

Meeting	Integration Joint Board
Date, Time and Place	Wednesday 23 November 2016 at 2.00pm Room 16, Islesburgh Community Centre, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> R Roberts [Substitute for M Williamson] G Cleaver B Fox T Morton C Smith <i>[Chair]</i> C Waddington</p> <p><u>Non-voting Members</u> S Bokor-Ingram, Chief Officer S Gens, SIC Staff Representative W Hand, (Sub. for C Hughson, Third Sector Representative) H Massie, Patient/Service User Representative E Watson, Senior Clinician – Senior Nurse K Williamson, Chief Financial Officer</p>
In attendance [Observers/Advisers]	M Boden, Chief Executive, SIC C McIntyre, Exec. Manager – Audit, Risk & Improvement, SIC J R Riise, Executive Manager – Governance and Law, SIC E Robinson, Public Health Principal, NHS H Sutherland, Head of Planning and Modernisation, NHS J Best, Solicitor, Governance and Law, SIC E Clark, Health Improvement Team Leader, NHS E Cripps, Internal Auditor L Adamson, Committee Officer, SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> M Williamson</p> <p><u>Non-voting Members</u> S Bowie, Senior Clinician – GP C Hughson, Third Sector Representative M Nicolson, Chief Social Work Officer J Unsworth, Senior Consultant: Local Acute Sector</p> <p><u>Observers/Advisers</u> None</p>
Chairperson	Mr Smith, Chair of the Integration Joint Board, presided.
	The Chair ruled that due to special circumstances, the following items of business are to be considered at this meeting as a matter of urgency in terms of paragraph 5.3.7 of the Integration Joint Board's Standing Orders for Meetings:

	<ul style="list-style-type: none"> • Item 4a) Integration Joint Board Risk Register • Item 4b) Community Health and Social Care Register
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Declarations of Interest	None.
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Minutes of Previous Meetings	<p>The Board confirmed the minutes of the meeting held 19 October 2016 on the motion of Mr Morton, seconded by Ms Waddington.</p> <ul style="list-style-type: none"> • <u>Min Ref: 53/16 – Scottish GP Experience Survey</u> <p>The Chief Officer undertook to follow up on the presentation of the further report to the IJB, providing the information by locality.</p> <p>The Board noted that the minutes from the meetings held on 7 September and 26 September 2016 would be presented to the next meeting of the Board, on 9 December 2016.</p>
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56/16	Public Health Annual Report
Report No. CC-78-16-F	<p>The Board considered a report which presented the Public Health Annual Report for 2016.</p> <p>In her introduction, the Public Health Principal, NHS, advised on the requirement to produce an annual report independent of the Health Board. The report, this year, was in two parts, the first focusing on the theme of substance misuse, and the second reporting on the overall work of the Public Health Directorate over the past year.</p> <p>During the discussion, comments were made on the excellent report. In response to a question regarding the recent reporting in the media on the overprovision of alcohol locally, the Public Health Principal provided clarity on the message that the NHS had been trying to put across, that there is evidence that reducing the availability of alcohol will reduce the misuse of alcohol.</p> <p>In referring to Page 19 of the report, where it stated “Many people are unaware that they routinely drink above these limits and are at increased risk of long term damage to themselves: mentally, physically and socially”, a comment was made that the report did not appear to recognise that many people drink to be social and in a social context. The Public Health Principal acknowledged that this was an area which they could do more work on.</p> <p>In response to questions, the Health Improvement Team Leader provided background to the Computerised Cognitive Behavioural Therapy (CCBT) Programme ‘Beating the Blues’ as reported in Appendix A. She advised that a model had been developed in Shetland in order that patients in rural areas can</p>

	<p>be supported to access and progress the programme. She advised that during the pilot Shetland had performed well with recorded benefits for participants who completed the programme. Patients are referred to the CCBT programme through their GP or by a Community Psychiatric Nurse.</p> <p>In referring to Appendix B, comments were made that the Otago exercise programme had been very beneficial, motivational and enjoyable. In response to a question, the Health Improvement Team Leader said that NHSS are working to develop a solution to roll out the programme, to provide a more regular and sustainable model within existing resources. The Public Health Principal advised on the objective to widen participation to the programme, with the aim to prevent falls before they happen (the current programme is aimed at people who have already experienced a fall), and to improve wellbeing and quality of life.</p> <p>In response to a comment, it was confirmed that the Public Health Directorate and medical staff locally fully support the introduction of a minimum price for alcohol standard in Scotland.</p> <p>During the discussion, comments were made around an argument put forward by people who continue to smoke, in terms of the associated tobacco revenue which is spent on health care. It was noted however that the use of e-cigarettes are becoming more popular, but these are not taxed. The Public Health Principal advised on the reduction in funding and the change to the previously ring-fenced funding for smoking cessation, where she confirmed that additional funding would always be welcomed. In that regard, she advised on the need for NHSS to work differently to enable provision of services to continue with less funding.</p> <p>In response to a suggestion from the Public Health Principal, the Chair and Chief Officer agreed for a discussion group to be set up to explore joint health improvement initiatives.</p> <p>On the motion Mr C Smith, seconded by Mr Cleaver, the Integration Joint Board approved the recommendations in the report.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Received the Public Health Annual Report; • Continued to support efforts to improve the public health in Shetland through work on alcohol, drugs and tobacco; and • Continued to support the work of the Public Health Directorate in maintaining and progressing its wide range of work to improve and protect the health of the Shetland

population.

57/16	Scotland's Charter for a Tobacco-Free Generation
Report No. CC-80-16-F	<p>The Board considered a report which presented information regarding Scotland's Charter for a Tobacco-Free Generation.</p> <p>In introducing the report, the Public Health Principal, NHS, advised that while there are no specific actions for the IJB other than for individual Members to challenge and encourage people to stop smoking and for our communities to be tobacco-free; the IJB was asked to sign up to the principles of the Charter.</p> <p>During the discussion, comments were made in respect of NHSS's opposition to the use of e-cigarettes. It was advised that the use of e-cigarettes can be a useful tool to assist in smoking cessation, and that harm to an individual who uses e-cigarettes is negligible in causing cancer. Chewing tobacco and snuff have no social implications, other than to the individual, and its use is a personal decision. In that regard, the perception and language used is crucial and it is important to get it right.</p> <p>Reference was made to the people who smoke but use e-cigarettes to adapt to whichever social situation they are in. However all tobacco into the body is damaging, and therefore the aspiration should be to eradicate its use wherever possible.</p> <p>It was highlighted that the use of e-cigarettes does not form part of the Charter for a Tobacco-Free Generation, and therefore signing up to the principles of the Charter would not convey a stance on the use of e-cigarettes. It was reported that public health advice and evidence on the use of e-cigarettes will evolve.</p> <p>It was noted that both the Council and NHSS already support the aims of the Charter, as both organisations have No Smoking policies in place, where no smoking is allowed in or near Council or NHSS premises.</p> <p>During the discussion that followed, it was acknowledged that further development of the Charter going forward could extend it beyond the use of Tobacco. Some Members of the IJB advised on their support to sign up to the principles of the Charter, and it was suggested that the comments made in terms of the use of e-cigarettes as an aid to smoking cessation could be relayed within the response.</p>
Decision	<p>The IJB showed support for Shetland and Scotland becoming tobacco-free by signing up to Scotland's Charter for a Tobacco-Free Generation and helping work towards a Shetland and Scotland where our children can live smoke-free lives.</p>

58/16	Adult Protection Committee Constitution
Report No. CC-84-16-F	<p>The Board considered a report which provided information about the Shetland Adult Protection Committee and its updated Constitution.</p> <p>In introducing the report, the Chief Officer advised the IJB on the changes to the Constitution.</p> <p>In response to a question, the Chief Officer confirmed his involvement in Adult Protection, with membership on the Chief Officers Group. He advised that attendance at the Committee and Chief Officers Group meetings was considered as a priority with sending a substitute representative if necessary.</p> <p>In response to a question, it was advised that the representation from Scottish Fire and Rescue Service and Scottish Ambulance Service would be at a local level.</p> <p>Clarification was sought in terms of the representation from NHS Shetland, as outlined in Section 5.1(c) of the Constitution. During a brief discussion, the IJB agreed on the need for clarification and in that regard to defer the decision on the report. The full report would be presented to the December meeting for consideration.</p>
Decision	The Integration Joint Board agreed that the decision on the report be deferred, and that following clarification on Section 5.1(c) the report would be presented to the December meeting.

59/16	Q2 Performance Report
Report No. CC-81-16-F	<p>The Board considered a report which summarised the activity and performance within the functions delegated to the Integration Joint Board.</p> <p>In introducing the report the Chief Officer highlighted the improvement in sickness absence across the Health and Social Care Directorate and he acknowledged the hard work, effort and commitment from staff in that regard. In referring to the appendices, the Chief Officer provided updates on a number of projects, actions, and on the Local Delivery Plan, and further explanation on a number of the performance indicators.</p> <p>In response to questions relating to the “Staff Numbers (FTE)” Indicators at Appendix B, the Chief Officer undertook to provide a breakdown of budgets on FTE in both Community Health and Social Care Directorate and the NHS.</p> <p>At Appendix D, “Outcomes 1 – 9 – Annual Measures”, in instances where no national targets have been established, it was suggested a local target could be determined.</p>

In response to a request regarding Indicator “CCR005 - Occupancy rates in Care Homes”, the Chief Officer undertook to provide an e-mail to Members of the IJB with data on clients who have been allocated a placement in a care home away from their family and locality, rather than the care home of choice. It was suggested, that to provide a better understanding in terms of the overall health and care system, that an additional Indicator could be added to the report, informing on Hospital Occupancy rates. It was also suggested that there would be value in terms of technical operational detail to report on patients waiting in the community for a residential placement.

Reference was made to Indicator AHP006, where it was noted that the target has been exceeded in terms of people who receive home monitoring of health and social care. The Chief Officer advised on the commitment and benefits for people who can continue to live in their own home, which is based on need, following a robust assessment on a case by case basis. He also confirmed that telecare usage was good value from a financial perspective. It was however acknowledged that, as the target set was a historical figure, the target could be reviewed.

In response to questions, the Chief Officer provided explanation in terms of the complaints reporting at Appendix E. He advised on the complaints process followed for independent contractor General Practices and it was confirmed that information from these contractors are included in the Board’s Complaint and Feedback Report that is presented to the Joint Clinical Care and Professional Governance Committee and the Board. Any issues highlighted will be reported to the IJB.

In referring to the improvement in sickness absence at Quarter 2, it was acknowledged that the figure could be lower if the SIC absence recording did not have to include the required 48 hours rule. Staff must be clear of diarrhoea and vomiting before returning to work, to ensure the employee does not bring a virus into the workplace.

In response to a question, the Chief Officer provided an update on the improvements that have been made within the Mental Health Service, while he confirmed there was still further work to be done. He advised that there is a risk should there be any delay to get the service delivery right when trying to meet the strategic aims and objectives which he stated is articulated in the IJB Risk Register.

An update was provided on the action to develop Anticipatory Care Plans within localities, where it was noted that the figures do not include mental health patients as they are not recorded in the GP system. Reference was then made to Indicator CN001 – Number of Anticipatory Care Plans in Place, where it was noted that the figure of 940 plans in place at Quarter 2 exceeds the target by 240. In that regard, the Chief Officer

	advised that this action would be reviewed.
Decision	The Integration Joint Board commented, reviewed and directed on issues seen as significant to sustaining and progressing service delivery.

60/16	Integration Joint Board Risk Register
Report No. CC-82-16-F	<p>The Board considered a report which summarised the high level risks that affect the Integration Joint Board.</p> <p>The Chief Officer introduced the report.</p> <p>Reference was made to Risk IJB0018, and the need to address the overspend in the budget before the year end. In that regard it was advised that the meeting of the Local Partnership Finance Team would be taking place on 29 November 2016.</p>
Decision	The Integration Joint Board reviewed and directed on issues seen as significant to sustaining and progressing service delivery.

61/16	Community Health and Social Care Directorate Risk Register
Report No. CC-83-16-F	The Board considered a report which summarised the high level risks that could impact upon the Services of the delegated functions under Community Health and Social Care.
Decision	The Integration Joint Board noted the report.

62/16	Q2 Financial Monitoring Report
Report No. CC-79-16-F	<p>The Board considered a report which represented the management accounts at the end of the second quarter of 2016/17.</p> <p>The Chief Financial Officer summarised the main terms of the report and appendices. He advised on the need come to a collective agreement in terms of the overspend on the budget, which would be reported to the IJB. Following which, the financial regulations would be updated to factor in that decision.</p> <p>In response to a question, the Chief Financial Officer advised that he would provide clarification on the timescale for which the holiday pay due, to Community Care Resources, relates. He advised however that the payments are consistent across all Council Directorates.</p> <p><i>(Mr Cleaver left the meeting).</i></p>

	<p>Reference was made to the options available to the Local Partnership Finance Team (LPFT) to deal with the in year overspend as set out in Section 4.2 of the report. Clarity was sought in terms of the IJB's involvement in the discussions to deal with the projected in year overspend, and on proposals for reporting back from the LPFT. It was advised that following agreement on the way forward at the LPFT on 29 November a detailed report would be presented to the Integration Joint Board on 9 December 2016. In noting the tight timescale for reporting, the Chair confirmed that a special meeting could be called, if necessary.</p> <p>During the discussion, the Chairperson sought a report to the Integration Joint Board from the Chief Officer and Chief Financial Officer in terms of the level of service that can be provided within the existing budget. The Chief Financial Officer advised on the intention to align budgets with the revised Service Plans, which will be reported to the December meeting of the Integration Joint Board. The Chief Officer advised on the need to look for opportunities for more efficiencies from areas that are underperforming.</p> <p>The Integration Joint Board agreed to the recommendations in the report.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Noted the Management Accounts for the 2016/17 year as at the end of the second quarter and the requirement to accelerate the Recovery Plan. • Confirmed that the Chief Officer and Chief Financial Officer should initiate urgent discussion with the Local Partnership Finance Team (LPFT) to agree the mechanism for dealing with the projected in year overspend (as set out in the Integration Scheme). • Recommended that the Chief Officer and Chief Financial Officer initiate discussion with SIC and NHSS to update the IJB Financial Regulation to reflect the first full year of operation (as set out in the Integration Scheme).

63/16	Internal Audit Plan 2016/17
Report No. CC-85-16-F	<p>The Board considered a report which presented additional detail regarding the planned internal audit activities for the Integration Joint Board in 2016/17 in response to a request made by the Integration Joint Board Audit Committee at its meeting on 27 May 2016.</p> <p>After hearing the Executive Manager – Audit, Risk and</p>

	Improvement, SIC, introduce the report, the Board approved the recommendation contained therein on the motion of Mr C Smith, seconded by Mr Morton.
Decision	The Integration Joint Board approved the final Internal Audit Plan 2016/17.

64/16	2016/17 Business Programme - Update
Report No. GL-55-16-F	<p>The Board considered a report which informed of the planned business to be presented to the Board for the remaining quarters of the financial year 1 April 2016 to 31 March 2017, and sought discussion with Officers regarding any changes or additions required to that Programme.</p> <p>The Executive Manager – Governance and Law, SIC, introduced the report.</p> <p>During the discussion, the following reporting was proposed to the Integration Joint Board:</p> <ul style="list-style-type: none"> • Update from Local Partnership Finance Team – December 2016 • Level of Service that can be provided within the Existing Budget – December 2016 • Adult Protection Committee – Constitution – December 2016 (deferred from November meeting). • Scottish GP Experience Survey – Report on Localities – March 2017 • Integrated Joint Board Risk Register – routinely • Community Health and Social Care Directorate Risk Register – routinely • The “Budget 2017/18” and “Draft Strategic Commissioning Plan 2017-18” reports to be moved from the December meeting to reporting in February 2017. <p>A suggestion was made that with the significance of the items to be reported to the next meeting in December, some of the other reports as listed for the December meeting could be delayed until the meeting in January 2017.</p>
Decision	The Integration Joint Board considered the planned business to be presented in the remaining quarters of the current financial year (1 April 2016 to 31 March 2017) and RESOLVED to approve the Business Programme, as amended.

The meeting concluded at 4pm.

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Chair