

MINUTE - PUBLIC

Meeting	Integration Joint Board
Date, Time and Place	Wednesday 19 October 2016 at 2.00pm Museum Auditorium, Hay's Dock, Lerwick, Shetland
Present [Members]	<p><u>Voting Members</u> K Carolan [Substitute for M Williamson] G Cleaver T Morton C Smith <i>[Chair]</i> C Waddington A Wishart [Substitute for B Fox]</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 C Hughson, Third Sector Representative H Massie, Patient/Service User Representative M Nicolson, Chief Social Work Officer J Unsworth, Senior Consultant: Local Acute Sector E Watson, Senior Clinician – Senior Nurse K Williamson, Chief Financial Officer</p>
In attendance [Observers/Advisers]	C Anderson, Senior Communications Officer, SIC J Best, Solicitor, Governance and Law, SIC S Brunton, Team Leader, Legal, SIC S Duncan, Management Accountant, SIC C Ferguson, Director of Corporate Services, SIC H Sutherland, Head of Planning and Modernisation, NHS L Watt, Service Manager, Primary Care, NHS L Gair, Committee Officer, SIC <i>[note taker]</i>
Apologies	<p><u>Voting Members</u> B Fox M Williamson</p> <p><u>Non-voting Members</u> I Sandilands, NHS Staff Representative</p> <p><u>Observers/Advisers</u> J R Riise, Executive Manager – Governance and Law, SIC</p>
Chairperson	Mr Smith, Chair of the Integration Joint Board, presided.
Declarations of Interest	None.

52/16	Chief Social Work Officers Report
<p>Report No. CC-72-16-F</p>	<p>The IJB considered a report which provided an overview of social work and social care activity, performance and key achievements during the period 1 April 2015 to 31 March 2016.</p> <p>The Chief Social Work Officer introduced the report and delivered key messages from it, including:</p> <ul style="list-style-type: none"> • A very good inspection rating across all areas of service delivery to Adult and Children's Services; • staff commitment is high among existing staff but there are challenges in staff recruitment and retention which Human Resources are helping management to understand; and • in leadership there are changes in legislation and demographics that impact on resources that are required to build capacity into locations in order to assist people to stay at home. To support this there needs to be clarity around good professional governance. Leaders need to be mindful of the landscape they work within and work across different areas so that quality of service is consistent. <p>During discussion, a request was made that the use of the word "Carer" be attributed to unpaid carers to avoid confusion when used together with care worker. The Chief Social Work Officer agreed that care would be taken when preparing next year's report.</p> <p>Reference was made to the high standard of care being provided by practitioners and this should be celebrated. It was noted that recruitment challenges was both a local and national issue and the Chief Social Work Officer was asked for her view on the risks to social care. The Chief Social Work Officer advised that there are risk registers held by each respective directorate area and a corporate risk register. She advised that services have to deliver statutory services and where gaps in service are more evident in some areas, agency workers are used so that service users are not impacted upon.</p> <p>In response to further questions the Chief Social Work Officer confirmed that the matter of recruitment would also be discussed and considered at the Joint Staff Forum. She advised that the recruitment challenges were well documented in the last year in social care and among care staff in adult services and in children's services due to an increase in children's residential care. She advised that there was a stable team in Adult Services but it was nationally difficult to recruit and retain staff in Children's Services. She said it was important to look below the surface at pay structures as this may be a contributing factor.</p> <p>The Chief Officer responded to a question on the number of direct payment, option 1, arrangements in Shetland and he advised that numbers had increased to 40 over the last year. He said that there had been a huge shift in the last two years, mainly due to a better choice available for people to employ their own staff. The Chief Officer advised that there had been</p>

	<p>an increase in what is spent in this area however the uptake needs to be substantially more before the service can employ more staff. He confirmed that there was a cost pressure on the budget. The Chief Officer added that the more people that take up this option the more confidence others will have to do the same.</p> <p>Reference was made to the key messages and the need for clarity around professional governance and the Chief Social Work Officer was asked why this is crucial in the future. The Chief Social Work Officer provided as an example where within the integrated services a social care worker may be managed by a health professional in their day to day work but it must be recognised that they are a professional in their own right. She said that there needs to be professional guidance and professional accountability, therefore it is important that for this to happen, the infrastructure is in place.</p> <p>In response to a question regarding succession planning, the Chief Social Work Officer advised that the Children and Families Service is a young workforce, in Adult Services there is a wide range of ages and a mix of experience and maturity. She advised that locally the service has a scheme of growing its own workforce and at any one time there will be two trainee social workers to ensure that the workforce continues. The Chief Social Work Officer advised however that career progression within the Council's structure, which is quite flat, is difficult. If someone wishes to progress but not into management there are few options. She advised that there are particular challenges in attracting specialist, experienced staff into senior roles.</p> <p>Reference was made to Page 16 of the report and to on-call arrangements and the importance of working together to ensure good processes are in place to deliver a robust service. The Chief Social Work Officer advised that there is currently an informal on call rota for Mental Health Officers with a 1, 2, 3 contactable system in place. She said that there is small team of staff which creates a fragility that management has to be mindful of.</p>
Decision	<p>The Integration Joint Board noted, discussed and considered the Annual Report from the Chief Social Work Officer and highlighted issues/concerns to advise the Council of their views and/or 'direct' the Council on matters where they want to see action taken.</p>

53/16	Scottish GP Experience Survey
Report No. CC-74-16-F	<p>The IJB considered a report which presented the "Top 5 and Bottom 5" responses for the Shetland Community Health Partnership and also gave information on the areas of care and help provided by Local Authorities.</p>

	<p>The Service Manager, Primary Care introduced the report and in responding to questions she explained that the survey results presented have been amalgamated. She advised that each health centre has their own top and bottom 5 responses, and overall is an indicator of how people view the services they are receiving. The Chief Officer added that when people highlight issues staff need to consider and look at the whole pathway and identify the reasons behind the comments, but in some instances work is needed to interpret the comments.</p> <p>It was suggested that it would be useful to look at individual results, determine why one health centre is not doing as well and help them learn from good practice in other areas and make improvements in their own. The IJB recognised that amalgamated results made it difficult for many practices to see the true picture.</p> <p>In response to a question on the number of responses received, the Service Manager, Primary Care advised that there were fewer responses received in Lerwick and Bixter but the rest were similar with Hillswick, Whalsay and Unst having a very good response rate. She also advised that the responses are reported back to her but it is difficult to improve matters where there is no background information, however she said it would be possible to drill down further, where required.</p> <p>During further discussion the IJB considered the differences in some of the responses received in regard to GP appointment waiting times, the differences in appointment systems, and the results in regard to GP practices dealing with mistakes and the statistical anomalies that appear when comparing to the rest of Scotland.</p> <p>The IJB agreed that it would be useful to be presented with a further report providing information by locality.</p>
Decision	The IJB Noted the 2015/16 Scottish GP Patient Experience Survey and agreed that a further report be presented, providing information by locality.

54/16	Financial Recovery Plan Update
Report No. CC-75-16-F	<p>The Board considered a report which set out the financial pressures for the Integration Joint Board which relate to pressures within the NHS Shetland budgets for directly managed and set aside services for 2016/17.</p> <p>The Chief Officer introduced the report and highlighted the over spend in clinical service delivery, which posed a considerable budgetary challenge to service delivery and sustainability when also having to generate non recurrent savings at this difficult time of year. He said that there would be a significant challenge when looking at the next three year strategic plan and</p>

how the plan will achieve efficiencies in a reducing budget. The Chief Officer also advised that it has to be recognised that some savings efficiency schemes have not progressed as quickly due to capacity issues.

In referring to Appendix 3 the Chief Officer advised on progress made and the anticipated savings within Community Nursing. He said that it was important to support the completion of the project and build on what the Senior Nurse had already done. The Chief Officer also advised that in Primary Care, Scottish Government expertise was being brought in to support the work the service have to do.

The Chief Financial Officer advised that the IJB should be mindful of what happened and that the health board had to contribute more to the IJB and that the Health Board would fund any shortfall. Should the Health Board not cover the IJB's financial position, there would be brokerage from the Scottish Government.

The Chief Financial Officer provided explanations to a number of questions relating to the detail of information provided in the report and appendices. It was suggested that, although the information was within the appendices it could not be seen easily and more clarity could be provided in the way that the information is presented. The IJB agreed that consideration should be given to redesigning the format of the information provided.

In responding to a question in regard to the vacancy freeze, the Chief Officer advised that there could never be a blanket freeze on recruitment as that could prove dangerous. He said that it was important to look at each post and the service behind it and discuss all factors fully. He said that there has to be an understanding of the impacts and what pressures there are. Further concern was expressed regarding the retention of staff and the consequences of that. The IJB heard that one GP had been offered a one year contract and they had a mortgage and children to support. It was suggested that consideration had to be given to the consequences in such cases as retaining staff was an issue which put pressure on services and budgets as locums are expensive.

During further discussion training and the cost of providing training was highlighted. It was suggested that video conference could be utilised more and if not available in house there are facilities, such as the multi camera superfast studio run by Promote Shetland that could be used. It was noted that such an option could provide significant savings in terms of travel and accommodation costs. Reference was then made to the Council's Economic Development Service's involvement in Digital communication and it was suggested that the IJB had a crucial role in campaigning in that area.

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 • That further update reports on progress against the overall savings target will be brought to the Integration Joint Board.
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55/16	Winter Plan for Ensuring Service Sustainability including the Festive Period 2016-17
Report No. CC-76-16-F	<p>The Board noted a report which presented the Winter Plan 2016-17, describing the health and social care service provision and special arrangements that will be put in place during the festive season by NHS Shetland and Shetland Islands Council and through the winter period.</p> <p>The Director of Nursing and Acute Services introduced the report and advised that the papers circulated were missing information relating to the Scottish Ambulance Services. She advised that she had now received an email response from them and would update the Winter Plan accordingly. She said that it was important to look ahead in terms of forecast and activity demand to ensure that rotas are prepared and any potential gaps in service are identified early on. The Director of Nursing and Acute Services explained that the Acute Services and Community Care, Social Work, had worked together taking a joint approach, to find solutions, to avoid any bottle necks in services.</p> <p>In response to questions the Chief Officer advised that the Winter Plan had been shared with different service who have contributed to the plan. He said that the Winter Plan would be a standing item on various groups and would be submitted to the Scottish Government. The Chief Officer explained that the Winter Plan is a public facing document and the final version would be circulated widely. He added that the public look for reassurance over Christmas and New Year therefore it is important to advertise and use websites and the Shetland Times to ensure people have information to access emergency Social Work and Primary Care, and he said that the funds will be made available to do so.</p> <p>Concern was expressed that a fundamental element was missing from the papers and the Director of Nursing and Acute Services said that she did not know why the Scottish Ambulance Services were delayed in providing their response. She read the email response received today and advised that the plan would be updated later today. She advised that she would be attending a liaison group meeting on 25 October, and she would ascertain whether there are any wider risks regarding service delivery. The Director of Nursing and Acute Services agreed to convey the concerns expressed by the IJB at the</p>

	<p>meeting on 25 October and to circulate the emailed response and updated Winter Plan to members of the IJB following the meeting.</p> <p>In discussions regarding Consultant Psychiatrist cover in Shetland the IJB were advised that there was an improvement in the support received from Cornhill and that there was direct access to consultants there. The Chief Officer advised that there will be on-call cover in Shetland during the winter.</p>
Decision	<p>The Integration Joint Board:</p> <ul style="list-style-type: none"> • APPROVED the Winter Plan 2016-17, with the inclusion of information received today from the Scottish Ambulance Service. • NOTED that planning is a dynamic process and any emerging issues will need to be addressed. Any significant changes will be brought to the IJB's attention.

The meeting concluded at 3.20pm.

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Chair