 2016/17 for the Integration Joint Board (IJB).</p> <p>The Executive Manager – Governance and Law, SIC introduced the report and sought approval for a number of changes in the business programme including the moving of the IJB meetings from 24 June to 27 June. The IJB agreed.</p> <p>During discussion, a request was made that if members of the IJB cannot attend they should provide a substitute. It was also noted that although this relates to voting members it would also be important for non-voting members to provide substitutes.</p> <p>Upon request, the Executive Manager – Governance and Law agreed to follow up on a matter relating to the terms of reference for the joint staff forum.</p>
Decision	<p>The Integration Joint Board considered its business planned for the remaining quarters of the current financial year to 31 March 2017, and RESOLVED to approve any changes or additions to the Business programme.</p>

The Chair of the IJB advised that this was the last meeting of the IJB that Keith Massey would be attending. On behalf of the IJB the Chair thanked Mr Massey for his contributions and wished him well for the future.

The meeting concluded at 4.20pm.

.....
CHAIR