



MINUTE - PUBLIC

Meeting	Integration Joint Board
Date, Time and Place	Wednesday 8 June 2016 at 2.00pm Council Chamber, Town Hall, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> B Fox I Kinniburgh (<i>Substitute for C Waddington</i>) R Roberts (<i>Substitute for Vacancy</i>) C Smith [<i>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, NHS Staff Representative E Watson, NHS Chief Nurse Community and ACF</p>
In attendance [Observers/Advisers]	C Anderson, Senior Communications Officer, SIC S Duncan, Management Accountant, SIC E Robinson, Health Improvement Manager, NHS L Adamson, Committee Officer, SIC [<i>note taker</i>]
Apologies	<p><u>Voting Members</u> C Waddington</p> <p><u>Non-voting Members</u> S Beer, Carers Representative K Williamson, Chief Financial Officer</p> <p><u>Observers/Advisers</u> None</p>
Chairperson	<p>Mr C Smith, Chair of the Integration Joint Board, presided.</p> <p>The Chair advised that Mr Kinniburgh and Mr Roberts were attending the meeting as substitutes for Voting Members.</p>
Declarations of Interest	None.
Minutes of meetings	<u>27 April 2016</u>

Subject to the following, the minutes were approved on the motion of Mrs C Hughson, seconded by Mr B Fox.

- Min Ref. 18/16: Supporting Delivery of Services in Localities

In terms of the 6th paragraph, Ms E Watson, the NHS Chief Nurse Community and ACT, provided clarity as follows:

Miss Watson advised that she declared an interest in this agenda item as the proposed management model would potentially see the Chief Nurse post at risk, which is her post.

Miss Watson noted that whilst she acknowledged the Chief Officer's advice that discussions had been held with the CH&CP operational group and with JIT, that professionally she wished to express concerns over the risk and lack of flexibility that moving to a 3 area management model would potentially create based on the scale of local services. As an illustration from her own service, Miss Watson noted that Area 1 comprised 4 GP practices (Levenwick, Scalloway, Bixter and Walls) and that across these services there were approximately 7 wte. Community Nursing staff to provide a 24/7 service. Currently the service is managed on a Shetland wide basis and therefore resources can be distributed across Shetland to support areas as necessary. Working in essentially 3 separate teams would mean that there was a smaller pool of staff to cover an area and with the recent vacancy factor of 25% this would have reduced the staff available in this area to 5 and thus the service would have been unsustainable.

- Min Ref. 17/16: Shetland's Autism Spectrum Disorder Strategy 2016-2021

Ms C Hughson, Third Sector Representative, referred to the 5th paragraph, and to the gap in provision for people who have relatively low-level needs and who are not eligible for the Employability Pathway. She said that they are not looking for employment and nor would be in a position to be employable but could participate in a volunteering activity that would enhance their skills and reduce social isolation.

21/16	Audit Scotland Report into Health & Social Care Integration
Report No. CC-28-16-F	<p>The IJB considered a report which provided an overview of the Audit Scotland report on Health and Social Care Integration, seeking comment on the draft Action Plan and the extent to which it deals with the implications for Shetland Integration Joint Board, arising from the Audit Scotland report.</p> <p>The Chief Officer summarised the main terms of the report. He advised that following presentation at the IJB Audit Committee a number of minor changes and adjustments have been made to</p>

	<p>the Action Plan, more in terms of correct titles for pieces of work and terminology.</p> <p>Mr Roberts commented that he welcomed the inclusion in the Action Plan on areas of organisational development, which will provide opportunities for Members of the IJB to establish what has been going well and discuss learning points. In responding to a question regarding Action 2(a), the Chief Officer confirmed that the roles and responsibilities will be detailed in terms of organisational development activity.</p> <p>Reference was made to Sections 2.3.7 and 2.3.8, where it reported on the difficulties to agree budgets and uncertainty on financial alignment and funding programmes. With these difficulties not going away, it was questioned how progress can be made to set the transformational plan. The Chief Officer advised on the challenges ahead, but said that the Plan can be progressed through looking across Scotland at areas of best practice. He added that the intention is to build on the good work being done in Shetland, and to be honest on areas where we have not done so well. In response to a question, the Chair advised that a response has been received from the Scottish Government in that they recognise the issues raised. A fuller response is awaited.</p> <p>During the discussion, comments were made in terms of budget alignment and for recognition to pull resources and use resources better, and on the need for willingness to deal with the uncertainty and lack of transparency to make this work.</p> <p>Reference was made to the question put to the Chief Financial Officer NHS at the recent IJB Audit Committee in terms of allocations from the Scottish Government. The Chief Officer undertook to follow this up with the Chief Financial Officer NHS, and circulate the information to Mr Fox, Mr C Smith and members on the IJB Audit Committee.</p> <p>In response to a question, the Chief Officer reported from local experience where extremely good bids for funding are submitted, however funding goes to larger central belt partnerships rather than Shetland. He stated that it is frustrating when Shetland is seen to be too much on the periphery.</p> <p>Reference was made to Section 2.4.2(c) in the report, where further information was sought in terms of the means “to publicly report on the impact of their plans”. The Chief Officer advised on the performance monitoring through the quarterly monitoring reports and the requirement to produce an annual performance report.</p>
Decision	<p>The Integration Joint Board noted the local actions detailed in the draft Action Plan attached as Appendix 1 to the report.</p>

22/16	Risk Registers: IJB/Directorate
Report No. CC-35-16-F	<p>The IJB considered a report which presented the Risk Registers that include strategic and operational risks that affect all areas of business relating to the IJB and the measures being taken to address those risks.</p> <p>The Chief Officer introduced the report. In terms of the Risk Register at Appendix 1, he highlighted the main risks in terms of failure of the IJB to agree a Strategic Plan or Budget proposals and Adult Protection issues.</p> <p>In response to a question from the Chair in terms of reporting a full analysis of both the Recovery Plan and the underspend, the Chief Officer confirmed that these will be reported to the next meeting. The Chair advised on the call for presentation of the underspend report to the Council's Policy and Resources Committee.</p> <p>Reference was made to potential risks to the stability of the IJB with the restructuring of the NHS at a national level and the impacts on health boards and the ongoing works on public sector reforms. It was questioned on the extent of these processes in terms of oversight and being informed by the IJB. The Chief Officer advised that while all were fully aware of the potential changes there was still no detailed information at this time. He added that this was an issue for the IJB to closely monitor going forward.</p> <p>A comment was made in terms of the Our Islands Our Future (OIOF) scoping on public sector reform, and to the importance that the IJB have input into that debate. During a brief discussion, the Chair agreed to invite the Council's Executive – Manager – Executive Services to a future meeting to inform the IJB on progress with the recent Study, that forms part of the OIOF campaign.</p> <p>In response to questions, the Chief Officer provided explanation in regard to the different levels of risk, which are determined by officer level, roles and areas in the organisations. However, the Chief Officer agreed to review risks EM007 and IJB003 with a view to improve the correlation.</p> <p>In response to a comment, the Chief Officer acknowledged the importance of succession planning for membership on the IJB both in terms of attendance at meetings and for new members.</p>
Decision	The Integration Joint Board reviewed the Risk Registers and provided direction on issues seen as significant to sustaining and progressing service delivery.
23/16	Shetland's Local Outcome Improvement Plan (LOIP) 2016-20

Report No. CC-33-16-F	<p>The Board considered a report which presented the background to the development of the Shetland Local Outcome Improvement Plan (LOIP).</p> <p>The Chief Officer summarised the main terms of the report.</p> <p>It was noted that while there were targets in the LOIP to reduce the harm caused by alcohol, there was no targets relating to substance misuse. The Chief Officer said that he would pass on the comment to Community Planning and Development.</p> <p>During the discussion, it was advised that the priorities in the LOIP have been extensively discussed, with the decision made to focus on a lesser number of areas. It was suggested that the IJB could focus on substance misuse as part of its performance monitoring.</p> <p>Reference was made to Outcome D, where it was suggested that the Priority Statement be changed to read “Attracting more people to remain in Shetland and come to live, work, study and invest”. This comment would also be relayed to Community Planning and Development</p> <p>On the motion of Mr C Smith, seconded by Mr R Roberts, the IJB approved the recommendations in the report.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Noted the report presented as background to the development of the Local Outcome Improvement Plan (LOIP) which was presented to Policy and Resources Committee on 18 April 2016 and Shetland Islands Council on 20 April 2016; • Agreed to sign up to Shetland’s Local Outcome Improvement Plan 2016-20; and • Agreed to support its implementation as a statutory Community Planning partner.
24/16	Shetland’s Local Outcome Improvement Plan (LOIP) 2016-20 Healthier (Healthy and Caring) Theme: Reporting Arrangement
Report No. CC-39-16-F	<p>The Board considered a report which described the elements of Shetland’s LOIP which are of particular relevance to the IJB and sought discussion whether or not the IJB would wish to see a regular report on progress against key priorities; given that progress again the LOIP as a whole is reported to the Shetland Partnership Board.</p> <p>The Health Improvement Manager NHS summarised the main terms of the report.</p>

	During the discussion, it was agreed that the IJB should receive 6 monthly reports on progress.
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> Supported the partnership work that is being carried out to achieve the outcome: We live longer healthier lives and people are supported to be active and independent throughout adulthood and in older age; Agreed to receive a regular report on progress against this outcome for information, on a 6 monthly basis; and Noted that the reporting on the LOIP as a whole (i.e. all the outcomes) is through the Performance Group to the Shetland Partnership Board.

25/16	Performance Overview
Report No. CC-34-16-F	<p>The IJB considered a report which summarised the performance and activity of services delegated to the IJB.</p> <p>In introducing the report, the Chief Officer provided updates on the key areas for the IJB, namely, psychological therapies, indicators LDP003a and LDP003d, the reduction in overtime hours and complaints.</p> <p>In response to a comment, the Chief Officer advised on the different reporting of sickness absence between the Council and NHS, where NHS staff have to be clear of sickness for 48 hours before returning to work. He confirmed however that an improved means of reporting on sickness absence was being explored.</p> <p>Reference was made to Outcome “CCR003 Percentage of people 65 and over receiving intensive care package (over 10 hours per week) in their own home rather than a care setting”, where the target of 30% was considered an ambitious target, and it was questioned whether the target had been a self set. The Chief Officer advised that the target of 30% had been self set in terms of the enablement agenda.</p> <p>In response to a comment relating to Outcome “MH002 Admission rates to Psychiatric Hospitals”, the Chief Officer undertook to amend the description of the target to better focus on minimum numbers.</p> <p>In response to a question, the Chief Officer confirmed that recent progress on actions relating to “DP017b Implement findings outlined within Mental Health Review” would be included in the next quarterly report.</p>

In response to a comment relating to Outcome “MH003 People with a diagnosis of dementia on the QOF dementia register”, the Chief Officer undertook to relay to the team the suggestion that the first sentence in the Performance/Improvement statement could be deleted.

In response to a comment relating to the “national averages” as referred to in Appendix 3, the Chief Officer advised that these would be reviewed with the recent publication of analysis following a survey of Health and Social Care Services.

In response to a question relating to Outcome “DS004 Number of people who are waiting to register for Public Dental Service for ongoing care”, the Chief Officer advised that no specific target has been set, other than to reduce the number of people waiting for treatment. In that regard he confirmed that the numbers have reduced following the introduction of a new independent dentist, however people have also chosen to remain on the waiting list when they can access care in the new practice. A suggestion was made for further promotion of the independent dental practice. In response to a question, the Chief Officer advised that part of the work of the new interim Dental Director when appointed, will be to look ahead using the Oral Health Strategy, on how to manage the public dental practice with current arrangements and to look to encourage more to register. He added that the Oral Health Strategy will be reported to the next meeting of the IJB.

During the discussion, reference was made to Outcome “PPS003 Number of polypharmacy reviews completed” and further explanation was provided in terms of what would trigger a polypharmacy review. Concern was expressed in terms of overprovision of medicines, and the Chief Officer offered to provide further information to a future meeting on how situations of polypharmacy arise. During the discussion, it was also agreed that the report would cover the value of Polypharmacy reviews and other benefits.

In response to a question regarding Outcome “PPS004 Number of discharge prescriptions dispensed out of hours by nursing staff”, further explanation was provided on situations where this practise would be required. Assurance was given that with more appropriate planning the need for nurses to dispense medicines out of hours should reduce.

Reference was made to the Local Delivery Plan at Appendix 4, where it was noted that there was no quarterly monitoring in terms of “LDP005 48 hour access or advance booking to an appropriate member of the GP team”, which was highlighted as a significant issues locally, and particularly in Lerwick. The Chief Officer advised that Primary Care undertake a monthly local audit, which can be reported in future performance monitoring reports.

Decision	The Integration Joint Board commented, reviewed and provided direction on issues which were seen as significant to sustaining and progressing service delivery.
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26/16	Joint Staff Forum Terms of Reference
Report No. CC-37-16-F	<p>The IJB considered a report which presented the Terms of Reference (TOR) of the Joint Staff Forum (JSF).</p> <p>The Chief Officer summarised the main terms of the report.</p> <p>Ms S Gens thanked the Council's Director of Corporate Services for the work involved in the preparation of the TOR for the JSF.</p> <p>The IJB were informed of the nominations for membership to the JSF as made at today's Employees Joint Consultative Committee, namely, Ms S Gens, Mr A Garrick-Wright, Mr R Williamson, Mr C Smith, Mr B Fox and Mr G Cleaver.</p> <p>On the motion of Mr C Smith, seconded by Mr B Fox, the IJB approved the recommendations in the report.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> considered the TOR attached as Appendix 1 to the report, the key issues identified in the report, the recommendations of the EJCC to the Council and those of the APF to the Health Board in this regard and agreed any changes required to the TOR; recommended the TOR to the Council and the Health Board for approval; and supported the nominations for membership of the JSF made by EJCC and APF.

27/16	IJB Business Programme 2016/17
Report No. CC-36-16-F	<p>The IJB considered a report which presented an updated Business Programme 2016/17 for the Integration Joint Board and Integration Joint Board Audit Committee.</p> <p>In terms of the IJB, it was reported that the following reports would be presented to the meeting on 28 June 2016:</p> <ul style="list-style-type: none"> Policy on Choosing a Care Home Policy on Hospital Based Complex Clinical Care <p>It was also noted that the report "Shifting Balance of Care" will be reported to the September meeting, and not to the meeting on 28 June.</p>

Decision	The Integration Joint Board considered its business planned for the financial year to 31 March 2017, and RESOLVED to approve the change and additions to the Business Programme.
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The meeting concluded at 3.25pm.

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CHAIR