

| | |
|---|--|
| Meeting | Integration Joint Board |
| Date, Time and Place | Monday 26 September 2016 at 3.00pm Council Chamber, Town Hall, Lerwick, Shetland |
| Present [Members] | <p><u>Voting Members</u> G Cleaver B Fox T Morton M Williamson C Waddington [<i>Vice-Chair</i>]</p> <p><u>Non-voting Members</u> S Bokor-Ingram, Chief Officer S Bowie, Senior Clinician, GP [by telephone] S Gens, SIC Staff Representative H Massie, Patient/Service User Representative J Unsworth, E Watson, NHS Chief Nurse Community and ACF K Williamson, Chief Financial Officer</p> |
| In attendance [Observers/Advisers] | <p>K Carolan, Director of Nursing and Acute Services J R Riise, Executive Manager – Governance and Law, SIC R Roberts, Chief Executive, NHS Shetland H Sutherland, Head of Planning and Modernisation - NHS A Cogle, Team Leader - Administration, SIC [<i>note taker</i>]</p> <p><u>Also:</u> P Fraser, Audit Scotland G Samson, Audit Scotland</p> |
| Apologies | <p><u>Voting Members</u> Mr C Smith</p> <p><u>Non-voting Members</u> S Beer, Carer Representative C Hughson, Third Sector Representative M Nicolson, Chief Social Work Officer I Sandilands, NHS Staff Representative</p> <p><u>Observers/Advisers</u> None</p> |
| Chairperson | In the absence of the Chair, Dr C Waddington, Vice Chair of the Integration Joint Board, presided. |

| | |
|---------------------------------|-------|
| Declarations of Interest | None. |
|---------------------------------|-------|

| | |
|----------------------------------|--|
| Report No. CC-61-16-F | <p>The IJB considered a report which summarised the activity and performance of the services delegated to the Integration Joint Board.</p> <p>The Chief Officer introduced the report and following questions from members, agreed to issue the NHS Board Performance report to IJB Members for info, as these were referred to within the IJB indicators.</p> <p>Reference was made to the Mental Health Review, and the IJB noted that a refresh of the Mental Health Action Plan was being undertaken. Although progress was delayed due to absences within the Service, it was anticipated that this would come to a future meeting of the Board for consideration, and that additional expertise had been brought in to help with the actions required under the review.</p> <p>In addition, members asked to be provided with more explanation on the numbers shown for LDSP004, alcohol interventions, explaining in particular the drop from 360 in Q4 15/16 to 41 in Q1 16/17.</p> <p>In response to questions regarding Anticipatory Care Plans, the Chief Nurse Community and ACF advised that month by month progress was being made in this area, and a lot of projects and initiatives were being undertaken which fed into this action which therefore also had the potential to pool additional resources.</p> <p>The Board noted the terms of the report.</p> |
| Decision | <p>The Integration Joint Board noted the report and progress on the activity and performance within its delegated functions.</p> |

| | |
|----------------------------------|--|
| 44/16 | Annual Audit Report on 2015/16 Audit |
| Report No. CC-69-16-F | <p>The IJB considered a report which presented Audit Scotland's Annual Audit Report on the 2015/16 Audit.</p> <p>Ms P Fraser, Audit Scotland, introduced the report and thanked the Chief Financial Officer and Finance support officers for the work done in preparing the accounts for audit. She confirmed that there were only a few minor adjustments required, and there were no errors which had to be brought to the Board's attention. Ms Fraser added that the Annual Report presented an unqualified Audit opinion, having reviewed and concluded that the financial and governance arrangements are effective for the IJB. Ms Fraser went on to say that the IJB was one of the first Boards to be established in Scotland, and so it was a good result for the Board, but recognising the challenges that lay ahead. She said that Appendix 4 provided details of the key risks in relation to the 2016/17 projected outturn, and the need for clear scrutiny on the financial performance for the year. Ms</p> |

| | |
|-----------------|---|
| | <p>Fraser concluded her introduction by advising that Audit Scotland's appointment had come to an end, and Deloitte had been appointed as from next year.</p> <p>The Chair thanked Ms Fraser for her introduction, and added that it had been a difficult year on a new set up and so the report and comments had been appreciated. She added that the IJB Audit Committee had also noted the report at its meeting earlier today.</p> <p>In response to a question, Ms Fraser advised that different budget setting dates for the two parties did not impact on the accounts, and assurances had been given that this had caused no difficulties in concluding the accounts for 2015/16.</p> <p>The Board approved the terms of the report and approved the action plan.</p> |
| Decision | The Integration Joint Board noted Audit Scotland's Annual Audit Report on the 205/16 Audit and RESOLVED to approve the Action Plan. |

| | |
|----------------------------------|--|
| 45/16 | Final Audited Accounts 2015/16 |
| Report No. CC-70-16-F | <p>The IJB considered a report which presented the 2015/16 final audited annual accounts for the Integration Joint Board for approval.</p> <p>After hearing the Chief Financial Officer introduce the report, reference was made to page 19 of the accounts, and the reference to a formal training needs assessment being carried out for members of the IJB. It was suggested that this should be taken forward as soon as possible, which would be useful for planning ahead, although it was recognised that the costs of training, not only IJB members but clinicians and other staff, was becoming increasingly difficult to fund.</p> <p>The Board added it's thanks to the Chief Financial Officer and support staff and approved the final audited accounts for signature.</p> |
| Decision | The Integration Joint Board RESOLVED to approve the audited Annual Accounts for 2015/16 for signature. |

| | |
|----------------------------------|--|
| 46/16 | Proposal to Develop an Extended Intermediate Care and Community Rehabilitation Team |
| Report No. CC-64-16-F | The Board noted a report which set out a proposal to enhance the existing intermediate care model to support the need the need to grow and safely deliver community based rehabilitation, in line with the strategic plans approved by the Integration Joint Board for 2016/17-19. |

The Chief Officer introduced the report and brought the Board's attention to an omission on page 86, in which the date of the meeting with the Stroke Support Group had not yet been agreed. He went on to explain that the proposal was the first stage in a journey in identifying opportunities for making efficiency savings, whilst maintaining a balance of care in addressing the objectives of the Older People's Strategy and the Board's wider Joint Strategic Plan. He said that there would be a number of discussions and decisions to make as the proposal developed, and was happy to take any questions, along with the Director of Nursing and Acute Services.

The Director of Nursing and Acute Services said that over the last 3 years they had been working closely with staff to develop capacity within the service and to address opportunities for delivery in community settings. She said the proposal addressed the question of how best to extend the range of functions that the Intermediate Care Team [ICT] can be involved with. She said that strategies for supporting people at home included different ways of anticipatory care plans to improve outcomes for individuals and to avoid unnecessary admissions to hospital. The Director of Nursing and Acute Services said that the proposals had been discussed with a many groups, including third sector providers and those staff themselves who delivered the services.

During questions, reference was made to page 67, and clarification was sought on the service to be provided outwith Lerwick and the Central Ward, once the service had been established within the Lerwick and Central wards, that no further admissions to the Rehabilitation Unit on Ronas Ward would be made. The Director of Nursing and Acute Services said that would be the case for anyone who required non-acute rehabilitation. She said that if someone needed 24 hour care, then they would continue to go to Montfield Support Services for that period of recovery until such time as they were able to be supported in their own home. The Director of Nursing and Acute Services clarified that the report was introducing the proposal as a first phase and would be limited to the geographical area of Lerwick and the Central Wards, and the ICT functions outwith those areas would require another piece of work, and management would continue to work with staff in terms of any redeployment.

In response to a further question, the Director of Nursing and Acute Services said that anybody who needs non-acute rehabilitation would access that through Montfield Support Services, but if they resided in Lerwick or Central Wards, then the ICT would also give them the opportunity to have that support in their own homes.

The Director of Nursing and Acute Services went on to say that Ronas Wad had a very clear criteria about the type of people they can accept to have a programme of rehabilitation. She

said that the Ward was not always full, but sometimes there were more patients that the unit can support, and it was this aspect which proposal was trying to address by changing the model to allow more flexible staffing arrangements.

Reference was made to page 87 and to days 14-42 of the example patient pathway, and a query rose as to where the rehabilitation would take place. The Director of Nursing and Acute Services said that it would either take place in an acute setting or at Montfield Support Services as per the proposed model, as it would depend on the specific needs of the patient. She went on to say that acute needs patients were put to Ronas Ward provided they fulfilled the criteria and that decision was based around that person's clinical circumstances.

During further questioning, the Director of Nursing and Acute Services said the role of the ICT was to deliver a higher level of support to users in their own homes, and if a user was able to return home with a re-ablement plan, the ICT would support them with that. She added that during consultation the Carers Group had felt that was a real benefit to users and an opportunity to have ICT involved in rehabilitation. She emphasised that this proposal only related to the ICT operating in the Lerwick and Central Wards for this first phase as it would impact on staffing and changes in practice and parameters.

With regard to whether any of the care being proposed to be carried out by the ICT could be carried out by care home staff, the Director of Nursing and Acute Services said that was not part of this first phase proposal, and was not considered a requirement based on current capacity trends. Reference was made to the levels of occupancy and activity data for the rehabilitation unit, and the Director of Nursing and Acute Services confirmed she could share the detailed spreadsheet data with members.

It was stated that the Ronas Ward was a state of the art facility and would be a big loss to users, and a member asked if, in terms of the example patient pathway shown on page 87 of the report, whether rehabilitation would only be carried out at Montfield Support Services. The Director of Nursing and Acute Services said that would be case, and the length of stay would depend on the needs of the user and the equipment required.

During discussion, members expressed some concern about the proposal and that it could be a step too far. Questions were raised about the impact of the proposal leading to closure of the Ronas Ward, and the risks that this would cause either to patients/users and to the quality of care provided by the hospital. There was concern that the need to find efficiencies was the main driver, and that assumptions had been made without having due regard to other risks. It was suggested that the change in practices of the ICT should be run in parallel with the service provided through Ronas Ward, until such time as the

ICT service was verified as working in the way intended. Members said that further research with families about the use of Ronas Ward and the proposals today would be useful.

Members went on to say that the report seemed to fail to recognise the geographic and demographic demands in the future, particularly in rural communities. Members said they recognised the phase 2 commitment beyond Lerwick and Central, and that work had commenced on seeing how that could be delivered in the localities.

The Board were generally of the view that it supported the direction of travel in terms of the proposals, but that the details required further consideration, particularly in terms of the longer term impacts on costs, services and communities.

Mr G Cleaver moved that the IJB defer the decisions required in this report for no later than 3 months, or sooner, which will give the Chief Officer and other colleagues the opportunity to go and come up with a report to the IJB that fully explains the impact on the rest of Shetland, and that this be referred to in that report, and attributes timelines to the delivery of that.

During discussion regarding the terms of the next report, Members asked that the geographic and physical barriers faced by island and other outlying areas should be given due consideration as part of future plans and that all risks to current and future services are identified, including impacts on the financial strategy if the decision is made to extend or change the proposal beyond that being recommended.

In terms of the financial considerations, Members asked that impacts on other community care services and resources should be identified and explained, also including any impact for service users in terms of self-directed support.

Members further asked that due consideration should be given to a backup plan in the event that Montfield Support Services becomes oversubscribed and Ronas Ward is not available, and it was important that all stakeholder views are sought, received and taken account of, in particular the Stroke Support Group.

In conclusion the Chair said there was some support for the principles, but a clear need to take the matter forward to a future meeting. She added that the main line of questioning by Members was to do with how the service was going to be different and for different parts of Shetland, and in summary, she said the report should pick up the points made today, and: clarify the components of the other work being progressed, along more information about the risks associated with the proposal with a timeline that can be monitored by the IJB; the financial implications and context; and the impact of the described change in service for the whole of Shetland (not just Lerwick/Central). The views of the Stroke Support Group should

| | |
|-----------------|--|
| | <p>also be sought and received.</p> <p>The Board was in agreement with the summary and conclusions reached, and noted that a seminar would be called to allow further discussion and explanation on the proposals, to ensure all issues were covered.</p> |
| Decision | <p>The Integration Joint Board agreed to defer the decisions required on this report for no later than 3 months, which will give the Chief Officer and other colleagues the opportunity to present a report to the IJB that fully explains the impact of the proposals on the rest of Shetland, and attributes a timeline to the delivery of that.</p> |

| | |
|----------------------------------|--|
| 47/16 | Strategic Commissioning Plan Refresh Process |
| Report No. CC-66-16-F | <p>The IJB considered a report which presented the outline timetable and process for updating the Strategic Commissioning Plan.</p> <p>The Board noted and approved the terms of the report, on the motion of Mr B Fox, seconded by Mr T Morton.</p> |
| Decision | <p>The Integration Joint Board considered the requirements for undertaking the annual update of the Strategic Commissioning Plan and RESOLVED to approve the process outlined in Appendix 1 to the report.</p> |

| | |
|----------------------------------|--|
| 48/16 | Strategic Commissioning Plan – Key Strategic Drivers |
| Report No. CC-65-16-F | <p>The Board considered a report which presented some initial themes and issues to consider in updating the Strategic Commissioning Plan.</p> <p>After hearing the Head of Planning and Modernisation briefly summarise the report, members said the report was very clear but queried whether information within the Plan could be projected ahead for a longer period of time, particularly taking account of changes in demographics and the impact on capital costs as well as revenue. The Head of Planning and Modernisation said these issues would be taken on board as part of the exercises associated with the update of the Strategic Plan.</p> <p>The Board otherwise approved the terms of the report.</p> |
| Decision | <p>The Integration Joint Board considered the key strategic drivers which will influence the annual update of the Strategic Commissioning Plan and RESOLVED to approve that the Plan be prepared on the following basis:</p> <ul style="list-style-type: none"> • Securing savings and efficiencies on an ongoing and recurring basis; • Shifting the balance of care (a) from Grampian to Shetland and (b) from hospital to home/community setting; |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Tackling health inequality, promoting self care and self management; and • Working towards redesigning services to achieve the national health and wellbeing outcomes. |
|--|---|

| | |
|------------------------------|---|
| 49/16 | 2017/18 Budget Setting Process |
| Report No. CC-71-16-F | The IJB considered a report which presented the indicative 3-year Financial Plan which is the constraint within which the Strategic Commissioning Plan must be updated. |
| Decision | The Integration Joint Board RESOLVED to approve that the Strategic Commissioning Plan is updated within the budgetary constraints of the indicative 3-year financial plan. |

| | |
|------------------------------|--|
| 50/16 | Risk Register – Integration Joint Board |
| Report No. CC-62-16-F | <p>The IJB considered a report which presented the Risk Register that includes strategic risk that affects all areas of business relating to the Integration Joint Board and the measures being taken to address those risks.</p> <p>After hearing the Chief Officer introduce the report, reference was made to the attendance of members of the IJB at meetings and the rule that membership would be queried if there was a failure to attend three consecutive meetings. The Board agreed that this was a risk to the operation of the Board, and that Chief Officer consider adding a further risk to the register relating to vacancies in membership arising through lack of commitment or failure to attend.</p> |
| Decision | The Integration Joint Board noted the Register and high level risks that affect the IJB for all service areas. |

| | |
|------------------------------|--|
| 51/16 | Risk Register – Community Health and Social Care Directorate |
| Report No. CC-63-16-F | The IJB considered a report which presented the Risk Register that includes risks that affect all areas of business in the Community Health and Social Care directorate and the measures being taken to address those risks. |
| Decision | The Integration Joint Board noted the Register and high level risks that affect the Community Health and Social Care Service Directorate for all service areas. |

The meeting concluded at 5.45 p.m.

.....
CHAIR

