



MINUTE - PUBLIC

Meeting	Integration Joint Board
Date, Time and Place	Tuesday 28 June 2016 at 11.00am Council Chamber, Town Hall, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> G Cleaver B Fox T Morton C Smith <i>[Chair]</i> M Williamson</p> <p><u>Non-voting Members</u> S Beer, Carer Representative S Bokor-Ingram, Chief Officer S Bowie, Senior Clinician, GP S Gens, SIC Staff Representative H Massie, Patient/Service User Representative M Nicolson, Chief Social Work Officer I Sandilands, NHS Staff Representative E Watson, NHS Chief Nurse Community and ACF K Williamson, Chief Financial Officer</p>
In attendance [Observers/Advisers]	C Anderson, Senior Communications Officer, SIC B Chittick, CADO/Clinical Director of Oral Health R Cross, CADO/Clinical Director of Oral Health R Diggle, Medical Director, NHS S Duncan, Management Accountant, SIC D Morgan, Interim Executive Manager - Community Care Resources, SIC J R Riise, Executive Manager – Governance and Law, SIC G Stiles, Manager – Isleshaven Care Centre, SIC L Gair, Committee Officer, SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> C Waddington</p> <p><u>Non-voting Members</u> C Hughson, Third Sector Representative</p> <p><u>Observers/Advisers</u> None</p>
Chairperson	Mr C Smith, Chair of the Integration Joint Board, presided.

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Declarations of Interest	None.
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Minutes of meetings	<p><u>8 June 2016</u></p> <p>The minutes were approved on the motion of Mr Fox, seconded by Ms Gens, with the exception of the following:</p> <p><u>Sederunt:</u> Mr Cleaver advised that he was not in attendance at the meeting on 8 June 2016.</p>
	Bruce Hall, Unst
	<p>Members connected with staff from the Brucehall Terrace, Unst Extra Care Housing Project, through video conference. The Chief Officer, at the request of the Chair, led the congratulation extended to staff by the IJB, for the accolade they had received at a national level and said that their work was a shining example of what services should be available to people in the community.</p> <p>During a brief conversation Kathleen Johnson said it had been a great and interesting event and the staff had been delighted to be recognised for their work.</p> <p>The Chair thanked Mr Stiles and Ms Morgan for attending the meeting for this item.</p>

28/16	2015-16 Unaudited Annual Accounts
Report No. CC-47-16-F	<p>The IJB noted a report which advised of the requirements, introduced by the Local Authority Accounts (Scotland) Regulations 2014, to submit the Annual Accounts for the year ended 31 March 2016 to the Integration Joint Board for approval and thereafter to forward them to the Controller of Audit.</p> <p>The Chief Financial Officer introduced the report and provided a summary of the main variances as set out in paragraphs 3.9 and 3.11 of the report and advised that the audited accounts had to be published by 31 October 2016.</p> <p>The Chief Financial Officer was advised of a typographical error on page 2 of the appendix namely: "Mrs K Hughson" should read "Mrs C Hughson".</p> <p>Reference was made to paragraph 3.11.2 "Pharmacy and Prescribing" and in response to a question the Chief Officer explained that work is taking place, at a National level, on the risks around rising pharmacy costs and this would now also include any additional increased following on from the EU Referendum and the fluctuations in exchange rates. He advised that the budget had been increased to £300k due to higher costs which is an added pressure on the savings targets.</p>

He added that Scotland overall had seen an increase in pharmacy costs.

In responding to a question regarding carry-forwards of funding for training noted in section 3.11 for Directorate, Adult Services and Community Care, the Chief Officer explained that he had looked at the cost of the training plan and there was more training costs than the budget would cover. He said that slippage would be used for training and backfill, as a first priority.

The Chief Officer responded to a question regarding the new model in place for the Whalsay Practice and whether this would be applied across Shetland. The Chief Officer explained that the three doctors in place are part of a company and are paid a negotiated rate that is higher than a salaried GP but lower than agency locum costs. He explained the difficulties involved in recruiting in Shetland, particularly Whalsay, and that the Heath Board were grateful to the three doctors in place, but this was not a model that was likely to be repeated due to the higher cost involved. The Chief Officer added that he was pleased that recruitment has also been successful in Yell and a recruitment process was also taking place in Lerwick.

During further discussions, the Chief Officer confirmed that it was possible to move under spent budget within the directorate and that was necessary during the challenges in recruiting staff last year when overtime costs increased. He said that it was important to demonstrate that services can be delivered differently and more efficiently. The Chief Officer commented on the difficulty in recruiting due to the oil and gas industry in the last few years but that situation had now changed and was now a time of transition where services can reinvest in the right things, such as integrated care. He said that the service was expected to receive less money from Government Grants going forward with the same percentage reduction expected as last year. He said that it was important to ensure that there is no overburden placed on existing staff.

The Chief Officer also explained that the sickness rates had reduced in social work from historical 12-13% figures to the 5% seen in the last quarter. He said that the service has resilient staff and expressed his thanks for their efforts. He said that it was not possible to sustain the level of pressure on existing staff and that over the longer term that would be difficult to maintain. The Chief Officer added that the performance report provides as much detail as possible on sickness statistics for Members scrutiny. A comment was made that the IJB have yet to focus on finding out what the outcome measures need to be to establish whether the overall picture is improving on the ground.

Dr Bowie commented that at the coal face it was difficult to find community care for the elderly or for palliative care. She said

	<p>that a large percentage of people want to stay in their home and to die there but there is no guarantee that there will be resources to help families to allow that to happen. Dr Bowie stressed the importance of providing a high quality of care and that 15 minute visits are very short. She said that for some, at the end of their life, the only option is the hospital. She said that this situation is not acceptable. In referring to Brucehall, Dr Bowie said that anyone would want to see this level of care rolled out but it comes at a cost and it would be interesting to see how costs compare to care at home, care centres and hospital.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Considered the unaudited Annual Accounts for 2015/16; • Noted the timetable for submission of the Annual Accounts to the Controller of Audit; and • Otherwise noted the contents of the report.

29/16	2016-17 Budget
Report No. CC-46-16-F	<p>The IJB noted a report which presented the flow of funding to and from the Integration Joint Board and the controllable budget proposals for the services within its remit.</p> <p>The Chief Financial Officer introduced the report.</p> <p>In response to questions in regard to the government funding allocation, provided to cover the extra spend to bring wages up to the living wage, the Chief Financial Officer explained that the Council carried out a piece of work and identified £898k that they think will meet the criteria on additional funding, taking £512k to cover the existing budget.</p> <p>In response to a question the Chief Financial Officer confirmed that currently the living wage is paid to all staff but that there are also pension contributions and cost pressures to consider.</p> <p>The Chief Financial Officer also explained the process in terms of the inter body movement of resources set out in section 3.17. It was noted that the mechanism for distributing the Scottish Government Allocation is cumbersome however it is a political decision and the way the Scottish Government chooses to allocate their funding.</p>
Decision	<p>The Integration Joint Board noted:</p> <ul style="list-style-type: none"> • the proposals with regard to the Integration Joint Board budget allocations for 2016/17 as set out in the report; and • noted the indicative Integration Joint Board budget allocations for 2017/18 and 2018/19.

30/16	Financial Recovery Plan 2016/17
Report No. CC-42-16-F	<p>The Board noted a report which sets out the anticipated financial pressures for the Integration Joint Board which relate to 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 and emphasised the huge task ahead for officers to implement schemes to deliver efficiencies in order that the expected savings can be achieved.</p> <p>During discussions the Chief Officer gave assurances in terms of the objectives of the NHS to recruit salaried GPs for Board run practices. However it was acknowledged that the use of locums, although necessary to cover vacancies, have issues around cost and continuity. The Chief Officer also commented on the shortage of GPs nationally. Dr Bowie advised on the opportunities of recruiting GPs from the EU and also sponsoring medical students to come back into the country.</p> <p>In terms of the aim to meet the Pharmacy Challenge budget of £200k for 2016/17 the Chief Officer reported that pharmacists are providing support to practices around better and safer prescribing, and on using generic instead of branded medication. These efficiencies will help mitigate the rising costs in this area. Comments were made that the rising costs were not solely attributed to the cost of prescriptions but that the high number of complex cases in Shetland contribute to this cost, which was acknowledged as a difficult issue to address.</p>
Decision	<p>The Integration Joint Board noted:</p> <ul style="list-style-type: none"> • 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 subsequent IJB meetings with more detail on specific projects where a decision is required; and • Update reports on progress against the overall savings target will be brought on a regular basis to the Integration Joint Board.
31/16	Joint Strategic (Commissioning) Plan 2016-19
Report No. CC-41-16-F	<p>The Board considered a report which presented the updated Joint Strategic (Commissioning) Plan 2016-19 for approval.</p> <p>In introducing the report the Chief Officer advised on the appointment of the Head of Planning in the NHS, from 11 July 2016.</p>

	<p>The Chief Officer advised that the Joint Strategic (Commissioning) Plan will be a living document and work on strategic planning will continue going forward. He advised on the importance of all forums across the partnership being involved in identifying gaps in services and that a shift in resources would be done where needed, with the IJB having oversight of the process.</p> <p>In response to a concern regarding the structure of the plan, where it is considered to have moved away from the original CHP style, the Chief Officer agreed to look at the format afresh. He advised that there is no standard format to follow but it would be looked at internally before the next iteration.</p> <p>In terms of delayed discharges it was noted that in some instances no timelines have been set when patients are transferred to a care homes, therefore no delay can be recorded. The Chief Officer stressed the importance of each client having a person centred care plan that has clear planning and a period for review.</p> <p>Comment was made on paragraph 4.7 of the Plan, "Spiritual Care", in respect of the lack of detail in regard to the religious denomination of the 6 recruited volunteers and that the provision is so expensive. The Chief Officer advised that there is a clear expectation from the Scottish Government that there is a spiritual care service in each Health Board. He explained that this is not a cost to the IJB and that any questions should be directed to the relevant body to answer, although he expected that the cost also covered the provision in Orkney.</p> <p>Dementia post diagnostic support was an area highlighted as a need across Shetland, for carers to attend activities with those who have dementia, and have opportunities to meet with other carers for support. It was agreed that this part of the plan will be looked at as there is contingency funding in place for any gaps identified through the Integrated Care Fund.</p> <p>Mr C Smith moved that the IJB approve the recommendations contained in the report, seconded by Mr Fox.</p>
Decision	The Integration Joint Board approved the updated Joint Strategic (Commissioning) Plan 2016-19.

32/16	Integrated Care Fund and use of the Additionality Funding for Adult Social Care
Report No. CC-43-16-F	The IJB considered a report which summarised how the Integrated Care Fund and the Additionality funding is proposed to be utilised in 2016/17 to support delivery of the Strategic Plan.

	<p>The Chief Officer introduced the report and advised on the proposed use of the unallocated £30k in terms of post diagnostic support in dementia care, and for the majority of the funding to be used to minimise hospital discharge delays through to the transition to care in the home with more focus on self directed care.</p> <p>The Chief Officer was asked if the government was content that all 4 self directed options are provided as there has not been an increase in people able to pay for their own care. It was acknowledged that one limiting factor to paying for self directed care is that there is no one to employ. The Chief Officer said that it was early days and it was likely that more confidence will be seen in people employing for themselves. The IJB were advised that there are currently 37 cases of clients employing their own staff.</p> <p>Comment was made that it in the long term it was hoped that the move to SDS would become cost neutral, free up staff time and in time increase quality of services with more up take in mixed care packages.</p> <p>During further discussion it was noted that there is inequality of intermediate care across Shetland. It was suggested that more could be done to improve the facilitation of services, such as dementia services, with more promotion within communities so that people know that they will receive help to set up groups in their area rather than services being centred around Lerwick. The Chief Officer advised that if the IJB were to direct him to look at this he would follow the procurement process to tender this work out so that it is not just one organisation that bids for it. He said that the tender could be carried out in lots, so that different community groups get the benefit of the funding and set up community activities.</p> <p><i>(Mr Sandilands left the meeting)</i></p> <p>The Chair said that the Chief Officer should be directed to progress this suggestion. The Executive Manager – Governance and Law provide advice in regard to the IJB's position in terms of the community empowerment legislation and that care should be taken to ensure that the correct process is devised to enable community bids to be made within the requirements of the new legislation.</p> <p>It was suggested that Yell would be a good place to start with the stepping out project which is not dementia specific.</p>
Decision	<p>The Integration Joint Board commented, reviewed and endorsed the proposed use of the Integrated Care Fund for 2016/17 and the use of the Additionality funding for Adult Social Care; and</p> <p>Instructed the Chief Officer to progress with procuring additional</p>

	support for post diagnostic dementia care.
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33/16	Draft Oral Health Strategy
Report No. CC-48-16-F	<p>The IJB considered a report which provided the Draft Oral Health Strategy for Shetland ("The Strategy"), including a high level implementation plan under Section 13.</p> <p>The Dental Director summarised the main terms of the report and in drawing attention to Chapter 13 of the Strategy he advised emphasis was on prevention. More NHS Dental practices are needed, and a local dental laboratory would be a useful addition. He said that the strategy looks at the population and how future needs can be met.</p> <p>In responding to a question the Dental Director advised that the numbers provided in table 12 was based on the 1 to 1150 people as per the Scottish Government's Dental Access Initiative. He said that there is a balance between quality and quantity and this table provides an idea of what would be nice to have. He added however that it is unlikely that independent practices would set up somewhere that there is no demand. In terms of their income and supplementary private work he explained, using the Market Street practice as an example, an independent NHS practice needs to see 80% NHS patients to continue receiving money from the Dental Access Initiative, thereafter they can carry out their own private business.</p> <p>During further discussions it was acknowledged that there needs to be advertising to make it clear to the public about the services now available in Shetland and to help support new practices as they open. It was also noted that the aim is to get the public services to provide the care they are paid to do, such as special needs, but they are currently tied up with the quantity of patients.</p> <p>Mr C Smith moved that the IJB approve the recommendations contained in the report and the IJB unanimously agreed.</p> <p>Mr Smith advised that Mr Cross was soon to retire after a long career in NHS dentistry. He said that Mr Cross had brought stability and direction to the service, through a period of significant change in the Shetland dental landscape. He extended best wishes of the IJB, for a happy retirement. Mr Cross thanked the Chair and IJB. Mr Brian Chittick, who will take over from Mr Cross on Friday, was introduced by Mr Smith and welcomed by the IJB.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Approved the Draft Oral Health Strategy, and recommended it is considered for approval by NHS Shetland; and

	<ul style="list-style-type: none"> Instructed that a detailed Action Plan will be presented to the IJB in six months time.
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34/16	Draft Hospital Based Complex Clinical Care Policy
Report No. CC-45-16-F	<p>The IJB considered a report which presented the draft Hospital-Based Complex Clinical Care Policy, seeking the Board's noting of the process of joint policy development and approval of the policy so that it can be fully implemented across Health and Social Care Services in Shetland.</p> <p>The Medical Director introduced the report and drew attention to page 6 of the Appendix "Discharge planning process" and advised that this section sets out who makes what decision and why during the discharge process. This is also provided in a flow chart at Appendix A. He went on to explain the appeals process described in Appendix B. The Medical Director advised that the key elements of the Policy were to ensure that the multi disciplinary approach is documented, to have a defined appeals process and to define what the HBCCC is.</p> <p>It was noted that there will be situations where the next of kin may not live in Shetland and would not be able to attend meetings. The Medical Director assured the IJB that in those situation efforts would be made to link by video conference or other forms of electronic communications. He said that NHS Shetland was small enough to use individualised communication methods.</p> <p>The Medical Director agreed to a request for there to be a box included in flow chart to reemphasise that there will be interaction with carers before discharge to care home. He said that this is contained in the care policy and procedures and involves all therapists, clinicians, carers and family at all stages, but it would do no harm to include it again.</p> <p>In responding to a question regarding the number of appeals made and their duration, the Medical Director advised that in the last 5 years there had been only one appeal and the person remained in hospital until the appeal was complete. He explained that the length of time would vary as a result of different factors but the only one received took 8 weeks. The Medical Director explained that in a complex case where there is a limited number of experts in a particular field, such as spinal injury or burns it would be difficult to find an independent individual that is not involved in the case as these experts are centralised in one or two units.</p> <p>The Medical Director responded to a further question on what the definition of complex care needs is. He explained that this would be complex neurological conditions, stroke that has left someone disabled, spinal plegia or long term tracheotomy. It</p>

	<p>would be something unusual with no obvious willingness of the family to take the person home. He said that such cases in Shetland are fairly rare.</p> <p>Mr C Smith moved that the IJB approve the recommendations contained in the report. Mr Cleaver seconded.</p>
Decision	<p>The Integration Joint Board noted the process of joint policy development and approved the policy so that it can be fully implemented across Health and Social Care Services in Shetland.</p>

35/16	Shetland Alcohol and Drugs Partnership (SADP Governance Terms of Reference)
Report No. CRP-14-16-F	<p>The Board considered a report which presented information and proposals regarding the governance arrangements of Shetland Alcohol and Drugs Partnership SADP and sought agreement for the revised TOR and a recommendation to the Council and Health Board to approve the TOR.</p> <p>The Executive Manager – Governance and Law introduced the report.</p> <p>Concern was expressed that after the closure of the Community Alcohol and Drugs Service Shetland (CADDs) there was no third sector representation in the new TOR. The Executive Manager – Governance and Law advised that the Membership included representatives of organisations at the heart of these services. Those representatives would in turn be empowered by their organisation to take part in decisions. He said that, as the TOR had been presented to SADP, he would recommend the Membership as is.</p> <p>The Chair said that the decision rests with the IJB and requested that a briefing be provided by SADP. The Executive Manager – Governance and Law agreed to put this request to SADP so that someone could attend the IJB. He said that in time the partnerships reporting to the IJB would become clearer.</p> <p>Mr C Smith moved that the IJB approve the recommendations contained in the report, Mr Cleaver seconded.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Considered the information presented in the covering report, main report and appendices; and • Recommended the revised Terms of Reference (TOR) for SADP to the Council and Health Board for approval.

36/16	Integration Joint Board Audit Committee Appointments
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Report No. GL-31-16-F	<p>The Board considered a report which sought to fill an NHS non-executive Member vacancy on the Integration Joint Board Audit Committee and sought the appointment of a Chair to the IJB Audit Committee.</p> <p>The Executive Manager – Governance and Law introduced the report.</p> <p>In line with the decision/action required, the IJB welcomed Mr Morton as the newly appointed NHS non-executive Board Member of the IJB.</p> <p>On the motion of Mr C Smith, seconded Mr Fox, Mr Morton as a NHS Non-executive Board Member of the IJB Committee, was appointed to the IJB Audit Committee.</p> <p>Mr B Fox nominated Mrs Marjory Williamson be appointed as the Chair of the IJB Audit Committee, Mr Cleaver seconded.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • Welcomed Mr Morton as the newly appointed NHS non-executive Board Member of the Integration Joint Board; • Appointed Mr Morton, an NHS non-executive Board Member of the Integration Joint Board to the Integration Joint Board Audit Committee; and • Appointed Mrs Williamson as Chair to the Integration Joint Board Audit Committee.

37/16	Adoption of Ethical Code of Conduct for the Shetland Integration Joint Board
Report No. GL-32-16-F	<p>The Board considered a report which enabled Members of the Shetland Integration Joint Board to formally approve a Code of Conduct for their purposes incorporating all elements of the model scheme for devolved public bodies.</p> <p>The Executive Manager – Governance and Law introduced the report. The IJB unanimously approved the recommendations contained in the report.</p>
Decision	<p>The Integration Joint Board formally adopted the Model scheme for devolved public bodies as the basis for their Code of Conduct for all Members of Shetland's Integration Joint Board.</p>

The meeting concluded at 1.20pm.

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CHAIR

